

14 November 2022

Baby E

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Monday, 14 November 2022
(10.30 am)

(In the presence of the jury)

MR JUSTICE GOSS: Mr Johnson.

MR JOHNSON: Thank you, my Lord. [Mother of Babies E & F], please.

For the jury, my Lord -- I know you reminded the jury on Friday -- we are of course moving on to count 5.

MR JUSTICE GOSS: Yes.

[MOTHER OF BABIES E & F] (sworn)
Examination-in-chief by MR JOHNSON

MR JOHNSON: Thank you. It's quite a big room and you have quite a soft voice, so if you wouldn't mind, please, it's a slightly artificial exercise, but the questions, generally speaking, come from this direction. If you could try to give your answers to the jury. And it may help you if you look at the jury when you speak, if you don't mind. Thank you.

So imagining that you're shouting at your kids, can you tell the jury what your name is, please?

MOTHER E&F: [Mother of Babies E & F].

JOHNSON: Thank you.

[Mother of Babies E & F], on 29 July 2015 did you give birth to identical twin sons, [Baby E] and [Baby F]?

MOTHER E&F: Yes.

JOHNSON: Was that at the Countess of Chester Hospital?

MOTHER E&F: Yes.

JOHNSON: As a matter of fact, and I'm not asking you to tell us your address, but did you live in that general area?

MOTHER E&F: No.

JOHNSON: Where had you expected to be giving birth?

MOTHER E&F: The Liverpool Women's Hospital.

JOHNSON: But for capacity reasons, were you taken to Chester?

MOTHER E&F: Yes.

JOHNSON: Can you remember now how far your pregnancy was advanced when you gave birth on 29 July?

MOTHER E&F: 29 weeks and 5 days.

JOHNSON: When you gave birth, what was the impression that you had of the state of health of your twin sons?

MOTHER E&F: I thought they were in good condition for the gestation.

JOHNSON: Was [Baby E] born first?

MOTHER E&F: Yes.

JOHNSON: And followed, about a minute later, by [Baby F]?

MOTHER E&F: Yes.

JOHNSON: How long was it before you had physical contact with your boys after giving birth?

MOTHER E&F: I got to go to the neonatal unit at around 11.20 in the evening, after having them just before 6 o'clock in the evening.

JOHNSON: Were you able, given your condition and their condition, to spend a lot of time with them at that stage?

MOTHER E&F: No. Just a few minutes.

JOHNSON: So that was 29 July, which was a Wednesday. Did you stay in hospital yourself for quite a period of time after they, the lads, had been born?

MOTHER E&F: Yes.

JOHNSON: The following day, Thursday, 30 July, were you able to visit the boys?

MOTHER E&F: Yes.

JOHNSON: And how far away from the neonatal unit were you being accommodated?

MOTHER E&F: I was upstairs in the post-natal ward. I'm unsure of how far away that is, but it was in a lift.

JOHNSON: Yes. Perhaps in time, how long, generally speaking, would it take you to get from the post-natal ward down or along or up to the neonatal ward?

MOTHER E&F: I had had a section, so it took me probably a little bit longer than what it would probably take normally, so probably about 5, 10 minutes.

JOHNSON: Okay.

Were you able to cuddle your boys on 30 July?

MOTHER E&F: [Baby E].

JOHNSON: [Baby E]. Was there any reason why you were able to cuddle [Baby E] and not cuddle [Baby F]?

MOTHER E&F: [Baby E] wasn't on his CPAP, so he didn't have all the wires that [Baby F] did.

JOHNSON: Okay.

MR JUSTICE GOSS: Sorry, just pause for a moment. I know it is very difficult. You do have a soft voice. As Mr Johnson has said, this is a large room. If you could face towards the jury.

MOTHER E&F: Sorry.

MR JUSTICE GOSS: No, don't worry at all. The loop isn't working apparently.

(Pause)

Thank you, Mr Murphy.

MR MYERS: There's interference coming through on the loop, I'm told, my Lord, I don't know why that is. Normally it's all right as long as the voices are loud enough, so that would help.

MR JUSTICE GOSS: I think we're going to have to abandon the loop for the moment. So that means you've got to speak even louder, [Mother of Babies E & F], I'm sorry. As Mr Johnson said, imagine you're speaking to the people at the back of the jury. If you think that then you will raise your voice.

MOTHER E&F: Okay.

MR JUSTICE GOSS: Thank you.

MR MYERS: I'm just asking Ms Letby to make sure she can tell us if she can't hear. It's difficult behind the glass.

MR JUSTICE GOSS: If you can't hear, just raise a hand because I'll see that. All right?

MR JOHNSON: Okay. You're not the first and you won't be the last. All right?

MR JUSTICE GOSS: I say it to nearly every witness to comes into court wherever I am, so don't feel embarrassed or different in any way. It's natural and you're quietly spoken. Thank you.

MR JOHNSON: Do you go to the match?

MOTHER E&F: No.

JOHNSON: Never mind, okay.

Now, 30 July, which was the Thursday, so the lads' first full day, so to speak. Had you made a decision about how you wanted your sons to be fed?

MOTHER E&F: Yes.

JOHNSON: And what was your decision, please?

MOTHER E&F: I wanted them to have my breast milk.

JOHNSON: What steps had you decided to take in order for them to get what you wanted them to get in terms of their feed?

Were you providing breast milk yourself?

MOTHER E&F: Yes.

JOHNSON: And were you helped by the nurses to express that so that it could be provided to them?

MOTHER E&F: Yes.

JOHNSON: Whilst that regime was establishing itself, had you agreed for them to have donor milk?

MOTHER E&F: Yes.

JOHNSON: But in due course, did you manage to establish a regime whereby you were able to provide your own milk for the lads?

MOTHER E&F: Yes. That was very important to me.

JOHNSON: On 31 July, which was the Friday, did you produce milk for your sons and drop it off at the neonatal unit?

MOTHER E&F: Yes.

JOHNSON: As you were thinking then, how did providing your milk for your sons feature in a list of important things for you to do?

MOTHER E&F: It was the only thing I could do for them at that point.

I had to do it. It was non-negotiable for me.

JOHNSON: Yes. Were you getting help and support from the nursing staff to achieve what it was you were seeking to achieve?

MOTHER E&F: Yes.

JOHNSON: So taking those 2 days then, that is Thursday the 30th and Friday, 31 July, in general terms how were the lads progressing?

MOTHER E&F: Really well.

JOHNSON: As it appeared to you, on just those 2 days, who was doing the better of [Baby E] and [Baby F]?

MOTHER E&F: Sorry?

JOHNSON: Which of the lads was doing better at that stage?

MOTHER E&F: Oh, [Baby E].

JOHNSON: By Saturday, 1 August, how were the boys progressing?

MOTHER E&F: Really well.

JOHNSON: You were a distance from home in Chester?

MOTHER E&F: Yes.

JOHNSON: Were you keen to get back home or closer to home at least?

MOTHER E&F: Absolutely.

JOHNSON: What were you waiting for so far as getting back towards home was concerned?

MOTHER E&F: Transport to be able to take both boys, so rather than being able to transport one baby, we needed two ambulances to take them and for those to be available for neonatal babies.

JOHNSON: As you understood it, was there any -- other than physically getting two ambulances with the required facilities to carry out the transfer, so far as the health of the lads was concerned, did you understand that there was anything blocking them moving other than just getting the transport?

MOTHER E&F: No. We were informed by staff on the unit that -- we actually asked if we would like to move closer to home, to our local hospital, so at that point I was under the impression that both my boys were well enough to travel.

JOHNSON: Had you had any -- by 1 August, which was the Sunday, sorry, the Saturday, I beg your pardon, had you had skin-to-skin contact with them?

MOTHER E&F: Yes.

JOHNSON: And how were your sons managing in terms of the skin-to-skin contact?

MOTHER E&F: They were managing fine. We were never informed that there was anything to say that they weren't managing fine.

JOHNSON: So that's 1 August, the Saturday. Moving on to 2 August, the Sunday, were you still waiting for transport?

MOTHER E&F: Yes.

JOHNSON: Were the boys always in their incubators on the Sunday or were they coming out of the incubators?

MOTHER E&F: Um... From memory, I think -- well, yeah, they were out of the incubators. Yes, they were out of the incubators, both of them.

JOHNSON: Just concentrating on [Baby E] first for a second, how was he breathing out of the incubator?

MOTHER E&F: Beautifully.

JOHNSON: And [Baby F]?

MOTHER E&F: Great.

MR JUSTICE GOSS: Sorry, you dropped your voice there.

MOTHER E&F: Sorry. Great.

MR JOHNSON: Was there -- do you remember an occasion when you were told that there was a potential issue over the production of insulin, the blood sugars, of the boys?

MOTHER E&F: I don't remember a specific conversation, but I do recall that being mentioned, that neonatal babies struggle to maintain levels of insulin, that was totally normal.

JOHNSON: 3 August. How were the boys doing by Monday, 3 August?

MOTHER E&F: Great. They were doing really well. [Baby F] had come off his CPAP and gone on to Optiflow and we were absolutely thrilled that both boys were doing so well and, yeah, we couldn't have asked for any more than that. They were both progressing.

JOHNSON: What about [Baby E]? How was he doing on Monday the 3rd during the day?

MOTHER E&F: [Baby E] was always thriving.

JOHNSON: You've already told us that you were an inpatient yourself at the Countess. Was your husband staying over or was he commuting to and from the hospital?

MOTHER E&F: No, he was commuting to and from the hospital.

JOHNSON: And without giving away too much detail, geographically was your home at the time in effect on the other side of Liverpool from Chester?

MOTHER E&F: Over an hour.

JOHNSON: Over an hour away, okay.

Did there come a stage on Monday when your husband, [Father of Babies E & F], went home?

MOTHER E&F: Yes.

JOHNSON: Did he have any -- as far as you were concerned, had he gone home for a specific reason, to do anything in anticipation of anything?

MOTHER E&F: Yes, he'd gone home to prepare the house because he'd been there for a while I was in hospital and he was going home to tidy up and get prepared for me coming home because we believed that that was imminent, that the boys were getting transferred to a local hospital, which would mean I would be sleeping at home.

JOHNSON: Can you remember approximately the time of the day on Monday the 3rd when your husband [Father of Babies E & F] left the hospital to go home?

MOTHER E&F: Yes, it was about 5 o'clock.

JOHNSON: Is that in the afternoon?

MOTHER E&F: In the afternoon.

JOHNSON: Can you remember what you were doing when [Father of Babies E & F] left you in hospital?

MOTHER E&F: I was having skin-to-skin with [Baby E].

JOHNSON: Can you remember the time when your direct contact with [Baby E] ended on Monday, 3 August?

MOTHER E&F: So you mean that skin-to-skin contact?

JOHNSON: Yes. What time did that finish?

MOTHER E&F: About 6.30-ish.

JOHNSON: Did you do anything else for your son before you left him in the care of the nursing staff?

MOTHER E&F: Yes. I changed his nappy and done all his -- what they call cares, so that was cleaning him, cleaning under his neck, cleaning his eyes and things like that.

JOHNSON: What sort of state were you in by this stage, by the 3rd? Did you feel you'd fully recovered or were you still tired?

MOTHER E&F: I was still sensitive and sore and fragile, but I was just over the moon, I was absolutely over the moon. My two boys were perfect.

JOHNSON: And were you still managing to provide milk for them to be fed?

MOTHER E&F: Yes.

JOHNSON: So you left the lads in the neonatal unit and where did you go from the neonatal unit?

MOTHER E&F: I went up to the post-natal ward.

JOHNSON: What did you need to do when you got to the post-natal ward?

MOTHER E&F: Express milk and have something to eat.

JOHNSON: Can you remember roughly what time it was that you carried out those two tasks?

MOTHER E&F: It would have been between 7 and about 8.30. I can't give an exact...

JOHNSON: No. I don't think anyone would expect you to be exact, but that's the time as you remember it.

Now having expressed the milk for your sons, and having had your own food, what did you decide to do?

MOTHER E&F: What I did every time: every time I expressed milk I took it straight down to the neonatal unit, even if it was in the night. So every 2 to 3 hours I would express and I would take it to the unit.

JOHNSON: What time was it when you arrived at the unit with the milk?

MOTHER E&F: A touch before 9 o'clock.

JOHNSON: I just want to deal with the layout in the unit, all right? I think you drew a plan for the police. Do you remember

drawing that plan? By your facial expression, you don't look too impressed with your own plan.

MOTHER E&F: It wasn't my finest hour.

JOHNSON: I'm sure we all understand. I wonder whether we could see the plan on the screen, please.

This is one of the plans. I'm not going to comment on how good, bad or indifferent it is, but for the sake of the record it's J2424.

Is that all written by you?

MOTHER E&F: The bit down the side.

JOHNSON: So the bit down the right-hand side is written by you?

MOTHER E&F: No, it's not written by me. And this (indicating), that isn't written by me.

JOHNSON: So are those the bits that aren't written by you?

MOTHER E&F: (Inaudible).

JOHNSON: And the bit along the top, "high dependency children"?

MOTHER E&F: Mm-hm.

JOHNSON: Do you know whose writing that is?

MOTHER E&F: I think that's my family liaison (inaudible), I'm unsure.

JOHNSON: You're just going to have to keep your voice up a bit.

MOTHER E&F: I think that's the family liaison's writing.

JOHNSON: So the police officer that was speaking to you?

MOTHER E&F: Yes.

JOHNSON: Okay. Were you describing what --

MOTHER E&F: I struggled.

JOHNSON: Okay.

MOTHER E&F: I'm not very visual with things like that, so I can see it in my own mind, but I couldn't put it on -- I physically

couldn't put it on to the paper and he was just telling me to do my best and then he added some of the writing in.

JOHNSON: Okay. As you were describing it?

MOTHER E&F: As I described it, at my request.

JOHNSON: Okay. So you were directing what was written and where it was written?

MOTHER E&F: Yes.

JOHNSON: Okay, I understand.

Well, we can see just at the top where it says "high dependency children", there is what looks like a pretty much a square box and within the square box are two rectangular boxes. One has the name [Baby E] and the other has [Baby F] against it. If we enlarge that a bit more, please, Mr Murphy.

MR JUSTICE GOSS: I think what it says is, turning sideways, "room 1" and then two rectangles, one having [Baby F] against it and one having [Baby E] against it. Is that right?

MR JOHNSON: Yes.

Is that how you remembered it?

MOTHER E&F: Yes.

JOHNSON: Okay. So the lads were together in a room. The room, as you remember it, was room number 1; is that right?

MOTHER E&F: Yes.

JOHNSON: Were they both in incubators --

MOTHER E&F: They were.

JOHNSON: -- on 3 August? Can you remember now whether there were any other children in the room, any other babies in the room?

MOTHER E&F: I don't think there was, but I can't remember.

JOHNSON: Okay. Let's go back to that night then, please. If we could just remove that from the screen. Thank you.

You had gone down with the purpose of delivering the milk for the boys. Did you go into room number 1?

MOTHER E&F: Yes.

JOHNSON: Other than your children, was anyone else in room number 1?

MOTHER E&F: Yes.

JOHNSON: Who else was in room number 1?

MOTHER E&F: Lucy Letby.

JOHNSON: Right. Were any other adults in the room?

MOTHER E&F: No.

JOHNSON: What could you see or hear when you walked into the room?

MOTHER E&F: I could hear my son crying and it was like nothing I'd heard before. I walked over to the incubator to see he had blood coming out of his mouth and I panicked.

I was panicking because I felt like there was something wrong.

JOHNSON: Okay. I just want to get a bit more detail from you, all right? We all realise it's very difficult for you to give this detail, but, first of all, which of your sons are you talking about?

MOTHER E&F: [Baby E].

JOHNSON: Was Lucy Letby near [Baby E] when you walked in?

MOTHER E&F: No, she was -- in between [Baby E]'s incubator, there was a workstation and she was at the workstation at the side of -- yes, she was at the workstation.

JOHNSON: Okay. I'll just try and help you with -- what I'll show you, if Mr Murphy can help me, is a video of the room.

Are you all right watching that?

MOTHER E&F: (Witness nods).

JOHNSON: There are no children in the room, okay? I don't know whether Mr Murphy, you could help by locating the video for me. This is the shakier of the videos, if I can put it that way.

If you need to watch this more than once, [Mother of Babies E & F], you tell us, all right?

MOTHER E&F: Okay.

(Video played to the court)

JOHNSON: Can we just stop it there, please.

What we've just seen there, [Mother of Babies E & F], is two separate entrances into the same room. The room is partially divided by a wall, which is the wall we can see to the right of the screen at the moment, which is between the two doors. Okay?

We can see the positions of four incubators within the room. Looking at the video, can you remember which of those incubators your sons were in?

MOTHER E&F: Yes.

JOHNSON: Which of the incubators?

MOTHER E&F: The ones immediately...

JOHNSON: On the other side from the wall we're looking at now?

MOTHER E&F: Yes.

JOHNSON: So the view one gets when the camera operator goes through the first door, those two incubators, one on the right and one straight ahead, in effect. So those two?

MOTHER E&F: Yes.

JOHNSON: Thank you, Mr Murphy. So that's, just for the record, at 01:09 on that video.

The workstation that you were speaking of where Lucy Letby was, where is that -- is that shown on the video?

MOTHER E&F: It was round -- she was round here (indicating).

JOHNSON: So you're indicating to the right-hand side of the screen as we're looking at that still there?

MOTHER E&F: Yes.

JOHNSON: Okay. Was Lucy Letby sitting or standing?

MOTHER E&F: No, standing.

JOHNSON: She was standing. And just to help us, which of the two incubators was which of your lads in?

MOTHER E&F: [Baby E] and [Baby F].

JOHNSON: [Baby E] in the one to the right as we're looking at the picture and [Baby F] up towards the left of the picture.

Okay.

Did you come through the door that the camera operator is standing in as we look at that still?

Rather than nodding your head, would you mind --

MOTHER E&F: Sorry, yes.

JOHNSON: Lots of witnesses do it, all right, just nod, but if you wouldn't mind verbalising the answer. Thank you.

Just describe again for us what you could hear, please, [Mother of Babies E & F].

MOTHER E&F: Crying, like...

JOHNSON: What sort of a cry?

MOTHER E&F: It was a sound that shouldn't have come from a tiny baby. I can't explain what that sound was. It was...

It was horrendous. More of a scream than a cry.

JOHNSON: And how long before you walked into the room could you hear that; can you remember?

MOTHER E&F: I could hear it in the little corridor.

JOHNSON: When you say the little corridor, is that the corridor --

MOTHER E&F: The main corridor.

JOHNSON: The corridor within the unit itself? Did you come through the door that we can see the picture of on the screen?

MOTHER E&F: Yes.

MR JUSTICE GOSS: We can't actually see the door. Through that door where the cameraman is?

MR JOHNSON: Yes. There's the door. Thank you, Mr Murphy.

MR JUSTICE GOSS: Is that what you mean, [Mother of Babies E & F]?

MOTHER E&F: Yes.

MR JUSTICE GOSS: So as we know from the corridor, that's the right-hand door if you're in the corridor.

MR JOHNSON: Yes, thank you, my Lord.

And just to be entirely clear, what was Lucy Letby doing as you walked in, hearing what you could hear?

MOTHER E&F: She was busy doing something, but she wasn't near [Baby E].

JOHNSON: What did you do?

MOTHER E&F: I immediately went to [Baby E] and -- because when the boys were born, we were told to use a containment technique, which is putting your hand on the baby's head and on the tummy to make them feel like they're still in your tummy.

JOHNSON: Yes.

MOTHER E&F: So I tried doing that. That's meant to make them feel calm and comforted. I tried doing that and it didn't work.

JOHNSON: So did [Baby E] continue to make the same noise?

MOTHER E&F: Yes.

JOHNSON: Doing your best, how long did he continue to make that noise?

MOTHER E&F: He was still making that when I left.

JOHNSON: Let's just try and define the period that you were there from arriving to leaving and then we'll fill in what happened during that time. Approximately how long were you in the unit in that room with your lads?

MOTHER E&F: About 10 minutes.

JOHNSON: Right. When you did this containment technique with [Baby E] with your hands, was there anything unusual that you could see on or about [Baby E]?

MOTHER E&F: Yes, there was blood on his face, round his mouth.

JOHNSON: Can you remember now, were you asked by the police to draw on a pre-drawn picture of a baby's face --

MOTHER E&F: Yes.

JOHNSON: -- to indicate where the blood was?

MOTHER E&F: Yes.

JOHNSON: If we could go to that, please, Mr Murphy. It's page 27 of the bundle I gave you.

This, my Lord, for the record is CLG/9, which is J2434.

Is this the diagram that you annotated, [Mother of Babies E & F]?

MOTHER E&F: Yes.

JOHNSON: I'm sure it's perfectly obvious to everybody, but can you just describe the alteration that you have made to the plan?

MOTHER E&F: Round the mouth.

JOHNSON: So describing it in a rather inelegant way, it's almost like a goatee beard?

MOTHER E&F: Yes.

MR JUSTICE GOSS: Sorry, for the sake of clarity -- it's difficult to see -- was it above the top lip?

MOTHER E&F: Not really. A little bit, but not as much as on the bottom.

MR JUSTICE GOSS: That's better, yes, thank you, Mr Murphy.

MR JOHNSON: So you've shaded in, almost like a pencil moustache -- that's the way it looks -- and below the bottom lip and just above the point of the chin, that area between, you have put shading; is that right?

MOTHER E&F: Yes.

JOHNSON: Okay. What you saw was blood; is that right?

MOTHER E&F: Yes.

JOHNSON: Did you ask Lucy Letby about what it was you could see?

MOTHER E&F: Yes.

JOHNSON: What did you say to her?

MOTHER E&F: I asked why he was bleeding and what was wrong.

JOHNSON: Did she give you a response?

MOTHER E&F: Yes.

JOHNSON: What did she say?

MOTHER E&F: She said the feed tube from the back of his throat will have been rubbing and that will have caused the blood.

JOHNSON: Did you accept that explanation?

MOTHER E&F: Yes.

JOHNSON: Were you concerned about the explanation?

MOTHER E&F: Yes.

JOHNSON: Did Lucy Letby say anything else to you?

MOTHER E&F: She told me to go back to the ward.

JOHNSON: Did you do what you were told by her?

MOTHER E&F: Yes.

JOHNSON: Why did you do what you were told by her?

MOTHER E&F: Because she was in authority and she knew better than me and I trusted her completely.

JOHNSON: Did she say what she would do about the problem?

MOTHER E&F: She said the registrar was on his way and if there was a problem, someone would ring up to the post-natal ward.

JOHNSON: And did you accept that explanation?

MOTHER E&F: Yes.

JOHNSON: Did you return to the post-natal ward?

MOTHER E&F: Yes.

JOHNSON: Did you do anything when you got back to the post-natal ward?

MOTHER E&F: I rung my husband.

JOHNSON: Any particular reason why you rang your husband?

MOTHER E&F: I knew there was something very wrong. I was frightened. I didn't take my phone downstairs and I needed to speak to him, I needed to tell him.

JOHNSON: Okay. Let's deal with -- did there come a stage much later in the process when you were trying to put together the sequence of events?

MOTHER E&F: Yes.

JOHNSON: And when you were doing that, did you remember going back to the -- do you remember what you have just told us, that you went back to the post-natal ward and you made this telephone call?

MOTHER E&F: Yes.

JOHNSON: All right. Did you get a printed version of your telephone records?

MOTHER E&F: I did.

JOHNSON: And did you identify from the telephone records the call that you made when you returned to the post-natal ward?

MOTHER E&F: I did.

JOHNSON: With the help of Mr Murphy again, please, it's page 8 of the documents -- this, for the jury's information, will appear in the sequence of events as well when we go through the sequence. It's J2431.

This is an edited version of your phone records, [Mother of Babies E & F], okay? So we're not telling the world at large what people's telephone numbers are or were at the time.

Is that your writing on the telephone record?

MOTHER E&F: Yes.

JOHNSON: I can read it perfectly well, but just for the sake of the record, is there a number 1 at the top, which has been partially obscured by the way the document has been copied?

MOTHER E&F: Yes.

JOHNSON: And have you written on it:

"When I called [Father of Babies E & F] to tell him there was something wrong"?

MOTHER E&F: Yes.

JOHNSON: Okay. Is there then a number 1 to the right of that manuscript?

MOTHER E&F: Yes.

JOHNSON: Then an asterisk, a star?

MOTHER E&F: Yes.

JOHNSON: What's the time of the call to [Father of Babies E & F] to tell him there was something wrong?

MOTHER E&F: 21.11.

JOHNSON: So if we highlight that. Can we see that that was a call that lasted 4 minutes and 25 seconds?

MOTHER E&F: Yes.

JOHNSON: And that number ending, is it 5808 or 5800?

MOTHER E&F: 5800.

JOHNSON: 5800 was [Father of Babies E & F]'s number at the time?

MOTHER E&F: Yes.

JOHNSON: Did you speak to your husband about your concerns?

MOTHER E&F: I did.

JOHNSON: Having spoken to him, did you remain on the post-natal ward?

MOTHER E&F: Yes.

JOHNSON: When did you next return to the neonatal ward?

MOTHER E&F: It was later on that evening, it would have been...

JOHNSON: It may be fairer to you if you just tell us in summary form what was going on the next time you went to the neonatal ward. What was happening in the neonatal ward?

MOTHER E&F: I was sat in the corridor, actually inside the neonatal unit, and I was watching a team of people around [Baby E]'s incubator, working on him.

JOHNSON: So this was [Baby E] being resuscitated the next time you went? Okay. We have a time for that, all right? So I won't ask you about that. But I just want to make sure we've filled in the time between you going back to the post-natal ward and you going down when [Baby E] was being resuscitated.

MOTHER E&F: Okay.

JOHNSON: So just trying to put yourself back into that time for us, please, [Mother of Babies E & F], in that intervening time what were you doing?

MOTHER E&F: Panicking. I'd had conversations with the midwife, who had come to administer medication to me. A lot of that time was panicking and waiting and waiting because I was following the rules. I was told that if there was a problem, I'd be told to go.

JOHNSON: Who had told you what the rules were so far as this period of time was concerned?

MOTHER E&F: Well, the rules were: go back upstairs and if there's a problem I'll call you. And that was Lucy Letby on the neonatal unit and I followed those rules.

JOHNSON: Yes. Can you remember how you were called back to the unit, who was responsible for calling you back? How did you get a message?

MOTHER E&F: The midwife came and spoke to me and asked me to call my husband and she spoke to him on the phone.

JOHNSON: Okay. Can we see that call on this telephone record, [Mother of Babies E & F]?

MOTHER E&F: Yes.

JOHNSON: What time is it shown as on the telephone record?

MOTHER E&F: 22.52.

JOHNSON: So that's number 2; is that right?

MOTHER E&F: Yes.

JOHNSON: You have written:

"Midwife rung [Father of Babies E & F] to tell him to come into the hospital after neonatal rung the maternity ward."

MOTHER E&F: Yes.

JOHNSON: Is that right?

MOTHER E&F: Yes.

JOHNSON: Is there any reason why it was the midwife who spoke to [Father of Babies E & F] rather than you speaking to [Father of Babies E & F]?

MOTHER E&F: I have no idea. I'm presuming because I wasn't...

I was very upset and... I... I knew there was something wrong and I'd known from leaving him, but I left.

JOHNSON: Okay.

MOTHER E&F: Sorry.

JOHNSON: No, no, don't be sorry. It's quite all right.

I don't want to make things unnecessarily difficult for you, all right, because there are many doctors and medical professionals who can give us the details about what happened with [Baby E] when he was being resuscitated. But does it come to this, that you were taken back down to the neonatal unit later on?

MOTHER E&F: Yes.

JOHNSON: To use your words, or an approximation of your words, the medical team were working on [Baby E]?

MOTHER E&F: Yes.

JOHNSON: And ultimately, their best efforts were unsuccessful?

MOTHER E&F: Yes.

JOHNSON: We'll leave it at that with you because others are in a less sensitive position than you to explain what happened there.

But I just want to deal with what happened afterwards, please, once [Baby E] had passed away.

MOTHER E&F: Okay.

JOHNSON: Did you have any contact with Lucy Letby at that stage?

MOTHER E&F: Yes.

JOHNSON: Can you tell us what happened in relation to that contact with Lucy Letby after the death of [Baby E]?

MOTHER E&F: I was asked if I would like to bath [Baby E] and at that moment I didn't feel I was able to. I was... I was just broken and I couldn't. So Lucy Letby bathed him in front of me in the neonatal unit. After he was bathed, he was placed in a white gown and I just remember being thankful because we had no clothes for him because he was so little.

(Pause)

And he was given back to us and then went in his incubator. And that's where he stayed.

JOHNSON: Did one of the doctors have a conversation with you and your husband about the issue of a post-mortem examination of [Baby E]?

MOTHER E&F: Yes. We were asked about a post-mortem and I think my husband asked some questions and I think those questions were along the lines of: what will a post-mortem tell us? And she told us that it wouldn't tell us very much and it wouldn't be able to tell us any more than what she was telling us of how he died. She spoke about it would delay -- it would... It would delay our transfer back home, it would mean if we got transferred back home, we would be leaving [Baby E], and we just wanted to take him home.

JOHNSON: Did there come a stage when you were given anything by Lucy Letby?

MOTHER E&F: Yes, we were given a memory box, which totally surprised me because at that moment I hadn't even thought -- well, I... It was just all his things, footprints, there was a little memory card with pictures on, a lock of his hair, a candle, a teddy, and I just -- I was just so over, overcome with emotion that this had been provided for me because I had no other memories apart from that.

JOHNSON: Did you ever get a -- you have told us about a teddy for [Baby E]. Did you ever get another teddy?

MOTHER E&F: Yes, we got a matching one for [Baby F], actually those teddies were swapped over, so [Baby E] got [Baby F]'s teddy and [Baby F] got [Baby E]'s teddy.

JOHNSON: In relation to [Baby F] and his teddy, did you ever get anything else from Lucy Letby?

MOTHER E&F: There was a picture, not long... I think it was a few days after. I'm struggling to recall the actual date.

JOHNSON: Don't worry about the precise date, but approximately was this whilst [Baby F] was still in the Countess of Chester Hospital?

MOTHER E&F: [Baby F] was in the Countess of Chester Hospital and we had been to visit [Baby E] at the chapel of rest. Until his funeral, we made the journey home every day until it was his funeral, and when we come back one day there was a picture, she'd presented me with a picture of [Baby F] holding his -- we called it his [Baby E] bear, and she said, "I got this picture, he rolled over and hugged his [Baby E] bear and I thought it was so amazing, so I took a picture for you".

JOHNSON: So she was suggesting to you that [Baby F] had rolled over and cuddled the bear?

MOTHER E&F: Yes.

JOHNSON: Did there come a time when you sent a card to the staff on the neonatal unit?

MOTHER E&F: Yes.

JOHNSON: Was that done through one of these Internet companies where you can, in effect, build your own card?

MOTHER E&F: Yes.

JOHNSON: And I think Moonpig is one.

MOTHER E&F: Yes.

JOHNSON: I'm sure other card services are available. Is it that sort of a card that we're talking about?

MOTHER E&F: Yes.

JOHNSON: Did that card on its front have a picture of your boys?

MOTHER E&F: Just...

JOHNSON: Just [Baby F]?

MOTHER E&F: Yes.

JOHNSON: And within it, did it express your -- you, your husband [Father of Babies E & F] and [Baby F]'s -- thanks to the staff on the neonatal unit?

MOTHER E&F: Yes.

JOHNSON: I want to ask you one other point, please, [Mother of Babies E & F]. On the question of your son [Baby F]. Has he ever had any -- how old is he now?

MOTHER E&F: Seven.

JOHNSON: Has he ever had any unusual bleeding issues in the 7 years that you've had him?

MOTHER E&F: No.

MR JOHNSON: Thank you, [Mother of Babies E & F].

My Lord, those are all the questions I have at this stage.

MR JUSTICE GOSS: Thank you.

Do you know about how long you're likely to be?

MR MYERS: Probably about half an hour to 45 minutes, something like that, my Lord.

MR JUSTICE GOSS: Right.

We have got into the habit of having a break during the course of the morning, some time usually around 11.45 to 12.00. We could either have a break now or we could continue and possibly have a break before you finish your evidence or possibly even get to the end of your evidence. Would you like to continue all the way through now?

MOTHER E&F: It's up to you.

MR JUSTICE GOSS: It is not up to me, it's up to you. What would you like? Should we see how you get on maybe have a break in around half an hour?

MOTHER E&F: All right.

Cross-examination by MR MYERS

MR MYERS: [Mother of Babies E & F], if at any point you need to stop, as his Lordship says, you must say so. Can I say before I ask my questions, everybody will understand what an awful experience you have had and your husband. I have to ask you questions about it, but I really want to emphasise, nothing I say is meant to be insensitive. I'll be as quick as I can be. I make it plain that whatever I'm asking and whatever happened, nobody suggests that you haven't done everything you could do. You said about you'd left him and whatever, but you did all that

you could do, so nothing I say is meant to suggest anything other than that. All right?

There will be some things that I ask that you may disagree with and if that happens, could I ask you to say that you disagree or you don't accept what I say and then I can put those things to you and you can make that plain and then we can move on to the next thing.

MOTHER E&F: Okay.

MYERS: Is that all right?

MOTHER E&F: Yes.

MYERS: All right.

Just for a little background for us, was this, so we can follow, your first babies, this was the first time you'd been in hospital as a new mum?

MOTHER E&F: Yes.

MYERS: I'm going to ask you to keep your voice up if you could, please.

So had you spent much time -- I don't want to ask any personal details, but had you spent much time in hospitals before this in any capacity with babies, anything like that?

MOTHER E&F: No.

MYERS: When you came to help the police with this, you made -- the first statement you made was in July 2017. You made a few other ones afterwards, but July 2017. Did you make some notes shortly after that just to help your memory?

MOTHER E&F: Yes.

MYERS: So you'd be able to tell the police?

MOTHER E&F: Yes.

MYERS: Were those notes also notes that you made in July 2017 or in 2017?

MOTHER E&F: Yes.

MYERS: Again, so you were thinking back to things that had happened back in June and August 2015?

MOTHER E&F: Yes.

MR JUSTICE GOSS: End of July and August?

MR MYERS: Yes.

MR JUSTICE GOSS: I think you misspoke, you said June and August.

MR MYERS: I apologise.

MR JUSTICE GOSS: The end of July and beginning of August.

So almost exactly 2 years.

MR MYERS: Yes.

I'm going to go through some of the details and some of the timings. I'll ask you generally now, you can agree or disagree, but do you think it's possible that any of the timings you've got could be not accurate, the timings you have given us?

MOTHER E&F: In respect of what timings?

MYERS: When you say for instance you went down at 9 o'clock or about 9 o'clock, is that a timing you're quite clear about?

MOTHER E&F: Yes.

MYERS: Or is that approximate?

MOTHER E&F: Yes.

MYERS: We'll go through it and have a look. What happened that night, perhaps we can agree about this, must have been very intense and very upsetting.

MOTHER E&F: Yes.

MYERS: And so what I'd like to look at is whether there's any areas where any of the detail that you've got could at all be mixed with any other detail or any other timing as we go along. That's what I'm looking at.

MOTHER E&F: Okay.

MYERS: You will tell me if you disagree.

MOTHER E&F: Okay.

MYERS: So that you know where I'm coming from with the questions and so that everybody knows, so you know what lies behind them,

can I suggest to you that there were three times you went down that evening. I'm going to suggest it and then we'll go over it and you tell me if this is right or wrong. Is that okay?

MOTHER E&F: Yes.

MYERS: I am doing to so you know where I am coming from because I don't want it to suddenly come as a surprise what I'm suggesting.

I'm going to suggest to you that you'd gone down round about 8 o'clock, which is the handover time on the unit --

MOTHER E&F: Right.

MYERS: -- and you were doing cares, certainly with [Baby E], round about then. Let me suggest this and we'll go over it.

Then I'm going to suggest that actually it's nearer to 10 o'clock than 9 o'clock that you went down with the breast milk.

And then you went back again when [Baby E] was being resuscitated round about 11 o'clock. So I know you have said you went down at 9 and then you went back later, and what I'm asking you to consider is whether you'd gone down at 8 and then 10 and then later.

MOTHER E&F: No, that's not the case.

MYERS: You disagree with that?

MOTHER E&F: Absolutely.

MYERS: I'm suggesting that, you disagree with it.

MOTHER E&F: Yes, okay.

MYERS: I'll come back to some more detail, but I'm going to go through the things now that you've been talking about.

MOTHER E&F: Okay.

MYERS: Let's just go through what you describe when you say you went down at 9 o'clock. I'm going to ask you about that next.

You told us there were two things about [Baby E] at that time or two in particular. One was how upset he was. That's one of them, isn't it? And the other was that there was blood coming out of his mouth; is that right?

MOTHER E&F: (Witness nods).

MYERS: You're nodding, it's tempting to nod.

MOTHER E&F: I'm sorry, yes.

MYERS: About the upset first of all, let me ask you about the crying. When you went down, [Mother of Babies E & F], to the unit that evening, there were other staff, other nurses, in the unit, weren't there?

MOTHER E&F: I would imagine so, but I didn't come into contact with anybody.

MYERS: You've described it as "very loud" and you said "horrendous screaming and crying".

MOTHER E&F: Yes. Mm-hm.

MYERS: On your account, at no time did any other nurse come into the nursery, did she or he?

MOTHER E&F: No, not that I'm aware of.

MYERS: I'm not going to disagree that [Baby E] was upset when you went down. What I'm looking at is just how upset he was, right? And what I'm going to suggest to you is that he wasn't as upset to the degree that you describe. It wasn't as bad as that. Because you said it was horrendous.

MOTHER E&F: It was horrendous.

MYERS: I'm respectfully disagreeing and saying he was upset, but it wasn't as horrendous as you're saying. In your mind you say it was horrendous.

MOTHER E&F: Okay.

MYERS: I'm going to ask you a little bit about the blood. I'll be as quick as I can with this. You said to start with that there was blood coming out of his mouth and you drew a picture, didn't you? Did the blood go anywhere else apart from on his chin?

MOTHER E&F: It was on his -- a little bit.

MYERS: A little bit on the lip?

MOTHER E&F: And underneath.

MYERS: Just so we can be quite clear, you're not describing something where there is blood coming out and it's going on his clothes or over the bedding or anything like that?

MOTHER E&F: No.

MYERS: It's that you could see certainly what looked like blood, you would say it was blood, but you could see it round about his chin in that area like we saw on that picture?

MOTHER E&F: Yes.

MR JUSTICE GOSS: You say on clothes. Perhaps we could have some evidence of what clothing --

MOTHER E&F: He wasn't wearing any clothing.

MR MYERS: But on your clothes, for instance, because you contained him, didn't you?

MOTHER E&F: I had my hand on the top of his head and on his stomach.

MYERS: But to be quite clear, and this is the point I am asking and I think you agree, you're not describing it coming out and going over things like that --

MOTHER E&F: No.

MYERS: -- or on the bedding or anything like that?

MOTHER E&F: No.

MYERS: One of the descriptions that you gave to the police later, [Mother of Babies E & F], was this, and just see if you agree, you said:

"It was around his bottom chin and the bottom lip [like on the picture you've drawn]. It wasn't thick, it's difficult to explain what it was like, it was like a dribble pattern on his skin. It wasn't completely fresh."

Does that sort of describe what it was that you saw?

MOTHER E&F: (Witness nods). Yes.

MYERS: All right. I know you said it's blood and that's how you say -- that's what you say you saw. I'll ask in case it makes any difference: is it possible that what you saw was some sort of dark liquid with flecks of blood in it around his chin?

MOTHER E&F: It was blood.

MYERS: That's right, you say it was blood. All right. I'm suggesting if you did see anything like that at that time it might have been what's called a dark aspirate with flecks of material in it, but you say it was blood.

MOTHER E&F: It was blood.

MYERS: All right. And it struck you as not completely fresh?

MOTHER E&F: No.

MYERS: Again, just going through some of the details that you have given us, [Mother of Babies E & F], you mentioned that after you'd been downstairs, you went upstairs and you saw -- did you see -- was it the midwife?

MOTHER E&F: A midwife come in.

MYERS: Is that the midwife who had been looking after you generally?

MOTHER E&F: That evening, yes. There was different midwives on.

There was a lot of different midwives.

MYERS: Had you seen this one before?

MOTHER E&F: No, it was the first time I'd come into contact with this one.

MYERS: Did you speak to her about what had happened?

MOTHER E&F: Yes, I was distraught.

MYERS: I'm not going to suggest you weren't anxious and you weren't upset.

MOTHER E&F: Mm-hm.

MYERS: I am going to suggest, and you can disagree with it if you want to, [Mother of Babies E & F], that actually at this time you were worried, but it was much later in the evening that you became distraught.

MOTHER E&F: Yes, okay.

MYERS: Do you agree or disagree with that?

MOTHER E&F: I disagree. I was...

MYERS: You say you were distraught here?

MOTHER E&F: Yes, I knew there was something very wrong.

MYERS: All right. I'm just showing where the differences are, but trying to get on with it quickly so we don't spend too long with it.

Was the midwife called Susan?

MOTHER E&F: Yes.

MYERS: Susan Brooks?

MOTHER E&F: I don't know her last name.

MYERS: We'll see sooner or later, I imagine, a note from Susan Brooks, who describes how she had been told by you that, it must be [Baby E], had deteriorated slightly.

MOTHER E&F: Okay.

MYERS: This is the note. We'll come to the note later in the evidence.

MOTHER E&F: Okay.

MYERS: I'm going to suggest that at that point we have that because you weren't saying at that point that you were -- something was very wrong, you might have said you were anxious but you weren't actually saying anything was very wrong.

MOTHER E&F: I said that to my husband on the phone, I told him there was something very wrong.

MYERS: Right. I'm going to suggest you didn't say that to the midwife even though you were talking with her, did you?

MOTHER E&F: I can't remember that full conversation, but I was very upset.

MYERS: Right. All right. I've explained where I'm coming from and you're making it clear where you come from, so I'll move on with the next detail.

With your husband, we know there was a phone call at 21.11. We've seen that on the records. Then there was a later call, wasn't there, at about 22.42?

MOTHER E&F: Yes.

MYERS: Again, not disputing you were anxious about things that were taking place at the very least. You say you were more than anxious, you say you were very worried?

MOTHER E&F: Yes.

MYERS: I'm not going to dispute that you mentioned that you had seen what you thought was blood on [Baby E]. I'm not disputing that. But did you speak to your husband -- when you spoke to him later, at 22.52, did you tell him then as well, or at all, that there was a lot of blood coming from [Baby E] at that time?

MOTHER E&F: I don't remember a conversation with [Father of Babies E & F] at that point.

It was Sue, the nurse, who was having a conversation with [Father of Babies E & F].

MYERS: You checked your phone records some time after the night that this all happened, didn't you?

MOTHER E&F: Yes.

MYERS: There was an issue with the hospital, wasn't there, about timings --

MOTHER E&F: Yes.

MYERS: -- incidentally and you'd wanted just to have a look at the timings, hadn't you?

MOTHER E&F: Yes.

MYERS: Again, I'm just asking and I give you the opportunity to respond to this, whether actually at the phone call at 9.11, whilst you were anxious, you weren't as worried as you were later on, when you'd been called down for the resuscitation. Is it possible that, looking back, you've kind of transferred some of the very big worry you had later to that phone call at 9.11? Is that possible, do you think?

MOTHER E&F: No, it's not possible.

MYERS: I suggest it is, but you disagree with me about that.

MOTHER E&F: Yes, I disagree.

MYERS: That's why I'm doing it this way so we can make it quite clear. All right.

Can I go through then some suggestions I'm going to make to you about what happened. Exactly the same: you're absolutely free to agree or disagree as you like, [Mother of Babies E & F].

MOTHER E&F: Okay.

MYERS: I've asked you whether you went down to do cares at 8 o'clock and you say that --

MOTHER E&F: No.

MYERS: You didn't, all right. I've suggested to you that the time you did go down with the breast milk is later than 9, it might even be as late as 10, but you disagree with that.

MOTHER E&F: I disagree.

MYERS: All right. I suggest to you that there was no time that Ms Letby said the tube was irritating [Baby E].

That isn't something that she said.

MOTHER E&F: I disagree.

MYERS: Okay. Can I ask you something else, if you could help with this. At the time you were down there, the time that you're saying is 9 o'clock or just after, around that time, do you recall one of the doctors being present, a gentleman, David Harkness?

MOTHER E&F: I don't.

MYERS: Right. I don't want you to be at any disadvantage with this. When you say you don't, do you mean you don't and he wasn't there or you don't and he might be there but you just cannot remember that detail?

MOTHER E&F: I didn't see anybody else on that occasion when I went down to the unit.

MYERS: I understand what you have said. Let me just ask a little more detail about that, whether this helps. Do you recall a conversation where you were there with Ms Letby and a male doctor and talking about some medication that would be given to [Baby E]? This is before you went down at the time of resuscitation. This is the earlier one. Do you recall that?

MOTHER E&F: No. The only person in that room was Lucy Letby. There was only me and her there.

MYERS: And that's the only person you say you saw?

MOTHER E&F: That's the only person I had a conversation with.

MYERS: So if I'm suggesting there was a doctor who was around at that time, that's something you actually disagree with?

MOTHER E&F: I disagree with that.

MYERS: That's why I wanted to be clear. I didn't want to leave it that you might be saying that you couldn't remember in fairness to you, [Mother of Babies E & F].

MOTHER E&F: Okay. I disagree.

MYERS: All right. I'm suggesting there was --

MOTHER E&F: Okay.

MYERS: -- on behalf of Ms Letby.

MR JUSTICE GOSS: It was a conversation in which you were involved and Lucy Letby and Dr Harkness. That's what is being suggested about some medication for [Baby E].

MOTHER E&F: I disagree with that.

MR MYERS: I wanted to be quite clear about that.

MR JUSTICE GOSS: Well, exactly. You're saying you can't remember anything like that happening, it didn't happen?

MOTHER E&F: No, I was actually told that the registrar would be down and she had made that call.

MR MYERS: But at no time do you say the registrar did actually put in an appearance at that point?

MOTHER E&F: Not at all.

MYERS: So we disagree about that bit?

MOTHER E&F: I disagree, yes.

MYERS: Moving forwards now, and in fact after what happened at 11 o'clock, you went downstairs, didn't you, at the time that they were trying to give help to [Baby E] when he was very ill; is that correct?

MOTHER E&F: Yes.

MYERS: I'm not going to ask you any details at all but can I just ask you this, [Mother of Babies E & F]: could you see what was happening in the room at that time?

MOTHER E&F: I could see people stood around the incubator. I could see through a window.

MYERS: And could you see blood then, do you mind me asking?

MOTHER E&F: There was people stood round him, I couldn't see anything.

MYERS: Are you aware, you may not be, but I'll just ask, that they have a set procedure on that unit for how nurses are meant to help families when a bereavement has taken place. Are you aware of that now?

MOTHER E&F: I don't know about that specific hospital, but I do know that other hospitals do have procedures in place.

MYERS: All right. Are you aware now that sometimes they have procedures like taking handprints or footprints and making memory boxes? Is that something you know now?

MOTHER E&F: I know now, yes.

MYERS: And Ms Letby took care of [Baby E] after he died, didn't she?

MOTHER E&F: Yes.

MYERS: And you have described some of the things that she did.

And she was the nurse who had been with [Baby E] beforehand, as far as you understand, is that correct, [Mother of Babies E & F]?

MOTHER E&F: (Witness nods).

MYERS: We've nearly finished, just one final area. It's always helpful just to pause. This is something different, this is about what you told us about the post-mortem, the discussion about the post-mortem.

So the jury can follow who it was with, because you talked about "she". There was a female doctor, wasn't there, who you had the discussion with?

MOTHER E&F: Yes.

MYERS: In fact we're going to find the doctor's name is [Dr C]. You may or may not remember.

MOTHER E&F: Not at all.

MYERS: But that's the doctor. When you and your husband eventually decided that you wouldn't have a post-mortem, was that largely because she had explained in a way why there was little point in having a post-mortem?

MOTHER E&F: Yes.

MYERS: So in a way, she had directed you in that decision, hadn't she, swayed you?

MOTHER E&F: I felt so, yes.

MR MYERS: All right. [Mother of Babies E & F], thank you for answering my questions.

Re-examination by MR JOHNSON

MR JOHNSON: Just two clarification issues, [Mother of Babies E & F], okay?

You described the blood that you saw on [Baby E]'s -- around [Baby E]'s mouth as being "not completely fresh", I think were your words. What was it about its appearance that drove you to that conclusion?

MOTHER E&F: It was stained and it was... (Pause). It wasn't dripping, it was smudged. It's really hard to explain, isn't it? It didn't look completely dry, but it didn't look like it was...

JOHNSON: Was there anything about the colour that --

MOTHER E&F: It was darker.

JOHNSON: Darker?

MOTHER E&F: It wasn't... Yeah.

JOHNSON: I think most people know that very fresh blood is the colour of his Lordship's gown.

MOTHER E&F: Yes. It wasn't like that.

JOHNSON: Dark blood is a much darker colour. Where was it on the spectrum as you remember?

MOTHER E&F: Um... Darker, but it was... Like I said, it wasn't...

It's really hard to explain. It was darker, it wasn't bright red, it was... Yeah, it was darker than that.

I don't know how else to explain it.

JOHNSON: No, no, it's all right.

MOTHER E&F: It was all there (indicating).

MR JUSTICE GOSS: For the benefit of the record, you're again indicating below the bottom lip to the top of the chin area.

MOTHER E&F: Yes.

MR JOHNSON: As part of the questioning about the timing of the phone call, it was suggested to you that there had been an incident over timing. Do you remember?

MOTHER E&F: Yes.

JOHNSON: What was the incident over timing?

MOTHER E&F: The incident over timing was a report had come from the Countess of Chester and the time difference was very -- it seemed to be out by an hour of my recollection of things. My recollection of things -- I know what time it was and in that moment I thought I know that I literally had come back upstairs because I didn't take my phone with me and I spoke to my husband. I know that I did that. That's when I contacted the telephone company to get things right in my mind as well because I knew and I couldn't understand why the hospital would be so far out with that.

JOHNSON: So what, it was being suggested to you that something had happened an hour later than you remembered it happening?

MOTHER E&F: Yes, and I knew that that wasn't the case.

JOHNSON: By reference to the telephone call?

MOTHER E&F: But I knew it in my mind and then I got some evidence for myself.

MR JOHNSON: Okay. Does your Lordship have any questions?

MR JUSTICE GOSS: I don't. Thank you very much.

That completes your evidence. You're free to go.

We're going to have our break now and the next witness is your husband.

MOTHER E&F: Okay.

MR JUSTICE GOSS: I don't know whether you're going to see him in this 10-minute break we're going to have or not, but if you do, please don't speak to him about anything that you've told us in your evidence.

MOTHER E&F: I won't see him. Ten minutes isn't going to harm us, is it?

MR JUSTICE GOSS: No, well, that's better. Then there can be no question of you having said anything to him. All right?

MOTHER E&F: Thank you very much.

MR JUSTICE GOSS: Thank you very much indeed. Please do go now and I'll just say something to the jury.

(The witness withdrew)

A 10-minute break then, please, members of the jury, as usual.

(11.55 am)

(A short break)

(12.07 pm)

MR JOHNSON: [Father of Babies E & F], please.

Given the issues, my Lord, I'm going to confine this to what's at page 1382, the phone call.

MR JUSTICE GOSS: Thank you very much.

[FATHER OF BABIES E & F] (affirmed)

Examination-in-chief by MR JOHNSON

MR JOHNSON: Would you like to take a seat.

You have a nice loud voice and can you keep it up, please, and tell the jury your full name?

FATHER E&F: My full name is [Father of Babies E & F].

JOHNSON: [Father of Babies E & F], are you married to [Mother of Babies E & F]?

FATHER E&F: Correct.

JOHNSON: And were your twin boys, [Baby E] and [Baby F], born on Wednesday, 29 July 2015?

FATHER E&F: Yes.

JOHNSON: Given the issues in the case, [Father of Babies E & F], I'm only going to ask you about one thing and that is a telephone call that you received from your wife or telephone calls.

But just to set the scene for that, what was your perception of the progress of your twin boys between their birth on 29 July and [Baby E]'s tragic death on the night of the 3rd to 4 August?

FATHER E&F: My perception before the phone call?

JOHNSON: Before the phone call, yes.

FATHER E&F: I was very happy. There didn't seem to be any issues.

Yes, my perception of their health was good.

JOHNSON: This may sound like a ridiculous question, but do you remember 3 August 2015, the events of that day?

FATHER E&F: I remember looking at the statement I've submitted and that's accurate, the bits that I can remember.

JOHNSON: Okay. Did there come a stage on 3 August when you had gone home?

FATHER E&F: Yes.

JOHNSON: And that evening, did you receive a telephone call from your wife?

FATHER E&F: Yes.

JOHNSON: Can you remember what time the call was?

FATHER E&F: Looking at my statement, and we corroborated it with phone records, I want to say 21.50, but I would need that in front of me to --

JOHNSON: All right. Let's put up the phone records if we can, please, again.

Is your number the one ending 5800?

FATHER E&F: That's correct, yes.

JOHNSON: What we have that day, starting at the top, are a couple of calls made earlier in the day. Can you see right at the top, 8.16, for example?

FATHER E&F: Yes, I can see that, yes.

JOHNSON: We can see one at 18.31, 3 minutes and 34 seconds.

FATHER E&F: Yes.

JOHNSON: We can see a further one at 19.36?

FATHER E&F: Yes.

JOHNSON: Fourteen minutes and 1 second. And we see then a pair of calls at 21.11 and 22.52; all right?

FATHER E&F: Yes.

JOHNSON: Do you remember either/or both of the calls?

FATHER E&F: I remember both calls. The first of those two calls was my wife calling me. She was upset, very worried about [Baby E] because she seen bleeding from his mouth. Then I remember the conversation was, well, what have the doctors and nurses said, and she said, they said there's nothing to worry about, go back up. I said, [Mother of Babies E & F], that's what they've said, I'm sure you're panicking over nothing because they know what they're doing.

Then the second phone call was -- sorry.

JOHNSON: No, you saw me coming. That was the question I was about to ask you.

FATHER E&F: The second phone call was [Mother of Babies E & F] and the midwife who was looking after her, because [Mother of Babies E & F] was still on the ward, she'd had a C-section, and the midwife was telling me, you know, don't panic, but you need to get here right away, [Baby E]'s not doing very well, don't drive, get somebody to drive you. That was the second phone call.

MR JOHNSON: Thank you, [Father of Babies E & F]. Would you wait there?

There may be some more questions for you.

Cross-examination by MR MYERS

MR MYERS: Only really one, [Father of Babies E & F]. It won't take very long. You told us about the two calls, 21.11 and 22.52.

FATHER E&F: Yes.

MYERS: Might it be possible that the reference to bleeding was at 22.52 rather than 21.11 or are you clear?

FATHER E&F: Absolutely not.

MYERS: All right.

FATHER E&F: Yes. Absolutely not.

MR MYERS: That's all I wanted to check. Thank you.

MR JOHNSON: Does your Lordship have any questions?

MR JUSTICE GOSS: No, I don't. That was short, your evidence. Just by way of explanation, because your wife has given evidence, that ground didn't need to be gone over again.

FATHER E&F: I understand.

MR JUSTICE GOSS: Although you obviously said a lot more in your statement about these events, that's all that you needed to be asked about.

FATHER E&F: That's fine.

MR JUSTICE GOSS: Thank you very much indeed for coming and giving your evidence. That's it and you're free to go or stay, exactly as you wish. All right?

FATHER E&F: Okay, thank you.

MR JUSTICE GOSS: Thank you very much.

(The witness withdrew)

MR JOHNSON: We're going to move on to the sequence of events now, please, my Lord, with Claire Hocknell. If I could recall Mrs Hocknell, please.

MRS CLAIRE HOCKNELL (recalled)

Examination-in-chief by MR JOHNSON

MR JOHNSON: Welcome back, Mrs Hocknell.

For the sake of the record would you identify yourself, please?

HOCKNELL: Claire Hocknell.

JOHNSON: Thank you very much. I'd like to move on to the sequence of events for [Baby E], please, which the ladies and gentlemen of the jury have on their iPads.

We also have it on the screen in front of us. Does this begin 2 days before the birth of [Baby E] and [Baby F], with some text messages between Yvonne Farmer and Lucy Letby?

HOCKNELL: That's correct, yes.

JOHNSON: Could you just read through the first three slides, which are messages coming and going between those two people?

HOCKNELL: Yes.

On Monday, 27 July 2015 at 12.25, an incoming text message from Yvonne Farmer to Lucy Letby:

"Hi. Hope you're enjoying your break. Will you be back for 30 July after 3.30? Just trying to arrange a date for a [I think it's] debrief for C?"

Lucy Letby replies:

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

Yvonne Farmer replies:

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

JOHNSON: Just to put that in context, I don't think it's controversial, it appears that's a reference to a debrief arising out of the death of [Baby A]?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Does the sequence then move on to slide 4, which relates to the antenatal history of [Mother of Babies E & F]?

HOCKNELL: That's correct, yes.

JOHNSON: If we go behind that, please. And then again behind that to the original document. That sets out the surname [Surname of Babies E & F] on the left-hand side, twins -- does it say "twin" or "twins"?

HOCKNELL: Twin 1.

JOHNSON: Twin on the left, [Baby E]. It records his time of birth, his weight at birth.

HOCKNELL: Yes.

JOHNSON: On the right-hand side we see [Mother of Babies E & F]'s details.

HOCKNELL: That's correct, yes.

JOHNSON: And indeed, [Father of Babies E & F]'s details?

HOCKNELL: Yes.

JOHNSON: Underneath the black box, which is some detail that is irrelevant, do we see recorded:

"High risk Downs. 1 to 65."

HOCKNELL: Yes.

JOHNSON: And then some other medical detail which will be referred to in due course by the experts if it's relevant.

HOCKNELL: Yes.

JOHNSON: Thank you. Could we return then, please, to the main carousel?

Do we then have details recorded of [Baby E]'s birth at 17.53?

HOCKNELL: That's correct, yes.

JOHNSON: If we go behind that, do we see your summary of what's in the notes? The twins' gestation was 29 plus 5, born by caesarean section, again [Baby E]'s weight:

"Condition at birth: cried at the table. Delayed cord clamping for 1 minute. Brought to Resuscitaire. Placed in NeoWrap. Wrapped. Heart rate over 100. Pinky blue, reasonable tone. At Resuscitaire no respiratory effort. Rescue breaths needed."

Then we see the Apgar scores in the next column -- sorry, just underneath -- 7 at 1 minute and 9 at 5 minutes.

HOCKNELL: Yes, that's correct.

JOHNSON: And we see those details were recorded by Dr Gail Beech and Nurse Laura Eagles?

HOCKNELL: Yes.

JOHNSON: Thank you. Back to the carousel, please. We then see a minute later, [Baby F]'s birth recorded; is that right?

HOCKNELL: Yes.

JOHNSON: And we see, about 15 or 16 or 17 minutes after birth, the admission of the twins to the neonatal unit at 6.10?

HOCKNELL: Yes.

JOHNSON: In the clinical notes then, do we have Dr Beech's notes?

HOCKNELL: Yes.

JOHNSON: And can we deal with Dr Beech's notes, please:

"Brought to NNU. Able to wean to air again en route. PEEP [which we now know is the pressure] 5. Transferred to incubator. Sats maintaining 95 to 95%. Self-ventilating in air so PEEP discontinued. Plan: peripheral IV access."

And then a lot of medical detail relating to the vitamin K, the fact that [Baby E] was on a 10% dextrose infusion at 60ml per kg per day until the central line:

"UVC [so put in an umbilical venous catheter] then commence total parenteral nutrition and lipids. Nil by mouth until 48 hours."

Then some drugs given: nystatin, caffeine. A scan at day 1, a head scan:

"Update parents when able."

Is that right?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. So that's 29 July at 18.10.

Have you then just done a summary for us at tile number 9?

HOCKNELL: Yes, that's correct.

JOHNSON: What does that summary say?

HOCKNELL: [Baby E]'s medical records indicate that [Baby E] received care in the neonatal unit from 18.10 hours on 29 July 2015.

JOHNSON: Thank you. Then are there some more texts which you can help us with?

HOCKNELL: Yes. On 30 July, at 08.48 hours, Yvonne Farmer sends a further text message to Lucy Letby:

"Hi. Debrief at 3.30 today in resource room."

And Lucy Letby replies:

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

JOHNSON: Thank you. Do you then record the time and date of the debrief for [Baby A]?

HOCKNELL: Yes, that's correct.

JOHNSON: If we move on to tile 13, please. Do you then record the fact that Lucy Letby was the designated nurse for [Baby F] on the shift on -- I think it's, 1 August?

HOCKNELL: Yes, the night shift.

JOHNSON: Thank you. And also on 2 August, Sunday the 2nd, which is the next tile?

HOCKNELL: That's correct, yes.

JOHNSON: Tile number 15, please. What does that tell us?

HOCKNELL: It's one of my descriptions:

"The medical records that follow provide a detailed account from 19.30 hours on 2 August 2015."

JOHNSON: Thank you. So moving on to those, please. Do we see -- at the handover on Sunday, 2 August, what does that tell us, please?

HOCKNELL: That Melanie Taylor was the designated nurse for [Baby E] for the night shift.

JOHNSON: Thank you. Does that record, I think if we go behind that we'll -- sorry, it's the next tile, actually, 17.

We'll see what Melanie Taylor recorded. She's not giving evidence, so if we just go to the original, please.

If you can make it slightly bigger if possible.

Okay.

If we go back a page then, I think you have reproduced in effect what is on that nursing note.

HOCKNELL: Yes.

JOHNSON: Could you just help us with that, please?

HOCKNELL: This is a section of it that was written at 02.04 hours on 3 August relating to this time, at which the care is handed over:

"Written for care handed over from 19.30. Emergency equipment and fluid requirements checked at start of shift. Nursed in incubator in 70% humidity. Self-ventilating in 24% oxygen. Resps 60 to 70. Minimal recession evident."

JOHNSON: Thank you. Going back to the carousel, please. We then have a neonatal fluid balance chart with records made by Melanie Taylor at 8 pm?

HOCKNELL: That's correct, yes.

JOHNSON: I don't think we need to see that, thank you. If it's relevant, we'll deal with it with other witnesses.

Do we also have observations recorded by Melanie Taylor for [Baby E] at 8 pm?

HOCKNELL: Yes, that's correct.

JOHNSON: And on the form we have already seen in all the cases up to now?

HOCKNELL: Yes, that's correct.

JOHNSON: So let's just have a look at that to get an idea of how [Baby E] was getting on.

These charts are slightly different to ones we've seen before, aren't they, because they don't have the yellow shading on them?

HOCKNELL: Yes.

JOHNSON: But probably most of us know enough about these now to at least reach a temporary view as to what's going on there. Thank you.

We move back, please. We have the same things recorded at 9 pm at tiles 20 and 21; is that right?

HOCKNELL: Yes, that's correct.

JOHNSON: At 10 pm, tiles 22 and 23?

HOCKNELL: Yes, that's correct.

JOHNSON: At tile 24, do we have a record of the fact that [Baby E] was being given some supplemental oxygen?

HOCKNELL: Yes.

JOHNSON: If we just have a look at that, please.

We can go to the document, thank you.

This records the fact that a doctor has said that oxygen should be used for [Baby E] -- I think it's under the name of Dr Gibbs.

HOCKNELL: Yes.

JOHNSON: At the top or the consultant's name is Dr Gibbs. But in essence it says, "Use as directed"?

HOCKNELL: Yes.

JOHNSON: Is that right?

HOCKNELL: Yes (inaudible) label -- directions, yes.

JOHNSON: Thank you very much. Do we come next to tile 25, please? We can tell from the blue border to the tile, just to remind the jury, what, please?

HOCKNELL: That Lucy Letby is on shift.

JOHNSON: Yes. So that blue border tells us that she's in work.

Do we see that Jennifer Jones-Key sent a WhatsApp saying:

"Hope work okay"?

HOCKNELL: Yes. At 22.34 hours she sends a message:

"Hope work okay."

Then Lucy Letby replies:

"Oh dear. Yeah, it's fine. Bit too Q word really."

Jennifer Jones-Key replies:

"Don't complain as Wed and Thursday horrible lol. It will pick up again."

JOHNSON: Do we then come at slide 28 to another fluid balance chart in conjunction with the observations taken at 23.00 hours?

HOCKNELL: Yes.

JOHNSON: Do we have then a prescription for neonatal parenteral nutrition --

HOCKNELL: Yes.

JOHNSON: -- at 23.30 hours?

HOCKNELL: Yes.

JOHNSON: Just to go to that, if we may, and go to the original, please. Something has been written on this.

HOCKNELL: Near the bottom.

JOHNSON: Near the bottom, yes. Does that say:

"Babiven calculated on incorrect weight, doctors aware -- continue LL."

HOCKNELL: Yes.

JOHNSON: Thank you. Could you therefore return, please. So that was number 31, an apnoea chart for 23.50.

HOCKNELL: Yes.

JOHNSON: Does that record something?

HOCKNELL: Yes.

JOHNSON: Could you help us with that, please?

HOCKNELL: It records:

"Brady to 50. Desat to 80s."

And the duration was 45 seconds. Then in the "Comments and measures taken" section, it records:

"Gentle stimulation."

JOHNSON: Thank you. And that's a record made by Melanie Taylor?

HOCKNELL: Yes.

JOHNSON: We then move on to Monday, 3 August; is that right?

HOCKNELL: Yes.

JOHNSON: We have a neonatal fluid balance chart?

HOCKNELL: Yes.

JOHNSON: That's recorded by Melanie Taylor?

HOCKNELL: That's correct, yes.

JOHNSON: Also at the same time do we have the observations of [Baby E] at midnight?

HOCKNELL: Yes.

JOHNSON: At tile 34, a record of nystatin being given to [Baby E]?

HOCKNELL: Yes.

JOHNSON: And also at the same time, the prescription for neonatal parenteral nutrition at midnight?

HOCKNELL: Yes.

JOHNSON: Is there then a further record in that connection, 5 minutes later, in respect of which Lucy Letby, Melanie Taylor and Dr Ventress are associated?

HOCKNELL: Yes. I think those records are paired, with one bag being removed and a new bag being put on --

JOHNSON: You're dropping your voice.

HOCKNELL: The slide at 35 and slide 36 are paired by the fact that it's one TPN bag being removed and a new one being connected.

JOHNSON: So the new bag went up at 00.05. Do we then have a blood gas record for [Baby E] at slide 37?

HOCKNELL: Yes.

JOHNSON: And then at 1 o'clock we have three separate records at slides 38, 39, 40. The first two are the fluid balance chart and the observations. The third is another entry on the apnoea/brady/fit chart at 1 am.

HOCKNELL: That's correct, yes.

JOHNSON: Can you just -- given that Melanie Taylor isn't giving evidence, could you tell us what she recorded, please?

HOCKNELL: A brady, 70s, desat, 70s, and a duration of 45 seconds.

And in "Comments and measures taken" it says "G/S", which, taken into context with the last entry made, I think it's gentle stimulation.

JOHNSON: Yes. If we look at the chart, I think one appears below the other, doesn't it?

HOCKNELL: Yes.

JOHNSON: Could we go to the original, please, Mr Murphy.

We can see the final two entries are Melanie Taylor's entries.

HOCKNELL: Yes.

JOHNSON: So "gentle stimulation" and underneath "G/S"; is that right?

HOCKNELL: Yes.

JOHNSON: Moving on then, please, to tile 41. Is that another fluid balance chart at 2 am, which, as always, comes paired up with an observations chart at the same time?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Then at 02.04, did Melanie Taylor update the nursing notes on the computer?

HOCKNELL: That's correct, yes.

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

HOCKNELL: This is the remainder of the note I have included here:

"Has had 2x brady desats requiring gentle stimulation. Capillary blood gas taken and satisfactory. Temp and heart rate stable. Incubator temperature reduced slightly. Fluids 150ml/kg/day. TPN and lipid running through long line in left leg. VIP 0. Enteral feeds 1ml/2-hourly. 2ml milky aspirates obtained. Tummy soft. Not distended. Bowels not opened. Urine output 3.8ml/kg/day. BM 4 hourly. As per Dr Davies. First BM 13.7. Second BM 11.9. Nystatin given as charted."

JOHNSON: Thank you. That's tile 43. Do we then have three records all timed at 2.30, the first for sodium chloride?

HOCKNELL: Yes.

JOHNSON: The second for oxygen?

HOCKNELL: Yes.

JOHNSON: The third for cefotaxime?

HOCKNELL: That's correct, yes.

JOHNSON: And they're all signed and co-signed by Melanie Taylor and Lucy Letby?

HOCKNELL: Yes.

JOHNSON: Tile 47 next, please. So at 3 am, again do we have the hourly fluid balance chart and observations?

HOCKNELL: Yes, that's correct.

JOHNSON: At tiles 49 and 50, do we have the same pair of charts?

HOCKNELL: Yes, that's correct.

JOHNSON: 51 and 52, again the same pair of charts?

HOCKNELL: Yes, at 5 am.

JOHNSON: Thank you. Then at 6 am, tiles 53 and 54?

HOCKNELL: Yes.

JOHNSON: This of course, as always, is a running record of the observations that are described required on the tiles in effect?

HOCKNELL: Yes.

JOHNSON: At tiles 55 and 56, do we have, again, on the hour, the same records being maintained?

HOCKNELL: Yes, that's correct.

JOHNSON: Then at 57 and 58, just as we were getting to the end of the night shift, do we see a further record of nystatin and oxygen?

HOCKNELL: Yes, that's correct.

JOHNSON: At tile 59, please, do we have the shift handover from Melanie Taylor to [Nurse B]?

HOCKNELL: Yes, that's correct.

JOHNSON: So that's tile 59.

At tile 60, do we have Melanie Taylor's concluding notes for that night shift?

HOCKNELL: Yes, at 8.01.

JOHNSON: Thank you. Could we just deal with what she recorded, please?

HOCKNELL: "Next BM 13.0. Insulin not started as per plan by Dr Gibbs. Bowel not opened overnight. Feeds tolerated. Tummy remains soft. Temp raised, so incubator temp reduced accordingly. Eyes remained fused. Position changed with cares. Urine output increased overnight. Now 4.1ml/kg/day. SBR repeated. Remains under treatment line."

JOHNSON: Thank you. Then on the next tile do we have Melanie Taylor's record of communications with the [Family of Babies E & F]?

HOCKNELL: Yes:

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

JOHNSON: That's a record of [Mother of Babies E & F] bringing milk down to the ward during the night shift?

HOCKNELL: Yes.

JOHNSON: Can we move on to 8.30 then, please. Do we have [Nurse B] transcribing her observations on to the relevant charts?

HOCKNELL: Yes.

JOHNSON: We see that she then goes from the half hour on to the hour, at least with both those sets of observations, at 9 am on tiles 64 and 65?

HOCKNELL: Yes, that's correct.

JOHNSON: Thank you. Thirty-six minutes later, do we have a trio of tiles relating to oxygen, sodium chloride and caffeine that were being given to [Baby E]?

HOCKNELL: Yes, at 9.36, 9.43 and 9.45.

JOHNSON: Thank you. We see a nurse's name there that we have not seen before, Kate Brammall?

HOCKNELL: Yes.

JOHNSON: If we can move on, please, to tile 69. Again, under the name of the designated nurse for this shift, [Nurse B], do we have the pair of charts, the neonatal fluid balance chart and the observations?

HOCKNELL: Yes.

JOHNSON: At tile 71 we have what's called a kangaroo care record, something we've not seen before, so we'll just go behind this tile and see what it looks like. It can be dealt with in due course, but let's see.

We see it's on a pro forma chart. We can see that what is recorded is a date and a signature. It's mum/dad, in some cases both circled, in other cases one circled, together with a time; is that right?

HOCKNELL: Yes, that's correct.

JOHNSON: Taking the one for 3 August, which is the relevant one so far as this tile is concerned, do we see that recorded as having been for 3 hours on 3 August from 10 o'clock in the morning?

HOCKNELL: Yes, that's correct.

JOHNSON: And both mum and dad's identities have been circled on the pro forma?

HOCKNELL: Yes.

JOHNSON: Thank you. We can move back, please.

We then have [Nurse B]'s nursing notes at tile 72. Can you tell us what she's recorded there, please?

HOCKNELL: "Mum on unit from 9.00 onwards. Fully updated by myself and Registrar Ventress. Had long periods of skin-to-skin. Rooming in on unit offered due to being from out of area."

JOHNSON: Thank you.

Tile 73. Do we have a further update made by [Nurse B]?

HOCKNELL: Yes.

JOHNSON: And this appears to relate back to the beginning of the shift; is that right?

HOCKNELL: Yes:

"Emergency equipment checked at start of shift. Nursed in incubator in 65% humidity. On Philips monitor. Self-ventilating in 25% ambient oxygen. No signs of respiratory distress. Heart rate and temperature stable. Pink and well perfused. Cap refill 1 second. Total fluids 150ml/kg/day. Babiven and lipid (15ml/kg/day) infusing via long line. Limb and pressures okay. On cautious feeding regime due to absent end-diastolic flow. Enteral feeds currently 1ml, 2-hourly, minimal to 1ml. Partially digested milk obtained via NGT. Handles well. IV caffeine given as prescribed."

JOHNSON: So that's 10.44.

Ten minutes later at 10.54, has [Nurse B] made a record of some blood being collected for pathology?

HOCKNELL: Yes.

JOHNSON: Six minutes later, at 11.00, do we have the pair of charts, the neonatal fluid balance and the observations chart?

HOCKNELL: Yes, that's correct.

JOHNSON: Do we come next to some clinical notes made by F Harwood, who is a pharmacist?

HOCKNELL: That's correct, yes.

JOHNSON: If we can just go to these, please. Can you talk us through this?

HOCKNELL: "Note started on cefotaxime. Consider adding teicoplanin as has long line in situ per late onset neonatal sepsis policy."

JOHNSON: And that's signed by the pharmacist?

HOCKNELL: Yes.

JOHNSON: Thank you very much. That's tile 77.

Tile 78, timed a few minutes later, is a clinical note made by Dr Alison Ventress; is that right?

HOCKNELL: That's correct, yes.

JOHNSON: Again, she's not giving evidence in relation to this, so let's just deal with her note if we may, please.

It may be easier with the notes if possible. The handwriting is pretty good. We see the pharmacist's note there above, as it happens.

HOCKNELL: Yes.

JOHNSON: And then moving on to Dr Ventress, who's a registrar, ST4.

11.45, does that start by recording the fact that this is day 6 of [Baby E]'s life?

HOCKNELL: Yes, that's correct.

JOHNSON: So he started life at 29 plus 5, he's now 30 plus 3?

HOCKNELL: Yes.

JOHNSON: Then could you take us through the rest of what it says, please?

HOCKNELL: "1: preterm MCDA twin 1. 2: absent EDF. Cautious establishing feeds. 3: RDS. New O2 requirement. 4: suspected sepsis. 5: hyperglycaemia. 6: jaundice, off lights."

JOHNSON: And so far as ventilation goes, V in a circle, was it:

"Self-ventilation in 25% oxygen, ambient, good gases"?

HOCKNELL: Yes. Then fluids:

"150ml/kg/day. TPN plus lipid plus 1ml 2-hourly expressed breast milk. Tolerating well. Passed urine. Bowels opened. Sugars consistently..."

I think that's "greater than 13".

JOHNSON: About 13.

HOCKNELL: About 13:

"Medication: cefotaxime, caffeine, nystatin. Not examined at present as having cuddles with mum. Note pharmacist's comment re teicoplanin. Not added as only screened for O2 requirements. Clinically well. P [for plan]: examine later. Increase feeds to 2ml 2-hourly if abdo/aspirates okay. Cranial ultrasound scan. Needs genetics sending Tuesday."

JOHNSON: Thank you. So that's tile 78. Do we then return to the normal pair that we see on the hour, every hour, of neonatal fluid balance charts and observations?

HOCKNELL: Yes, at midday.

JOHNSON: At 13.00 hours, do we have the nystatin prescription?

HOCKNELL: Yes.

JOHNSON: Followed by the pair being the neonatal fluid balance chart and the observations?

HOCKNELL: Yes, that's correct.

JOHNSON: Repeated again at 2 pm at tiles 84 and 85?

HOCKNELL: That's correct, yes.

JOHNSON: Do we come next to some clinical notes made by Dr Emily Thomas at 14.10 on 3 August?

HOCKNELL: Yes.

JOHNSON: If we just go behind that to give us an idea. This relates to an examination of [Baby E], that he was having skin-to-skin; is that right?

HOCKNELL: Yes. When Alison Ventress came to do the examination at 11.45 she was unable to do the examination because mum was having skin-to-skin so this is a follow-up.

JOHNSON: Yes. Talk us through that.

HOCKNELL: "Examination of [Baby E] as having skin-to-skin on ward round. Good tone plus movements. Handling appropriately throughout the day. Plan: normal abdo exam. Can go up on feeds. Pharmacist note seen, thank you. Due 24 hours CRP now if raised to add in teicoplanin. Heart rate and respiratory rate stable. Sats 95% now in 25% oxygen."

JOHNSON: Thank you. If we can return to the carousel, thank you.

Do we then have the prescriptions for cefotaxime, sodium chloride and sucrose?

HOCKNELL: Yes.

JOHNSON: Followed by a blood gas record completed by [Nurse B] at 14.38?

HOCKNELL: Yes, that's correct.

JOHNSON: That's then followed by Dr Thomas', the senior house officer's, notes made at 14.50; is that right?

HOCKNELL: Yes.

JOHNSON: Does this relate to [Baby E] being started on a very low dose of insulin?

HOCKNELL: Yes:

"Start insulin. Started at 0.02ml/hour as previously very sensitive to even small doses. BM on gas 18.4. PU-ing 4.4ml/kg/hour."

Passing urine.

JOHNSON: Thank you. That's tile 91.

Tile 92 and 93 is the usual charts that we see on the hour, every hour?

HOCKNELL: Yes.

JOHNSON: Followed at tile 94 by the prescription for insulin, which is separately recorded from the medical notes; is that right?

HOCKNELL: That's correct, yes.

JOHNSON: This is, as with all prescriptions that we've seen, a computerised record?

HOCKNELL: Yes.

JOHNSON: Prescribed by Dr Thomas?

HOCKNELL: Actually, I think this is a manual record.

JOHNSON: A manual record, I beg your pardon. Let's deal with it.

Usually they are computerised, aren't they? Can we go to the original, please?

So this is 15.14?

HOCKNELL: It's 15.00. It's the one in the fifth column.

JOHNSON: Sorry, I beg your pardon, I'm reading a different one.

Yes. Thank you, Mr Murphy.

So date, time. We see the time finished as well underneath?

HOCKNELL: Yes.

JOHNSON: 01.40 on 4 August.

HOCKNELL: Yes.

JOHNSON: Which of course was after [Baby E] had died, I think.

HOCKNELL: Yes.

JOHNSON: We see the rate, the overall dose, the signature of the prescribing doctor?

HOCKNELL: Yes.

JOHNSON: And then underneath, the nurse's signature?

HOCKNELL: Yes.

JOHNSON: Thank you very much.

We then have a further record of some blood being collected for pathology.

HOCKNELL: Yes, at 15.14.

JOHNSON: And at 15.30, do we have the neonatal fluid balance chart record?

HOCKNELL: Yes.

JOHNSON: Completed by [Nurse B]?

HOCKNELL: Yes, that's correct.

JOHNSON: And then some nursing notes relevant to the same time, but written up at a later stage?

HOCKNELL: Yes.

JOHNSON: So let's just deal with those to keep an eye on [Baby E]'s progress. Take us through that, please.

HOCKNELL: "Blood sugar 18.5mmols. SHO Thomas informed and insulin recommenced at 15.30 at rate of 0.02 units/kg/hour."

JOHNSON: Thank you. Then have we got another prescription for insulin?

HOCKNELL: It's the electronic version.

JOHNSON: It's the electronic version of the handwritten thing that we've just looked at. Okay. Just to remind us of the difference, if we can just look at that, please.

We can see the type of insulin recorded as Actrapid; is that right?

HOCKNELL: Yes.

JOHNSON: We can then when it was first prescribed on 31/5 at midday?

HOCKNELL: 31/7.

JOHNSON: Sorry, 31/7, yes. Underneath, if we can scroll down, please, so telling the nursing staff to acknowledge four times a day that the prescription chart is still in use.

HOCKNELL: Yes, that's correct.

JOHNSON: And we can see Lucy Letby's details appearing at a co-signer later that day at 22.00 hours?

HOCKNELL: Yes, that's correct.

JOHNSON: And earlier that day at midday, it is recorded as not infusing because it had been discontinued?

HOCKNELL: Yes.

JOHNSON: Just to remind the jury, "[Nurse B]" is who?

HOCKNELL: It is [Nurse B].

JOHNSON: Otherwise known as [Nurse B], just in case anyone has forgotten that minor detail. Thank you. If we can return, please. We move on to 4 pm, where we see the neonatal fluid balance chart and the standard observations being taken on the hour or recorded on the hour?

HOCKNELL: Yes.

JOHNSON: Tiles 101 and 102 are the same sets of observations recorded at 5 pm?

HOCKNELL: Yes.

JOHNSON: Then tile 103 is a nursing note relating to dealings with [Parents of Babies E & F], as recorded by [Nurse B].

HOCKNELL: Yes.

JOHNSON: If we can just go to those, please.

HOCKNELL: "Dad has visited. Fully updated. Mum expressing regularly and getting good volumes."

JOHNSON: Thank you. Then at 17.24, do we have [Nurse B]'s further notes made on the nursing record?

HOCKNELL: Yes.

JOHNSON: Deal with that, please.

HOCKNELL: "Repeat CRP less than 1. IVABs given as prescribed. For review at 36 hours of treatment. Blood cultures currently negative. Remained self-ventilating in air. Capillary blood gas satisfactory."

And I've just referred to the 15.30 entry there:

"Checked 1 hour later and 13.5mmols. To be rechecked after 1 hour. Feeds increased to 2ml/2-hourly following review on ward round. PKU taken with parental consent."

JOHNSON: Thank you.

And do we then see a sucrose medication recorded at 5.30?

HOCKNELL: Yes.

JOHNSON: And the standard observations taken at 6 pm?

HOCKNELL: Yes.

JOHNSON: And 6.20?

HOCKNELL: Yes.

JOHNSON: Tile 108. Do we see a record of nystatin? Then at 109, oxygen at 18.54?

HOCKNELL: Yes.

JOHNSON: And do we see then at tiles 110 and 111, standard records being made on the hour?

HOCKNELL: Yes, that's correct.

JOHNSON: And then just to finish the night shift off, if we may, before we get to the critical time, do you see a final record made at 19.30 hours --

MR JUSTICE GOSS: You mean day shift. Finish the day shift off.

MR JOHNSON: Sorry, did I say night shift?

MR JUSTICE GOSS: Yes.

MR JOHNSON: Before we finish the day shift off, at 19.30 do we see [Nurse B] recording in the fluid balance chart again?

HOCKNELL: Yes, that's correct.

JOHNSON: And also at 19.30 do we see Dr Emily Thomas' clinical notes at tile 113?

HOCKNELL: Yes.

JOHNSON: Can we go to those, please. A lot of it is medical shorthand. But do we see the CRP level for [Baby E] was less than 1?

HOCKNELL: Yes.

JOHNSON: He was screened for an increasing oxygen requirement?

HOCKNELL: Yes.

JOHNSON: Now improving and on 23% oxygen?

HOCKNELL: Yes.

JOHNSON: "Repeat BM..."

Do you know what BM is?

HOCKNELL: Blood measure.

JOHNSON: "...Blood measure in 4 hours."

HOCKNELL: Yes.

JOHNSON: Gas with this for sodium. Na is the chemical symbol for sodium, is that?

HOCKNELL: Yes.

JOHNSON: "Likely to stop antibiotics for 36 hours as improving..."

HOCKNELL: Yes.

JOHNSON: What does that mean, the N with a --

HOCKNELL: I'm not sure.

JOHNSON: We'll ask a doctor:

"... plus stable CRP. Blood count negative to date. For venous bloods with weekly bloods for genetics."

Then a series of observations which we will -- I will ask a doctor to deal with.

HOCKNELL: Yes.

MR JOHNSON: My Lord, that may be a convenient point.

MR JUSTICE GOSS: Certainly. We'll break off then until 2.05, please. Thank you very much.

(1.01 pm)

(The short adjournment)

(2.05 pm)

MR JUSTICE GOSS: Yes, Mr Johnson.

MR JOHNSON: Thank you, my Lord.

I believe we had got to slide 114, which is the shift handover sheet. If we could click on that first of all, please. There we see the identification of the consultants who were responsible that week and that shift. The registrar is Dr Harkness and the night SHO, Dr Christopher Wood.

The nursing staff on duty that night were Caroline Oakley, as the shift leader, Lucy Letby and Belinda Simcock, and the two nursery nurses, Lisa Walker and Valerie Thomas.

If we go to the next slide, please, and if we scroll down, we see in effect, as [Mother of Babies E & F] remembered, her sons were the sole occupants of room number 1. Their designated nurse -- both of their nurses were -- was Lucy Letby.

Nursery 2, two children, MRE and EJ, whose designated nurse was Caroline Oakley. JE, Lisa Walker.

In nursery 3 a single child, CE, whose nurse was Belinda Simcock. And then finally in nursery 4, four children, divided between Valerie Thomas and Lisa Walker. There's also a child under TCU. Can you remind us what that means, please?

HOCKNELL: I think it's transitional care unit.

JOHNSON: Yes. Thank you. That's Valerie Thomas as well.

I think as a matter of fact, and we can deal with this in due course, so far as [Baby F] was concerned, is it right that from about 1 o'clock onwards, Belinda Simcock was responsible for [Baby F] until about 4.30 that morning?

HOCKNELL: That's correct, yes.

JOHNSON: So we can make that correction or that addition.

Thank you.

Can we move on, please? Can you talk us through the next sheet, please, which is the Lucy Letby sheet?

HOCKNELL: "Care given from 20.00. Emergency equipment checked. Fluids calculated. [Baby E] nursed in an incubator with humidity. IV fluids, Babiven and lipid via long line. 0.02ml/kg/hour of insulin via long line."

JOHNSON: Then after that, this is a note written by Lucy Letby after the death of [Baby E].

HOCKNELL: Yes, it's in a separate note:

"Mummy was present at start of shift attending to cares."

JOHNSON: 118 next, please, and 119. Do we have Lucy Letby making the records that we see every hour, essentially, throughout this sequence?

HOCKNELL: Yes.

JOHNSON: Then at tile 120, do we have another retrospective note made after [Baby E]'s death by Lucy Letby?

HOCKNELL: Yes.

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

HOCKNELL: "Prior to 21.00 feed, 16ml mucky slightly bile-stained aspirate obtained and discarded. Abdomen soft and non-distended. SHO informed. To omit feed."

JOHNSON: Also at 21.00 hours, has Lucy Letby made a record on the neonatal fluid balance chart?

HOCKNELL: Yes.

JOHNSON: Could we look at that, please? Can we go to the original? Thank you.

So towards the right-hand edge of the chart; is that right?

HOCKNELL: Yes, under the column 21.00.

JOHNSON: Yes. Can we highlight that and make it larger so we can read the writing underneath as well, please? Thank you.

Just starting at the very bottom, we can see Lucy Letby's initials; is that right?

HOCKNELL: Yes.

JOHNSON: As with the entry three-quarters of an hour earlier at 20.15?

HOCKNELL: Yes.

JOHNSON: So we see -- at the top of the line, we see the amount of fluids on a continuing and cumulative basis during the day; is that right?

HOCKNELL: Yes, 156.1.

JOHNSON: Yes. But then the part that's been highlighted by Mr Murphy, where it says "omitted", that's in a line that is recording the two-hourly 2ml feeds of milk.

HOCKNELL: Yes, that's correct.

JOHNSON: So we can see from that that [Baby E] was due a feed at 9 pm?

HOCKNELL: Yes.

JOHNSON: We can also see below that the word "discarded".

HOCKNELL: Yes.

JOHNSON: And "16 ml 'mucky'". And then to the right of that: "15ml fresh blood."

HOCKNELL: Yes.

JOHNSON: If we look from the top, that's in the 10 pm column.

HOCKNELL: Yes.

JOHNSON: If we could just remove that expanded bit so we can see where that appears going across to the left. "Omitted"

is in the feeds line.

HOCKNELL: Yes.

JOHNSON: "Discarded" is in a non-specific line?

HOCKNELL: Yes.

JOHNSON: "16 ml 'mucky'" is in the aspirates line, as at least is part of the 15ml fresh blood entry?

HOCKNELL: Yes.

JOHNSON: Thank you. On the next event we have inserted the telephone call made by [Mother of Babies E & F] at 21.11 to her husband.

HOCKNELL: Yes.

JOHNSON: Just so that the jury can be reminded, behind there I think we have the billing --

HOCKNELL: Yes.

JOHNSON: -- which is what was shown to [Mother of Babies E & F] this morning, so if anyone wants to relocate that. Right, that's an unredacted version, so we'll substitute -- yes. Just put the edited version in there in due course.

Thereafter, at 21.15, do we have observations taken by Lucy Letby?

HOCKNELL: Yes.

JOHNSON: If we can just look at those, please, and at the original. This is a chart that starts at 18.00 hours on the 3rd. At 21.15 we can see the heart rate is 140, as it was at 20.15.

HOCKNELL: Around that, yes.

JOHNSON: Or that's what's recorded. The respirations are recorded at a very similar level to those recorded at 20.15?

HOCKNELL: Yes.

JOHNSON: And scrolling down, the temperature is at a very similar level to that recorded at 20.15?

HOCKNELL: Yes.

JOHNSON: Underneath that, we have the cot temperature or the incubator temperature?

HOCKNELL: Yes.

JOHNSON: The humidity of the incubator?

HOCKNELL: Yes.

JOHNSON: The oxygen saturation level?

HOCKNELL: Yes.

JOHNSON: We have cares recorded as well; is that right?

HOCKNELL: Yes.

JOHNSON: Just looking at the cares, we can see that they appear in a column with [Nurse B]'s initials at the bottom. The time of that entry is? Could we scroll up to the top? 19.00 hours.

HOCKNELL: Yes.

JOHNSON: If we scroll down again, please. Up to the right, near the bottom, we have what appear to be -- under Lucy Letby's initials, what appear to be blood pressure readings; is that right?

HOCKNELL: Could be, yes.

JOHNSON: Thank you very much. Go back to the carousel, please. The next entry is written by the registrar, Dr Harkness.

HOCKNELL: Yes.

JOHNSON: Written at 22.10 hours.

HOCKNELL: Yes.

JOHNSON: If we could go to those records, please. Timed at 22.10:

"ATSP re gastric [or something like that] bleed."

HOCKNELL: "[Asked to see patient] re gastric bleed."

JOHNSON: "Large, very slightly bile-stained aspirate 30 mins ago."

HOCKNELL: Yes.

JOHNSON: "Sudden large vomit of fresh blood plus 14ml aspirate."

Then the background deals with the circumstances of [Baby E]'s birth --

HOCKNELL: Yes.

JOHNSON: -- and the fact that he's been screened, he's opening his bowels, his blood pressure, the capillary refill time, and his sats.

HOCKNELL: Yes.

JOHNSON: Thank you. Going back to the carousel, please. At 10 pm, we have another fluid balance chart, this one completed by Belinda Simcock; is that right?

HOCKNELL: Yes.

JOHNSON: Then some more nursing notes written by Lucy Letby for events that she records as having happened at 10 pm.

HOCKNELL: Yes.

JOHNSON: Could we go --

HOCKNELL: Written in retrospect:

"At 22.00 large vomit of flesh blood. 14ml fresh blood aspirate obtained from NG tube. Registrar Harkness attended. Blood gas satisfactory. Blood sugar 10.7mmol. Metronidazole and IV ranitidine commenced and given. 10ml/kg 0.9 sodium chloride bolus given. Mean BP and observations stable. [Baby E] handling well and active."

JOHNSON: Thank you. Then some more nursing notes written retrospectively but 20 minutes after the previous set of notes --

HOCKNELL: Yes.

JOHNSON: -- by Lucy Letby?

HOCKNELL: "Mum visited again approx 22.00. Aware that we had obtained blood from his NG tube and were starting some different medications to treat this. She was updated by Registrar Harkness and contained [Baby E]. Informed her that we would contact her if any changes."

JOHNSON: Thank you. At 22.10 we then have some more notes written by Dr Harkness.

HOCKNELL: Yes, it's a continuation of the same note, yes.

JOHNSON: If we go to those, please. At the previous page we've got what we saw before, in other words his notes made at this time but relating to events half an hour earlier?

HOCKNELL: Yes.

JOHNSON: "Attended to see patient re gastric bleed."

That note.

HOCKNELL: Yes.

JOHNSON: And then what do we see here, please?

HOCKNELL: "On examination, alert, pink, well perfused. CRT less than 2."

Then there's the diagram there:

"Abdo soft, not distended. Bowel sounds +. AF normotensive. Femorals ++."

Then there's -- the change is:

"GI bleed. [Query] cause. Plan: IV ranitidine. At metronidazole (as at risk of NEC). Close observation. Repeat full blood count."

And I can't quite work out...

JOHNSON: "Morning." I think it is "mane", I think that's a medical term for morning.

HOCKNELL: "Discussion with [Dr C]. Happy with plan."

JOHNSON: And then at 23.00 hours there's a further note, isn't there, but we need to deal with some intermediary -- some other readings which come between those?

So at 22.15, do we have the standard observations?

HOCKNELL: Yes.

JOHNSON: Blood gas record at 22.21?

HOCKNELL: Yes.

JOHNSON: Record of the ranitidine having been given to [Baby E] at 22.27?

HOCKNELL: That's correct.

JOHNSON: An update on the computer relating to medication?

HOCKNELL: Yes.

JOHNSON: And the sodium chloride medication?

HOCKNELL: Yes.

JOHNSON: Together with oxygen at 22.38?

HOCKNELL: Yes.

JOHNSON: And insulin at 22.38?

HOCKNELL: Yes.

JOHNSON: And metronidazole also at the same time?

HOCKNELL: Yes.

JOHNSON: We then have at 22.52 the second and longer call from [Mother of Babies E & F]'s phone to [Father of Babies E & F]?

HOCKNELL: That's correct, yes.

JOHNSON: At 23.00 hours, we have the neonatal fluid balance chart?

HOCKNELL: Yes.

JOHNSON: If we could just go to that, please. I think that has been put in because there is a blank column at that time; is that right?

HOCKNELL: Yes, that's correct.

JOHNSON: So if we return, please. We then have more retrospective notes made by Lucy Letby at 04.31 concerning things that she records as happening at 23.00 hours?

HOCKNELL: That's correct, yes.

JOHNSON: Deal with those, please.

HOCKNELL: "NG tube on free drainage. Further 13ml blood obtained by 23.00. Beginning to desaturate and perfusion poor. Oxygen given via Neopuff (initially in 24% incubator oxygen). Toes becoming white and [Baby E] cool to touch. Registrar Harkness present throughout. [Baby E] began to decline."

JOHNSON: So returning and then going to Dr Harkness' notes at the same time, please, we come to the bit I was about to read out before.

HOCKNELL: "Further GI blood loss plus desaturation to 70%. 13ml bloodstained fluid from NGT on free drainage. Making good respiratory effort. Crying."

I can't...

"BP stable. Mean BP 43. Heart rate 140/160. Saturations remained 60 to 70% in 100% oxygen. Making good respiratory effort. Crying. Plan: replace losses (20ml/kg 0.9% saline). Strict fluid

balance. For elective intubation with drugs. Chest X-ray plus abdominal X-ray. Discussion with surgeons with X-rays. [Dr C] updated. Happy with plan."

JOHNSON: Thank you. So that's 11 pm. Thereafter, do we see the medication that was recorded by Dr Harkness recorded on the requisite chart --

HOCKNELL: Yes.

JOHNSON: -- or paperwork? At 23.30, do we have further observations taken of [Baby E]?

HOCKNELL: Yes.

JOHNSON: Can we look at these, please? Can we look at the original? So this is 23.30, so certainly the heart rate -- in fact there doesn't appear to be anything in that column.

HOCKNELL: No.

JOHNSON: The respirations are recorded by that X in a circle?

HOCKNELL: Yes.

JOHNSON: Which we may hear relates to a child who is being ventilated. And as to whether or not there's anything in the temperature column, it may be for others to decide, but there's certainly a blank underneath that in the cot temperature, humidity, sats and everything apart from the blood pressure, and there are no initials in the bottom line.

HOCKNELL: That's correct, yes.

JOHNSON: Thank you.

143, 144, 145 and 146 are all the drugs or other substances that were being given to [Baby E]; is that right?

HOCKNELL: Yes, being updated on the computer.

JOHNSON: So sodium chloride, oxygen, insulin, metronidazole. Do we then have what's recorded in the timeline at 147 as "[Baby E] event"?

HOCKNELL: Yes.

JOHNSON: And if we move on to 148, we'll see what Lucy Letby recorded about this, please. Go to the original if it's legible, please.

This is all at about 23.40 and we can see, five or six lines down, it says:

"[Baby E] began to decline..."

Sorry, you read it.

HOCKNELL: "23.40. Became bradycardic. Purple band of discolouration over abdomen. Perfusion poor. CRT 3 seconds."

JOHNSON: Then it records the treatment that was given; is that right?

HOCKNELL: Yes.

JOHNSON: We can close that down, please.

We come next to Dr Harkness' clinical notes. These are at 23.40. We can see these are notes that Dr Harkness made at 01.45.

HOCKNELL: Yes.

JOHNSON: "Sudden deterioration at 23.40. Bradycardia, 80 to 90 beats per minute. Sats 60%. Poor perfusion. Colour change over abdomen. Purple discoloured patches."

HOCKNELL: Yes.

JOHNSON: Then:

"Intubated as an emergency at 23.45. Anterior cords. Unable to pass size 3 ET tube. Size 2.5 tube passed with second attempt to 7 centimetres at lips. Good air entry and chest movement. Colour change seen on capnograph. Put on ventilator."

And then he records the pressures on the ventilator.

HOCKNELL: Yes.

JOHNSON: Thereafter, [Baby E]'s sats, the fact he was given morphine, an improvement in his sats to 80%?

HOCKNELL: Yes.

JOHNSON: The purple discolouration of abdomen remained. Blood pressure is recorded. And then the plan, which we'll get him to deal with in due course.

HOCKNELL: Yes.

JOHNSON: Thank you very much.

I think the next tile deals with the same -- just a continuation of that information, doesn't it --

HOCKNELL: Yes.

JOHNSON: -- that we've just dealt with? Do we then have a record of the morphine, which was recorded by Dr Harkness in those notes, also recorded by Dr Christopher Wood?

HOCKNELL: Yes.

JOHNSON: We can see that he was a GP stage 2, so a junior junior doctor.

HOCKNELL: Yes.

JOHNSON: And then some more nursing notes written by Lucy Letby, again retrospectively, at 04.31, at tile 152. Can we deal with that, please?

HOCKNELL: "Emergency intubation successful and placed on ventilator (see medical notes). Required 100% oxygen. Saturations 80%. SIMV 22/5. Rate 60. Further saline bolus and morphine bolus given. Second peripheral line sited and used to administer drugs."

JOHNSON: Thank you. Then the next slide, if we can go to -- this is recorded 20 minutes later:

"Once [Baby E] began to deteriorate, midwifery staff were contacted."

HOCKNELL: Yes.

JOHNSON: As we see, that is recorded -- well, there isn't a time on it, but that's recorded in a note made at about 04.50 the following morning?

HOCKNELL: Yes.

JOHNSON: Thank you. Back to events, please. Do we then have the neonatal fluid balance chart?

HOCKNELL: Yes.

JOHNSON: Is that at about midnight, that record?

HOCKNELL: Yes.

JOHNSON: I think the time is -- there's no time on the record, but it has been put in there. Let's just see why that is. It's under 24 hours, isn't it?

HOCKNELL: Yes.

JOHNSON: So that may just be an omission from the tile itself.

HOCKNELL: Yes.

JOHNSON: So that is midnight. If we make a note of that and just correct it to midnight -- sorry, it is on the neonatal fluid balance chart, it's just not on the tile.

If we go back, please. Then the prescription for neonatal total parenteral nutrition appears, with no time on the record again.

Again, if we look at that. So this is simply the fact that it's the same bag, is it?

HOCKNELL: Yes, it just records "48-hour same bag".

JOHNSON: So we can see Lucy Letby's signature under that; is that right?

HOCKNELL: Yes.

JOHNSON: We then have further observations taken at 00.15 in the early hours of 4 August?

HOCKNELL: Yes.

JOHNSON: Can you look at that chart, please? It's recorded in the top line as 24.15; is that right?

HOCKNELL: Yes.

JOHNSON: We can see [Baby E]'s heart rate down from where it had been earlier. The respirations on the ventilator the same as previously. Then, scrolling down, the humidity of the cot, the temperature of the cot, [Baby E]'s saturations, the fact he's on 100% oxygen, and his blood pressure all recorded above Lucy Letby's initials.

HOCKNELL: Yes.

JOHNSON: Thank you.

We see blood collected at 00.16.

HOCKNELL: Yes.

JOHNSON: Further notes written by Dr Harkness at 01.45.

HOCKNELL: Yes.

JOHNSON: Which is what we saw before, isn't it?

HOCKNELL: It's regarding the plan, yes.

JOHNSON: Yes. And the next tile is 159. Same thing. Notes we've seen before, but written at, this time, 01.45?

HOCKNELL: Yes.

JOHNSON: Do we have [Dr C]'s notes written at 00.25?

HOCKNELL: Yes, relating to her arrival.

JOHNSON: Sorry. Arriving at 00.25, written in retrospect a short time later.

HOCKNELL: Yes.

JOHNSON: And they -- I don't think we need to go to them now because we'll hear from [Dr C] in due course, but they record [Baby E]'s heart rate and his blood pressure and saturations in effect.

HOCKNELL: Yes.

JOHNSON: Thank you.

Do we then have the X-ray report written by Dr Boothroyd?

HOCKNELL: Yes.

JOHNSON: That relates to the chest and abdominal X-rays taken earlier?

HOCKNELL: At this time.

JOHNSON: Yes. Thank you.

Next, do we have a further deterioration of [Baby E]?

HOCKNELL: Yes.

JOHNSON: And these are -- this event is written up in various sources. First of all, Lucy Letby. So if we can just deal with that, please.

HOCKNELL: "At 00.36 acute deterioration. Resus commenced as documented."

JOHNSON: Thank you.

Do we have the consultant, [Dr C]'s notes?

HOCKNELL: Yes, she also states that CPR commenced at 00.36 hours.

JOHNSON: Thank you. Followed by Dr Wood's notes, relating to this?

HOCKNELL: Yes. He notes it in his scribe at 00.37 hours.

JOHNSON: Followed by the record, the computerised record, of various -- well, of sodium chloride being given to [Baby E]?

HOCKNELL: Yes. 00.39 hours.

JOHNSON: Signed and countersigned by Belinda Simcock and Caroline Oakley?

HOCKNELL: Yes.

JOHNSON: Then Dr Wood's further notes of listening to [Baby E]'s chest at 00.39?

HOCKNELL: Yes.

JOHNSON: Followed by adrenaline being given to [Baby E] at 00.39?

HOCKNELL: Yes.

JOHNSON: Noted by Dr Wood at the same time at tile 168?

HOCKNELL: Yes.

JOHNSON: Followed, 3 minutes later, by sodium bicarbonate being given to [Baby E]?

HOCKNELL: Yes.

JOHNSON: Again, counter-noted by Dr Wood?

HOCKNELL: Yes.

JOHNSON: At 00.43, a further dose of adrenaline?

HOCKNELL: Yes.

JOHNSON: Again, written up in the medical notes by Dr Wood?

HOCKNELL: Yes.

JOHNSON: Further dose of adrenaline given to [Baby E] at 00.47, again noted in the medical notes by Dr Wood?

HOCKNELL: That's correct, yes.

JOHNSON: 00.50, Dr Wood's record of weak heart sounds from [Baby E]?

HOCKNELL: Yes.

JOHNSON: Then at the same time, the record of a blood transfusion being started --

HOCKNELL: Yes.

JOHNSON: -- for [Baby E]? And yet a further dose of adrenaline at 00.55?

HOCKNELL: Yes.

JOHNSON: That fourth dose of adrenaline is also noted in the medical notes by Dr Wood?

HOCKNELL: Yes.

JOHNSON: It's followed by some more sodium bicarbonate --

HOCKNELL: Yes.

JOHNSON: -- which is also noted by Dr Wood at 00.56?

HOCKNELL: That's correct.

JOHNSON: Followed by 10% dextrose given to [Baby E] at 00.57?

HOCKNELL: Yes.

JOHNSON: Which again is noted, again by Dr Wood, in the medical notes.

HOCKNELL: Yes.

JOHNSON: At 01.00, we have the neonatal fluid balance chart at 01.00 hours.

HOCKNELL: Yes.

JOHNSON: No name recorded on that document?

HOCKNELL: No.

JOHNSON: The adrenaline continued at 01.00. That's the fifth dose in the prescription record and in Dr Wood's medical notes?

HOCKNELL: Yes.

JOHNSON: A minute later, Dr Wood listening, no doubt, for heart sounds from [Baby E] at 01.01?

HOCKNELL: Yes.

JOHNSON: We then come to Lucy Letby's notes, written retrospectively at 04.31?

HOCKNELL: Yes.

JOHNSON: Can we look at that, please?

HOCKNELL: "Chest compressions no longer required."

JOHNSON: Thank you. Then back, please. Do we have a blood gas record at 01.05?

HOCKNELL: Yes.

JOHNSON: Followed by bloods being received by the pathology lab?

HOCKNELL: Yes, at 01.07.

JOHNSON: Dr Wood listening again for sounds from [Baby E]'s heart at 01.09?

HOCKNELL: Yes.

JOHNSON: An arterial blood gas taken at 01.10?

HOCKNELL: Yes.

JOHNSON: Or query, arterial gas. Followed by yet another auscultation by Dr Wood?

HOCKNELL: In his scribe notes, yes.

JOHNSON: Then a further note written by Lucy Letby retrospectively concerning events at 01.15?

HOCKNELL: Yes.

JOHNSON: Can we go to that, please?

HOCKNELL: "Further decline. Resus recommenced."

JOHNSON: Thank you. At the same time, Dr Wood records:

"Heart rate falling, CPR recommenced."

HOCKNELL: Yes.

JOHNSON: Then at 01.23, Lucy Letby's notes, please, if we could go to those.

HOCKNELL: "Resus discontinued when [Baby E] was given to parents. [Baby E] was actively bleeding ++ from mouth and nose throughout the resus. 6ml blood was obtained from NG tube."

JOHNSON: Thank you.

Moving on to tile 196, please:

"CPR stopped, baby cleaned."

Is that Dr Wood's record?

HOCKNELL: Yes.

JOHNSON: And [Dr C], the consultant, in the next tile, says:

"Transferred to mum and dad for cuddles."

HOCKNELL: Yes.

JOHNSON: And a similar note of Dr Wood at 01.24:

"Ventilations stopped."

HOCKNELL: Yes.

JOHNSON: Do we come next to [Dr C]'s more comprehensive note at 01.30?

HOCKNELL: Yes.

JOHNSON: If we can just go to those, please. Has she written there:

"GI haemorrhage."

HOCKNELL: Yes.

JOHNSON: "[Gastrointestinal] haemorrhage. Discoloured abdomen. IMV for desats and bradys..."

HOCKNELL: Yes.

JOHNSON: "... on my arrival, approximately 00.25. She then gives [Baby E]'s oxygen saturations in 100% oxygen.

HOCKNELL: Yes.

JOHNSON: And records various other findings that she made?

HOCKNELL: Yes.

JOHNSON: Just go back one, please, because I think there's a correction there. I think it should say "GI haemorrhage", not G1?

HOCKNELL: Yes.

JOHNSON: Thank you. Can we move on to tile 200, please. Do we then have more notes from Dr Wood, which -- we won't go to them now, but do they record the people present at the time of the resuscitation?

HOCKNELL: Yes.

JOHNSON: Thank you. Then [Dr C]'s notes in effect certifying [Baby E]'s death at 01.40?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. That's the time [Baby E]'s death was recorded.

As we see in the next tile, that is also information that was noted by Lucy Letby in the nursing notes at tile 203; is that correct?

HOCKNELL: Yes.

JOHNSON: Thank you. We then have more notes from Dr Harkness and [Dr C], which they can deal with when they give evidence.

HOCKNELL: That's all included in the timelines.

JOHNSON: Yes, thank you. That's the time they make the notes that we've already referred to at the correct moment of the chronology?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. More notes made by Lucy Letby, which I think, so far as tile 206 is concerned, all those notes have been included at the appropriate time during the sequence?

HOCKNELL: That's correct, yes.

JOHNSON: But there is some additional information, I think, in tile 207, isn't there, which relates to Lucy Letby's communication with [Parents of Babies E & F]; is that right?

HOCKNELL: Yes.

JOHNSON: Could you read us through that, please?

HOCKNELL: "Both parents present during the resus. Fully updated by nursing and medical team throughout. Parents wished for [Baby E] to be baptised. Chaplain attended and carried out baptism and supported parents. Mum and dad held [Baby E]'s hand and spoke to him during resus efforts. Parents held [Baby E] as he passed away. All lines and ET tube removed.

"Extended family contacted and they have visited [Baby E]. [Baby E] was bathed by myself and photographs taken as requested by parents. Both were present during this. Consent obtained for lock of hair and hand and footprints. Did not wish to hold [Baby F] and [Baby E] together or have hand/footprints of [Baby F]. [Baby E] dressed and placed in incubator on cool mattress as wanted by parents. Both distraught. Support and time alone cuddling [Baby E] next to [Baby F] given. Parents are currently in family room with family members."

JOHNSON: Thank you.

Do we then have between tiles 208 and 216 the formal computerised record of the things that were being given to [Baby E] during the resuscitation?

HOCKNELL: That's correct, yes.

JOHNSON: That's all in effect duplicated information, but this is the time it was actually recorded?

HOCKNELL: Yes.

JOHNSON: Thank you.

At tile 217, please, do we have a further note made by Lucy Letby at 05.37?

HOCKNELL: Yes.

JOHNSON: Can you deal with that, please?

HOCKNELL: "Amendment. Insulin was running at 0.02 units/kg/hour. Morphine bolus was not administered as previously documented."

JOHNSON: Thank you.

We then have the Datix report.

HOCKNELL: Yes.

JOHNSON: Again, can we deal with that? So this was a report made by Lucy Letby; is that right?

HOCKNELL: Yes.

JOHNSON: Can we go to the document, please? We have seen one of these before, I think. We have the date of the report being 4 August, the time is 05.53 in the morning.

HOCKNELL: Yes.

JOHNSON: And thereafter, we can see where it happened: on the neonatal unit. We see it's called a clinical incident:

"Did this incident occurs as a direct result of staffing levels? No."

Thereafter, we see under the details section at 01.40 hours, it's recorded:

"Unexpected death following a gastrointestinal bleed. Full resus unsuccessful. Time of death 01.40 on 4/8/15."

HOCKNELL: Yes.

JOHNSON: And there follows further information later in that form, doesn't there?

HOCKNELL: Yes.

JOHNSON: All right. I don't think we need to go to that now.

We can go back, please.

Do we come next to the shift handover later that morning when [Baby E] in effect was handed over to Shelley Tomlins?

HOCKNELL: That's correct, yes.

JOHNSON: And then tile 220, please. Do we have a checklist for staff following neonatal death?

HOCKNELL: Yes.

JOHNSON: If we can go to that, please. If we go to the document itself. I think there have been one or two questions about this. This sets out in effect a pro forma list of issues that should be addressed in the eventuality of an unexpected death.

HOCKNELL: Yes.

JOHNSON: So we see it starts with religious support and the fact that [Baby E] was baptised. Then emotional support, the fact of photographs being taken, hand and footprints.

The parents given opportunity to bath baby. The baby dressed. And other information, some of which we've heard directly from [Mother of Babies E & F].

If we can return, please. We then have further notes made by Lucy Letby.

HOCKNELL: Yes.

JOHNSON: If we just look at that, please.

HOCKNELL: "Parents resident on unit overnight. Wish to be left alone."

JOHNSON: So that's a record made at 08.21. If we go to the timeline, we see that about 39 minutes later/37 minutes later, a WhatsApp message sent by [Nurse A] to Lucy Letby. Could you take us through these messages, please?

HOCKNELL: "You okay? Just heard about [Baby E]. Did you have him? Sending hugs."

Lucy Letby replies:

"News travels fast. Who told you?"

Further replies:

"Yeah, I had them both. Was horrible."

[Nurse A] replies:

"Alison told me just now. Had he been getting poorly or was it sudden? Poor you. You're having a shit time of it."

Lucy Letby replies:

"Gosh. Well she's only just walked in."

[Nurse A] replies:

"She'd been in handover. You still at work?"

She further replies:

"Knows I was in there with them Sunday cos she was in with me."

Lucy Letby replies:

"I'm at home. I know just mean she's quick to be on phone telling people. He had a massive GI bleed."

[Nurse A] replies:

"She'll have only told me because I know how hard she's finding certain things. Damn. He had always struggled a bit more feed-wise and was AEDF. I just really feel for his parents, but for you too. You've had some really tough times recently."

Lucy Letby replies:

"He was IUGR and REDF plus prem and [query] Downs, so guess he was very high risk. Was just awful because he was bleeding from everywhere during resus. Got him back but gas incompatible. Parents completely distraught. I feel numb."

Lucy Letby further replies:

"Glad you are on tonight. I had Belinda and Caroline O so was well supported."

JOHNSON: We then have nursing notes made by Shelley Tomlins.

HOCKNELL: "08.00 hours to present. Care of [Baby E] and family taken over for the long day. [Baby E] present in incubator next to brother, on cool mattress. Mum and dad currently in family accommodation having time alone. Have been through with S/N Letby and introduced myself to mum and dad."

JOHNSON: Thank you. We then go back to the WhatsApp communication between [Nurse A] and Lucy Letby.

HOCKNELL: [Nurse A] replies:

"Of course reverse not absent. I feel bad cos I should have been on. Glad you had good support though. Yes. I'm glad I'm in too. Understand the numb. Try and sleep xx"

Lucy Letby replies:

"Speak to you later x"

[Nurse A] replies with kisses.

JOHNSON: Is there then a record made by [Dr C] about a discussion she had with [Parents of Babies E & F]?

HOCKNELL: Yes.

JOHNSON: And her contact with the coroner's officer?

HOCKNELL: Yes.

JOHNSON: Do we then come to more notes made by Shelley Tomlins relating to [Baby E]'s transfer to the mortuary?

HOCKNELL: Yes.

JOHNSON: There's a further note, I think, made by Shelley Tomlins at tile 239. Is this her record of contact that she'd had with [Parents of Babies E & F]?

HOCKNELL: Yes.

JOHNSON: And the issue of a post-mortem?

HOCKNELL: Yes.

JOHNSON: Again, we'll leave her to deal with that, if we may.

At 02.40, is there a further record made by Shelley Tomlins about the fact that there was not going to be a post-mortem?

HOCKNELL: That's correct, yes.

JOHNSON: And arrangements that were being made for [Baby E]'s body?

HOCKNELL: Yes.

JOHNSON: The next tile, 241, does that concern the transfer of [Baby F] to Ormskirk Hospital?

HOCKNELL: The plan, yes.

JOHNSON: Thank you. Then do we come back to text messages involving Lucy Letby, starting with a conversation she was having with her mum?

HOCKNELL: Yes. Lucy Letby sends a message to Susan Letby:

"Will ring in a bit."

Susan Letby replies:

"Okay."

Then Jennifer Jones-Key at 19.55 hours sends a message to Lucy Letby:

"Hey, how's you?"

Lucy Letby replies:

"Not so good. We lost [Baby E] overnight."

Jennifer Jones-Key replies:

"That's sad. We're on a terrible run at moment. Were you in 1?"

Lucy Letby replies:

"I had him and [Baby F]."

Jennifer Jones-Key replies:

"That's not good. You need a break from it being on your shift."

Lucy Letby replies:

"It's luck of draw, isn't, it unfortunately? Only 3 trained so I ended up having both whereas just had [Baby F] the other shifts."

She further replies:

"[Nurse B] had them both yesterday and today."

Jennifer Jones-Key replies:

"You seem to be having some very bad luck though. That's quite heavy both."

Separately she replies:

"That might finish her off."

Lucy Letby replies to Jennifer Jones-Key:

"Not a lot I can do really. He had massive haemorrhage. Could have happened to any baby."

Lucy Letby replied:

"She wanted them."

Jennifer Jones-Key replies:

"No, you did everything you could. Oh yeah I know that and it can happen to any baby. Very scary I've seen one."

She further replies:

"I can imagine but not sure how she (sic) be later on."

And again:

"Hope your (sic) be okay. Chin up."

At 20.12, Lucy Letby replies:

"Wasn't nice. We didn't think [Nurse B] should have been involved as didn't need to be but she wanted to, so what can you do."

Lucy Letby further replies:

"I'm okay. Went to [Nurse E]'s for a chat earlier and on with nice people last night and tonight so well supported."

Jennifer Jones-Key replies:

"No, my baby did it in N3 once. Horrible. Nothing, it's her choice."

Follows that up with:

"That's good."

Lucy Letby replies:

"This was abdominal. I've only seen pulmonary before."

Jennifer Jones-Key replies:

"That's not good. It's horrible seeing it."

And further replies:

"Hope your night goes okay."

JOHNSON: Do we then have marked into the timeline an event concerning [Baby F]?

HOCKNELL: That's correct, yes.

JOHNSON: Just as a reminder, that relates to an allegation that he was being -- insulin had been put into his feed in effect?

HOCKNELL: Yes.

JOHNSON: This, of course, as we can see, because these are all blue bordered tiles, are whilst Lucy Letby is in work?

HOCKNELL: That's correct, yes.

JOHNSON: So the next slide, please. What does that tell us?

HOCKNELL: This is on 6 August 2015 at 00.03 hours. It's an incoming WhatsApp from [Nurse A]:

"Good. Glad you feel better. Maybe re endocrine. Maybe just prematurity."

MR JUSTICE GOSS: I think you said the 6th. It's the 5th in fact according to the tiles we have.

HOCKNELL: Sorry. I think it should be the 6th.

MR JUSTICE GOSS: It should be the 6th?

MR JOHNSON: It should.

MR JUSTICE GOSS: Another correction.

MR JOHNSON: Yes. I think this series of tiles that takes us from 266 to 273 is actually all the 6th, isn't it?

HOCKNELL: Yes.

MR JOHNSON: Yes. Just so that the jury understands, my Lord, there is sometimes a disparity between the final Excel version and what's happening on the screen and sometimes it just -- it's my fault, it's (inaudible: coughing) not picking it up, but we will correct it.

MR JUSTICE GOSS: It's all right. As long as it gets corrected.

MR JOHNSON: It will be.

MR JUSTICE GOSS: The next sequence of messages are all the 6th?

MR JOHNSON: They are, up to 273, yes.

So did Lucy Letby send a message to [Nurse A] asking, how are the parents?

HOCKNELL: Lucy Letby sent a message to [Nurse A]:

"How are parents?"

[Nurse A] replies:

"Okay. Tired. They've just gone to bed."

Lucy Letby replies:

"Glad they feel able to leave him."

[Nurse A] replies:

"Yes. They know we'll get them so good they trust us."

Lucy Letby replies:

"Yes."

She further replies:

"Hope you have a good night."

JOHNSON: Then the next tile, please, on Thursday 6th at 19.58, did Lucy Letby search for [Mother of Babies E & F] on Facebook?

HOCKNELL: Yes.

JOHNSON: Sunday, 9 August. Did the WhatsApp conversation between Lucy Letby and [Nurse A] resume?

HOCKNELL: Yes. At 22.17, Lucy Letby sends a message to [Nurse A]:

"I said goodbye to [Mother of Babies E & F] and [Father of Babies E & F] as [Baby F] might go tomorrow. They both cried and hugged me saying they will never be able to thank me for the love and care I gave to [Baby E] and for the precious memories I have given them. It's heartbreaking."

[Nurse A] replies:

"It is heartbreaking but you've done your job to the highest standard with compassion and professionalism. When we can't save a baby we can try to make sure that the loss of their child is the one regret the parents have. It sounds like that's exactly what you have done. You should feel very proud of yourself especially as you've done so well in such tough heartbreaking circumstances."

Lucy Letby replies:

"I just feel sad that they are thanking me when they have lost him and for something that any of us would have done. But it's really nice to know that I got it right for them. That's all I want."

[Nurse A] replies:

"It has been tough. You handled it all really well."

She further replies:

"They know everything possible was done and that no one gave up on [Baby E] till that was in his best interest. As a parent you want the best for your child and sometimes that isn't what you'd choose. Doesn't mean that [you're] not grateful to those that helped your child and you though."

Lucy Letby replies:

"Thank you."

JOHNSON: We then move on 8 days to Monday, 17 August.

HOCKNELL: [Nurse A] sends a message to Lucy Letby:

"I think so but I'll double-check and let you know. How's work?"

Lucy Letby replies:

"It's been awful but better today. Sent a couple to Women's poorly. [Baby F] went back last Thursday."

JOHNSON: Thank you. We then see on 23 August and 14 September, Lucy Letby searched Facebook for [Mother of Babies E & F]?

HOCKNELL: That's correct, yes.

JOHNSON: Do we then have a series of tiles showing that on 21 September there was an event relating to [Baby G]?

HOCKNELL: Yes.

JOHNSON: Five days later, an event concerning [Baby H]?

HOCKNELL: Yes.

JOHNSON: And the next day, on 27 September?

HOCKNELL: Yes.

JOHNSON: On 30 September, [Baby I]?

HOCKNELL: Yes.

JOHNSON: Followed, 6 days later, by a Facebook search by Lucy Letby for [Mother of Baby I]?

HOCKNELL: Yes, at 01.16 hours.

JOHNSON: A minute later, [Father of Babies E & F]?

HOCKNELL: Yes.

JOHNSON: And a minute later, [Mother of Baby H]?

HOCKNELL: Yes.

JOHNSON: Is [Mother of Baby I] the mother of [Baby I]?

HOCKNELL: Yes.

JOHNSON: And is [Mother of Baby H] the mother of [Baby H]?

HOCKNELL: That's correct, yes.

JOHNSON: Do we then see on the 13th, 14th, 23rd, and a second on 23 October, events and the death of [Baby I]?

HOCKNELL: That's correct, yes.

JOHNSON: Do we see on 5 November, again within a very short scope of time, consecutive searches for [Mother of Babies E & F]?

HOCKNELL: Yes.

JOHNSON: [Mother of Baby G]?

HOCKNELL: Yes.

JOHNSON: Is [Mother of Baby G] the mother of [Baby G]?

HOCKNELL: That's correct, yes.

JOHNSON: And [Mother of Baby I]?

HOCKNELL: That's correct.

JOHNSON: On 12 November 2015, was there an incoming message to Lucy Letby from [Nurse E]?

HOCKNELL: Yes:

"[Baby F] and [Baby E]'s parents brought a gorgeous huge hamper in today. Felt awful as couldn't remember who they were till opened the card. Was very nice to them though and [Baby F] looks fab."

Lucy Letby replies:

"Oh gosh, did they? Wish I could have seen them. That'll stay with me forever. Lovely family."

JOHNSON: Two days later, did Lucy Letby search for [Mother of Baby G] --

HOCKNELL: Yes.

JOHNSON: -- and then [Mother of Babies E & F] 3 minutes later?

HOCKNELL: That's correct, yes.

JOHNSON: On 27 November was there an event concerning [Baby J]?

HOCKNELL: That's correct.

JOHNSON: Then do we have searches on Facebook on 17 December, first for [Mother of Baby J] at 22.46?

HOCKNELL: That's correct.

JOHNSON: Was she the mother of [Baby J]?

HOCKNELL: That's correct.

JOHNSON: Two minutes later, a search for [Father of Baby J]; is he the father of [Baby J]?

HOCKNELL: That's correct.

JOHNSON: And about three-quarters of an hour later, a further search for [Mother of Babies E & F]?

HOCKNELL: That's correct.

JOHNSON: On Christmas Day, was Lucy Letby, at 23.26 in the evening, searching for [Mother of Babies E & F] on Facebook?

HOCKNELL: That's correct.

JOHNSON: Did she make a further search for [Mother of Babies E & F] at just before midnight on 4 January?

HOCKNELL: Yes.

JOHNSON: And the final search on this document on 10 January 2016 for [Mother of Babies E & F] at 23.03 hours?

HOCKNELL: That's correct, yes.

MR JOHNSON: Thank you. I believe there's a couple of questions for you. If you could wait there, please.

Cross-examination by MR MYERS

MR MYERS: Mrs Hocknell, just a general matter first, something we've touched on before and we'll have evidence of in due course. Could you just confirm, having looked at what we've looked at there from Facebook, that there are other Facebook searches for parents, not related to children on this indictment, that we find when we go through all the social media over this period?

HOCKNELL: Yes.

MYERS: They're not there yet but we'll come to that later.

We've seen across the sequence of events slides that show entries from notes entered by Lucy Letby and you have taken us to those.

HOCKNELL: Yes.

MYERS: And we see at multiple times entries relating to notes by Lucy Letby. And with you I just want to establish in fact that the nursing notes come from in fact a couple of entries made retrospectively; do you agree?

HOCKNELL: Yes, that's correct.

MYERS: Just so we can keep this in mind, what I'm going to do -- and it might help, ladies and gentlemen, if you want to follow it, if we do it this way -- is go into the menu section

under [Baby E] so you can actually look at the whole of the PDF with the notes on it.

We've looked at broken-up parts of the note, it's just so we can see how the note looks. I'm going to ask if we can first of all put up page 2592. For those of you using it on the iPads, you'll probably find it helpful to magnify it about five or six times. Nursing notes are always very small.

I don't know if we can get 2592 on the screens for anyone not following it on the iPads, just to see where these notes are so we can keep that in mind.

We're going to see a couple of entries under the nursing notes, aren't we, if we look at this?

HOCKNELL: Yes.

MYERS: The first one is made retrospectively at 4.31 on the morning of 4 August.

HOCKNELL: Yes.

MYERS: And actually, that then includes, as we can see -- I'm only going to summarise it because we'll see it in more detail in the evidence -- what's said about events from 20.00. Can you see that in the first line?

HOCKNELL: Yes.

MYERS: What we've seen about 21.00, if we look at four lines down?

HOCKNELL: Yes.

MYERS: 22.00, and then if we go to the next page, which is easy to do if you're following it on the PDFs, ladies and gentlemen, it's just 2593, we can see that although the notes have been broken down to fit in with the chronology, they're all coming from this one main note, aren't they --

HOCKNELL: Yes.

MYERS: -- which was put on at 4.31, so it continues to deal with events 23.00. And, as we read down, we can see it carries on with events at 23.40, four lines below the last one, and then a little more than halfway down that note, at 00.36 and then 01.01.

Then there's one short additional note below that at 05.37, updating medication that was running.

HOCKNELL: Yes.

MYERS: So that's the nursing notes.

HOCKNELL: Yes.

MYERS: That's where that came from, isn't it?

HOCKNELL: Yes.

MYERS: Then one other feature, whilst we're here, I'd like to us to look is if we scroll down that page. If we pull out from the enlarged version and have a look at what comes below those, the next grey bar says:

"Activity date 4 August 2015. Time 04.51."

And it says:

"Family communication."

HOCKNELL: That's correct, yes.

MYERS: A feature that we may or may not have become aware of, but perhaps you can confirm for us, is that what we see on the notes sometimes are nursing notes dealing with specific treatments and then sometimes the nurses will follow that with another entry for family communication, won't they?

HOCKNELL: Yes.

MYERS: So they have a separate section for that?

HOCKNELL: Yes.

MYERS: And this deals with family communication in a retrospective note at 04.51 on that same morning, 4 August?

HOCKNELL: Yes.

MYERS: All right. Just for completeness, so we can see, that's where most of the family communication is included. In fact, if we pull out and look across to the other side of this page of the nursing notes we'll see one final additional detail. There we are, on 4 August 2015, at 08.21. Just one final comment by Ms Letby.

HOCKNELL: Yes.

MYERS: So we've got two sets of nursing notes, one of them containing most of the information?

HOCKNELL: Yes.

MYERS: And then two family communications added afterwards in the way we've seen elsewhere?

HOCKNELL: Yes.

MR MYERS: All right. Thank you very much.

MR JUSTICE GOSS: Thank you. We'll have a break then. Just a 10-minute break. About how much --

MR JOHNSON: We've got the NNU review to do, which takes about 10 minutes or so. If you'd like us to fill a bit more of the day we have a couple of statements we can read, but we have no more live evidence -- I'm being countermanded behind me.

MR JUSTICE GOSS: We'll have a 10-minute break anyway and we'll see however long we are after that. Thank you very much.

HOCKNELL: Thank you.

(The witness withdrew)

(3.20 pm)

(A short break)

(3.30 pm)

MR JUSTICE GOSS: Yes, Mr Johnson.

MR JOHNSON: Thank you, my Lord.

We now need to do some filing if possible, please.

With me in charge it's likely to go wrong. So if you wouldn't mind going to the white files, please, ladies and gentlemen. What we're going to do, if you would find [Baby D], which is the last one you have.

(Pause)

Behind the flysheet for [Baby D], you should have the plan of the neonatal unit with who was where.

What you have there is the position by the end of the shift, okay? So I'll hold it up. We're all on the same page, yes?

If you open the D rings, can I ask you to put in the sheet that I'm about to give you, please.

(Handed)

This one is going in front of the other one, please.

For those of you who are old enough to remember, it's a bit like Blue Peter here. If you put an A on the one I have just given you and a B on the other one, please.

At the top of A it should say:

"The below image shows the population of the NNU at the start of the relevant shift."

On B it says:

"The below image shows the population of the NNU during the period."

We're now going to move on, if we can, please, to [Baby E], so we need to go to the end of the file.

(Handed)

(Pause)

MR JUSTICE GOSS: This file is going to get pretty full, as you will have worked out by now. Are you using some separators? You're going to have to. Either mark the divisions with either 1, 2, 3, 4, 5, which cross-references the indictment, or the name of the child concerned. If you don't, it's going to become a nightmare to try and find anything.

MR JOHNSON: I have thought of a workaround, actually, which I'm going to organise. It's impossible, obviously, to get dividers which are this long, but we can get dividers that go up. We can have them across the top.

MR JUSTICE GOSS: The jury have been doing it anyway. I've seen them writing.

MR JOHNSON: What could possibly go wrong?

Could I recall Kate Tyndall, please.

MRS KATE TYNDALL (recalled)

Examination-in-chief by MR JOHNSON

MR JOHNSON: Welcome back. Could you just identify yourself for the sake of the record, please?

TYNDALL: My name is Kate Tyndall, intelligence analyst.

JOHNSON: Thank you, Mrs Tyndall. Can we move on, please, to the neonatal unit review schedule for [Baby E]. Are the conventions for this document set out on the first page, as before?

TYNDALL: Yes.

JOHNSON: Thank you. Turning over the first page, do we come then to the map of the unit, setting out where the various infants were on this shift?

TYNDALL: Yes, at the start of the shift.

JOHNSON: Yes. And as before, children other than those who are subjects of allegations on the indictment are denoted by their initials rather than by their full names?

TYNDALL: Yes.

JOHNSON: Thank you. So can we move then, please, to the 10 pages of data that you have collated or one of your colleagues has collated.

Do we see that this document begins in effect at the beginning of the night shift, which started at 8 pm on 3 August?

TYNDALL: Yes.

JOHNSON: Do we see a record of events or notes made by [Nurse B] and Dr Emily Thomas right at the end of the day shift in lines 1 and 2?

TYNDALL: Yes.

JOHNSON: Thereafter, do we see a series of entries made in [Baby E]'s and [Baby F]'s records by Lucy Letby?

TYNDALL: Yes.

JOHNSON: So as before, any Lucy Letby entry appears in blue.

[Baby E]'s name appears in bold font, [Baby F]'s in normal font. In other words, not bold font.

TYNDALL: Yes, and [Baby E]'s is also shaded yellow.

JOHNSON: Thank you. So therefore, we see -- I'll concentrate on [Baby E]. Lines 3 and 4 and 9 and 10 concern entries made by Lucy Letby in his medical records between 8 pm and 8.15?

TYNDALL: Yes.

JOHNSON: Lines 23 and 24 are entries made in [Baby E]'s nursing record and on a chart at 9 pm?

TYNDALL: Yes.

JOHNSON: And lines 31 down to 33 are entries timed at the same time, made by Lucy Letby in [Baby F]'s records?

TYNDALL: Yes.

JOHNSON: Those [Baby F] records continue over the page to lines 34 and 35?

TYNDALL: Yes.

JOHNSON: Then at 21.15, line 36, we see observations recorded, made by Lucy Letby and timed at that time in [Baby E]'s records?

TYNDALL: Yes, that's correct.

JOHNSON: We then see at line 44 -- well, let's deal with -- lines 37 to 43 concern other children in other rooms --

TYNDALL: Yes.

JOHNSON: -- and things that are being noted by other nurses?

Line 44 is a clinical note made by the registrar, Dr Harkness, timed at 21.40 --

TYNDALL: Yes.

JOHNSON: -- in [Baby E]'s records? Shortly after that, there's a series of notes made in [Baby F]'s records by Lucy Letby, some of which are co-signed by Caroline Oakley?

TYNDALL: Yes.

JOHNSON: At line 51, we have an entry made on the neonatal fluid balance chart by Belinda Williamson in [Baby E]'s records?

TYNDALL: Yes.

JOHNSON: And then at lines 52 and 53, nursing notes concerning what's described as a large vomit and blood aspirate and [Mother

of Babies E & F]'s visit, which Lucy Letby records as having taken place at 10 pm?

TYNDALL: Yes, that's correct.

JOHNSON: Lines 54 to 60 concern other children?

TYNDALL: Yes.

JOHNSON: Lines 61 and 62 are entries timed at 10 pm in [Baby F]'s records, made by Lucy Letby?

TYNDALL: Yes.

JOHNSON: At 22.10, at line 63, Dr Harkness makes another note in [Baby E]'s records?

TYNDALL: Yes.

JOHNSON: Lines 64 or 66 are all notes or records made in [Baby E]'s notes by Lucy Letby that are timed between 22.15 and 22.27?

TYNDALL: Yes.

JOHNSON: And those notes in effect, or that series, continues over the page between lines 67 and 72 --

TYNDALL: Yes.

JOHNSON: -- running up to 23.00 hours, all in [Baby E]'s notes?

TYNDALL: Yes, that's correct.

JOHNSON: Also at 11 pm is a note made by Dr Harkness concerning [Baby E]?

TYNDALL: Yes.

JOHNSON: Timed at the same time, two notes in [Baby F]'s notes, made by Lucy Letby?

TYNDALL: Yes.

JOHNSON: Twenty minutes later, 23.20, line 76, the start of an infusion for [Baby E], signed for by Lucy Letby and Belinda Simcock?

TYNDALL: Yes.

JOHNSON: Then an unsigned entry on the observation chart at line 77 for [Baby E], timed at 23.20?

TYNDALL: Yes, 23.30.

JOHNSON: Sorry, you're quite right. I'm going cross-eyed.

23.30.

Lines 78 to 80 concern other children in the unit at about that same time?

TYNDALL: Yes.

JOHNSON: And then a series of four e-prescription updates made at 23.39 by Belinda Simcock and Lucy Letby?

TYNDALL: Yes, that's correct.

JOHNSON: We have the event concerning [Baby E], timed at line 85?

TYNDALL: Yes.

JOHNSON: Followed by, line 86, which is Lucy Letby's nursing note regarding bradycardia?

TYNDALL: Yes.

JOHNSON: Should that say bradycardia rather than bradycardic?

TYNDALL: Yes, it should.

JOHNSON: Thank you. Change the C to an A.

At lines 87 to 89 do we have medical records?

TYNDALL: Yes, that's correct.

JOHNSON: And at about the same time, albeit there's no time recorded by Lucy Letby in the notes, do we have Lucy Letby's record of these events?

TYNDALL: Yes.

JOHNSON: There's then a series -- for the rest of the page, a series of entries relating to other children, save for the midnight entry on the fluid balance chart for [Baby E] at line 96?

TYNDALL: Correct.

JOHNSON: Thank you. Moving over the page, we can see two entries at midnight for the child IP, followed, between lines 101 to 104, by four entries in [Baby E]'s records, one of which, the first, at 00.15, line 101, is a record of an observation made by Lucy Letby?

TYNDALL: Yes.

JOHNSON: We then have a series of entries relating to other children in the unit between lines 105 to 112?

TYNDALL: Correct.

JOHNSON: Followed at 113 by an entry, a nursing note entry, recording an acute deterioration and the commencement of resuscitation made by Lucy Letby at 00.36 hours?

TYNDALL: Yes.

JOHNSON: Thank you. At about the same time we have [Dr C] and Dr Wood's notes --

TYNDALL: Yes.

JOHNSON: -- for [Baby E]? Followed by Lucy Letby co-signing for medication being given to a child, JP?

TYNDALL: Yes.

JOHNSON: And just to put that into context, JP is a child in nursery 4?

TYNDALL: Yes.

JOHNSON: So resuscitation going on with [Baby E], Lucy Letby co-signing medication being given to JP in room 4.

TYNDALL: Yes.

JOHNSON: Between lines 118 and 125, we have various nursing and medical records in respect of [Baby E], running between 00.39 and 00.43?

TYNDALL: Correct.

JOHNSON: Then two entries concerning the child CE?

TYNDALL: Yes.

JOHNSON: Then the final entry on the page is made by Belinda Williamson or Belinda Simcock and Caroline Oakley concerning medication given to [Baby E] at 00.47.

TYNDALL: Correct.

JOHNSON: Thank you. Over the page, please, between lines 129 and 137 there is a series of records made concerning [Baby E] --

TYNDALL: Correct.

JOHNSON: -- by other nurses and doctors?

TYNDALL: Yes.

JOHNSON: We then see at 138 and 139 Lucy Letby co-signing for medication being given to the same child as before, JP, who was in room 4?

TYNDALL: That's the time the entry is made on the computer rather than the time the medication is given.

JOHNSON: Okay. At 140 to 142, at 1 o'clock, do we have more records in respect of [Baby E], made by Belinda Williamson, Caroline Oakley, Dr Wood and someone whose name is not recorded?

TYNDALL: Yes, that's correct.

JOHNSON: Between 143 and 148 do we have a series of records made in relation to other children, who include [Baby F] on this occasion?

TYNDALL: Correct.

JOHNSON: At 149 down to 154, a series of records made in respect of [Baby E], two of which, at lines 150 and 151, concern entries made shortly after 01.00 hours by Lucy Letby?

TYNDALL: Yes.

JOHNSON: We then have a further note of Dr Wood made at 156 at 01.12?

TYNDALL: Correct.

JOHNSON: Over on to page 7 of 11, a note made by Lucy Letby timed at 01.15 regarding what's called a further decline of [Baby E]?

TYNDALL: Yes.

JOHNSON: At the same time a note regarding CPR being recommenced for [Baby E] by Dr Wood?

TYNDALL: Correct.

JOHNSON: We then see four lines relating to other children, but we resume [Baby E]'s case at line 164 at 01.23, with a nursing note recording the discontinuance of resuscitation for [Baby E]?

TYNDALL: Yes.

JOHNSON: The essence of that note corresponds with the information recorded in lines 165 and 166 by Dr Wood?

TYNDALL: Yes.

JOHNSON: The writing of [Dr C]'s notes at 167?

TYNDALL: Yes.

JOHNSON: At 170, some further notes made by Dr Wood, and at 171 the formal time of death of [Baby E]?

TYNDALL: Yes, that's correct.

JOHNSON: That time was recorded by Lucy Letby at the same time in effect at 01.40?

TYNDALL: Yes, in her nursing notes.

JOHNSON: In her notes and then by Dr Harkness and [Dr C] at 01.45 and 01.50 respectively?

TYNDALL: Correct.

JOHNSON: For the remainder of that page do we then have notes or treatments in respect of other children, including [Baby F] at 176?

TYNDALL: Yes.

JOHNSON: Over the page, there are four entries concerning [Baby F] at lines 192, 193 and 210 and 211 --

TYNDALL: Yes.

JOHNSON: -- made respectively by Belinda Williamson/Simcock and Caroline Oakley?

TYNDALL: Yes.

JOHNSON: Other children take up the balance of the page.

Then on page 9 of 11, we can see in the top half of the page three entries concerning [Baby F] at lines 217, 225 and 226, none of which are made by Lucy Letby.

TYNDALL: No.

JOHNSON: But an entry relating to [Baby E] at line 227, timed at 04.31, and I think that's the time that some of her nursing notes are made on the computer?

TYNDALL: Yes, that's the time the entry starts.

JOHNSON: Thank you. We then have a series of notes relating to other children in the succeeding 11 minutes, taking us to 04.42.

Then we have the end of Lucy Letby's -- or the time that the notes were finished at 04.51, line 236?

TYNDALL: Yes.

JOHNSON: And then the start and end of the family communication note at lines 237 and 238?

TYNDALL: Yes.

JOHNSON: A note made by Lucy Letby relating to or charts filled in by Lucy Letby relating to [Baby F] at lines 239 and 240?

TYNDALL: Yes.

JOHNSON: And then the amendment or additional nursing note made by Lucy Letby at 241 for [Baby E]?

TYNDALL: Correct.

JOHNSON: Followed by the Datix report filled in at 05.53?

TYNDALL: Yes.

JOHNSON: And finally -- not finally, there are two more pages.

Next, there's a single line on page 10 relating to [Baby F], which is a nursing note made by Lucy Letby at 05.58?

TYNDALL: Yes.

JOHNSON: And then on the final page, lines 244 to 247 concern entries made on [Baby F]'s chart by Lucy Letby at 06.30 and 07.30?

TYNDALL: Yes.

JOHNSON: At line 248, a family communication recorded at 08.21?

TYNDALL: Correct.

JOHNSON: And then we have the image showing the population of the NNU during the review period. If we go back to the second page, which is unnumbered, which is the one that is behind the flysheet, if we compare the information on the two pages we can see that the difference between the two pages is recorded against the name of [Baby F]?

TYNDALL: Yes.

JOHNSON: It records the fact that Belinda Simcock or Belinda Williamson had responsibility for looking after [Baby F] between 1 o'clock and 4.30 in the morning?

TYNDALL: Correct.

JOHNSON: There is a gap in that sequence in the sense that what we have recorded at page 11 of 11 is that between 8 pm and 11 pm, Lucy Letby was designated. We have a gap then between 11 pm and 1 am, as we also have a gap between 4.30 am and 5.30 am. Is there an answer to that apparent gap?

TYNDALL: It's just we can only put down the timings based on the entries. So there mustn't have been any entries made between midnight and 1 on [Baby F]'s record.

MR JOHNSON: Yes. So if anybody wants to write in a little reminder on the unpaginated sheet, they might want to write next to that "See page 11 of 11".

Thank you. There are no questions.

Does your Lordship have any questions?

MR JUSTICE GOSS: No, thank you.

(The witness withdrew)

MR JOHNSON: I don't think we can progress things any further today.

MR JUSTICE GOSS: Well, it's 4 o'clock.

So that's it for today, members of the jury.

Tomorrow, a pretty full day by the look of it. Full day tomorrow, it looks like.

MR JOHNSON: I hope so.

MR JUSTICE GOSS: Good.

Thank you very much. I remind you again of your obligations and responsibilities as jurors: no research about anyone or anything to do with this case and no communication by any means whatsoever with anyone who is not a fellow juror, and only speak to a fellow juror when every other juror can hear what's being said, so when you're in the little room there or wherever you assemble elsewhere in the building. But you all have to be together. That's the important thing. Thank you very much. 10.30 tomorrow.

(3.59 pm)

(The court adjourned until 10.30 am on Tuesday, 15 November 2022)