

3 November 2022 (Day 22)
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Thursday, 3 November 2022
(10.30 am)

(Delay in proceedings)

(10.35 am)

(In the absence of the jury)

MR JUSTICE GOSS: Just before the jury come in, Mr Myers, I think the difficulties that arose yesterday have all been resolved.

MR MYERS: My Lord, yes.

MR JUSTICE GOSS: I hope they have.

MR MYERS: We are grateful to all, including your Lordship and the court, for the assistance with that. Thank you.

MR JUSTICE GOSS: I'm very grateful in particular to the officer here, who has facilitated this and assisted greatly. I've asked that my thanks be passed to you and to those with whom you have been communicating. Thank you very much indeed. And she has a desk now as well.

MR MYERS: Yes, thank you very much.

MR JUSTICE GOSS: Jury in, please.

(In the presence of the jury)

MR JUSTICE GOSS: Yes, Mr Johnson.

MR JOHNSON: My Lord, your Lordship will remember that we're now moving to the case of [Baby D], which is count 4, and we will start by calling [Baby D]'s mother, [Mother of Baby D], please.

[MOTHER OF BABY D] (sworn)

Examination-in-chief by MR JOHNSON

MR JOHNSON: Thank you. Could we start by you telling the jury your full name, please?

MOTHER OF BABY D: [Mother of Baby D].

JOHNSON: Thank you. [Mother of Baby D], sometimes it's difficult when you're sitting down to keep your voice up, but even though the questions are coming from me initially and then from Mr Myers here after me, could you try to give your answers to the jury, please?

MOTHER OF BABY D: Sure.

JOHNSON: Thank you.

MR JUSTICE GOSS: And please just ignore the microphone that's in front of you: it'll be your natural voice that we all have to hear. So make a real effort because if you drop your voice, you simply have to repeat what you've said, which is not helpful for you and of course it just prolongs the proceedings. So I'll keep prompting you if I need to: I'm not being rude, I'm just making sure for the jury. If anyone can't hear, just raise a hand. That's the rule that we have. If anyone can't hear they raise a hand so we can see. Thank you very much.

MR JOHNSON: Is your husband [Father of Baby D]?

MOTHER OF BABY D: Yes.

JOHNSON: Did you marry [Father of Baby D] back in September 2014?

MOTHER OF BABY D: Yes.

JOHNSON: Did you discover that you were pregnant in about October of 2014?

MOTHER OF BABY D: Yes.

JOHNSON: And did you suffer from nausea and sickness at the beginning of your pregnancy, but thereafter were you fairly well?

MOTHER OF BABY D: Yes.

JOHNSON: Thank you. As a result of parenting lessons that you went to, did you develop a concern about your waters breaking?

MOTHER OF BABY D: Yes.

JOHNSON: And as a result, did you buy a mattress protector?

MOTHER OF BABY D: Yes.

JOHNSON: Your concern, to that degree at least, was well-founded because in the early hours of 18 June 2015, did you wake up in effect in a damp patch at about 3.30 in the morning?

MOTHER OF BABY D: That's correct.

JOHNSON: Did you phone the hospital as a result of that, the maternity hospital?

MOTHER OF BABY D: Yes, I did.

JOHNSON: Did they tell you to monitor the situation?

MOTHER OF BABY D: Yes.

JOHNSON: Did you continue to rest until about 9 o'clock that morning on 18 June?

MOTHER OF BABY D: Not exactly rest, but I waited.

JOHNSON: Yes, okay. At about 9.30, did you ring the hospital again and were you told to go into the hospital?

MOTHER OF BABY D: Yes, that's correct.

JOHNSON: By that stage were you 36 weeks plus 6 days pregnant, as far as you were aware?

MOTHER OF BABY D: 36 plus 5, I believe.

JOHNSON: 36 plus 5, all right. In any event, whichever's exactly right, you were about that far advanced. And did you go to the hospital with your husband and arrive at the Countess of Chester Hospital at about 11.30 on the morning of 18 June?

MOTHER OF BABY D: Yes. That's right.

JOHNSON: Did you explain to the hospital that you thought your waters had broken?

MOTHER OF BABY D: Yes.

JOHNSON: And did the staff at the hospital in effect confirm that your suspicion was correct?

MOTHER OF BABY D: They confirmed. They didn't test, but they confirmed, yes.

JOHNSON: Okay. Did they then monitor you?

MOTHER OF BABY D: Yes. They checked the baby and myself. Not for very long.

MR JUSTICE GOSS: You are speaking very softly.

MOTHER OF BABY D: Sorry.

MR JUSTICE GOSS: It's all right, it's natural, particularly when you're being asked questions by someone who's close to you. Perhaps if you could just face that way, Mr Johnson won't mind. Not for very long, you said?

MOTHER OF BABY D: Not for very long.

MR JUSTICE GOSS: They checked you, but not for very long?

MOTHER OF BABY D: Yes, that's right.

MR JOHNSON: And did you speak to a nurse at that stage --

MOTHER OF BABY D: Yes, I did.

JOHNSON: -- do you remember?

MOTHER OF BABY D: Yes.

JOHNSON: Was that particular nurse -- did you identify her subsequently in a statement as -- I think you gave numbers to the nurses, didn't you?

MOTHER OF BABY D: Yes.

JOHNSON: Did you give her a number and did you refer to her as nurse number 3, do you remember?

MOTHER OF BABY D: Um... I would have said nurse number 1. I'm not sure.

JOHNSON: Okay. If you can't remember, it doesn't matter, don't worry about it. All right. Were you scanned at that stage or not?

MOTHER OF BABY D: No.

JOHNSON: Okay. Were you in effect sent home after being examined?

MOTHER OF BABY D: Yes, that's right.

JOHNSON: So that was 18 June. On the 19th did you return to the hospital or not?

MOTHER OF BABY D: Yes. In the morning, yes.

JOHNSON: Did you see a midwife when you got to the hospital?

MOTHER OF BABY D: Yes.

JOHNSON: Were you examined and were various checks and measurements performed on you?

MOTHER OF BABY D: Yes. Not straightaway. I had to wait.

JOHNSON: Did you express a concern to the staff at the Countess of Chester?

MOTHER OF BABY D: Yes, I did.

JOHNSON: And what was your concern by that stage?

MOTHER OF BABY D: Well, I broke my waters for more than 24 hours. I felt I haven't rested a lot, I didn't feel right, the baby didn't seem to move as well. I was concerned for infection because I hadn't been given any antibiotics. Yes.

JOHNSON: Was the decision then taken to try to induce your labour?

MOTHER OF BABY D: Yes, that's right.

JOHNSON: Initially, was that done by giving you a pessary?

MOTHER OF BABY D: One pessary at first, yes.

JOHNSON: That didn't work. Were you given a second one?

MOTHER OF BABY D: Yes, I believe 6 hours after, instead of 4.

JOHNSON: So that was delayed?

MOTHER OF BABY D: Mm-hm.

JOHNSON: And what was the impression you got as to the reason for the delay?

MOTHER OF BABY D: They were very busy. I thought they forgot about me.

JOHNSON: Were you then given -- put on to an intravenous drip in order to induce your labour?

MOTHER OF BABY D: Not for many hours. Not until the following days -- day, sorry.

JOHNSON: Was it at about, as far as you recall, 2.25 in the morning of 20 June?

MOTHER OF BABY D: Yes, so very, very delayed because it should have been 4 hours between each stage.

JOHNSON: Yes. By that stage I think you calculated that it had been about 46 or 47 hours or so since you had felt that your waters had broken at home?

MOTHER OF BABY D: Roughly, yes.

JOHNSON: How did you feel at that stage?

MOTHER OF BABY D: Very worried, scared. I felt unwell and not in control and a bit forgotten by the staff, really.

JOHNSON: At one stage did you go to the bathroom?

MOTHER OF BABY D: Yes.

JOHNSON: And did you notice that there was some blood coming out of you?

MOTHER OF BABY D: Yes.

JOHNSON: And did that cause you concern?

MOTHER OF BABY D: Yes. I was on my own. My husband let me go because I asked to have some time. I was probably getting very grumpy and very tired and had not really rested the whole 2 days. I was starting to feel quite a bit of pain, labour has clearly started, and yes, there was blood in the toilet, so I went back and I asked for someone to do something.

JOHNSON: Then did you see a doctor?

MOTHER OF BABY D: Yes. I can't remember which, but yes.

JOHNSON: I think you described the doctor to the police, although you didn't know her name; is that right?

MOTHER OF BABY D: Mm-hm, that's correct.

JOHNSON: And was your description that you thought that she was possibly Indian, possibly mixed race, and aged somewhere in her late 20s, early 30s?

MOTHER OF BABY D: Yes, that's right.

JOHNSON: You thought she was about 170 centimetres tall and was a slim or skinny build with dark, curly hair, tied up?

MOTHER OF BABY D: Yes.

JOHNSON: Was she the first doctor that you had seen since you had arrived at the Countess of Chester?

MOTHER OF BABY D: Yes.

JOHNSON: Were you assessed by that doctor and told that essentially both you and [Baby D] were okay and that you needed to wait to see if [Baby D] could be delivered naturally?

MOTHER OF BABY D: Yes. She didn't really speak to me that much, she spoke with the midwives. They looked at the notes and at the end, when they were done talking, she just said, "You'll be fine, we'll try and see if this can happen naturally", and that's that.

JOHNSON: And were you told at that stage that your position would be reviewed in a further 4 hours, which would have taken you to about 11 o'clock that morning on the 20th?

MOTHER OF BABY D: Yes, that's correct.

JOHNSON: At 11 o'clock were you assessed again?

MOTHER OF BABY D: Yes.

JOHNSON: Was this by a different doctor?

MOTHER OF BABY D: Different doctor.

JOHNSON: And this doctor was a man?

MOTHER OF BABY D: Yes.

JOHNSON: Was he a white man?

MOTHER OF BABY D: Yes.

JOHNSON: You got the impression from his accent that he wasn't British; is that right?

MOTHER OF BABY D: Probably German, I would go with.

JOHNSON: Yes, and you are French?

MOTHER OF BABY D: Mm-hm.

JOHNSON: So you thought he was German. There you were in an English hospital with a German doctor as you thought. All right. But like you, what was his English like?

MOTHER OF BABY D: Great. No problem. I think we understood each other, no problem.

JOHNSON: Did you describe him as being in his early 40s and -- I think your words were very tall at 6 feet tall?

MOTHER OF BABY D: He was a big guy.

JOHNSON: Big that way as well as that way (indicating)?

MOTHER OF BABY D: Like (indicating) big height, yes.

MR JUSTICE GOSS: So a well-built man?

MOTHER OF BABY D: Well-built guy, yes.

MR JOHNSON: Did he examine you?

MOTHER OF BABY D: Yes.

JOHNSON: Did he record the fact that really there had been, without going into the detail, little progress so far as your labour was concerned?

MOTHER OF BABY D: He was a lot more friendly and I think he was the first professional in the hospital that actually spoke to me and exchanged with me and addressed my concern then, yes.

JOHNSON: Did you at that stage enquire of him whether a caesarean section might be considered as the means of delivery for [Baby D]?

MOTHER OF BABY D: I think we were in 50 hours then, so, yes, I asked if that was going to be something we consider because there was no progress and there was no dilation, no nothing going towards delivery naturally.

MR JUSTICE GOSS: Did you say there was no dilation?

MOTHER OF BABY D: Yes.

MR JUSTICE GOSS: So you were examined?

MOTHER OF BABY D: He physically examined, yes.

MR JOHNSON: Did the German doctor explain to you that a C-section wasn't an easy option so far as you were concerned?

MOTHER OF BABY D: I think he was trying to put me off it. Yes, he was just trying to say we've got to try naturally, you're young, you're healthy. I think sometimes people think this is an easy option, the C-section, which for me was the last resort. So that was not for me the case. But he said we should try, wait and see how we go for another 4 hours.

JOHNSON: The other 4 hours would take you to 3 pm?

MOTHER OF BABY D: Mm-hm.

JOHNSON: 15.00 hours.

MOTHER OF BABY D: Yes.

JOHNSON: In the meantime had you discussed the position with your husband, [Father of Baby D]?

MOTHER OF BABY D: Yes.

JOHNSON: Had you jointly reached the decision that if nothing happened by 3 o'clock you were going to be more forceful as concerned a C-section?

MOTHER OF BABY D: Yes. Yes, I was a bit more -- a bit less patient, absolutely exhausted, and I said, "This is enough now and the next step will be C-section and it's going to happen". Yes, that was it.

JOHNSON: Were you reviewed again by the same male doctor, the big guy?

MOTHER OF BABY D: Yes.

JOHNSON: Did you get the impression that he was more concerned about your situation by 3 pm?

MOTHER OF BABY D: Clearly.

JOHNSON: And was the information you were given that you were actually -- you'd gone backwards in the sense that you were less dilated than you had been at --

MOTHER OF BABY D: Yes.

JOHNSON: -- 11 am?

MOTHER OF BABY D: It seemed more tense and worse than before, yes.

JOHNSON: Did that doctor confirm that you would be given a C-section?

MOTHER OF BABY D: Yes. He was concerned for me and the baby and he said that it was not a good idea to wait any longer because the baby was going to get distressed and I didn't look in a good state to be delivering naturally.

JOHNSON: From the moment that decision was made, did events develop very much more quickly?

MOTHER OF BABY D: A lot, because at first everyone was pretty chilled and when he came back and he looked at the note and discussed with the midwife and maybe seen my face, I don't know, and then examined me again, all of a sudden, as soon as he said, "We will do a C-section", things just went very quickly. I was prepared, my husband was scrubbed up and on the way to the theatre.

JOHNSON: So you were taken to the operating theatre and [Baby D] was delivered?

MOTHER OF BABY D: Yes.

JOHNSON: Anyone who's been at such an occasion or seen one on TV knows there's effectively a screen that separates your top half from your bottom half.

MOTHER OF BABY D: Yes.

JOHNSON: The surgeons work on the other side of the screen.

MOTHER OF BABY D: Yes.

JOHNSON: And was [Baby D] delivered and lifted for you to see over the screen?

MOTHER OF BABY D: She was, yes.

JOHNSON: What impression did you get of [Baby D]'s state when you saw her that first time?

MOTHER OF BABY D: Not alive. She seemed very lifeless. She didn't scream. There was no sound. And everything was quiet in the room.

JOHNSON: Was there a nurse that you remembered who was in the theatre during this stage?

MOTHER OF BABY D: I'm not sure.

JOHNSON: Were you then stitched up?

MOTHER OF BABY D: Yes.

JOHNSON: And were you taken back or up to a ward whilst the medical professionals dealt with [Baby D]?

MOTHER OF BABY D: Yes, that's right.

JOHNSON: Where were you when you first had physical contact with your daughter?

MOTHER OF BABY D: So on the table, they brought her to me and very quickly took her back because she -- they were concerned. I mean, it seemed a bit rushed, but yes they took her back pretty quickly.

JOHNSON: I haven't asked you any questions about this yet, but had you had some form of anaesthetic to remove --

MOTHER OF BABY D: Yes, an epidural.

JOHNSON: And how did you feel at this stage? Were you aware of everything that was going on around you, fully aware, partially aware?

MOTHER OF BABY D: Considering -- I'd say I was very aware. I mean, you are in a cross sort of shape, my arms were out, the vision is limited. I don't know -- when they take [Baby D] to the other side, I can't see what's going on, but I think I was quite switched on, yes.

MR JUSTICE GOSS: Can we just be clear because we've reached the stage where [Mother of Baby D] had been taken, she said, back to the ward.

MR JOHNSON: Yes, sorry.

MR JUSTICE GOSS: And then you're describing something that happened before you were taken back to the ward.

MOTHER OF BABY D: Yes.

MR JUSTICE GOSS: We're back in time so to speak.

MOTHER OF BABY D: Yes.

MR JUSTICE GOSS: This is after the delivery, before you go back to the ward, and you referred to a table and seeing [Baby D].

MOTHER OF BABY D: Yes.

MR JUSTICE GOSS: So this was when you were still in the operating theatre?

MOTHER OF BABY D: Yes.

MR JUSTICE GOSS: Right.

MR JOHNSON: It's my fault for jumping around. Did you have physical contact with [Baby D] -- I'll just make sure that we've dealt with everything that happened in the operating theatre. Did you have physical contact with [Baby D] in the operating theatre?

MOTHER OF BABY D: No. Not myself. [Father of Baby D] next to me, yes.

JOHNSON: You were taken up to -- was it to an individual room or to a larger room with other people?

MOTHER OF BABY D: A larger room. There'd been a few people passing, but I would say maybe two or three patients in that room maybe.

JOHNSON: And did you have any physical contact with [Baby D] whilst you were in that room, having been taken up from the operating theatre?

MOTHER OF BABY D: I don't believe so. I think I was moved to another room.

JOHNSON: Okay. Let's deal --

MOTHER OF BABY D: It was a passing somehow -- when I settled in another room, that's when they brought [Baby D], and I was on my own then.

JOHNSON: All right. Let's just make this absolutely clear. From the operating theatre you were taken to a room where there were two or three other ladies?

MOTHER OF BABY D: I think, yes. It's a bit blurry, this one.

JOHNSON: You were moved on to a further room. Was that you alone in the room or with other ladies?

MOTHER OF BABY D: I believe just myself, a couple of midwives and [Father of Baby D].

JOHNSON: Okay. Was it in that second room that you had physical contact with your daughter, [Baby D]?

MOTHER OF BABY D: Yes.

JOHNSON: What impression did you get of [Baby D]'s condition at that stage?

MOTHER OF BABY D: I was really worried because she -- I obviously couldn't move, so they brought her to my chest, so we had skin-to-skin. But she didn't really have any movement, she was quite limp and she didn't have a good colour, she looked a bit grey and then a bit purple, not really an even colour. She seemed to struggle to breathe and she was making those groaning noises. She wasn't really responsive. There was a split second when she sort of opened her eyes a little bit and looked at me -- that's the one picture I've got of her -- and then no response. I tried to breastfeed her and she was just completely limp, so yes, I was quite worried.

JOHNSON: Yes. What were you being told by -- well, did you see a doctor at that stage?

MOTHER OF BABY D: A paediatrician, yes.

JOHNSON: And was this paediatrician male or female?

MOTHER OF BABY D: A male.

JOHNSON: What were you told by that male paediatrician at that stage about [Baby D]'s condition?

MOTHER OF BABY D: That I didn't need to worry, that she was okay. Her condition's probably due to her being delivered through C-section. So a bit of the breathing wouldn't be as clear. But he didn't seem worried at all.

JOHNSON: Okay. Were you worried, though, despite what you were being told?

MOTHER OF BABY D: Yes, I didn't believe what he said. I was not happy with his attitude or his -- he seemed just a bit too careless.

JOHNSON: To use a French word, blasé?

MOTHER OF BABY D: Blasé for sure.

JOHNSON: Did you ask for a second opinion?

MOTHER OF BABY D: I asked -- there was a few midwives coming in and out of the room. I didn't really understand what was going on and no one was addressing [Baby D]'s condition, and I think [Father of Baby D] was trying to keep me -- as we all know, maybe the hormones kick in and I seemed maybe a bit aggressive and I said, no, there's something wrong with [Baby D] and someone needs to check her. One of the midwives said the doctor confirmed she'll be reassessed in 4 hours. I said, that's not acceptable, I want another doctor, and someone else who knows what they're doing can come and check her because she's not right.

JOHNSON: Did another doctor come and check [Baby D]?

MOTHER OF BABY D: No. He came back, the same doctor came back, but he'd spoken to a consultant.

JOHNSON: Were you reassured about [Baby D] at that stage?

MOTHER OF BABY D: Not reassured. I was glad someone took me seriously and took her to be checked out, but I was more worried because then, all of a sudden, from being okay to them, she was taken straight to neonatal intensive care. So I was more worried again.

JOHNSON: Yes. So far as you were concerned, was it the conversation that the doctor had had -- the paediatrician had had with the consultant that prompted a further examination of [Baby D] and then her transfer from your side to the neonatal unit?

MOTHER OF BABY D: Yes.

JOHNSON: Obviously you were more concerned about [Baby D]. How were you feeling in yourself at that stage?

MOTHER OF BABY D: Rubbish. I felt drained. Not relieved from -- I don't know, that was my first birth, but I didn't feel any relief. I felt just in pain, groggy, knackered, you know, not good.

JOHNSON: As you remember it, about what time was it that you were separated from [Baby D] and she was removed to the neonatal unit?

MOTHER OF BABY D: Around 7 or 8, I would say, yes.

JOHNSON: So in the evening?

MOTHER OF BABY D: Yes.

JOHNSON: So 20 June was a Saturday, I think; do you remember that?

MOTHER OF BABY D: Yes, it was.

JOHNSON: The following day on the Sunday, 21 June, was that Father's Day?

MOTHER OF BABY D: Yes.

JOHNSON: Were you given any news about [Baby D]?

MOTHER OF BABY D: Yes. She was up and down all night. She was struggling to breathe. She wasn't feeding. But they didn't seem too concerned then, they seemed to think they had things under control, but, yes, she wasn't great at that time.

JOHNSON: Can you remember who it was that was giving you these details?

MOTHER OF BABY D: I don't know the name, but I remember the doctor, yes.

JOHNSON: Was it a man or a woman?

MOTHER OF BABY D: A woman.

JOHNSON: What was your impression of her status in the hierarchy? Consultant, registrar or...?

MOTHER OF BABY D: I thought consultant, yes.

JOHNSON: Did you describe her as being in her mid to late 30s?

MOTHER OF BABY D: Yes.

JOHNSON: Was she a white lady or not?

MOTHER OF BABY D: She was white, yes.

JOHNSON: British?

MOTHER OF BABY D: Yes.

MR JUSTICE GOSS: How did you know that, from her accent, the way she spoke? Did English seem to be her first language, in other words?

MOTHER OF BABY D: I'm not sure then, but I would have assumed she was British.

MR JOHNSON: Your physical description of her was, I think, 170 centimetres tall, petite build.

MOTHER OF BABY D: Not 170. I would have gone with more average size. Really average, I'd say, size.

JOHNSON: What's your average?

MOTHER OF BABY D: I'd say 165 maybe.

JOHNSON: 165, okay. Can you remember what else she told you, if anything, about your daughter?

MOTHER OF BABY D: No.

JOHNSON: Okay. So far as [Baby D]'s progress was concerned, what's the next thing that you remember on the Sunday?

MOTHER OF BABY D: She needed to be on a CPAP machine, so the machine was literally breathing for her. They tried to take her off, but every time they did, she would crash. So she still needed that extra help. But they weren't worried because she was -- although she was 3 weeks early, she was a good size baby. They didn't seem overly concerned. Just she was poorly, but she was doing normal progress, she was doing fine. And the result -- I think they tested -- I don't know what you call them, but they did some blood samples and tests and she seemed fine.

JOHNSON: Did you get to see [Baby D] on the Sunday?

MOTHER OF BABY D: Evening.

JOHNSON: Can you remember approximately what time it was that you got to see [Baby D] that Sunday?

MOTHER OF BABY D: I'd say around 7.

JOHNSON: When you went to see [Baby D], was there a doctor there in the neonatal unit?

MOTHER OF BABY D: No.

JOHNSON: Had you spoken to a doctor before you went to the neonatal unit?

MOTHER OF BABY D: Yes.

JOHNSON: Can you remember that doctor's name?

MOTHER OF BABY D: No. I remember the one just after, so I think we'll get to this one. I don't remember the name of the...

JOHNSON: Which is the name that you can remember?

MOTHER OF BABY D: Dr Brunton.

JOHNSON: Brunton, all right. So you saw [Baby D] physically --

MOTHER OF BABY D: Yes.

JOHNSON: -- in the neonatal unit? Was she in one of the rooms in the neonatal unit?

MOTHER OF BABY D: Yes, it was pretty dark and quiet.

JOHNSON: I think you drew a diagram of where [Baby D] was. Do you remember drawing that?

MOTHER OF BABY D: Yes.

JOHNSON: I just want to show you the diagram on the screen, please.

We can see you have drawn a number of boxes. On your diagram there's a box towards the upper part and the centre upper part of the page as we look at it on screen. Have you drawn within the box, which is the room, the position where you remember [Baby D] being?

MOTHER OF BABY D: Mm-hm, yes.

JOHNSON: I'd just like to deal with what else we can see there. Immediately to the left of where the yellow highlight has just been put there's what looks like writing and some lines. What's written there, please?

MR JUSTICE GOSS: Did you actually draw this?

MOTHER OF BABY D: Yes.

MR JUSTICE GOSS: So everything on here has been written and drawn by you?

MOTHER OF BABY D: So the room where [Baby D] was, the one next to it, that's not my writing.

MR JOHNSON: Okay.

MOTHER OF BABY D: But the...

JOHNSON: Does it say "corner" maybe? I don't know.

MOTHER OF BABY D: You're right, that is what it is. The room where she was, it was in a corner and it was sort of like a see-through... That's me recalling, looking into the room to the left, but I don't recall writing what's on that left side. I don't even...

MR JUSTICE GOSS: I think it may be "room".

MOTHER OF BABY D: But that's not my writing. The one corner is where [Baby D] was, she was in the corner.

MR JOHNSON: My Lord, I was asking the witness about where the cursor is now, that word there.

MR JUSTICE GOSS: "Corner", underlined many times. Then to the right of that there's a rectangle, a long rectangle with a lot of crosses in it. Do you know what that indicates?

MOTHER OF BABY D: Yes, those were all the machines. There was monitoring of -- I was warned that there would be quite a lot of tubes and things, extra stuff.

MR JOHNSON: And so far as the -- we can see there is a cross above where it says "[Baby D]" and a cross below. So outside the box with the four crosses in. What are those crosses?

MOTHER OF BABY D: More -- I don't know the name of them but the things where you have the dripping bit and the IVs.

JOHNSON: The stand and that sort of thing?

MOTHER OF BABY D: Yes, all medical things.

JOHNSON: That's fine. If we could just come out of that close-up, please. So whether or not the position of the room is correct in the context of the unit as a whole, that particular room is how you remember the layout in the room when you went down there; is that fair?

MOTHER OF BABY D: I'm pretty certain that is correct, yes.

JOHNSON: Let's get rid of that, please. Thank you. You said that you spoke to Dr Brunton.

MOTHER OF BABY D: Yes.

JOHNSON: Where were you when you spoke to Dr Brunton?

MOTHER OF BABY D: He came to my room, private room.

JOHNSON: Was that after you had been down to see [Baby D]?

MOTHER OF BABY D: Yes.

JOHNSON: What time was it that you -- or how long after you'd been to see [Baby D] was it that you spoke to Dr Brunton, can you recall?

MOTHER OF BABY D: I would say it was around 9/9.30 in the evening, yes.

JOHNSON: Okay. What were you told at that stage about [Baby D]'s situation, her state of health?

MOTHER OF BABY D: He was very happy with the results of the latest tests. They've taken blood samples from her belly button rather than the heel. They've done more scans. The jaundice was clearing because she had to have that light treatment thing. She was doing well and he was very hopeful and he promised me that I would be able to hold her and give her a cuddle and feed her the following day and that I could rest, so I was going to rest that night.

JOHNSON: Okay. Were you reasonably happy at that stage with the overall position?

MOTHER OF BABY D: For her, yes. I was not in good condition. I was still -- I couldn't walk. I was moved by a wheelchair and I was in 10 out of 10 pain. I was on morphine and I was not in a good state, but for [Baby D], I was happy.

JOHNSON: When you had seen [Baby D], how did her colour compare to her colour when she been born and the immediate aftermath?

MOTHER OF BABY D: She looked like a good pink baby, a good healthy colour. She was tiny but she looked chubby, so she looked healthy, she looked okay.

JOHNSON: Following the conversation that you've just told us about that you had with Dr Brunton in your private room, did you see Dr Brunton again?

MOTHER OF BABY D: Yes.

JOHNSON: When did you next see Dr Brunton?

MOTHER OF BABY D: So... That following night -- [Father of Baby D] was allowed to stay with me non-stop at the hospital, so we both rested and we were woken up around 4.00 in the morning by a nurse who was in panic. She just said, "[Baby D]'s very poorly, you need to come down". We were fast asleep, so just didn't really know what was going on. [Father of Baby D], with the nurse, helped me get on the wheelchair and we rushed downstairs. Dr Brunton was holding her, trying to -- I can't even say this word, resuscitate.

JOHNSON: Resuscitate, yes.

MOTHER OF BABY D: Yes. He was trying really hard. I couldn't really see [Baby D]. The way he was holding her, I was seeing more of his back, and we were just standing there looking at [Baby D] dying. Someone was holding a phone to his ear and he kept shouting, "This is [Baby D]", and he was quite agitated. And then Dr Newby told him that he had to let [Baby D] go, he had to stop. And she insisted and she tapped on his shoulder and said, "You've got to let her go", so he held her but he stopped massaging her and he pronounced the time of her death. I couldn't stay in the room anymore, so then I asked [Father of Baby D] to take me away.

JOHNSON: Okay. I just want to -- I know it's difficult, but I just want to break that down a bit, okay? You told the jury that you saw a nurse holding a phone to Dr Brunton's ear.

MOTHER OF BABY D: Yes.

JOHNSON: Do you know who that nurse was?

MOTHER OF BABY D: I think I do.

JOHNSON: And who do you think it was?

MOTHER OF BABY D: Lucy Letby.

JOHNSON: Had you seen Lucy Letby before?

MOTHER OF BABY D: Yes.

JOHNSON: When, prior to this incident at 4.00 in the morning or thereabouts, had you previously seen Lucy Letby?

MOTHER OF BABY D: When I went to see [Baby D] in the neonatal unit, the evening prior, the evening when I went to see her.

JOHNSON: Yes. So that was at about 7 o'clock, I think you've told us.

MOTHER OF BABY D: Yes.

JOHNSON: When you had walked into the room, how many nurses were in the room with [Baby D] the previous evening?

MOTHER OF BABY D: Just that nurse.

JOHNSON: What was going on with [Baby D] when you walked into the room?

MOTHER OF BABY D: Well, that's a question I asked. As I walked -- well, not walked in, I was pushed on the wheelchair. As we got in the room, she was sort of hovering around [Baby D] but not doing much. She had a clipboard or something to take notes on. She sort of was looking at the machine, but she didn't -- I didn't really clearly understand what she was doing. I asked if everything was okay and she said, "Yes, she's fine", but then for me that's the first time in 24 hours I could see [Baby D], so I would have expected, once she's done what she needed, our visit was planned, she could have just left us to it and she just stuck around. She sort of was just watching or looking over us and I asked [Father of Baby D], can you tell her to go away or just give us some privacy, and --

JOHNSON: Had you heard anything as you'd walked into the room?

MOTHER OF BABY D: Heard anything?

JOHNSON: Yes.

MOTHER OF BABY D: Apart from the sounds of the machines, there was quite a lot of beeping and I'm not familiar with all of them, but there was lines moving and it just seemed like there was a bit too much noise from that, yes.

JOHNSON: All right. So that was your contact with Lucy Letby at about 7 pm on the 21st?

MOTHER OF BABY D: Yes.

JOHNSON: You saw her again at 4 o'clock in the morning --

MOTHER OF BABY D: Yes.

JOHNSON: -- as you remember? Was she in the room with you once [Baby D] had passed away?

MOTHER OF BABY D: Came back with us, you mean?

JOHNSON: No, no --

MOTHER OF BABY D: Was she still in the room?

JOHNSON: When [Baby D] died was Lucy Letby in the room?

MOTHER OF BABY D: She was, yes.

JOHNSON: Was she the only medical professional in the room or were there other doctors and/or nurses there as well?

MOTHER OF BABY D: There was others, yes.

JOHNSON: Okay. Did there come a stage when the doctors and nurses left the room when [Baby D] had died?

MOTHER OF BABY D: I don't know. We didn't stay.

JOHNSON: Did you at a later stage go back to the neonatal unit?

MOTHER OF BABY D: I don't know if it's classed as the... I mean, it's an area in the children's ward.

JOHNSON: Yes.

MOTHER OF BABY D: Yes, I went back once she passed, yes.

JOHNSON: Was [Baby D]'s body there when you went back?

MOTHER OF BABY D: Yes.

JOHNSON: Was [Baby D] in a room on her own?

MOTHER OF BABY D: Yes.

JOHNSON: Were you with your husband, [Father of Baby D]?

MOTHER OF BABY D: Yes.

JOHNSON: Was anybody else in the room?

MOTHER OF BABY D: [Father of Baby D]'s mum and a nurse that I hadn't seen before.

JOHNSON: Did you ever see Lucy Letby again?

MOTHER OF BABY D: No.

MR JOHNSON: Can I just have a moment, please, my Lord?

MR JUSTICE GOSS: Yes, certainly.

(Pause)

MR JOHNSON: I wonder whether you'd wait there for some more questions, please.

Cross-examination by MR MYERS

MR MYERS: [Mother of Baby D], it is an awful experience that you went through.

MOTHER OF BABY D: Yes.

MYERS: I recognise that. And you will know everyone's sympathy is with you and your family. I only have a couple of questions. It won't take long. There's nothing insensitive about it, I just want to check one or two things and then we're done; is that all right?

MOTHER OF BABY D: Yes.

MYERS: Thank you. It's just one matter. You have described that you went down to see [Baby D] at about 7 o'clock.

MOTHER OF BABY D: Yes.

MYERS: Is that on 21 June?

MOTHER OF BABY D: Yes.

MYERS: The Sunday night, all right. Were you with your husband or were you on your own at that time?

MOTHER OF BABY D: With my husband.

MYERS: Can I just ask, you seemed clear about 7 o'clock. When I say that, why are you so clear about 7 o'clock, could you just help us with that?

MOTHER OF BABY D: I must have looked at the clock.

MYERS: All right. Did you have a conversation with the nurse who was there? I know you say that's Ms Letby, but did you have a conversation with the nurse who was there at all?

MOTHER OF BABY D: An exchange of a few words.

MYERS: All right. I'm going to ask you this and you can agree or disagree as you like. The nurse you were dealing with, is there a possibility that was someone other than Ms Letby?

MOTHER OF BABY D: I don't think so.

MYERS: And your view of that, is that because you'd seen Ms Letby's picture in the papers and things and so you were able to pick her out from that?

MOTHER OF BABY D: Because -- yes.

MR MYERS: All right. Just wait there one moment, please.

(Pause) I said I'd be as quick as I could be, [Mother of Baby D]. That's all I wanted to ask. Thank you very much.

MR JOHNSON: Does your Lordship have any questions?

MR JUSTICE GOSS: No. I take it from that that it is disputed that it was her?

MR MYERS: Yes, at that time, yes.

Questions from THE JUDGE

MR JUSTICE GOSS: Just exploring that, you didn't know her name at the time of who this nurse was?

MOTHER OF BABY D: Not many names I recall, no.

MR JUSTICE GOSS: But it was seeing a picture and then you put a --

MOTHER OF BABY D: Well, I described -- I didn't know the name, I described that person and I would have probably drawn that picture or known the face but I didn't know the name, no.

MR JUSTICE GOSS: Right. All right. That's it. Thank you very much for coming and giving your evidence. You are free to go or stay as you wish. I think your husband's here anyway. He's not going to be giving evidence, we know that, his statement is going to be read. I doubt whether there will be anyone that you will want to talk to about this case at the moment, but can I ask you, please, not to talk to anyone about this case --

MOTHER OF BABY D: Yes.

MR JUSTICE GOSS: -- until it's all over. Obviously talk to your husband, but not to anyone else about it. All right?

MOTHER OF BABY D: Mm-hm.

MR JUSTICE GOSS: Thank you very much indeed.

MOTHER OF BABY D: Thank you.

(The witness withdrew)

Witness statement of [FATHER OF BABY D] (read)

MR DRIVER: May I read the statement of [Father of Baby D] before we move to the next phase?

MR JUSTICE GOSS: Yes, thank you.

MR DRIVER: Members of the jury, [Father of Baby D] made a statement dated 25 November 2019, which contains the following:

"My daughter, [Baby D], was born at 16.01 hours on Saturday, 20 June 2015 at the Countess of Chester Hospital. She died at 04.25 hours on Monday, 22 June 2015 in the neonatal unit at the hospital. My wife is [Mother of Baby D]."

[Father of Baby D] says:

"[Baby D] was our first child. I don't remember any specific problems during [Mother of Baby D]'s pregnancy. From the moment [Baby D] was born, [Mother of Baby D] and I had immediate concerns for her well-being. She didn't behave the way we would expect a newborn baby to be. She didn't seem to cry out loud, groan or be the right colour. She appeared grey.

"Initially, we were reassured that she was okay by a paediatrician and other medical staff. As I didn't have any experience of newborn children and their behaviour, I believed what the medical staff were telling me. I was never led at any time to believe that she might die in the circumstances that she did."

He then breaks up his statement as to dates, the first being 18 June 2015:

"[Mother of Baby D]'s waters broke in the early hours, approximately 4 in the morning, of 18 June 2015. We called the hospital. After explaining [Mother of Baby D]'s condition, we were advised to hang fire and make sure it was her waters that had broken and to monitor any contractions. It was a long time

ago, but I don't remember [Mother of Baby D] having any contractions at that specific time.

"We went to the hospital later that day. I think it was about 10 or 11 o'clock. The nurse that saw us said that it was [Mother of Baby D]'s waters that had broken and confirmed that there were no contractions. [Mother of Baby D] had some checks at this time, but I can't remember what they were or what they were for. We were sent home and [Mother of Baby D] was booked in to be induced the following morning at 08.00 hours."

The next date is 19 June 2015:

"We went back to the hospital on 19 June at about 8 am. We waited a couple of hours to be seen. From memory, the inducement started at about 13.00 hours. I believe that [Mother of Baby D] was given a pessary. We waited, but this did not seem to bring on any contractions. [Mother of Baby D] was then given another pessary; I believe this was some time around 5 or 6 in the afternoon. However, once again, this didn't seem to bring on contractions.

"I remember that around 11 o'clock, midnight time, [Mother of Baby D] had an injection into one of her hands. I understood that this was the third phase of inducement. This didn't seem to bring on contractions either."

Next date, 20 June 2015:

"As I remember, [Mother of Baby D] started to have mild contractions between 02.00 and 03.00 hours but still hadn't dilated. At about 7.00 or 8.00, [Mother of Baby D] was encouraged to try another round of the hormone used to bring on contractions and dilation. Again, from memory, there was no movement and [Mother of Baby D] had minimal dilation. I believe that [Mother of Baby D] was checked again at about 11 or midday. Once again, [Mother of Baby D] was encouraged to wait for more progress and to continue with inducement methods.

"[Mother of Baby D] didn't really want to. She felt that she had been in labour a long time since her waters had broken. We were worried about infection and [Mother of Baby D] had not been given any antibiotics at this stage. We did enquire on a number of occasions about antibiotics, but we were told that medical staff were monitoring the situation and there were no signs of an infection and unless there were any abnormalities or any signs of infection, they didn't feel antibiotics were necessary.

"[Mother of Baby D] was assessed again at about 3 in the afternoon. Again, there was still no real dilation. We agreed on a caesarean section, which would have been with immediate

effect. Quite soon after, near to 4 o'clock in the afternoon, we went through to the operating theatre for [Mother of Baby D] to have an emergency caesarean section.

"Once [Baby D] had been delivered, the obstetrician, I think, held [Baby D] up over the sheet momentarily so we could see her. [Baby D] was wrapped up and taken to the scales. We weren't informed that there were any concerns or issues with [Baby D] at this stage and I was led to believe at this time that everything was okay. I remember that my initial thoughts were that [Baby D] was very quiet. She wasn't as I'd expected a newborn to be.

"I remember [Baby D] was given to me to hold before she took her away. I went over to the scales to cut her cord. I'm not sure if they gave [Baby D] a resuscitation breath of some description or just like a little device at that point, possibly giving her a bit of oxygen.

"I went back to the room on the labour ward with [Baby D] for a short period of time before [Mother of Baby D] came along and joined us with the midwife. [Mother of Baby D] was given skin-to-skin with [Baby D] and we put some pyjamas on her. The midwife assisted [Mother of Baby D] in trying to breastfeed [Baby D]. [Baby D] just didn't seem to be interested in feeding. By this I mean [Baby D] wasn't just having difficulty latching on to the breast, she just didn't seem interested in feeding at all.

"We hadn't been informed that [Baby D] had been unwell at any stage. However, given how quiet [Baby D] was and feeling that something wasn't quite right, I remember that we repeatedly asked if she was okay. We just weren't comfortable with how [Baby D] was.

"We were reassured each time that [Baby D] was fine. I believe that it was a few hours of [Mother of Baby D] expressing concerns before we managed to get another paediatrician to examine [Baby D].

"Later on, around 6 or 7 pm, a different senior paediatrician came to examine [Baby D]. It was a female doctor and she took [Baby D] away to the neonatal ward. The female doctor was small/petite, about 5 foot 3 inches, and had short dark hair and wore black-framed glasses, I think.

"A short time later, possibly 20.00 hours, this female doctor came back to tell us [Baby D] wasn't very well. I think I went on my own at this time to the neonatal ward to see [Baby D] and it was a bit of a shock. [Baby D] remained in the neonatal ward over the next 36 hours.

"[Baby D] was very poorly in the neonatal ward and was on CPAP breathing equipment. She wasn't feeding and had lots of tubes in her mouth and things on her body, monitoring her. She was also under a lamp for jaundice.

"I remember that the two specially trained neonatal ward staff working in the neonatal ward were called [redacted] and Ailsa. They were both friendly and warm and what you'd expect from nurses working in a baby unit. They comforted me and made sure everything was okay for me. They always made me feel welcome when I went to the ward.

"I remember [Mother of Baby D] was then taken from the labour ward to the maternity ward and I was told I would be able to stay with her overnight. I think [Mother of Baby D] was given some morphine or strong painkillers to help with her pain and I remember she wasn't really coherent after. She was very tired and in pain.

"I think about 10 or 10.30 that night one of the doctors from the neonatal ward, Andrew (he was Scottish or Irish) came and introduced himself and to give us a brief update on [Baby D]'s situation."

The next date is 21 June 2015:

"I went down to see [Baby D] and I'm almost certain she was taken off CPAP at some point during the day. My dad came to visit and he also came down to see [Baby D] with me. This would have been in the afternoon, maybe 1 pm or 2 pm. [Mother of Baby D] wasn't really able to visit [Baby D] much, so I visited [Baby D] on my own a lot. I just relied on the staff, really, to give me feedback because I had no understanding of how well or unwell [Baby D] really was.

"It was Father's Day and I was given a handmade Father's Day card in the neonatal ward in the afternoon when I went down to visit [Baby D]. The staff had put it together and it was just a brief message on a card which read, 'Happy Father's Day, love [Baby D]'. There was a photo of [Baby D] stuck inside.

"On the first photograph she is on CPAP and has tubes and wires on her. I took that card away with me. Later in the day, I think, I was given a welcome card and the photo of [Baby D] on the card shows her looking a lot healthier and showing signs of getting better. She's not on CPAP."

He then goes on to say:

"I remember that at some point we got a call to ask if [Baby D] could be given donor milk. We were happy for this to happen and

I left [Mother of Baby D]'s bedside and went to the neonatal ward to give consent. I took the opportunity to see [Baby D]. I think the time would have been between 22.30 hours and 23.59 hours. I can't remember if I had to sign a consent form or if it was just verbal consent."

The next date, 22 June 2015:

"We were woken in the early hours of the morning. The midwife told us that we needed to go down to the neonatal ward as [Baby D] was poorly. [Mother of Baby D] and I were taken to the neonatal ward by a midwife from the maternity ward. [Mother of Baby D] was in a wheelchair and someone met us to open the doors to the neonatal ward. There was a quick handover with the neonatal ward staff.

"When we walked into the room, we understood immediately it was a very serious situation. When we walked in the ward, there were lots of medical staff around [Baby D]. Andrew, the doctor, seemed to be in charge at that particular time. That's the way it appeared.

"I remember someone mentioning adrenaline and just a real sense of urgency. I remember Andrew had a phone held to his ear by another member of staff and he was just discussing the situation with the person on the other end of the phone. He was trying to explain who the baby was. It sounded to me like there was some confusion over which baby they were talking about. Andrew was saying something similar to, 'No, no, not [a name], it's [Baby D]'. "

"The person on the other end of the phone didn't seem to understand it was [Baby D]. They thought it was another child. I don't remember the name but he said, 'No, not [such-and-such], it's [Baby D]'. "

"They were unsuccessful in resuscitating [Baby D]. Dr Newby came to inform us that [Baby D] had died. She said that they had been trying to resuscitate [Baby D] for over 20 minutes. I think Dr Newby had to tell Andrew to stop. It just wasn't successful and Dr Newby seemed shocked and upset. I couldn't tell you which staff were in the operating theatre when [Baby D] was being resuscitated as I didn't pay a great deal of attention to what they were doing. I didn't want to look and I just know that there was a number of staff around [Baby D]. I don't even know if Dr Newby was in the room when we arrived or if she arrived during [Baby D]'s resuscitation as I didn't really look in that direction. I could hear the severity of the situations in people's voices.

"We weren't in the room a long time, perhaps 5 minutes. They had been trying to resuscitate [Baby D] prior to our arrival and when they realised how serious the situation was, they contacted the ward for us to go down. I don't recall seeing Lucy Letby at this time.

"We went to the maternity ward and I rang family to let them know what had happened."

MR JUSTICE GOSS: Can I just interrupt you there? There's a reference to staff in the operating theatre. I don't think there's any issue in relation to this. It means the room in the neonatal unit.

MR DRIVER: Yes, nursery 1 where these events were taking place. [Father of Baby D] then gives an account of his recollection of the events after [Baby D]'s passing, which aren't relevant to the issues that you need to consider, members of the jury. Then his statement reflects on some of the previous comings and goings and he says this at page 11 of 16, my Lord:

"I can't be specific about how often I went down and saw [Baby D]. I went quite frequently, popping in and out during the day, and would sit with her for an hour or so at a time. I was never given the impression that [Baby D]'s condition was life-threatening and it didn't even cross my mind that she was in danger of dying.

"As far as I was led to believe, babies get infections all the time and there was nothing unusual about that. When she died, we just were not prepared for it, and [Mother of Baby D] was struggling to come down to see her because she had a C-section and was in a lot of pain.

"Whilst I sat with [Baby D], I would observe nurses coming and going, doing checks and nothing that I saw appeared out of the ordinary, but I don't know really what they were doing or why as I had nothing to compare their actions to.

"I can confirm that I was never present when [Baby D]'s health deteriorated or were phoned to receive such information."

That, my Lord, concludes the relevant part of [Father of Baby D]'s statement.

MR JUSTICE GOSS: Yes.

MR JOHNSON: I'm going to move on to the sequence of events now, my Lord. If your Lordship is thinking of having a mid-morning break, this would be the best time.

MR JUSTICE GOSS: Yes, this seems to be a perfect time. Thank you very much. All right, members of the jury. We'll have a 10-minute break and then you know the pattern: the sequence of events and then the other evidence. Thank you very much.

(11.49 am)

(A short break)

(12.03 pm)

MR JUSTICE GOSS: Mr Johnson.

MR JOHNSON: Thank you, my Lord. Can I just, before I formally recall Mrs Tyndall, preface all this with a word of explanation? What we're going to do in a second is invite the jury to go to certain tiles on their iPads whilst on the screens we display the shift pattern of Lucy Letby. The shift patterns will be formally adduced into evidence in due course.

MR JUSTICE GOSS: Right. So in other words, there's going to be different things on different screens. So if you want to follow this, it will not be coming up on the big screens, it'll be on your iPads. I have just logged back in again, because I get logged out, I think you'll probably have been logged out. Then you want, as you know, top left-hand corner to scroll down or get down to [Baby D] and tap on her name. Then we get the sequence of events.

MRS KATE TYNDALL (recalled)

Examination-in-chief by MR JOHNSON

MR JOHNSON: Yes. Just while that's being done, Mrs Tyndall, would you mind just confirming your name for the note, for the record?

TYNDALL: My name is Kate Tyndall.

JOHNSON: Thank you.

MR JUSTICE GOSS: Thank you very much. Is everyone there?

MR JOHNSON: I always end up on [Baby A]'s case because I always forget to --

MR JUSTICE GOSS: Exactly.

MR JOHNSON: -- and wonder why my files don't match with anyone else's. Anyway, my ineptitude apart, can we just put up the shift patterns for the neonatal nurses in June 2015? Thank you.

Can we concentrate, if possible, on Lucy Letby, who's the third yellow name, about two-thirds of the way down the list on the left-hand column, then if it's possible to highlight that row. Thank you. That's probably not a good idea because we then lose the dates.

Mrs Tyndall, this is a tabular representation of employment records that the police obtained from the Countess of Chester Hospital, isn't it?

TYNDALL: Yes.

JOHNSON: I think, as a matter of fact, this particular document is produced by a different witness, but it is a document with which you are familiar?

TYNDALL: Yes.

JOHNSON: And you have these records and reflected some of the information contained in them in the sequence of events which we're about to go through?

TYNDALL: Yes.

JOHNSON: All right. So let's look at Lucy Letby's shifts in June and, in particular, her night shifts in June. Do we see that on 1 June she wasn't working?

TYNDALL: Yes.

JOHNSON: On 2 June, she was on a day shift?

TYNDALL: Yes.

JOHNSON: "LD" standing for long day?

TYNDALL: Yes.

JOHNSON: 3rd, she wasn't working?

TYNDALL: Yes.

JOHNSON: The 4th she did another day shift?

TYNDALL: Yes.

JOHNSON: The 5th, 6th and 7th she wasn't working?

TYNDALL: Yes.

JOHNSON: And on the 8th, she did her first night shift?

TYNDALL: Yes.

JOHNSON: If we go to tile number 1 in the sequence of events. We see her first night shift in June coincides with the death of [Baby A]; is that right?

TYNDALL: Yes.

JOHNSON: She worked a night shift on 9 June?

TYNDALL: Yes.

JOHNSON: If we go to tile 4 in the sequence of events for [Baby D], do we see that that coincides with [Baby B]'s collapse?

TYNDALL: Yes.

JOHNSON: Between the 10th and the 12th, Lucy Letby was not working, was she?

TYNDALL: No.

JOHNSON: But on the 13th, she worked a night as she did on the 14th?

TYNDALL: Yes.

JOHNSON: Does that night shift of the 13th to the 14th coincide with the death of [Baby C]?

TYNDALL: Yes.

JOHNSON: She then didn't work the 15th or 16th?

TYNDALL: No.

JOHNSON: She worked a day shift on the 17th and 19th?

TYNDALL: Yes.

JOHNSON: But didn't work on either the 18th or the 20th?

TYNDALL: No.

JOHNSON: Then do we see that she worked a night shift on 21 June that would have ended in the early hours -- sorry, at breakfast on the 22nd?

TYNDALL: Yes.

JOHNSON: If we scroll forward to tile 275 of [Baby D]'s sequence of events, do we see that that coincides with the death of [Baby D]?

TYNDALL: Yes.

JOHNSON: Thank you. Can we put down that document, please, and go to the sequence of events. So far as [Babies A & B] are concerned in [Baby D]'s sequence of events, as we have already seen, those incidents are reflected in the first six tiles of [Baby D]'s sequence?

TYNDALL: Yes.

JOHNSON: Do we then come to tile number 7, a tile reflecting information recorded by Dr Ahmed Chowdhury?

TYNDALL: Yes.

JOHNSON: Just as a word of explanation again, my Lord, there are -- the jury are now familiar with the way we present this material. If we're calling a witness, we don't go behind the tile because the witness will deal with the evidence. There are quite a few witnesses in this sequence who are not being called, so we are going to go behind the tiles just to get the material into evidence if that's acceptable.

MR JUSTICE GOSS: Yes.

MR JOHNSON: Dr Chowdhury is one such witness, so can we go behind the tile, please. Do we see your summary? I'll deal simply, my Lord, if I may, with the summaries rather than use the originating material because the experts can deal with the originating material if the precise detail is important if that's acceptable. Could you read out your summary for this tile, please?

TYNDALL: "Parents: [Mother of Baby D], [Father of Baby D]. Gestation: 37+1. Weight 3,130 grams. Delivery: caesarean section. Condition at birth: went off at 12 mins of age in theatre, required 5 times rescue breaths and 2 mins IPPV. Recovered by paed SHO. Problems in pregnancy: SROM 36+6 (PSROM 60 1/2 hours)." Then:

"Apgar scores: 8 at 1 minute, 9 at 5 minutes."

JOHNSON: "Premature rupture of membranes", I think, is at least some of the words that make up the ROM and the P in those acronyms; is that right?

TYNDALL: I think it's spontaneous.

JOHNSON: "Spontaneous rupture of membranes" and then "premature"?

TYNDALL: Yes.

JOHNSON: Thank you. Tile 8, please. This is a record made by the same doctor, Dr Chowdhury, who we can see was a GP specialty trainee, training in his second year. And Nurse Ailsa Simpson, who's another witness who isn't going to feature, so can we go behind that tile, please, and would you deal with the details?

TYNDALL: So this is [Baby D]'s admission to the NNU. I've written the "[Baby D] admitted to NNU".

JOHNSON: Yes, it's at 19.30, isn't it?

TYNDALL: Yes. Some information that's included on the admission summary is:

"Grunting Y [which presumably means yes]. Colour: dusky. Admission reason: admitted to NNU for respiratory support requiring ventilation."

And then the observations upon admission:

"Resps of 46. SpO2 air 48%. SpO2 on oxygen, 95%. FiO2 of 35. HR of 120. RR of 40."

JOHNSON: We know what those acronyms stand for now, I think. Can we move on then, please, to observations taken by Ailsa Simpson at 19.30.

I'm not going to do this every time, even in the cases where witnesses are not being called, but just to remind ourselves, if we go to the originating material -- that's it. It's one of these yellow and white tables on which heart rate, respiratory rate and temperature are recorded; is that right?

TYNDALL: Yes.

JOHNSON: Together with actually at the bottom, if we look, some other information as well.

TYNDALL: Yes.

JOHNSON: Including her sats, we can see, and I think phototherapy is referred to, the fact her eyes are covered with something to protect her eyes, that sort of thing?

TYNDALL: Yes.

JOHNSON: Do we then see from Dr Chowdhury -- so again if we can go behind because he's one of the witnesses we're not hearing from, just to confirm. Could you tell us what Dr Chowdhury recorded at 19.43 on Saturday 20th, please?

TYNDALL: This is a pathology sample and this just has the name of Dr Chowdhury written on the form. It's one of those records where we don't know who's actually taken the sample, it's just he's entered as the -- on the system. This is a blood culture for venous blood. The results says there's no bacterial growth after 5 days of incubation.

JOHNSON: Thank you very much. Tile 12, please. Is this a note made by Dr Sarah Rylance of inserting a line into [Baby D] at 7.45 that same evening?

TYNDALL: Yes.

JOHNSON: Thank you. She will be coming to give evidence or her statement will be read, so can we move on to Ailsa Simpson again, please? Do we have a record of [Baby D]'s blood gases here --

TYNDALL: Yes.

JOHNSON: -- at -- just after Dr Rylance had recorded herself as inserting the line?

TYNDALL: Yes.

JOHNSON: Does this record Dr Rylance -- a reference to CPAP, which was being used for [Baby D]?

TYNDALL: Yes.

JOHNSON: A bolus of saline --

TYNDALL: Yes.

JOHNSON: -- given to her? And figures for [Baby D]'s observations?

TYNDALL: Yes.

JOHNSON: Thank you. Moving on, please, to tile 13. Is that a record of the antibiotic gentamicin being given --

TYNDALL: Yes.

JOHNSON: -- to [Baby D]. Thank you. Again, we come to some notes written by Dr Rylance at 8 pm. Sorry, relating to -- I'll just check. I think these are notes, are they retrospective notes; is that right?

TYNDALL: Yes, it's just a record of the fact that the CPAP was started at -- referred to in her notes as being started at 20.00, 8 pm.

JOHNSON: Thank you. We'll come to Dr Rylance in due course. Do we then have Ailsa Simpson's nursing notes, which were written in retrospect, concerning the beginning of the shift when she took over the care of [Baby D] at 8 pm on the 20th?

TYNDALL: Yes.

JOHNSON: Could you just deal with what she's written, so far as [Baby D]'s care was concerned, at the beginning of the shift?

TYNDALL: "Commenced double..."

I think this entry is actually relating to the phototherapy starting rather than the full summary around her care, that will be later on:

"Commenced double phototherapy at 20.00 as level 92, just below exchange transfusion line. Bloods obtained fro DAT/SBR [I presume that's supposed to say 'for']. SBR now decreased and on phototherapy line. Therefore 1x Neoblu now in situ and for repeat SBR in 8 to 12 hours' time. NGT passed down right nostril."

JOHNSON: Thank you. We then have, as before, Dr Chowdhury's name associated with a pathology -- a sample being collected for pathology.

TYNDALL: Yes, this is a blood sample.

JOHNSON: Thank you. Do we then have Dr Chowdhury making a note of a communication he had with [Parents of Baby D]?

TYNDALL: Yes.

JOHNSON: Can we just go to that, please, if we can. Have you reproduced in your summary what appears in the notes?

TYNDALL: Yes.

JOHNSON: Could you read what's in your summary, please?

TYNDALL: At 21.11:

"Discussed parents. Baby grunting at 4 hours plus. SROM of greater than 18 hours. Appropriate screen baby for infection with IV antibiotics and to check CRP/blood cultures. On moving baby to labour ward, baby became blue/dusky. Sats 48% on arrival NNU. Had bagging. Sats picked up. Given antibiotics. Baby put on CPAP. Not explained to parents yet."

JOHNSON: So that's a note made by Dr Chowdhury?

TYNDALL: Yes -- sorry, it's in the section on the admission form that's described as "medical communication with parents".

JOHNSON: And I think, as a matter of fact, we'll come to it, but further down the form there is a further communication with the parents that's been noted by Ailsa Simpson?

TYNDALL: Yes.

JOHNSON: And we come to that at 10.30 pm. Do we then have Dr Rylance's clinical notes for Saturday, 20 June?

TYNDALL: Yes.

JOHNSON: I don't want to go to these in detail because they'll be adduced as part of Dr Rylance's evidence, but they set out the position from the time of [Baby D]'s birth; is that right?

TYNDALL: Yes, to her admittance into the NNU.

JOHNSON: Thank you. There are some further notes in the next tile, tile 19.

TYNDALL: Yes, just a continuation of her entry.

JOHNSON: Yes. Is there any reason why that entry's been split over two tiles?

TYNDALL: Because in the base spreadsheet that we produce, there's too much text for one box.

JOHNSON: Okay. So is this, if you like -- you were telling us that Excel can't cope with emojis. It can't cope with more than so much text in a box as well?

TYNDALL: Yes, it wouldn't display, you wouldn't be able to read it.

JOHNSON: So technical reasons rather than any other reasons?

TYNDALL: Yes.

JOHNSON: All right, thank you. We then come to some medication, further antibiotics being given to [Baby D] by Ailsa Simpson and [Nurse C].

TYNDALL: Yes.

JOHNSON: That's at 20.12. A different antibiotic, gentamicin at the same time administered by the same nurses?

TYNDALL: Yes.

JOHNSON: And a minute later, salty water, sodium chloride, administered as referred to in the medical notes?

TYNDALL: Mm-hm.

JOHNSON: Do we then come to further medical notes made by Dr Rylance at 8.20?

TYNDALL: Yes, this refers to the parents being updated.

JOHNSON: So again we'll come to that with Dr Rylance's evidence. Do we then have, at 20 past the hour, Ailsa Simpson's record of the equipment settings for -- it says for the equipment settings, but as a matter of fact does this relate to the commencement of phototherapy?

TYNDALL: Yes.

JOHNSON: I'm sure the jury understand, phototherapy is the light being shone on [Baby D] to deal with jaundice?

TYNDALL: Yes.

JOHNSON: We've heard something about that already.

Moving on then, please, to tile 25. Is this another prescription chart?

TYNDALL: Yes. This is for an infusion of sodium chloride.

JOHNSON: So that's the salty water?

TYNDALL: Yes.

JOHNSON: And that's done by Ailsa Simpson and Kate Brammall?

TYNDALL: Yes.

JOHNSON: At tile 26, we have the infusion, which appears to have been 10% dextrose, being administered at 7.5ml per hour --

TYNDALL: Yes.

JOHNSON: -- through an intravenous line?

TYNDALL: Yes.

JOHNSON: Ailsa Simpson again took [Baby D]'s observations at 8.30?

TYNDALL: Yes.

JOHNSON: And made a note of the fluid delivery at the same time?

TYNDALL: Yes.

JOHNSON: This, as a matter of fact, isn't an infusion -- or it may have been an infusion, but it included the saline bolus as well?

TYNDALL: Yes. This is just that chart, the intensive care chart, where it makes a note of all the fluids the baby's receiving.

JOHNSON: So we're getting the same information from different documents at about the same time?

TYNDALL: Yes.

JOHNSON: 8.30. We have once again Ailsa Simpson making a record of the equipment settings. This time if we go behind the tile, we can see that [Baby D] was being ventilated by the use of CPAP.

TYNDALL: Yes.

JOHNSON: And we see the levels that were being administered to her in terms of the pressure --

TYNDALL: Yes.

JOHNSON: -- the PEEP, the flow. And we see some of her readings, her saturation readings. She had saturations of 95%?

TYNDALL: Yes.

JOHNSON: So moving on again to tile 30. We have [Baby D]'s blood gas readings, the sorts of readings we're familiar with. The levels, if they're relevant, can be referred to by the experts.

TYNDALL: Yes.

JOHNSON: Then we come at tile 31 to the nursing note relating to an examination of [Baby D] by Dr Brunton; is that right?

TYNDALL: Yes.

JOHNSON: And again, Dr Brunton is someone from whom we'll be hearing on that subject, so we will defer to him so far as that was concerned. At 21.30, do we have the standard observations being recorded again?

TYNDALL: Yes.

JOHNSON: Tile 33, the intensive care chart, the equipment settings also being recorded at the same time.

TYNDALL: Yes.

JOHNSON: And then, tile 34, do we have the clinical notes of Dr Brunton, which he can deal with when he gives evidence?

TYNDALL: Yes.

JOHNSON: So those are continued over two tiles; is that for the same reason as before?

TYNDALL: Yes.

JOHNSON: Thank you. That's tiles 34 and 35. Tile 36. We come to Ailsa Simpson's nursing notes, which relate to the administration of a bolus, a dose, of morphine at 9.50 --

TYNDALL: Yes.

JOHNSON: -- which we can see was given because [Baby D] was being intubated?

TYNDALL: Yes.

JOHNSON: Do we then come to a few consecutive tiles relating to medication or the prescriptions for medication or other substances that were being given under the direction of the doctors by the nurses to [Baby D]?

TYNDALL: Yes.

JOHNSON: So, for example, we see the morphine prescription at 21.50. Atropine being given at 21.53. Suxamethonium chloride, 21.54?

TYNDALL: Yes.

JOHNSON: We then come back to the equipment settings taken by or recorded by Ailsa Simpson.

TYNDALL: This is actually the -- it makes a note on the chart of the intubation at that time.

JOHNSON: Thank you. So if we just go and have a look at that document, please, if we can, Mr Murphy.

TYNDALL: It's in that bottom section that says "major events".

JOHNSON: So bottom left, there's a row, the elongated row. As you say, it says "major events". The first entry is "commenced phototherapy". Then this one at 22.10, which is the fourth column in from the bottom right-hand corner right at the bottom, we see "22.10, intubated"; is that right?

TYNDALL: Yes.

JOHNSON: Thank you. At tile 41 do we have further records made by Ailsa Simpson of the blood gas results --

TYNDALL: Yes.

JOHNSON: -- of [Baby D]? Do we then have some notes that were made retrospectively at 4.05?

TYNDALL: Yes.

JOHNSON: Is this Ailsa Simpson's nursing note of the circumstances surrounding the intubation of [Baby D]?

TYNDALL: Yes.

JOHNSON: Okay. So can we just go to your summary? If necessary, at a later stage we can go to the original. Can you talk us through your summary, please?

TYNDALL: "ETT attempted by SHO E Thomas. Unsuccessful. Therefore ETT inserted by Reg A Brunton. Size 3 inserted. Initially 10 at lips. X-rayed and pulled back to 9 centimetres at the lips. Chest X-ray shows RDS. Baby synchronising with vent and good bilateral air entry observed. Post CBG increased (see chart) and pressures reduced to 18/5 rate to 50BPM. Mode changed to SIMV following good gas and CBG repeated. Pressures are now 16/5 rate of 40BPM. [Baby D] is starting to out a few breaths in for herself now. For repeat gas at 04.30 hours."

JOHNSON: Thank you very much.

MR JUSTICE GOSS: These nursing notes from which that is taken, if you look at the original document, are the same nursing notes written in retrospect at 4.05 hours?

TYNDALL: Yes.

MR JUSTICE GOSS: So you just selected extracts -- in fact, if you looked at those nursing notes, for the earlier events, it's got the sections, but you have just picked them out to put them into sequence?

TYNDALL: Yes, just to show the clinical treatment of [Baby D] throughout the shift.

MR JUSTICE GOSS: Yes.

TYNDALL: To put them in context with the medication and the X-rays and other --

MR JUSTICE GOSS: Exactly. So the relevant parts of those nursing notes is reproduced on your tiles --

TYNDALL: Yes.

MR JUSTICE GOSS: -- at the appropriate times?

TYNDALL: Yes.

MR JUSTICE GOSS: So that's why you see nursing notes written in retrospect at 4.05 a number of times.

TYNDALL: Yes, because the nurse has made the entry on the computer at 4.05, but it's for the period of the treatment for the baby up to that point and then we've tried to put them in the appropriate time so that the narrative fits in with the clinical picture at that time.

MR JUSTICE GOSS: I'm sure everyone appreciated, but just to make sure that that's the situation.

TYNDALL: Yes.

MR JUSTICE GOSS: Otherwise one can be flitting backwards and forwards. It's all there. Thank you. Sorry, Mr Johnson, to interrupt. I think it's just to make sure everyone's keeping up.

MR JOHNSON: Yes.

If we go to the next tile, we see the radiologist, Dr Boothroyd, reporting on the X-ray or the radiograph, to use the correct term, that was taken to check the position of the ET tube.

TYNDALL: Yes.

JOHNSON: We see that she reports on the X-ray, saying:

"The cardiothymic outline is normal. Some predominantly interstitial shadowing, which is consistent with transient tachypnoea of the newborn. Mild ground glass shadowing probably also co-exists. The tip of the ETT lies above the carina at the level of the clavicles. The stomach is noted to be distended with gas."

TYNDALL: Yes.

JOHNSON: We then come to the same nursing notes but a different part of the notes that you have helpfully inserted at the right stage of the chronology, made once again by Ailsa Simpson, the designated nurse.

TYNDALL: Yes, I think that might be a slight repeat of the entry above, actually.

JOHNSON: It is. Just in case we missed it the first time. That's all right. Do we then have Ailsa Simpson's nursing communication with the parents recorded?

TYNDALL: Yes.

JOHNSON: Which is what I was referring to earlier. If we go to the original document now, which is behind this, we'll see both her record and, in the box above, Dr Chowdhury's record in the same document. And Dr Chowdhury, stereotypically, much worse handwriting than the nurse. Doctors performing as expected in the handwriting stakes. We see the note there, that he made towards the centre of the page, and then the nursing communication recorded underneath.

TYNDALL: Yes.

JOHNSON: Which records what, please?

TYNDALL: "Dad came through to visit [Baby D] and all equipment and plan of care explained. Explained that [Baby D] will be here for at least 48 hours. Dad visibly upset, so lots of reassurance given. Mum is wishing to breastfeed."

JOHNSON: We see Ailsa Simpson's name printed and her signature underneath that as well, don't we, together with the time and the date.

TYNDALL: Yes.

JOHNSON: We then have the standard observations at 22.30?

TYNDALL: Yes.

JOHNSON: Fluid balance chart also at 22.30?

TYNDALL: Yes.

JOHNSON: And the equipment settings also at 22.30?

TYNDALL: Yes.

JOHNSON: Tile 48. We then have the sodium chloride record with the names of Laura Eagles and Ailsa Simpson?

TYNDALL: Yes.

JOHNSON: And then Dr Brunton's records and X-ray review at the appropriate stage of the chronology, together with his clinical notes at the next tile, which is tile 51?

TYNDALL: Yes.

JOHNSON: And again, we can deal with those with him in due course. Do we then return to a different set of notes, this time made by Ailsa Simpson?

TYNDALL: Yes.

JOHNSON: These were written retrospectively at the end of the shift at 07.38?

TYNDALL: Yes.

JOHNSON: And refer to events that happened at 23.00 hours?

TYNDALL: Yes, they refer to the administration of the surfactant.

JOHNSON: Just to remind the jury, surfactant is a protein that's administered to the lungs of children to help with the pliability of the lungs, which helps them to breathe?

TYNDALL: Yes.

JOHNSON: Do we then have the prescription for that surfactant, which has been made by a doctor but signed for administration by Nurses Simpson and Eagles?

TYNDALL: Yes.

JOHNSON: At 11.05. Dr Brunton's notes again relating to events at 11.15?

TYNDALL: Yes.

JOHNSON: Moving on to a further pathology sample, we see the name of Dr Elizabeth Newby who's one of the consultants, who the jury will recall was referred to by [Mother of Baby D]. We then see blood gases or the results of blood gases recorded by Nurse Simpson at 23.25 at tile 56?

TYNDALL: Yes.

JOHNSON: Do we then have, on the half hour, the standard observations being recorded by Ailsa Simpson?

TYNDALL: Yes.

JOHNSON: The fluid balance chart also being marked up by Nurse Simpson at the same time?

TYNDALL: Yes.

JOHNSON: And then at tile 59, the equipment settings being noted by Nurse Simpson?

TYNDALL: Yes.

JOHNSON: Do we then come to a pathology sample under the name of Laura Eagles?

TYNDALL: Yes.

JOHNSON: This was MRSA screening, which is what we used to call a superbug?

TYNDALL: Yes.

JOHNSON: And the collection of the sample noted at the same time by Laura Eagles?

TYNDALL: Yes, that's a blood sample.

JOHNSON: That's a blood sample, thank you. We then, as we can see, every hour, but this time with [Baby D] on the half hour, the observations being taken at tile 62?

TYNDALL: Yes.

JOHNSON: At 00.30, as before, the neonatal fluid balance chart also?

TYNDALL: Yes.

JOHNSON: And also the intensive care chart settings at the same time?

TYNDALL: Yes.

JOHNSON: There's a gap of an hour where we have the same parameters being measured and recorded?

TYNDALL: Yes.

JOHNSON: And that takes us on to tile 68, which is a further blood gas record with the values recorded?

TYNDALL: Yes.

JOHNSON: At 1.50 in the morning of Sunday, 21 June, have you put into the chronology Dr Brunton's notes?

TYNDALL: Yes.

JOHNSON: We'll let him deal with those. We then have yet another pathology sample collected at 2 am?

TYNDALL: Yes, a blood sample.

JOHNSON: The standard observations in the three -- well, standard records of various measurements and observations in the three types of record at 02.30?

TYNDALL: Yes.

JOHNSON: Being tiles 71, 72 and 73?

TYNDALL: Yes.

JOHNSON: At 3 o'clock we have the equipment settings being recorded by Nurse Simpson?

TYNDALL: This isn't one of those "major events" entries that makes mention of the double lights being stopped.

JOHNSON: Okay. So you're not a doctor, I think everyone understands that, but double lights is the treatment for jaundice?

TYNDALL: I believe so.

JOHNSON: All right. We have the standard three sets of documents at 3.30 in the morning, annotated by Nurse Simpson?

TYNDALL: Yes.

JOHNSON: We then come to the next event at 04.05, which is nursing updates. Is that largely notes that you have already put in at the correct chronological time in the sequence earlier in --

TYNDALL: In this instance there's a fair amount of information about when [Baby D] was admitted on to the unit and then, after that description is given, the rest of the entries have been placed in the chronological order.

JOHNSON: Yes, thank you. On the next tile, which is tile 80, can we just go to your summary or reproduction of Nurse Simpson's notes. Can you deal with that, please?

TYNDALL: This is something that occurred in [Baby D]'s treatment at 04.30, which reads:

"PVL tissue at 04.30, therefore new one sited in right hand by Reg A Brunton on first attempt. CBG at 04.30 good, therefore ventilation reduced again to 15/5 rate 20BPM. Now in air. Making good respiratory effort. If CBG good at 8 am for extubation. Nappy changed at 4 am. Dry. Therefore total fluids increased to 75ml/kg/day. For U&Es with repeat gas at 8 am, please."

JOHNSON: PVL is "peripheral venous line", I think.

TYNDALL: I don't know that one.

MR JUSTICE GOSS: That's what we have heard.

MR JOHNSON: It's the line going into the back of the hand, or at least the new one was in the back of the hand. We know that because the note records it. Do we also have, at the same time, the three separate documents recording various pieces of data?

TYNDALL: Which?

JOHNSON: Sorry, it's tiles, as before, 81, 82 and 83, so on the half hour.

TYNDALL: Yes.

JOHNSON: Thank you. Then just after that, at 4.33 that morning, tile number 84. Do we have [Baby D]'s blood gas records --

TYNDALL: Yes.

JOHNSON: -- being recorded again? If we just go all the way to the document behind this, please. I'm not going to get caught up in the detail of this at the moment, but is this, as we have seen before, a single sheet divided up into boxes in which the nursing staff can enter chronologically the results of blood gas tests that are being taken over an extended period of time?

TYNDALL: Yes.

JOHNSON: So this records all the measurements that have been taken before this time?

TYNDALL: Yes.

JOHNSON: And prospectively records measurements of blood gas tests that were yet to be performed?

TYNDALL: Yes.

JOHNSON: So it's the same document behind each of the blood gas tiles, it's just pointing out that at that time a test was reported?

TYNDALL: Yes.

JOHNSON: Thank you. We then come to 5.30 at tile 85, please. Do we have the three separate documents, as we have seen, on the half hour --

TYNDALL: Yes.

JOHNSON: -- in the preceding hours since [Baby D]'s admission?

TYNDALL: Yes.

JOHNSON: We have the same documents with slightly different information, of course, recorded on them for the next hour, which was 6.30 in the morning?

TYNDALL: Yes.

JOHNSON: So that's tiles 88, 89 and 90. We come next, at tile 91, to Ailsa Simpson's nursing notes again.

TYNDALL: Yes.

JOHNSON: Does this record a visit of [Father of Baby D] to the unit?

TYNDALL: Yes.

JOHNSON: Could you just talk us through that, please?

TYNDALL: "Dad visited at start of shift. All equipment and plan of care explained. Appeared overwhelmed, therefore lots of reassurance given. Reg A Brunton updated parents throughout the night. Midwife has phoned for update on behalf of parents. Update given."

JOHNSON: Thank you. We then come to 7.30. We can see at tile 92 whoever recorded [Baby D]'s heart rate, respirations and temperature didn't sign the chart at the bottom.

TYNDALL: Yes.

JOHNSON: If we go to that document, just to point it out as an anomaly. Go to the bottom, please. We see that blank box almost in the centre of the page between Ailsa Simpson's initials and the initials of the nurse who was about to take over on the day shift?

TYNDALL: Yes.

JOHNSON: Thank you. We have the fluid balance chart at tile 93, the intensive care chart equipment settings at tile 94. We then come to the designated nurse's notes made towards the end of the shift at tile 95.

TYNDALL: Yes.

JOHNSON: I think as a matter of fact, if we go to your summary, there is no entry referring to that time, it's the fact that the previous entries were made at about this time; is that right?

TYNDALL: Yes. So the entry was made at 07.38 on the computer, but it's about something that happened at 23.00.

JOHNSON: Thank you very much. We then come to the KB initials that we saw on that previous chart after the blank box at the bottom, it's Kate Bissell --

TYNDALL: Yes.

JOHNSON: -- who's another one of the nurses? She looked after [Baby D] on the day shift of 21 June; is that right?

TYNDALL: Yes.

JOHNSON: She continued with recording data from the same sources as had Ailsa Simpson?

TYNDALL: Yes.

JOHNSON: So we have the blood gas results at 8.15 at tile 97?

TYNDALL: Yes.

JOHNSON: Some more blood gases at -- is there a difference between those two? One tile has no name recorded, the other has Kate Bissell's name recorded.

TYNDALL: I think they're different types of documents, looking at it. I think one is the chart that we have previously seen and the other one might be a slightly different one.

JOHNSON: Okay.

MR JUSTICE GOSS: Yes, one's notes and one's chart.

MR JOHNSON: Yes. The first one, as his Lordship says, is some notes. In fact, they appear to be Dr Newby's notes. In fact, it may be that that document -- I think, actually, there may be a mistake here. If we could go to point out the mistake because we'll have to rectify this before we leave the case. So if we go to tile 97, I think you're right but the document that's gone in is wrong.

TYNDALL: Yes.

JOHNSON: So I just wanted to point this out. What we see at the document behind is actually the consultant's notes, isn't it, from the time of [Baby D]'s death?

TYNDALL: Yes.

JOHNSON: What should appear there is the blood gas sheet, which, if we come out just one back, please, Mr Murphy, you have correctly -- sorry, can we go back? So you have recorded various levels as recorded in the blood gas chart for this time?

TYNDALL: I think, without having the document behind it, but they sometimes have an electronic printout from the machine, which won't have a name attached to it, it's just almost like a till receipt. I think that's what that is. And then underneath

that, on page 89, is when Kate Bissell's entered it on to that chart that we've seen before.

JOHNSON: Okay. We can see where Kate Bissell has entered it on the next tile, can't we, if we go to that, please? This is tile 98. This is 8.15 in the morning of Midsummer's Day, 21 June. We can see, about eight lines up from the final record, the results as recorded by Kate Bissell, is that right, with her initials?

TYNDALL: Yes.

JOHNSON: We will return to that one, the previous one, tile 97, and just correct that. We then have Kate Bissell's record of a heel prick test; is that right?

TYNDALL: Yes.

JOHNSON: And the fact that she gave [Baby D] some sucrose to pacify her and some, presumably, containment holding?

TYNDALL: Yes.

JOHNSON: Because it can be distressing for a baby to have a jab in the heel with a lancet. Then at 8.30 that morning, do we have, as we have seen on the half hour of each of the preceding hours, the same three sources of data all recorded in the appropriate forms?

TYNDALL: Yes.

JOHNSON: Thank you. At 8.51, do we see that [Baby D] was given some benzylpenicillin --

TYNDALL: Yes.

JOHNSON: -- by Kate Bissell and [Nurse D]?

TYNDALL: Yes.

JOHNSON: A minute later, sodium chloride?

TYNDALL: Yes.

JOHNSON: And then at tile 105 do we have Kate Bissell's notes, which she wrote up towards the end of the shift?

TYNDALL: Yes.

JOHNSON: And again, as Kate Bissell is not giving evidence, can we go behind that and deal with your summary, please, or your reproduction of the relevant part of the notes?

TYNDALL: Yes. I have written the words:

"[Baby D] extubated."

And from the notes it says:

"Extubated into air at 09.00 hours following satisfactory blood gas. [Baby D] was initially apnoeic and required stimulation/CPAP via Neopuff for a couple of minutes. Her breathing then became more regular and she was SVIA with saturations in high 90s. Resp rate 50 to 75BPM but breaths shallow at times."

JOHNSON: SVIA?

TYNDALL: "Self-ventilating in air."

JOHNSON: So breathing for herself without any oxygen. So we then have another anonymous pathology sample taken at tile 106 at 9.20?

TYNDALL: Yes.

JOHNSON: We then come back to the consultant, Dr Newby, and her clinical notes, made relating to 9.25 that Sunday morning?

TYNDALL: Yes.

JOHNSON: On the half hour again, what I'll refer to as the standard three documents?

TYNDALL: Yes.

JOHNSON: Then do we come to a text message, SMS text, sent by Lucy Letby to somebody called Elizabeth Acton?

TYNDALL: Yes.

JOHNSON: What did this message say, please?

TYNDALL: At 9.35 Lucy Letby messaged:

"Is it okay if I come about 2? Then I can have a sleep before nights."

JOHNSON: So this was 21 June, which the jury may not remember was a day that Lucy Letby was starting a run of three night shifts, the 21st to the 22nd, 22nd to 23rd, 23rd to 24th?

TYNDALL: Yes.

JOHNSON: As we saw in that shift pattern table when we started this exercise. So more blood gases at 10.14 --

TYNDALL: Yes.

JOHNSON: -- taken by the designated nurse, Kate Bissell. The heel prick at 10.15?

TYNDALL: Yes.

JOHNSON: Observations taken in the three documents that we see every -- on the half hour, every hour?

TYNDALL: Yes.

JOHNSON: That's tiles 114 to 116. We come next to Kate Bissell's retrospective notes that cover an event or something happening at 10.35 on Sunday the 21st.

TYNDALL: Yes. This refers to [Baby D] being put back on to CPAP.

JOHNSON: Can you deal with what this says, please?

TYNDALL: Written in the nurse's notes is:

"Post-extubation blood gas taken at 10.15. Results showing respiratory acidosis. Put on to N CPAP at request of Liz Newby."

JOHNSON: And Liz Newby is the consultant?

TYNDALL: Yes.

JOHNSON: 11.30, as before, the three documents?

TYNDALL: Yes.

JOHNSON: 12.10, further blood gases -- blood gas results, I should say -- recorded?

TYNDALL: Yes.

JOHNSON: 12.30, tiles 122 to 124, the standard three documents?

TYNDALL: Yes.

JOHNSON: We come next to tile 125, which is at 17.03 on Sunday, 21 June, which is the next -- is a note by Kate Bissell of the next set of blood gases, isn't it?

TYNDALL: Yes, it's referring to the blood gases and the treatment that [Baby D] received as a result of them.

JOHNSON: Could you read for us what her note records, please?

TYNDALL: "Blood gas repeated 2 hours later showed further deterioration with increasing metabolic acidosis. Reviewed by Dr Rylance. Decision made to give 10ml/kg 0.9% saline bolus as [Baby D]'s perfusion was poor. Capillary refill time delayed, 3 to 4 seconds. Mean BP just about acceptable at 36mmHg."

JOHNSON: Thank you. Do we then have the neonatal infusion chart timed at 12.45, which is that sodium chloride infusion?

TYNDALL: Yes.

JOHNSON: And that's co-signed by [Nurse A]?

TYNDALL: Yes.

JOHNSON: We then come back to Dr Chowdhury, GP trainee.

TYNDALL: Yes.

JOHNSON: Some clinical notes made at 13.25.

TYNDALL: Yes.

JOHNSON: And given that Dr Chowdhury won't be coming, can you just deal with his notes, please?

TYNDALL: He notes:

"UVC inserted by SPR Rylance, aseptic technique. LOT1433800117 at 5 centimetres. UAC inserted, SPR Rylance, aseptic technique, LOT250215FP at 20.5 centimetres."

JOHNSON: Thank you. We then have some more notes made by Kate Bissell?

TYNDALL: Yes, referring to the insertion of the UVC and the UAC.

JOHNSON: So this is an umbilical venous catheter and an umbilical arterial catheter?

TYNDALL: I believe so.

JOHNSON: In other words, going through the belly button. We've already heard something about this. The nursing notes record both to be inserted to obtain more accurate blood gas and blood pressure:

"UVC inserted by doctor but unable to advance so removed. UAC inserted."

TYNDALL: Yes.

JOHNSON: We saw what Dr Chowdhury had noted so far as they were concerned at about the same time.

TYNDALL: Yes.

JOHNSON: So at 1.30, we have the three documents that we have seen on every half hour so far; is that right?

TYNDALL: Yes.

JOHNSON: And then at 13.32 we have Dr Boothroyd, radiologist, reporting on the chest and abdomen radiograph of [Baby D]?

TYNDALL: Yes.

JOHNSON: And in particular, referring to the position of the tip of the umbilical venous catheter?

TYNDALL: Yes.

JOHNSON: And recommending that because the catheter was buckled, it's suggested the tip was impacted and therefore recommending its withdrawal?

TYNDALL: Yes.

MR JOHNSON: My Lord, it may be that that's an appropriate point.

MR JUSTICE GOSS: Yes, certainly. We'll break off there, ladies and gentlemen, and continue at 2.05, please. Thank you very much.

(1.00 pm)

(The short adjournment)

(2.05 pm)

MR JUSTICE GOSS: Yes, Mr Johnson.

MR JOHNSON: Thank you, my Lord.

MR JUSTICE GOSS: I'm just checking, you might have to log in again if you want to follow it on your pads.

MR JOHNSON: We'd got to tile 133, I believe, Ms Tyndall --

TYNDALL: Yes.

JOHNSON: -- and the clinical notes of Dr Rylance made on Father's Day at 2 pm. We then have the record made of blood gases by Kate Bissell --

TYNDALL: Yes.

JOHNSON: -- at 14.08?

TYNDALL: Yes.

JOHNSON: Then at 14.30, the trio of readings taken every hour?

TYNDALL: Yes.

JOHNSON: There is then an infusion prescription chart at 14.40.

TYNDALL: Yes.

JOHNSON: If we go behind that, this is different to what we've seen to the extent that this is a prescription of heparin --

TYNDALL: Yes.

JOHNSON: -- which I don't think we've seen before. We'll leave it to the medics to explain what that was for. We then come back to the ST8, Dr Rylance, at 15.30, with some more of her clinical notes.

Then back again to Kate Bissell, some nursing notes written at 17.03. This, I think, relates, if we go behind the tile, to an X-ray of the umbilical line. Could you deal with that, please?

TYNDALL: So she's written:

"UAC reviewed on X-ray and Dr Rylance reports it is actually a UVC rather than a UAC. Line pulled back by 3 centimetres and is now a low-lying UVC. Blood gas obtained. Results within normal parameters. [Baby D] to remain on CPAP and for blood gas to be repeated at 18.30."

JOHNSON: Thank you. Moving on, then, in the charts, we have the standard trio of observations at 3.30.

TYNDALL: Yes.

JOHNSON: And at 4.30?

TYNDALL: Yes.

JOHNSON: With some further notes made by Kate Bissell at 17.03?

TYNDALL: Yes. This is her summary entry for care up until that point.

JOHNSON: Could you deal with that, please?

TYNDALL: So she's written:

"Care taken over at 08.00 hours. Emergency equipment checked and in working order. Fluids checked against prescription chart."

Then the other text in that entry has been replicated at the correct point chronologically within the sequence.

JOHNSON: Thank you. So at 5.30, we have the trio of documents recording various observations and readings.

TYNDALL: Yes.

JOHNSON: At just before 6 pm, a further nursing note made by Kate Bissell relating to contact she'd had with [Baby D]'s parents.

TYNDALL: Yes.

JOHNSON: Could you deal with that, please?

TYNDALL: Yes. She writes:

"Dad visiting for most of the day. He is up to date with the plan of care. Mum has visited this evening. Both parents anxious and asking lots of questions. Reassurance given by myself and Dr Rylance. Mum encouraged to express. She has managed to obtain a few mls of colostrum."

JOHNSON: Then at 18.30, the three documents that we see every hour?

TYNDALL: Yes.

JOHNSON: Followed by a record of blood gas results that is unsigned or unconfirmed at least --

TYNDALL: Yes.

JOHNSON: -- is that right?

TYNDALL: Yes.

JOHNSON: I think as a matter of fact, if one goes to the document, there is a signature of sorts or initials, but you haven't been able to decipher to whom it relates?

TYNDALL: No.

JOHNSON: That's 18.44. Thank you. So back to the tiles. We then have the arrival of various people for the night shift. First, [Nurse C] at 18.49, going through the security system.

TYNDALL: Yes.

JOHNSON: Followed by Elizabeth Marshall, who's a nursery nurse?

TYNDALL: Yes.

JOHNSON: We then see some more of Dr Rylance's notes at 19.00 hours?

TYNDALL: Yes.

JOHNSON: We come next to a text message sent by Lucy Letby to somebody called Charlotte James. Could you read that, please?

TYNDALL: Lucy Letby sends a message at 19.15:

"I'm just about to leave for a night shift so no problem. Hope all okay x."

JOHNSON: We then come to Kate Bissell's final or almost final notes for the shift.

TYNDALL: Yes.

JOHNSON: Could you deal with those, please?

TYNDALL: Again, the text in bold is what I've written and her nursing notes read:

"Repeat bloods taken by Dr Rylance via UVC. CRP/SBR/U&E. Blood gas satisfactory. Dr Rylance wanted to try [Baby D] off CPAP so taken off at 19.15. However, [Baby D] began shallow breathing again and dropped her saturations to mid-80s so put back on. Her breathing has now improved and she is saturating at 100% in air. To remain on CPAP for time being."

JOHNSON: Do we then have swipe data showing the arrival of Caroline Oakley?

TYNDALL: Yes.

JOHNSON: Is that two separate entrances she's coming through?

TYNDALL: Yes.

JOHNSON: Followed closely by Lucy Letby at 19.26?

TYNDALL: Yes.

JOHNSON: Followed by the final trio of documents on the half hour, annotated by Kate Bissell?

TYNDALL: Yes.

JOHNSON: Followed by Kate Bissell's -- I don't know whether those are the final notes or almost the final notes. Can we deal with those, please, at 167?

TYNDALL: She's written the entry at 19.15, which I just read out, and then follows that with:

"Phototherapy light was stopped at 12.30 hours as result plotted on chart by SHO and was 50 below treatment line. However, when I checked this evening the result had been plotted incorrectly and although below the treatment line, was not 50 below. Dr Rylance aware. Advised to wait for lab result to come back before deciding whether to recommence lights. Cares given. Has PU-ed, but only 13ml all day. Doctors aware."

JOHNSON: We then come to the record of the nursing handover at 168?

TYNDALL: Yes.

JOHNSON: Can we go behind that, please? Here we have a document with which we're now reasonably familiar, showing that Dr Newby was the paediatrician of the week and on call for this night shift.

TYNDALL: Yes.

JOHNSON: The night shift registrar was Dr Brunton?

TYNDALL: Yes.

JOHNSON: Senior house officer, Dr Emily Thomas?

TYNDALL: Yes.

JOHNSON: Shift leader was [Nurse C]?

TYNDALL: Yes.

JOHNSON: [Baby D]'s designated nurse was Caroline Oakley?

TYNDALL: Yes.

JOHNSON: The two other nurses on the shift were Kathryn Percival-Ward and Lucy Letby?

TYNDALL: Yes.

JOHNSON: And finally, the nursery nurse was Elizabeth Marshall?

TYNDALL: Yes.

JOHNSON: So let's then go to the diagram underneath to see who was allocated to whom. Do we see that in nursery 1, [Baby D] was being housed?

TYNDALL: Yes.

JOHNSON: There are two other children in there, MRE and JE?

TYNDALL: Yes.

JOHNSON: Is this the same JE who was in the unit when [Baby C] died?

TYNDALL: Yes.

JOHNSON: We see that MRE and JE's designated nurse is Lucy Letby?

TYNDALL: Yes.

JOHNSON: In nursery 2, Caroline Oakley had one child.

TYNDALL: Yes.

JOHNSON: And [Nurse C] had two?

TYNDALL: Yes.

JOHNSON: Kathryn Percival-Ward had three children in nursery 3, who included [Baby B]?

TYNDALL: Yes.

JOHNSON: And she had an additional child in nursery 4?

TYNDALL: Yes.

JOHNSON: And Elizabeth Marshall was responsible for two of the children in nursery 4?

TYNDALL: Yes.

JOHNSON: Underneath that, it says:

"TCU. Baby AH. Nurse Elizabeth Marshall."

What does that mean, please?

TYNDALL: I believe that means transitional care. It's when a baby is being monitored by a member of the NNU staff but not within the unit as far as I understand.

JOHNSON: Yes.

MR JUSTICE GOSS: You're beginning to speak very quietly.

TYNDALL: Sorry.

MR JOHNSON: We did hear in an earlier case of a baby that was actually with its parents in a room nearby and one of the nurses was dealing with that; is that this situation or are you not sure?

TYNDALL: I don't think so. That's a different scenario.

JOHNSON: Okay.

TYNDALL: I think it might be with the mother, but I'm not sure, you'd have to ask the nurses.

JOHNSON: Okay. Thank you. So moving on then to 169 to 171, do we have the three sets of documents recorded by Caroline Oakley?

TYNDALL: Yes.

JOHNSON: Followed at tile 172 by a further pathology sample?

TYNDALL: Yes.

JOHNSON: Followed at 173, at 20.51 hours, Lucy Letby going from the neonatal unit into the labour ward?

TYNDALL: Yes.

JOHNSON: That information is derived from what's behind the tile, isn't it?

TYNDALL: Yes.

JOHNSON: Then we see some further notes made by Dr Brunton at -- sorry.

(Pause)

MR JUSTICE GOSS: I'll hand it to you, Mr Johnson. You can show it, please, to Mr Myers.

(Pause)

MR JOHNSON: Well, I'll ask you the question. I don't know whether you know the answer. Your starter for 10. One of the jurors has pointed out that at 19.26, so if we just scroll back a little bit, we have Lucy Letby entering for the first time.

TYNDALL: Yes.

MR JUSTICE GOSS: Taken from the swipe data?

TYNDALL: Yes.

MR JOHNSON: If we go behind that, that's into the neonatal unit, in?

TYNDALL: Yes.

JOHNSON: So that's 19.26. At 20.51, we have her going from the neonatal unit to the labour ward?

TYNDALL: Yes.

JOHNSON: 21.30, so the juror's got ahead of us now, keeping me on my toes, we have Lucy Letby going to the labour ward again, and also at 22.49. There's nothing coming back the other way.

TYNDALL: Yes.

JOHNSON: Can you provide the answer for that?

TYNDALL: We believe, we've been told, that with doors there's some a swipe in but a button to push to exit --

JOHNSON: Yes.

TYNDALL: -- so it only captures when you have to use your pass to get through the door. If you are coming out of the door it's just a push button, as far as we're aware.

JOHNSON: So transition from one area to another may be secure going one way, requiring the pass, but may be insecure to the extent of, if it's a fire exit, for example, to get out, you can just press a button to get out?

TYNDALL: Yes, or just a door release to get through.

JOHNSON: Yes, by a fire exit, I didn't mean literally --

TYNDALL: No.

JOHNSON: -- a bar that you push, but it just enables you to get out quickly?

TYNDALL: Yes.

MR JUSTICE GOSS: It may be that you have to show a card to get in but you just press a button on the same door to come out --

TYNDALL: It's just (overspeaking) it's on the same door -- well, how I understand it is one side is a pad that you have to hold your pass to, to get through, and on the other side is a button that you push and just -- to open the door so that doesn't record anything. It doesn't record who's going through because there's no ID pass to go with it.

MR JOHNSON: Yes. If we go in the other jury bundle to divider 3, to agreed facts 6 and 7. It's all a long time ago now, but these were read to you. I won't read them again, ladies and gentlemen, but it may be that you will find that there is the explanation. I hope that's an answer.

MR JUSTICE GOSS: Yes, thank you.

MR JOHNSON: So I think we were dealing with that swipe data at 173. At 174 we have more clinical notes made by Dr Brunton, the registrar.

TYNDALL: Yes.

JOHNSON: At 175 and following we have a record of medication given to [Baby D] by [Nurse C] and Caroline Oakley.

TYNDALL: Yes.

JOHNSON: Signed for by both of them at least.

TYNDALL: Yes.

JOHNSON: So benzylpenicillin followed by sodium chloride?

TYNDALL: Yes.

JOHNSON: Then an update on the computer at 21.24; is that right?

TYNDALL: Yes.

JOHNSON: Two at 21.24. Followed by the swipe data to which we've just been referred in the juror's note at tile 179?

TYNDALL: Yes.

JOHNSON: Followed by at 9.30, the three sets of records that we see every hour?

TYNDALL: Yes.

JOHNSON: And at 10.30?

TYNDALL: Yes.

JOHNSON: Followed by, I think, the final piece of swipe data which was referred to in the jury note at 22.49?

TYNDALL: Yes.

JOHNSON: Followed by, at 11 o'clock, now, so we've changed slightly -- the last three sets of readings had been at 10.30, so we've gone on to the same -- sorry, no, it's just the intensive care chart equipment settings at 11 o'clock.

TYNDALL: Yes.

JOHNSON: And that refers to the ventilation that was being administered via CPAP to [Baby D]?

TYNDALL: Yes.

JOHNSON: At 11.30, the trio of records that we see hourly -- or two of the three, I should say?

TYNDALL: Yes.

JOHNSON: Followed by blood gas records, transcribed by Caroline Oakley at 23.52?

TYNDALL: Yes.

JOHNSON: We then come to a pathology sample collected in the name of Dr Andrew Brunton --

TYNDALL: Yes.

JOHNSON: -- just before midnight. At midnight we can see the intensive care chart equipment settings were recorded. So an hour later than they had been at 23.00 hours.

TYNDALL: Yes.

JOHNSON: Followed by [Baby D]'s observations at 00.30, an hour after those had been recorded, together with, on the following tile, the neonatal fluid balance chart at 00.30?

TYNDALL: Yes.

JOHNSON: Thank you. We come next, at tile 195, to some swipe data for Elizabeth Marshall who, we will remember, was the nursery nurse, coming into the labour ward?

TYNDALL: Yes.

JOHNSON: And then a couple of minutes later, Dr Emily Thomas, who was the house officer in her first year of specialist training, going through the same entrance as Elizabeth Marshall?

TYNDALL: Yes, she goes through two doors: one of them is the neonatal door and the other one is neonatal to labour.

JOHNSON: Thank you. [Nurse C], some swipe data for her at 1 am?

TYNDALL: Yes.

JOHNSON: Is that from maternity to the NNU?

TYNDALL: It just says maternity to neonatal door, yes.

JOHNSON: Then at 1.05, we have the fluid balance chart for [Baby D].

TYNDALL: That's just a comment made on the fluid balance chart --

JOHNSON: Okay.

TYNDALL: -- around suction.

JOHNSON: Yes. Followed by swipe data for Dr Brunton at 1.13?

TYNDALL: Yes.

JOHNSON: A record of [Baby D]'s blood gases at 1.14, at tile 201?

TYNDALL: Yes.

JOHNSON: Then observations taken for [Baby D] by Caroline Oakley at 1.15?

TYNDALL: Yes.

JOHNSON: That's 10 minutes before the next document, which is the infusion prescription chart, isn't it?

TYNDALL: Yes.

JOHNSON: If we go to that, please, all the way through to the document itself, we can see that there are five separate lines. The first two refer to infusions that were being given to [Baby D] on 20 June.

TYNDALL: Yes.

JOHNSON: The final three refer to 21 June.

TYNDALL: Yes. And the 22nd.

JOHNSON: And the 22nd, I beg your pardon, yes. Let's break this down. Number 3, in the left hand -- what's confused me is the difference between the left and the right.

TYNDALL: Yes.

JOHNSON: In number 3, in the left-hand column, it says 21 June --

TYNDALL: Yes.

JOHNSON: -- and the signature for the administration, which is in the final column of manuscript, is 21 June at what may be 12.45.

TYNDALL: Yes, I think I've read that at 12.45.

JOHNSON: And the one we are concerned with here in this tile has the date of 21 June in the left-hand column --

TYNDALL: Yes.

JOHNSON: -- for some saline. But then it says, as we read across -- we see Lucy Letby's signature at the top, do we?

TYNDALL: Yes.

JOHNSON: We see that the date and time is 22 June at 01.25?

TYNDALL: Yes.

JOHNSON: Rather than having to come back to this document, we see underneath almost a mirror image of that entry, at least so far as the nurses' signatures are concerned, albeit that the final one is at 3.20 that same morning?

TYNDALL: Yes.

JOHNSON: We can see that the doctor who prescribed it appears to be different?

TYNDALL: Yes.

JOHNSON: Dr Brunton on the final occasion?

TYNDALL: Yes.

JOHNSON: That's at 1.25. Dr Thomas, who may or may not be the signature you couldn't decipher on that prescription chart at 1.25, apparently her name is on a pathology sample.

TYNDALL: Yes, on the computer record.

JOHNSON: Yes. Then we come to the first [Baby D] event.

TYNDALL: Yes.

JOHNSON: This is within a very short time, isn't it, of the document or the timing on the document that we just looked at with Lucy Letby's signature on it?

TYNDALL: Yes.

JOHNSON: So the timing of that signature is 01.25 and within minutes of that event, we have the first [Baby D] event --

TYNDALL: Yes.

JOHNSON: -- the first collapse?

TYNDALL: Yes.

JOHNSON: In relation to that, if we go to the next tile, which is the nursing note of Caroline Oakley, and go to your reproduction of her notes, what did Caroline Oakley write had happened 5 minutes after that event involving Lucy Letby?

TYNDALL: "01.30. Called to nursery by SN Percival-Ward and SN Letby. [Baby D] had desaturated to 70s. Required oral suction as

was bubbly and had lost colour. Discolourations to skin observed: trunk/legs/arms/chin. Dr Brunton called to review. Saturations 100% and O2 weaned to air. Observations satisfactory."

JOHNSON: Remind us, who was [Baby D]'s designated nurse?

TYNDALL: Caroline Oakley.

JOHNSON: So this records her being called to [Baby D] and [Baby D] exhibiting those signs?

TYNDALL: Yes.

JOHNSON: So that's 1.30. Do we see the fluid balance chart filled in at that time --

TYNDALL: Yes.

JOHNSON: -- on the next tile? I won't ask you to deal with that because we're going to hear from Caroline Oakley. Do we also see, coinciding with that record of collapse, Dr Brunton, some swipe data at 01.34?

TYNDALL: Yes.

JOHNSON: And the consultant Dr Newby at 01.37?

TYNDALL: That's coming into the maternity building, not into the unit.

JOHNSON: Yes, but if we move on, taking Dr Newby as the example, to slide 212, is that her coming into the NNU?

TYNDALL: Yes.

JOHNSON: So she's the on-call consultant and whatever happened to [Baby D] provoked Dr Newby having to be called in?

TYNDALL: I presume so.

JOHNSON: Well, we'll hear the evidence in due course. But that's the effect of it. Now, there's then some swipe data for Caroline Oakley at 01.40?

TYNDALL: Yes.

JOHNSON: And that is her coming into the neonatal unit, isn't it?

TYNDALL: Yes.

JOHNSON: So just putting those two pieces of information, it appears that Caroline Oakley wasn't in the room when [Baby D] collapsed and she was actually out of the unit if that was her next time coming in?

TYNDALL: I guess so.

JOHNSON: Yes. We then come at 01.40, so a few minutes later, to Dr Brunton's notes --

TYNDALL: Yes.

JOHNSON: -- which he can deal with. The pathology sample, timed 11 minutes later, collected.

TYNDALL: Yes.

JOHNSON: An X-ray reported on by Dr Boothroyd --

TYNDALL: Yes.

JOHNSON: -- the radiologist? Of course, that report wouldn't have come for some time after these events, would it, just to remind the jury?

TYNDALL: No, that's the time the X-ray was taken.

JOHNSON: So the X-ray taken, interpreted on the ward by the paediatricians, but ultimately reported on by Dr Boothroyd, the radiologist?

TYNDALL: Yes.

JOHNSON: Next do we have some more swipe data for Dr Brunton at 01.55?

TYNDALL: Yes.

JOHNSON: Followed by Dr Newby's clinical notes?

TYNDALL: Yes.

JOHNSON: Followed by a record of blood gases for [Baby D] at 02.22 that morning, 22 June?

TYNDALL: Yes.

JOHNSON: We then have the standard record of observations taken at 02.30 at tiles 220 and 221?

TYNDALL: Yes.

JOHNSON: Followed by further notes made by Dr Brunton concerning events at 2.35?

TYNDALL: Yes.

JOHNSON: Do we then have, as we've just dealt with, a record of Dr Newby and Dr Brunton's interpretation of the X-ray --

TYNDALL: Yes.

JOHNSON: -- at 02.40? Followed by prescriptions for -- a prescription for cefotaxime.

TYNDALL: Yes.

JOHNSON: And some sodium chloride?

TYNDALL: Yes.

JOHNSON: The fluid balance chart is timed at 02.40?

TYNDALL: Yes.

JOHNSON: Then also at 02.40, a neonatal infusion prescription chart?

TYNDALL: Yes.

JOHNSON: This is a different document to the one we looked at before, so if Mr Murphy would help, please, can we go to the document itself? So this is dated, as we can see -- well, we see -- let's deal with it a bit more slowly. [Baby D]'s details recorded in the top left-hand box.

TYNDALL: Yes.

JOHNSON: Her weight, the fact that this is a record for an infusion or dose of sodium chloride?

TYNDALL: Yes.

JOHNSON: It apparently contains dextrose, so sugar.

TYNDALL: Yes.

JOHNSON: The rate of infusion, we can see at 1.54ml per hour, as prescribed by Dr Brunton?

TYNDALL: Yes.

JOHNSON: We can also see that this infusion started at 2.40 that morning; is that right?

TYNDALL: Yes.

JOHNSON: Underneath the doctor's signature, whose signatures do we have there, please?

TYNDALL: Lucy Letby and Caroline Oakley.

JOHNSON: If we go to the next tile, do we then come to Caroline Oakley's notes concerning that event?

TYNDALL: Yes, concerning the infusion.

JOHNSON: Again, we'll leave that for her. Do we then have at 229 some swipe data for Dr Thomas at 02.41 hours?

TYNDALL: Yes, to the maternity ward.

JOHNSON: Thank you. And then a record signed and co-signed by [Nurse C] and Lucy Letby for the administration -- on the computer for the administration of various prescribed substances to [Baby D]?

TYNDALL: Yes.

JOHNSON: Some swipe data for Dr Brunton?

TYNDALL: To the maternity ward.

JOHNSON: And very soon after that medication had been administered by Lucy Letby or with Lucy Letby, we have an event at 3 o'clock; is that right?

TYNDALL: Yes.

JOHNSON: Can we just go to the notes, please. These are Caroline Oakley's notes. Just to put these events in context, do they record that at 3 am [Baby D] was crying and desaturated to 70s?

TYNDALL: Yes.

JOHNSON: She'd been started on 100% oxygen via CPAP and picked up well but her skin discoloured again, but less than previously?

TYNDALL: Yes.

JOHNSON: And that Dr Brunton had been called to review her?

TYNDALL: Yes.

JOHNSON: We'll deal with the full evidence in due course, but do we then have the record of Dr Brunton's entry into the NNU?

TYNDALL: Yes, at 3.06.

JOHNSON: Followed by his notes?

TYNDALL: Yes.

JOHNSON: Followed by another neonatal infusion prescription chart at 3.20, again signed by Lucy Letby and Caroline Oakley?

TYNDALL: Yes.

JOHNSON: I think that one is the one we looked at before with the five entries on it.

TYNDALL: Yes, it is.

JOHNSON: Do we have some more swipe data for Dr Brunton at 3.22?

TYNDALL: Yes, to maternity.

JOHNSON: Followed by the fluid balance chart at 3.30?

TYNDALL: Yes.

JOHNSON: Filled in by Caroline Oakley?

TYNDALL: Yes.

JOHNSON: Her nursing notes written retrospectively at 4.46?

TYNDALL: Yes, that's just regarding an entry she's made on the fluid balance chart.

JOHNSON: Yes. We'll come to that in the evidence. But the standard observations then taken at half past the hour --

TYNDALL: Yes.

JOHNSON: -- as always with [Baby D]. That's tiles 241 and 242?

TYNDALL: Yes.

JOHNSON: Swipe data for Elizabeth Marshall at 3.32?

TYNDALL: Yes.

JOHNSON: For Dr Thomas at 3.34?

TYNDALL: Yes.

JOHNSON: Dr Brunton at 3.36?

TYNDALL: Yes.

JOHNSON: And 3.37 --

TYNDALL: Yes.

JOHNSON: -- for Elizabeth Marshall again at 3.37 and again at 3.37?

TYNDALL: Yes.

JOHNSON: And yet again at 3.41?

TYNDALL: I think that's -- well, I don't... Because she's got that baby on transitional care she's more likely to be moving in and out of the unit.

JOHNSON: Yes. Then we have an event for [Baby D], don't we --

TYNDALL: Yes.

JOHNSON: -- which comes at about this stage and is referred to in Caroline Oakley's retrospective notes and timed by her, at least, as being at 3.45?

TYNDALL: Yes.

JOHNSON: That says at 3.45:

"Monitor alarming. [Baby D] desaturated and then became apnoeic. Called SN Letby to help. Stimulation given with no effect."

Is that right?

TYNDALL: Yes.

JOHNSON: The next tile records the crash call; is that right?

TYNDALL: Yes.

JOHNSON: Tile 252.

TYNDALL: Yes.

JOHNSON: Dr Brunton was the person called and his notes appear at tile 253?

TYNDALL: Yes, he says he was called at 3.55.

JOHNSON: Yes, but the bleep data suggests that the bleep at least went to him at 3.57; is that right?

TYNDALL: Yes.

JOHNSON: And the swipe data suggests that he came into the unit at 3.58?

TYNDALL: Yes.

JOHNSON: And we have his notes relating to all this at tiles 256 and 257?

TYNDALL: Yes.

JOHNSON: Followed by Dr Newby's notes at tile 258?

TYNDALL: That's her note saying she received the crash call at 03.58.

JOHNSON: Yes, thank you. More clinical notes written by Dr Brunton at 4 am?

TYNDALL: Yes.

JOHNSON: Well, relating to events at 4 am, I should say, written later.

TYNDALL: Yes.

JOHNSON: And at 4.02 hours?

TYNDALL: Yes.

JOHNSON: And 4.04?

TYNDALL: Yes.

JOHNSON: And 4.05?

TYNDALL: This is all the medication.

JOHNSON: Exactly. So this is exactly what we've seen in other cases, isn't it? When boluses of adrenaline or sodium bicarbonate, whatever happened to be the particular drugs, are being administered, they appear in the sequence like this?

TYNDALL: Yes.

JOHNSON: There are Dr Newby's clinical notes relating to events at 04.07.

TYNDALL: If that's her -- that's what time she details her arrival.

JOHNSON: Yes. She arrives as the resuscitation is progressing?

TYNDALL: Yes.

JOHNSON: Dr Brunton, one of the events he records is timed at 4.07?

TYNDALL: Yes.

JOHNSON: We see Dr Newby's swipe data, suggesting she arrived at 4.08.

TYNDALL: Yes.

JOHNSON: Coming through two entrances, presumably, to the neonatal unit?

TYNDALL: Yes.

JOHNSON: Then we see Dr Brunton's notes, which happens to be for the fifth dose of adrenaline given to [Baby D] at 4.10?

TYNDALL: Yes.

JOHNSON: Other drugs given at 4.12?

TYNDALL: Yes.

JOHNSON: And 4.13?

TYNDALL: Yes.

JOHNSON: And 4.15?

TYNDALL: Yes.

JOHNSON: And 4.18?

TYNDALL: No, 4.18 is not an entry about drugs.

JOHNSON: Right. What's that?

TYNDALL: That is about the decision made to discontinue with CPR.

JOHNSON: That's his record of speaking -- of Dr Newby speaking to [Parents of Baby D] concerning the discontinuation of life support --

TYNDALL: Yes.

JOHNSON: -- or efforts to resuscitate [Baby D]? We then have some notes written by Dr Newby at 4.50.

TYNDALL: Yes, again referring to the decision to discontinue the CPR.

JOHNSON: Followed by more notes made by Dr Brunton and Dr Newby?

TYNDALL: Yes, that's the timing of the CPR being discontinued.

JOHNSON: Then the timing of the formal record of [Baby D]'s death at 4.25 at tile 275?

TYNDALL: Yes.

JOHNSON: Dr Brunton, some more notes at 4.35.

TYNDALL: Yes, just recording the time of death.

JOHNSON: And then swipe data of Caroline Oakley at 4.25?

TYNDALL: Yes.

JOHNSON: More notes made by Dr Brunton at 4.35?

TYNDALL: That's the time he actually makes his notes detailing everything else that's been recorded.

JOHNSON: Thank you. At 4.46, Caroline Oakley updated the notes on the computer; is that right?

TYNDALL: Yes.

JOHNSON: At 4.50, Dr Newby updated her notes?

TYNDALL: Yes.

JOHNSON: At 5.02, Caroline Oakley, there's some swipe data?

TYNDALL: Yes, to maternity.

JOHNSON: Then some more nursing notes made by Caroline Oakley concerning speaking to [Baby D]'s parents?

TYNDALL: Yes, that's the record of the communication she's had with them throughout the shift.

JOHNSON: Thank you. Some more notes made by Caroline Oakley at 06.08?

TYNDALL: Yes.

JOHNSON: And then swipe data relating to Lucy Letby at 7.27 --

TYNDALL: Yes.

JOHNSON: -- and 7.37?

TYNDALL: Yes.

JOHNSON: Which would have been getting on for the end of her shift. And that is all followed, isn't it, by WhatsApp messages?

TYNDALL: Yes.

JOHNSON: Could you take us through the WhatsApp messages, please? Starting at 8.36 on Monday, 22 June.

TYNDALL: So at 8.36, Lucy Letby sends a message to [Nurse A]:

"We had such a rubbish night. Our job is just far too sad sometimes."

JOHNSON: Thank you. Did [Nurse A] respond?

TYNDALL: At 8.39 with:

"No. What happened?"

JOHNSON: Lucy Letby replied?

TYNDALL: With:

"We lost [Baby D]."

JOHNSON: [Nurse A] replied?

TYNDALL: "What!!!!!! But she was improving. What happened?"

JOHNSON: And she sent a further message, I think, [Nurse A]?

TYNDALL: Yes, with:

"Wanna chat? I can't believe you were on again. You having such a tough time."

JOHNSON: Lucy Letby says what in response?

TYNDALL: "Messed about a couple of times and came out in this weird rash looking like overwhelming sepsis. Liz came in. Re-screened, et cetera."

JOHNSON: Thank you. She continued that message with what, please?

TYNDALL: "Then collapsed and had full resus so upsetting for everyone. Parents absolutely distraught, dad screaming."

JOHNSON: Then [Nurse A]?

TYNDALL: "Shit. She's the one that Ahmed sat on?"

JOHNSON: And Lucy Letby responded?

TYNDALL: "Andrew and Liz said it'll probably be investigated."

JOHNSON: So is that Andrew?

TYNDALL: Brunton and Liz, I assume, is Elizabeth Newby.

JOHNSON: Yes. [Nurse A] then sent what message to Lucy Letby at 8.42?

TYNDALL: "Dad was very anxious all day."

JOHNSON: And then?

TYNDALL: "What, the delay in treatment?"

JOHNSON: Lucy Letby responded?

TYNDALL: "Just overall. Looking into the case..."

JOHNSON: Thank you.

TYNDALL: "... and reviewing what ABX she was on, et cetera, if it is sepsis."

JOHNSON: And then?

TYNDALL: "Dad is beside himself. They only saw her briefly but don't want her to be moved out of 1. Didn't like family room but

obviously can't really stay in 1 and got a 33-weeker about to deliver and we got 2 screens that have stayed."

JOHNSON: Thank you. Then [Nurse A] to Lucy Letby, please.

TYNDALL: "What was her repeat CRP? First one was less than 1. She was behaving septic though."

JOHNSON: Then Lucy Letby to [Nurse A], please.

TYNDALL: "It was 6 this morning."

JOHNSON: And in response, [Nurse A] said?

TYNDALL: "Damn, poor family. You okay?"

JOHNSON: And Lucy Letby?

TYNDALL: "It's just been another shock for us all. Feel a bit numb this time."

JOHNSON: [Nurse A]?

TYNDALL: "Oh hun, you need a break."

JOHNSON: Lucy Letby responded.

TYNDALL: "But it's part of the job, isn't it, and it's hard for everyone?"

JOHNSON: And [Nurse A]?

TYNDALL: "Yes, but you've had it all recently."

JOHNSON: What did Lucy Letby respond?

TYNDALL: "Hmm. Well, it's happened and that's it. Got to carry on. I finish for nearly 2 weeks after next Fri so I'll keep ploughing on."

JOHNSON: This of course was Monday, wasn't it?

TYNDALL: Yes.

JOHNSON: And then Lucy Letby sent a message to [Nurse A] saying what, please?

TYNDALL: "Poor [Nurse B], [Nurse D] and Yvonne today."

JOHNSON: [Nurse A] returned the message saying?

TYNDALL: "Okay. Good re time off. Yes, and Ali V back on tonight."

JOHNSON: Is that Alison Ventress?

TYNDALL: I assume so.

JOHNSON: And then [Nurse A]?

TYNDALL: "Which Yvonne?"

JOHNSON: And Lucy Letby?

TYNDALL: "Oh dear, at least she wasn't on. Yvonne F. She has taken [Baby D]."

JOHNSON: That's Yvonne Farmer?

TYNDALL: Yes.

JOHNSON: And Lucy Letby?

TYNDALL: "Have refused the twins."

JOHNSON: [Nurse A]?

TYNDALL: "Good. They elective. Can wait 24 hours."

JOHNSON: And [Nurse A]?

TYNDALL: "That's our 3 for a bit hopefully."

JOHNSON: And Lucy Letby responded?

TYNDALL: "I hope so. Anyway, sorry to moan to you".

JOHNSON: And Lucy Letby said?

TYNDALL: "Not what you want to hear first thing."

JOHNSON: Followed by a response from [Nurse A].

TYNDALL: "It's fine. I'd want to know. I was there when she came in. More importantly I'm always here for you and it's not moaning."

JOHNSON: And [Nurse A] followed that up with a further message.

TYNDALL: "We have the shittest..."

JOHNSON: And another?

TYNDALL: "... jon in the world at times."

I assume that's supposed to say "job".

JOHNSON: B is next to N on a standard keyboard, isn't it?

TYNDALL: Yes.

JOHNSON: [Nurse A] again?

TYNDALL: "And the best."

JOHNSON: And again?

TYNDALL: "Just to try and give you a contrast of how we win more than we lose, the Bs called in on Saturday. They are both amazing xxx"

JOHNSON: And Lucy Letby responded?

TYNDALL: "Absolutely. On a day-to-day basis it's an incredible job with so many positives, but then sometimes I think how do such sick babies get through and others just die so suddenly and unexpectedly? Guess it's how it's meant to be."

JOHNSON: Did [Nurse A] respond to that question?

TYNDALL: "yes, we can only do what is humanly possible. Sometimes we seem to manage more than that. We're a good team that can give excellent care, we just don't have magic wands. [Baby D] bothered all day yesterday. Nothing you could put your finger on though."

JOHNSON: She followed that up with a further message, I think, a couple of minutes later.

TYNDALL: "She didn't move much, was stiff, odd posture, but none of it grossly, if that makes sense."

JOHNSON: And did Lucy Letby respond to that?

TYNDALL: "I know and I think there's an element of fate involved. There is a reason for everything."

JOHNSON: Did [Nurse A] respond?

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

JOHNSON: [Parents of Babies A & B], of course, were the parents of [Babies A & B]?

TYNDALL: Yes.

JOHNSON: And [Nurse A] followed that with what, please?

TYNDALL: "[Mother of Babies A & B] said [of] course she'd change, [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 xx"

JOHNSON: These are messages we've seen in the [Babies A & B] sequence, aren't they, of this?

TYNDALL: I think so, yes.

JOHNSON: Lucy Letby's response to that was what, please?

TYNDALL: "Aw, did she. That's nice to know he had a positive impact."

JOHNSON: And then [Nurse A].

TYNDALL: "Yes, but that we, as a team and individuals, made it feel that way. We were talking about his box, their plans to get pics photoshopped to remove tubes etc and that they 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: She followed that up, I think, [Nurse A] with a further message?

TYNDALL: "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 cc"

JOHNSON: Followed up with "xx"?

TYNDALL: Yes.

JOHNSON: C being next to X on the keyboard. Then Lucy Letby responded what, please?

TYNDALL: "That's lovely, thanks."

JOHNSON: [Nurse A], please?

TYNDALL: "It's important to remember that a death isn't a fail. They'll always regret losing [Baby A] but hopefully no regrets

about memories they have and the time they had with him. Helping facilitate that is hugely important so families can hopefully move forward with some positives from such a devastating time."

JOHNSON: Thank you. And the next message, please, from [Nurse A] to Lucy Letby?

TYNDALL: "You going to bed in a min? You're an excellent nurse, Lucy, don't forget it."

JOHNSON: Did Lucy Letby respond?

TYNDALL: "I know and I don't feel it's a failure as such, more that it's just very sad to know what families go through."

JOHNSON: And did she then say:

"Yep, off to bed shortly, [thanks] for listening"?

TYNDALL: Yes.

JOHNSON: And [Nurse A] responded?

TYNDALL: "Yes, it is. Just trying to help you take the positives you deserve from tough times. Always here. Speak later. Sleep well xxx"

JOHNSON: Thank you. A minute later, did Lucy Letby send a further message?

TYNDALL: "Thanks, much appreciated xx"

JOHNSON: Is that followed by three kisses from [Nurse A]?

TYNDALL: Three kisses.

JOHNSON: Thank you. Do we come next, at 10.15, to some notes made by Dr Newby where she discussed [Baby D]'s case with the coroner?

TYNDALL: Yes.

JOHNSON: Then we have Yvonne Farmer's notes now. What was Yvonne Farmer's responsibility, just so that the jury understand, please?

TYNDALL: I believe she took over the care of [Baby D] and the family at the start of the day shift.

JOHNSON: We'll come to that evidence -- well, actually, we won't because Yvonne Farmer is not giving evidence so let's deal with

this. On Monday, 22 June at 18.40, so getting towards the end of the day shift of the day on which [Baby D] had died that morning, could you tell us what Yvonne Farmer noted in the nursing record, please?

TYNDALL: "Written in retrospect for the times 08.00 to present. [Baby D] blessed by Rev Kingsley with family present. Hand and footprints obtained with help from paternal grandma. Parents had lots of cuddles and said goodbye to [Baby D]. [Baby D] taken to the mortuary with the porter to be transferred to Alder Hey for the coroner. All baby notes copied and sent with the baby and summary faxed to the mortuary in Alder Hey as per Karen Shaw. All interested parties informed of [Baby D]'s death as per policy. June Henderson (bereavement officer) informed and has visited parents."

JOHNSON: Thank you. There's then a further note made by Yvonne Farmer.

TYNDALL: "Parents given bereavement box with mementos, blanket, hand and footprints and information from SANDS. Photographs taken by medical photography and will be given to parents tomorrow or by June."

JOHNSON: Thank you. We then come to another series of text messages, this time between Caroline Oakley and Lucy Letby.

TYNDALL: "Hi Lucy. Hope you feel okay and slept well. Fingers crossed you have a better night tonight. Thanks for your help. See in the morning."

JOHNSON: Did Lucy Letby respond?

TYNDALL: "Hi. I'm all right. Slept for a bit. Hope you are okay. We all worked well. See you tomorrow."

JOHNSON: Did the text conversation with [Nurse A] then recommence?

TYNDALL: Yes:

"Hope the nights okay. How you doing? xx"

JOHNSON: And did Lucy Letby respond:

"I'm okay, trying not to think about it. Work busy but at least we have 6 tonight."

TYNDALL: Yes.

JOHNSON: We know from the rota record that we saw at the beginning of this exercise that Lucy Letby was working this night as well?

TYNDALL: Yes.

JOHNSON: Did there then follow some work-related messages between [Nurse A] and Lucy Letby, which did not mention [Baby D]?

TYNDALL: Yes.

JOHNSON: Was that series of messages followed by a message from [Nurse A] to Lucy Letby?

TYNDALL: Yes:

"Anything said about [Baby D] and SHO not bringing her through sooner on Sat? I've been going over and over when she came through and yesterday. I can't see we missed anything."

JOHNSON: Did Lucy Letby respond to that?

TYNDALL: "No, don't think so, but Yvonne F said Liz Newby is thinking meningitis."

JOHNSON: So that's Dr Newby, the consultant?

TYNDALL: Yes.

JOHNSON: Did [Nurse A] respond?

TYNDALL: "I'm worried I missed something."

JOHNSON: Did Lucy Letby answer that?

TYNDALL: "I don't think any of us did and she was on all the right ABX."

JOHNSON: That's antibiotics in this context?

TYNDALL: Yes.

JOHNSON: Did Lucy Letby then send [Nurse A] a message?

TYNDALL: Yes:

"Did she have an LP?"

JOHNSON: And [Nurse A] responded?

TYNDALL: "Yeah, just would treatment sooner have made a difference?"

JOHNSON: Did [Nurse A] follow that up with a further message?

TYNDALL: "Yes. Not sure it ever got done. She was vented, then CPAP, and having lines put in. Wasn't really well enough."

JOHNSON: And a further message?

TYNDALL: "Her gas was appalling when she came through. Maybe it was already unavoidable. I just hope hypoxia from having sats below 50 for who knows how long hasn't contributed. Or that ABX sooner would have saved her."

JOHNSON: Did Lucy Letby respond to that?

TYNDALL: Yes:

"Who knows? But I think we did what we could. Mum is unwell with temp, et cetera."

JOHNSON: Did [Nurse A] respond?

TYNDALL: "What time did [Baby D] leave unit? Mum didn't look well yesterday. Is J okay?"

JOHNSON: Is there a name where it says "redacted for name of third party"? Is J the representation of that person's name?

TYNDALL: Yes.

JOHNSON: Okay. Did Lucy Letby respond to that message -- sorry, did she --

TYNDALL: Yes, she responded:

"11 this morning."

JOHNSON: Thank you. Do we then have a copy of the Datix form which was submitted by Caroline Oakley?

TYNDALL: Yes.

JOHNSON: That, as we have seen before, is a formal report of an event on the neonatal unit; is that right?

TYNDALL: Yes.

JOHNSON: We can deal with that with Caroline Oakley in due course. So that was Tuesday, 23 June. Of course [Baby D] had

died on the Monday, the 22nd. On Thursday the 25th, is there, at 21.51, a record of Lucy Letby having searched using the name [Mother of Baby D] --

TYNDALL: Yes.

JOHNSON: -- on Facebook?

TYNDALL: Yes.

JOHNSON: So that's 25 June. At about the same time did she also search the name [Father of Baby D]?

TYNDALL: Yes.

JOHNSON: That's the Thursday.

On the Friday, Friday, 26 June, was there more text messaging that's relevant?

TYNDALL: Yes. She sends a message to Minna Lappalainen that says:

"Yes. Work has been awful."

JOHNSON: Yes.

TYNDALL: And then Minna Lappalainen replies:

"Oh dear. Staffing probe?"

JOHNSON: Yes?

TYNDALL: Lucy Letby responds:

"We've had three unexpected deaths. Transfer out. Few sick ones. Unit full."

JOHNSON: Thank you.

TYNDALL: And then carries on:

"What I've seen has really hit me tonight."

JOHNSON: Yes?

TYNDALL: Minna Lappalainen replies:

"Have you worked today?"

And Lucy Letby replies:

"No been off since Wed morning and now it's all hit me."

Minna Lappalainen replies:

"With all the Walton stuff and work stuff you..."

It carries on:

"... could do with talking to a proper counsellor."

Then again:

"You don't sleep well, et cetera, it will damage your health in the..."

I presume that's supposed to say "in the long run".

Lucy Letby replies:

"I just don't think I can."

Then Minna Lappalainen replies with:

"Why not?"

Then Lucy Letby replies:

"I can't talk about it now, I can't stop crying, I just need to get it out of my system."

Minna Lappalainen replies:

"Okay. You know yourself, what is best for you at present. Just think carefully whether you should be working if you feel so bad. Maybe you need time off."

Lucy Letby replies:

"Work is always my priority. I won't let it affect it. I just haven't let myself cry over it until now and been thinking about Walton, et cetera. Once I've let it out tonight my head will be clearer."

JOHNSON: Thank you. Deal with the next entry, please.

TYNDALL: This is a message that Lucy Letby sends to [Nurse A] on 30 June:

"[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 as misbehaving again."

Lucy Letby replies:

"Thanks goodness."

[Nurse A] replies:

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

JOHNSON: What did Lucy Letby respond to that?

TYNDALL: "What do you mean?"

JOHNSON: She followed that up with?

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

JOHNSON: And [Nurse A]?

TYNDALL: "I dunno. Were they that different?"

JOHNSON: Followed by?

TYNDALL: "Ignore me, I'm speculating."

JOHNSON: And did Lucy Letby say:

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

TYNDALL: Yes.

JOHNSON: And [Nurse A] said:

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

TYNDALL: Yes.

JOHNSON: And Lucy Letby said:

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

TYNDALL: Yes.

JOHNSON: Just to put that series of -- from the search on Facebook for [Mother of Baby D] and [Father of Baby D] through to this time, as we saw from the shift pattern, Lucy Letby had been off on the 24th, the 25th and the 26th of June, hadn't she?

TYNDALL: Yes.

JOHNSON: You'll have to take my word for it.

TYNDALL: Yes, I can't see the shift pattern.

JOHNSON: I've got it in front of me. I'll be corrected if I'm wrong. Sorry, can we just move on then, please, to the next message?

TYNDALL: [Nurse A] messages with:

"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."

JOHNSON: And the next one, please.

TYNDALL: Lucy Letby replies:

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

JOHNSON: Thank you.

TYNDALL: Follows up with:

"No mention of [Baby A]."

JOHNSON: And then [Nurse A] wrote:

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

TYNDALL: Yes.

JOHNSON: And Lucy Letby responded:

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

TYNDALL: Yes.

JOHNSON: So that would be the following Monday, I think?

TYNDALL: Yes, about then.

JOHNSON: All right. Do we then come back to Facebook? It's important here to note that we've moved on from the end of June to Saturday, 3 October 2015 at teatime on a Saturday.

TYNDALL: Yes.

JOHNSON: And what was Lucy Letby doing at teatime on a Saturday in October?

TYNDALL: There's a record of two Facebook searches, a minute apart, for [Father of Baby D].

JOHNSON: Is that the conclusion of that sequence of events?

TYNDALL: Yes.

MR JOHNSON: Thank you. There are some questions for you. Could you wait there?

Cross-examination by MR MYERS

MR MYERS: Just a few areas to look at again, Ms Tyndall. Mr Murphy, could you please put up the shift pattern we looked at right at the beginning? We've looked at events that feature on the sequence of events and where they coincide with Ms Letby at work. We've heard about an event on 12 June. It doesn't have a tile. But 12 June, when the evidence is that air appears or is consistent with being deliberately administered to [Baby C] down an NGT. And we've seen an abdominal X-ray with regard to that date. Can you confirm, if we look down now at the 12 June, that falls or is coincident with the part of the period when Ms Letby is not on the work rota at the unit?

TYNDALL: Yes, that's correct.

MYERS: Thank you. Next matter, just to confirm this. We've received evidence today with regard to events at 7 pm on 21 June so far as [Baby D] is concerned. Could you just put up, please, Mr Murphy, slide 163? There's been a little focus on this area with the question we dealt with in the evidence with a question from a juror. We can see from the swipe data that the first time Ms Letby enters the unit that evening is in fact at 19.26.

TYNDALL: There is a record for her. That's when she's used her pass. We don't know for definite that anyone's in the unit at different times that's tailgated anyone in.

MYERS: Are you suggesting that's what happened?

TYNDALL: No, I am just saying that it could be --

MYERS: Do you have evidence about that?

TYNDALL: It's a possibility that anyone can go into the unit --

MYERS: So any number of these nurses could have gone in at any time, whatever the swipe data says?

TYNDALL: There is a possibility, yes.

MYERS: But if we are going to go by the swipe data which you and the prosecution have actually put into the sequence of events, the time we have is 7.26, isn't it?

TYNDALL: Yes.

MYERS: Same topic, different slide, please, Mr Murphy. Can we have a look at S151, please. Sorry, slide 251. My fault. Could you go behind that, please, just to look at the entry. If we go through to the actual entry behind the title and enlarge the entry at the bottom left, please, Mr Murphy. It's a note by a nurse called Kate Bissell, who isn't giving evidence, so let's have a look at this now, please. The bottom left. Just enlarge that. For those of you following it on the iPads, ladies and gentlemen, it's slide 251.

(Pause)

MR JUSTICE GOSS: Is it the bottom left-hand?

MR MYERS: It is the bottom left-hand.

MR JUSTICE GOSS: We can read it on the iPad.

MR MYERS: I'll read it from this then. You're familiar with these so I'll read it out. It's really just to read it into the record. It's a note at 17.53, it starts, made by Kate Bissell on this particular day, 21 June. It says:

"Dad visiting for most of the day. He's up to date with the plan of care. Mum has visited this evening. Both parents anxious and asking lots of questions. Reassurance given by myself and Dr Rylance. Mum encouraged to express. She's managed to obtain a few mls of colostrum."

TYNDALL: Yes.

MYERS: That's the note there, thank you very much. Next matter, please. I don't know if we can get to this on the slides, but I'm going to ask Mr Murphy, if we can, to go to slide 207, which is entry from Caroline Oakley for events in the early hours of the morning on 22 June that we've been taken to already. Slide 207 or 2241. Can we go into that? If we just have a look at the entry, please, behind it. Tap into 2241.

(Pause)

Ladies and gentlemen, are you able to see that on your iPads?

We'll just read this because there's some questions I'd like to ask you and I'd like to ask you about similar entries on the same slide on the same entry.

When you were asked about this, your attention was drawn to the entry at 01.30 where it says:

"Called to nursery by SN Percival-Ward and SN Letby."

Do you remember you were asked about that?

TYNDALL: Yes.

MYERS: And you were asked a couple of questions to establish that it seems that Caroline Oakley wasn't present at that time. Do you recall being asked those questions?

TYNDALL: Yes.

MYERS: All right. We're going to come back to this page, but can I just ask us to take a look at the rota for that evening, which is at slide 168. I don't know if we'll get more luck with slide 168, let's see if it's there. Otherwise we can find it, ladies and gentlemen, on the iPads. We're going to go back to the entry in a moment.

All right. We can just move down and we can have a look here, right down to the bottom where we have the plan.

We've seen the note from Caroline Oakley for 1.30, where she says:

"Called to the nursery by Kathryn Percival-Ward and Lucy Letby."

Can you just confirm, if we look at nursery 1, Lucy Letby had been designated children in nursery 1, hadn't she?

TYNDALL: Yes.

MYERS: And Kathryn Percival-Ward designated children, as it happens, in nurseries 3 and 4?

TYNDALL: Yes.

MYERS: Thank you. If we can, I'd like us to go back then to the note in the nursing records at slide 207, if we can do it on the screens, Mr Murphy, that's great, but if we can't we can follow it on the iPads again. So back to 2307, ladies and gentlemen. Let's stick with the iPads. I just want to check that you've all got that. Thank you. Just to follow this through, the same exercise as the prosecution conducted. If we look at the next entry for 03.00, the next event, it says:

"03.00..."

About two-thirds of the way down the entry:

"... [Baby D] crying and desaturating again to 70s."

That's what it says, Ms Tyndall?

TYNDALL: It's fine.

MYERS: That's the entry by Caroline Oakley, isn't it?

TYNDALL: Yes.

MYERS: And no reference to calling Lucy Letby or rather no reference to Lucy Letby calling her on that occasion or anyone having to call her there, is there?

TYNDALL: No.

MYERS: Then if we move down to the third of the events, 3.45, it says:

"Monitor alarming. [Baby D] desaturated and then became apnoeic. Called SN Letby to help."

So that would appear to indicate Caroline Oakley on this occasion calling Lucy Letby to help?

TYNDALL: Yes.

MR MYERS: Thank you.

MR JOHNSON: My Lord, I think that concludes the sequence. We're going to move on to the neonatal review now. I'm told there's some minor technical hitch that we hope we can resolve fairly quickly, but could I ask, if we're going to have a break --

MR JUSTICE GOSS: We are going to have a break and that would be a good time to have a break. Ten minutes. Is that long enough, a ten-minute break, for you? Thank you very much.

(3.24 pm)

(A short break)

(3.35 pm)

(In the absence of the jury)

MR JOHNSON: Just before the jury comes in, my Lord, if I may, there are two issues. The first is by reference to tile 168. The information on that tile is correct -- well, sorry, the document behind the tile, which is the list of staff on duty and the locations of the children and the corresponding staff, is correct as it appears, but since this version that is in the digital document was drafted, the analysts have identified a further child who is relevant. We know the child's name. We don't know where he was in the unit but we do know Lucy Letby was designated to him for at least part of the shift, so that is important. We will have to amend that, but when the digital presentation has been altered I will come back to tile 168. So that's the first point. The second point, which is slight more of a problem relates to the NNU review. There are some typographical errors that really do need to be corrected before it is given to the jury. I don't want to give them an imperfect version and then --

MR JUSTICE GOSS: And then take it back and give them another one.

MR JOHNSON: Exactly.

MR JUSTICE GOSS: No, it's quite right and I am sure Mr Myers wouldn't want them to have an incorrect version.

MR JOHNSON: No. Most of the information -- there is one important piece of information that is wrong. I can do that first thing in the morning and that will take 10 minutes. So that's 10 minutes we lose now that we will have to add on to tomorrow. The counterbalance of that problem is that so far as tomorrow's material is concerned, that has been shortened because a witness who was required to give evidence is now no

longer required to give evidence -- sorry, I'll let Mr Driver explain --

MR JUSTICE GOSS: I'm not concerned about the whys and wherefores; what I want to know is what are the consequences. Putting it shortly, the consequences are we can do nothing more this afternoon?

MR JOHNSON: We could do some reading, but we're going to struggle to fill the day even with the earlier finish we think.

MR JUSTICE GOSS: And I did say we would start at 10.30. So with a 10.30 start, we will still be finished by 3.15?

MR JOHNSON: Correct.

MR JUSTICE GOSS: In which case that's what we'll do. I'll explain briefly to the jury why they're finishing now.

(In the presence of the jury)

(Pause)

MR JOHNSON: We'll deal with it if we may, not now, but in due course, thank you.

MR JUSTICE GOSS: There's a question from one of you, I don't know whether you've discussed it between yourselves, you probably have whilst you have been waiting, in relation to the Walton reference. It'll be answered but not immediately. But, I don't know whether you see this as good or bad news, we're not going to do anything further this afternoon because tile 168 in your -- which we've looked at, which has got who was on duty and where they were, who the designated nurses and so on and so forth -- there is now, it has been found, slightly more data, so it needs to be updated. It's not actually incorrect in what it says, it's incomplete. There's more information to be put on to it. That's got to be done. Then the neonatal review is the next piece of evidence and there were found to be on the presentation that was going to be given to you of the neonatal review -- there were some mistakes and it's not been possible to correct those mistakes. So rather than start, put forward an incorrect version and then give you a corrected version, which is a pointless exercise, tomorrow you'll get the proper version. It'll all be sorted out by tomorrow morning at 10.30.

We're not going to start at 10 o'clock tomorrow.

I don't know if that's good or bad. We're going to start at 10.30 as normal. We are going to finish by 3.15. Finishing earlier today is not going to create any difficulty, we're going

to be up to where it was expected we would be by the end of tomorrow by 3.15 tomorrow. All right? So we'll just carry on. I've been told a witness that was going to have to give evidence tomorrow is not going to have to give evidence now, it's agreed, so that obviously saves time.

So there we are. That's the situation. Then we'll be as per normal, 10.30 on Monday morning. All right?

Nothing else that I need to say to you at this stage, save to remind you of your obligations as usual and your responsibilities as jurors, thank you very much.

(In the absence of the jury)

MR JUSTICE GOSS: I should say, I'm not proposing to have anything other than a 10.30 start on any day unless anything unexpected occurs.

MR MYERS: We're grateful for that, my Lord, we understand.

(3.40 pm)

(The court adjourned until 10.30 am on Friday, 4 November 2022)