

17 October 2022
Babies A & B

CONTENTS

Housekeeping

Witness statement of [Mother of Babies A & B] (read)

Witness statement of [Father of Babies A & B] (read)

Witness statement of [Grandmother of Babies A & B] (read)

MS CLAIRE HOCKNELL (sworn)
Examination-in-chief by MR JOHNSON

Monday, 17 October 2022
(11.00 am)

(Delay in proceedings)

(11.15 am)

(In the absence of the jury)

Housekeeping

MR JUSTICE GOSS: Apparently, the expert witnesses are in court
8. That's what I have just been told.

Some issues, Mr Myers?

MR MYERS: My Lord, yes. One matter we've brought to the
prosecution's attention and the attention of your Lordship was a
LinkedIn post over the weekend, venturing opinions from someone
in a professional/semi-professional capacity on this case, those
opinions then exciting responses in the way that happens on
LinkedIn with a succession of comments that followed that. I
won't repeat the content of it here, but of course the
prosecution have been provided with it, as has your Lordship.

We're grateful for the steps taken by the prosecution. Mr
Johnson will be better able to inform your Lordship as to that,
but I should say for our part, recognising that these posts can
happen and may happen yet, my instructing solicitor will be
writing to the Attorney General and requesting him to consider
this in the context of contempt of court and whether any action
follows. Plainly, we would submit -- we would submit it plainly
crosses the line. That's as far as we can take that now, but we
will be notifying the Attorney General.

MR JUSTICE GOSS: Thank you very much, Mr Myers.

Mr Johnson.

MR JOHNSON: My Lord, we deliberately resist drawing any judgements as to whether or not things cross the line, but we recognise the problem and we recognise the potential for further problems. What the police have done is to contact LinkedIn, inviting them to remove the material and also contacted the individual concerned, in effect putting her on notice that what she is doing might be viewed as being a contempt of court and inviting her not to repeat and to remove the material.

We believe that this isn't an isolated incident in the sense of others are expressing views online, which they'd be better not expressing, and when they come to our notice, we'll do what we can. But the police can't police the internet. We have done what we can.

MR JUSTICE GOSS: Thank you very much. Thank you both very much. I think that the positions that both sides are taking are entirely appropriate.

MR MYERS: Thank you, my Lord.

MR JUSTICE GOSS: It is an inevitability of the modern technological era and, human nature being what human nature is, these things happen. But I am going to say and do nothing more at this stage and just leave things as have been indicated.

MR MYERS: We understand, my Lord, thank you.

MR JUSTICE GOSS: Thank you very much.

Then we are now otherwise in a position to proceed?

MR JOHNSON: Yes, thank you.

MR JUSTICE GOSS: Thank you. Jury in, please.

(In the presence of the jury)

MR JUSTICE GOSS: Good morning, members of the jury. I'm sorry it's a little bit late. I in fact was ready to proceed at 11 o'clock, but there have been some other issues, including technology issues, but we are now in a position to proceed. So obviously we'll just go straight through to lunch.

MR ASTBURY: My Lord, the Crown propose to proceed now to the cases of [Baby A] and [Baby B], counts 1 and 2 on the indictment.

MR JUSTICE GOSS: Right, thank you.

MR ASTBURY: Before we do that and following on from Friday's introduction, we have plans of the neonatal unit to complement the video that the jury saw. We were proposing to circulate those now, if we may.

MR JUSTICE GOSS: Certainly.

MR ASTBURY: We do so with two apologies in advance. Firstly, the hole punching. Two of the holes are correct, two aren't, I'm afraid.

Secondly, already the index on the front of the jury bundle is effectively obsolete, so I'm going to ask if the ladies and gentlemen of the jury wouldn't mind taking out their indices, please, perhaps passing them to the table at the end and we'll replace them as soon as we can.

(Pause)

If everyone has the plan, if it assists, the video that we saw on Friday, if we look to the bottom of the plan, the larger picture on the right, which concentrates on the neonatal unit --

MR JUSTICE GOSS: I think one of the problems, it's been hole punched as portrait and you have to look at it landscape.

MR ASTBURY: I'm holding it like that, sorry (indicating).

MR JUSTICE GOSS: I haven't put it in my file yet because I find it easier to do it this way.

MR ASTBURY: Thank you, my Lord.

On the right of your document you will see the whole of the ground floor of the hospital, that wing of the hospital, to put into perspective the location of the neonatal unit, which is shaded in green in the top left-hand corner as we look.

On the left is a scaled-in model, if I can put it that way, of the neonatal unit.

Within the green shading are the rooms, the nurseries that you're going to hear about in evidence, and if it assists, at the bottom of that green-shaded area you can see a door with a lock, the symbol of a lock. That's where the video entered, that lowest-most door. You may recall the cameraman or woman proceeding along the corridor with the various utility rooms, if I can put them that way, on their left.

If you imagine that walk now, you would then see ahead of you at the end of that corridor nursery 1, which you have heard is the intensive care nursery.

If you were to turn left at the door of nursery 1 and continue on there, you'd see immediately on your right the nurses' station. You can probably all imagine the type of location and work that goes on there. Along that corridor in front of the nurses' station, if I can put it that way, are nurseries 2, 3 and 4 next to each other.

Just, again, I hope, for your assistance, where it says "neonatal unit", immediately to the right is another locked door, and you'll see that that door leads between the neonatal unit and on one side the theatre and, on the other side, the delivery room. So you can see how close the neonatal unit is placed to the locations where the babies were born. You might hear something about that in a moment.

MR JUSTICE GOSS: And as identified on the plan, this is how the rooms were being used at the time?

MR ASTBURY: At the time.

MR JUSTICE GOSS: Because, of course, the difficulty with the walk-through was that the commentator was repeatedly saying, "This was such-and-such a room at the time" --

MR ASTBURY: That's why we thought it might help to have it now.

MR JUSTICE GOSS: Well, I think it is helpful -- I'm used to seeing these things and it's quite difficult when they go in and they spin around, you lose track as to where they're actually looking with the camera and it's not easy to follow the geography. It may be, I don't know, if at some time it might be appropriate to play some of that again, just the walk-through bit.

MR ASTBURY: With the plan?

MR JUSTICE GOSS: With the plan. As I said, if you want anything to be replayed at any stage, please just ask. Anything that is adduced in evidence and becomes evidence in the case, an exhibit, a recording, documents like that, are all there in evidence and available for you. Obviously it's a video that has to be played or a recording that has to be played, then it has to be played again, but you can, obviously, using your iPads, look at documents as such. But the walk-through you'd have to see again.

MR ASTBURY: My Lord, I'm helpfully reminded that on the iPad presentations that we have, I'm sure everyone will remember this, on the left hand button to the top of the screen is an objects list. If that's selected, one can scroll down to the video, but we're more than happy to play it again in evidence.

MR JUSTICE GOSS: The difficulty with that is the iPads have to be in court and it can be done that way. Let's leave it for the moment, but it's just there if needed.

MR ASTBURY: Thank you.

My Lord, I'm going to begin by reading some statements for this part of the case.

MR JUSTICE GOSS: Thank you.

MR ASTBURY: Would my Lord like me to explain?

MR JUSTICE GOSS: I'll explain because it follows on and is linked to the agreed facts. Do you remember on Friday of last week, I told you about agreed facts, the way in which what is agreed evidence can be put before you? The advantage of agreed facts is it's all in writing and you've got it there for you to refer to at any stage. Another way in which agreed evidence can be given is, rather than a witness who gives evidence and comes to court and is asked questions and gives their evidence in this way, the witness statement made by the witness can be read to you as evidence in the case.

It is evidence in the case, obviously for you to consider, but it's agreed evidence. In other words, it's evidence that the defence don't challenge and don't dispute, so the facts of which a witness speaks are agreed facts essentially. That's the same thing. So it's agreed evidence.

As I said to you with agreed facts, the significance of any evidence is for you to decide, the use to which you put it is for you to decide, but you don't have to judge the reliability of the witness or the truthfulness of the witness. That's all agreed. The significance of it, how it affects your decision-making process at the end of the day, entirely for you, all right? But you don't get copies of the witness statements. So listen carefully.

As you will probably know, at the end of the case, after all the evidence has been called, I will give you written directions of law, counsel will address you in relation to the evidence on the issues and I will remind you of the evidence on the salient issues in the case, but I obviously can't remind you of everything that's been said, that would take almost as long as

the trial had taken up to that point. But you have a lot of evidence on your iPads, you'll be making notes, some of you, of certain facts that you consider important. But I'm just saying this: don't be too worried about retaining everything, you can't possibly retain everything. A lot of the evidence is not controversial. You will, as I said at the very outset, soon know where the controversial areas are and what the evidence is on those controversial issues. Thank you very much.

Witness statement of [Mother of Babies A & B] (read)

MR ASTBURY: Thank you, my Lord.

The first statement I am going to read -- I think my Lord has a bundle of these for case management purposes --

MR JUSTICE GOSS: I do, thank you very much.

MR ASTBURY: -- is that of [Mother of Babies A & B]. And her witness statement was provided on 24 November 2017.

My Lord, perhaps at this stage if I read the declaration just once and then everybody then knows this is effectively at the start of, I think, a number of statements read. This is at the start of every statement and you can assume that to be the case if I just read it the once now.

MR JUSTICE GOSS: Certainly. What's going to happen is -- some of you may have made a witness statement to the police, I don't know. I have, but then I'm quite old. But this is the statutory declaration that everyone makes when they make a witness statement basically saying that what I'm saying is the truth and I know if I'm lying I'm liable to be prosecuted for not telling the truth.

You'll hear the actual words now.

MR ASTBURY: "This statement, each signed by me, is true to the best of my knowledge and belief and I make it knowing that if it is tendered in evidence I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true."

That's a declaration that is signed by each witness from whom you will hear statements read during the course of this trial and I think I've already mentioned that is signed on 24 November 2017.

The statement reads as follows:

"I am [Mother of Babies A & B]. My fiancé is known to everybody as [Father of Babies A & B]. In February 2011 I was diagnosed with a rare blood disorder called antiphospholipid syndrome."

I will refer to that as APS from now on if I may. It is described in the statement as:

"A blood-clotting disorder which causes my blood to thicken and therefore makes me prone to blood clots."

If we can pause there please and turn to divider 2 in your bundles and the glossary which you are all now familiar with. At the foot of page 1, the very first page on that particular document, you'll find a more detailed explanation of APS:

"A disorder of the immune system that causes an increased risk of blood clots. People with APS are at greater risk of developing conditions such as deep vein thrombosis (DVT), a blood clot that usually develops in the leg."

So there's a slightly more detailed explanation insofar as it's relevant in this case:

"To counteract this, I was prescribed with warfarin to help thin my blood and I have been under one of the lead specialists in this field, a Professor Hannah Cohen, from the University College of London. I have annual appointments with her in London. When I was initially diagnosed, Professor Cohen and I discussed the complications of pregnancy. It was suggested that when I was ready to have a family, I would change my medication from warfarin to heparin injections with a daily dose of aspirin and this had been planned in advance of any pregnancy."

"Following an extended four-month holiday visiting family in Australia during the winter of 2014, [Father of Babies A & B] and I returned home to the UK to discover that I had fallen pregnant. It was on 13 December 2014. I know this because it was the day before [Father of Babies A & B]'s 30th birthday. This wasn't a planned pregnancy and our initial thoughts were around my diagnosis of APS. We visited my GP first and I was immediately switched over to heparin injections from warfarin as heparin is safer during pregnancy."

"As I was already under the specialist, Professor Cohen in London, an appointment was made for [Father of Babies A & B] and I to travel down the following week to discuss my pregnancy. We discussed at length with Professor Cohen how to manage my pregnancy and the decision was made that Professor Cohen would manage my blood condition, working with my GP here locally."

"The agreed plan was for me to remain at home up to 30 weeks of my pregnancy and then I would move down to London to have my babies delivered by caesarean section at 37 weeks. This way, Professor Cohen could monitor both me and the babies during my pregnancy and delivery.

"I had discussed pregnancy in depth with Professor Cohen some 4 years earlier and the details of managing my blood condition alongside pregnancy and starting a family.

"On 23 January 2015, [Father of Babies A & B] and I attended at the Countess of Chester where I had my normal 12 week ultrasound, which confirmed I was pregnant with twins, and everything was normal.

"At 14 weeks I had a further scan at University College of London after suffering a small bleed. This was more of a reassurance scan. This scan again confirmed that everything was fine with both the babies and me.

"I continued to have regular scans at the Countess every 4 weeks and at 16 to 17 weeks I had a specialist scan again at the Countess of Chester Hospital with the consultant. This was to establish that there were no complications from the changeover in my medication from warfarin during the early stages of my pregnancy. This was because warfarin can cause abnormalities to an unborn baby if the change is delayed after the 6 week point. As my pregnancy was unplanned it was difficult to actually pinpoint the exact dates. The scan appeared normal and the babies were doing fine.

"During my pregnancy I was under the care of two obstetricians at the Countess of Chester, Dr Davies and Dr Rowe. I continued with regular scans every 4 weeks and my blood pressure was monitored throughout my pregnancy.

"Everything was going fine until I reached 28 weeks. I attended at my 28 week appointment where checks were carried out for diabetes. While I was at the appointment, I informed the midwife that I had started to suffer with what I can only describe as intense itching, especially in my hands and feet.

"The scan was to check the babies were growing and everything was okay. After mentioning to the midwife the intense itching I was experiencing, she gave me a blood test and arranged an appointment with one of the consultants. While I was waiting for the consultant I was also given a leaflet relating to gestational cholestasis, which is a liver dysfunction and can cause stillborn babies during pregnancy. I was completely unaware of this at the time of telling the midwife, when I described this intense itching on my hands and feet.

"I remember the appointment. It must have been a Saturday because [Father of Babies A & B] attended with me and we had made plans to go to the hospital for further tests and a scan and from there we intended to take a day trip to [Baby A] Bay in Anglesey. This is a place [Father of Babies A & B] and I have visited and we decided to name our son [Baby A] after.

"When I returned to the hospital to speak to the consultant, further tests were carried out. My blood pressure was monitored and it was found to be on the high side. The nursing staff spoke to the on-call consultant who admitted me to hospital at the Countess of Chester Hospital.

"I was admitted with pre-eclampsia due to the discovery of proteins in my urine. I remember being very upset as being admitted to hospital. I underwent several tests to try and diagnose what the problem was. Dr Davies, an obstetrician, suggested I was referred to a nephrologist [that's a kidney specialist] and a hepatologist [a liver specialist] as I had previously shown signs of protein in my urine before.

"From all the tests carried out it was shown that my liver function was slightly off, so the doctors decided to start treatment for gestational cholestasis as a precaution along with blood pressure medication.

"I was extremely upset when the doctors informed me that I was going to be admitted to hospital. I was only a week away from going down to London under the care of Professor Cohen.

"I remained in hospital and I was closely monitored for approximately 3 weeks. My blood pressure had stabilised and I was providing urine samples daily to monitor the protein levels. Then, on 7 June 2015, around about 4 pm, I was just about to go to the cafeteria with my partner's mum, [redacted], and sister, [redacted], because it was outside the visiting times on the ward. The nursing staff asked to check my blood pressure before I left the ward to discover it was slightly raised. She carried on monitoring my blood pressure every 10 minutes to discover it was slowly rising every time it was taken.

"I remember the nurse calling the on-call consultant, because I think it was Sunday and during the weekend the hospital have an on-call system between the consultants. The nurse provided the on-call consultant with my blood pressure readings and explained that it had continued to increase. I was immediately moved from the ward to the maternity labour suite in preparation for an emergency caesarean section. My blood pressure was taken every 5 minutes. I also had heart monitors attached to my abdomen to monitor the babies. A female doctor who delivered my babies

(unfortunately, I can't recall her name) spoke to me and said she was going to speak to the anaesthetist to establish if I was going to have a spinal tap or be put to sleep under a general anaesthetic.

"My blood pressure continued to rise and the doctors decided to carry out an emergency caesarean section. I was at this point now 31 weeks plus 2 days as an elective caesarean had been planned for the 32 week point.

"I remember it was around 5 pm. I was taken into theatre, where I was given a general anaesthetic as it was too dangerous to wait for an epidural or spinal tap because my blood pressure was still rising and the medical staff were becoming concerned for the babies. I was taken into theatre where an arterial line was placed into my arm to monitor my blood pressure internally.

"My children were delivered at 8.30 pm. My baby girl was delivered weighing 3 pounds 11 ounces; we named her [Baby B]. One minute later, at 8.31 pm, my baby boy was delivered weighing 3 pounds 12 ounces. We named him [Baby A].

"Because my babies were delivered by caesarean section and I had been given a general anaesthetic, I was told I had to remain in bed, so I actually didn't get the opportunity to see my babies that night at all. [Father of Babies A & B] was in and out of the unit throughout the night and he took several photographs on the tablet of both [Baby A] and [Baby B] to show me.

"I remember a female doctor coming to me see the following morning; I think her name was Dr Rowe. She said she was surprised at how well I was doing, so I asked her if I could go and see my babies. She said once I could get up and into a chair I'd be able to go and see them. At the time the doctors were trying to place long lines into both [Baby A] and [Baby B] and asked if I could wait a little while. I was getting a little anxious as I just wanted to see my children.

"With the help of [Father of Babies A & B] and my mum, I managed to get washed and changed and into a wheelchair. It was probably around 12 to 1 pm on 8 June 2015. I hadn't seen my children and I was asking the staff to take me in to see them.

"The registrar who was responsible for placing the long lines into [Baby B] and [Baby A] was a male doctor with a Scottish accent. His name was Andrew but I can't recall his surname. The only other member of staff I remember was a nurse with short hair by the name of Laura and when I was taken into the neonatal unit, she reminded me to wash my hands before touching my children. Both [Baby B] and [Baby A] were placed inside

incubators. There was a small flap, or door, that allowed you to open and place your hand inside.

"At the time [Baby B] and [Baby A] remained in nursery 1. There was only one other cot in the same room, which was occupied by a baby boy."

And he, my Lord, has already been referred to as JE during the course of the opening:

"He was born on 6 June 2015. Due to the amount of time I have spent in the neonatal department, I became very good friends with his mother.

"When I first went into nursery 1, I immediately went straight over to [Baby B]. This was because she was the one who struggled with her breathing during delivery and needed medical assistance to start her breathing. [Baby A] showed no signs of having any difficulties or problems. The only assistance [Baby A] had during the delivery was CPAP of just air.

"There was a designated nurse checking and monitoring my babes. She was busy between the incubators of both [Baby A] and [Baby B]. I stayed with my twins for about an hour and I was told that I needed to get some rest myself but could come back later. I returned back to the delivery room and I tried to rest following the advice of the nursing staff.

"[Father of Babies A & B] and I had returned to the room to watch a little television and try to get some sleep. It was around 8 pm. We had been in the room for about an hour and a half, watching a film, and I remember a male member of staff coming into the room. [Father of Babies A & B] heard him saying, 'you need to come quickly, there's something wrong with twin 2'.

"My mum and [Father of Babies A & B] helped me into the wheelchair and they quickly ran with me to the nursery where [Baby B] and [Baby A] were. All I can remember is being wheeled into this room, seeing what I can only describe felt like hundreds of people standing round [Baby A]'s incubator or cot and trying to resuscitate him. A nurse by the name of Caroline asked me if I was religious and if I would like her to say a prayer. A male doctor, Dr Jayaram, spoke to [Father of Babies A & B] and me and explained that the medical staff required our permission to stop CPR attempts on [Baby A].

"I was so upset, I couldn't bring myself to say stop. I wanted them to carry on trying to help my baby. It was [Father of Babies A & B] who said to me, 'You have to, you're being cruel, you have to let him go, he's not there anymore'.

"Dr Jayaram tried to say it me that if there was any possibility of ever getting him back at this stage he would have substantial physical and medical difficulties. With that, the only thing I could bring myself to do was nod my head, giving my permission to stop CPR attempts.

"One of the things that upsets me the most is I never had the opportunity to hold my son [Baby A] when he was alive. He remained in the incubator for the couple of hours I had to spend with him.

"One of the nurses, after [Baby A] died, asked if I would like to hold him; I don't remember who that nurse was. All of the medical equipment was removed from him, except for the tubing in his mouth, as we were told that had to remain in position for a post-mortem. [Baby A] was placed in a hot cot while the arrangements for his transfer to Alder Hey Hospital for the post-mortem were made.

"[Father of Babies A & B] informed all the family. His mum and dad arrived at the hospital soon after they received the news. My mum was already with [Father of Babies A & B] and I at the hospital. My father lives approximately 2 hours away so it took him some time before he arrived.

"After [Baby A] died I was frantic, anxious and extremely upset, and it was at that point I asked for somebody from the family to remain with [Baby B] the whole time. I didn't want her out of my sight or to be left alone. My whole focus was on her then.

"The next morning [Father of Babies A & B] and I moved to a room on the labour ward where we were given a private room for time to spend with [Baby A] before he was transferred to Alder Hey for a post-mortem. I can't remember the name of the nurse who looked after [Baby A], I was so upset. She came into the labour room where [Father of Babies A & B] and I were waiting, she had [Baby A] wrapped up in her arms and she passed him to me.

"We sat quietly with him until the nurse returned and said that the transfer was ready. I didn't want to leave my little boy and I asked for extra time. The nurse gave us a few extra minutes.

"My mum and dad remained with [Baby B] while [Father of Babies A & B] and I said our goodbyes to our little boy. Once the transfer had been arranged and [Baby A] was taken off to Alder Hey, [Father of Babies A & B] and I returned back to the ward in nursery room 1 to be with [Baby B].

"When we returned one of the nurses, again I can't recall her name, asked if I would like to hold [Baby B]. She suggested that I went and changed into a loose-fitting top so [Baby B] could be

placed onto my bare chest for body heat and skin-to-skin contact. The nurse told us that [Baby B] couldn't stay out of the incubator for long periods as her body temperature would drop and she needed to be kept warm.

"I held [Baby B] close to my chest with feelings of joy and sadness at the same time. The nurse asked [Father of Babies A & B] if he wanted to hold his daughter. He was so scared because she was so tiny, he said no. [Baby B] happened to be very unsettled, she was crying a lot.

"It was around teatime, 5 to 6 pm. [Father of Babies A & B] and I hadn't had anything to eat and it was suggested that we went to get something. My mum and dad remained with [Baby B]. I had now been moved from the delivery labour ward into the Cestrian Ward at the Countess of Chester. [Father of Babies A & B] and I returned back to the neonatal unit to see [Baby B] again, it was around 8 pm, when it was suggested by a member of the nursing staff that we went and got some rest. I can't remember exactly who from the nursing staff suggested leaving and getting rest.

"[Father of Babies A & B] and I did return to the room on the ward, we attempted to watch a film. I couldn't tell you what we tried to watch as I had fallen asleep. The next thing I knew [Father of Babies A & B] and I were getting woken by Lisa, a nurse from nursery room 4. She came into the room and I remember her saying, 'You need to come now'. My heart sank, not my baby, not again. [Father of Babies A & B] ran with me in the wheelchair into the neonatal unit and into nursery room 1.

"A female consultant on the neonatal unit was overseeing [Baby B]'s care. She explained to us both that [Baby B] had stabilised. It was a very similar situation to [Baby A]: [Baby B]'s heart and oxygen saturation levels had fallen rapidly.

"The female consultant went on to describe seeing blotches/mottling across her skin, hand and feet. She asked our permission to take pictures/photographs of the mottling and she stated she had never seen this before. I remember being surprised that this was something she'd never witnessed before. I imagined a consultant of neonatal care would have seen everything. I cannot remember the consultant's name, but she is the only female consultant at the Countess of Chester neonatal unit.

"[Father of Babies A & B] and I had no problem with the staff photographing this mottling across [Baby B]'s chest, but by the time the staff had organised a camera it had disappeared. Both [Father of Babies A & B] and I stayed with [Baby B] all night. From that moment on I became frantic and terrified about leaving her. I always wanted a member of my family to be with her 24/7.

"Looking back, prior to [Baby B]'s collapse during the day, she had been crying all the time. She was restless and wouldn't settle. It was as if she was trying to tell me something was wrong. I wouldn't leave [Baby B]'s side. I was sleeping in a chair next to the cot incubator for a couple of days.

"The following morning after [Baby B]'s collapse I did, however, take a photograph on my tablet of [Baby B]. She was back on a ventilator and stable, but I noticed that her hands and feet were still a little discoloured."

My Lord, [Mother of Babies A & B] exhibits the photograph as [redacted], which we're going to have on the screen now.

(Photograph displayed to the court)

That, my Lord, was taken at 10.18 hours on 10 June, so later in the morning after events the night before:

"After a few days and nights sleeping in the chair next to [Baby B]'s cot one of the nurses suggested I would have to return back to the ward to sleep and went on to explain the hospital policy regarding the neonatal unit and the visiting hours. I reluctantly went back to the ward and after about a week I was discharged to go home.

"[Baby B] remained in hospital for a further 4 weeks. She was actually in hospital a 4 weeks and 5 days before she came home. During that time [Baby B] remained on the neonatal unit. She was removed from nursery room 1 into nursery room 2. When [Baby B] was moved into nursery room 2, the nurse allocated to look after [Baby B] introduced herself to me. Again, I cannot recall her name.

"I do remember a brief conversation where she began talking to me as if I should know her. I remember apologising and saying, 'I'm really sorry, I don't remember you'. The nurse went on to explain that she was the nurse on duty the night [Baby A] died and she was the one who looked after him for us. She actually said, 'I looked after [Baby A] for you the night he died'.

"The only names I can recall of nurses working from nursery 1 in the neonatal unit when [Baby A] and [Baby B] were admitted were nurses [Nurse A], Caroline and Laura. Nursery nurse Nicky and nurses Lisa and Liz also worked on the neonatal unit, but I think they worked for different nursery rooms, I'm not sure.

"Once I was discharged from hospital, I would get up in the morning and head straight for the neonatal unit at the Countess of Chester Hospital. I was always there at 9 am. Occasionally, I

would arrive no later than 9.30 am, and I would stay with [Baby B] all day. [Father of Babies A & B] and I would leave the neonatal unit once the night shift staff had come on duty and we knew who was looking after [Baby B] throughout the night. I would always say to the nurse dealing with her to update us, no matter what.

"Because of what happened with [Baby A] and [Baby B] having a collapse also, I was and still am extremely protective of her. So throughout [Baby B]'s time in the hospital when I wasn't there, which is only during the night-time, every 2 hours either [Father of Babies A & B] or I would call the parent telephone number and ask how things were with [Baby B]. We would ask to speak to the designated nurse who was looking after [Baby B] that evening and ask for an update. I would set an alarm on my mobile phone every 2 hours throughout the night and call. On occasions I do recall some of the nurses telling me to get some rest as everything was fine and they would tell me that they would call if needed, but I couldn't help it: I needed to call.

"I remember one night -- it was around 4 am I think -- I had called the designated parent line and a female voice answered it. I would have said who I was, [Baby B]'s mother, I presume the female voice was one of the nursing staff on the unit, I remember her saying, 'Just wait a moment'. The next voice I heard was a male voice, I recognised it as Dr Andrew -- I don't know his surname but he has a distinctive Scottish accent. He said, 'I have given', and then a name which I can't remember but it certainly wasn't [Baby B], 'something number of CC of adrenaline, are you coming in?' I remember in a daze replying back to him, 'Do you think I need to come in? I'm phoning about [Baby B], it's [Baby B]'s mum'. I could hear the panic and change in tone in his voice as if he had disclosed something to me which had nothing to do with [Baby B]. I was then put through to the nurse dealing with [Baby B] that night and was informed she was fast asleep and doing well, nothing to worry about. I remember saying to her, 'If there is anything please let us know'. The nurse reassured me everything was okay and I hung up.

"At the Countess of Chester Hospital unit they have a designated telephone line or number that they provide to parents to allow them direct access to the unit to speak with the nursing staff and get an update on how their baby is doing. I used to have the telephone number stored in my mobile phone but I have unfortunately deleted it.

"Following [Baby A]'s death, [Father of Babies A & B] and I have searched for a reason as to why. It was suggested by one consultant at the hospital that if the finding from [Baby A]'s post-mortem came back inconclusive, it may well have something to do with my blood condition [that being the APS that we

discussed]. I was furious when this was suggested and, following [Baby B]'s discharge from hospital, [Father of Babies A & B] and I asked for some answers, which we never really got. We did receive a letter from one of the consultants who attempted to answer some of our concerns."

My Lord, that concludes the statement from [Mother of Babies A & B].

MR JUSTICE GOSS: Yes, thank you.

Witness statement of [Father of Babies A & B] (read)

MR ASTBURY: The next statement to read, ladies and gentlemen, is that of [Father of Babies A & B]. Having signed the declaration which is dated on this occasion 27 September 2019, he says as follows:

"I am [Father of Babies A & B] but everybody calls me by my middle name [Father of Babies A & B]. [Mother of Babies A & B] and I met approximately 7 years ago through a mutual friend and we have been together ever since. I was aware right from the beginning of our relationship that [Mother of Babies A & B] had been diagnosed with a rare blood disorder called APS.

"During the winter of 2014, following an extended four-month holiday visiting family in Australia, [Mother of Babies A & B] and I returned home to the UK to discover that [Mother of Babies A & B] had fallen pregnant. It was on 13 December 2014, the day before my 30th birthday, that we discovered [Mother of Babies A & B] was pregnant. This wasn't a planned pregnancy and our initial thoughts were around [Mother of Babies A & B]'s diagnosis and her use of warfarin. I remember [Mother of Babies A & B] visiting her GP at first and was immediately switched medication to a safer option during pregnancy.

"From that initial meeting with the GP, arrangements were made for [Mother of Babies A & B] and I to travel to London to see [Mother of Babies A & B]'s specialist, Professor Cohen, who was already looking after [Mother of Babies A & B]. An appointment was made with Professor Cohen, and [Mother of Babies A & B] and I travelled down the following week to discuss the pregnancy.

"Professor Cohen discussed with us at length how to manage [Mother of Babies A & B]'s pregnancy. The decision was made that Professor Cohen would manage her blood condition [that's the APS], working alongside the Countess of Chester Hospital, who would look after the antenatal care.

"[Mother of Babies A & B] was going to remain at home up to 30 weeks of her pregnancy and then she was going to move down to

London to have our babies delivered by caesarean section at 37 weeks. That way, Professor Cohen could monitor both [Mother of Babies A & B] and our babies during her pregnancy and delivery.

"On 23 January 2015 [Mother of Babies A & B] and I attended at the Countess of Chester where [Mother of Babies A & B] had her 12 week ultrasound, which confirmed that she was pregnant with twins and everything was fine and normal.

"Around the 14-week point [Mother of Babies A & B] suffered a small bleed. Arrangements had been made for a further scan at University College of London with Dr Cohen, and this was more of a reassurance scan. This scan again confirmed that everything was fine with both the babies and [Mother of Babies A & B].

"[Mother of Babies A & B] continued to have regular scans at the Countess every 4 weeks and at 16-17 weeks she had a specialist scan, again at the Countess of Chester, with the consultant. This was to establish that there were no complications from the changeover in her medication, from the warfarin, during the early stages of her pregnancy when she was unaware that she was pregnant.

"[Mother of Babies A & B] knew of the complications warfarin may cause during the early part of any pregnancy. It was explained to us that warfarin can cause abnormalities to an unborn baby if the change in medication for APS is delayed after the 6-week point. As our pregnancy was unplanned, it was difficult to actually pinpoint the exact date and this scan was hopefully going to assist with that. The scan appeared normal and the babies were doing fine. This was very reassuring to both [Mother of Babies A & B] and I.

"During [Mother of Babies A & B]'s pregnancy she was monitored carefully. She was under the care of two obstetricians at the Countess of Chester Hospital, Dr Davies and Dr Rowe, and she continued to have regular scans every 4 weeks and her blood pressure was monitored throughout her pregnancy. Everything was going fine until she reached 28-week point when [Mother of Babies A & B] started getting these intense itching sensations in her hands and feet. [Mother of Babies A & B] had an appointment arranged at 28 weeks. One of the checks carried out was for diabetes and while we were at this appointment [Mother of Babies A & B] informed the midwife that she had started suffering from what she described as intense itching, especially in her hands and feet.

"The scan was to check that the babies were growing and everything was okay. After mentioning to the midwife the intense itching that [Mother of Babies A & B] was experiencing, the midwife gave [Mother of Babies A & B] a blood test and arranged

an appointment with one of the consultants. While we were waiting for the consultant, [Mother of Babies A & B] was given a leaflet relating to gestational cholestasis, describing a liver dysfunction that can cause stillborn babies during pregnancy. One of the symptoms is itching to skin. Both [Mother of Babies A & B] and I were completely unaware of this at the time of telling the midwife.

"The appointment must have been on a Saturday because I remember going with [Mother of Babies A & B] to the appointment. We planned to go to the hospital for the tests and the scan and from there we intended on taking a day trip to [Baby A] Bay in Anglesey. This is a place we had visited and also decided to name our son [Baby A] after.

"When we returned to the hospital to speak to the consultant further tests were carried out, [Mother of Babies A & B]'s blood pressure was monitored, and it was found to be on the high side. The nursing staff spoke to the on-call consultant who admitted [Mother of Babies A & B] to hospital at the Countess of Chester Hospital. [Mother of Babies A & B] was immediately admitted on to a ward with pre-eclampsia due to the discovery of proteins in her urine.

"[Mother of Babies A & B] underwent several tests to try and diagnose what the problem was. Dr Davies, an obstetrician, suggested she was referred to a nephrologist, a kidney specialist, and hepatologist, a liver specialist, as she had previously shown signs of protein in her urine. From all the tests carried out it was shown that her liver function was slightly off so the doctors decided to start treatment for gestational cholestasis as a precaution, along with blood pressure medication.

"She was extremely upset when the doctors informed her that she was going to be admitted to hospital. She was only a week away from going to London under the care of Professor Cohen. [Mother of Babies A & B] contacted Dr Cohen directly to see if it was still possible to be transferred to London but it was just too risky for both [Mother of Babies A & B] and the babies, so [Mother of Babies A & B] remained in hospital and was closely monitored for approximately 2 weeks. Her blood pressure had stabilised."

And it said she was monitored closely:

"On 7 June 2015, around 4 pm, my mother, [redacted], and my sister visited the hospital. It was outside the visiting time, so [Mother of Babies A & B] and I had arranged to meet them in the café. The nursing staff asked to check [Mother of Babies A &

B]'s blood pressure before we left the ward, only to discover it was slightly raised.

"The nursing staff wouldn't let [Mother of Babies A & B] off the ward they carried on monitoring her blood pressure every 10 minutes only to discover it was slowly rising every time it was taken. One of the medical staff asked for a consultant to be called, but because it was the weekend the hospital have an on-call system between the consultants. This took some time and when the consultant arrived, the nurse gave the on-call consultant [Mother of Babies A & B]'s blood pressure readings and explained that it had continued to increase.

"At that point [Mother of Babies A & B] was immediately moved from the ward to the maternity labour suite in preparation for an emergency caesarean section. Her blood pressure was taken every 5 minutes. She also had heart monitors attached to her abdomen to monitor the babies too.

"The female doctor who delivered our babies -- again unfortunately I can't recall her name [says the statement] -- spoke to [Mother of Babies A & B] and I and explained that she was going to speak with the anaesthetist to establish if [Mother of Babies A & B] was going to have a spinal tap or be put to sleep under general anaesthetic.

"[Mother of Babies A & B]'s blood pressure continued to rise and the doctors decided to carry out an emergency caesarean section. [Mother of Babies A & B] was now 31 weeks plus 2 days and an elective caesarean had been planned for the 32-week point.

"[Mother of Babies A & B] was taken into theatre around 5 pm. She was given a general anaesthetic. It was explained to us that it was too dangerous to wait for an epidural or spinal tap, because of [Mother of Babies A & B]'s rising blood pressure, and the medical staff were becoming concerned for the babies. I remained just outside the surgical theatre with [Mother of Babies A & B]'s mum, waiting for some news."

(Pause)

MR JUSTICE GOSS: You probably knew, but just for the avoidance of doubt, spinal tap is not a spinal anaesthetic. It's not the same as an epidural. That used to be an epidural, but now it's a spinal anaesthetic though. But it's not relevant here because she had a general anaesthetic, as you heard.

MR ASTBURY: It's in the alternative in the statement but as my Lord rightly pointed out --

MR JUSTICE GOSS: Yes, it's already been put in evidence.

MR ASTBURY: "I was standing in the corridor [says [Father of Babies A & B]] with [Grandmother of Babies A & B] when a nurse came out of theatre pushing a cot. She briefly stopped for moments to introduce me to my son, [Baby A], and then carried straight on into the neonatal unit. [Baby B] was still in the theatre room.

"Our children were delivered at 8.30 pm. Our baby girl was delivered weighing 3 pounds 11 ounces and we named her [Baby B]. One minute later, at 8.31 pm, our baby boy was delivered weighing 3 pounds 12 ounces, we named him [Baby A]. Because our babies were delivered by emergency caesarean section, [Mother of Babies A & B] had to be given a general anaesthetic, so following the operation she had to remain in bed and rest, so she did not actually get the opportunity to see our children until the following day. I was in and out of the neonatal unit throughout the night and took several photographs on the tablet of both [Baby A] and [Baby B] to show [Mother of Babies A & B].

"[Mother of Babies A & B] had told the family that no one is to go in and see our children before she is able to, except me. I accessed the neonatal unit via the door at just across from the theatre entrance."

My Lord will remember we looked at just that doorway between theatre and the neonatal and just how close it is on the plan this morning:

"I would ring the bell where Lucy, a member of the nursing staff, would open the door every time I went through.

"Following [Mother of Babies A & B]'s surgery, we Skyped members of our family, including her brother and sister. [Mother of Babies A & B] contacted her father, who lives in Lincolnshire, to let him know everybody was doing well. I remained with [Mother of Babies A & B] throughout the night in the labour room and the following morning, Dr Rowe, [Mother of Babies A & B]'s obstetrician, visited. [Mother of Babies A & B] kept asking to go and see the babies. Dr Rowe said, 'Once you are able to get up and get into a wheelchair, then you'll be able to go and see your babies'.

"At the time the doctors in the neonatal ward were trying to place long lines into both [Baby A] and [Baby B] and asked if we could wait a little while. [Mother of Babies A & B] was getting very anxious; she just wanted to see our children.

"It was probably around 12 to 1 pm on 8 June 2015 when [Mother of Babies A & B] got to see the babies for the first time. With the help of [Mother of Babies A & B]'s mum we managed to get

[Mother of Babies A & B] washed and changed and into a wheelchair; I think one of the difficulties was [Mother of Babies A & B] still had a drip in her arm. The registrar who was responsible for placing the long lines into [Baby A] and [Baby B] was a male doctor with a Scottish accent. [Mother of Babies A & B] thinks his name was Andrew but she can't recall the surname.

"When the babies go into the neonatal unit there is a nurse who is designated to look after them during their shift. A nurse I called Lucy was looking after [Baby B] and [Baby A]. I remember her because I was nervous about the machines and she went through and explained what each of them was to make me feel better.

"[Baby B] and [Baby A] were taken straight from the theatre into nursery room 1 on the neonatal unit. I believe there was one other cot which was occupied by another baby in nursery room 1.

"We helped [Mother of Babies A & B] into a wheelchair and took her from the labour ward into the neonatal unit to see the twins. This was the first time [Mother of Babies A & B] had seen the twins. We went into nursery room 1.

"[Mother of Babies A & B] went straight over to [Baby B]. This was simply because [Baby B] was the baby we were informed had struggled to start breathing during delivery and needed medical assistance to start her breathing off. [Baby A] was breathing for himself, with the added help of CPAP additional air. [Baby A] wasn't ventilated. I remember seeing [Baby B] first as [Baby A] started to cry when he heard [Mother of Babies A & B] talking.

"On this occasion we stayed on the unit for about an hour. The nursing staff were busy between the two incubators of both [Baby A] and [Baby B]. [Mother of Babies A & B] hadn't slept very much at this point and it was suggested that she should get some rest and come back later. I tried to persuade [Mother of Babies A & B] to get some rest and we returned back to the delivery room to rest following the advice of the staff. Myself and [Mother of Babies A & B]'s mum sat with [Mother of Babies A & B] while she had a rest.

"We had been in the room for about an hour and a half when myself and her mum heard a commotion outside the room and a nurse called [Nurse A] said, 'There's something wrong with twin 2'. [Mother of Babies A & B]'s mum and I both looked at each other, worried, and after a few minutes a male member of staff came into the room and said, 'You need to come quick, it's twin 2'.

"Along with the help of [Mother of Babies A & B]'s mum, we got [Mother of Babies A & B] into a wheelchair and quickly ran down to the nursery 1 where [Baby B] and [Baby A] were. All I can remember is wheeling [Mother of Babies A & B] into the room and seeing what I can only describe as hundreds of people standing around [Baby A]'s incubator/cot trying to resuscitate him. [Mother of Babies A & B] became extremely upset. I remember a nurse called Caroline asking us if we were religious and if we would like her to say a prayer.

"Dr Jayaram, one of the consultants, spoke to [Mother of Babies A & B] and I and explained that the medical staff had tried all they could, and it's now been some time, and there have been no improvements. He went on to say they needed our permission to stop CPR attempts on [Baby A]. We were both so upset neither one of us could bring ourselves to say stop. We just wanted them to carry on trying to save our baby boy. [Mother of Babies A & B] was hysterical. After I'd gathered my thoughts I said to [Mother of Babies A & B] something along the lines of, 'We have to let him go, he's not there anymore, we have to let him go'. It's one of the most difficult things I've ever had to do, to let my son go.

"The consultant, Dr Jayaram, spoke to [Mother of Babies A & B] and I and informed us that if there was any possibility of ever getting him back at this stage, it's likely he would have substantial physical and medical difficulties in the future. With that, the only kind thing I could bring myself to do was to tell [Mother of Babies A & B] to let him go.

"She nodded her head towards Dr Jayaram, giving our permission to stop CPR attempts. One thing that upsets [Mother of Babies A & B] and I the most is we never had the opportunity to hold our son [Baby A] when he was alive. We were told he was doing fine, he was breathing for himself and doing well.

"[Baby A] was then moved into a hot cot and it was put next to [Baby B]. We remained in nursery room 1 with [Baby B] and I tried to comfort [Mother of Babies A & B]. The room seemed to empty quickly, leaving only a couple of nurses to assist [Mother of Babies A & B] and I. I can only presume the staff were trying to give us some privacy. The doctor and the consultant stayed to write up their notes.

"One of the nurses asked if we would like to hold [Baby A]. I don't remember who that nurse was, but [Mother of Babies A & B] immediately said that she did. All of the medical equipment was removed from [Baby A] except for the tubing in his mouth. We were told that had to remain in position for the post-mortem. We understood the reason for that. [Baby A] was placed into a cot directly next to [Baby B]'s incubator and arrangements were then

made for [Baby A] to be transferred to Alder Hey Hospital for the post-mortem.

"I remember asking [Mother of Babies A & B]'s mum if she could start informing all the family. My mum and dad arrived at the hospital soon after they received the news. [Mother of Babies A & B]'s mum was already with us at the hospital. Her father lives about 2 hours away, so it took him some time before he arrived.

"After [Baby A] died we were both pretty anxious and upset and it was at this point [Mother of Babies A & B] wouldn't leave [Baby B]'s side unless a member of the family was there the whole time. She just didn't want [Baby B] to be out of my sight or to be left alone. [Mother of Babies A & B]'s whole focus was on [Baby B], but [Mother of Babies A & B] was still recovering from surgery herself and I tried to get [Mother of Babies A & B] to go back and rest a little back in the room while I remained with [Baby B] and [Baby A] on the neonatal unit.

"I was sat with my father next to [Baby B] in nursery room 1 most of the night while [Mother of Babies A & B] rested and during this time [Mother of Babies A & B]'s father arrived at the hospital. He sat with [Mother of Babies A & B] for about an hour or more trying to comfort her and then he came in to see [Baby B] and [Baby A] together.

"The next morning [Mother of Babies A & B] and I were on the labour ward where we were given a private room to spend time with [Baby A] before he was transferred to Alder Hey Hospital for post-mortem. [Mother of Babies A & B]'s mum and dad remained with [Baby B] on the neonatal unit while we said our goodbyes. I remember the name of the nurse -- it was Lucy -- that brought [Baby A] in to us as we were both so upset. She came into the labour room where [Mother of Babies A & B] and I were waiting. She had [Baby A] in his hot cot and she passed him over to [Mother of Babies A & B]. We sat quietly with him until Lucy returned and said the transfer was ready. We just didn't want to leave our baby boy and [Mother of Babies A & B] asked for a few minutes. The nurse left the room and gave us those few extra minutes to say our final goodbye. I know a memory box was done for [Baby A] but I don't know who did it or when it was done.

"When we returned back to the neonatal unit, one of the nurses called Jo asked if we would like to hold [Baby B]. She was so small I didn't want to hurt her so I said no but [Mother of Babies A & B] said she would like to hold [Baby B]. The nurse, Jo, suggested that [Mother of Babies A & B] went and got changed into a loose-fitting top so [Baby B] could be placed on to [Mother of Babies A & B]'s bare chest for body heat and skin-to-skin contact. This helps with heat and the baby can hear your heartbeat also.

"The nurse Jo told us that [Baby B] couldn't stay out of the incubator for long periods as her body temperature would drop and she needed to be kept warm. [Mother of Babies A & B] held [Baby B] close to her chest. It was lovely to see, but there were feelings of both joy and sadness.

"It was around teatime, between 5 and 6 pm on 9 June 2015, both [Mother of Babies A & B] and I hadn't had anything to eat and it was suggested we went to get something. [Mother of Babies A & B]'s parents remained with [Baby B], and [Mother of Babies A & B] had now been moved from the delivery labour room on to the Cestrian Ward at the Countess of Chester.

"At about 8 pm, [Mother of Babies A & B] and I returned back to the neonatal unit to see [Baby B] again. It was shortly after the shift changeover and the night staff had come on duty. The designated nurse had introduced herself; again, I can't remember names. It was suggested by [Mother of Babies A & B]'s mum and dad, as well as all the nursing staff, that we went and got some rest. [Mother of Babies A & B] and I had at this point had had very little sleep. All of the family had gone home to get some sleep and I suggested to [Mother of Babies A & B] that we needed to do the same. This was the first time [Baby B] was going to be left without a member of family since [Baby A] had passed away. We did return to the room on the ward. We attempted to watch a film -- I couldn't tell you what we tried to watch as I think we had both fallen asleep very quickly. The next thing we knew, we were getting woken by a nursery nurse, her name was Lisa. She came into the room and said something along the lines of, 'You need to come now'. I didn't know what to think. My heart sank.

"I ran with [Mother of Babies A & B] in the wheelchair into the neonatal unit and into nursery room 1. The female consultant on the neonatal unit was overseeing [Baby B]'s care. She explained to us both that [Baby B] had now stabilised, she had experienced a very similar situation to [Baby A], and [Baby B]'s heart and oxygen saturation levels had fallen rapidly. The female consultant went on to describe seeing blotches or mottling across her skin and feet. She asked our permission to take pictures of the mottling as she said she had never seen this before. I remember being surprised that this was something she had never witnessed before with her experience. You imagine a consultant in neonatal care would have seen almost everything.

"I can't remember the consultant's name. I also remember her looking at the nurse as she left and crossing her fingers and saying, 'Good luck', as in hoping [Baby B] would be okay.

"We had no problem with the staff photographing this mottling across [Baby B]'s chest. By the time the staff had organised a

camera it had disappeared. [Mother of Babies A & B] was given a comfy recliner chair and slept by [Baby B]'s incubator all night. [Mother of Babies A & B] asked the staff if they could make her leave and they said no, so she stayed. Both [Mother of Babies A & B] and I remained with [Baby B] all night. From that moment on [Mother of Babies A & B] became frantic about leaving her.

"The following morning after [Baby B]'s collapse we both noticed that her hands and feet were still a little discoloured. [Mother of Babies A & B] took a photograph on her tablet and at this point [Baby B] was back on a ventilator and stable."

My Lord, that's the photograph we looked at earlier.

"Two days after [Baby B] collapsed, her colour was back to normal, apart from a small mark across her chest. At this point one of the nurses suggested we would have to return back to the ward to sleep and went on to explain the hospital policy regarding the neonatal unit and visiting hours. [Mother of Babies A & B] reluctantly went back to the ward and, after about a week, she was discharged to go home. However during [Mother of Babies A & B]'s time in hospital and after she is discharged, she would arrive on the neonatal unit first thing in the morning and wouldn't leave until the day staff had changed so she knew who was looking after [Baby B] overnight.

"[Baby B] remained in hospital for a further 4 weeks. She was hospital in hospital a total of 4 weeks and 5 days before she came home. During that time [Baby B] remained on the neonatal unit. She was removed from nursery 1 through to nursery 4. At this point I had returned back to work and [Mother of Babies A & B] was still going to the hospital on a daily basis.

"Once [Mother of Babies A & B] was discharged from hospital she would get up in the morning and head straight to the neonatal unit at the Countess of Chester Hospital. She would be there around 9 am and would stay with [Baby B] all day. I would go straight to the hospital after work and [Mother of Babies A & B] and I would leave the neonatal unit once the night shift staff had come on duty and we knew who it was looking after [Baby B] throughout the night. [Mother of Babies A & B] would ask the designated nurse who was looking after [Baby B] that if anything should happen we wanted to be updated, no matter what.

"Because of what happened with [Baby A] and [Baby B] suffering a collapse, we both became and still are extremely protective of our daughter, so throughout [Baby B]'s time in hospital when we weren't there, which was only during the night-time, every 2 hours either I or [Mother of Babies A & B] would call the parent telephone number and ask how things were with [Baby B]. We would

ask to speak to the designated nurse was looking after [Baby B] for that shift and ask for an update. We even set an alarm on one of our mobile phones every 2 hours throughout the night.

"I remember one occasion one evening, it was probably around 4 am, [Mother of Babies A & B] had called the designated parent line to see how [Baby B] was doing. She was mistakenly put through to one of the doctors. When she came off the phone [Mother of Babies A & B] told me that the doctor must have thought he was speaking to someone different. I believe [Mother of Babies A & B] was then put through to the designated nurse dealing with [Baby B] that night and was informed she was fast asleep and doing well and nothing to worry about, everything was okay.

"At the Countess of Chester neonatal unit they have a designated telephone line number they provide to allow direct access to the unit for parents to speak to the nursing staff and get an update on how their baby is doing. Both [Mother of Babies A & B] and I would have had this number stored in our mobile phones but have unfortunately deleted it now."

My Lord, that concludes the statement of [Father of Babies A & B].

Witness statement of [Grandmother of Babies A & B] (read)

MR ASTBURY: At this stage finally to be read is the statement of [Grandmother of Babies A & B]. Same declaration, on this occasion dated 17 April 2019. And [Grandmother of Babies A & B] says this:

"I am the mother to [Mother of Babies A & B] and grandmother to [Baby A] and [Baby B]. In September 2017, [Mother of Babies A & B] and [Father of Babies A & B] received the news they had been waiting for: they had been accepted and began making all the necessary arrangements by December 2017 to move to start their new life in Australia. [Father of Babies A & B]'s full name is [Father of Babies A & B]; everybody calls him by his middle name [Father of Babies A & B].

"During the winter of 2014, following an extended holiday to Australia visiting family, [Mother of Babies A & B] and [Father of Babies A & B] returned home to the UK only to discover [Mother of Babies A & B] was pregnant and expecting twins. This came as a big surprise to everyone as it wasn't a planned pregnancy, but we were all thrilled.

"When [Mother of Babies A & B] and [Father of Babies A & B] returned home from their holiday in Australia and discovered that [Mother of Babies A & B] was pregnant our initial thoughts

were around [Mother of Babies A & B]'s diagnosis of APS and what to do next. [Mother of Babies A & B] was closely monitored throughout her pregnancy and attended all of her appointments, some of which took place in London with Professor Cohen, the specialist.

"It was agreed at 30 weeks [Mother of Babies A & B] and I would move down to London where Professor Cohen would closely monitor [Mother of Babies A & B]'s condition and advise the antenatal team of [Mother of Babies A & B]'s condition during delivery of the twins.

"Around 28/29 weeks, [Mother of Babies A & B] went for a routine check-up with the midwife at the Countess of Chester Hospital. At that point, [Mother of Babies A & B] had started to suffer with intense itching to her hands and feet. Unbeknown to us, this was a side effect of gestational colitis (sic), which affects the liver. [Mother of Babies A & B] was given blood tests and referred to one of the consultants. When she returned to the hospital to speak to the consultant, further blood tests were carried out and her blood pressure was monitored, which was found to be on the high side. The advice was then to admit [Mother of Babies A & B] to hospital to monitor both her and the babies closely. It was approaching a bank holiday weekend when [Mother of Babies A & B] was taken into hospital. She was placed on to antenatal ward and monitored.

"[Mother of Babies A & B] was fine and during her time in hospital the two of us would go for little walks around the grounds, visiting the cafeteria for a sandwich and a cup of tea.

"Then, on Sunday, 7 June 2015 -- it must have been early afternoon -- [Mother of Babies A & B]'s blood pressure began to rise. The doctors and nursing staff monitored [Mother of Babies A & B] throughout the afternoon. I remained with [Mother of Babies A & B] and [Father of Babies A & B] at the hospital until about 4 pm in the afternoon when I decided to return home.

"A couple of hours later I received a phone call from [Father of Babies A & B]; it was probably around 6 pm. He informed me that [Mother of Babies A & B]'s blood pressure wasn't coming down and the doctors were concerned for the babies. A decision had been made to take [Mother of Babies A & B] into theatre for an emergency caesarean section and can I make it back to the hospital. When I arrived back at the hospital [Mother of Babies A & B] had been moved into the labour ward and was placed into one of the delivery rooms. I think she was the second room in from the double doors leading into the neonatal unit.

"The staff were monitoring [Mother of Babies A & B] constantly and preparing her for theatre. [Father of Babies A & B] and I

were both very anxious at this point as the medical staff wheeled [Mother of Babies A & B] into the theatre room. [Father of Babies A & B] and I remained outside the theatre for approximately an hour. It felt like a lifetime.

"After an anxious wait in the corridor, the doors to the theatre opened and we briefly saw one of the nurses whizzing past with an incubator, straight into the special care unit. It was [Baby A] getting transferred. At that moment I could hear what I would describe as a commotion in the theatre. I was unable to see what was happening. My initial reaction was, is everything okay with [Mother of Babies A & B], and after several minutes a second incubator went flying past us in the corridor and went straight into the neonatal special care unit. It was [Baby B] getting transferred from the theatre on the neonatal unit.

"Moments later, a female doctor came out to see [Father of Babies A & B] and me. She explained although [Baby A] was transferred first on to the special unit, it was [Baby B] who was born at 8.30 pm, followed a minute later by [Baby A] at 8.31.

"[Mother of Babies A & B] was quite poorly after the caesarean section and was taken back to the labour ward to recover. She was unable to go and see her children that night. I think I remember [Father of Babies A & B] going to see the babies and took several photographs to show [Mother of Babies A & B] but I can't be certain if it was that night or the following morning.

"[Father of Babies A & B] and I both remained with [Mother of Babies A & B] that night. I do remember [Mother of Babies A & B] telling the whole family that nobody is allowed to see the babies until she and [Father of Babies A & B] had seen them first.

"Because [Mother of Babies A & B] was so poorly and unable to get into a wheelchair following the caesarean section, the nursing staff from the special care unit came in to update [Mother of Babies A & B], reassuring her and [Father of Babies A & B] that the babies were doing well and both fine.

"The evening the babies were delivered, Sunday, 7 June 2015, I remained at the hospital with [Father of Babies A & B] and [Mother of Babies A & B]. At some point the following day I went home for a couple of hours. It was had when I returned back to the hospital I called in to see the babies for the first time. They were both together in nursery room 1. [Baby B]'s incubator was lengthways on the right-hand side with, the bottom of the incubator as you entered the room. [Baby A] was directly in front of you as you entered in nursery 1. I am not sure if there was one or two other babies in the room but I do remember

another little baby boy; he was on the left-hand side of nursery room 1. [Father of Babies A & B] and [Mother of Babies A & B] got to know his parents and remained friendly after the children left the hospital.

"I only popped in to see the babies for a very brief moment before returning back to the labour ward as I was so worried about [Mother of Babies A & B]. [Baby A] was breathing for himself and on CPAP (he wasn't intubated), he was a lovely pink colour with his little arms and legs moving. Both [Baby A] and [Baby B] appeared very small and fragile to me. [Baby B] was intubated at the time and not moving as much as [Baby A]. I only stayed in nursery room 1 a few moments before returning back to [Mother of Babies A & B] on the labour ward.

"Throughout the day [Mother of Babies A & B] was asking the staff if she could go and visit the babies. At one point she was informed that the doctors were trying to get long lines into the twins to assist with their nutrition and was asked to wait a little while.

"At some point during the afternoon [Mother of Babies A & B], [Father of Babies A & B] and I were told we could go and see the babies. It was no easy task as we had to get [Mother of Babies A & B] up out of bed and into a wheelchair. At the time she was still on a drip after the operation. I am not sure of the time, it may have been around 3 or 4 pm. I can't remember the names of the nursing staff or who was there at the time. I don't think we stayed very long with the babies at that point. The midwives were concerned and insisted that [Mother of Babies A & B] return back to the labour room to rest and recover from the caesarean section.

"It was Monday evening, 8 June 2015, about 8.30 to 9 pm, again I can't be certain of the exact time. [Father of Babies A & B] and I were sitting with [Mother of Babies A & B] in her room on the labour ward. Her room was the second one in from the double doors leading into the neonatal unit. She was virtually opposite the theatre doors. I remember one of the nurses by the name of [Nurse A] ran past the open door of [Mother of Babies A & B]'s room. I heard her saying something along the lines, 'It's one of the twins'. At the time I didn't know the name of this nurse and I would describe her as a white female in her 40s with dark hair. I was later made aware of [Nurse A]'s name.

"[Father of Babies A & B] and I looked at one another. I could tell there was a problem and my heart sank. [Baby A] and [Baby B] were the only twins in nursery room 1. I don't know for certain if there were any other twins on the unit at the time. I just immediately thought she was referring to [Mother of Babies A & B] and [Father of Babies A & B]'s babies. [Mother of Babies

A & B] didn't hear what was said as she had one of the midwives from the labour unit with her, talking and checking over [Mother of Babies A & B] after the operation.

"The next thing I remember a female member of staff came into the labour suite where [Mother of Babies A & B] was with a wheelchair. I don't remember who that was and they simply said to [Mother of Babies A & B], [Father of Babies A & B] and I, 'Your baby is very poorly', or, 'Your baby has collapsed, we need to take you through'. It was something along those lines.

"[Father of Babies A & B] and I helped [Mother of Babies A & B] back into the wheelchair and we went straight into the neonatal unit and into nursery room 1/ICU where [Baby A] and [Baby B] both were. As we went from the labour unit to the neonatal unit, a member of staff held open the double doors allowing us to go straight through.

"The minute I went into that room and I saw that little baby boy, I knew he was gone as he was blue. There seemed to be lots of nurses and doctors in the room. [Baby A]'s incubator top was off and open and everyone was desperately trying to help him. As we entered nursery room 1, I remember there was a white stocky male doctor standing off to the left-hand side as you entered the room. He was writing down everything that was going on. I don't know his name.

"The room seemed full of medical staff. I am trying to remember. There was what I would describe as a handsome young male doctor consultant; I think he may have been Asian but I can't be certain. This doctor appeared to be taking the lead as he stood over [Baby A]. The resuscitation attempts carried on as he instructed the medical team.

"[Mother of Babies A & B] was sobbing uncontrollably at this point, 'Please don't let my baby die, please don't let my baby die'. [Father of Babies A & B] was stood next to [Mother of Babies A & B], completely in shock, he was like a statue, not saying a word.

"After a little while, this male doctor or consultant who was leading the resuscitation of [Baby A] came over to where we were standing and approached [Mother of Babies A & B] and [Father of Babies A & B] and told them it wasn't looking good. I cannot remember the exact words used, but he was trying to explain that [Baby A] wasn't responding. [Mother of Babies A & B] continued to plead with the doctors, 'Please don't let him die, please don't let him die'. The male doctor consultant turned around and went back to [Baby A]. They continued to give him adrenaline and carried on with the resuscitation attempts.

"The white male doctor standing off to one side carried on writing everything down. All the other members of staff seemed to be assisting in helping but I couldn't tell you what each individual was doing or their role.

"I do remember there was a young white female nurse who came over to [Mother of Babies A & B], [Father of Babies A & B] and I. She said something like, 'I'm quite religious and go to church, would you like me to say a few words?' I couldn't tell what you she said but I do recall [Baby A]'s name being mentioned.

"Three or four times the male doctor came over to [Mother of Babies A & B] and [Father of Babies A & B] to tell them things didn't look good. He was very nice and tried to explained that if [Baby A] survives, he'll have brain damage and possible further complications. I quietly said to [Mother of Babies A & B], 'You need to let this little baby go now'. [Mother of Babies A & B] was sobbing, 'No, no, carry on, no'.

"The doctors carried on a bit longer. I again said to [Mother of Babies A & B], '[Mother of Babies A & B], you have to let this little baby go', and [Father of Babies A & B] actually said 'Yes, [Mother of Babies A & B], we need to let him go'. I think I remember [Mother of Babies A & B] simply nodding her head.

"A few minutes later the medical staff stopped. I don't exactly remember what happened next as [Mother of Babies A & B], [Father of Babies A & B] and I were in a huddle trying to comfort one other. The room appeared to empty quickly, leaving just a couple of members of staff. The next thing I remember was this little baby, [Baby A], had been disconnected from all the medical equipment except the tube in his mouth. The nurse explained to [Mother of Babies A & B] and [Father of Babies A & B] the reason as to why certain pieces of equipment needed to remain in place as [Baby A] would have to have a post-mortem to establish the reason for his death. I can't recall the nurse's name or describe her.

"One of the nursing staff wrapped [Baby A] in a blanket and passed him to [Mother of Babies A & B] to hold and to cuddle. I don't know how long things took, but we all had a cuddle of [Baby A] to say our goodbyes. Then one of the staff mentioned they would go and get a cool cot to place [Baby A] in. I don't remember any of the names of staff I've described or how many of them were there and what role they had during the resuscitation. The whole evening was a blur.

"To allow [Mother of Babies A & B] and [Father of Babies A & B] some time together I went outside to phone [Mother of Babies A & B]'s dad to let him know what had happened. I also called

[Father of Babies A & B]'s sister and asked her if she could let [Father of Babies A & B]'s mum and dad know about [Baby A]. I then went back inside to comfort [Mother of Babies A & B] and [Father of Babies A & B].

"A little while later [Father of Babies A & B]'s mum arrived at the hospital. She stayed about 20 minutes or so. Not long after that, [Father of Babies A & B]'s father arrived at the hospital. He's a very quiet man and doesn't say a great deal.

"Over the next couple of hours I was in and out of the hospital making phone calls to family. When I returned to the neonatal unit, the nursing staff were trying to encourage [Mother of Babies A & B] to go back to the labour ward to rest.

"I don't know what time it was, but [Mother of Babies A & B] flatly refused to leave either [Baby A] or [Baby B] alone. [Baby A] had now been placed into an cot and was alongside [Baby B]'s incubator. One of the nursing staff brought in a large comfortable chair for [Mother of Babies A & B] to sit and rest in as she was refusing to leave her children in nursery room 1. The chair was placed directly in front of [Baby B]'s incubator. [Mother of Babies A & B] held [Baby A] a couple of times but the majority of times she sat in the chair and stared into [Baby B]'s incubator.

"It was around 2 or 3 am when [Mother of Babies A & B]'s dad had arrived at the hospital. He comforted [Mother of Babies A & B] and we all stayed with this little baby throughout the night. The nursing staff brought in chairs for us to sit on. We all tried to persuade [Mother of Babies A & B] to go back to the labour ward to try and get some rest but she just wouldn't leave her children alone and unsupervised.

"The nursing staff had placed a bed in the labour room for [Father of Babies A & B] to get some rest. The nursing staff had suggested moving [Baby A] into the labour room where [Mother of Babies A & B] and [Father of Babies A & B] were resting. Apart from feeling extremely tired, I thought it was time for them to spend some time together with [Baby A] to say their goodbyes. I went home, got a couple of hours sleep, returning back to the neonatal unit later that morning. I don't really remember much about that day, that being Tuesday 9 June 2015.

"After making the call to my daughter in Australia, I received a message that she had booked a flight and was on her way to see [Mother of Babies A & B]. The rest of that day was a bit of a blur and I don't really remember much about it. [Father of Babies A & B], [Mother of Babies A & B], [Mother of Babies A & B]'s dad and myself spent the majority of the day with [Baby B] in nursery room 1. It was around shift changeover when one of

the midwives in the labour unit almost insisted that [Mother of Babies A & B] needed to return back to the delivery room to rest. They were very nice about it but said to [Mother of Babies A & B] she needed to rest herself. I cannot say who that was or recall her name.

"[Mother of Babies A & B]'s dad and I left the hospital and returned back to my home address. When we got back, I made a cup of coffee and I sat talking to him for a little while before heading off to bed. Just before we left the hospital, [Father of Babies A & B] and [Mother of Babies A & B] were making their way back to their room. I can't be sure if it was this evening or the following evening when [Mother of Babies A & B] moved upstairs on to the maternity ward or whether she was still on the labour ward and back to the delivery room. At some point [Mother of Babies A & B] was moved. I think it was after we had left the hospital.

"As I hadn't had much sleep, I dropped off very quickly. The next I think I knew I was woken by my mobile phone ringing. It was [Father of Babies A & B]. I had no idea what the time was but I answered the call the only words I could remember him saying were, 'The baby collapsed, she's really poorly, you need to come'. [Father of Babies A & B] then hung up the phone. I woke [Mother of Babies A & B]'s dad, we both got dressed, and then headed off to the hospital as quickly as we could.

"[Mother of Babies A & B]'s dad drove back to the hospital. The entire journey was horrendous. I was experiencing chest pains, I thought I was going to have a heart attack. I was struggling to breathe, I couldn't think of anything else other than, I hope [Baby B] is okay.

"When we arrived back on the neonatal unit and into nursery room 1, [Baby B] was in the incubator and not looking good. She was all purple and mottled. Her little feet appeared blue and from the little knowledge I had, this was an indication of her circulation and oxygen not getting to the right places. I remember there was a young dark-haired female doctor saying to [Mother of Babies A & B], 'This is not the same, this is not the same as what happened to [Baby A], her heart rate has never dropped below 70, it's not the same'.

"We spent another night at the hospital. [Mother of Babies A & B]'s father at some stage had left to go and collect her sister from the airport.

"[Mother of Babies A & B] asked her sister to sit with her, [Father of Babies A & B] and [Baby B] while the rest of us remained outside.

"Once [Mother of Babies A & B] was discharged from the hospital we spent the next 4 to 5 weeks travelling back to hospital and visiting [Baby B] every single day. [Nurse A] was very supportive to [Mother of Babies A & B] and [Father of Babies A & B]. On the day of [Baby A]'s funeral, which took place 2 or 3 weeks after he died, [Mother of Babies A & B] asked [Nurse A] if she would mind sitting with [Baby B] until she returned from [Baby A]'s funeral. I remember [Mother of Babies A & B] telling me that [Nurse A] had sent her a picture of [Baby B] on her phone to show that she was doing okay and [Mother of Babies A & B] was very grateful to [Nurse A] for looking after [Baby B] that day. I think she was on duty and had to work that day.

"[Baby A] was eventually transferred to Alder Hey Hospital for a post-mortem to be carried out to establish the cause of death. During that time [Mother of Babies A & B] and [Father of Babies A & B] spent the following weeks caring for [Baby B] and arranging [Baby A]'s funeral. The funeral was carried out at Blacon Crematorium on a Friday, 2 or 3 weeks after [Baby A] died."

My Lord, they are the statements we propose to read for now.

MR JUSTICE GOSS: Yes, thank you very much.

MR JOHNSON: My Lord, we're going to move on to the medical records now, please.

MR JUSTICE GOSS: Yes.

MR JOHNSON: So I call the analyst, Claire Hocknell, please.

MS CLAIRE HOCKNELL (sworn)

Examination-in-chief by MR JOHNSON

MR JOHNSON: My Lord, I wonder whether the witness may sit, please.

MR JUSTICE GOSS: Yes. I think in fact it's better if do sit so the camera is better positioned for you. It's very important that you keep your voice up. This is, by court standards, not a very big room, but the jury have to hear everything you say. Don't drop your voice; it's instinctive when you're seated to speak more softly than when you're standing up.

MR JOHNSON: Could we start with you telling the jury who you are, please?

HOCKNELL: My name is Claire Hocknell, I am an intelligence analyst employed by Cheshire Police. I have received

accreditation by attending a course called the National Intelligence Analysts' Training, and I've been in my role now since 2010.

JOHNSON: Thank you. Has part of your role in this case been to collect a range of information and to put it into a chronological list or document so that it's easier to follow?

HOCKNELL: Yes. So in complex cases such as this is it is my role to produce what's called a sequence of events, where I have reviewed and identified records that I can place in a chronological order and this forms my evidence, which is the sequence of events.

JOHNSON: Thank you. In this particular case, or these particular cases, are the primary sources of information the medical records of each of the children?

HOCKNELL: The vast majority are from the medical records of the children. There are also entries which are formed from the download of a mobile phone, there are -- there's data that's been taken from the door fob or swipe data for the hospital. There is other data in the fact that there are what's called a fast bleep data where a crash call has been made. I think that sums it up.

JOHNSON: The mobile phone you're talking about is Lucy Letby's phone; is that correct?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. And have you been able to access, to a degree, some of the social media through the phone or the phone data, some of the social media accounts that she was using during the course of the evidence that the jury are going to consider?

HOCKNELL: Yes. There is some social media content from the phone, also there's been a download of the Facebook profile belonging to Lucy Letby.

JOHNSON: All right. So as an example, the jury heard from me last week about WhatsApp messages and about Lucy Letby searching for some of the parents using Facebook; is that where that information comes from?

HOCKNELL: That is correct.

JOHNSON: And so far as that information is relevant to these cases, has it been put into the chronology, one of which we are about to look at in a moment?

HOCKNELL: That's correct.

JOHNSON: The information that you have received, as you have told us, includes medical records. It won't surprise the jury to know that sometimes the doctors' handwriting isn't the clearest.

HOCKNELL: That's correct.

JOHNSON: And has that process of transposing the information into a digital, in effect an Excel document, involved you doing your best to interpret what is written by the doctors?

HOCKNELL: So some medical evidence is indeed sometimes in an electronic format, but quite a lot of the time it's in a written format and I've had to manually type in to the Excel document which I've built to -- to produce the sequence of events by manually typing it in, yes.

JOHNSON: Yes. But in the instances where that material is important, what we are about to see has your transposed version of it, your typed version of it, but behind the transposed or typed version of it, is there a PDF image of the document itself from which you have transposed the information?

HOCKNELL: Yes. May I hold up this document?

MR JUSTICE GOSS: Certainly, yes.

HOCKNELL: This is an example of a sequence of events (indicating) that I've produced. It was built in Microsoft Excel, but the reason being is obviously there's lots of columns and rows already built in the software. It's a 2D version of the chronology. As an example, in this left-hand column here that's populated, it gives you the reference to the document and a page reference number. This exhibit has been transposed into an electronic presentation for the court, where we'll be able to interactively then look at that -- for that row and column, we'll be able to look at the original exhibit that it refers to.

JOHNSON: So what I'll do is I'll ask Mr Murphy just to put up as an example what we're talking about because sometimes having it on the screen makes things much easier to look at. I'm just going to start at image 8 of 397, please. I'll come back to number 1 in a minute, but just as an introduction, number 8, please.

So this is what we can see is what I'll call a tile, it's Dr Gail Beech, it's line 8 in that paper document.

HOCKNELL: Yes.

JOHNSON: It's colour coded, so we see Dr Gail Beech and we see it says "clinical notes". The jury will be able to do this for themselves in due course on the iPads, but if I can ask Mr Murphy just to click on the tile first of all, please.

There we have what you have transposed from written documents; is that right?

HOCKNELL: That's correct, yes.

JOHNSON: So this is Dr Beech, one of the doctors who was present when [Baby A] and [Baby B] were born. We can see that you've typed out:

"Brought to resus area and wrapped in NeoWrap. Good tone."

Et cetera, et cetera?

HOCKNELL: That's correct.

JOHNSON: If Mr Murphy would then click on the yellow line at the bottom. Exceptionally, Dr Beech has very good handwriting, as it happens. We can see there that this was a relatively easy exercise for you to transpose.

HOCKNELL: Yes.

JOHNSON: All right. Where these records are perhaps most important, the jury are going to hear from the doctors themselves, so if there are any anomalies between what you have translated or transposed and the original handwritten document, we can deal with those as they arise.

HOCKNELL: Okay.

JOHNSON: This exercise, as you have already told us, was originally done using an Excel spreadsheet?

HOCKNELL: That's correct, yes.

JOHNSON: Using software, that Excel spreadsheet has been put into what we see on the screen, the interactive sequence of events?

HOCKNELL: That's correct, yes.

JOHNSON: But as part of the checking process of the information that's gone into the interactive timeline, was this material all disclosed to the defence in advance of the trial?

HOCKNELL: Yes, it's very important with such complex cases where there's such a lot of detail that the information is shared with all core participants as a reference tool for everybody, really.

JOHNSON: Yes, because the more errors that can be eliminated, the better?

HOCKNELL: Yes.

JOHNSON: As part of that checking process, have you received from the defence a number of suggestions?

HOCKNELL: Yes, that's correct.

JOHNSON: Material that wasn't originally included has now been included?

HOCKNELL: Yes, that's correct.

JOHNSON: Things that were put in have been corrected?

HOCKNELL: That's right, yes.

JOHNSON: And insofar as is humanly possible, have, insofar as is possible, the mistakes been eliminated?

HOCKNELL: As far as I'm aware, yes.

JOHNSON: And clearly, we, the prosecution, take responsibility for any mistakes, but that checking process has hopefully reduced at least the number of mistakes?

HOCKNELL: Yes.

JOHNSON: All right. Well, you will understand, I'm sure, Mrs Hocknell, that this is a public court and the public in general need to know what the evidence in the case is and so therefore we need to go right back to the beginning of this document and just run through it in effect.

HOCKNELL: Yes.

JOHNSON: And this process will take some time. But just before we break for the short adjournment, can I deal with the preliminaries of the document. So at the bottom of the screen, we see 1/397. That means there are 397 tiles in this document or lines?

HOCKNELL: That's correct, yes.

JOHNSON: The first relates to the antenatal history of [Baby A] and [Baby B].

HOCKNELL: That's correct.

JOHNSON: The sources of information are Dr Andrew Brunton and Dr Ashleigh Hudson.

HOCKNELL: That's correct.

MR JUSTICE GOSS: Well, a registered nurse, Nurse Ashleigh Hudson.

MR JOHNSON: Yes, I beg your pardon.

Dr Brunton, I think, is, for the jury's information, the Scottish doctor who's referred to in witness statements. I don't know whether you knew that or not.

HOCKNELL: I didn't know that.

JOHNSON: All right, okay. If we click on tile number 1, we see it's Sunday, 7 June. And we can see reference there to the fact that [Baby A] and [Baby B]'s parents were [Mother of Babies A & B] and [Father of Babies A & B]. And reference in the document to the fact that [Mother of Babies A & B]'s antiphospholipid syndrome -- had this issue of antiphospholipid syndrome; is that right?

HOCKNELL: Yes. The antiphospholipid syndrome and was on warfarin during her pregnancy.

JOHNSON: We see that information, if Mr Murphy would click on the yellow -- thank you. If we scroll down, please, we can see what you have transposed on to the second screen of this tile is there in manuscript on the third screen behind the tile.

HOCKNELL: Yes.

JOHNSON: I think that shows us how the documents work. If there's any issue about the material on the first or the second tile, the original document is behind it, and we can go to that in case of any issue.

HOCKNELL: Yes.

MR JOHNSON: Thank you very much.

My Lord, that as a general introduction may be a good place to stop.

MR JUSTICE GOSS: That's a very good place, certainly. We'll break off then.

Can you be ready, please, members of the jury, to take your seats at 2.10? Thank you very much.

(1.01 pm)

(The short adjournment)

(2.10 pm)

MR JOHNSON: Mrs Hocknell, if we can go back to the sequence of events, please, then. We've seen there the record of the birth of [Baby A] and [Baby B]. [Baby B], of course, born first.

HOCKNELL: That's correct.

JOHNSON: If we can go back to the events, please. So we've had the antenatal history. The second tile is [Baby B]'s birth at 20.30. Again, if we could just look at that quickly, please.

So that's the time. And then if we go to the note behind, just to establish the system. If we can scroll down, please. [Baby B]'s name in the top left. Date of birth.

Could we go back, please, to [Baby A]'s birth, at tile 3? That's a minute later or so. Dr Brunton and the nurse, Ashleigh Hudson.

And there you have reproduced in typescript what in effect appears on the document behind. If Mr Murphy would do the honours again, please.

So similar as for [Baby B]. Obviously, details of the pregnancy. Underneath, so we are dealing with [Baby A] first. We see:

"Birth: gestation 31 plus 2."

So 31 weeks plus 2 days. [Baby A]'s weight, 1660 grams. And "Mode of delivery: C-section" on the right-hand side.

Then the Apgar scores. Don't worry, I'm not going to ask you to explain that, the medics can explain those to us:

"Good tone, blue-pink. Unable to auscultate heart rate [in other words hearing it with a stethoscope that means]. Minimal spontaneous respiratory effort."

Again, we'll ask the doctors to deal with all this.

Thank you. Could we return to tile 4, please. We see a blood gas record there. And again, we'll just deal with this to establish what it is we see behind the tiles. I'm not going to do this in every case. All right?

So you have reproduced there what the -- I'm not asking you to interpret them, but what the records say; is that right?

HOCKNELL: That's correct, yes.

JOHNSON: Again if we go behind this, again we have those values recorded in tabular format.

So taking this blood gas as an example, is it right that there we have blood gases taken at 20.45, 20.47, 21.05, then on the 8th at 00.13, 06.37 and 14.13?

HOCKNELL: That's correct, yes.

JOHNSON: Again, just to explain, this is just to explain the system, so we have six separate readings taken at six separate times?

HOCKNELL: That's correct.

JOHNSON: Those six separate readings are inserted into the timeline at those times, aren't they?

HOCKNELL: Yes, at those relevant times.

JOHNSON: And so if we went, and I am not suggesting we do it now, but when we get to 00.13 on 8 June, which is where the arrow is, in the timeline there will be a tile at that time, won't there?

HOCKNELL: That's correct, yes.

JOHNSON: And those readings will be reproduced behind the tile on the first sub-tile?

HOCKNELL: That's correct.

JOHNSON: The third document behind that sub-tile will be the same record, won't it?

HOCKNELL: That's correct. They all reference the same page.

JOHNSON: Exactly. So we'll have this document actually reproduced six times in the sequence at the appropriate moment?

HOCKNELL: That's correct.

JOHNSON: Again could we return back, please, to events.

Thank you.

I just want to pause for a second. Again as a word of explanation, if we go into what Mr Murphy last week called the hamburger menu in the top right-hand corner, I think that gives us event types underneath. So if we were looking for blood gas records, we can scroll down and in green we'll see the individual blood gas records for each of those events. So that's another shorthand way of using this document to isolate these sorts of readings, isn't it?

HOCKNELL: Yes.

JOHNSON: Just as in the way event types can be isolated, so can people, if one clicks on "person". Thank you. So if we were looking -- let's look at Lucy Letby. If that's ticked, then okay. If we look at the bottom in the centre of the screen, first of all, you can see 1/17. So there are 17 separate items in this sequence that refer to notes that are associated with or made by Lucy Letby?

HOCKNELL: That's my understanding, yes.

JOHNSON: And that also can be done with any individual witness?

HOCKNELL: Yes.

JOHNSON: So any type of investigation, whether it's a blood gas record, saturation levels, heart rates, all those sorts of things can be identified using these menus?

HOCKNELL: Yes.

JOHNSON: Okay, thank you. Could we go back to where we were before, please? I think we were on tile 4.

So that was the blood gas record. Then we see, at tile 5, a note made by Ashleigh Hudson when [Baby A] was transferred into the neonatal unit; is that right?

HOCKNELL: That's correct, yes.

JOHNSON: We can see that that's not long after he was born, at 20.47.

HOCKNELL: That's correct.

JOHNSON: As you have recorded there, the note itself, although it's a note of what happened at 20.47, was written up by Ashleigh Hudson at 02.41, in the early hours of the 8th?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. So again, just to establish the way this document works, can we go behind that tile, please? This is your transposition of what's been typed by the nurse in the records; is that right?

HOCKNELL: That's correct, yes.

JOHNSON: And Mr Murphy will pull that bar down so we can see -- that's it. Thank you.

What you have typed there will replicate what's behind this, on pressing the yellow thing at the bottom. This probably needs to be -- for people with eyesight as bad as mine, this probably needs to be expanded a bit to make it legible. To be fair, most of the nursing records are a bit more legible than this one, aren't they?

HOCKNELL: Yes.

MR JUSTICE GOSS: On the iPad it's much clearer.

MR JOHNSON: It may be because --

MR JUSTICE GOSS: It's small, but you can read it.

MR JOHNSON: It's the usual practice. Sometimes on a smaller screen things are more legible. Anyway.

So that was the time at which [Baby A] was transferred into the neonatal unit, which we know from the plan that Mr Astbury gave to the jury this morning is literally next door to the delivery suite; is that right?

HOCKNELL: That's what I understand, yes.

JOHNSON: Yes, thank you. So can we go back to events, please? The next, tile 6, is the blood gas record, which we've already seen, with the earlier entry.

HOCKNELL: That's correct.

JOHNSON: So we won't revisit that.

Tile 7 is a record of observations taken of [Baby A] by Ashleigh Hudson.

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Here we see, rather than reproducing the values, you have set out on that still what was taken: heart rate --

HOCKNELL: With this particular chart it's quite graphical, so it's quite difficult to reproduce that. So this is a marker for that record, so it's quite important to have a look at the actual original chart itself for this.

JOHNSON: Yes, thank you. So if we could look at that, please. So rather than you putting your interpretation of what's recorded there, you have simply noted the fact that these, heart rate, respiration rate and temperature, were recorded?

HOCKNELL: That's correct, yes.

JOHNSON: And then if one wants to know the rates that were recorded -- what were the rates that were recorded one simply goes behind the tile to look at the chart?

HOCKNELL: That's correct, yes.

JOHNSON: Okay. We can see that this is a chart covering a 24-hour period --

HOCKNELL: That's correct, yes.

JOHNSON: -- starting at the time of birth or time of transfer into the neonatal unit, I should say, or shortly afterwards, 20.50 on the 7th?

HOCKNELL: Yes, that's correct.

JOHNSON: And ending at 20.00 hours on 8 June?

HOCKNELL: Yes.

JOHNSON: Which the jury know, from what they've been told, is just before [Baby A] collapsed and died?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you.

Can we return to the front page, please. We then come to clinical notes. There we can see Dr Gail Beech was the doctor who made these notes.

HOCKNELL: That's correct, yes.

JOHNSON: Again, you have reproduced what she has recorded; is that right?

HOCKNELL: That's correct, yes.

JOHNSON: I think I showed the jury this before, but just as a reminder can we go to the document, please?

We see Dr Beech's clear handwriting there.

HOCKNELL: That's correct, yes.

JOHNSON: And this is a record that she made at 9 pm on 7 June.

HOCKNELL: That's correct, yes.

JOHNSON: Going back again, please, to the front page. What have we got next, please?

HOCKNELL: We have another blood gas record taken at 21.05 hours. It's the blood gas form that we saw before.

JOHNSON: Yes. So the same form, just noted at the correct time?

HOCKNELL: At the correct time, yes.

JOHNSON: Thank you. I don't think we need to look at the form yet again.

HOCKNELL: And here we have an order of pathology, which is where a blood sample has been taken at 21.43 hours by Dr Katherine Lyddon.

JOHNSON: As an explanation for the jury, after Dr Beech's name it said ST3, I think.

HOCKNELL: Yes, it did.

JOHNSON: Which means that she has done three years' training as a paediatrician; is that right?

HOCKNELL: That's correct, yes.

JOHNSON: Here with Dr Katherine Lyddon we have F2. Does that mean she's in her second year of foundation?

HOCKNELL: That's correct, yes.

JOHNSON: So that's at a stage before the specialty training, I think.

HOCKNELL: That's my understanding, yes. So the order's been made to -- as it reads, it's a routine blood culture that's been taken and it's venous blood that's been taken and the relevant info that's been provided is:

"? Sepsis."

JOHNSON: And we have the result there as well?

HOCKNELL: The result has been coupled with this record for the 21.43 and no bacterial growth after 5 days.

JOHNSON: I think there's a typo there and it should be "bacterial" rather than "vacterial". Can we go back to the sequence, please? Tile 11, please.

HOCKNELL: So this -- to draw your attention, this a tile that's been coloured in a red colour. Throughout the presentation we've tried to group the record types. So where you have seen before the doctor's notes, they're in like an orange colour, so when you see an orange tile coming, it may help you to understand that that's a clinical record which has been written by a doctor. In this instance, the red tile is to indicate fluids and nutrition. So this is a neonatal parenteral nutrition prescription that has been given to include Babiven and that includes -- sorry, it's a bit difficult to read on my screen.

JOHNSON: I think it's Babiven.

HOCKNELL: Yes: 50ml per kilogram per day and 10% dextrose at 10ml per kilo per day, 60ml per kilo hourly.

JOHNSON: Yes. So that's adding the --

HOCKNELL: Yes.

JOHNSON: -- 10 to the 50?

HOCKNELL: Yes.

JOHNSON: So in other words the child is receiving 60ml of fluids per kilo of weight per hour; is that right?

HOCKNELL: Yes.

JOHNSON: We haven't seen a fluid chart yet so if we could look at that, please. So it's really for the doctors to explain this

rather than you, but is the general system that is the child's details are recorded in the top section of the form?

HOCKNELL: Yes, that's correct.

JOHNSON: And then underneath there is a prescription that is written by a doctor --

HOCKNELL: That's correct, yes.

JOHNSON: -- for Babiven? We see the quantity that you referred to earlier, 50ml per kilo per day.

HOCKNELL: That's correct.

JOHNSON: In other words 3.45ml an hour in this case.

HOCKNELL: That's correct.

JOHNSON: Underneath that is the dextrose, the sugar in water, effectively, prescription, 10%. 10ml per kilo per day?

HOCKNELL: That's correct, yes.

JOHNSON: Same calculation after that?

HOCKNELL: Yes.

JOHNSON: We see the doctor's signature?

HOCKNELL: That's correct, yes.

JOHNSON: And we see, after that, is the date.

HOCKNELL: The date and the time.

JOHNSON: The person that starts the infusion, the time and date it was started?

HOCKNELL: That's correct, yes.

JOHNSON: And we see for the following day, more Babiven?

HOCKNELL: Yes.

JOHNSON: And the dextrose appears to have been stopped by that stage?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Can we go back to -- thank you.

So we'll look at each of these at the beginning so that we understand what it is these documents show.

Tile 12. Does that show the intensive care chart, the equipment settings?

HOCKNELL: That is correct, 22.00 hours.

JOHNSON: Thank you. You explain what it shows.

HOCKNELL: The equipment settings chart gives you information on the ventilation of the baby, so in this case the baby's on CPAP, PEEP 6.7, Inspiratory time 0.3, flow of 9, mask and prongs. Prongs is indicated as prongs and the air temperature -- air entry is right and left. Fraction in respiratory O2 level is set to 32.1. SaO2 is saturation of oxygen at 93%. Humidifier temperature is set at 37%. Any major events are recorded in this area as well and it indicates here that PEEP has been reduced to 5.5 at 22.08.

JOHNSON: We'll ask one of the doctors to explain what all that means so that we can understand what it means, but essentially the PEEP, whatever that is, is reduced from 6.7 to 5.5?

HOCKNELL: That's correct, yes.

JOHNSON: We'll get more details from the doctor. Can we see the document as well, please, so we know what we're dealing with?

(Pause)

Just looking at the screen then that's being controlled for us, we can see there's a bit of an explanation in a sense here, although it assumes a degree of knowledge. The type of ventilation is in a row under the numbers, which run on the 24-hour clock. So we can see between 10 pm and midnight, CPAP is the type of ventilation?

HOCKNELL: Yes.

JOHNSON: We can see PEEP. We'll find out what that means from a doctor.

Two lines below, we can see the reduction in PEEP from 10 to midnight.

HOCKNELL: That's correct.

JOHNSON: And we can see inspiratory time and flow two lines below that and again we'll wait for an expert to deal with what that actually means.

HOCKNELL: Yes.

JOHNSON: Thank you. Can we return to the front sheet, please?

Then we have some more nursing notes that relate to this time; is that right?

HOCKNELL: That's correct. They were written retrospectively at 02.41 hours on the 8th.

JOHNSON: Thank you. And that relates to what we've just seen on the sheet?

HOCKNELL: Yes. Because there are so many records, some of the records are corroborated in other record types, so these are repeated in the sequence to corroborate each other.

JOHNSON: Yes, okay. So in this case we have information in the handwritten sheet that we saw?

HOCKNELL: That's correct.

JOHNSON: That information is reproduced in the nursing notes?

HOCKNELL: That's correct.

JOHNSON: And where there are two sources for the same piece of information, that also appears in this piece of work that --

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Can we go back to events, please.

So we've just dealt with the nursing notes, which I think are tile 13. So we then have another fluid chart for the fluids that were being given to -- I think it's tile 14 -- [Baby A] at 10 pm.

HOCKNELL: That's correct.

JOHNSON: And if we went behind that, we would see what we've seen before at 9 pm?

HOCKNELL: That's correct, yes.

JOHNSON: But we'd be looking at the line for 10 pm?

HOCKNELL: Correct.

JOHNSON: Also at 10 pm, [Baby A]'s observations were taken.

HOCKNELL: That's correct.

JOHNSON: Tile 15. And again, we'd have that --

HOCKNELL: It's that graphical sheet with the white and yellow markings on.

JOHNSON: Yes. So just to remind ourselves, so that sheet showing heart rate, respiratory rate and temperature?

HOCKNELL: Correct.

JOHNSON: Thank you. Go back again, please. We won't be returning to these every time, it's just so we all understand what it is that's shown here.

Here at tile 16, what do we have?

HOCKNELL: We have again another pathology entry for a blood sample that's been taken at 22.12 hours.

JOHNSON: Is this in effect the result of what was taken earlier?

HOCKNELL: This is a separate sample that's been taken.

JOHNSON: Right.

HOCKNELL: And the results of the full test are there, yes.

JOHNSON: I'm not going to ask you to interpret those, you'll be glad to know.

Can we go back to the events, please? Thank you.

What we have in tiles 17 and 18, and indeed up to, I think, tile 20, are records of various drugs or other things being given to [Baby A] at 22.46; is that right?

HOCKNELL: 22.46 to 22.47, yes.

JOHNSON: Yes. For each separate substance that was given to [Baby A], have you put in a separate tile?

HOCKNELL: I have, yes.

JOHNSON: Although it may be that if one goes to the document behind these tiles, a number of these things will be recorded in the same document?

HOCKNELL: Yes.

JOHNSON: Okay. So again, because we haven't seen this before, I'm just going to go behind this. So this is a prescription for gentamicin.

HOCKNELL: That's correct. And a prescription reference is written there with the number --

JOHNSON: Yes.

HOCKNELL: -- 2529683.

JOHNSON: Two nurses are involved in giving medication to children?

HOCKNELL: That's correct, yes.

JOHNSON: Nurse Christopher Booth and Nurse Caroline Bennion?

HOCKNELL: That's correct.

JOHNSON: If we go to the sheet behind this, please, at the top there, does that show us the gentamicin injection prescription?

HOCKNELL: That's correct, yes. The prescription number can be found in the third row.

JOHNSON: Yes, just to the top left of where the arrow is at the moment, Rx, and then the number 002529683?

HOCKNELL: That's correct, yes.

JOHNSON: Just scrolling down, there we see Caroline Bennion's name appears; is that right?

HOCKNELL: Yes. We have -- there's different schedule time and administered time. And the user is indicated with the ID BWOC, which is for Christopher Booth, who's the user using the system at that time, and a co-signer is indicated as Caroline Bennion.

JOHNSON: So Christopher Booth, as you say, is the user of the system, being checked, co-signed, by Caroline Bennion.

HOCKNELL: That's correct.

JOHNSON: So two of the senior nurses on the ward at the time?

HOCKNELL: That's correct, yes.

JOHNSON: Can we go back to the front sheet, please. At the same time, or the record is timed the same, what do we have on tile 18, please?

HOCKNELL: We have another record for medication, benzylpenicillin at 22.46 hours, again with Christopher Booth and Caroline Bennion being the nurses administering that prescription.

JOHNSON: Yes. I'm not going to go through the system again, but if we go behind do we have your summary, followed by the third tile behind, a printout similar to the gentamicin but this time for benzylpenicillin?

HOCKNELL: That's correct, yes.

JOHNSON: And does the same apply in effect to tile 19, sodium chloride?

HOCKNELL: That's correct, yes.

JOHNSON: And caffeine citrate, which is tile 20?

HOCKNELL: That's correct, yes.

JOHNSON: Tile 21. Again do we have the equipment settings as previously recorded an hour earlier?

HOCKNELL: That's correct.

JOHNSON: And at tile 22, the fluids, as we have previously seen an hour earlier?

HOCKNELL: Yes. Yes, that is correct.

JOHNSON: Tile 23. If I'm going too quickly, my Lord, can I ask that the jury let us know?

MR JUSTICE GOSS: Yes. Some are following it on their pads, but the great majority are just looking at it on the screen.

MR JOHNSON: Tile 23 is the observations again with that yellow and white chart, the tabular chart.

HOCKNELL: That's correct, yes.

JOHNSON: Then at tile 24, do we have Dr Brunton, the Scottish doctor's notes?

HOCKNELL: Yes, that's correct.

JOHNSON: And just go to those, please. This is 23.50. You have reproduced in typescript what he has written. Can you just help us with some of the medical shorthand? No one's going to blame you if you make a mistake. Mr Myers has agreed that you can deal with this.

Hx, what does that mean in this context?

HOCKNELL: So my understanding, Hx is shorthand for history. So the clinical history has been noted. In the clinical history, the doctors do tend to either repeat in the notes what's gone beforehand in the baby's care, in this case we've summarised that by just stating "Hx noted".

JOHNSON: Yes. So:

"Clinically stable on CPAP."

Then the PEEP that we referred to before:

"Initial gas pH 7.3."

Then something to do with blood sugars and lactate being unavailable. Then "OE", what does that mean in this context?

HOCKNELL: It's either "overall examination" or "on examination".

JOHNSON: RR, respiratory rate; is that right?

HOCKNELL: Respiratory rate 48, yes.

JOHNSON: "No" and then an arrow going up -- "no increase" is that?

HOCKNELL: "No increased work of breathing."

JOHNSON: "Signs of" --

HOCKNELL: "Signs of respiratory distress syndrome. Oxygen saturations 100% in 26% oxygen."

JOHNSON: Yes. Then you have put "drawing in notes". Is that because --

HOCKNELL: So --

JOHNSON: Let's go to the drawing just so we can see because this is a drawing that appears in very many of these notes, doesn't it?

HOCKNELL: Yes, that's correct.

JOHNSON: Various -- so we see Dr Beech's notes above but then we come down there to --

HOCKNELL: The next page.

JOHNSON: Dr Brunton's notes. So Hx we can see "history noted", what you have just told us. And then if we go to the next page down please. So the drawing is what looks like two vaguely rectangular, not quite rectangular, things. Meant to represent the lungs, I think, aren't they, in this context?

HOCKNELL: Lungs I think, yes.

JOHNSON: So "good A", good air entry?

HOCKNELL: Good air entry, chest clear, yes.

JOHNSON: And then the thing beneath. Is that meant to represent the abdomen?

HOCKNELL: The abdominals, yes, I think so.

JOHNSON: And the belly button may be the little circle in the middle?

HOCKNELL: Possibly, I don't know.

JOHNSON: All right. Then it says "soft".

HOCKNELL: Yes. And then "BS" with an N in a circle.

JOHNSON: Yes. Is that bowel sounds?

HOCKNELL: "Bowel sounds normal", I think.

JOHNSON: Yes.

HOCKNELL: "Femorals++ [tick tick]."

JOHNSON: Yes.

HOCKNELL: I think that's a record in its own right on that right-hand side.

JOHNSON: Yes.

HOCKNELL: And then the "no organ" -- I can't read that word there.

JOHNSON: We'll ask a doctor to interpret all this. It's not fair to expect you to do it.

Then "plan". It sets out the future treatment and we see Dr Brunton's details recorded in his writing beneath there.

HOCKNELL: That's correct, yes.

JOHNSON: Okay. And there's an X-ray after that, which we'll come to in the sequence.

If we just note that, the X-ray is timed at -- is it midnight or 00.50?

HOCKNELL: I think it's midnight.

JOHNSON: All right.

HOCKNELL: 00.30.

MR JUSTICE GOSS: Not for me to say, but on the pads it looks like "CXR 00.30".

HOCKNELL: Yes, above, yes.

MR JOHNSON: Chest X-ray, yes. All right.

Can we just go back, please, to the -- thank you.

So again, we have nursing notes for treatment up to that little -- for musicians, it looks a bit like a crescendo sign.

HOCKNELL: Yes.

JOHNSON: "Sound getting louder up to midnight. Written in retrospect at 7.12."

HOCKNELL: That's correct, yes.

JOHNSON: We won't go to those notes now. Can we continue, please? Tile 26 is the intensive care chart equipment settings, as we've seen before.

HOCKNELL: That's correct, yes.

JOHNSON: On the hour every hour, essentially?

HOCKNELL: Yes. So as it appears, the baby's receiving hourly observations.

JOHNSON: Yes. Tile 27 is the fluid chart again?

HOCKNELL: Yes.

JOHNSON: On the hour every hour?

HOCKNELL: Yes. I think it's the fluids, because of the way they've been administered, they are possibly being monitored at that time.

JOHNSON: Yes. Then 28 is the observations, that yellow and white tabular chart that we saw before?

HOCKNELL: That's correct.

JOHNSON: Tile 29, the blood gas record?

HOCKNELL: That's correct.

JOHNSON: So various levels being checked again?

HOCKNELL: That's correct.

JOHNSON: More medication in tile 30?

HOCKNELL: Yes, at 00.19 hours.

JOHNSON: Just keep your voice up a little bit.

HOCKNELL: Sorry.

JOHNSON: That's all right. Again, Nurses Booth and Bennion?

HOCKNELL: Yes, Christopher Booth and Caroline Bennion are the administering nurses.

JOHNSON: And then we come to the chest X-ray that his Lordship just referred to when we were on that page looking at Dr Bennion's written records?

HOCKNELL: That's correct, yes.

JOHNSON: Let's just go to that. We have a consultant here, Dr Anne Boothroyd.

HOCKNELL: Consultant radiologist.

JOHNSON: Yes. I know it's probably obvious to everybody, but a radiologist is a doctor with a specialty in interpreting scans and X-rays; is that right?

HOCKNELL: That's my understanding, yes, and the slide itself is colour coded in yellow, which, going forward, is coloured in the sequences by staff that aren't necessarily neonatal unit staff.

JOHNSON: Okay. What you have typed there is:

"Heart size normal. There is mild ground glass shadowing bilaterally consistent with hyaline membrane disease. The tip of the nasogastric tube is seen projected over the distal third of the oesophagus and should be advanced by at least 2cm."

Again, I'm not going to ask you to interpret that, but can we just go to the written record, please. I say written, it's a computerised record from Dr Boothroyd, isn't it?

HOCKNELL: That's correct, yes.

JOHNSON: And you have produced what -- in the previous tile what she produced at the time in the medical records?

HOCKNELL: That's correct.

JOHNSON: Thank you. If we scroll up, we can see the actual film, the X-ray film that was being interpreted by Dr Boothroyd?

HOCKNELL: That's correct, yes.

JOHNSON: Just because this is the first time the jury's seen one of these, we can see it suggests that the machine that has been used is a portable machine, in the top right-hand corner?

HOCKNELL: That's correct, yes.

JOHNSON: "Supine" is relating to the position of the child?

HOCKNELL: Correct.

JOHNSON: And on the left-hand side, the time and date of the picture, the X-ray?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Go back to the records, please.

Dr Brunton reviewed what had been reported to him by Dr Boothroyd; is that right?

HOCKNELL: That's correct, yes.

JOHNSON: And I think that's what we saw earlier when I was being unclear about --

HOCKNELL: The time, yes.

JOHNSON: So we won't look at that again. Can we move straight on, therefore, to 33. These are more tests being done on [Baby A], no doubt ordered by one of the medics, but being carried out by Nurse Ashleigh Hudson.

HOCKNELL: That's correct, yes.

JOHNSON: So we can see swabs of his nose and his groin?

HOCKNELL: At 00.46 hours, yes.

JOHNSON: Then at 1 o'clock we have the chart, equipment settings again?

HOCKNELL: That's correct.

JOHNSON: The fluid measurements again on the hour, every hour?

HOCKNELL: That's correct, yes.

JOHNSON: [Baby A]'s observations, so breathing, pulse rate?

HOCKNELL: That's correct.

JOHNSON: And temperature again, on the hour?

HOCKNELL: That's correct.

JOHNSON: And the same -- that's 36.

37, the same sequence of --

HOCKNELL: Observations.

JOHNSON: Thank you. That's 37.

38. Fluids.

39. Vital signs.

Then at 2.41, another update on the nursing records made by Ashleigh Hudson.

HOCKNELL: That's correct, yes. So this is an indicator of when the actual summary of care notes were made by the nurse on the computer.

JOHNSON: Can we see if this one's slightly more visible than before? It may be just the same document. Yes, it's the same problem.

If we look about a couple of inches down on the screen it says "activity date". Can you see that? Yes, thank you. And we can see the time is automatically or appears to be automatically recorded by the system.

HOCKNELL: That's correct, yes.

JOHNSON: The nursing notes come below that, the next activity date block at -- is that 2.41?

(Pause)

As his Lordship says, it's a lot clearer on the iPads, actually, than it is on the bigger screens. But certainly on the iPads, the record appears to have been made at 2.41, is that right, or created at 2.41?

HOCKNELL: 2.41, yes.

JOHNSON: Can we go back to the homepage, please. So again, we have what we're now beginning to see is a well-established sequence of examinations taking place on the hour every hour; is that right?

HOCKNELL: That's correct, yes.

JOHNSON: So again observations, equipment settings, fluids, observations again, at 3/4 o'clock --

HOCKNELL: That's correct.

JOHNSON: -- and at 5 o'clock? Sometimes the nurses are changing, aren't they, so as we can see there, we have Caroline Bennion taking the fluid record at 4 o'clock and back to Ashleigh Hudson by 5 o'clock?

HOCKNELL: That's correct, yes.

JOHNSON: Carry on past 5 o'clock, please, to 6 o'clock. So we're coming towards the end of the shift by now. [Baby A]'s about 10 hours old or so. Ashleigh Hudson taking the observations at 6. And the intensive care chart equipment settings at 6, the fluids at 6. Then an unnamed record of a blood gas record.

HOCKNELL: Yes, that's correct.

JOHNSON: At 7 o'clock, so tile 54 onwards, we have the same sequence of records as before; is that right?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. And then tile 57, please. Do we have a update towards the end of the shift made by Ashleigh Hudson?

HOCKNELL: That's correct, yes, 07.11 hours.

JOHNSON: And as part of the nursing record from time to time, do we see not only the nurse's record of what has happened with the patient but also, from time to time, when there's been some interaction or communication with the parents of the child?

HOCKNELL: That's correct, yes.

JOHNSON: And that's what we see recorded in tile 58?

HOCKNELL: That's correct.

JOHNSON: Thank you. So just because, again, it's the first time we've seen this, can we just go to that, please, tile 58?

What's been recorded there? Can you tell us what you have transposed from the records?

HOCKNELL: Yes:

"Dad has visited multiple times throughout the night for updates and has now gone home. He will return later. Mum unable to visit at present due to recovering from caesarean under general anaesthetic, however dad has updated her."

JOHNSON: And, as I've said, has just been lifted by you from the records?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. We then have the shift handover between 7.30 and 8 am; is that right?

HOCKNELL: Yes.

JOHNSON: I don't think there's anything behind that tile, there's just a marker, isn't there?

HOCKNELL: If we go into that tile --

JOHNSON: This is important. That's my fault.

Can you just explain to me, or to the jury I should say, what you have recorded, where you can, at each shift handover?

HOCKNELL: So at the shift handover before -- when we're getting towards the material time, I've listed who was listed on the rota for working that shift. There are different categories of -- there are different rotas. There's an on-call paediatrician rota, there's a clinical rota and there is a nursing rota, and the way it's depicted is to try and give you an idea of the different nominations (sic) of staff that are on shift at that time coming on to duty.

JOHNSON: So we'll be hearing more about this from the doctors themselves, but every week in the paediatric and neonatal units there was a paediatrician of the week, who was in overall charge, is that right, for the week?

HOCKNELL: My understanding is that when a baby is born, there's a nominated paediatrician of the week who then becomes the consultant of that child.

JOHNSON: Yes.

HOCKNELL: And then there's an on-call consultant who is on call for the night should anything occur.

JOHNSON: So here we have Dr Saladi as paediatrician of the week?

HOCKNELL: Yes.

JOHNSON: Dr Jayaram as the on-call consultant that night shift?

HOCKNELL: Yes.

JOHNSON: The --

HOCKNELL: Sorry, my understanding is they may not be at the hospital at that time but are close to be able to be deployed when necessary.

JOHNSON: Yes, if required they come in at very short notice?

HOCKNELL: That's correct, yes.

JOHNSON: Okay. And then the registrar, Dr David Harkness?

HOCKNELL: That's correct.

JOHNSON: And Dr Catherine Brown?

HOCKNELL: Yes.

JOHNSON: And the SHO, is that senior house officer?

HOCKNELL: Yes, it is, yes.

JOHNSON: Which is a less senior junior doctor, junior doctors being non-consultant; is that right?

HOCKNELL: I'm going to say yes, but I think you're right. It's a very complicated way of saying it.

JOHNSON: So Doctors Catherine Collins, Ahmed Choudhry, Sally Ogden, Theresa MacCarrick and Christopher Wood?

HOCKNELL: That's correct.

JOHNSON: Then we come to the nursing staff, the registered nurses for the particular shift. Shift leader Belinda Simcock?

HOCKNELL: That's correct, yes.

JOHNSON: And can you give us the rest, please?

HOCKNELL: For [Baby A] I've indicated who the designated nurse is for this shift, which is Melanie Taylor. The other registered nurses are Laura Eagles, Minna Lappalainen, Ailsa Simpson and then Yvonne Farmer, who I've indicated as PD, that's practice development, and Yvonne Griffiths, which is indicated as MD, which is management day. And then also on duty is nursery nurse Cheryl Cuthbertson-Taylor and there's a student placement, Leanne Jack.

JOHNSON: Thank you. If we go back to the events of the day, please. Do we see, generally speaking, a reproduction of what we've seen on the night shift in terms of the types of records that were being taken?

HOCKNELL: That's correct, yes.

JOHNSON: So starting with, is this the results of a blood test at --

HOCKNELL: Yes, at 07.42 hours.

JOHNSON: And then we have Melanie Taylor's notes written at 13.08 that day?

HOCKNELL: Yes. So on the system she's updated the system at 13.08 but she refers to details -- I understand it to be "care handed over at 8 o'clock".

JOHNSON: Just to remind us, Melanie Taylor was the?

HOCKNELL: Designated nurse for [Baby A] for the day shift.

JOHNSON: Thank you.

Tile 62. Is that a blood sample taken by Dr Davis from [Baby A] --

HOCKNELL: That's correct, yes.

JOHNSON: -- at 8 o'clock?

HOCKNELL: Yes.

JOHNSON: We'll get used to this pattern -- I'm sure the jury are already used to it -- and what we see is exactly what we have seen on the night shift in terms of the types of records that were being made --

HOCKNELL: That's correct.

JOHNSON: -- on an hourly basis?

HOCKNELL: An hourly basis.

JOHNSON: 8 o'clock again, the same types of records that were being made through the night?

HOCKNELL: That's correct.

JOHNSON: At 9 o'clock we see exactly the same again?

HOCKNELL: That's correct.

JOHNSON: Can we go to tile 69, please. Have you put into the sequence text messages that were being either sent or received by Lucy Letby?

HOCKNELL: That's correct, from the phone download.

JOHNSON: So a different source of records now. Obviously not the medical records. This is her telephone?

HOCKNELL: That's correct.

JOHNSON: So we need to deal with these, please. At 9.21, can you tell us who was sending who what, please?

HOCKNELL: Yvonne Griffiths sent a text message to Lucy Letby:

"Morning Lucy, hope you have a lovely weekend. Just wondering if you can split your nights this week and work tonight and tomorrow and come off Thursday and Friday?"

JOHNSON: Yes. Thank you. That's sent at 9.21. Lucy Letby replied within a minute or so.

HOCKNELL: Yes, 9.22 Lucy Letby replied to Yvonne Griffiths:

"Yes, that's fine. Is it busy?"

JOHNSON: Two minutes later?

HOCKNELL: Yvonne Griffiths replied at 9.24:

"Oh thank you, Lucy. We have 3 on CPAP, Singleton sats and twins last night, all 30-weekers. So just wanted six staff on. Thanks."

JOHNSON: Those are, I think, text messages?

HOCKNELL: Yes.

JOHNSON: We move to WhatsApp then, which, I'm sure the jury know very well what WhatsApp is, it's just a different form of texting, isn't it?

HOCKNELL: A different form of communication, yes, texting. So there is an outgoing WhatsApp message from Lucy Letby to Jennifer Jones-Key:

"Sorry I was in bed. Hope you slept. I'm working tonight and tomorrow now as busy."

Then she replies to Yvonne Griffiths at 9.26:

"No problem."

And Yvonne Griffiths replies "thank you" at 9.27 hours.

JOHNSON: Thank you. Back to the conversation with Jennifer Jones-Key.

HOCKNELL: Yes, 09.32 hours. Jennifer Jones-Key replies:

"Don't be daft. Sorry didn't realise. Be careful you don't overdo it. My eyes are sore today."

JOHNSON: Thank you. Can we go back to the medical records.

HOCKNELL: Yes, that's correct.

JOHNSON: There we have the designated nurse who was Melanie Taylor; is that right?

HOCKNELL: That's correct.

JOHNSON: Co-signing --

HOCKNELL: Minna Lappalainen, yes.

JOHNSON: And this is the administration of --

HOCKNELL: Nystatin, medication, yes.

JOHNSON: That's going on in the hospital. Meanwhile, at about the same time, Lucy Letby was still exchanging WhatsApp messages with Jennifer Jones-Key?

HOCKNELL: Yes. At 9.33 hours Lucy sends a WhatsApp message to Jennifer Jones-Key:

"It's better than doing four in a row. Will just have a quiet one today. Slept well. They have three 30-weekers on CPAP. Hope your eyes are okay."

Jennifer Jones-Key replies at 09.35 hours:

"Oh that's good, I can't do split nights. Better on 4. It will calm down again soon then. Yeah, they be [fine], just cause I'm tired. Not looking forward to going in front room. Just dumped everything in there last night."

Lucy sends an outgoing text message at 09.35:

"Are you on nights tonight?"

She sends another WhatsApp message:

"I prefer split. Oh Jen, you should see my place. Haven't unpacked from move or the weekend."

Jennifer Jones-Key replies:

"Oh no, Lucy. I'm off Thursday and Friday if any use to you? What we like?"

Lucy Letby replies at 0941 hours:

"It'll be all right today. I'll do a bit today and the rest once off. Have done main bits just need to find a home for everything and get rid of the boxes lol."

At 09.43 hours Jennifer Jones-Key replies:

"It's hard, isn't it, because you have to put everything anyway (sic) for it to look tidy. Well, do shout if you need anything as Phil working Thursday and Friday. Meant to have wedding dress fitting Friday but the snake shut, which is the way I go, so might change it."

JOHNSON: So that conversation's going on and meanwhile, as far as [Baby A] was concerned, was there a note made by Dr Ogden in his medical notes?

HOCKNELL: Yes, at 09.45 hours.

JOHNSON: If we just click on that, please. What did Dr Ogden note?

HOCKNELL: "Previous problems and care acknowledged. He handles well and needs CRUS."

Which I understand to be cranial ultrasound scan.

JOHNSON: Yes.

HOCKNELL: "On examination: settled, pink, well perfused. CRT 2 seconds. HS --"

JOHNSON: Capillary refill time?

HOCKNELL: Yes:

"HS 1 plus 11 plus 0. Femorals felt, abdo soft, not distended. BSV. Testes [downward arrow]. AF soft."

JOHNSON: And then the plan?

HOCKNELL: So the plan is to:

"Continue CPAP, 12-hourly gases, start to establish feeds, UVC for TPN [which is I think is the umbilical venous catheter]."

JOHNSON: That's a tube going through a vein in his umbilicus, belly button?

HOCKNELL: Yes.

JOHNSON: TPN, which is total parenteral nutrition and liquid feed?

HOCKNELL: Yes, so the fluids:

"Repeat bloods this evening."

And those are the types of test, I think: CRP, BILI, U+E, and needs clotting.

JOHNSON: So test for all those?

HOCKNELL: Yes.

JOHNSON: We won't go to the notes for now. Let's continue. I think there were then some social messages between Lucy Letby and Jennifer Jones-Key; is that right --

HOCKNELL: Yes.

JOHNSON: -- between quarter to and 10 o'clock?

HOCKNELL: That's correct.

JOHNSON: Then on the hour, Melanie Taylor, who was [Baby A]'s designated nurse doing the sequence of tests/readings that we have seen previously recorded on each hour?

HOCKNELL: That's correct, yes.

JOHNSON: Did the WhatsApp conversation between Lucy Letby and Jennifer Jones-Key continue for the 10 minutes or so after 10 o'clock?

HOCKNELL: That's correct.

JOHNSON: And then at 10.14 was the pair, Melanie Taylor, who's the designated nurse, and Minna Lappalainen, administering some medication to [Baby A]?

HOCKNELL: That's correct, yes.

JOHNSON: That's tiles 89, 90 and 91.

Tile 92, please. More social messages between Lucy Letby and Jennifer Jones-Key?

HOCKNELL: That's correct.

JOHNSON: Then did [Nurse A] send a message to Lucy Letby at 10.19?

HOCKNELL: That's correct, yes.

JOHNSON: Can we deal with this series, please?

MR MYERS: Yes. The message is:

"Yes. You? Good weekend?"

Lucy Letby replies at 10.20:

"I've been moved forward as busy. Doing tonight and tom, weekend was great thanks."

A further message was sent at 10.20:

"Didn't know you were doing the driving challenge."

[Nurse A] replies at 10.21:

"Neither did I till last week. Lol."

Lucy Letby asks:

"Was it good?"

[Nurse A] replies:

"Yes, lots of fun."

She follows that up at 10.24:

"Think the policeman was surprised how literally I took the instruction foot to the floor and [brake] when I say lol."

Lucy Letby replies at 10.24:

"Oh gosh lol."

[Nurse A] at 10.27:

"He wrote 'has no fear' in my comment sheet. Lol."

At 10.27 Lucy Letby replies:

"He summed you up well!"

A further message is sent at 10.27:

"Least we are on together."

[Nurse A] states in reply:

"Yes. I had a busy shift with a poorly on sat."

At 10.28 Lucy Letby replies:

"Oh dear, is that the 30-weeker? They had 30-week twins overnight and only Chris, Caroline and Ashleigh. It's you, me, Caroline and Ashleigh and Mary tonight."

And she follows it up at 10.29:

"Yvonne wanted another ITU as all CPAP with lines."

JOHNSON: Then coming back to the unit, the neonatal unit, with some observations taken of [Baby A] at 10.30; is that right?

HOCKNELL: That's correct, yes.

JOHNSON: Back to the messages between [Nurse A] and Lucy Letby from 10.35.

HOCKNELL: [Nurse A] states:

"Cool. 31-weeker, but he should be off vent now. Wasn't sick sick, just needed venting, lines, etc."

Lucy Letby replies:

"Ah, Yvonne said three 30-weekers all CPAP."

[Nurse A] replies at 10.47:

"Cool. [J] improved then."

JOHNSON: Then in the message was somebody else named but that's just been taken out as not being relevant.

HOCKNELL: That's correct, yes.

JOHNSON: So redacted the name of third party. Thank you.

HOCKNELL: At 10.48, [Nurse A] replies:

"He's 31 plus 5. So glad you're in tonight."

At 10.49 Lucy Letby sends a message:

"Yvonne must have got mixed up unless they've had another. Glad you are on too. Hopefully we can both be in 1."

[Nurse A] replies:

"Hope so. This is day 8, 9, 10 for me in 14. Six on nights!"

JOHNSON: Thank you. Do we then come to some more observations on the hour?

HOCKNELL: That's correct.

JOHNSON: As before, we've moved on to a new day, of course, but I think physically speaking it's the same -- or at least so far as temperature, respiration and heart rate are concerned, still on the same 24-hour chart as we saw before?

HOCKNELL: That's correct, yes.

JOHNSON: The fluids, of course, recorded at 11 o'clock as well.

HOCKNELL: That's correct.

JOHNSON: And then at tile 117, back to the WhatsApps; is that right?

HOCKNELL: That's correct. At 11.01 Lucy Letby sends a message to [Nurse A]:

"Oh dear. I've not done much better but at least mine have been days!"

Then there's a continuation between 11.05 and 11.14 hours between Lucy Letby and Jennifer Jones-Key.

JOHNSON: Is what's happened here to a degree the -- where it's been purely social messaging, the fact of it being social messaging is recorded with the times, not the text of the message because it's not relevant?

HOCKNELL: That's correct.

JOHNSON: But anything work-related has been reproduced?

HOCKNELL: That's correct.

JOHNSON: Yes, thank you. Sorry to interrupt you.

Then at midday, tile 119. Are we back to --

HOCKNELL: We're back to the hourly observations and checking of the settings.

JOHNSON: Yes. The fluids of course, 121.

HOCKNELL: And again at 13.00 hours.

JOHNSON: Exactly the same at 13.00 hours as you say, thank you. That takes us to the nursing notes at tile 125.

HOCKNELL: So this is where Melanie Taylor's made an update on the computer with her summary of care to that point.

JOHNSON: I think, if I remember correctly, this appears earlier in the sequence, doesn't it?

HOCKNELL: That's correct, yes.

JOHNSON: Because some of the notes that you told us she made at this time actually refer to what had been going on --

HOCKNELL: At 8 o'clock, yes.

JOHNSON: So here is an example of the same thing appearing twice?

HOCKNELL: That's correct.

JOHNSON: Once when it's actually made, but where it refers to an earlier event it appears at the time of the earlier event being recorded as well?

HOCKNELL: That's correct.

JOHNSON: Thank you very much. We won't go back to that.

At 1.15 do we see more blood being collected?

HOCKNELL: That's correct.

JOHNSON: And do we see at 13.36, tile 127 --

HOCKNELL: Yes, another update on the computer.

JOHNSON: Thank you. This is an interaction between Nurse Taylor and [Baby A]'s parents or one of the parents?

HOCKNELL: That's correct.

JOHNSON: Thank you. You told us earlier that there was to be some sort of head scan or X-ray taken of [Baby A]. Was an X-ray taken at 13.53?

HOCKNELL: There was an X-ray at 13.53, yes.

JOHNSON: Thank you. And if we could just look at that, please. Back to Dr Boothroyd. Can you tell us what she recorded, please?

HOCKNELL: "Chest and abdomen. The heart size is normal. There is improved aeration of both lungs and the tiny traces of fluid in the horizontal fissure has resolved, suggesting that this was at least partly due to transient tachypnoea of the newborn. The tip of the nasogastric tube is projected over the body of the stomach. The tip of the UVC lies 12 millimetres proximal to the IVC/RA junction. However, its medial curvature suggests that it may lie within the left branch of the portal vein. The bowel gas pattern is within normal limits of the baby's age."

JOHNSON: Thank you. We can go back to events, please. Again do we have observations taken at 2 pm --

HOCKNELL: That's correct.

JOHNSON: -- by Melanie Taylor again?

HOCKNELL: That's correct.

JOHNSON: Scroll through those, please. At 21.71 do we have a WhatsApp message sent by [Nurse A] to Lucy Letby?

HOCKNELL: That's correct. She writes:

"Oh well, you'll just have to kick me if I start nodding off."

JOHNSON: Two minutes later, a blood gas record?

HOCKNELL: That's correct.

JOHNSON: And then Dr MacCarrick reviews in effect the report from Dr Boothroyd --

HOCKNELL: Yes.

JOHNSON: -- that we've just read?

HOCKNELL: That's correct.

JOHNSON: And then some medication just before the observations are taken at 3 o'clock. So at 2.57 Melanie Taylor and Minna Lappalainen again administering medication to [Baby A]?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you.

At 3 o'clock, do we have the standard -- what we now see are fairly standard measurements being taken?

HOCKNELL: That's correct.

JOHNSON: And at 4 o'clock?

HOCKNELL: Same again at 4 o'clock.

JOHNSON: And another X-ray at 4.04 that afternoon?

HOCKNELL: That's correct.

JOHNSON: If we can go to that one, please. You'll remember, because you read it a short time ago, what -- or the gist of what Dr Boothroyd said in the earlier X-ray. This time, please, what did she observe?

HOCKNELL: "Chest and abdomen. The UVC has been repositioned and its tip lies 9 millimetres from the IVC/RA junction. Further advancement is recommended to ensure that it does not lie within the left branch of the portal vein although this is now less likely due to its current position. No other interval change."

JOHNSON: Thank you. Go back to events, please.

Within minutes of that, do we see that Dr Theresa MacCarrick was conducting an examination of [Baby A]?

HOCKNELL: That's correct.

JOHNSON: Her notes please?

HOCKNELL: "UVC inserted under sterile conditions by myself and ST3 Ogden. X-ray reviewed. Not ideally placed. Plan: to remove and resite. Secured at 8 centimetres at umbilicus. Resited by myself. X-ray requested. Plan: handover to on-call team to review x-ray. Not in optimal position for long line as per discussion with Dr Jayaram."

JOHNSON: Thank you. Back to events please. We see Dr Ogden's review of what Dr Boothroyd had said in her X-ray report --

HOCKNELL: Yes.

JOHNSON: -- at 5 o'clock, please, 5 pm? Can we look at Dr Ogden's notes, please?

HOCKNELL: She writes:

"Written in retrospect. UVC inserted earlier to 8 centimetres under aseptic technique. X-ray as above [in the] liver. Advised to remove and replace. Replaced by Dr MacCarrick."

JOHNSON: Thank you. There is more detail in the original. If we just look at the original. I'm not suggesting that you read it all out to us, but just so we see the difference between what you have -- so at the top of the page is what you have clearly transposed into the typescript; is that right?

HOCKNELL: That's correct, yes.

JOHNSON: Underneath there is Dr Ogden's notes of the X-ray review on a pro forma?

HOCKNELL: That's correct.

JOHNSON: And do we then see at 7 pm, so we're getting closer to the end of the shift at 7 pm, Dr Harkness' notes?

HOCKNELL: That's correct, yes.

JOHNSON: And while we're here, because we'll come to in on a tile in a second, but can we see he appears to have written something like "long line inserted on first attempt"?

HOCKNELL: That's correct, yes.

JOHNSON: "Left ACF sterile technique to 12" --

HOCKNELL: 12 centimetres, yes.

JOHNSON: All right. Let's go back to the homepage, please. Here we have something written by Dr Harkness at 21.00 hours -- sorry, 21.30. Click on that, please.

HOCKNELL: "UVC in situ on my arrival on NICU at 17.00. No definitive access at this point. So I have left in situ with plan to remove if long line sited or pull back to position if long line not successful."

JOHNSON: Again I'm not going to ask you to interpret that. If we go back, please, do we see the observations as before taken at 5 pm?

HOCKNELL: Yes, that's correct.

JOHNSON: And at 6 pm?

HOCKNELL: Yes, that's correct.

JOHNSON: Can we go to the fluids chart, please, so 151. Click on the bottom thing, please. Thank you.

Can we scroll down, please? At 4 pm, so 16.00 hours -- well, keep an eye on the time. But at the top, we have the chart. It's not divided down the middle, but it's almost sort of three quarters/one quarter input and output. Can you see that? So what's going into the baby and what's coming out of the baby?

HOCKNELL: That's correct, yes.

JOHNSON: We can see below input it has the Babiven start-up for the 10% dextrose. "EBM" is expressed breast milk in this context, isn't it?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. In the output chart, underneath the T and P of output, we can see urine, which records obviously the urine coming out of the child?

HOCKNELL: That's correct.

JOHNSON: So going to 4 pm then, 16.00 hours, please. After the first eight or so boxes, do we see the words "cannula tissue"?

HOCKNELL: That's correct, yes.

JOHNSON: And that's been recorded by the designated nurse, hasn't it?

HOCKNELL: That's correct, yes.

JOHNSON: Because we see the initials in the far right-hand column?

HOCKNELL: Yes.

JOHNSON: You can see that at that time, so from 4 pm onwards, a record under the EBM column, in other words the expressed breast milk column, that [Baby A] was being given a small amount of expressed breast milk?

HOCKNELL: That's correct, yes.

JOHNSON: One millilitre each time and with the -- so that's recorded in the left hand of the two columns where figures are recorded there and in the right-hand column there is in effect a running total?

HOCKNELL: That's correct, yes.

JOHNSON: One plus 1 equals 2. Thank you.

Can we go -- just while we're here, while we're looking at this, at 20.00 hours can we see:

"Commenced 10%..."

HOCKNELL: "... glucose via long line."

JOHNSON: Thank you. Against that, in the far right-hand column, whose initials do we see?

HOCKNELL: Lucy Letby.

JOHNSON: Thank you. Can we go back to the home sheet, please. Bearing all that in mind, do we see at 7 pm the observations taken as before?

HOCKNELL: Yes, that's correct.

JOHNSON: At 7 pm do we see the clinical notes made by Dr Harkness?

HOCKNELL: That's correct.

JOHNSON: Which are the ones we've pointed out before when we were on the appropriate page?

HOCKNELL: That's correct, yes.

JOHNSON: Following Dr Ogden's notes, do we see Melanie Taylor's update made towards the end of the shift at 19.05?

HOCKNELL: Yes.

JOHNSON: Could we go to those, please. Can you tell us what she noted please?

HOCKNELL: "UVC in wrong position. Reinserted SHO MacCarrick. Again in wrong position. Cannula tissue. Doctors busy on ward 30. Aware. No fluids running for a couple of hours. Long line inserted by Reg. Harkness. Awaiting X-ray. Remains settled on NCPAP. Enteral feeds of donor-expressed milk started at 1ml/two hourly."

JOHNSON: So in this context "enteral feeds" means liquid feeds going in through the mouth?

HOCKNELL: That's my understanding, yes.

JOHNSON: As opposed to intravenous feeds?

HOCKNELL: That's correct.

JOHNSON: In this case going through the NG tube, the nasogastric tube?

HOCKNELL: That's correct, yes.

JOHNSON: There we see a tie-up of the information that we saw on the fluid chart just before?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Can we go back to events, please? We then have another X-ray report from Dr Boothroyd at 19.09?

HOCKNELL: That's correct. An X-ray taken.

JOHNSON: Can you tell us what this one says?

HOCKNELL: Yes. This is a chest X-ray:

"The heart size is normal. Slightly increased density of the left lung is thought to be due to rotation of the baby to the right. The tip of the nasogastric tube is projected over the body of the system. The tip of the UVC lies 9 millimetres proximal to the IVC/RA junction. The tip of the left-sided peripheral long line is projected over the junction of the innominate vein and SVC."

JOHNSON: Can we go back to events please. Do we then have swipe data? It's probably obvious but can you explain for us what swipe data is please?

HOCKNELL: So the swipe data that's referenced here is the door fob data for the staff using the -- to access the doorways on the neonatal unit.

JOHNSON: Okay. So we know that there are locked doors in effect --

HOCKNELL: That's correct.

JOHNSON: -- electronically locked? To get access to the unit, either someone needs to let you in or you use a pass or a fob --

HOCKNELL: That's correct.

JOHNSON: -- to automatically open the door?

HOCKNELL: Yes.

JOHNSON: And the use of these passes or fobs is recorded centrally?

HOCKNELL: Yes, that's correct.

JOHNSON: So does it come to this, that we can see when people coming on shift were coming into the unit?

HOCKNELL: That's correct, yes.

JOHNSON: All right. So Lisa Wilkinson at 7.19. Lucy Letby at 7.22. Caroline Bennion at 28 minutes past with Ailsa Simpson?

HOCKNELL: That's correct.

JOHNSON: And at 30 minutes past, or half past 7, the shift handover starts; is that right?

HOCKNELL: That's correct, yes.

JOHNSON: Okay. So if we can go through the same routine then, please, to work out who's on shift. Can you talk us through this chart, please?

HOCKNELL: So similar to before, those that are responsible on the shift for the night shift -- again the consultants are the same because their roles are unchanged. Dr Saladi remains the paediatrician of the week and Dr Jayaram is the on-call overnight consultant. The clinical staff for the night shift are Dr Rachel Lambie, Dr Jian Minh Hor and included as well here Dr Christopher Wood and Dr David Harkness as we can see there in the notes, they still remain on duty.

The registered nursing staff for the night shift, the shift leader is listed as [Nurse A]. [Baby A]'s designated nurse is Lucy Letby, and the other registered nurses on duty are Caroline Bennion and Mary Griffith, and the nursery nurses on duty are Lisa Walker and Elizabeth Marshall.

JOHNSON: In terms of the colour coding, is Lucy Letby often denoted by that blue colour in --

HOCKNELL: Yes, that's correct, yes.

JOHNSON: So going back to the events, please. We then have the allocation of babies on the shift in the next tile?

HOCKNELL: That's correct, yes.

JOHNSON: Can we just go to that, please. Let's just leave that for now. Can we go back to -- thank you. Can we go to the swipe data next, please, that shows [Nurse A] attending at 9.31?

HOCKNELL: That's right, yes.

JOHNSON: Thank you. Back again, please. Minna Lappalainen. 19.32.

HOCKNELL: 19.33.

JOHNSON: And also 19.33.

HOCKNELL: Yes.

JOHNSON: Thank you. David Harkness, as you told us, was still on duty, the registrar?

HOCKNELL: That's correct.

JOHNSON: That night he was coming into the unit at 19.38.

HOCKNELL: That's correct.

JOHNSON: There are two records of that; is that right?

HOCKNELL: That's correct.

JOHNSON: Dr Christopher Wood at 19.40?

HOCKNELL: That's correct.

JOHNSON: And then do we have a nursing note written in retrospect by Melanie Taylor?

HOCKNELL: That's correct, yes.

JOHNSON: I just want to go to that, please. This is a note that refers to what happened at 20.00 hours, doesn't it, at 8 pm?

HOCKNELL: Yes, that's correct.

JOHNSON: Which is when the day shift should go off and the night shift are left in sole charge?

HOCKNELL: So:

"Observations stable. Pink, well perfused. UVC still in situ but in wrong position. To be used if no other access available. Long line inserted by Reg Dr Harkness. Secured and X-rayed. 10% dextrose run through and connected to long line. 10% dextrose run as per Dr Harkness until line confirmed. Care handed over to Lucy Letby at 20.00 hours."

JOHNSON: Can we just look at that note, please, if possible, the original? Again, it's fairly poor. At least on the big screen it's poor quality, albeit on the small screen, on the iPads, it's pretty legible, isn't it? I'm not sure what's happened there.

Let's go back to events, please. What we have here next are Lucy Letby's notes; is that right?

HOCKNELL: That's correct, yes.

JOHNSON: This is tile 170 of 397, and to put this into context, this is written after [Baby A] had died?

HOCKNELL: That's correct, on 07.56 hours on the 9th.

JOHNSON: We note [Baby A]'s collapse came not long after 8 o'clock, did it?

HOCKNELL: That's correct.

JOHNSON: So let's look at her notes first and then go to the charts, please. Can we start with the note, thank you? This is part of the note she wrote, that Lucy Letby wrote, at 7.56?

HOCKNELL: Yes. This is the part that I think refers to the timestamp of 20.00 hours.

JOHNSON: Yes, okay. So there's a much longer note written after [Baby A] died, but it's just this small part which refers to what happened at 8 o'clock?

HOCKNELL: That's correct.

JOHNSON: And can you tell us what she wrote, please?

HOCKNELL: "Care taken over at 20.00. Emergency equipment checked. Fluids calculated. [Baby A] nursed on CPAP. PEEP 5 to 6 centimetres in air. Observations stable."

JOHNSON: Can we go back to events, please. Do we see a record of the observations that were taken of [Baby A] at 8 o'clock?

HOCKNELL: That's correct.

JOHNSON: I want to deal with these. So these are taken by Lucy Letby; is that right?

HOCKNELL: That's correct.

JOHNSON: Thank you. Can we deal with 171 first. Can we go to the actual source data this time, please?

What we're looking at here is the far right-hand column; is that right?

HOCKNELL: That's correct.

JOHNSON: 20.00 hours?

HOCKNELL: That's correct.

JOHNSON: Okay. So we can see just reading across from the time [Baby A] entered the neonatal unit about 24 hours earlier, we can see the line of his heart rate over that period of time?

HOCKNELL: That's correct.

JOHNSON: And looking at his respirations, can we also see the line as it progressed over that 24-hour period?

HOCKNELL: That's correct.

JOHNSON: And his temperature, do we see that as well?

HOCKNELL: Yes.

JOHNSON: As a matter of fact --

HOCKNELL: There doesn't seem to be an entry for the temperature at 20.00 hours.

JOHNSON: Exactly. There is no record of his temperature at 8 pm. It appears to be missing from the record, although, to be fair, there are other times, other hours, where there is no temperature taken, isn't there?

HOCKNELL: That's correct.

JOHNSON: Going further down, please, right at the bottom in the initials line, which is the bottom line, do we see the single set of initials of Lucy Letby at 8 pm?

HOCKNELL: That's correct.

JOHNSON: Above that, so coming just immediately after temperature, where it says 99 -- sorry, further up, and a bit more, please. Thank you. Is that SA02, is that saturations of oxygen?

HOCKNELL: Yes, that's correct, yes.

JOHNSON: Underneath 99 does it say A?

HOCKNELL: Yes.

JOHNSON: Which may or may not mean air?

HOCKNELL: That's correct.

JOHNSON: So in other words, 99% oxygen saturations in air. And then underneath that, do we have temperature and humidity. Does that reference to the CPAP?

HOCKNELL: I think it's "inc temperature", which is the incubator temperature, and the humidity I presume to be for that incubator as well.

JOHNSON: Okay. There are some blood pressure readings below, but the most recent one of those was overnight; is that right?

HOCKNELL: I think so, yes.

JOHNSON: Okay. Can we go back to the homepage, please? So next, the intensive care chart equipment settings taken at 8 pm, please. Can we go to the document, please? Again, as we've gone through the 24 hours of [Baby A]'s life, once we'd gone past the first few readings, we've skated over these as we've gone through, but they're all there set out in that table, aren't they?

HOCKNELL: That's correct.

JOHNSON: We can see that the night shift -- that's it, thank you -- has Lucy Letby's initials under the:

"Environmental safety check for Neopuff mask, pressures checked, suction working, alarm parameters."

We heard about alarm parameters from Dr Evans on Friday. They're set to alarm if things go above or below the set parameters.
And:

"Intravenous infusions as prescribed, checked."

Then is that Lucy Letby -- it appears to be Lucy Letby's signature?

HOCKNELL: In full, yes.

JOHNSON: Thank you. And we have the fact recorded that [Baby A] -- under type of ventilation, which is a row immediately below the times, do we see CPAP recorded every hour from 1 am through to 8 pm?

HOCKNELL: That's correct, yes.

JOHNSON: This PEEP value, which we'll wait for somebody to tell us about. Further down do we see the flow set at 8?

HOCKNELL: That's correct.

JOHNSON: Yet further down, we have -- I can't read that. It's a mask or something.

HOCKNELL: I think it's a row that's put aside for ventilator rate, but that's been crossed out and then "mask/prongs", so it is to indicate whether it's prongs or mask.

JOHNSON: "Air entry left and right." We saw that recorded in the notes overnight.

"FiO2", do you know what that means?

HOCKNELL: I think it's fraction inspired oxygen. So it's inspired oxygen.

JOHNSON: Yes. And this is [Baby A] not being given oxygen other than as part of air, the 21% of air?

HOCKNELL: That's correct.

JOHNSON: And "saturation of oxygen", so this is his blood sats?

HOCKNELL: That's correct.

JOHNSON: 99 recorded at 8 pm at 697. Never having gone below 96 -- sorry, 95 in the preceding 24 hours or so or preceding 20 hours or so?

HOCKNELL: That's correct.

JOHNSON: The humidifier temperature recorded consistent across?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you.

Now, at the bottom it says "major events". So again, we can see in that column, which I think is:

"CPAP mask applied, NGT..."

Thank you:

"NGT advanced to 18cm."

I think that's at 2.00 in the morning?

HOCKNELL: Yes.

JOHNSON: I think we saw that in the medical notes as we went through.

At 13.00 hours, so I'm reading down the right-hand column as it now is on its side, we see "UVC", and does it say "lines"?

HOCKNELL: Yes, that's correct.

JOHNSON: And then most importantly in this context, at 20.00 hours do we see 10% glucose commenced 20.05?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. That's signed off to the left by Lucy Letby?

HOCKNELL: That's correct.

JOHNSON: Can we go back? And she was his designated nurse by that stage?

HOCKNELL: Yes, that's correct.

JOHNSON: Thank you. The fluid chart next, please, at 8 pm. Again, rather than using your summary, can we go to the original document? At the top, [Baby A], his birth weight 1.66kg. Hat size, prong size, and then underneath -- this is something we looked at earlier, isn't it? Do you remember it?

HOCKNELL: Yes.

JOHNSON: "Cannula tissue at 4 pm."

I'm not going to run through that again. If we can scroll down please at 20.00 hours, what do we see there recorded, please, against Lucy Letby's signature?

HOCKNELL: "Commenced 10% glucose via [long line]."

JOHNSON: "Via LL"?

HOCKNELL: LL.

JOHNSON: So not Lucy Letby's initials, the abbreviation for long line?

HOCKNELL: I think this is long line, yes.

JOHNSON: And signed LL or initialled LL?

HOCKNELL: That's correct, yes.

JOHNSON: I'm going to go back to the homepage, please. This is the glucose/dextrose, sometimes interchangeably used, is that right, in these documents?

HOCKNELL: Yes.

JOHNSON: Sugar, essentially. Can we click on that, please? Just before we go through to the source documentation, we can see Dr David Harkness' details are recorded here together with Melanie Taylor, who'd been -- who's one of the other nurses on the shift; is that right?

HOCKNELL: She was the designated nurse for the day shift.

JOHNSON: Thank you. And Lucy Letby the designated nurse for the night shift?

HOCKNELL: That's correct, yes.

JOHNSON: Can we go to the source document, please. We haven't seen this sort of form before so let's just take a little care. At the top does it read:

"Intravenous and subcutaneous infusion prescription, including drug additives. Document all IV [intravenous] administration on the fluid balance chart"

HOCKNELL: That's correct.

JOHNSON: The fluid balance chart, is that the chart we've just been looking at or is that a different chart?

HOCKNELL: That's what we've been looking at yes.

JOHNSON: What does this tell us, this document?

HOCKNELL: So this is the actual prescription, I think, on 8/6/15, 10% dextrose, a volume of 500 millilitres. The rate or duration is 60ml per kilo to be run at 4.15ml per hour.

JOHNSON: Okay. 500ml. Is that a reference to the size of the bag that's hung?

HOCKNELL: Yes, I think so.

JOHNSON: Thank you. The route, does that say "long line"?

HOCKNELL: Yes.

JOHNSON: Is it signed then by Dr Harkness?

HOCKNELL: That's correct.

JOHNSON: Given by, and then we see two signatures?

HOCKNELL: Yes. It's Melanie Taylor's on the top and Lucy Letby's on the bottom.

JOHNSON: And the time and date, 8/6 at 20.05?

HOCKNELL: Yes, that's the time it was started.

JOHNSON: Thank you. So that coincides with what we saw on the previous --

HOCKNELL: Chart, yes.

JOHNSON: -- doesn't it?

HOCKNELL: Yes.

JOHNSON: Okay. So can we return to home, please? Thank you.

Do we then have Lucy Letby's nursing note for this time? It's a note that was made after [Baby A] had died.

HOCKNELL: That's correct.

JOHNSON: This part of the note reads what, please?

HOCKNELL: "10% glucose commenced via long line with SN [senior nurse] Taylor as agreed by Reg. Harkness who was present. UVC remained in situ from day shift. Instructed line not to be used by reg. [Baby A] noted to be jittery. Was due to have blood gas and blood sugar taken."

JOHNSON: Thank you. Can we go back to events please.

The X-ray review, this is written at 9.30?

HOCKNELL: That's correct.

JOHNSON: So after [Baby A] had died?

HOCKNELL: That's correct.

JOHNSON: And this is Dr Harkness' note?

HOCKNELL: That's correct.

JOHNSON: Thank you.

HOCKNELL: "Long line inserted at 19.00. X-ray available to review at 20.10 at which point I was scrubbed and inserting a line into another patient. Plan at this point to pull line back across midline as in right subclavian or superior vena cava."

JOHNSON: And that's a lot of medical terminology that I won't ask you to clarify; we'll get that from somebody else.

So does it appear therefore from the documentation that the dextrose infusion was started before Dr Harkness had reviewed the X-ray?

HOCKNELL: It appears the record's been made for 20.05, yes.

JOHNSON: Okay. Back to events, please. Can we go to a nursing note made for [Baby B] now. Just before we get to that, so the jury understands, this sequence, this timeline, primarily relates to [Baby A], doesn't it?

HOCKNELL: That's correct, yes.

JOHNSON: But so that the jury can put it into context of what else is going on, there is some overlap between [Baby A] and [Baby B]?

HOCKNELL: That's correct, yes.

JOHNSON: But almost all the -- there are a few [Baby A] entries in [Baby B]'s, just as there are a few of [Baby B]'s in [Baby A]'s?

HOCKNELL: That's correct.

JOHNSON: Can we go to this nursing note at 20.14, please?

HOCKNELL: This is an update made on a computer:

"Mum, dad and mat grandma visited on the unit. Updated on current plan of care."

JOHNSON: That was a note made by Melanie Taylor?

HOCKNELL: That's correct.

JOHNSON: Can we go back to events please. Four minutes later, do we have a note made by Melanie Taylor?

HOCKNELL: Yes, a further note is made:

"CBG satisfactory. ABX [antibiotics] and caffeine given as charted. UVC still in situ waiting to be removed."

JOHNSON: Can we go to the record, please? This is a bit better, more legible. The times that you have put into the timeline, are they automated times that are in effect timestamped by the record?

HOCKNELL: Yes, by the computer.

JOHNSON: Okay. So when these entries were put into the nursing notes by Melanie Taylor, the computer on to which they were put automatically recorded the time at which they were entered?

HOCKNELL: That's my understanding, yes.

JOHNSON: So your understanding is that -- can we just go back, please, to the homepage and back again. Looking at tiles 178 and 177, these records about [Baby B] tend to show that at this time, at 8.15, Melanie Taylor was using the computer?

HOCKNELL: Yes, that's correct.

JOHNSON: Can we go to tile 179, please? So this is a couple of minutes after that note made by Melanie Taylor of [Baby B]?

HOCKNELL: At the computer.

JOHNSON: At the computer. Can you tell us what Lucy Letby noted as having happened at 20.20 when she made her notes at 7.56 the following morning?

HOCKNELL: She writes:

"At 20.20 [Baby A]'s hands and feet noted to be white. Centrally pale and poor perfusion. [Baby A] became apnoeic. Reg. Harkness in the nursery and assistance called for. 10% glucose infusion disconnected immediately."

JOHNSON: Just because this is so important, can we go to the underlying document, please? This is another one that's not reproduced terribly well. If we look in the top left-hand quarter of the page can we see 8/6/15, time 7.56?

HOCKNELL: Yes.

JOHNSON: So it says:

"Patient notes. Nurse notes continued."

It says:

"Glucose commenced via long line with SN Taylor as agreed by Reg. Harkness who was present."

That's not his name, obviously, that's Registrar Harkness, rather than Reginald:

"... who was present. UVC remained in situ from day shift. Instructed line not to be used by registrar. [Baby A] noted to be jittery. Was due to have blood gas and blood sugar taken."

Then the 20.20 entry is the timing put on it by Lucy Letby at 7.56 the following morning, isn't it?

HOCKNELL: That's correct, yes.

JOHNSON: And just where the arrow is there is what you have reproduced on the second tile that precedes this one?

HOCKNELL: That's correct, yes.

JOHNSON: Harkness is misspelt here. As you have reproduced it in the previous tile as well, "Harkens" it says in that second tile. Do you see that?

HOCKNELL: Yes.

JOHNSON: So it's not your typo, it's a typo in the original records?

HOCKNELL: Yes.

JOHNSON: We can see that as a matter of fact the note continues, doesn't it? Could you just read the -- after it says "10% glucose infusion disconnected immediately", which is where your reproduction ends, can you read to us what it says afterwards?

HOCKNELL: "[Baby A] making nil respiratory effort. Neopuffed with Guedel airway. Shortly after no heart rate detected and full resuscitation commenced as per medical notes. UVC used to administer drugs. Parents and maternal grandmother present. Dr Jayaram in attendance throughout. [Baby A] passed away at 20.58 and was given to parents to cuddle. UVC and ET tube left in situ."

JOHNSON: Thank you. Then is set out Lucy Letby's records of what happened after [Baby A] had died, isn't it?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Can we return to the homepage, please?

We can see [Nurse A] came into the unit or came through the doors at 8.20; is that right?

HOCKNELL: That's correct, yes.

JOHNSON: Dr Lambie, who we can see just below, ST3, so senior registrar, came in at 8.22?

HOCKNELL: Yes, it actually states that she's swiped into maternity ward 30 at 20.22.

JOHNSON: So that's the maternity ward, is it?

HOCKNELL: Yes, the children's ward.

JOHNSON: Not the NNU?

HOCKNELL: No.

JOHNSON: You're quite right. I shouldn't make that mistake, that's my mistake.

The [Baby A] event, as it's called, is recorded in this time period?

HOCKNELL: That's correct, yes.

JOHNSON: Some time after 20 past. How has that time been arrived at in the context of this timeline?

HOCKNELL: On the medical evidence, from the experts, that's where we've taken the terms of reference for this document, that where a suspicious event has been identified, that's where the flatline is.

JOHNSON: I'm more interested in why it isn't 5 minutes earlier or 5 minutes later, but why the tile has been placed there? Is there anything that anchors it at precisely that moment or is there not?

HOCKNELL: In this instance, it's what comes after that point, yes.

JOHNSON: Okay. Let's look at Dr Harkness' notes next, please, which is tile 183. Can we go straight to the original, please? This is a note -- this is a continuation of a note, it's got the date 8/6/15, the time put on it is 21.20, which is the time the note is made, I think.

HOCKNELL: Yes.

JOHNSON: And I think actually we're missing a page here, which I must say I hadn't noticed.

HOCKNELL: I think it's like a summary of different things that have happened at different times. So whilst it might start at the top at 20.43, actually lower down it refers to entries made.

JOHNSON: Thank you. Let's deal with that then. Can we go down, please, sorry. Yes, sorry, this is Dr Harkness' note at the bottom, isn't it?

HOCKNELL: Yes.

JOHNSON: And above indeed. You talk us through it as you're most familiar with these.

HOCKNELL: So I made an entry on this particular slide for:

"Patient arrested within 1 to 2 minutes of starting procedure and another patient. Decision to use UVC during resus as only access."

Which is just right at the bottom there, from about third line from the bottom.

JOHNSON: So where it says J1066 in red --

HOCKNELL: Yes.

JOHNSON: -- just to the left of there it says:

"Patient arrested within 1 to 2 minutes of finishing..."

What does that say?

HOCKNELL: Um...

JOHNSON: Or starting:

"... finishing procedure on other patient. Decision to use UVC during resus as only access."

HOCKNELL: That's correct, yes. And then at 20.26 I've picked up a record from this piece, which is:

"Called to patient at 20.26."

I think that's earlier, the earlier note from Dr Harkness on that page. This is where it's pieced together a little bit like a puzzle, really.

JOHNSON: Yes. Okay. Let's just take this -- it's quite hot in here.

MR JUSTICE GOSS: Just four lines from the bottom:

"CPR administered from 20.28."

That's the nearest I can see to 20.26.

HOCKNELL: What I've read there, actually, is in relation to page 16 because we're looking at this from -- it's hard to read that continuation.

MR JOHNSON: It is. I think the issue here may be that there is, as a matter of fact, a page missing. You've referred to page 16, and as your Lordship will see at the top, and the jury will see at the top of the page, in yellow it says "[Baby A]" --

HOCKNELL: So we're viewing this slide in context, which is just page 17. But actually, when we go to slide 185, which is the continuation, that refers to an entry made on page 16.

JOHNSON: Okay. I think we've now got the page.

HOCKNELL: Yes.

JOHNSON: If we look at the top, if you talk us through it, please.

HOCKNELL: "Called to patient at 20.26 as apnoeic. Bagging started via Neopuff immediately. Good chest movement seen. Saturations. Poor trace. 70 to 80%. HR on monitor 90 to 110. On auscultation, greater than 100. Impression at time: was this second to long line? Long line removed at 20.27. Help called at 20.27. Intubated first attempt, size 3, 7 centimetres at lips. At 20.28 visualised passing cords. HR dropped to 60 to 70 at 20.28."

JOHNSON: So that gives us the -- we're going to hear from Dr Harkness, so we will come back to this, for the jury's information, and hear it from the man who was there. But that's where you get your timing of 20.26?

HOCKNELL: Yes.

JOHNSON: We'll deal with this in detail later, my Lord, with Dr Harkness. But we can see there set out what happened and at what time various treatments were given?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. All right. Can we go back to the homepage now, please.

(Pause)

MR JUSTICE GOSS: This is becoming something of an issue, which is a bit disconcerting, to be honest. Anyway. Is that an appropriate moment perhaps to break off? Because we've now got three. I've been lucky.

All right, members of the jury, we'll try and get this sorted out in relation to the iPads for tomorrow. For those of you who have been able to follow it at a pace going along -- and one familiarises yourself with the use of the iPad, actually, quite quickly. For the others of you who are following it from the screen, don't worry about the detail here, because as Mr Johnson has said, a lot of this evidence is going to be gone over again by the various witnesses, the nurses, the doctors, and that sort of thing. It's just familiarising you with how the sequence of events works and drawing to your attention the documents as it goes along.

You may be thinking, gosh, we're only up to page 180 and something now, we've still got another 200 to go on this sequence of events, but...

MR JOHNSON: A lot of it is text messages later on.

MR JUSTICE GOSS: Exactly. That's what I was anticipating was going to be said. Don't be disconcerted that we're going to spend another day going through this sequence of events, because I don't think we will be spending a day itself going through it.

MR JOHNSON: No.

MR JUSTICE GOSS: But obviously we'll be spending some time. Thank you very much indeed. As I say, it is -- the iPads, we'll have to see if they can be sorted by tomorrow in the sense that they don't keep freezing.

All right?

You'll remember what I said to you when we parted company on Friday evening. As the case goes on, of course, it remains in place right to the very end, months and months. But it is vital. Don't conduct any research and don't communicate with anyone in any way about anything to do with this case. Thank you very much. Ready to come in at 10.30 tomorrow morning.

Thank you.

(In the absence of the jury)

Mr Murphy, I don't know whether this is machine error or user error or a combination of the two.

MR MURPHY: My apologies, my Lord, we'll look into it straightaway.

MR JUSTICE GOSS: All right. I don't want to put undue pressure on you, I know you'll do whatever you can. Thank you very much.

Thank you very much, obviously 10.30 tomorrow for you as well.

(4.11 pm)

(The court adjourned until 10.30 am on Tuesday, 18 October 2022)