

18 October 2022
Babies A & B

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Housekeeping

Tuesday, 18 October 2022
(10.30 am)

(In the absence of the jury)

Housekeeping

MR JOHNSON: I think there have been some travel issues this morning and [Parents of Babies A & B] have literally just arrived and they're just on their way up.

MR JUSTICE GOSS: All right. Do you want a wait a minute or two?

MR JOHNSON: I think it is literally a minute.

MR JUSTICE GOSS: Literally a minute? Right, we'll wait then, certainly. I can log in to my iPad.

(Pause)

MR JOHNSON: I can fill the time with a word of explanation as to how we're going to proceed.

When this exercise of going through the SOE has been concluded, I'll call the other analyst, Kate Tyndall, to deal with what we have called the neonatal review, which is a trawling exercise of the medical records of all the other children in the unit at the time that we say incidents happened, which will give the jury an idea of who was doing what at and about the time the incidents that they are considering were happening.

MR JUSTICE GOSS: Yes.

MR JOHNSON: That's a much, much shorter exercise. So taking as an example the case of [Baby A], it's a tabular presentation of about 7 pages, with individual lines of data covering 2 or 3 hours around the incident and that is it. But that has to be cross-referred to who was where as well.

MR JUSTICE GOSS: Yes, all right. I understand that, thank you very much.

I'll leave it to you, Mr Johnson, to judge -- I think we probably should have a 10-minute break in the middle of the morning for everyone's benefit, really. You just choose your moment shortly before or around midday.

MR JOHNSON: Thank you very much.

MR JUSTICE GOSS: Jury in, please.

(In the presence of the jury)

MRS CLAIRE HOCKNELL (continued)

Examination-in-chief by MR JOHNSON (continued)

MR JUSTICE GOSS: Good morning, members of the jury.

"App connection status: not connected to courtroom."

UNKNOWN SPEAKER: Yes, my Lord. It will connect in about a minute's time.

MR JUSTICE GOSS: All right. Thank you very much.

MR JOHNSON: I think we've had some digital WD40 put in the system overnight.

MR JUSTICE GOSS: Well, it was on a moment ago and it's gone off. All right.

So fire up your iPads. There we are, it's on now.

(Pause)

MR JOHNSON: Is everybody --

MR JUSTICE GOSS: Everybody who wants to be on their iPad is on their iPad? Thank you very much.

MR JOHNSON: Mrs Hocknell, if I could just put this up on the screen to remind us where we'd got to, first of all.

I'm going to recap ever so slightly because we are at the critical point so far as [Baby A]'s case is concerned.

We'd got to slide 183, which is Dr Harkness the registrar's notes. If we could just rewind slightly, please. I don't want to go all the way back through and then go through it sequentially, but if we just go back to slides 161 and 162, please. I'm not going to go through all these again, ladies and gentlemen, but just as a reminder first of all.

161, if we could just click on that, please. This is the staffing list for that night shift. And then to 162, please. I skated over this yesterday. What we have here is a list of the children, so 13 children, in the unit that night, numbers 1 and 2 are [Babies A & B]. The remaining 11 children are identified by initials. You have listed there the corresponding --

HOCKNELL: Designated nurse.

JOHNSON: Designated nurse. What the jury will also get as we go through this process is where these children were in the unit as well, won't they?

HOCKNELL: They will have the records for the care that they received at the material time, yes.

JOHNSON: Yes.

HOCKNELL: There isn't enough information for this particular case to draw inference as to where they were actually located.

JOHNSON: Okay. So just recapping that then. In very many of the cases that the jury are going to be considering, we can say with a degree of certainty where a specific child was at the time the prosecution allege Lucy Letby was committing offences?

HOCKNELL: That's correct, yes.

JOHNSON: This is not one of the -- because the records are unclear, it's not possible to be particular as to where specific children were during this particular shift?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you, all right.

Can we then go back to the homepage and can we move on in the sequence to the late 170s, please. So we are just recapping a few -- if we just stop there, please.

So looking at slide 174, that's the start of the dextrose infusion at 8.05.

HOCKNELL: That's correct, yes.

JOHNSON: And just to remind ourselves, could we click on that, please, Mr Murphy? And go again. This is the record of that infusion having been started at that specific time?

HOCKNELL: At 20.05 hours, yes.

JOHNSON: Yes. Co-signed by Lucy Letby underneath?

HOCKNELL: That's correct.

JOHNSON: And Melanie Taylor, was it, who was the designated nurse from the day shift?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. So this is shift handover time. Could we come out of that again, please, and go back to the home page?

We then have Lucy Letby's retrospective note being the next point in time in the sequence, albeit that was written at the end of the night shift?

HOCKNELL: That's correct.

JOHNSON: Then an X-ray review, which we've looked at before, 176?

HOCKNELL: That's correct.

JOHNSON: At 177, Melanie Taylor, the day shift nurse, updating [Baby B]'s records?

HOCKNELL: Yes, at the computer.

JOHNSON: And that is timed by the computer at 20.14?

HOCKNELL: That's correct.

JOHNSON: Followed by an update on [Baby B]'s records, also made by Melanie Taylor from the day shift, timed by the computer at 20.18?

HOCKNELL: That's correct, yes.

JOHNSON: 179 is at 20.20, a note made the following morning, just before 8 am on the 9th, made by Lucy Letby --

HOCKNELL: That's correct, yes.

JOHNSON: -- which we saw yesterday. Then swipe data showing [Nurse A] coming into the unit at 20 past and Dr Rachel Lambie, and you corrected me here yesterday when I suggested she came into the unit, by telling me that in fact she'd gone onto the paediatric --

HOCKNELL: Children's ward, yes.

JOHNSON: And then we come to the [Baby A] event. The first note in time is 183, which is where we ended yesterday, which is Dr Harkness the registrar's note.

HOCKNELL: Yes.

JOHNSON: If we remind ourselves of what that says, please.

HOCKNELL: "Patient arrested within 1 to 2 minutes of starting procedure on other patient. Decision to use UVC during resus as only access."

JOHNSON: Just to remind ourselves, there was a line going in through the belly button of [Baby A]?

HOCKNELL: That's correct, the UVC.

JOHNSON: So that's the UVC. And it was the only access because the line that had been used to put in the dextrose infusion had been removed when [Baby A] had collapsed?

HOCKNELL: That's correct.

JOHNSON: Okay. Can we look at the notes now, please? These are Dr Harkness' notes. Could you just -- you're probably best placed to interpret his writing having spent many, many days reading it.

HOCKNELL: I'll read from the top:

"Written in retrospect. Timings from record by Dr C Wood. Called to patient at 20.26 as apnoeic. Bagging started via Neopuff immediately. Good chest movement seen. Saturations: poor trace, 70s to 80s percentage. HR on monitor 90 to 110. On auscultation, greater than 100. Impression at time: was this second to long line? Long line removed 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. Chest compressions started at 20.28. Given 10ml per kilo of 0.9% saline at 21.20. Bolus at 20.31. Given first adrenaline bolus at

20.33. Consultant Dr Ravi Jayaram arrived at 20.33. Patient reviewed by Dr Jayaram. UVC in situ, pulled back 5 millimetres. Continued good chest movement and air entry. No heart rate detected on auscultation."

JOHNSON: Pausing there, auscultation in this context means listening with a stethoscope to the heart?

HOCKNELL: Yes:

"Electrical activity noted on monitor. Small complexes. CPR continued."

JOHNSON: Then I think, rather than putting you to the trouble of reading line by line, there's timings of various doses or boluses, as they're called, of adrenaline --

HOCKNELL: That's correct.

JOHNSON: -- being given to [Baby A]?

HOCKNELL: That's correct, yes.

JOHNSON: That takes us down to the bottom of the page. The next page, which is the page the jury saw yesterday, which starts with a dose of or a bolus of sodium bicarbonate then the fifth adrenaline bolus and so on.

And down the page, please, to the end of Dr Harkness' note at the bottom of the screen there.

HOCKNELL: That's correct, yes.

JOHNSON: And we can see that, sadly, the resuscitation for [Baby A] was discontinued at 20.58 pm.

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Can we go back to the homepage, please? So that's 183.

184, please, which is the scribe's note, who is Dr Wood. He's more junior to Dr Harkness, isn't he?

HOCKNELL: That's correct, yes. He undertook the role of the scribe during the resuscitation.

JOHNSON: So the more senior doctor is actually hands-on, the more junior doctor writing down what the more senior doctor is doing?

HOCKNELL: That's correct, yes.

JOHNSON: Okay, thank you. Can we go to his notes, please?

(Pause)

MR JUSTICE GOSS: With me it's taking a long time to load.

It did eventually load. I didn't want to interrupt you because we could see it on the screen here, but eventually it came up on my screen, on my iPad, and you've had the same problem?

(Pause)

MR JOHNSON: If I can just explain, I'm having the same problem.

MR JUSTICE GOSS: Mine's just loaded now.

MR JOHNSON: Just so that the jury understand where we are going, my Lord, this is in effect an introduction to the material. So when Dr Harkness comes to give evidence, we will be going to his notes with Dr Harkness.

MR JUSTICE GOSS: Exactly.

MR JOHNSON: So this is just playing the jury in, in cricketing terms.

MR JUSTICE GOSS: Exactly, familiarising the jury, explaining that these are Dr Harkness' notes, but he will come and speak to these notes.

MR JOHNSON: Yes. But if there is a problem, please let us know.

Going to 184, next, please, so Dr Wood's notes.

Could we go to the notes, please? We see, don't we, Mrs Hocknell, at the top of the page Dr Wood's details have been written:

"Resuscitation record. Scribe: Dr Christopher Wood"

HOCKNELL: That's correct.

JOHNSON: I'm not going to ask you to simply read out what we can read for ourselves, but in effect it's a timed chronology of when various efforts as part of the resuscitation of [Baby A] were carried out?

HOCKNELL: That's correct, yes.

JOHNSON: So we can see the various adrenaline boluses timed at, for example, 20.32, 20.35, 20.37 and so on?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. We can come out of that, please, and move on to another one of Dr Harkness' notes.

Could we go immediately to the notes, please? This is the second page in effect of what we saw two tiles ago, two home screens ago.

HOCKNELL: Yes. Well, it's the first page, but yes it's part of the same note.

JOHNSON: Exactly, yes. This is the first page on this tile because it's the 21.20 part of the note?

HOCKNELL: That's correct.

JOHNSON: And the previous time we went through the gate, so to speak, this was the second page?

HOCKNELL: Yes, that's correct.

JOHNSON: Thank you. That's my inelegant phraseology.

If we come out of that, please. We then come to the consultant's notes, which is the notes of Dr Ravi Jayaram; is that right?

HOCKNELL: That's correct, yes.

JOHNSON: So this is slide 186. Could we go through that, please?

So your summary of what's contained on the notes behind appears there?

HOCKNELL: That's correct, yes.

JOHNSON: If you could read that to us, please.

HOCKNELL: "Called at 20.26. Arrived at 20.33 hours. Previous care and plan acknowledged."

JOHNSON: Thank you. Then to the original document, please. At the beginning we see those times noted in Dr Jayaram's handwriting?

HOCKNELL: That's correct, yes.

JOHNSON: Above it he's written "Jayaram consultant" or maybe it isn't consultant, whatever that says, I don't know.

HOCKNELL: "Continued."

JOHNSON: Thank you. So he has noted [Baby A]'s background, his prematurity, et cetera, and we can see in the left-hand column he's made a record of the time at which he made these notes, so 11.25 pm.

HOCKNELL: That's correct, yes.

JOHNSON: I don't think we need to go through the details again because Dr Jayaram will take us through them. But in effect it's what was -- it's his notes of the resuscitation or the attempted resuscitation of [Baby A]?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you very much. So can we go back to the homepage, please? Next we come to the notes of Melanie Taylor, who of course was the day shift nurse.

HOCKNELL: Yes.

JOHNSON: But she was clearly still there long after her shift had ended, notionally, at 8 pm, because an hour and 20 minutes later this is the note that she made on the computer?

HOCKNELL: This is a note that she made at 21.28 hours in retrospect, yes.

JOHNSON: Yes. So could we look at that, please? You've made a note there. Please could you tell us?

HOCKNELL: "Before leaving, apnoea/heart rate dropped. Cardiac compressions and resus commenced."

JOHNSON: And then to the note, please. It's one of those where the definition isn't particularly good.

MR JUSTICE GOSS: It's better on the iPad. Mine came up instantly, so look on the iPad, I suggest.

MR JOHNSON: Thank you. Can we move on then, please, to the next slide? This is Lucy Letby's note, so this is tile 188. This is a note made at the end of the shift?

HOCKNELL: That's correct.

JOHNSON: Could you tell us what that says, please?

HOCKNELL: "[Baby A] making nil respiratory effort. Neopuffed with Guedel airway. Shortly after no heart rate detected and full resuscitation commenced."

JOHNSON: Thank you. Back to events, please. Number 189 is a note made by Dr Harkness, referring to the removal of the long line through which the --

HOCKNELL: Dextrose.

JOHNSON: -- dextrose was being run; is that right?

HOCKNELL: That's correct, yes, and that was at 20.27 hours.

JOHNSON: Thank you. Then we have -- thank you. Then we have swipe data showing the senior house officer, Dr Jian Min Hor, passing through at 20.27.

HOCKNELL: Yes.

JOHNSON: Swipe data for Dr Lambie. Were they coming into the neonatal unit --

HOCKNELL: So Dr Hor was in the children's unit and Dr Lambie was making her way into the neonatal unit.

JOHNSON: Yes. That will be whilst the resuscitation is being undertaken?

HOCKNELL: That's correct, yes.

JOHNSON: Then back to Dr Wood's notes, please, at tile 192.

We've got the same notes here, haven't we, that we saw on a previous sheet, but you have put this in because this is where this part of the note comes in the sequence?

HOCKNELL: Yes. So on this note, where there is a time specified, there's an entry for that in the sequence.

JOHNSON: Yes. We've looked at that before, so if we can return, please.

We see Dr Harkness' notes mentioned again at 20.28 and that's the same note that we've seen before?

HOCKNELL: That's correct, yes.

JOHNSON: But because there's a specific timed reference that's why you have put in the tile?

HOCKNELL: That's correct, yes.

JOHNSON: We have at the same time Dr Wood's notes at 20.28 and the same comments apply?

HOCKNELL: Yes, that's correct.

JOHNSON: As they do to Dr Harkness' notes, also timed at 20.28?

HOCKNELL: That's correct.

JOHNSON: So going to 196, please, Dr Jian Min Hor, who you told us had been going into the children's ward earlier?

HOCKNELL: Yes. At this point he's made his way to the neonatal unit.

JOHNSON: Thank you. Then the arrival of Dr Jayaram, according to the swipe data, at exactly 20.30?

HOCKNELL: Yes. This is arrival at the maternity side exit to ops internal door.

JOHNSON: We then have a record sequentially of that list made by the scribe, Dr Wood, in his handwriting on the sheet that we've already seen?

HOCKNELL: That's correct, yes.

JOHNSON: Okay. So that takes us through 198 and 199.

Then 200 is Dr Wood's notes of the arrival of Dr Jayaram?

HOCKNELL: That's correct, yes.

JOHNSON: 201: Dr Jayaram's note of Dr Jayaram arriving.

HOCKNELL: That's correct, yes.

JOHNSON: 20.34, some swipe data relating to Dr Jayaram's pass?

HOCKNELL: Yes, that relates to the entrance into the neonatal unit. There's a slight discrepancy there.

MR JUSTICE GOSS: I'm sorry, but you're speaking to Mr Johnson, looking at him and speaking towards him, speaking quite softly.

HOCKNELL: Apologies. There's a slight discrepancy between the time in the doctor's notes and the system time for the door fob swipe data of a minute.

MR JOHNSON: Yes. Thank you.

Then we see the sequence of Dr Wood's handwritten notes reproduced in these slides. So each time, if we went behind this, we'd have the same document, which is that list that we've already seen made by the scribe, Dr Wood?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. So that's 203, "Second adrenaline bolus". 204, "No heart rate recorded"?

HOCKNELL: That's correct.

JOHNSON: 205, the third adrenaline bolus?

HOCKNELL: That's correct at 20.37 hours.

JOHNSON: 206. Is that [Nurse A] coming on to the neonatal unit?

HOCKNELL: Yes. Well, neonatal to the labour ward.

JOHNSON: So [Nurse A]'s going to the labour ward, which of course is where [Baby A]'s mother was at the time?

HOCKNELL: That's correct, yes.

JOHNSON: And then if we go to 207, and this time can we just go to the note -- sorry, no, I want to go to -- yes, sorry, it is Dr Wood's note, please. Is that behind this or is this the prescription? If we go to the document, please.

If we just go down -- thank you. So we saw [Nurse A] going to fetch mum at 20.37 on the door swipe data. We see that fact recorded, actually, in Dr Wood's notes there, where the arrow is, "Family present".

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Can we just go back, please? We then have a series of slides, don't we, showing the information that's recorded in Dr Wood's notes, including the return of [Nurse A] from the labour ward?

HOCKNELL: That's correct, yes.

JOHNSON: So that's 209.

210, 211, 212, 213, 214, 215, 216, 217, 218. And then tragically at 219, [Baby A]'s death noted there.

Then at 220, if we went behind there we'd come to the same notes again from --

HOCKNELL: That's correct, yes.

JOHNSON: Just a final reminder. So all those times, as recorded by you in the slides, reproduced there in Dr Wood's handwriting?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you.

The clinical notes, clinically noted time of [Baby A]'s death at 221.

HOCKNELL: By Dr David Harkness, yes.

JOHNSON: This time by Dr Harkness, as you say, rather than Dr Wood.

Then Lucy Letby's notes, again made at just before the end of the night shift at 7.56 the following morning. Can we look at these, please? So you have typed out there what she has recorded in the notes; is that right?

HOCKNELL: That's correct, yes.

JOHNSON: Could you tell the jury what she wrote?

HOCKNELL: "[Baby A] passed away at 20.58 and was given to parents to cuddle. UVC and ET tube left in situ. Hand and footprints were taken with consent, along a with a lock of hair. Hand and footprints given of sibling also obtained as per parents' wishes. Parents and maternal and paternal grandparents have had time alone cuddling [Baby A]. [Baby A] also spent time on CLS with parents on cold cot. Photos taken with unit camera and parents' phones."

JOHNSON: Thank you. Can we go back to the events, please? We then come to Dr Harkness' notes, made at 21.20, which I think are the notes we've seen before.

HOCKNELL: Yes, this is the time of the note that he wrote.

JOHNSON: So he made the notes for events that had happened during the resuscitation at -- the notes are made at 21.20?

HOCKNELL: That's correct, yes.

JOHNSON: Then slide 224, please, is the nursing note update made on the computer by day shift nurse Melanie Taylor, which we've seen already.

HOCKNELL: That's correct.

JOHNSON: Put in there because that's the time they were made?

HOCKNELL: That's correct.

JOHNSON: Thank you. Dr Harkness' notes then at 225?

HOCKNELL: Yes.

JOHNSON: Again notes that we've seen already, I think --

HOCKNELL: Yes, that's correct.

JOHNSON: -- put there for that reason?

HOCKNELL: That's correct.

JOHNSON: And then at 226 Dr Ravi Jayaram, the consultant's notes, which we have seen, but put there because 23.25 is the time they were made?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you.

And then the next slide is 227, which is a reference back to Lucy Letby's notes, made at 7.56 the following morning. It's a record of the fact that at 7 o'clock that morning, [Baby A]'s body was taken to the mortuary from the ward.

HOCKNELL: That's correct, yes.

JOHNSON: There's a typo on the next slide, I think.

HOCKNELL: Oh yes.

JOHNSON: It should say "nursing notes". This relates actually to the time that Lucy Letby made her notes?

HOCKNELL: That's correct, yes.

JOHNSON: They're notes we've already dealt with.

So we can see that there is a lot of replication of the same material in different places to reflect the fact of when the

events are said to have occurred, but also the fact of when the record itself is made?

HOCKNELL: That's correct, yes.

JOHNSON: Then, I think we've seen this before, yesterday, part of the nursing notes includes a record of communications with the family, and that's what appears at 229?

HOCKNELL: That's correct, yes.

JOHNSON: So if we can go to that, please. What did Lucy Letby note, please?

HOCKNELL: "Parents present during resus as documented. [Baby A] and sibling baptised together and parents and maternal grandmother held [Baby A] as he passed away. Time alone with family members given. [Baby A] nursed on cold cot next to sibling as per parents' wishes. Mummy returned to CLS to rest. Daddy remained on unit with extended family. Camera given and photographs taken along with hand and footprints and lock of hair as consented by parents. Mementos gathered and placed in memory box. [Baby A] spent time on CLS with parents prior to transfer to mortuary, which parents were aware of. Are now sitting with sibling. Support given throughout by myself and medical/nursing team."

JOHNSON: Back to events, please. This is something I should have asked you about yesterday. We can see that slide has a blue border, what I'll call the Letby blue, around the edge of it?

HOCKNELL: That's correct, yes.

JOHNSON: Is the convention for all these documents that the jury are going to see that when events are happening and noted in the sequence, if any tile has that blue border it means that Lucy Letby was on duty at the time?

HOCKNELL: That's correct, yes.

JOHNSON: In other words, it's not restricted to Lucy Letby tiles.

If we went back a couple and looked at the Dr Harkness or Dr Jayaram tiles, if they were on that shift -- there's Dr Jayaram, for example, and that has the blue border as well?

HOCKNELL: That's correct.

JOHNSON: It's an easy way of answering the question whether Lucy Letby was on duty at the time?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. We then go to a sequence of text messages. Can you take us through these, please?

HOCKNELL: At 9.10 hours on 9 June Lucy Letby sends a text message to Melanie Taylor:

"Hi Mel. Hope you managed to sleep. The drugs have been prescribed on a paper chart. Caroline has signed so if you could just pop in at some point to sign please."

JOHNSON: Of course Melanie Taylor had been the nurse that had handed over [Baby A] to Lucy Letby at the beginning of the night shift?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Then slightly later that morning, what did Lucy Letby do?

HOCKNELL: At 09.58 hours, a Facebook search in the history of Lucy Letby's account and the search term was "[Mother of Babies A & B]". Later that morning, a text message is received from Sophie Ellis to Lucy Letby:

"Luckily it doesn't happen very often here, not that that's any consolation at all. Ah okay, well, I'm in tomorrow so I'll see you in the morning. Try and get some sleep if you can. If you want a chat or anything you know where I am."

JOHNSON: Then there's what's called a Datix report submitted.

Given that's the first time we've seen one of these can we look at that please. Can we go straight to the Datix report, please? Is this a formal process? We'll hear the evidence from the witnesses, but is your understanding of the position that when significant events happen in the neonatal unit, there is a formal reporting process that has to be undertaken?

HOCKNELL: That's correct, and this is an example of one of them.

JOHNSON: I don't think we need to go through it. It's actually 9 pages long, isn't it --

HOCKNELL: I think so, yes.

JOHNSON: -- as we can see from the top left-hand corner of the screen? And it essentially is the formal record of a report being escalated as to the fact that a child has died?

HOCKNELL: That's correct, yes.

JOHNSON: And the general circumstances?

HOCKNELL: That's correct.

JOHNSON: All right. We'll deal with that at a later stage. Can we go back to the events, please?

Can you resume with the text traffic, please?

HOCKNELL: Yes. At 17.02, an incoming text message from Sophie Ellis to Lucy Letby:

"Hope you got some sleep."

At 17.11 hours, Lucy Letby replies:

"Yeah, I've slept on and off, thanks."

JOHNSON: Is there then an update made on the computer towards the end of the day shift by Minna Lappalainen?

HOCKNELL: That's correct.

JOHNSON: And what was that about, please?

HOCKNELL: It's to do with the post-care.

JOHNSON: Yes. Can you give us the gist of what Minna Lappalainen recorded in the records?

HOCKNELL: "All professionals necessary informed re [Baby A]'s death and appropriate paperwork completed. Coroner's post-mortem arranged by consultant Dr Saladi. Karen Smith from the coroner's office spoke to the parents on the phone re today's post-mortem examination. Copy of patient medical notes as well as all the IVI fluids: Babiven start-up bag, SMOFLIPID syringe, glucose 10% syringe which we used to give patient fluids via UVC, and long line also sent to the coroner as requested. Dr Gail Beech asked to arrange the transfer of patient's X-rays to be sent to the coroner. Bereavement Officer Helen Blease, covering June Henderson's annual leave, also introduced herself to the parents. [Parents of Babies A & B] offered support throughout the day. Parents and maternal grandmother declined to receive the memory box and photographs of [Baby A] as they are all too upset and bereaved today. NNU shift leader Belinda Simcock informed of this. Parents understand that there are mementos of [Baby A] for them to keep when they are ready to receive them."

JOHNSON: Thank you.

MR JUSTICE GOSS: A note from a juror:

"Tile 232: what is this responding to, please? S Ellis seems to be responding to something."

MR JOHNSON: Yes. This is the message from Sophie Ellis, saying:

"Luckily it doesn't seem to happen very often here."

Is there any record in what you have seen of what prompted that response --

HOCKNELL: No.

JOHNSON: -- if it is a response?

HOCKNELL: No.

MR JUSTICE GOSS: So there's no text message --

HOCKNELL: No pre --

MR JUSTICE GOSS: -- or anything that leads up to that, that is her message?

HOCKNELL: Yes.

MR JUSTICE GOSS: Right, thank you.

MR JOHNSON: Thank you. So we've just dealt with Minna Lappalainen's note of 18.23. Can you resume with the text traffic? We're back to Sophie Ellis again, please.

HOCKNELL: At 18.28 Sophie Ellis sends a text message to Lucy Letby:

"Hope tonight's okay."

Lucy Letby responds:

"Thanks. See you in the morning."

Lucy Letby then sends a text message to [Nurse A] at 18.29:

"Have you slept?"

She then sends another text message to Jennifer Jones-Key at 18.29:

"Hope your day been okay."

[Nurse A] replies:

"Ish. You?"

At 18.30 Lucy Letby sends a reply:

"Same."

At 18.31 [Nurse A] sends a message to Lucy Letby:

"Just getting ready. Just want to go back to bed!!!"

18.32, Lucy Letby sends a message to [Nurse A]:

"I don't want to see [Parents of Babies A & B]."

At 18.34 --

JOHNSON: Sorry to interrupt you, just as a reminder, [Parents of Babies A & B], of course, are [Baby A] and [Baby B]'s parents.

HOCKNELL: That's correct, yes.

At 18.34 [Nurse A] writes a message to Lucy Letby:

"That's understandable. I can go into 1 if you want. I wasn't as involved and I know both babies and family. Might be best to have a break and be able to chat in passing rather than actually being in there all the time."

JOHNSON: Thank you.

HOCKNELL: Lucy Letby responds:

"Don't mind being in 1 but I don't want to have [Baby B]."

JOHNSON: I think this is [Nurse A], isn't it?

HOCKNELL: Sorry, that must... That's the wrong way round. Apologies.

JOHNSON: Is it the wrong way round to the screen or on your document?

HOCKNELL: On the screen.

JOHNSON: Okay. We can correct that, can't we, digitally?

HOCKNELL: Yes.

JOHNSON: So we will correct that, my Lord. So this is Lucy Letby to [Nurse A]. So tile 146. If you could give us the message, please.

HOCKNELL: "Don't mind being in 1 but I don't want to have [Baby B]. And think probably best for parents too."

JOHNSON: Yes.

HOCKNELL: Then [Nurse A] responds:

"Okay. See who's on. Think I'd like to have [Baby B] so they don't have a totally new face but be good to have you with me in 1 if enough staff for both to be in there. I think that would be a good solution for everybody."

She follows that up at 18.38:

"You did amazing. So proud of you."

She then responds again at 18.38:

"Hope that doesn't sound patronising, it's genuine. You did fab."

Lucy Letby replies:

"Think it's Kate W instead of Caroline. I think it'd be nice for you to have [Baby B]."

JOHNSON: So just dealing with Kate W, is that Kate Percival-Ward?

HOCKNELL: Yes, that's my understanding.

JOHNSON: One of the nurses. And Caroline is Caroline Bennion, was it?

HOCKNELL: I'd have to check.

JOHNSON: I think there are a couple of Carolines, aren't there, but these are references to other nurses?

HOCKNELL: Yes.

JOHNSON: It's unfair of me to put you on the spot. If we can carry on, please.

HOCKNELL: Lucy Letby replies at 18.39:

"No, it's not patronising at all. Appreciate you saying that and thanks for letting me do it but supporting me so well."

At 18.42 [Nurse A] sends a message:

"Glad you felt supported. Yeah. They don't know Kate so you have [J]. Me, [Baby B] and Kate in charge."

There's a name that's been redacted there from the --

JOHNSON: Yes.

HOCKNELL: At 18.42 [Nurse A] sends a message, a WhatsApp message:

"She'll be cool with that."

And Lucy Letby replies with a thumbs-up emoji.

JOHNSON: I know it's obvious, but is that rather than the words "thumbs-up emoji"?

HOCKNELL: That's correct.

JOHNSON: Because your system won't produce a thumbs-up emoji?

HOCKNELL: No, Microsoft Excel doesn't like it.

JOHNSON: Okay, Microsoft Excel doesn't like it. Thank you.

HOCKNELL: At 18.52 Lucy Letby receives a text message from Melanie Taylor:

"Hi Lucy, hope you're okay. Thanks so much, you were great. I've signed all the drugs now. Hope tonight goes okay."

Lucy Letby replies at 18.54 to Melanie Taylor:

"I think we all did everything we possibly could under very difficult and sad circumstances. Haven't slept much, don't really want to see parents tonight, but it's got to be done. Hope you are okay."

Melanie Taylor responds:

"No, I didn't either, I felt so bad leaving you there, hope it was okay. I've been in today, but didn't speak to parents because I burst out crying as soon as I walked through the door. I saw the photos and they were lovely."

Lucy Letby replies to Melanie Taylor at 19.03:

"Oh, don't feel like that. I'm sorry you had to end your shift like that. I have said to [Nurse A] that I can't look after [Baby B] because I just don't know how I'm going to feel seeing parents. Dad was on the floor crying saying, 'Please don't take our baby away', when I took him to mortuary. It's just heartbreaking. Glad the photos are nice."

Then at 19.05 Yvonne Griffiths sends a text message to Lucy Letby:

"Hi Lucy, I hope you are okay."

At 19.07 Melanie Taylor responds to the message that she received:

"Oh God, how awful. I can't imagine how hard that must have been. I think that's a good idea to work out in one of the nurseries. You need time to get your feelings together as well especially on nights when you're really tired on top of it all."

Lucy Letby responds at 19.09:

"It was the hardest thing I've ever had to do. Anyway, hopefully have a more positive one tonight. I hope you are okay. You were brilliant. When are you next in?"

Melanie Taylor replies:

"I'm on nights with you at the weekend."

Lucy Letby responds:

"Great, we'll chat then."

And then Melanie Taylor responds with two kisses.

At 20.00 hours Lucy Letby responds to Yvonne Griffiths:

"Not too bad thanks, just a big shock for us all. Hard coming in tonight and seeing the parents."

Yvonne Griffiths replies:

"Oh I know it's not easy. Mel said she came and chatted with the girls today. Remember you are not on your own. Hope your night is okay. Say hi to everyone."

Between 20.41 and 21.10 hours, Lucy Letby and Minna Lappalainen exchange messages of a social nature.

JOHNSON: Yes. Just to put this into context, Lucy Letby started a night shift at 7.30/8 o'clock that evening?

HOCKNELL: That's correct, yes.

JOHNSON: This night shift that we're now at the beginning of is the night shift on which events happened with [Baby B]?

HOCKNELL: That's correct, yes.

JOHNSON: Okay. So with that in mind, can we carry on with the messaging, please?

HOCKNELL: At 21.10 hours, Jennifer Jones-Key sends Lucy Letby a WhatsApp message:

"Manic. Hope you're okay."

At 21.10, Lucy Letby replies:

"Manic??"

At 21.12 she follows the message up to Yvonne Griffiths:

"Yes Mel took it hard. We spoke earlier. Thank you. We are a good team. They say hi back."

Also at 21.12 Jennifer Jones-Key replies:

"Asked how day had been."

Lucy Letby replies to Jennifer Jones-Key:

"Ah I see."

21.14 hours. Jennifer Jones-Key replies:

"So tired. Hope you're okay."

Lucy Letby replies to Jennifer Jones-Key:

"Yeah, not bad. Yvonne [texted] to see if I'm okay. Just one of those things but hard coming back tonight."

At 21.21 Jennifer Jones-Key sends a message:

"Thought she might, they were both worried. Mel not been good today. It will be."

At 21.26 hours Lucy Letby sends a message to Jennifer Jones-Key:

"Has Yvonne been in today? I spoke to Mel earlier."

Then a message, a text message is received from [Nurse E]:

"Okay, I'm meant to have nothing on 8/9 August and nights 27/28/29 August. Please let her get it right!!!"

At 21.30 hours, Yvonne Griffiths sends a message:

"Yes, we do have a good team. I just wish I could have given you all the night off. But you are all needed!!!! Hope you have an okay night."

At 21.32 hours, Lucy Letby replies to Yvonne Griffiths:

"It's the last time I do you a favour changing shifts. Ha ha. We are all okay and lucky to work with such lovely people. See you soon."

Yvonne Griffiths replies:

"Yes, I know, I did think that but I'm sure the girls were glad you were there."

At 21.46 hours, Jennifer Jones-Key replies:

"Mel been in twice. She was on study day but popped over and Yvonne F in late afternoon."

JOHNSON: So we've got Yvonne F, we're about to see Yvonne G, Yvonne Farmer, Yvonne Griffiths?

HOCKNELL: That's correct, yes.

At 21.47 Lucy Letby asks Jennifer Jones-Key:

"Was Yvonne G in?"

Jennifer Jones-Key replies:

"Yeah, she was on study day and popped over. Wrote it in text above?"

And replies:

"Sorry if it wasn't clear."

Lucy Letby replies:

"Oh, I thought you meant Mel on study day and then came in twice W."

JOHNSON: It may be that you can't answer this, but 284, is that the right way round on the screen, "Sorry if it wasn't clear"?

HOCKNELL: That's Jennifer Jones-Key.

JOHNSON: So is that Jennifer Jones-Key to Lucy Letby?

HOCKNELL: Yes, that's correct.

JOHNSON: Okay. So it's the wrong way round on the screen, so that needs -- we need to just make a note of that and correct that, please. 284. Thank you.

Back to 286 please.

HOCKNELL: Jennifer Jones-Key replies:

"No, Mel just came in."

Lucy Letby replies:

"Got it lol."

Jennifer Jones-Key replies:

"Ha, sorry."

Lucy Letby replies:

"It's me lol."

Then message conversations continue between Lucy Letby and Jennifer Jones-Key between 22.01 hours and 22.28 hours, as do conversations between Lucy Letby and [Nurse E] between 22.23 hours and 22.24 hours.

And between Lucy Letby and Charlotte James between 22.38 hours and 22.59 hours.

JOHNSON: And then we'll come to this in due course when we get to [Baby B]'s sequence. You've put in a slide there to notify us or remind us that in the context of the events in [Baby A]'s sequence, this is when the event with [Baby B] happened?

HOCKNELL: That's correct, yes.

JOHNSON: So moving back to the events then, slide 294. In other words, that first event is midnight or just before midnight. And there is -- you've made a note in [Baby A]'s sequence, recorded at midnight by [Nurse A]:

"(Inaudible) saturation of [Baby B] down to 75%."

Is that right?

HOCKNELL: Yes, just before midnight.

JOHNSON: And the CPAP prongs were found to have come out of [Baby B]'s nose?

HOCKNELL: That's correct.

JOHNSON: Those were repositioned, [Baby B] recovered, and she settled?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Back to events, please. We then come, about half an hour later, to [Baby B]'s collapse at 00.30?

HOCKNELL: That's correct, yes.

JOHNSON: We're going to deal with that in more detail in the context of [Baby B]'s sequence, so I'm not going to ask you to deal with that here. But it has been put in as a reminder for the jury. Okay?

There was then a post-mortem examination by Dr Shukla of [Baby A] on Wednesday 10 June?

HOCKNELL: That's correct, yes.

JOHNSON: Then we come back to another series of communications between Lucy Letby and her colleagues, starting at 297. Could you take us through those, please?

HOCKNELL: On Wednesday the 10th, 22.40 hours, an incoming WhatsApp message from [Nurse A]:

"We also have a 34/40 800-gram and new 31/40 twins. T1 girl. T2 boy. Boy vented and in [Baby A]'s space. Other two newbies on CPAP."

JOHNSON: Just to put that into context, I'm sure the jury have worked it out, but 40 is the supposed standard pregnancy, 40 weeks. So 30 by implication is 30 weeks' gestation?

HOCKNELL: Yes, that's correct.

JOHNSON: And 31-week gestation twins. Could you carry on, please?

HOCKNELL: [Nurse A] then follows that message up:

"[Baby A]'s prelim report. No gross abnormalities. So [no] bleeds, clots or line issues. [Baby B], all ultrasound normal. D-dimer result not significant. So no idea what's happened."

Lucy Letby replies:

"Hmm, a lot of Qs still to be answered then. I so hope it isn't due to the line for [Baby A] and that [Baby B] okay."

She followed up:

"They've had a busy day then."

At 22.43 hours [Nurse A] sends the message:

"The twins arrived for us on handover."

Further messages sent:

"It's said no line issues. They would have been visible if there were."

At 22.44 hours Lucy Letby responds:

"Oh, I misread what you put. I thought you meant no abnormalities so looking at lines, clots, et cetera."

She follows that up with another message:

"Least that's a positive, but think we all need answers."

At 22.47 hours Lucy Letby sends another message to Jennifer Jones-Key:

"[Nurse A] said work is busy. I can't sleep now! Watching An Hour to Save a Life about neonatal unit."

Jennifer Jones-Key replies:

"There's 6 on plus Yvonne F on call. What you like."

Lucy Letby replies:

"Good, yeah, she just said the new twins vented. It's a good programme."

22.51 hours Jennifer Jones-Key replies:

"Well there's enough of them and poor Vicky went home at 3 to come back in tonight. Kids ward doing all postnatal ward IVAB for us too. Don't really watch things like that. Get enough in work. Like crap things lol."

Jennifer Jones-Key then follows up with another message:

"[Nurse A] finished in morning?"

Lucy Letby replies:

"Poor Vicky. That's not good. Never know kids ward to do that! Yeah, true. I just find it interesting to see how our work is portrayed to the public."

She then goes on with a follow-up message:

"Yes, she finishes in morning."

And then a further message:

"Have you got enough staff?"

At 22.57 hours Jennifer Jones-Key replies:

"Caroline I gone off sick so was down to 4 so Anne Murphy spoke to her night staff and they were happy. Then they got Shelley and Vicky in and Yvonne F on call so could have been a lot worse. Know what you mean, I just like chill-out stuff."

[Nurse A] then sends a WhatsApp message at 22.57:

"Yeah, we okay."

Lucy Letby responds to Jennifer Jones-Key at 22.59:

"Ah, okay. Sounds like they've got it all in hand then. All happens at once, doesn't it? At least it was calm when [Baby A] passed."

Then she replies to [Nurse A]:

"Good."

Jennifer Jones-Key replies:

"That's good."

At 23.00 hours Jennifer Jones-Key replies:

"Yeah, poor Yvonne G done a sterling job today. I'm doing an extra on Friday."

Then follows up with another message:

"Yeah defo."

Lucy Letby sends a message to Jennifer Jones-Key:

"At least it's sorted now. Hopefully everyone behaves."

[Nurse A] replies:

"They've just asked for the memory box. They're really pleased to see his blankets, dummy, et cetera. Thought you'd like to know."

Lucy Letby replies to [Nurse A]:

"Oh good, hoped they would find comfort from it when it was right for them."

[Nurse A] replies:

"They've given it back now but know they'll treasure it."

Lucy Letby replies:

"Yes, it'll just take time."

That message is at 23.14 hours.

Then at 23.31 hours, Lucy Letby's Facebook history, there's a search term "[Mother of Babies A & B]" recorded.

JOHNSON: Thank you. We then move on, don't we, in the sequence about 16 and a half hours or so? Sorry, 18 and a half.

HOCKNELL: The following evening.

JOHNSON: To the next day, when Lucy Letby is texting or WhatsApping [Nurse A] again.

HOCKNELL: On the 11th at 17.54 hours, Lucy Letby sends a WhatsApp message to [Nurse A]:

"Hear you had another busy one last night?"

[Nurse A] replies:

"Horrible, but calmed down. Lol."

Lucy Letby enquires:

"29-weeker poorly --"

[Nurse A] sends a reply:

"No 29 week, 30 weeks IUGR 800 grams."

[Nurse A] sends a follow-up message:

"31-week twins. Nearly exactly same weights at [Baby A] and [Baby B]. Boy twin 2 and [J]. Same space [Baby A] was as poorlier of 2."

Lucy Letby replies:

"Ah, heard from Belinda they think it's more 28/29 week. Poorly today."

And then another follow-up message is sent to [Nurse A]:

"Oh dear, are the twins vented?"

[Nurse A] replies:

"Oh there's a 29-weeker and a 30-weeker pending too."

JOHNSON: So that was Thursday the 11th. We're moving on to the 12th, now, with the text messages?

HOCKNELL: Yes.

On the 12th at 10.01 hours, Lucy Letby sends a text message to Ashleigh Hudson:

"Hi Ashleigh. You may have heard by now but wanted to let you know that we lost little [Baby A] on Mon. Know you looked after him when he was born so thought you should know."

Between 10.04 and 10.05 there's a text message conversation between Lucy Letby and [Nurse E]. Then at 10.05 hours, Ashleigh Hudson replies:

"I didn't know actually. Thanks for letting me know, Lucy, that's terrible. How is his sister?"

At 10.08 hours Lucy Letby replies:

"It was awful. He died very suddenly and unexpectedly just after handover. Not sure why it's gone to the coroner. [Baby B] went

off Tue night and was intubated but back on CPAP now. They were querying a clotting problem. Very sad."

Ashleigh Hudson replies:

"Oh god, he was doing really well when I left. I do hope [Baby B] continues to improve. Have they done bloods to check? So sad."

Lucy Letby replies:

"He had a really good day on Mon then I took over Mon night and he passed away at 20.58 after 30-min resus. Just collapsed very suddenly. Awful. Waiting for post-mortem results. Yes, they've done bloods and are liaising with Great Ormond Street. Hopefully they can get to the bottom of it. When are you in, tomorrow?"

Ashleigh Hudson replies:

"It's so terrible and I am sorry it happened while you were taking care of him. You're not having a great run at the moment. Hopefully we will find out soon. How are his parents? Did mum get to see him? And yeah I'm in tomorrow and Sunday."

At 10.41 hours Lucy Letby replies:

"I wasn't supposed to be in either. Yvonne swapped my nights as unit busy! But these things happen unfortunately. Parents were there during resus. They had them both baptised then spent the night sitting with them both. I took pictures, hand/footprints, et cetera. They are beside themselves, worried that they will lose [Baby B] too. I'm Sat/Sun night."

Ashleigh Hudson replies:

"Yes, it's the business we're in unfortunately. Oh okay, I'm glad they got to spend time with them both. I'm sure they're very concerned. Hopefully she will be okay in the end. I'll see you tomorrow then."

Lucy Letby replies:

"Yes. They had time together and got some nice little mementos when they are ready to take them. Fingers crossed. See you tomorrow."

JOHNSON: Next in the sequence we have a reference in the chronology to [Baby C]'s collapse and death: just before midnight for his collapse, and his death at just before 6 am. That's Sunday the 14th.

HOCKNELL: That's correct, yes.

JOHNSON: Eight days later, on Monday the 22nd, the event relating to or events I should say relating to [Baby D]?

HOCKNELL: That's correct, yes.

JOHNSON: We're piecing through that shift. And then her death, [Baby D]'s death, at 4.25 on the morning of 22 June.

HOCKNELL: That's correct, yes.

JOHNSON: Later that same morning, [Nurse A] sent a further WhatsApp message to Lucy Letby.

HOCKNELL: That's correct.

At 9.01, [Nurse A] sends a WhatsApp message:

"Yes. I meant to tell you what [Parents of Babies A & B] and yesterday."

JOHNSON: So they are [Baby A]'s parents?

HOCKNELL: Yes.

JOHNSON: Thank you.

HOCKNELL: At 9.03 she sends another WhatsApp:

"[Mother of Babies A & B] said that [of] course she's changed, [Baby A] dying, but if she had been told what was going to happen, she would have still got pregnant because she wouldn't change having him for 24 hours and they will always be grateful for what time they had with him."

Lucy Letby replies:

"Ah, did she? That's nice to know that he's had a positive impact."

At 9.06 [Nurse A] replies:

"Yes, but that we as a team (and individuals) made it feel that way. We were talking about his box. Their plan is to get pics photoshopped to [remove] tubes, et cetera, and that they will appreciate everything that we saved for the box but not taking it home till [Baby B] goes so that they take them home together."

JOHNSON: Sorry, this is the wrong way round on the screen.

HOCKNELL: I apologise.

JOHNSON: It's all right, but we need to change this round.

Thank you.

HOCKNELL: "We couldn't save him but we did help give them their boy. That's a job very well done and you were a big part of that."

JOHNSON: So that's 9.07 on the 22nd. And 3 days later?

HOCKNELL: Yes. On 25 June at 21.50 hours, from Lucy Letby's Facebook history, there's another search term for "[Mother of Babies A & B]" in the records.

JOHNSON: Thank you. Twelve hours later or so, a message from Lucy Letby via WhatsApp to [Nurse A]?

HOCKNELL: At 10.11 hours, Lucy Letby sends a message to [Nurse A]:

"Just been thinking about [Baby A] and poor [Parents of Babies A & B]."

With a sad face emoji.

At 14.28, [Nurse A] replies:

"Yes. They were very upset this morning. Made me promise to cuddle [Baby B] till they got it."

[Nurse A] sends a follow-up message to -- the "it" is supposed to read "in".

JOHNSON: So they got in?

HOCKNELL: Yes. 14.39, Lucy Letby sends a message to [Nurse A]:

"Aw, hope they are okay. How is..."

And a name redacted.

JOHNSON: So she did put a name in, but it's somebody who has nothing to do with the [Baby A] case?

HOCKNELL: That's correct.

JOHNSON: Thank you. Then number 360, please?

HOCKNELL: [Nurse A] replies:

"I took a pic of [Baby B] cuddling [Baby A]'s teddy this morning for them."

Lucy Letby replies:

"That's lovely."

Then on 30 June, at 21.02 hours, Lucy Letby sends a message to [Nurse A]:

"[Baby B] in 4 now."

[Nurse A] replies:

"Yay. Bless her. How are [Parents of Babies A & B]?"

Lucy Letby replies:

"Okay I think. Getting used to the idea that she's not monitored and nearly ready for home."

[Nurse A] replies:

"Fab. She's never so much as hinted [at] misbehaving again."

Lucy Letby replies:

"Thank goodness."

[Nurse A] replies:

"Yeah. There's something odd about that night and the other 3 that went so suddenly."

Lucy Letby replies:

"What do you mean?"

She sends another message:

"Odd that we lost 3 and in different circumstances?"

[Nurse A] replies:

"I dunno. Were they that different?"

And then follows this up later:

"Ignore me. I'm speculating."

Lucy Letby replies:

"Well, [Baby C] was tiny, obviously compromised in utero. [Baby D] septic. It's [Baby A] I can't get my head around."

[Nurse A] replies:

"Was she definitely septic? Did the PM confirm?"

JOHNSON: That's post-mortem in this context, isn't it?

HOCKNELL: That's correct, yes.

Lucy Letby replies:

"I don't think the full PM is back yet. Debrief is next week but I'm away."

[Nurse A] replies:

"When's [Baby A]'s? They were talking of doing a joint one for all 3 as all close together and similar in being full arrests in babies that were essentially stable. Dunno if they are doing though."

Lucy Letby replies:

"Ah, not sure, but [Baby C]'s is Thursday and [Baby D] next week."

She sends a further message to [Nurse A]:

"No mention of [Baby A]."

JOHNSON: So just -- I'm sure the jury have this, but by reference to 376, [Baby C] is [Baby C], who is the third child?

HOCKNELL: That's correct, yes.

JOHNSON: And [Baby D] is [Baby D], who is the fourth child?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you.

HOCKNELL: At 22.12 hours, [Nurse A] replies:

"I'd like to go to [Baby D] and [Baby A]'s."

Lucy Letby replies:

"Speak to Eirian. I think [Baby D]'s is 6th."

JOHNSON: In this context, Eirian is Eirian Powell?

HOCKNELL: That's correct, yes, the ward manager.

JOHNSON: The ward manager.

HOCKNELL: At 22.17 hours, [Nurse A] replies:

"Ah, okay, we'll see. Don't really want to contact work this week."

Lucy Letby replies:

"No, don't blame you. Can't wait until Friday and some time off. Enjoy the rest of yours."

Then the timeline jumps to 27 July at 12.25 hours.

JOHNSON: Yes.

HOCKNELL: Yvonne Farmer sends a message to Lucy Letby:

"Hi, hope you're enjoying your break. Will you be back for 30 June after 3.30? Just trying to arrange a date for a bebrief for C?"

JOHNSON: That may be "debrief" --

HOCKNELL: Debrief, yes.

JOHNSON: -- but that's the way the message appears.

HOCKNELL: Yes.

JOHNSON: Thank you.

HOCKNELL: Lucy Letby replies:

"Hi Yvonne, having lovely time thanks. Yes, I'm coming back to Chester on Thursday so if it's going ahead I'll come back in time for it."

Yvonne Farmer replies:

"Okay, I'll let you know. Thanks for getting back to me."

Then on 30 July, Yvonne Farmer sends a message at 8.48 hours:

"Hi debrief at 3.30 today in resource room."

At 8.49 Lucy Letby replies:

"Okay, thanks for letting me know. See you then."

And there's a slide for the time, which is stated in the messages for the debrief.

JOHNSON: Yes. And we have the [Baby E] event, which the jury will remember as being his mother going into room 1 and his mother saying that there was blood round [Baby E]'s mouth.

HOCKNELL: That's correct, yes.

JOHNSON: Then a further event, the collapse of [Baby E] at 10 pm that same shift.

HOCKNELL: That's correct.

JOHNSON: A further event just before midnight.

HOCKNELL: That's correct.

JOHNSON: And his death marked in the sequence at 01.40 on the morning of Tuesday, 4 August.

HOCKNELL: That's correct, yes.

JOHNSON: 5 August, the hanging of the bag that the prosecution have alleged contained insulin, which was being given to [Baby F].

HOCKNELL: That's correct, yes.

JOHNSON: And almost a month later, on 2 September at 8.35 in the morning.

HOCKNELL: Yes. There was a further line in the data for Lucy Letby's Facebook history where there was a search term "[Mother of Babies A & B]" entered.

JOHNSON: And some messages a couple of weeks later.

HOCKNELL: Yes. On 19 September, Lucy Letby sends a message, a WhatsApp message, to [Nurse A]:

"How did [Parents of Babies A & B] seem?"

[Nurse A] replies:

"They seemed good. [Father of Babies A & B] seems to be a little less anxious. Loving having [Baby B] home."

Lucy Letby replies:

"That's good. She looks like [Mother of Babies A & B]."

[Nurse A] replies:

"Yup."

JOHNSON: Thank you. And that's, I think, the conclusion of the sequence for [Baby A].

HOCKNELL: That's correct, yes.

JOHNSON: That may be a convenient --

MR JUSTICE GOSS: Yes. We'll have a 10-minute break now. We're going to continue with --

MR JOHNSON: We're going to do what we've called a neonatal review of [Baby A], which is, so the jury understands it -- it's what the analysts have done. They've gone through the medical records of all the other children who were in the unit at the time of what we say was the critical event for [Baby A], looked at who was where and doing what at that time.

MR JUSTICE GOSS: So that's what's coming next. Right, thank you very much. We'll say ready to resume at five past, that's about 12/13 minutes.

(11.53 am)

(A short break)

(12.05 pm)

MR JUSTICE GOSS: Jury in, please.

Mr Myers.

MR MYERS: Mrs Hocknell, we are about to move to a different topic, which is the neonatal reviews.

HOCKNELL: That's correct.

JOHNSON: And that will be dealt with by a difference witness, won't it?

HOCKNELL: That's correct yes.

JOHNSON: So just to check a couple of points with you, I'm going to deal with that now and then we'll move on to the next witness.

HOCKNELL: Okay.

JOHNSON: None of this is challenging what you have put here or being critical, it's just to explain some of what we have on the iPads and how it works. That's the purpose.

I'd just like to go through with you how we get the material that's on the iPads, what it's come from. Okay?

HOCKNELL: Okay.

JOHNSON: At an earlier stage in the investigation you were provided with the medical records and the associated documents for each child, weren't you?

HOCKNELL: That's correct, yes.

JOHNSON: Those had been obtained by the police with the cooperation of the hospital?

HOCKNELL: That's correct, yes.

JOHNSON: Just so that the jury understands what they consisted of and what this has come from, can I just ask you to confirm, each bundle of records for each child that we're dealing with has the same types of groups of records in it, doesn't it?

HOCKNELL: That's correct, yes.

JOHNSON: And we'll see this in a moment. So for instance, as we go through them, generally speaking the first -- in most cases the first batch of papers are the admission to the NNU documents, aren't they?

HOCKNELL: That's correct, yes.

JOHNSON: They're the documents that deal with the birth of the child and then the child being taken to the neonatal unit?

HOCKNELL: That's correct, yes.

JOHNSON: So then the next batch of documents we come to for each child are what are called the clinical notes?

HOCKNELL: That's correct, yes.

JOHNSON: And the clinical notes are the name given to the notes made by the doctors?

HOCKNELL: That's correct, yes.

JOHNSON: And we can spot them usually fairly quickly because they're handwritten, aren't they?

HOCKNELL: That's right, yes.

JOHNSON: The next section that were obtained and that you could work with are what are called the nursing records?

HOCKNELL: That's correct, yes.

JOHNSON: And the nursing records are the ones that are in the very small computer type?

HOCKNELL: Yes, they seem to be summary paragraphs --

JOHNSON: Yes.

HOCKNELL: -- of the care taken during that shift.

JOHNSON: We'll become more familiar with them, but you have lines of entries, some of which look rather automatic?

HOCKNELL: That's correct.

JOHNSON: And then summaries by the nurses who filled them in?

HOCKNELL: That's correct, yes.

JOHNSON: The summaries have a particular time attached to them at the top which is the time the summary was entered on to the computer, doesn't it?

HOCKNELL: That's my understanding yes.

JOHNSON: But as we've already seen, and as we will see, often the content relates to things that are earlier?

HOCKNELL: That's right, yes.

JOHNSON: So it's quite common to find nursing entries that have been made retrospectively?

HOCKNELL: Yes, that's right.

JOHNSON: The next section that we come to for each of these children are a section of records dealing with prescriptions for the children?

HOCKNELL: That's correct, yes.

JOHNSON: The next section is a section dealing with the radiology and the X-rays, the imaging for the children?

HOCKNELL: That's correct, yes.

JOHNSON: That's followed usually by a section of intensive care observation charts?

HOCKNELL: That's correct, yes.

JOHNSON: And then we have the blood gas documents?

HOCKNELL: Yes, that's correct.

JOHNSON: And then the feeding checklists?

HOCKNELL: Yes, that's correct.

JOHNSON: And we've seen some of those as we've been going through these documents?

HOCKNELL: Yes, that's right.

JOHNSON: Sometimes, for one reason or another, with a particular baby that we're looking at, there might be other associated documents in those bundles?

HOCKNELL: Yes, that's right.

JOHNSON: So for example, if they spent some time at another hospital --

HOCKNELL: Yes, that's right.

JOHNSON: -- that would be slotted in as we go through. So you've been able to put the timelines together working with those documents, haven't you?

HOCKNELL: Yes, that's correct.

JOHNSON: And you've also had access to the text messages or the WhatsApp messages and some parts of social media?

HOCKNELL: That's correct, yes.

JOHNSON: I'm going to come back to this in a moment, but the jury will have noticed on some of the PDFs we've gone to a J number in red at the bottom right-hand corner.

HOCKNELL: Yes.

JOHNSON: The J numbers are numbers that record them from the exhibit bundles that they came from; is that right?

HOCKNELL: That's my understanding, although that's a number that's attached to it past the point at which --

JOHNSON: I'll make that a little clearer in a minute by some examples of how that works. Just pausing there, what you have done is to provide us in effect with timelines designed to show events leading up to and after the key events we're looking at?

HOCKNELL: That's correct, yes.

JOHNSON: These key events are the events selected by the prosecution for this case?

HOCKNELL: That's correct, yes.

JOHNSON: So we can understand what you have done, Mrs Hocknell, you have gone to all the available documents, let's say, for [Baby A]?

HOCKNELL: That's right, yes.

JOHNSON: And then you've gone through the different parts of the [Baby A] documents and taken out parts of documents in time order, so we can go through it that way?

HOCKNELL: Yes, they've been methodically overlaid.

JOHNSON: Methodically overlaid?

HOCKNELL: Yes. So (inaudible) with each page and then it's just overlaid with what -- it's built --

JOHNSON: Yes.

HOCKNELL: -- chronologically.

JOHNSON: But the aim of course of that timeline then is to follow through timings on the documents leading up to the event and afterwards?

HOCKNELL: That's correct, yes.

JOHNSON: And if we look at tile 6, which is one of the blood gas records, and if we tap on that and go in behind the tile, there's a description you've given for the blood gas record for 7 June at 20.47 in the evening.

HOCKNELL: That's correct.

JOHNSON: I think you accept, there's no controversy with this, your descriptions are often a summary of the detail from the actual note from the original document?

HOCKNELL: That's correct, yes.

JOHNSON: So would you agree, if you want to actually see exactly what was said on the note, we need to go to the PDF behind your summary?

HOCKNELL: Absolutely, yes.

JOHNSON: So if we just tap on the PDF and look at it on the screen, ladies and gentlemen, if you're not using the iPad, when we look at the blood gas record for [Baby A], as we've seen earlier, there are six entries for different periods of time during his time on the unit.

HOCKNELL: That's correct.

JOHNSON: So because you've been plotting the timeline showing what happened and when from the documents, inevitably some of these documents come round again as we go through the timeline?

HOCKNELL: That's correct, yes.

JOHNSON: We're familiar with the evidence you've given of how the timeline works, where we start at tile 1 and go all the way through to tile 397.

HOCKNELL: Yes.

JOHNSON: I want you to help me just with another way of how we can access these documents on these iPads. I'm going to ask, for those of you following it on the iPads, if we go back to the home screen for [Baby A]. If you could put that up, please, Mr Murphy.

We've got the menu in the top right-hand corner -- it's been described as looking like a hamburger, but I will call it the menu. If we tap on that and tap on "by SOE", which has been done already, what we have -- it says "54 matching results" on the screen. What we have actually are the PDF documents that are behind the tiles on the timeline?

HOCKNELL: That's my understanding, yes.

JOHNSON: And to an extent, and I say to an extent because this will change a little bit as we go along sometimes, they are set out in the order of the J number pages. Can you see we've got J1055 at the top and J1061, 1063, 1064?

Not every page from every part of the documents for [Baby A] is on this timeline, is it?

HOCKNELL: No, it's not.

JOHNSON: What's been focused on here are documents that are relevant at this stage?

HOCKNELL: That's correct.

JOHNSON: And as we'll discover as we go along, other documents might become relevant or might need to be added as we go through the trial?

HOCKNELL: If that's the case, yes.

JOHNSON: Not just for [Baby A] but in any number of cases.

But just to help us and to help the ladies and gentlemen of the jury with how to find a document or where to look, if we've seen it during the evidence, we can actually find it by going in through the menu this way rather than scrolling through the timeline, can't we?

HOCKNELL: Yes.

JOHNSON: So if we just go to the first one, ladies and gentlemen, 1055, and tap on that. I asked you, Mrs Hocknell, about how the admission documents are generally the first documents in the bundle for each child.

HOCKNELL: That's correct, yes.

JOHNSON: So we have here the first admission document that features in the timeline?

HOCKNELL: Yes, that's correct.

JOHNSON: You can see, ladies and gentlemen, at the bottom right-hand corner of that document, if you scroll down, it says J1055. So that's its exhibit reference from the whole case.

HOCKNELL: Yes.

JOHNSON: If we just go back on the left-hand arrow and look at the next document down on that list it's J1061.

Click into that. That's the first page of the clinical notes, the doctor's notes, that we have. Is that correct?

HOCKNELL: In that sequence?

JOHNSON: In that sequence.

HOCKNELL: Yes.

JOHNSON: Then if we want to see what comes next in the doctor's notes for that sequence we can go back to the menu.

Then we can tap the next PDF down, J1063, can't we? You can see that, Mrs Hocknell?

HOCKNELL: Yes.

JOHNSON: If we just go back to the menu screen again with the matching results. I'm not going to go through all of these, but the point is if we want to find a particular document that we've seen in the timeline, we're able to go in, if you can't remember where it is on the timeline, to this menu, scroll down and find the document in its place?

HOCKNELL: Yes, if we know what the number is, yes.

JOHNSON: And often, not always, we'll find that the documents from a particular section of the bundle that we have seen for that child will follow sequentially on those J numbers, won't it?

HOCKNELL: It should do, yes.

JOHNSON: So it makes it easier to go through the nursing notes in one go or the doctor's notes or the prescriptions?

HOCKNELL: That's right, yes.

JOHNSON: That comes with the inevitable health warning when I said "usually" because if documents are added to this or there have to be amendments, sometimes documents might fall out of sequence?

HOCKNELL: Yes.

JOHNSON: The final point I'd like you to help me with on this is if we are looking for a particular page and we know what the J

number is, we can find it by going to where it says "search evidence"; is that correct?

HOCKNELL: I think so, yes.

JOHNSON: If we tap on "search evidence" -- let's say we want to find document 1063 and we can't find it, we can tap on "search evidence" and enter the number 1063, is that correct, and then press return? There we have it. We can go straight to it that way.

Thank you, Mr Murphy.

So just to summarise that, the two ways really of getting into documents through the system are either by scrolling through the timeline in the order that it was put together?

HOCKNELL: That's correct, yes.

JOHNSON: Or we can use the menu to go and find various documents where they fall in the various sets of documents?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Just two other brief points, if I may.

We've seen a number of text messages in the timeline involving usually Ms Letby's phone or social media.

HOCKNELL: That's correct, yes.

JOHNSON: Those are a selection from the much larger range of messages; is that correct?

HOCKNELL: That's correct, yes.

JOHNSON: And those messages cover both professional, in terms of they deal with work on the unit, and also social messages?

HOCKNELL: That's correct, yes.

JOHNSON: By no means are all of those messages on this timeline, are they?

HOCKNELL: No, they're not.

JOHNSON: And the final point is this, so we don't miss this, moving across the timeline, some parts of real time are compressed into quite small parts of the timeline, aren't they?

HOCKNELL: Yes, that's correct.

JOHNSON: To explain what I mean, for instance on this timeline going from tile 1 to tile 381 takes us from 7 to 30 June.

HOCKNELL: Yes, that's right.

JOHNSON: And then we've just seen in fact the next 16 pages take us up to 19 September?

HOCKNELL: Yes, that's right.

JOHNSON: So we do have to watch, as we're going through, the amount of space we're filling on the timeline as we move along is not necessarily the same as how much real time would be going on?

HOCKNELL: Yes, that's correct.

JOHNSON: All right. Thank you very much, Mrs Hocknell.

Just in clarification, it's just been pointed -- a point has just been made with you that so far as messages are concerned not every message that's in the phone has been put into these timelines?

HOCKNELL: That's correct.

JOHNSON: And where you have been asked on behalf of the defence to put material in, has that gone in?

HOCKNELL: Yes, that's correct.

MR JOHNSON: Does your Lordship --

MR JUSTICE GOSS: So if there isn't a message (a) we don't know that that message is, but neither side deemed it relevant. Is that right?

MR MYERS: That is right. There's no issue to that. It's just so that we're aware that some messages may expand space without taking matters further.

MR JUSTICE GOSS: Exactly.

MR MYERS: There may be others that feature later that can be added to it if necessary, but at all points there is no issue as to participation.

MR JUSTICE GOSS: It's something of a living document?

MR MYERS: Yes, it is.

MR JUSTICE GOSS: All right. I just need a little bit of help. My screen's gone off. This is my... What I saw on the main screen didn't match what I was getting here.

I've got -- when I go to here, page 1, and I tap on the menu bar at the top right-hand corner, I just get evidence, I don't get events and evidence. And I've got evidence with 52 matching results.

UNKNOWN SPEAKER: My Lord, if I may help. There is a difference between the computer version and the iPad version. The iPad version just has the evidence section whereas the computer version has an extra section to assist on the investigation side of it.

MR JUSTICE GOSS: Thank you very much. I hoped that you would be saying something like that and I wasn't being stupid here. But I don't know if you were trying to follow it on the iPads as well and you will have spotted the difference because all we get is evidence and it says "52 matching results" and what we were seeing on the screen was events, "54 matching results". So maybe one of you would have wanted to ask the same question. So now we have the answer. All right? Thank you very much.

MR JOHNSON: Thank you for now, Mrs Hocknell. We'll be seeing you again.

MR JUSTICE GOSS: Thank you very much.

MR JOHNSON: Just before I call the next witness, my Lord, could I invite the jury to go to slide 162 or sheet 162?

(12.25 pm)

(Court video feed lost)

(12.26 pm)

MR JUSTICE GOSS: This happens. I suspect it happens in your own homes with the internet sometimes, you lose the connection. There are quite a lot of connections coming into this courtroom, so this will be a recurring type of event, I'm afraid.

MR JOHNSON: My Lord, just looking at tile 162, if we put it on the screen and click on that. The jury will remember, having been shown this this morning, this is a list of all the children that were in the neonatal unit at the beginning of the shift.

This list doesn't include the locations of the children because we don't know that information, although for many of the subsequent cases we will know which babies were where.

Just as a word of explanation as to this next stage of the process, either side -- a relatively short period of about an hour or so either side of the event that the prosecution rely on, the analysts have gone to all the other children's medical records that were in the unit to see what records there are of anybody else doing anything to the child in question, what other people were doing to other children who were in the unit, so that they may either be included or excluded from being at a specific time -- at the particular place at the specific time. I've probably not explained that very well.

We have four rooms. Often we'll be able to put other people, other staff, in different rooms at critical times which, for reasons that are so obvious that they don't need me to explain, may become very important as the case progresses.

So this particular analysis doesn't take things a lot further than the jury already have, but we are presenting the analysis, insofar as it's capable of presentation, in each case and, as the jury will see in some other cases, it may be much more significant. But this is a much shorter process than the exercise that we've undergone so far.

So with that as an introduction and perhaps I can get some more introduction from the witness, can I call Kate Tyndall, please?

MS KATE TYNDALL (affirmed)

Examination-in-chief by MR JOHNSON

MR JOHNSON: Thank you. I'm sure you can sit down.

MR JUSTICE GOSS: Yes, please do sit down, but it's very important to keep your voice up. All right?

TYNDALL: Yes.

MR JUSTICE GOSS: And instinctively and naturally, when Mr Johnson is asking you questions, you will look at him and speak towards him, but please speak towards the wall opposite you where the clock is, the screen is, there, and then the jury can hear you and people behind you can hear you.

TYNDALL: Okay.

MR JOHNSON: Can we start with the easy question. Can you tell the court your name, please?

TYNDALL: My name is Kate Tyndall.

JOHNSON: Thank you. And your occupation?

TYNDALL: I'm an intelligence analyst.

JOHNSON: In broad terms, do you do the same job as the previous witness?

TYNDALL: Yes, I do.

JOHNSON: Thank you. During the course of this investigation, have you been employed in analysing data from various sources that may or may not be relevant to the case?

TYNDALL: Yes, I have.

JOHNSON: Has that included the medical records of each of the children in question?

TYNDALL: Yes.

JOHNSON: Has it included looking at medical records of other children who were in the Countess of Chester neonatal unit at the times that the children who the jury will be considering were there?

TYNDALL: Yes.

JOHNSON: And has it included telephone material from Lucy Letby's telephone or her social media accounts as well?

TYNDALL: Yes.

JOHNSON: Thank you.

And like Mrs Hocknell, the previous witness, have you been responsible for producing some of the sequence of events charts?

TYNDALL: Yes, I have.

JOHNSON: Have you also been responsible, as she has, for producing what we're going to call neonatal reviews?

TYNDALL: Yes.

JOHNSON: Could you give the jury a relatively brief explanation of what you were seeking to evidence in terms of the neonatal review?

TYNDALL: So we were asked to look at the other babies that were on the unit at the same time, to look at their medical records to see what the nurses or the doctors in the unit were doing around the time of that baby's collapse.

JOHNSON: Yes. So taking [Baby A] as the first, at about the time [Baby A] collapsed, which other children were in the unit?

TYNDALL: Yes.

JOHNSON: Which other staff were in the unit?

TYNDALL: Yes.

JOHNSON: And insofar as the records helped, what was being done by the other staff with the other children?

TYNDALL: Yes, that's correct.

JOHNSON: Okay. Thank you very much.

All the source material, in other words the medical records, the phone records, the social media material and the like, that was all sent to the defence well in advance of the case?

TYNDALL: Yes.

JOHNSON: And the defence have had the opportunity to liaise, through their solicitors and the CPS, with you as to material that is suggested to be inaccurate or material that needs to be added or taken out of these charts?

TYNDALL: Yes.

JOHNSON: So insofar as -- whilst clearly the prosecution have to take responsibility for the accuracy of this material, there has been engagement with the defence to seek to reach a consensus so as to produce as accurate a product as possible?

TYNDALL: Yes.

JOHNSON: All right, thank you.

What we're going to do -- my Lord, these aren't on the iPads, these documents. They're much shorter and they will be available to the jury in due course.

MR JUSTICE GOSS: In what form, in paper form or on the iPads?

MR JOHNSON: On the iPads. We may -- we've been giving this some thought -- provide them in paper form as well. If there's to be

cross-referencing it may be easier, because these are much shorter documents, to have a paper copy to put alongside the iPads, so rather than flicking to and from two different documents on the iPads to compare what's going on. It's more about system than detail at this stage.

MR JUSTICE GOSS: Exactly, thank you. Right.

MR JOHNSON: So the jury have or may have on their iPads at the moment sheet 162 from the sequence of events, which lists 13 children who were in the neonatal unit at the beginning of the night shift of Monday the 8th into Tuesday, 9 June 2015. So with that on the iPads for the jury, can we put up, please, the neonatal review?

We can see the frontispiece of the document gives "Operation Hummingbird", which is just the police name for the case, "NNU review schedule", which is the title of the document. Event 1, [Baby A]. An exhibit reference, which I think are your initials, are they?

TYNDALL: Yes.

JOHNSON: KLT/29. Version v1.0. Compiled by you with your name.

It sets out, so that there's no doubt about it, the time period that you have reviewed. So could you just talk us through that, please?

TYNDALL: So for each baby, we came up with a time period that was bespoke to that baby and when they collapsed. So for this case it was from 19.30 on 8 June to 23.00 on 8 June, plus all records where Lucy Letby appears to show what she was doing for the entire shift.

Some of the babies may not have records within that time frame because of the amount of the type of care they were having. So we would put the record for that baby in that was the closest to, so it could be just before 19.30 or after 23.00 to make sure that there was a record for every baby in the unit to show what that baby's care was.

JOHNSON: Right. Okay. So there's then a key and what we'll see over the page is that some of the records are shaded in that yellowy colour and they are the records relating to [Baby A]; is that right?

TYNDALL: Yes, that's correct, yes.

JOHNSON: If the typeface appears in what I've referred to as Letby blue, that is a reference to material that relates directly to Lucy Letby?

TYNDALL: Yes.

JOHNSON: So it would follow that if there was something typed in that colour in a yellow shaded line, that would be Lucy Letby's treatment of [Baby A]?

TYNDALL: Yes.

JOHNSON: Then underneath it says in italicized typeface:

"Records relating to computer entries made (no interactions with baby)."

What does that mean?

TYNDALL: So some of the records we have are computer-generated records, so for example where the nurse makes an entry on the computer, and those are records that we believe were made away from the baby. So it's to -- as opposed to a record, like an observation that might involve the nurse being with the baby at the time.

JOHNSON: Yes. Then double question mark:

"Person responsible to be identified." Probably self-evident, but could you explain?

TYNDALL: It's just because a lot of the records are paper records where we might not be able to identify the signature of the person that's made that entry. So we've just acknowledged that with the double question mark.

JOHNSON: Okay, thank you.

Can we turn over, then, please, figuratively? For ease of reference, if we look in the bottom right-hand corner just to assure the jury that this isn't a terribly long exercise, there are seven pages in total, one of which is the frontispiece that we've already seen.

TYNDALL: Yes.

JOHNSON: Looking at the top left-hand corner now, please. Line number. Each line of data has been individually numbered. So if someone's being asked a question about the document, they can be directed specifically to the entry; is that right?

TYNDALL: Yes.

JOHNSON: Then we have the date column, which is -- insofar as this document is concerned will be almost, if not invariably, 8 June --

TYNDALL: Yes.

JOHNSON: -- because of the time parameters you've already given us? We then have the time as recorded in the document; is that right?

TYNDALL: Yes.

JOHNSON: The name of the baby in question?

TYNDALL: Yes.

JOHNSON: So for example -- well, we see [Baby A] in yellow then the record type. Just to deal with these, they've been referred to already, but just to reinforce the definitions. Clinical notes. What are they?

TYNDALL: They're the notes written, handwritten notes made by the doctors.

JOHNSON: Yes. And we see in lines 1 and 2 the particular identities of those two particular doctors recorded.

NICU observation chart. Is that the yellow and white coloured tabular chart that the jury has already seen?

TYNDALL: Yes.

JOHNSON: Feeding charts. Again, they're tabular charts that are filled in in handwriting; is that right?

TYNDALL: Yes.

JOHNSON: E prescriptions. Are they -- what are they?

TYNDALL: They're the computer records of the prescriptions that are given to the babies. Medications.

JOHNSON: Yes. And the other types of records that are on this particular page are at the bottom of the page, line 31, nursing notes?

TYNDALL: So they're the computer-generated notes that the nurses update.

JOHNSON: Then line 32, X-ray, which is literally a print of a photograph?

TYNDALL: Yes.

JOHNSON: Which may become relevant at a later stage.

Then there's an activity summary column in which, in a few words, you and your colleagues have summarised what's going on?

TYNDALL: Yes. It's very broad, it's not as detailed as would be in the sequence of events. It's just to give an indication of the care the baby is receiving.

JOHNSON: Then the member of staff responsible for making the record in the next column?

TYNDALL: Yes.

JOHNSON: And we can see some double question marks so far as the observations taken at 6 and 7 pm are concerned. Lines 13 and 14, 27 and 28.

TYNDALL: Yes.

JOHNSON: Then finally, it says "binder reference". These are to help the lawyers identify the page number in the massively voluminous medical records; is that right?

TYNDALL: Yes.

JOHNSON: So that's just for the lawyers to check, if an issue ever arises in relation to any of this information, it's a ready reckoner for the lawyers just to help with the origin of the information?

TYNDALL: Yes.

JOHNSON: All right. So the jury doesn't need to -- the jurors don't need to trouble themselves with the final column.

Let's take it from the top then, please. Do we see in yellow, lines 1 to 4, four sets of documentation timed at 5 pm on 8 June --

TYNDALL: Yes.

JOHNSON: -- for [Baby A]? The jury have seen all this in the sequence of events, haven't they?

TYNDALL: Yes.

JOHNSON: All right. Lines 5 to 12 relate to -- I think it's eight lines in total -- to four pairs of records relating to four separate children; is that right?

TYNDALL: Yes.

JOHNSON: And we can see the identities of the nurses who made the records. They're either observations or feeding charts for those four children?

TYNDALL: Yes, that's correct.

JOHNSON: We then have more observations and entries on the intensive care chart for [Baby A] at 6 pm --

TYNDALL: Yes.

JOHNSON: -- lines 13 to 14? And then we have, between 6 and 7 pm, in other words lines 15 to 26, details relating to some of the children who'd appeared in the previous sequence and there may even be an additional child or two mentioned there that wasn't mentioned in the previous sequence; is that right?

TYNDALL: Yes.

JOHNSON: Then at 7 pm, again lines 27 to 29, a replication of material that the jury has already seen for [Baby A] in the sequence of events?

TYNDALL: Yes.

JOHNSON: Separated at line 30 by a single reference made by Belinda Williamson, aka Belinda Simcock, for the child NM at 19.04 hours?

TYNDALL: Yes.

JOHNSON: And two more lines referring to [Baby A], which again mirror the material that's in the sequence of events for [Baby A]?

TYNDALL: Yes.

JOHNSON: In the bottom three lines, information relating to other children between 19.10 and 19.20; is that right?

TYNDALL: Yes.

JOHNSON: So page 3 of 7 next, please. Here at a glance we can immediately see when Lucy Letby and [Baby A] come together by the coincidence of the blue text with the yellow background?

TYNDALL: Yes.

JOHNSON: Is that right?

TYNDALL: Yes.

JOHNSON: Before we get to the first of those entries at line 40, in the four previous lines we have data relating to four other children between 19.20 and 19.30?

TYNDALL: Yes, that's correct.

JOHNSON: So the end of the day shift, just before the handover?

TYNDALL: Yes.

JOHNSON: And we see, in the member of staff column, three of the nurses that were working that day shift --

TYNDALL: Yes.

JOHNSON: -- Belinda Simcock, Laura Eagles and Elizabeth Marshall.

So the first record that coincides with [Baby A] and Lucy Letby is the entry -- the nursing notes at 20.00 hours; is that right?

TYNDALL: Yes.

JOHNSON: And this, as the jury knows, is actually a note made at the end of the shift?

TYNDALL: Yes, that is correct.

JOHNSON: But you have put into the activity summary the fact that there is a note regarding taking over [Baby A]'s care by Lucy Letby at 8 pm?

TYNDALL: Yes.

JOHNSON: Thank you. We then have three entries for [Baby B], which we will see replicated in the sequence of events for [Baby B], or possibly. They may not be, actually, because this period isn't directly relevant to what happened to her later. But three entries relating to [Baby B]; is that right?

TYNDALL: Yes.

JOHNSON: And we can see that from that, Caroline Bennion, so line 43, on this shift was the designated nurse for [Baby B]?

TYNDALL: Yes.

JOHNSON: Then lines 44 and 45, observations being taken or recorded for [Baby A] by Lucy Letby and timed at 8 pm?

TYNDALL: Yes.

JOHNSON: So again, material that appears in the sequence of events?

TYNDALL: Yes.

JOHNSON: The next entry for [Baby A] is at line 58, which is when the dextrose infusion was started and signed for by Lucy Letby and Melanie Taylor?

TYNDALL: Yes.

JOHNSON: Can you see that?

TYNDALL: Yes.

JOHNSON: Between 8 pm and that time, there are lines 46 to 57, which are brief summaries of what was going on with some of the other children?

TYNDALL: Yes.

JOHNSON: And who was responsible for them?

TYNDALL: Yes. They're mainly just noting that those -- the care has been handed over to those nurses for those babies.

JOHNSON: Yes. The jury will see this as we go through the case.

Similar notes are made at the beginning of every shift in relation to each of the babies by the designated nurse?

TYNDALL: Yes, they tend to write what time they've taken over the care of that baby in their nursing notes.

JOHNSON: Yes. We then come, at line 59, to an entry made by Dr Harkness. Again, this appears in the sequence of events at 20.10, relating to him being scrubbed up and inserting a line into another patient at a particular time?

TYNDALL: Yes.

JOHNSON: And that note, as the jury have seen this morning, appears in [Baby A]'s notes because it's a reference by Dr Harkness to when he became aware of an issue with [Baby A]?

TYNDALL: Yes.

JOHNSON: So the bottom two lines, as before, relate to other children, one of whom is [Baby A]'s twin, [Baby B]; is that right?

TYNDALL: Yes. Sorry, I'm trying to see it myself. That's Melanie Taylor making a computer update on [Baby B]'s record.

JOHNSON: Yes. Melanie Taylor, just to remind ourselves, was the day nurse for [Baby A] and [Baby B] as it happens, or certainly [Baby A].

TYNDALL: I believe so.

JOHNSON: Yes. She was the nurse who countersigned or co-signed starting the dextrose infusion for [Baby A] at 8.05.

TYNDALL: Yes.

JOHNSON: Thank you. If we go to page 4 of 7, please. Here we see at a glance, between lines 64 and 94, two critical time markers for [Baby A].

TYNDALL: Yes.

JOHNSON: In that context, we see what was going on and is recorded in the records for the other children who were in the unit at the time?

TYNDALL: Yes.

JOHNSON: So starting at line 62, the addendum made at the end of her shift by Melanie Taylor at 20.18 in the records of [Baby B].

TYNDALL: Yes.

JOHNSON: So if we could just scroll back slightly so we get the end of the previous page and the beginning of this page.

Thank you.

So we have two addenda, at lines 61 and 62, made in [Baby B]'s records by Melanie Taylor, timed by the computer at 20.14 and 20.18; is that right?

TYNDALL: Yes.

JOHNSON: Thank you. Then within 2 minutes of that second note, we have Lucy Letby's timing in the note that she made at the end of the shift as to when [Baby A]'s hands and feet she noted to be white; is that right?

TYNDALL: Yes.

JOHNSON: And again, that's material contained in the sequence of events that's on the iPads?

TYNDALL: Yes.

JOHNSON: So I just want to see if we can work out now how these documents go together and why I was suggesting earlier to his Lordship that it might be an idea for us in due course to provide this in paper format for the jury. Okay?

So if the jury, whilst having that on the screen, wouldn't mind using their iPads, please, my Lord, and go to tile 179.

At tile 179 we can see Mrs Hocknell's note behind the tile, first of all:

"20.20, [Baby A]'s hands were noted to be white and centrally pale and poor perfusion [et cetera]."

Then, of course, behind that we have the note itself, the computer recorded note, made by Lucy Letby, which includes the time that she recorded that note at the end of the shift. Is that right?

TYNDALL: Yes.

JOHNSON: Thank you. So keeping the iPad going then, alongside this document now, line 65, we have Dr Wood's note at 20.26; is that right?

TYNDALL: Yes.

JOHNSON: That's tile 184. At line 66 we have Dr Harkness' note at 20.26 as well?

TYNDALL: Yes.

JOHNSON: Which is tile 185. At line 66, Dr Jayaram's note of what went on at 20.26, which is tile 186?

TYNDALL: Yes.

JOHNSON: Then we have the nursing note that refers to the same time, this made by Melanie Taylor. That's tile 188. That's line 68.

And Lucy Letby's record at line 69 regarding [Baby A]'s collapse; is that right?

TYNDALL: Yes.

JOHNSON: That's tile 188.

TYNDALL: Yes.

JOHNSON: So if we follow it down to see that between [Baby A]'s collapse and [Baby A]'s death, the other timings relating to [Baby A]'s treatment are all recorded alongside the name of the person making the record. But whilst in that half an hour or so, 32 minutes, there were, as a matter of fact, only six other records made on the unit?

TYNDALL: Yes.

JOHNSON: And we can see that the two people that can be identified from the records as making records in other children's notes are Lisa Walker and Elizabeth Marshall?

TYNDALL: Yes.

JOHNSON: I think they're both nursery nurses; is that right?

TYNDALL: Yes.

JOHNSON: But there are two entries, one for [Baby B] and one for the child JE, so lines 73 and 71, where no name has been recorded?

TYNDALL: Yes.

JOHNSON: Thank you.

Moving down to the bottom of the page, please, so we get the bottom bit of this page and the top of the next page. After [Baby A]'s death, we see that Nurse Caroline Bennion immediately checked on [Baby B].

TYNDALL: Yes.

JOHNSON: Then if we keep scrolling down, please. We can see that this particular page, this is page 5 of 7 -- I'm not going to deal with these entries one by one. Can we get the whole page in, please?

We can see between lines 97 and 131, that covers the time period between 9 pm and 10.10 pm, and we can see what was going on with all the other children insofar as it's recorded.

TYNDALL: Yes.

JOHNSON: Is that right?

TYNDALL: Yes.

JOHNSON: And we also see when notes were being updated by Dr Harkness at line 103, Nurse Melanie Taylor at line 108, and Dr Harkness again at 109 in respect of [Baby A]?

TYNDALL: Yes.

JOHNSON: Thank you. Then moving on to page 6, next, please, this is information we're going to come to after lunch in the sequence of events chart for [Baby B]. We see at lines 135 to 137, at 142 and at 151 to 152 and at 164 that Lucy Letby was involved giving medication to [Baby B], to the child JE, and to another child right at the bottom, HM?

TYNDALL: Yes.

JOHNSON: We see the entries that relate to the other children on the ward in that period of time. We can also see a clinical notes update made by Dr Jayaram in relation to [Baby A] at 23.25.

TYNDALL: Yes.

JOHNSON: Thank you very much.

Finally, page 7, please. These again all relate -- these entries between 6.39 and 8.18 are all entries made by Lucy Letby, four of which relate to an update to the notes for [Baby A].

TYNDALL: Yes.

JOHNSON: And three of which relate to two children being given medication at about 6.40 that morning?

TYNDALL: Yes.

JOHNSON: Just as a reminder, please, the fact -- could we just scroll up a bit, please? That's it, right. If we just stop there.

At the top of the page, as we see it there, we've got line 144, and at the bottom we've got line 171. That covers a period of time of approximately 9 hours?

TYNDALL: Yes.

JOHNSON: But this is not, for the reasons we explained at the beginning, this is not all the entries relating to all the children in that period of time, is it?

TYNDALL: No.

JOHNSON: Because once we've gone an hour after or beyond 23.00 hours, which is your cut-off time on page 1, what have you done, just to remind us?

TYNDALL: So any baby that -- any record for a baby that exists -- sorry, it's the first record for that baby after 23.00, for a baby that Lucy Letby has had no interactions with, plus any records that Lucy Letby has made. So that's why there are a few records for babies beyond 23.00 because that's the first record that's been made for around 23.00. Then the records for -- that Lucy has made for any other baby for the rest of the period of the shift, the rest of the 6 hours/7 hours.

JOHNSON: Just going back to page 1, then, please, if Mr Murphy would help us, and looking at the key as an assistance to our memories. As it says in the text above the box:

"Time period for review..."

It's there set out:

"... plus all records where Lucy Letby makes a record outside of the parameters have been included."

TYNDALL: Yes.

MR JOHNSON: All right. Thank you very much. That's very clear.

That may be a good point, my Lord.

MR JUSTICE GOSS: Yes, certainly. Thank you very much.

We'll break off now until 2.10, please, members of the jury. Please remember your obligations not to talk to anyone apart from each other when you're all together as a group of 12. You mustn't communicate with anyone else or conduct any research about anything to do with this case. Thank you very much.

MR JOHNSON: My Lord, just before the jury leaves, I understand from my learned friend that he has no questions, so can the witness be released?

MR JUSTICE GOSS: Sorry, I should have asked you. My fault entirely.

MR JOHNSON: It's just Mrs Hocknell is coming back after lunch, so can the witness be released?

MR JUSTICE GOSS: Thank you very much. You'll be told when you're next needed. Thank you very much.

(1.02 pm)

(The short adjournment)

(2.07 pm)

MR JUSTICE GOSS: Mr Johnson.

MR JOHNSON: My Lord.

We are going to turn to [Baby B] now, please.

MR JUSTICE GOSS: Yes.

MR JOHNSON: I'm sure the jury are well ahead of me, but in the top left-hand corner of the screen on the iPad, if you click on the name "[Baby A]" it brings up a menu which now includes [Baby B]. If one ticks [Baby B]'s name...

MR JUSTICE GOSS: Is there a problem?

JUROR: The iPad's frozen.

(Pause)

MR JUSTICE GOSS: For the benefit of the recording, identify the witness, please.

MRS CLAIRE HOCKNELL (continued)

Examination-in-chief by MR JOHNSON (continued)

MR JOHNSON: I'm so sorry. Ms Hocknell, welcome back. You're still on oath, as you understand.

Can we start with the sequence of events for [Baby B], please. Was the method by which you collated the information the same as it was in [Baby A]'s case?

HOCKNELL: Indeed, yes, it was.

JOHNSON: And so there are one or two similarities, of course, with [Baby A]'s case for obvious reasons, not least at the very beginning the antenatal history tile, tile 1, is the same material as we've seen already in [Baby A]'s case.

HOCKNELL: That's correct, yes.

JOHNSON: [Baby B]'s birth is recorded in tile 2 as 20.30 hours on Sunday, 7 June 2015.

HOCKNELL: That's correct, yes.

JOHNSON: [Baby A]'s birth, tile number 3, a minute later.

HOCKNELL: That's correct, yes.

JOHNSON: And the twins' admission to the neonatal unit recorded at the same time, albeit we heard some evidence, some agreed evidence, about incubators being wheeled through at a rate of knots from family members?

HOCKNELL: Yes, at 21.00 hours.

JOHNSON: Thank you. So can we go to tile 5, please. These are the clinical notes. Can we reopen that, please?

Could you tell us what this says in relation to [Baby B], please?

HOCKNELL: "Twin 1 delivered at 20.30. Brought to Resuscitaire wrapped in plastic bag and hat placed on head. Face stimulated. No response. Blue plus floppy, poor tone. HR approx 50. 5 times inflation breaths given. No chest movement noted plus no response in HR. Airway repositioned (2-man airway) plus 5 inflation breaths given. No clear chest movement and HR remained less than 60 with sats of 40%. Airway repositioned with shoulder roll. 5 inflation breaths given and chest movement seen with some attempts at resps. No change in HR (around 50). IPPV given for approx 30 seconds plus chest movement good. O2 up to 40%."

JOHNSON: So in this context, HR appears to be heart rate?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Then just have a look, we won't run through the document behind, but if we could just click on that, please. Again, the scribe on this occasion, the doctor with very clear handwriting.

Can we go back to the homepage, please? That's Dr Emily Thomas' writing, presumably. Some more clinical notes on the next page. Can we just go behind that tile, please? Is this a continuation of what went before?

HOCKNELL: It is, yes.

JOHNSON: Could you take us through that then, please?

HOCKNELL: "Heart rate less than 60 so CPR commenced between 2 + 3 minutes of age. Neonatal team requested. Neonatal consultant called at 5 minutes. No [respiratory] effort. 1st attempt at intubation. Tube appeared to pass cords. Unclear chest movement, no colour change on capnograph, no increase in heart rate. Specialist Registrar Brunton arrived at 6 minutes. Tube removed and baby bagged with IPPV with good chest movement. HR greater than 100 at 7 minutes. Improving tone plus pink in colour. Continued with IPPV plus 100% O2. Unsuccessful attempt at intubation at 9 minutes by Specialist Registrar Brunton. Heart rate greater than 100. Sats 98%. Second unsuccessful attempt at intubation at 11 minutes. Heart rate remained greater than 100 plus sats at 98%. Dr Saladi (consultant) arrived at between 10 to 12 minutes approx. Successful intubation with capnograph colour change at 13 mins. Tube pulled to 9 centimetres at lips, 2.5 size tube. Intubation by Specialist Registrar Brunton. Equal air entry. Heart rate over 100. ETT stabilised and baby transferred to neonatal unit."

JOHNSON: Thank you. Can we go back to the homepage, please? Do we then come to medical records for [Baby B]?

HOCKNELL: So this is an entry, that's an analyst descriptive entry, which is:

"[Baby B]'s medical records indicate that [Baby B] received care in the neonatal unit from 21.00 hours on the 7th."

JOHNSON: All right. So there's no document behind this, that's just a summary that's been --

HOCKNELL: Added into the sequence, yes.

JOHNSON: Okay, thank you. So uneventful from then until 20.20 hours, the following day. So just short of 24 hours when [Baby A] collapsed and then died just before 9 pm.

HOCKNELL: That's correct, yes.

JOHNSON: We then go back to [Baby B]'s medical records at 23.00 hours on Monday the 8th.

HOCKNELL: That's correct. So for the purposes of this sequence, this is where the detailed medical notes are included in the sequence of events.

JOHNSON: Yes, thank you.

Just to give us -- well, let's just carry on. So the clinical notes. There is an entry at 11 pm by Dr Lambie; is that right?

HOCKNELL: That's correct, yes.

JOHNSON: Again, could we go behind tile 11, please? What does this refer to, please?

HOCKNELL: "Asked to withdraw long line [LL] by 3 centimetres. Sterile. Retaped. Working well. Okay to use."

JOHNSON: Thank you. We'll just look at the medical record underneath. That's 11 pm, I think, the record we've just looked at. If we can scroll down.

HOCKNELL: Yes.

JOHNSON: So this is a slightly unusual entry to the extent that the person making the note, Dr Lambie, has used the 12-hour clock rather than the 24-hour clock.

HOCKNELL: That's correct, yes.

JOHNSON: It's fairly unusual in these records, isn't it?

HOCKNELL: Yes.

JOHNSON: But its true chronological context is established by the records that go before and the record that comes after on the next page?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. So if we go back. We then have at 12 of 381 the observation chart that we've seen many times. We'll just have a look at this one. We won't keep returning to it as we go through the chronology.

So precisely what we've -- the readings are slightly different, but what we saw in [Baby A]'s case in the sense of the method of recording. The pro forma chart is the same. The method of recording is the same but the readings are slightly different?

HOCKNELL: That's correct, yes.

JOHNSON: So the same three parameters: heart rate, respiration and temperature?

HOCKNELL: That's correct, yes.

JOHNSON: And on the face of it, it appears that temperature is recorded once every 3 hours?

HOCKNELL: Two to 3 hours, yes.

JOHNSON: The other readings pretty much every hour?

HOCKNELL: Hourly, yes.

JOHNSON: Thank you. We note, of course, that -- and it's obvious from the fact that Lucy Letby is down as a co-signer on this next one, but these are all blue-edged tiles at this stage because Lucy Letby was on duty?

HOCKNELL: That's correct, yes.

JOHNSON: So looking at 13, please, which is the intensive care chart. Can we go straight to the record behind it, please?

So here we have all sorts of records or different measurements. I'm just trying to get mine on the iPad. It's clearer to my eyesight.

What we can see, hopefully, is the fact that there are various fluids that are being -- two in particular fluids are being recorded here: Babiven and -- is it 10% something else, is it dextrose? It's not easy to say.

HOCKNELL: It's not easy to see on my screen. I think the third one is lipids. Then the fourth one is saline, 0.9%.

JOHNSON: Yes. And then --

HOCKNELL: Donor-expressed breast milk.

JOHNSON: So donor, the D is donor-expressed breast milk?

HOCKNELL: That's correct, yes.

JOHNSON: We can see that this is a chart that begins in the early hours of the 8th?

HOCKNELL: Yes, that's correct.

JOHNSON: It runs 24 hours, as we can see.

HOCKNELL: That's correct.

JOHNSON: We can see [Baby B]'s name in the top right-hand corner?

HOCKNELL: Yes.

JOHNSON: And we can see that the cannula, the line, issued at 15.00 hours?

HOCKNELL: Yes.

JOHNSON: And that thereafter she was being fed every 2 hours a single millilitre of expressed breast milk?

HOCKNELL: That's correct, yes.

JOHNSON: The first two feeds at 17.00 and 19.00 hours being via the nasogastric tube?

HOCKNELL: Yes, that's correct.

JOHNSON: There are various other readings that we'll ask the medics to deal with on the left-hand side of that chart.

If we could go back, please.

Tile 14, please. So this is Caroline Bennion taking observations; is that right?

HOCKNELL: Yes, so it actually refers to the left-hand side of that same chart.

JOHNSON: Yes. So could we just look at that, please? Can we go to the document, please?

As you say, exactly the same chart. Thank you.

MR JUSTICE GOSS: It's legible on the iPads.

MR JOHNSON: Yes, it is.

MR JUSTICE GOSS: You can see it on the right-hand side, where it says "10% dex" it's quite clearly dextrose.

MR JOHNSON: Yes. All sorts of measurements there. This time the timeline, so to speak, runs across the top of the chart left to right rather than down the left-hand side of the chart.

HOCKNELL: That's correct, yes.

JOHNSON: But the same principle, hourly recorded measurements?

HOCKNELL: Yes.

JOHNSON: Which are there defined in the pro forma?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Could we go back, please?

We then have a prescription for neonatal parenteral nutrition, which is a form of liquid feed?

HOCKNELL: That's correct.

JOHNSON: This is the Babiven?

HOCKNELL: Yes.

JOHNSON: It's expressed in a format that we've seen before, in this case 70ml per kilo weight of the baby per day.

HOCKNELL: That's correct.

JOHNSON: So that is then divided --

HOCKNELL: Into an hourly rate.

JOHNSON: Into an hourly rate, as you say, 4.9 millilitres per hour. Thank you.

If we go back to events, please. Another prescription 40 minutes later. A slightly different hourly rate. We've gone down a little bit to 0.34ml an hour.

HOCKNELL: This is for the lipid content for the fluids for the baby.

JOHNSON: Thank you. Back, please, thank you.

Then the intensive care chart at midnight on 9 June.

HOCKNELL: That's correct.

JOHNSON: Yet again this is a record of the Babiven plus the lipid that's being given to [Baby B] in liquid form?

HOCKNELL: I believe so, yes.

JOHNSON: Thank you. Back to events, please. The intensive care chart again. A record made by Caroline Bennion?

HOCKNELL: That's correct.

JOHNSON: So this records the CPAP, the flow rate, the means of administering it, mask/prongs, prongs in this case, P for prongs; is that right?

HOCKNELL: That's correct, yes.

JOHNSON: The number of breaths she was taking a minute?

HOCKNELL: That's correct.

JOHNSON: And her oxygen saturation and the temperature of the gas that was being administered through the prongs?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Back again, please. The same chart that we've seen before, all the observations. We'll just look at the chart again, but I'm going to try to avoid keeping on going back to the same material over and over again.

So as before, thank you.

Blood gas record taken at 00.17 at tile 20.

HOCKNELL: That's correct.

JOHNSON: And all meaningless to laypeople like me, at least without some sort of medical explanation, which we'll seek from somebody else. Thank you.

We can go back, please. The observation chart, exactly the same -- I'm not asking to click on this, it's what we've seen exactly before. Then the intensive care chart which again is what we've seen before, as are the equipment settings at tile 23. So that's 1 in the morning.

The same material at 2 in the morning being tiles 24, 25, 26. Then can we go to 27, please? So this is a retrospective note, made by Dr Lambie, the registrar. Could we click on this, please?

So what can we see there, please?

HOCKNELL: "Time of X-ray: 8 June 2015 at 22.07 hours. Long line position: above clavicle. Comments: withdrawn by 3 centimetres to be below clavicle and clear of shoulder joint."

JOHNSON: Thank you. So this is what Dr Lambie has written as a consequence of an X-ray that was taken the previous day at 10.07?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Could we go back again, please?

We then have [Baby B]'s observations at 3 am together with the readings from the liquids that she was being given.

HOCKNELL: That's correct, yes.

JOHNSON: Carry on, please, to 31, if you would. Thank you very much.

Do we then come to some nursing notes made by the designated nurse, Caroline Bennion?

HOCKNELL: That's correct, yes.

JOHNSON: These are made at 3.28 in the morning; is that right?

HOCKNELL: That's correct, yes.

JOHNSON: Could you read those, please?

HOCKNELL: "Care taken over [at] 20.00 hours. All emergency equipment checked with respiratory support and fluids. Nursed in air on CPAP PEEP 4 to 5. Long line had been inserted and was awaiting review. 10% dextrose infusing at that time. Left hand and arm looked puffy at 21.00 hours and infusion stopped. Delay in review and X-ray as sibling unwell and died, all doctors attending resuscitation. [Baby B] appeared jittery at this point and BM and gas obtained. BM 5.1, lactate 4.1. Long line pulled back by 3 centimetres and Dr Lambie happy to infuse Babiven and lipids. Saline bolus and antibiotics given also. Repeat bloods gas improved and lactate 2. For recheck with bloods at 5.00 hours. Jitteriness has settled but [Baby B] is very active. Fluids 75ml/kg. Urea and creatine raised, 0.1ml of donor expressed breast milk 2-hourly. Past meconium, unable to weigh nappy for urine. Neoblu continues, remains under Neoblu."

JOHNSON: Thank you. Could we go back, please? Then do we have the same observation and intensive care charts that we have previously seen at the same hourly intervals?

HOCKNELL: Yes, at 4 am.

JOHNSON: Thank you. And at 5 am, 35, 36 --

HOCKNELL: And 37.

JOHNSON: 37. Then at 38 we have a blood gas record, which we'll have to have explained.

HOCKNELL: That's correct.

JOHNSON: At 39 onwards, do we see the same observation records on the hour?

HOCKNELL: That's correct.

JOHNSON: Thank you. Then at tile 42, can we see Dr Davis again?

That will be the first time, actually. A note relating to blood test results from the lab?

HOCKNELL: That's correct, yes.

JOHNSON: If we go behind that one, please. Without some sort of medical help, that's fairly impenetrable to a layman.

HOCKNELL: Yes.

JOHNSON: Yes. Thank you.

So the same charts on the hour, every hour, this time at 7 o'clock?

HOCKNELL: That's correct, yes.

JOHNSON: Then we come to the nursing handover at 7.30 in the morning. We can see that care passed, so far as the designated nurse was concerned, from Caroline Bennion to Joanne Williams.

HOCKNELL: That's correct, yes.

JOHNSON: Thank you.

Again, thereafter, do we see the hourly record of the details that we have seen before on the hour?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Can we go to tile 50, please? This is 8 am or relating to 8 am but written retrospectively at 14.49.

HOCKNELL: That's correct, yes.

JOHNSON: Could you talk us through this one, please?

HOCKNELL: "Care taken over at 8.00. Emergency equipment and fluids checked. Nursed on nasal CPAP in air. Observations stable."

JOHNSON: Thank you. We then have some medicine given to [Baby B] at 8 o'clock by the designated nurse Joanne Williams together with Shelley Tomlins --

HOCKNELL: Yes.

JOHNSON: -- another nurse.

At 9 o'clock we see, at tiles 52, 53 and 54, the hourly readings for the issues that we've seen set out before?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you.

So taking it up at 55, Lucy Letby's shift had ended at 8 o'clock and did she send Melanie Taylor a message at 9.10?

HOCKNELL: That's correct. This is a message that's replicated in the sequence, which is the same as in [Baby A]'s sequence:

"Hi Mel. Hope you managed to sleep. The drugs have been prescribed on a paper chart. Caroline has signed so if you could just pop in at some point to sign, please."

JOHNSON: This, on the face of it, appears to be a reference to drugs that were given to [Baby A] --

HOCKNELL: That's correct, yes.

JOHNSON: -- in the resuscitation? Thank you.

Then the search that with seen before for [Mother of Babies A & B].

HOCKNELL: That's correct, yes.

JOHNSON: Then clinical notes, so doctor's notes, made by Dr Beech on Tuesday, 9 June.

HOCKNELL: That's correct.

JOHNSON: Can you talk us through these, please?

HOCKNELL: "Previous care noted."

So there is further detail on the original record for this example:

"On examination: alert, very active, crying. Good tone. Pink in air. Clear, good air entry throughout. No increased work of breathing. HS 1 plus 2 plus 0, AF normal. CRT less than 2 seconds. B/L femorals palpable. SNT."

JOHNSON: Then there's a drawing in the notes.

HOCKNELL: There's a tick, bowel sounds, then a drawing in the notes.

JOHNSON: Yes.

HOCKNELL: "Management plan: start allowing time off CPAP. CRUS today [cranial ultrasound scan]. Baby check. Increased fluids to 90ml/kg per day. UEs 1,800. Stop phototherapy. Retained SBR 1800. ECG in view of twin. Discussion with consultants re stop antibiotics and [question mark] for coagulation. Discussed with Dr Saladi. Happy to stop antibiotics as BC for pt and twin both negative.

"Observations. Abnormal blood results... UR 9.2, MG 1.12, creat 116, WBC 15.9. Abnormal microbiology: BC 33 hours no growth."

There is no exact time for this record --

JOHNSON: Yes.

HOCKNELL: -- so the timing sequence is estimated.

JOHNSON: Yes, okay. Have you estimated the time in the sequence from other evidence that relates to the time that the consultant generally would go round the ward?

HOCKNELL: Yes, that's correct.

JOHNSON: Okay. Because if we look at the record underneath this, if we could click on the thing, we can see that this is a written record of Dr Saladi -- sorry, no, it isn't -- the consultant is Dr Saladi but it's a written record of an examination of [Baby B], made by --

HOCKNELL: Gail Beech.

JOHNSON: Dr Beech, thank you. We can see as we scroll down -- I'm not going to ask you to go through all this yet again, but this records in handwriting and further down the sort of detail that you have just read out. So the pictures that you were referring to, are those -- we've got the lungs there --

HOCKNELL: Yes.

JOHNSON: -- with an arrow through, "Clear, good air entry throughout"?

HOCKNELL: That's correct.

JOHNSON: So no increased --

HOCKNELL: Work of breathing.

JOHNSON: An arrow upwards with a D afterwards, increased work of breathing, WOB, the abdomen with the belly button, that familiar sign now on the right-hand side. And all the other features that you've already mentioned and you have transposed into a typewritten record?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you very much.

At 10 am do we see the designated nurse, Joanne Williams, taking the observations that we have seen on the hour every hour before?

HOCKNELL: Yes.

JOHNSON: Thank you. Can we scroll through those, please -- we have just gone one too many. Go back to 61, please. We then have Joanne Williams' nursing notes. Again retrospectively written later at 14.49. Could we go to those, please?

HOCKNELL: "Seen on ward round this morning. Neoblu discontinued at 10.00."

JOHNSON: The context of that, might that be a reference to the notes made by Dr Beech or...?

HOCKNELL: I think it's in relation to -- in the intensive care chart, in the previous slide, in the major events section it says "Stopped photo" (overspeaking) --

JOHNSON: Put it into context then, please, and that's tile 60. Let's go to the document if we can. We can see it says:

"Major event: stopped photo."

But -- is this in the notes at the bottom?

HOCKNELL: At the bottom there, yes.

JOHNSON: There, where the arrow is at the moment?

HOCKNELL: Yes.

JOHNSON: So that's where you've taken -- lest anybody wants to query it, that's where you have taken the time of --

HOCKNELL: And within the context of the nursing notes themselves.

JOHNSON: Thank you very much. Can we go back to the home screen, please, and tile 62. Can we see there an analysis of a blood sample was ordered at 10.23 --

HOCKNELL: That's right, yes.

JOHNSON: -- by Dr Beech? About half an hour later, 32 minutes later, Dr Beech and Dr Saladi, the consultant, examined [Baby B]?

HOCKNELL: That's correct, yes.

JOHNSON: Can we go to those notes, please? Could you take us through these?

HOCKNELL: "R/W Dr Saladi, parents present, last gas good. Glucoses on gases fine. Mum [triangle] D antiphospholipid syndrome 2011. Had constant headache at time. Problems with BP and kidney function. On warfarin. Anti-hypertensives in pregnancy only. Kidney function okay except due to pre-eclampsia. [Downwards arrow] Dr Hannah Cohen UCLH, [downwards arrow] Dr Fletcher, neurologist at Countess of Chester Hospital. Permission from mum to access her notes. Parents updated re [Baby B]'s progress."

JOHNSON: We heard from [Baby B]'s mum's statement yesterday that she had been under the care of Dr Cohen at University College Hospital London. Just in case there's -- I'm sure there won't be an issue about this, but if the jury were to look, please, on their iPads, if we leave this on the screen, look on the iPad at the notes behind this. Where it says:

"Mum [something] antiphospholipid syndrome 2011. Had constant headaches at the time. Had problems..."

And there's a C with a flat line, a horizontal line over it, which I think is classical medical shorthand for "with". That's been reproduced in your typescript with a C and an acute angle on it.

HOCKNELL: That's meant to represent that, yes.

JOHNSON: It's the closest you can --

HOCKNELL: Yes.

JOHNSON: It's the same problem we've had before, that there isn't -- through the means of using Excel there's not always a direct comparator (overspeaking). That's not you altering what --

HOCKNELL: That's correct, yes.

JOHNSON: Can we go back to the events, please? We see there a text that we saw this morning, that you read through this morning. I won't ask you to read it again. I'm sure the jury have it in mind from this morning.

Can we move on then, please, to the observation charts at 11 o'clock. These are once again the hourly record?

HOCKNELL: That's correct.

JOHNSON: We come to the weaning programme then at 11 o'clock, which is a new one so far as we are concerned. Could we look at that, please? 67.

This isn't weaning in the sense of milk, this is weaning off breathing support?

HOCKNELL: That's correct, yes.

JOHNSON: Can you tell us what that says?

HOCKNELL: "Oxygen/CPAP/high flow weaning programme. Flow delivery: CPAP in air. Time off: 11.00. SPO2, 99%."

JOHNSON: Thank you. Can we go back, please?

Do we then come to the final hourly record of the things we've seen before at 11 o'clock?

HOCKNELL: That's correct, yes.

JOHNSON: Then we come to some further clinical notes made by Dr Beech at 11.05, which, when one looks at the material behind the tile, the original PDF, it's just further down the page from the notes you read to us before, isn't it?

HOCKNELL: That's correct, yes.

JOHNSON: You've read us the top half. Given that Dr Beech's handwriting is so good, can you deal with it from that?

HOCKNELL: "Discussion with haematology special registrar at Alder Hey Children's Hospital just before PT reviewed by Dr Saladi. She advised antiphospholipid syndrome is due to acquired antibodies so should not cross the placenta. She advised to get as much maternal history as possible. She will discuss with consultants and ring me back re what to look for, further invx, et cetera."

Investigations.

JOHNSON: Investigations, yes. Thank you very much.

Back again, please. We then come to noon on Tuesday the 9th.

Do we have the hourly charts yet again?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Do we have some more nystatin administered to [Baby B] at midday by Joanne Williams and Shelley Tomlins?

HOCKNELL: That's correct, yes.

JOHNSON: Then do we see again the hourly observation charts, et cetera, on the hour at 1 o'clock?

HOCKNELL: That's correct, yes.

JOHNSON: These include the weaning programme that we've seen before. So can we just carry on, please, going through, to the nursing notes?

HOCKNELL: Sorry, may I...

JOHNSON: Have I missed something?

HOCKNELL: If we go back to 13.00 hours for the weaning programme, this is indicating the time back on at 13.00 hours.

JOHNSON: Yes, you're quite right.

HOCKNELL: So [Baby B] had been off CPAP for 2 hours.

JOHNSON: Yes. And it says -- so back on, as you say, at 1300 hours, her saturations, oxygen saturations, 98%.

HOCKNELL: That's correct.

JOHNSON: And under the comments, "tolerated well". And "total off", presumably without CPAP, is 2 hours?

HOCKNELL: That's correct, yes.

JOHNSON: So that's 1 o'clock. And we come to the nursing notes, please, written retrospectively at 14.49. Can you talk us through these?

HOCKNELL: "Weaned off CPAP for 2 hours while having skin to skin with mummy. Very stable while out. Electively placed back on CPAP and plan to wean off again later."

JOHNSON: Thank you. Back to the homepage, please. Do we then see that [Baby B] was given medication by Joanne Williams and Shelley Tomlins?

HOCKNELL: Yes, that's correct.

JOHNSON: And at 2 we see there on the screen the time, 13.39? And we then come to the hourly observations again --

HOCKNELL: That's correct, at 14.00 hours.

JOHNSON: -- as we have seen before? And that takes us to tile 84, which is a nursing notes update made by Joanne Williams, the designated nurse.

HOCKNELL: That's correct, yes.

JOHNSON: Talk us through that one, please.

HOCKNELL: As I've written there, this is the remaining part of the note that hasn't already been included at different times at 8.00, 10.00 and just after 13.00 hours:

"Continued: for repeat bili at 18.00 with U&Es. Fluids increased to 90ml/kg/day in view of raised creatine and urea. Long line site appears satisfactory. IV antibiotics discontinued. Caffeine given via long line. Enteral feeds increased to 2ml/2 hourly and tolerating well. Rooting, looking for feeds. Minimal aspirates and abdo soft. Medical staff keen to increase feeds as tolerated. PU: urine output approx 4.3ml/kg/hour this morning. Bowels not opened. For CUS. Tried to obtain ECG this morning in view of sibling's sudden deterioration but unable to get clear reading. For repeat this afternoon. Settled at the time of writing."

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

Then we come to some clinical notes made again by Dr Beech?

HOCKNELL: That's correct.

JOHNSON: This time at ten to 1. Could you take us through what she has written, please.

HOCKNELL: "Phone call taken from haematology specialist registrar at Alder Hey Children's Hospital. She has spoken to a couple of her consultants and they have recommended we send a coagulation screen and D-dimer. Also if possible to send these samples on twin 2 and to ask for urgent post-mortem on twin 2, particularly to look for thrombosis, as this may have implications for [Baby B]."

JOHNSON: Yes. Thank you.

Back to events. We then have the hourly observation charts as we have previously seen?

HOCKNELL: Yes, at 15.00 hours.

JOHNSON: Still with the weaning programme, again, please, at 15.40.

HOCKNELL: Yes:

"Oxygen/CPAP/high flow weaning programme. Flow delivery: CPAP in air. Time off: 15.40. SPO2, 98%."

JOHNSON: So her oxygen saturations 98% in air?

HOCKNELL: That's correct.

JOHNSON: Thank you. At 4 pm, 16.00 hours, the regular hourly observations?

HOCKNELL: That's correct, yes.

JOHNSON: Replicated at 5 pm, tile 93 onwards.

HOCKNELL: That's correct.

JOHNSON: That coincided with some more notes in the clinical notes, this time Dr Davis at 5 pm. Deal with that, please.

HOCKNELL: "Message from consultant obstetrician. She has discussion with Dr Cohen, haematologist in London, who has liaised with GOSH consultant. Feel death is unrelated to APS. Would advise against any clotting or antibody screening. Wonder whether tertiary referral would be indicated. Only further Ix

would be MRI and investigations for renal artery stenosis. Plan: I will inform consultant of the above."

JOHNSON: IX, investigations, possibly?

HOCKNELL: Yes.

JOHNSON: Thank you. Can we go back to events, please. Do we then come to a series of text messages between Sophie Ellis and Lucy Letby that we saw this morning?

HOCKNELL: Yes, that's correct.

JOHNSON: Replicated in [Baby A]'s --

HOCKNELL: Yes, that's correct.

JOHNSON: -- sequence. Could you just flick through them rather than reading them out then as we've had them before?

Thank you.

Back to events. So we come to the familiar hourly checks that we have seen every hour previously on the hour.

HOCKNELL: Yes, 18.00 hours.

JOHNSON: Thank you. We then come to clinical notes made at 6 pm by Dr Choudry.

HOCKNELL: That's correct, yes.

JOHNSON: He has slightly different initials after his name here. This is GP specialty training second year?

HOCKNELL: That's my understanding, yes:

"Discussion with [Dr B]. Hold off clotting screen tonight. Rediscuss whether needs these bloods in the morning."

JOHNSON: And that of course coincides with the previous clinical notes that the specialists at Alder Hey were suggesting that clotting screening wasn't required?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. With the assistance of London, of course.

So a blood gas record at 18.09?

HOCKNELL: Joanne Williams, yes.

JOHNSON: Thank you. At 18.15 do we see another administration of nystatin at the hands of Joanne Williams and Shelley Tomlins?

HOCKNELL: That's correct, yes.

JOHNSON: Then the weaning programme again, please, at 18.20 if we can just go behind that.

HOCKNELL: "Oxygen/CPAP/high flow weaning programme. Flow delivery: CPAP in air. Time on 18.20. SP02, 97%. Total off: 2.5 hours."

JOHNSON: Again, on the face of it, suggesting that [Baby B] had been off CPAP for 2.5 hours and had good blood oxygenation -- saturation?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Are these more messages involving Lucy Letby and Sophie Ellis that we've seen before?

HOCKNELL: That's correct, yes.

JOHNSON: So if we could just scroll past them. Some involving [Nurse A], as seen before --

HOCKNELL: That's correct, yes.

JOHNSON: -- and Jennifer Jones-Key.

HOCKNELL: Yes.

JOHNSON: Thank you.

Next to the nursing notes, and this is a family communications update, which I think you referred us to this morning as being sometimes in the notes.

HOCKNELL: That's correct, yes.

JOHNSON: It's separate to dealing with the child, this time it's a written record of communications with the parents or the wider family?

HOCKNELL: That's correct.

JOHNSON: Thank you. Can you take us through what that says, please?

HOCKNELL: "Mummy, daddy, nan and grandad all on unit during the day. Parents spoken to by medical staff, bereavement officer, coroner. Obviously upset by death of sibling. Maximum support given. Family extremely anxious and worried to leave [Baby B]. Mum only leaving unit to get some rest if grandparents are here. Explained this is okay for today, however this would not be able to continue as per our visiting policy. Grandparents and parents understand. [Baby B] out twice for skin to skin with mummy. Offered to daddy but feeling too overwhelmed and frightened to hold her yet. Support and reassurance given. Lots of photos taken while she was out. Mummy would like to start hand expressing when feeling better. Advice given. Mummy extremely tired tonight and required pain relief."

JOHNSON: Thank you. We then see a further reproduction of the messages that we saw on [Baby A]'s sequence involving Lucy Letby and [Nurse A].

HOCKNELL: That's correct.

JOHNSON: Next, 125, which is a further nursing note update towards the end of the shift made by Joanne Williams. Could you deal with that for us, please?

HOCKNELL: "CUS performed shows grade 2. ECG performed. NAD. Weaned for 2 hours 30 minutes off CPAP. [Capillary blood gas] very good but electively placed back on as slight increased work of breathing. [Question mark] for Optiflow. SBR remains below treatment line. U&Es taken and sent. Passed meconium this evening. Enteral feeds increased to 3ml/2 hourly. Settled at time of writing."

JOHNSON: Thank you. We then have a further reproduction of messages that we saw earlier on [Baby A]'s timeline.

HOCKNELL: That's correct, yes.

JOHNSON: Do we have the final observations taken by Joanne Williams on this shift --

HOCKNELL: At 19.00, yes.

JOHNSON: So as before. At 7 pm, so just before she came into work, do we see Lucy Letby is still in text conversation with Melanie Taylor?

HOCKNELL: That's correct, yes.

JOHNSON: And these are messages again that we have seen before?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. We can scroll through those, please.

At 19.07 do we see Joanne Williams collecting blood for analysis?

HOCKNELL: That's correct, yes.

JOHNSON: And then at about the same time and following, a continuation of the text messaging between Melanie Taylor and Lucy Letby.

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. So as we have seen before, do we then start to see, just before the start of the night shift, door swipe data relating to some of the staff that were coming in?

HOCKNELL: That's correct, yes.

JOHNSON: So Mary Griffith at 19.14, Kathryn Percival-Ward at 19.23, Belinda Simcock 3 minutes later, [Nurse A] a minute after her, and then a minute after her Lucy Letby at 19.28?

HOCKNELL: That's correct, yes.

JOHNSON: And the jury know well now that the shift handover takes place between 7.30 pm and 8 pm.

HOCKNELL: That's correct, yes.

JOHNSON: Can we go to that handover sheet, please? That gives us the list of the people working that night as we have seen before; is that right?

HOCKNELL: That's correct, yes.

JOHNSON: And tells us that [Nurse A] was the designated nurse for [Baby B] on that shift?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. The jury hasn't seen this before. It's probably self-evident, but it probably will do for us to just go through it slowly.

The map of the neonatal unit is essentially the same as the map that the jury has behind divider 5 with bits cut off. This is a sort of clipped version of that because it simply shows rooms 1, 2, 3 and 4 with the corridor that runs between those rooms; is that right?

HOCKNELL: That's correct, yes.

JOHNSON: What the one on the screen doesn't show is where the incubators or the cots were habitually located in the rooms. But what it does show, that isn't shown on the map behind or the plan behind divider 4, is who was in which room and, perhaps equally importantly, which nurse was allocated to which child.

HOCKNELL: That's correct, yes.

JOHNSON: Okay. So just so that the jury understands, please, where does this information derive, from where does this information derive?

HOCKNELL: From the neonatal review that we carried out. We've been able to identify who the designated nurses are for those other babies in the unit and we also have access to handover sheets from the doctors and the nurses for that shift.

JOHNSON: Okay. The jury heard me explain to them that when Lucy Letby's home address was searched, a number of handover sheets were found.

HOCKNELL: Yes.

JOHNSON: Is that the sort of document that you're talking about?

HOCKNELL: Yes, it is, yes.

JOHNSON: Broadly speaking, do the handover sheets have the name of each baby that's in the unit at the beginning of the shift?

HOCKNELL: That's correct, yes.

JOHNSON: And amongst the other information on the sheet are specific nurses allocated to specific babies?

HOCKNELL: That's correct, yes.

JOHNSON: There is other information as well?

HOCKNELL: That's correct.

JOHNSON: Okay. There are also doctors' handover sheets; is that right?

HOCKNELL: That's correct, yes.

JOHNSON: Do they contain information about where the babies are in the neonatal unit or not?

HOCKNELL: They can do, yes.

JOHNSON: Do they contain information about the problems that the babies may have?

HOCKNELL: Yes, it provides a summary of problems.

JOHNSON: Just so that the jury know what it is they're dealing with, on occasions are there discrepancies, differences, between the information contained in the nursing handover sheets and the doctors' handover sheets?

HOCKNELL: Yes, it can't be assumed that both are created at the same time and obviously it's an evolving picture for the babies over time.

JOHNSON: Anyway, just looking at -- given that this is the first time we've seen this information set out in this way, where it has been possible to provide this information has it been provided in these documents that the jury now have?

HOCKNELL: That's correct, yes.

JOHNSON: Will we see by and large, as we go through the balance of the evidence, that in the vast majority of shifts with which the jury are concerned, this information is available?

HOCKNELL: That's correct, yes.

JOHNSON: So taking these from the top, so to speak, starting with nursery 1, can we see that there is an arrow coming out of nursery 1, which is the largest of the rooms? There were two babies in there at the beginning of this shift, [Baby B] being one?

HOCKNELL: Yes.

JOHNSON: And [Nurse A] being her designated nurse?

HOCKNELL: That's correct, yes.

JOHNSON: And there was another child in there as well with the initials JE?

HOCKNELL: That's correct, yes.

JOHNSON: [Nurse A] was also her designated nurse. But we see underneath [Nurse A]'s name Kathryn Ward or Kathryn Percival-Ward. Why are there two names there?

HOCKNELL: Due to the course of events over this shift, it was [Nurse A] that started looking after baby JE and, following [Baby B]'s collapse, Kathryn Percival-Ward took over.

JOHNSON: In nursery 2, there was a single child being looked after by Mary Griffith.

HOCKNELL: That's correct.

JOHNSON: In nursery 3, Mary Griffith had a second child; is that right?

HOCKNELL: That's correct.

JOHNSON: And there were two other children --

HOCKNELL: Yes.

JOHNSON: -- EB and HT?

HOCKNELL: Yes.

JOHNSON: For whom the designated nurse is Lucy Letby?

HOCKNELL: That's correct, yes.

JOHNSON: Finally in nursery 4, four children, three of whom were designated to the care of Kathryn Percival-Ward and the fifth -- sorry, the fourth Cheryl Cuthbertson-Taylor?

HOCKNELL: I've got Lisa Walker --

JOHNSON: Sorry, yes.

HOCKNELL: -- for the first two and Catherine (sic) Cuthbertson-Taylor for the third and Kathryn Percival-Ward for the fourth.

JOHNSON: You're quite right. It shows the population of the NNU during the relevant shift. As the jury will hear from the evidence, from time to time babies were moved between the rooms?

HOCKNELL: That's correct, yes.

JOHNSON: And of course, from time to time, babies were born during a shift and therefore their arrival might affect the set-up?

HOCKNELL: That's correct, yes.

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

So on the hour every hour as before. Do we now see that the tiles are edged in blue because Lucy Letby was on duty, [Nurse A] was the designated nurse, and the habitual hourly observations were being recorded?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. So at 5.45 the following morning, [Nurse A] recorded what she had done so far as [Baby B] was concerned from 8 pm; is that right?

HOCKNELL: That's correct, yes.

JOHNSON: Can we just go into that note and can you tell us what it says?

HOCKNELL: "20.00 to 00.20. Continued on CPAP in air for start of shift. Tolerated well. No bradys/desats. Tolerating 3ml donor expressed milk 2-hourly. All obs satisfactory. Active and handling well."

JOHNSON: Thank you. Back to events, please. We can see Lucy Letby texting Yvonne Griffiths at 8 pm.

HOCKNELL: That's correct, yes.

JOHNSON: We've seen that before in [Baby A]'s --

HOCKNELL: We have, yes.

JOHNSON: Then Shelley Tomlins, some swipe data. Is that swipe data from the neonatal unit or elsewhere?

HOCKNELL: That's from the entrance to the neonatal, yes.

JOHNSON: Thank you. Ditto Dr Lambie at 20.24. Is that the NNU or elsewhere?

HOCKNELL: That's elsewhere.

JOHNSON: Is it on the children's ward?

HOCKNELL: Yes, ward 30.

JOHNSON: Thank you. Nurse Mary Griffith --

HOCKNELL: Yes.

JOHNSON: -- at 20.28. Where is that swipe data from?

HOCKNELL: The neonatal entrance doors.

JOHNSON: Thank you. Then at 20.30 hours, tile 155, I think we've heard mention of bilirubin before, but this is some -- we'll hear some evidence about it. It's something that's produced by the liver of children, isn't it?

HOCKNELL: Possibly, yes.

JOHNSON: Take it from me, we'll hear the evidence. Anyway, there's a record of that at 20.30. Some more swipe data for Dr Lambie at 20.30. Again, this and the one a minute later, are they NNU or elsewhere?

HOCKNELL: Elsewhere, in ward 30.

JOHNSON: Thank you. Mary Griffith again, some swipe data at 20.31.

HOCKNELL: It's the neonatal entrance doors.

JOHNSON: Thank you. And Dr Jian Min Hor at 20.32, twice at 20.32. The location, please -- or three times.

HOCKNELL: In the maternity unit.

JOHNSON: The maternity unit, thank you. Did the text messaging -- was there a further message, this time returned from Yvonne Griffiths to Lucy Letby, at 20.34?

HOCKNELL: That's correct, yes.

JOHNSON: And again, is this a replication of what had previously appeared in [Baby A]'s --

HOCKNELL: It is, yes.

JOHNSON: Thank you. Some more swipe data, a minute apart, for Nurse Mary Griffith. Location, please?

HOCKNELL: In the neonatal entrance doors.

JOHNSON: Thank you. Then do we see a further reproduction of messages between -- a series of messages which aren't reproduced but the fact of them is reproduced, involving Lucy Letby and Minna Lappalainen?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. We then come to 9 pm on the hour. The standard observations have been recorded; is that right?

HOCKNELL: That's correct, yes.

JOHNSON: And so far as the details are relevant, of course we will go to them with the doctors, but at 169 do we see again WhatsApp messaging involving Lucy Letby and Minna Lappalainen and Jennifer Jones-Key?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. I think we've seen these before as we have seen the -- Yvonne Griffiths texting at 21.12; is that right?

HOCKNELL: Yes.

JOHNSON: So if we can just scroll through those, please.

[Nurse E] makes an appearance there at 21.27.

HOCKNELL: That's correct.

JOHNSON: Lisa Walker, Nurse Walker, swipe data at 21.38. Is that NNU or elsewhere?

HOCKNELL: The neonatal entrance doors.

JOHNSON: Thank you. A continuation of the texts or WhatsApp messaging from 21.46 onwards.

HOCKNELL: That's correct, yes.

JOHNSON: Lisa Walker, aka Williamson, again at 21.47.

HOCKNELL: That's correct, yes.

JOHNSON: Where is that, please?

HOCKNELL: That is at the neonatal entrance doors again.

JOHNSON: Thank you. Then the messages that we've seen before involving Lucy Letby and Jennifer Jones-Key on WhatsApp.

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. That takes us to 10 pm. We see once again records of the various observations and measurements taken on the hour, every hour.

HOCKNELL: That's correct.

JOHNSON: The messaging through WhatsApp continued involving Lucy Letby and Jennifer Jones-Key?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Dr Jian Min Hor. Is that NNU or elsewhere?

HOCKNELL: That's the neonatal entrance doors.

JOHNSON: Thank you.

HOCKNELL: And then the second is the maternity, ward 30, children's ward.

JOHNSON: Can you keep your voice up a bit? You're dropping your voice.

HOCKNELL: Sorry, the second of those swipe data entries is for the children's ward, ward 30.

JOHNSON: Thank you. [Nurse A] at 22.31.

HOCKNELL: That's the neonatal entrance doors.

JOHNSON: Thank you. The text messaging continues between 22.38 and 22.59, involving Lucy Letby and Charlotte James.

HOCKNELL: That's correct.

JOHNSON: Mary Griffith then, swipe data, 22.43.

HOCKNELL: That's the neonatal entrance doors.

JOHNSON: Thank you. We come to 11 pm with the hourly observations as before.

HOCKNELL: That's correct.

JOHNSON: Thank you. Then we see -- so if we just stop on this one. Swipe data for Lucy Letby. Could we go behind the tile, please, just as a reminder, really, that that's telling us the location?

HOCKNELL: That's correct.

JOHNSON: And that information, although you've been telling us as we've been going through, that information is always behind the tile, isn't it?

HOCKNELL: Yes.

JOHNSON: And as you told us at the beginning, to get out you could press a button and open the door?

HOCKNELL: That's correct, yes.

JOHNSON: It's coming in that you need to use your pass?

HOCKNELL: That's correct.

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

Mary Griffith, about 50 minutes later, 51 minutes later.

HOCKNELL: Yes. That's the neonatal entrance doors.

JOHNSON: Thank you. And that's at 23.59.

HOCKNELL: That's correct.

JOHNSON: We then have a black tile for the event.

HOCKNELL: That's correct.

JOHNSON: And we have retrospective notes written about it by the designated nurse, [Nurse A], written at 07.28, and I'd like to go behind that, please. Can you tell us what [Nurse A] wrote?

HOCKNELL: "Shortly before midnight [Baby B] desaturated to 75%. Found to have pushed CPAP prongs out of nose. Prongs and head repositioned. Took a little while and O2 to recover. Heart rate remained stable, good resp effort throughout. Once settled, capillary blood gas taken, which was normal. Dr Lambie on unit and satisfied that [Baby B] was stable."

JOHNSON: Thank you. Then underneath it says "Prior to midnight"; is that right?

HOCKNELL: Yes.

JOHNSON: Is that something you have added or something that's in the notes?

HOCKNELL: Because it's not an exact time, it's referred to as just shortly before midnight.

JOHNSON: Sorry, the words "prior to midnight", have they been added by you or is that --

HOCKNELL: Added by me as an indicator of the time.

JOHNSON: Okay. So the description section is a lift, a verbatim lift from the notes. The observations is your reminder, if you like, that this is before midnight?

HOCKNELL: That's correct, yes.

JOHNSON: Okay, thank you.

Can we go back, please? Can we go back to the tile, just in case there's ever any confusion. So there's no specific time put on to the tile, really. That's the point?

HOCKNELL: (Inaudible: coughing) yes.

JOHNSON: If we look at the next tile, the intensive care chart, that has -- with all the hourly records, it is timed on the hour, every hour?

HOCKNELL: That's correct, yes.

JOHNSON: So that's why you've put it in before --

HOCKNELL: Yes.

JOHNSON: -- even though there's not a specific time?

HOCKNELL: That's correct.

JOHNSON: Thank you. So the hourly readings again?

HOCKNELL: That's correct.

JOHNSON: And we see at tile 213 -- and this is an entry that involves Lucy Letby, who the jury will remember was her -- designated charges were in room 3.

HOCKNELL: That's correct.

JOHNSON: We can see that she was involved in this interaction with [Baby B] at 00.05.

HOCKNELL: That's correct.

JOHNSON: So could we look at what's recorded, please? As before in the top right-hand corner, there are these representations of name badges on lanyards.

[Nurse A] and Lucy Letby. What have you recorded on this sheet first, please?

HOCKNELL: "New bag: Babiven Maintenance [which is Peditrace and Solivito]. 65.5ml/kg/day at a rate of 4.55ml/hour. Lipids: 10ml/kg/day at a rate of 0.69ml/hour."

JOHNSON: Thank you. If we go behind that, please. Is this the prescription for the Babiven?

HOCKNELL: Yes.

JOHNSON: Together with the additives, Peditrace, is it, and Solivito --

HOCKNELL: Yes, that's correct.

JOHNSON: -- and water to dilute the Solivito or to mix the Solivito?

HOCKNELL: That's correct.

JOHNSON: It tells us, of course, what's in the feed. It says:

"Aqueous feed, amino acids, glucose, electrolytes", et cetera.

It has lipid, which as you have already told us, I think, is supplied in a separate syringe, as it says on the sheet. The contents of this feed are there set out, broken down into various elements. Then underneath, as you said, the rate, 65.47 millilitres per kilo, multiplying that by [Baby B]'s weight produces a total of 109.34 millilitres.

Glucose concentration, 10.9%. Kilocalories are there. We can see there's a manuscript alteration to the prescription, which the jury will hear is done in the pharmacy; is that right?

HOCKNELL: That's correct.

JOHNSON: Because midnight could give rise to confusion, if it says midnight on the 9th, is that midnight at the beginning of the 9th or midnight at the end of the 9th, and this manuscript makes it clear it's the one at the end of 9th?

HOCKNELL: That's correct, yes.

JOHNSON: And the pharmacist's initials appear under that. Then underneath that, at the bottom of the page, we see Lucy Letby's signature, which is timed on 10 June at 00.05.

HOCKNELL: That's correct, yes.

JOHNSON: In other words, 25 minutes after the prescription says it's to be administered within 48 hours of.

HOCKNELL: That's correct.

JOHNSON: So the 48-hour period starts 23.40 on the 9th, signed by Lucy Letby 25 minutes later?

HOCKNELL: That's correct.

JOHNSON: Can we scroll down again, please? Here we have the parenteral nutrition prescription. We can see that it's broken down day by day; is that right?

HOCKNELL: That's right, yes.

JOHNSON: It's starting on the 7th, it's going back a couple of days, and I think it's the day [Baby B] was born.

HOCKNELL: Yes, that's correct.

JOHNSON: So 7th, 8th, 9th. The Babiven starts. We can see the daily rates vary. So looking at the totals at the end of each day, we can see it's 60 millilitres per kilo per day on the 7th. 75, does that say?

HOCKNELL: Yes.

JOHNSON: That's on the 8th. And 90 on the 9th.

HOCKNELL: That's correct.

JOHNSON: The rate changes as well of course. It would have to. 4.17 through 5.2 to 6.24. And the lipids change as well.

HOCKNELL: That's correct.

JOHNSON: The identity of the doctor making -- doing the daily prescription appears to change; is that right?

HOCKNELL: That's correct, yes.

JOHNSON: So different signatures. And only Dr Brunton has printed his name underneath the signature?

HOCKNELL: That's correct.

JOHNSON: The nurse or nurses administering the feed on a daily basis also have to sign --

HOCKNELL: That's correct.

JOHNSON: -- as "given by" and we have Caroline Bennion's signature --

HOCKNELL: That's correct, yes.

JOHNSON: -- on the 7th. Something --

HOCKNELL: I think that's Belinda Simcock and Melanie Taylor.

MR JUSTICE GOSS: Sorry, I can't hear you.

HOCKNELL: I think it's Belinda Simcock and Melanie Taylor.

MR JOHNSON: Yes. Then we have Lucy Letby's signature as the second under the 9th; is that right?

HOCKNELL: Yes. With [Nurse A]'s.

JOHNSON: Yes, [Initials of Nurse A]. Thank you.

We see there's one on the 10th as well.

HOCKNELL: That's correct, yes. It's indicating it's the same bag that's still being administered.

JOHNSON: Yes. I think, as the jury will hear, the standard was to use these bags for 48 hours?

HOCKNELL: That's correct, yes.

JOHNSON: Okay, thanks.

If we scroll up again, please. And back, please. So following that nutrition being started --

HOCKNELL: That's correct.

JOHNSON: -- the new bag being hung, do we then have observations 5 minutes later?

HOCKNELL: That's correct, yes.

JOHNSON: Can we just have a look at that chart, please, 214. Can we go to the document behind it? As we have seen before, this is the end of the 9th and the beginning of the 10th, it appears. Is that right?

HOCKNELL: That's correct. It relates to the fourth column.

JOHNSON: Yes. And we can see [Baby B]'s respiratory rate dropping after midnight?

HOCKNELL: That's correct.

JOHNSON: Thank you. Can we scroll to the bottom, please?

Thank you very much. We see the initials of the nurse involved at the bottom. Whose initials do we see just where that arrow is now?

HOCKNELL: That's LL, Lucy Letby.

JOHNSON: Yes. Just keeping the arrow where it is, please, in that column and just scrolling up, you see that coincides with the drop in respiration?

HOCKNELL: That's correct.

JOHNSON: Can we scroll up to the top, please, to get the time?

That's 1 o'clock. So that's the next readings after the bag had been hung?

HOCKNELL: That's correct.

JOHNSON: Yes, thank you. Lucy Letby's baby was in room number 3?

HOCKNELL: That's correct.

JOHNSON: And [Baby B] was in room number 1?

HOCKNELL: That's correct.

JOHNSON: Do we see here Lucy Letby at 1.15 or 1.16 (sic) taking the blood gas record for [Baby B]?

HOCKNELL: That's correct.

JOHNSON: Can we click on this as well, please? Can we go to the original document? [Baby B]'s name at the top. Date of birth. And the date running down the left-hand column, so 7th, 8th, into the 9th, to the 10th. So just stopping it there, can we go to where it says 10/6/15 with the arrow? Thank you. Just below, please. That's it.

So reading across, we've got the time, 00.16, which is 11 minutes after the bag is hung --

HOCKNELL: That's correct.

JOHNSON: -- or the record says the bag is hung? And we've got various readings taken; is that right?

HOCKNELL: That's correct.

JOHNSON: Then in the far right-hand column we've got LL, Lucy Letby?

HOCKNELL: That's correct.

JOHNSON: And in the column below we've got LL?

HOCKNELL: Yes.

JOHNSON: Is that right?

HOCKNELL: 00.51 hours.

JOHNSON: So the first one is 00.16. The second one may be open to interpretation, but the third one that appears to be signed by somebody else is 02.32.

HOCKNELL: That's correct, yes.

JOHNSON: So that second one is something between 00.16 and 02.32?

HOCKNELL: That's correct.

JOHNSON: And just reading across there, that line, please, do we see "during Neopuffing"?

HOCKNELL: That's correct, yes.

JOHNSON: Can we go back now, please? Dr Lambie, some swipe data at 00.23.?

HOCKNELL: Yes, that's the neonatal entrance doors.

JOHNSON: Then we have the event for [Baby B]. And dealing with that -- there's nothing behind that tile, is there?

HOCKNELL: No, there isn't.

JOHNSON: So if we go to the next written record. This is a retrospective note made by [Nurse A].

HOCKNELL: That's correct.

JOHNSON: Written at the end of the shift, 07.29. Can we go to that, please?

HOCKNELL: "00.30. Sudden desaturation to 50%. Cyanosed in appearance. Centrally shut down, limp, apnoeic. CMV via Neopuff commenced and chest movement seen. Colour changed rapidly to purple blotchiness with white patches. Started to become

bradycardic. Emergency call for doctors put out. Continued with Neopuff via Guedel airway till Dr Lambie arrived."

JOHNSON: I won't go to it, but that appears in the standard typed computerised form in the nursing notes?

HOCKNELL: That's correct, yes.

JOHNSON: If we go back, please. Here we have Dr Lambie at 00.31. Is that Dr Lambie coming into the NNU?

HOCKNELL: That's a maternity ward, 31/32, entrance record. So at the moment she's away from the neonatal at that time.

JOHNSON: Yes. But what we then have is a fast bleep reference and this is the first time we've seen one of these. Can you explain to us what that is?

HOCKNELL: In an emergency, I understand that the nurses put out what they call a fast bleep, which is an alert made to the doctor to attend the neonatal... as soon as they can.

JOHNSON: Yes, okay. So there is a computerised record of that having gone out in effect, the alarm call having gone out at 00.33?

HOCKNELL: That's correct, yes.

JOHNSON: We then have Dr Lambie's clinical notes written into [Baby B]'s file. If we can go to those, please.

HOCKNELL: This is a portion of notes that she wrote at 2.30:

"Crash called to NNU at 00.33."

JOHNSON: Can we go to the document behind that, please?

Dr Lambie ST6, written at 2.30, as we see. Written in retrospect. Then what you have just told us:

"Crash called to NNU at 00.33."

HOCKNELL: That's correct.

JOHNSON: And Dr Lambie then sets out what she saw in effect --

HOCKNELL: Yes.

JOHNSON: -- is that right?

"Bag and mask ventilation in progress."

Or process?

HOCKNELL: That's correct.

JOHNSON: "Had acute apnoea with no warning."

HOCKNELL: Yes.

JOHNSON: "Widespread purple discolouration of skin with white patches."

HOCKNELL: That's correct.

JOHNSON: Is that Guedel?

HOCKNELL: "Gradual decrease in heart rate."

JOHNSON: "Lowest" is that?

HOCKNELL: 80 to 90.

JOHNSON: "Neopuff plus?"

HOCKNELL: "... Guedel. Good chest wall. Now with pressures increased to 35. Intubated size 3. Second attempt. Secured 7 centimetres at lips. Vocal cords look normal. Bolus 10ml/kg, NaCl given. CRP 3 to 4 seconds. Responded well. CRP decreased to 2 to 3 seconds within 10: minutes, becoming active and breathing. Morphine bolus [tick]. Bloods urgently: coag, FBC, U&E, CRP, dimer, fib [tick]. Placed on ventilator. Needing morphine infusion to settle. [Dr B] arrived. Gradual improvement in perfusion over next 30 minutes. Second bolus 10ml/kg given. A..."

JOHNSON: I think it's a reference to the tube, isn't it 3.0 (overspeaking) --

HOCKNELL: -- "at 3, 7 centimetres at lips. ET on X-ray."

JOHNSON: Anyway. We'll let the doctor deal with this, but it refers to good air entry bilaterally, so going into both lungs; is that right?

HOCKNELL: Yes.

JOHNSON: And then various readings of various measurements?

HOCKNELL: That's correct.

JOHNSON: Can we go back, please? That's Dr Lambie. Dr Jian Min Hor at 00.34. Is that going into the NNU or elsewhere?

HOCKNELL: It's coming into the NNU by the entrance doors.

JOHNSON: Is Dr Lambie's entry at 00.35 into the NNU?

HOCKNELL: That's correct, yes.

JOHNSON: We then have the notes that we've just seen, I think --

HOCKNELL: Yes, that's correct.

JOHNSON: -- from Dr Lambie that we dealt with as a single entry.

HOCKNELL: That's correct.

JOHNSON: We then have Lucy Letby again making an entry on [Baby B]'s notes at 00.36?

HOCKNELL: That's correct.

JOHNSON: Can we go to that, please? Can you bring up the original? This is in the -- it's difficult to read on the screen for some reason. Is it in the major events section in the bottom left-hand corner of the screen?

HOCKNELL: Yes, in that first populated column.

JOHNSON: "Intubated" --

HOCKNELL: At 23.26.

JOHNSON: 23.26.

HOCKNELL: Is it? Um...

(Pause)

23.36, sorry.

JOHNSON: Yes, 23.36. Okay. And that's in the 01.00 column.

HOCKNELL: That's correct.

JOHNSON: Can we go back, please, to the -- we can see -- sorry, it's my fault. Sorry.

We see LL in the bottom left-hand corner there where the arrow is; is that right?

HOCKNELL: That's correct, yes.

JOHNSON: Can you go back, please? So we've come to [Dr B]. He's one of the consultants?

HOCKNELL: That's correct, yes.

JOHNSON: She has written some notes retrospectively. She wrote them at 02.40 that morning?

HOCKNELL: That's correct.

JOHNSON: Could we look at those, please?

HOCKNELL: So a portion of those notes refers to being called at home at 12.36 am.

JOHNSON: Okay. We'll come to the balance of her notes in a minute, I think.

If we go back to the events, please. We have another fast bleep record at 00.37; is that right?

HOCKNELL: That's correct, yes.

JOHNSON: Then Dr Lambie again at -- written at 02.30. Is that what we've seen already?

HOCKNELL: Yes, that's correct.

JOHNSON: And [Nurse A], her nursing notes written at 07.29, referring to bradycardic, in other words [Baby B] having a slow heart rate, at 00.50. If we can just look at your version of it at least. Can you tell us what you have transposed from the records?

HOCKNELL: "Became bradycardic to 80s. Successfully intubated by Dr Lambie and heart rate improved quickly. 0.9% saline bolus given and colour started to improve almost as quickly as it had deteriorated. Started to breathe for self. Morphine commenced and placed on ventilator rate 30 SIMV 20/6 at 00.50. Parents had been called to the unit as requested after doctors had been contacted. Kept fully informed throughout at cot side."

JOHNSON: Thank you. If we go back, please. Then back to [Dr B], who's been called at home, as we've already seen. Can we go behind that one, please?

HOCKNELL: "Arrived at [and the symbol I think is approximately] 12.50 am. Baby tubed already by registrar. Went apnoeic suddenly. Purple blotching of body all over with slowing of

heart rate. Bagging and then tubed by registrar. Heart rate came up. Adrenaline not required. 10ml/kg bolus given. Upon my arrival purple blotching right mid-abdomen and right hand pink and active. In 40% O2 sats 100%. Heart rate 143."

JOHNSON: Thank you. Can we look at that note before we leave, please? [Dr B]'s handwriting, pretty legible. And we see there set out exactly what you have transposed in typescript.

HOCKNELL: That's correct.

JOHNSON: Thank you. Go to the bottom, please. Thank you.

Can we go back, please? Lucy Letby again appearing in the record at 00.51.

HOCKNELL: That's correct.

JOHNSON: Could we go to that, please? Go to the original. So this is what we saw before, where we were unclear as to the precise time, I think, settling on the fact that it was between 00.16 and 02.32, but you have reproduced that as 00.51?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Back to [Dr B]'s clinical notes. Can we just go to the next tile behind it, please? That's what we saw recorded in handwriting at the bottom of the page a couple of minutes ago. You've just transposed that into typescript?

HOCKNELL: Yes, and that's how I was able to confirm that the blood gas record was at 00.51 before.

JOHNSON: Where do we see that just in case --

HOCKNELL: In the notes of [Dr B], she refers to platelets and FFP have been requested.

JOHNSON: Okay. So that's what -- you tied that in with the 00.51 in the blood gas record --

HOCKNELL: Yes.

JOHNSON: -- made by Lucy Letby?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Back to events. Swipe data for [Dr B]?

HOCKNELL: For the ops internal door.

JOHNSON: Sorry, that might as well be in Latin as far as I'm concerned. What does it mean?

HOCKNELL: It's another door outside of the neonatal unit.

JOHNSON: Okay. It puts her there or thereabouts at those times. Is that all three of those or...?

HOCKNELL: One of the doors into that area or another one is out of that area and then, by 00.57, she is entering back into the neonatal by the entrance doors.

JOHNSON: Okay. All that information, as always, is behind the tile anyway?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Do we then have at 1 o'clock, Lucy Letby, whose designated child of course was -- at the beginning of the shift at least had been in room number 3, taking the hourly observations?

HOCKNELL: That's correct, yes.

JOHNSON: Can we look at those, please? And the original, please.

So we're concentrating on 1 o'clock in the morning, which is below the 10 of 10/6/15. If we go down, we see it coincides with that drop in respirations. This is what we did before, just in the opposite direction, with LL written in at the bottom.

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Back, please.

Intensive care chart, if we could look at that, please, in the original. It's the bottom left-hand box there, LL.

HOCKNELL: That's correct.

JOHNSON: This is where you've already told us it says intubated 23 -- is it 36 or...?

HOCKNELL: Yes. There's an entry on that left-hand side of the page and there's an entry on the right-hand side of the page at 01.00 hours for the fluids.

MR JUSTICE GOSS: Again, you're dropping your voice and it was going down, I couldn't hear at the end what you said.

HOCKNELL: There's an entry on the left-hand side of the page, which is the equipment settings entry, for which there's a tile, and on the right-hand side of the page is where the fluid entry is made from.

MR JOHNSON: Where the arrow is now, that's her initials.

This chart, as we've already established, runs the opposite way. So the times are down the north axis, at the left-hand side of that half of the page, as opposed to east to west along the top of the page on the left-hand side of the page?

HOCKNELL: That's correct, yes.

JOHNSON: All right. Thank you very much.

Could we return, please? The intensive care chart, the equipment settings at 1 o'clock. Again, Lucy Letby featuring there?

HOCKNELL: That's off that same page, yes. That's the pairing of records.

JOHNSON: Exactly. Thank you. We then come to the X-ray report from Dr Anne Boothroyd at 01.09. Click on that, please.

Can you tell us what that says?

HOCKNELL: "Chest and abdomen. The tip of the ETT lies above the level of the carina. The tip of the nasogastric tube is projected over the region of the body of the stomach. The lungs appear mildly hyperinflated and are essentially clear. The bowel gas pattern is within normal limits. The tip of the left-sided peripheral long line is thought to be projected over the left internal jugular vein close to its junction with the subclavian vein."

JOHNSON: ETT is the tube that goes down the throat in this context; is that right?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Could we return to the homepage? We then see Mary Griffith and Lucy Letby giving morphine to [Baby B] at 01.10.

HOCKNELL: Yes, that's correct.

JOHNSON: So again, I don't think we've seen one of these charts up close before. If we could have a look at what this shows, please. This is a "neonatal variable dose infusion prescription and administration chart", it says at the top. We see [Baby B]'s

details. We then see under where it says "morphine sulphate, 2 milligrams", the date, 10/06, and the time; is that right?

HOCKNELL: Yes, 01.10 hours.

JOHNSON: Yes. Time finished, 19.50, is that?

HOCKNELL: Yes. I'd have check whether it's 19.50 or 19.30.

JOHNSON: You're dropping your voice again.

HOCKNELL: I would have to check whether it's 19.50 or 19.30.

JOHNSON: And the rate?

HOCKNELL: 0.85ml per hour.

JOHNSON: The dose, the doctor's signature, and the nurse's signature, Lucy Letby's on the top and Mary Griffith's below?

HOCKNELL: That's correct, yes.

JOHNSON: We can see in effect the -- well, the details of the infusion are in those dark boxes that run across the top of the page as it appears at the moment?

HOCKNELL: Yes.

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

So that's at 1.10. We can see the swipe data for Mary Griffith at exactly that time?

HOCKNELL: That's correct. The neonatal entrance doors.

JOHNSON: So at the time that she's recorded on the chart at tile 241 as a co-signer for this, Mary Griffith is actually coming into the unit?

HOCKNELL: That's correct, yes.

JOHNSON: Can we go to Dr Lambie's records, please, next, written -- so this -- is this a record that pre-dates that morphine prescription?

HOCKNELL: Yes.

JOHNSON: Because it's 00.45, isn't it? Well, it runs from 00.45 to the time of the morphine. Could you read us what it says, please?

HOCKNELL: "Approximately between 00.45 and 01.15. Gradual improvement in perfusion over next 30 minutes. Second bolus 10ml/kg given. Good air entry bilaterally. Chest X-ray? Abdo full/mildly distended. No bleeding umbilicus. Bowel sounds ++."

And there's a drawing in notes:

"AFN normal. Moving (sic) all limbs. See medical notes for full details."

That's my notes.

JOHNSON: Thank you. And then you've produced material that no doubt the doctor can help us with.

HOCKNELL: Yes.

JOHNSON: Back to events, please. Dr Jian Min Hor. Some blood results, it appears, at 1.16 and 1.17?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. If we carry on, please. At 01.21, there are two sets of door swipe data.

HOCKNELL: That's for ward 29.

JOHNSON: Thank you. Then the observations at 2 o'clock. We're back to the designated nurse?

HOCKNELL: That's correct, [Nurse A].

JOHNSON: So Lucy Letby at 1 o'clock, but the designated nurse again at 2 o'clock, and they are charts that we have seen before several times now?

HOCKNELL: That's correct, yes.

JOHNSON: I think we looked at them in some detail for the 1 o'clock entries because they were Lucy Letby's entries.

At 2.07, so just after those observations, do we see that Lucy Letby was acting as co-signer for medication being given to [Baby B]?

HOCKNELL: That's correct, yes.

JOHNSON: So again these are slightly different to what we've seen before. We can go to the original, thank you.

There are pages missing.

MR JUSTICE GOSS: It's the same on the iPad. It says "Can't find the PDF".

MR JOHNSON: Okay. Perhaps we can come back to that.

I don't know whether it's different for the next tile or whether we've still got the same issue.

(Pause)

We're getting fairly close to the end of the treatment phase, so to speak, as opposed to the texts.

(Pause)

We can probably return to these, actually. Can we just keep going and see if this is a problem that's afflicting the system? Just see if the observation chart comes up.

There we go. Go back and see if the other two work now, please.

(Pause)

MR JUSTICE GOSS: It's just these two that won't come up, the next ones will. It's up to you, Mr Johnson, what you want to do. Are we going to look at these with witnesses further down the line? This is in part a familiarisation process, isn't it?

MR JOHNSON: It is. The only reason I was keen on seeing these two is they are slightly different to what we've seen before.

MR JUSTICE GOSS: We could come back to them tomorrow morning.

MR JOHNSON: We've got it from a different source, so let's deal with it this way.

Can you just talk us through what this is, first of all, please?

HOCKNELL: So this is an electronic or e-prescription record. This particular prescription is for sodium chloride, a 0.9% injection. The prescription reference number, or Rx, is 002529691.

JOHNSON: I'm sorry to -- if I don't deal with this, someone will probably ask a question at some point. At the top it says:

"Run date: 24/05/17. Time 12.41. Run user."

Is that the person that's printed this off?

HOCKNELL: I think that might be the print date, yes.

JOHNSON: So it has nothing to do with the body of the information that's contained underneath?

HOCKNELL: No.

JOHNSON: No? Okay. So as you say, the prescription number is the Rx number that's by the little bar on the left-hand side of the screen.

HOCKNELL: That's correct, yes.

JOHNSON: The particular prescription for sodium chloride, 10ml.

HOCKNELL: That's correct, yes.

JOHNSON: A dose of 2ml?

HOCKNELL: Yes.

JOHNSON: To be used as a flush?

HOCKNELL: That's correct, yes.

JOHNSON: Again we'll ask the doctors about that. The ordering consultant is recorded as Dr Saladi.

HOCKNELL: That's correct.

JOHNSON: But underneath, and this is really what I was more interested in -- can we scroll down, please? We've got various dates on here, none of which are actually the date that we're concerned with at this stage of the process.

HOCKNELL: No. So this is the legend page that tells you what that prescription is. If I'm saying this correctly, it's a repeat prescription. So all the times and dates of the administration of the sodium chloride are recorded below.

JOHNSON: So for example, albeit it's not the document that we'd have come to had we gone behind, where the arrow is, we can see that two people are recorded, two nurses. One is the user, NDICR.

HOCKNELL: Yes, Rebecca Dickinson.

JOHNSON: And the co-signer on this occasion recorded as --

HOCKNELL: Lucy Letby.

JOHNSON: Lucy Letby. Okay. That gives us an idea anyway of what these forms are.

HOCKNELL: That's correct, yes.

JOHNSON: Albeit it's not the correct one for the particulars --

HOCKNELL: I think there's a two-page reference, so the legend page reference and then the actual page that relates to that particular entry. It's coming in now.

JOHNSON: Here it is. I think if we scroll down again.

HOCKNELL: It's there, half on that page, so you can see the user, [Nurse A], and the administration is at 02.07 hours.

JOHNSON: Yes. And if we had the next page we'd see that the co-signer is?

HOCKNELL: Lucy Letby.

JOHNSON: Lucy Letby. All right. Thank you.

There it is at the top there.

HOCKNELL: That's correct, yes.

JOHNSON: Thank you very much. Got there in the end.

Thank you, Mr Murphy. We can remove those, please.

And in effect, at the same time there is a parallel prescription with the same information on it but for a different drug?

HOCKNELL: That's correct, yes.

JOHNSON: Then at 02.10, so we've moved from on the hour to 10 minutes past the hour, at least for these, and some more observations for [Baby B] taken by [Nurse A]?

HOCKNELL: That's correct, yes.

JOHNSON: Then again, 15 minutes later, some more medication given to [Baby B] and again co-signed by Lucy Letby?

HOCKNELL: That's correct, yes.

JOHNSON: I don't know whether this one will work. Shall we give it a go? No. Ah. Thank you.

So can you just talk us through this? I'm not going to go into this detail every time, but if you can help us, please.

HOCKNELL: So in the fourth row down again this is where it indicates the teicoplanin injection, 200 milligrams.

The prescription reference number is 2533236. This is the legend record for this particular drug.

Instructions are given for the dose. And then, there at the bottom, is the history detail.

And in the administration at 02.25 hours, the user on the system is [Nurse A] and the co-signer is listed at Lucy Letby.

JOHNSON: Okay. What we can also see -- and this is information that's relevant later in the chronology, I think, in other cases, but we can see that this drug, this particular drug, was scheduled to be administered at 01.15 but was in fact administered at 02.25.

HOCKNELL: That's correct, yes.

JOHNSON: Thank you very much.

We can go back, please. So that's 02.25. And there are further records, medication administration updates, and what are they, please?

HOCKNELL: So similarly to other records in the binder, retrospective entries are made, so these entries on the sequence relate to the file time, which is the time at which the system was updated with details of what medication was given.

JOHNSON: So this is an automated process by the computerised system, is it?

HOCKNELL: So this is the time that the entry was made on the system.

JOHNSON: Right, okay. So it's not an autoupdate, it's somebody inputting information and the system automatically timestamps the information as it's recorded?

HOCKNELL: Yes.

JOHNSON: Okay, thank you. If we can move on again, please. There are several of these.

HOCKNELL: These three entries here relate to the three previous entries of drugs given but over a time between 02.07 hours to

02.25 hours and they have all been updated on the system at 02.25 hours.

JOHNSON: So whoever's input the information has done it all at the same time?

HOCKNELL: Yes, so [Nurse A]'s gone on to the computer and entered them all on to the system at the same time.

JOHNSON: Thank you. Do we then have Dr Lambie's clinical notes at 02.30? Can you talk us through these, please?

HOCKNELL: Parts of her notes have been entered at 00.33, 00.43 and between 00.45 and 01.15. The remaining contents of her entry is:

"Impression: ? widespread sepsis. ? coagulopathy. DIC? Plan 1: crash called for [Dr B]. 2: contact haematology to order FFP/PLT awaiting coagulation. 3: need BIC. 4: head ultrasound scan. 5: call parents urgently. 6: IV teicoplanin and cefotaxime. Long line in situ. X-ray review, reviewed by [Dr B]."

JOHNSON: Right. Underneath that is "observations". These are some records made by the doctor of various values of various measurements?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Can we return to the events, please? We see [Nurse A] then recording blood gas results at 02.32?

HOCKNELL: That's correct, yes.

JOHNSON: [Dr B], did she make a record at 02.40?

HOCKNELL: That's correct, yes.

JOHNSON: Can we look at that? It's probably what we've already seen, actually, but we'll check.

HOCKNELL: This particular note written at 02.40, there are entries made at 00.36 and 00.51 hours. And then the remaining part of the entry is:

"AXR [abdominal X-ray]: dilated loops of gas-filled bowel. Spoke to parents. Purple discolouration almost resolved. ?? cause. Stabilised at present. Continue antibiotics. Nil by mouth. Repeat gas and wean as tolerated. Repeat clotting plus FBC and U&E plus CRP at 7.30 am."

JOHNSON: Then, is it "repeat gas" --

HOCKNELL: "Observations: repeat gas pH is 7.33. PCO2 at 5.56. PO2, 4.48. Lactate minus 2.1. In air 20/6."

I think this refers to the rate of 20/6.

JOHNSON: Thank you. Do we then have [Nurse A], back on the hour, making the standard observations and recording them?

HOCKNELL: That's correct, yes.

JOHNSON: Carry on, please. Do we then have some swipe data for Lucy Letby?

HOCKNELL: That's correct. It's the maternity neonatal into the labour ward door.

JOHNSON: Do you know where that is as a matter of interest?

HOCKNELL: Not without looking at a map.

JOHNSON: There should be a map in the jury bundle there, sorry. It's behind divider 4.

HOCKNELL: It's not indicated on this map.

JOHNSON: Okay. It's probably unfair to ask you blind. So 4 o'clock. Have we got further observations taken by [Nurse A]?

HOCKNELL: Yes, that's correct.

JOHNSON: So that's tiles 264 onwards. And scroll through, please. Some more medication given to [Baby B] at 4.27, this time by [Nurse A] with Kathryn Percival-Ward?

HOCKNELL: That's correct, yes.

JOHNSON: Further observations at 5 am, as before?

HOCKNELL: That's correct.

JOHNSON: Skate onwards, please. A blood gas record at 05.03. Then at 05.15, blood results received and noted up by Dr Lambie.

HOCKNELL: That's correct.

JOHNSON: Thank you. We'll deal with those with another witness. If we carry on, please.

We have Lucy Letby on the door swipe data again at 05.18 and 05.21?

HOCKNELL: Yes, at 05.18 that's the labour ward doors by the lift, and at 05.21 hours it's the neonatal into the labour ward door.

JOHNSON: Thank you. Moving on, please. We then have the nursing notes updated by [Nurse A] at 05.45.

HOCKNELL: That's correct. This is the time she made them on the computer.

JOHNSON: Yes. If we could go to those, please.

HOCKNELL: So I've not replicated the note, it's been included in the sequence earlier on.

JOHNSON: Okay. Just to avoid any confusion, the notes that you've previously entered at 20.00 hours and at 00.20 are the ones that she actually made, she put into the computer at 5.45?

HOCKNELL: That's correct.

JOHNSON: Okay, thank you. And you put them in at the appropriate time rather than when they were actually entered?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Medication administration update by [Nurse A] and Kathryn Percival-Ward -- I don't think we need to go to that -- at 05.57. But the hourly observations, as we are now getting used to, taken on the hour at 6 am by [Nurse A] and at 7 am?

HOCKNELL: That's correct.

JOHNSON: Then the nursing notes made at the end of the shift at 7.28 at tile 284. Again --

HOCKNELL: Similarly, I haven't repeated the notes, I've entered them at the time prior to midnight because that's what they refer to.

JOHNSON: Yes, thank you. Can we turn, please. There's an update a minute later. Is there anything significant in that?

HOCKNELL: No, it refers to the entries at made at 00.30 hours and 00.50 hours.

JOHNSON: And the shift handover, as we now know, 7.30 and yet a further -- thank you. The designated nurse -- apologies for the typo -- Laura Eagles on the day shift --

HOCKNELL: That's correct.

JOHNSON: -- 10 June.

And then at 7.41, more notes updated at that time and at 8 o'clock by Laura Eagles; is that right?

HOCKNELL: So at 07.41 there are notes entered by [Nurse A] in summary.

JOHNSON: We can deal with those, please.

HOCKNELL: "01.00 to present. Remains on SIMV in air. Rate weaned to 25 and capillary blood gas satisfactory. Has been settled with no episodes of brady/desat. Commenced on teic/cef IV. Various blood tests sent. Most results normal but Dr Lambie has just spoken to parents as D-dimer is raised. Has explained that this may indicate a clotting problem and will be discussed with tertiary centre today. Observations remain stable PU. BO: meconium."

JOHNSON: Thank you. BO is bowels opened, isn't it?

HOCKNELL: Bowels opened, yes.

JOHNSON: Is there anything in Laura Eagles' notes that are relevant?

HOCKNELL: Only that it indicates that she took over care at 08.00 hours.

JOHNSON: Thank you. Then yet a further update by [Nurse A] at 08.09?

HOCKNELL: Yes.

JOHNSON: Is there anything in there?

HOCKNELL: Yes.

JOHNSON: Right. Let's deal with that, please.

HOCKNELL: "Parents had gone to ward to sleep. Asked to be called if anything changed. Contacted after doctors called to attend and arrived shortly afterwards. Kept updated throughout. Very upset and have remained on unit throughout the night since with maternal grandparents for support. Mum has slept in recliner for a few hours and dad has slept for periods in parents' accommodation. Updated re D-dimer this morning by Dr Lambie and though glad to have the start of an answer are understandably

upset too. Mum became very upset, blaming herself because of her own clotting disorder."

JOHNSON: Thank you.

MR JUSTICE GOSS: Mr Johnson, I don't know how far you would plan to go in relation to this.

MR JOHNSON: That's probably a good time. As the shift changes, it's probably a good time.

MR JUSTICE GOSS: I was going to say, I think it's a shift change. We've had a concentrated session this afternoon.

MR JOHNSON: Yes.

MR JUSTICE GOSS: All right.

Thank you very much, ladies and gentlemen. 10.30 tomorrow morning, please. And remember your obligations, which I shan't repeat again today. I did tell you it would become repetitive and tedious, but it's so important that you abide by those obligations in order to preserve the integrity of the whole system. Thank you very much indeed. 10.30 tomorrow morning.

(In the absence of the jury)

Housekeeping

MR JUSTICE GOSS: Thank you very much indeed. 10.30 tomorrow.

HOCKNELL: Thank you.

MR JUSTICE GOSS: There's a question from a juror, which I'll hand down for counsel to see. There's no need to address it now, it's something that no doubt can be addressed by someone at some time.

MR MYERS: I think that will come up when we get to the records and begin to question about what one can tell from the records.

MR JUSTICE GOSS: Exactly. That's why I wasn't encouraging too much detail in relation to this because I anticipate we're going to go back over a lot of this again and again and again.

MR MYERS: With that in mind, my Lord, may I assist with timings because, of course, you will have received provisional running orders from the prosecution.

MR JUSTICE GOSS: Yes.

MR MYERS: When it comes to the witnesses, as I understand -- I'm grateful to my learned friend for indicating this -- on the running order they are a kind of "not before" timings. In terms of actual estimate, the live witnesses will take quite a lot longer than the period on the running order. We have about eight or nine witnesses to be called, including four or five of the experts who, of course, will be giving evidence for the first time on some fairly complex issues. Provisionally they are put in over a period of 3 days.

I think we all understand it will take quite a lot longer than that to deal with them and I thought it wise and prudent to inform the court of that so that your Lordship understands that it will take quite a bit longer than it appears on the running order, but I anticipate that wouldn't be a surprise, really, particularly given the stage of the proceedings that we're at. There's an awful lot to cover in a lot of detail.

MR JUSTICE GOSS: Thank you very much, Mr Myers. I'm not surprised to hear that. It's very helpful to have an order.

MR MYERS: Yes.

MR JUSTICE GOSS: But what it is is an order, it's not a schedule in the sense --

MR MYERS: Yes. I'm grateful, that's what I understand.

MR JUSTICE GOSS: Sodium chloride, NaCl as it's referred to.

I don't think it's actually a drug. You referred to "another drug".

MR JOHNSON: Oh, sorry.

MR JUSTICE GOSS: It's all right. You've had a long and hard day and you were just saying "and another drug".

MR JOHNSON: I used that because it's prescribed.

MR JUSTICE GOSS: I know, it's prescribed, and there was reference earlier to NaCl, but some of them may remember from chemistry or know from chemistry. All right. Thank you very much.

(4.18 pm)

(The court adjourned until 10.30 am on Wednesday, 19 October 2022)