

22 November 2022

Baby F

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Tuesday, 22 November 2022

(10.30 am)

(Delay in proceedings)

(10.37 am)

(In the presence of the jury)

MRS CLAIRE HOCKNELL (recalled)

Examination-in-chief by MR JOHNSON

MR JOHNSON: Could I recall Claire Hocknell, please, my Lord?

MR JUSTICE GOSS: Yes.

MR JOHNSON: We're moving on to the sequence for [Baby F] now if the jury want to find that on their iPads, to work those independently of what we're going to be showing on the screens.

Mrs Hocknell, welcome back. Could you identify yourself for the sake of the record, please?

HOCKNELL: Claire Hocknell.

JOHNSON: We're moving to the sequence for [Baby E]. In some respects parts of this mirror [Baby F]'s sequence for obvious reasons --

HOCKNELL: Sorry, this is [Baby F]'s sequence.

JOHNSON: Sorry, they mirror [Baby E]'s sequence.

HOCKNELL: Yes.

MR JUSTICE GOSS: I think they dovetail, that's the point.

HOCKNELL: Yes.

MR JUSTICE GOSS: You'll appreciate, some of these events were contemporaneous as you would have realised.

MR JOHNSON: Yes, not least tile 1, which is untimed, but if we could just go to what's behind that, please. I don't think we need to go to the original document because we've done this once. You have transcribed part of what appears on the record, haven't you?

HOCKNELL: Yes, that's correct.

JOHNSON: Could you take us through what you have transcribed, please?

HOCKNELL: "Parents: [Parents of Babies E & F]. Antenatal history: High risk Down's screen, 165. Mild polyhydramnios. MCDA twin. Type 3. SIUGR with stage 1 TTTS on a background of increasing risk for T21."

JOHNSON: Thank you. Moving to tile 2, first, the birth of [Baby E], which we've seen already. Secondly, the birth of [Baby F] at tile 3. That is recorded at 17.54. He of course was twin 2.

The gestation of both twins is recorded. [Baby F]'s weight recorded at 1.434 kilograms.

HOCKNELL: Yes.

JOHNSON: "Born in good condition, cried at birth"?

HOCKNELL: Yes.

JOHNSON: You have recorded the fact that Dr Ogden made a note of the Apgar score of 6 at 1 minute, but these scores at 5 and 10 minutes were not recorded?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Tile 4 next, please. Sixteen minutes later, both twins were admitted to the neonatal unit.

HOCKNELL: Yes.

JOHNSON: Tile 5 next, please. Is this Dr Ogden's notes?

HOCKNELL: Yes.

JOHNSON: Dr Ogden will be coming to give evidence, so I won't deal with those because if I do, we're just going to be replicating everything.

The pertinent fact from this observation you have put on to the tile, haven't you, a very low blood glucose level of 1.9?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you very much.

Tile 6 -- next, please -- is I think a continuation of Dr Ogden's records --

HOCKNELL: Yes.

JOHNSON: -- at 18.30. So this is 20 minutes after admission into the neonatal unit?

HOCKNELL: Yes.

JOHNSON: Then at tile 7, you have done one of your summaries, simply saying that from that time, in other words from 6.30 pm onwards on 29 July, [Baby F] continued to receive care in the neonatal unit?

HOCKNELL: That's correct, yes.

JOHNSON: And so far as the date of the birthday is concerned, those are the records that feature in the sequence?

HOCKNELL: Yes.

JOHNSON: We move next to tile 8, please. Does that record that [Baby F] was extubated, so an ET tube removed?

HOCKNELL: Yes. I'm just querying the date on that slide though.

I think that that should be 30 July.

JOHNSON: Okay, yes. We'll just mark that up for a correction.

Tile 9 is a blood gas chart; is that right?

HOCKNELL: Yes, that's correct.

JOHNSON: We'll go to this because it's annotated by Ailsa Simpson, who's not a witness. This follows the format that the jury have seen many times in this case of a blood gas record and here we see that by 21.57 on 30 July, so it's the entry just by the lower of what would be the holes in the page, that black dot

to the left-hand side of the page, we understand now it's a capillary sample. We can see that the blood glucose at that stage is fairly high at 15.1?

HOCKNELL: Yes.

JOHNSON: So moving back, please, and on to tile 10, do we see, no doubt we'll hear probably as a consequence of that, Actrapid, which is a type of insulin, was started on [Baby F] at 03.40 hours in the early hours of Friday, 31 July?

HOCKNELL: Yes, that's correct.

JOHNSON: And we see that 1 hour and 1 minute later, [Baby F]'s blood glucose level had come down to 8.7?

HOCKNELL: Yes.

JOHNSON: Again, that's recorded by Ailsa Simpson on that same form that we saw just a few moments ago?

HOCKNELL: Yes.

JOHNSON: Thank you. The next entry is at 6.20, which is a record of the fact that the insulin was stopped for [Baby F].

HOCKNELL: Yes.

JOHNSON: And that is the relevant records for Friday the 31st; is that right?

HOCKNELL: Yes.

JOHNSON: Tile 13 moves us on to the Saturday, 1 August. We see that at the handover that evening, so the Saturday into the Sunday, Lucy Letby came on shift; is that right?

HOCKNELL: That's correct.

JOHNSON: If we go to the information behind the tile, please, we see that for that night shift, the 1st into 2 August, Lucy Letby was the designated nurse for [Baby F]?

HOCKNELL: Yes, that's correct.

JOHNSON: The next tile, tile 14, is the following day, but just over midnight. So the same night shift and Lucy Letby still [Baby F]'s designated nurse?

HOCKNELL: Yes.

JOHNSON: And this is a total parenteral nutrition prescription chart, which records the fact that lipid was finished; is that right?

HOCKNELL: That's correct, yes.

JOHNSON: So that's at 00.20 hours that morning.

Moving on to tile 15, please. Do we see that a new set of lipids was started at the time that the previous prescription was finished?

HOCKNELL: Yes, that's right.

JOHNSON: So this is part of the feeding regime for [Baby F], wasn't it?

HOCKNELL: Yes.

JOHNSON: Just to remind the jury, I think we've heard from various witnesses that lipids are given when babies are not receiving milk.

We come next, at tile 16, to the night shift the following night. Of course, this is the shift on which [Baby E] died. We see that Lucy Letby again was on duty and she was again the designated nurse for [Baby F] --

HOCKNELL: Yes, that's correct.

JOHNSON: -- and [Baby E], as we've heard previously.

HOCKNELL: Yes.

JOHNSON: As before, on the next tile, tile 17, do we have the chart for the parenteral nutrition fluid?

HOCKNELL: Yes.

JOHNSON: Can we go to it this time, please, and go to the actual -- thank you very much.

So what we see here, Mrs Hocknell, is not only the entry for this particular evening but also the previous entries; is that right?

HOCKNELL: Yes.

JOHNSON: So we'll hear a lot more detail about this during the evidence, but day 4 of [Baby E]'s life, we see at the top, being 1 August.

HOCKNELL: Yes.

JOHNSON: Is that right?

HOCKNELL: Yes, that's correct.

JOHNSON: We see if we go across, we can see the amount that was to be given daily, that figure divided by 24 to give us the hourly rate at 8.06, the route intravenous, and Dr Ventress, the prescribing doctor, that it was started at just after midnight, so just coming into 2 August; is that right?

HOCKNELL: Yes.

JOHNSON: That this was a continuing bag?

HOCKNELL: Yes.

JOHNSON: We see Lucy Letby's signature below that from the previous night's shift, the one we've just looked at, and that this bag, in other words the day 4 bag, was due to finish at 00.10 on 3 August?

HOCKNELL: Yes.

JOHNSON: Is that right?

HOCKNELL: That's the lipids time, yes.

JOHNSON: So we have both the Babiven and the lipid prescription ending at that time. We see the start in the block below, don't we, the day 5 block?

HOCKNELL: Yes.

JOHNSON: So we see it starting at 00.10 hours on the 3rd?

HOCKNELL: Yes.

JOHNSON: Thank you very much.

Can we go back to the sequence, please. So that's tile 17.

Tile 18 shows us that on the night shift, the 3rd into 4 August, Lucy Letby was again the designated nurse?

HOCKNELL: Yes.

JOHNSON: This shows the events concerning [Baby E] as black tiles at tiles 19 and 20.

HOCKNELL: Yes.

JOHNSON: At tile 21, do we have the nursing notes written by Belinda Simcock at 5.58?

HOCKNELL: Yes.

JOHNSON: We will be hearing from Belinda Simcock, but if we just click behind this tile, please, do we see that Belinda Simcock records sharing the care of [Baby F] due to the resuscitation and collapse of [Baby E]?

HOCKNELL: That's correct, yes.

JOHNSON: Going back to tiles, please, do you then record at tile 22 the fact that the records that follow this stage are in effect a detailed account for [Baby F]'s care from 01.00 hours on 4 August?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. So moving on to that material then, please, do we have what we're now familiar with, the collection of observation and intensive care charts on the hour, every hour?

HOCKNELL: Yes, at 1 am.

JOHNSON: So starting at 1 am. If we just look at this one, please. I'm not going to come back to the detail every time with these charts. The jury have had then explained many times in the context of different children. But do we see there the trace of the heart rate, respiratory rate and temperatures recorded for [Baby F] between 18.00 hours on 3 August 2015 and 17.00 hours on 4 August?

HOCKNELL: Yes, that's correct.

JOHNSON: Thank you. If we can come out of that, please.

Move next to tile 24, which is the intensive care fluid balance charts, and go to the document again. So again, these are charts or this is a chart which we will examine in detail with the witnesses concerned, but as before, do they record the similar or the same types of data that we have seen in previous cases --

HOCKNELL: Yes.

JOHNSON: -- over a 24-hour period?

HOCKNELL: Yes.

JOHNSON: Thank you. So coming out of that again, please.

The third of the charts on the hour is the intensive care chart and environmental safety check. If we can do the same exercise for this. I think this is the other half of the chart, isn't it?

HOCKNELL: It's the same chart but this record is for the left-hand side of that chart --

JOHNSON: Yes.

HOCKNELL: -- whereas the previous one was for the right-hand side.

JOHNSON: Okay. Thank you. We're not going to do this every time, but it's just to put us back into the way of thinking of how the documents work.

So that's 1 am. If we return to the timeline, do we see there at tile 26 a record of -- or a marker for the death of [Baby E] at 01.40?

HOCKNELL: That's correct, yes.

JOHNSON: Then at 2 o'clock, do we see Belinda Simcock making a record on the charts that we've just been looking at?

HOCKNELL: On one of the charts, yes.

JOHNSON: And at 2.30, the other two charts have the relevant records recorded?

HOCKNELL: That's correct.

JOHNSON: Tiles 28 and 29, that's at 02.30.

Do we then see at 03.30, the same three charts being marked up with data?

HOCKNELL: Yes.

JOHNSON: So that's tiles 30 through to 32.

At 4 o'clock and at 4.30, between tiles 33 and 35, do we see the same three charts being marked up with the record?

HOCKNELL: Yes, that's right.

JOHNSON: And that is replicated again at 05.30 between tiles 36 and 38?

HOCKNELL: Yes, that's correct.

JOHNSON: Moving on to tile 39, please, do we have the nursing update made on the computer by Belinda Simcock?

HOCKNELL: Yes, that's correct.

JOHNSON: Again, she will come to give evidence, so we will deal with those notes with her.

As we've seen on other occasions with other children, do we see at about the same time a note made on the computerised nursing record relating to communications with the [Babies E & F] family?

HOCKNELL: Yes.

JOHNSON: That's tile 40. Do we then move on to, at tile 41, the fact that [Baby F] was given some supplemental oxygen?

HOCKNELL: Yes.

JOHNSON: Prescribed some supplemental oxygen, I should say.

Then at tiles 42 through to 44, do we see at 06.30 the same three charts being marked up with the data observed at that time?

HOCKNELL: Yes, that's correct.

JOHNSON: Then just at about handover time, tiles 45 through to 47, do we again see the same three charts being recorded, being marked up, I should say?

HOCKNELL: Yes, that's correct.

JOHNSON: At tile 48, next, please, do we have the handover on the morning of 4 August from Belinda Simcock/Lucy Letby to [Nurse B]?

HOCKNELL: Yes, that's correct.

JOHNSON: Again, [Nurse B] will be giving evidence so I'm not going to ask you to deal with those notes.

Can we move then to tiles 49 to 51? Do we see the same three records being marked up on the hour at 8 o'clock?

HOCKNELL: Yes.

JOHNSON: There then follow three tiles, 52 through to 54, and we'll deal with these, please.

52, could we go to -- there's no name recorded on this, but these are some lab results which include blood test results, I think. Is that right?

HOCKNELL: Yes.

JOHNSON: Can we just look at the original document, please?

Thank you.

So we see that in fact this is a chart which starts with the record made on 29 July, ends with the record made on 11 August, but the record that we are dealing with is the one on 4 August, which is three in from the right and is a reasonably full list of various levels, which notably, in the context of this case, does not include a glucose level, I think.

HOCKNELL: That's correct.

JOHNSON: I say notably in the context of this case because this case is about insulin, isn't it?

HOCKNELL: Yes.

JOHNSON: All right. Can we return back to the carousel, please.

Is there particular reason why that chart has been put in at that point given that it doesn't have a time recorded?

HOCKNELL: On the tile 51, it's listed major events as "weekly bloods".

JOHNSON: Yes.

HOCKNELL: So in the context of what was available, this was the record that matched that.

JOHNSON: Okay. So tile 51, I won't ask us to go back to it, but that's [Nurse B]'s notes?

HOCKNELL: Yes.

JOHNSON: Which suggest that that's when the bloods were taken?

HOCKNELL: Yes.

JOHNSON: So the next tile at 52, that's why you've put in the results there?

HOCKNELL: Yes.

JOHNSON: Thank you. At tile 53 do we have [Nurse B]'s notes, which she can deal with?

HOCKNELL: Yes.

JOHNSON: As also appear at tile 54?

HOCKNELL: Yes.

JOHNSON: For the sake of the narrative, do the notes at tile 54 record the fact that at the beginning of the shift she was making the usual equipment checks that we have seen in many other cases?

HOCKNELL: Yes.

JOHNSON: And a general observation or general observations concerning the care of [Baby F]?

HOCKNELL: Yes, that's correct.

JOHNSON: Thank you. At tile 55 -- and we'll go to this one, please -- is this a blood gas record?

HOCKNELL: Yes, at 8.16.

JOHNSON: This does include a glucose reading, doesn't it?

HOCKNELL: Yes, 3.8.

JOHNSON: If we highlight that, please, so we have the context.

This is 8.16 on 4 August, please. Towards the bottom.

It's just above the bottom of the screen.

Do we see recorded there a glucose level of 3.8, which is where the arrow is now?

HOCKNELL: Yes.

JOHNSON: We've heard that that's in the normal range.

HOCKNELL: That's what I understand, yes.

JOHNSON: So glucose omitted from the lab sample from a sample taken at about this time, but included in the blood gas sample taken between 8 and 9 am?

HOCKNELL: Yes.

JOHNSON: Can we go back to the carousel, please.

Tile 56. Does that record the receipt of the sample, of the blood sample that is, at the lab at 08.38?

HOCKNELL: Yes.

JOHNSON: So is that the sample, the results of which are recorded at tile 52?

HOCKNELL: Yes.

JOHNSON: Do we move next, please, to the usual trio of charts that we have seen on the hour or on the half hour every hour?

HOCKNELL: Yes.

JOHNSON: So that's tiles 57 through to 59?

HOCKNELL: Yes.

JOHNSON: Again, these are all annotated by [Nurse B], so we'll ask her to deal with the details.

Do we come next to some prescriptions at 09.17 from tile 60 through to tile 63?

HOCKNELL: Yes.

JOHNSON: They record the prescription of sodium chloride, caffeine, benzympenicillin and sucrose?

HOCKNELL: That's correct, yes.

JOHNSON: At 10 o'clock, from tile 64 through to tile 66, again do we have the three sets of readings recorded?

HOCKNELL: Yes.

JOHNSON: And again, two were recorded by Shelley Tomlins, the fluid requirement chart recorded by [Nurse B]?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Do we come next, at tile 67, to some notes made by Dr Beech?

HOCKNELL: Yes.

JOHNSON: Can we go just to your summary, please, because Dr Beech will be giving evidence, but just to keep the jury apprised of what's going on.

Does this -- without going into the details, does this go into quite some detail about various readings that had been reported to Dr Beech by that stage?

HOCKNELL: Yes. This is the weekly NNU review, so this is why it might go into a bit more detail.

JOHNSON: Do we see on the fifth line of your typed summary:

"Hyper [that is high] glycaemia [blood sugar] resolved"?

HOCKNELL: Yes.

JOHNSON: And we then see various measurements for [Baby E], the fact he was on Optiflow, the fact that he was on the 9th to the 25th centile.

HOCKNELL: Yes.

JOHNSON: His weight, the fact that he was active and the fact that he was going to be scanned, immunisations not yet done, and the management plan to wean him off Optiflow?

HOCKNELL: That's correct, yes.

JOHNSON: At the bottom I think there's observations made by Dr Beech, but again we'll let her deal with those if we may. Thank you.

So moving back to the carousel, please. Between tiles 68 and 70, do we have the usual three charts filled in with data by the designated nurse?

HOCKNELL: Yes, for 11 am.

JOHNSON: And we have exactly the same types of data for 12 o'clock at tiles 71 to 73?

HOCKNELL: That's correct, yes.

JOHNSON: At tile 74, do we see that [Baby F] was prescribed nystatin?

HOCKNELL: Yes.

JOHNSON: And at tiles 75 to 77, do we see the same three charts as we have seen on the hour, up to this stage, every hour, at this time one with a record at 13.00 and the other two with records at 13.15?

HOCKNELL: Yes, that's correct.

JOHNSON: Again, we'll let the relevant witnesses or witness in this case deal with those.

Do we have a further record of the same heads of data at 14.00 hours between tiles 78 and 80?

HOCKNELL: Yes, that's correct.

JOHNSON: Thank you. Then do we have, at tile 81, a record made by the junior doctor, the SHO, Dr Jian Min Hor --

HOCKNELL: Yes.

JOHNSON: -- at 14.18?

HOCKNELL: Yes.

JOHNSON: If we could go to that record, please. Not the most legible writing there, perhaps we'll let other doctors interpret that. But if we just go back to your typed summary, what have you recorded there?

HOCKNELL: "GPST1 Jian Hor. Called Liverpool Women's Hospital. Cytogenetics, sample not received. Called biochem lab. Genetics to be sent via transport today at 1.30."

JOHNSON: Thank you. At tiles 82 to 84 do we have the same three sets of data being recorded on the hour by [Nurse B]?

HOCKNELL: Yes.

JOHNSON: And do we have the same three sets of data being recorded an hour later at 4 pm between tiles 85 to 87?

HOCKNELL: That's correct, yes.

JOHNSON: At tile 88, do we have a nursing update made by [Nurse B]?

HOCKNELL: Yes.

JOHNSON: Just to put this into context for the jury, if we can go to your summary of the note, please. This records the fact that both [Parents of Babies E & F] were resident on the NNU at

this stage, that [Mother of Babies E & F] had been discharged from the post-natal ward, that [Dr C] had spoken to them and that they were keen for [Baby F] to be transferred to Ormskirk Hospital as soon as possible. But because there was no transport team, that couldn't be done that day.

HOCKNELL: That's correct, yes.

JOHNSON: There is another entry concerning containment holding and cares; is that right?

HOCKNELL: Yes, that's right.

JOHNSON: Thank you. The next tile, tile 89, is that a further note made by [Nurse B] about the condition of [Baby F]?

HOCKNELL: That's correct, yes.

JOHNSON: We'll let her deal with that.

At tiles 90 to 92, do we again have the three sets of data recorded on the forms with which we have now become very familiar?

HOCKNELL: Yes.

JOHNSON: 5 pm?

HOCKNELL: Yes.

JOHNSON: And a further record made an hour later between tiles 93 and 95 at 6 pm?

HOCKNELL: That's correct, yes.

JOHNSON: At tile 96 is there a record of kangaroo care being offered?

HOCKNELL: Yes, to the father.

JOHNSON: To [Father of Babies E & F]. Then we have between tiles 97 and 99 the 7 pm record of the three sets of data that we see on the hour, every hour?

HOCKNELL: Yes, that's correct.

JOHNSON: Do we come next to the handover for the night shift of the 4th into 5 August?

HOCKNELL: Yes.

JOHNSON: Just to put this into context, this is the night shift on which the prosecution allege that [Baby F] was poisoned with insulin?

HOCKNELL: Yes, that's correct.

JOHNSON: So we're going to deal with this a bit more slowly. Can we go to tile 100, first of all, please.

Does this show which consultants were responsible for [Baby F]'s care at this stage?

HOCKNELL: Yes.

JOHNSON: Showing that Dr Harkness was the night shift registrar?

HOCKNELL: Yes.

JOHNSON: Dr Wood was the night senior house officer?

HOCKNELL: Yes.

JOHNSON: The shift leader was Belinda Simcock, also known as Belinda Williamson?

HOCKNELL: Yes, that's correct.

JOHNSON: The designated nurse for [Baby F] was [Nurse A]?

HOCKNELL: Yes.

JOHNSON: The other two nurses on duty were Lucy Letby and Sophie Ellis?

HOCKNELL: Yes.

JOHNSON: The two nursery nurses were Valerie Thomas and Cheryl Cuthbertson-Taylor?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. If we go back and then on to the next tile, we see whose care was allocated to whom; is that right?

HOCKNELL: Yes.

JOHNSON: So starting with [Baby F], please, do we see that he, at the bottom of the graphic there, was in nursery 2?

HOCKNELL: Yes.

JOHNSON: There was another child in nursery 2, whose nurse was Lucy Letby?

HOCKNELL: Yes, that's correct.

JOHNSON: Then moving towards the left of the screen, do we see in nursery 3 there was a single child, CE?

HOCKNELL: Yes.

JOHNSON: Whose allocated nurse was Cheryl Cuthbertson-Taylor?

HOCKNELL: Yes.

JOHNSON: One of the nursery nurses?

HOCKNELL: Yes.

JOHNSON: And I think there were two twins in nursery 4 who were being looked after by the nursery nurse Valerie Thomas?

HOCKNELL: Yes, that's correct.

JOHNSON: In the bottom right-hand corner of the graphic, we can see that there were two other children in the unit at this stage; is that right?

HOCKNELL: That's correct, yes.

JOHNSON: JE -- is this the same JE that we've seen on previous occasions?

HOCKNELL: Yes.

JOHNSON: Whose nurse was Cheryl Cuthbertson-Taylor?

HOCKNELL: Yes.

JOHNSON: We know, of course, that Cheryl Cuthbertson-Taylor is a nursery nurse and therefore would usually only work in either nursery 3 or nursery 4?

HOCKNELL: Yes, that's correct.

JOHNSON: And we see that there is another child, EJ; is that right?

HOCKNELL: That's correct, yes.

JOHNSON: His nurse was Sophie Ellis?

HOCKNELL: Yes.

JOHNSON: Those two children, their locations cannot be established from the records; is that right?

HOCKNELL: Yes.

JOHNSON: So summarising that position, we have seven babies in the unit?

HOCKNELL: Yes.

JOHNSON: [Nurse A], who was responsible, the designated nurse, for [Baby F], had only him to look after?

HOCKNELL: Yes.

JOHNSON: And Lucy Letby had only ME to look after?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Going back to the carousel, please, do we then have a series of WhatsApp messages between Jennifer Jones-Key and Lucy Letby, which are from time to time punctuated with various charts?

HOCKNELL: Yes.

JOHNSON: Taking this a little more slowly, please, just before -- so during handover, in other words between 19.30 and 20.00 hours, at 19.55 hours was there an incoming message to Lucy Letby, sent by Jennifer Jones-Key?

HOCKNELL: Yes:

"Hey, how's you?"

JOHNSON: We then see nursing notes written by [Nurse A] for [Baby F] at 20.00 hours.

HOCKNELL: Yes.

JOHNSON: The notes were written much later in the shift, but relate to events at 20.00 hours; is that right?

HOCKNELL: Yes, that's correct.

JOHNSON: Do we then have tiles 104 to 106, which are the three sets of data which are being recorded and have been recorded every hour?

HOCKNELL: Yes.

JOHNSON: These are all recorded by [Nurse A]; is that right?

HOCKNELL: I think we've got two that are confirmed as [Nurse A] and the signature's unconfirmed on the observation chart.

JOHNSON: Right. So which is the chart that's not confirmed, the one on the left there?

HOCKNELL: Yes.

JOHNSON: Okay. Let's just look at that so that we can bear it in mind for when the evidence is called and go to the original, please.

This is the 8 o'clock reading, is it?

HOCKNELL: Yes.

JOHNSON: So the third column, if we go down to the bottom we can see [Nurse B]'s initials please in the first two columns?

HOCKNELL: Yes.

JOHNSON: And it's that third one that you can't decipher?

HOCKNELL: No.

JOHNSON: All right. It may be that the witnesses will be able to help us, maybe not. Let's go back to the carousel, please.

Can we start -- we're now into the response from Lucy Letby to that WhatsApp message sent at 7.55; is that right?

HOCKNELL: Yes, I think there's another entry from [Nurse A] at 107.

JOHNSON: I'm so sorry, yes. Is that just -- yes, is that a record made by [Nurse A] that [Baby F] was a little sick whilst being held by [Mother of Babies E & F], his mum?

HOCKNELL: Yes, that's correct.

JOHNSON: All right. We'll deal with that with [Nurse A].

Can we move on to the text messages, please. Taking these reasonably slowly, please, starting at tile 108, do we have Lucy Letby's response to Jennifer Jones-Key at 20.01?

HOCKNELL: Yes.

JOHNSON: So in response to the question, "Hey how's you?", she replied?

HOCKNELL: "Not so good. We lost [Baby E] overnight."

JOHNSON: Thank you.

HOCKNELL: Jennifer Jones-Key --

JOHNSON: Hold on. We've had complaints that we deal with these too quickly, so I'm going to slow you down a bit if you don't mind.

At 20.02, did Jennifer Jones-Key respond?

HOCKNELL: Yes:

"That's sad. We're on a terrible run at the moment. Were you in 1?"

JOHNSON: Thank you. Twenty-one seconds later, did Lucy Letby respond?

HOCKNELL: Yes:

"I had him and [Baby F]."

JOHNSON: About a minute and a half later, did Jennifer Jones-Key send a further message?

HOCKNELL: Yes:

"That's not good. You need a break from it being on your shift."

JOHNSON: Thank you. Then a couple of minutes later, did Lucy Letby send a message to Jennifer Jones-Key?

HOCKNELL: "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."

JOHNSON: Thank you. Did she then follow that up with a further message a few seconds later?

HOCKNELL: "[Nurse B] had them both yesterday and today."

JOHNSON: Then what did Jennifer Jones-Key send?

HOCKNELL: "You seem to be having some very bad luck though. That's quite heavy both."

JOHNSON: Thank you. Did she, that is Jennifer Jones-Key, send a supplement to that message?

HOCKNELL: "That might finish her off."

JOHNSON: Then Lucy Letby a couple of minutes later responded?

HOCKNELL: "Not a lot I can do really. He had massive haemorrhage. Could have happened to any baby."

JOHNSON: Then, as an addition to that, presumably as a reference to [Nurse B], what did Lucy Letby write?

HOCKNELL: "She wanted them."

JOHNSON: Did Jennifer Jones-Key respond?

HOCKNELL: "No, you did everything you could. Oh yeah, I know that and it can happen to any baby. Very scary. I've seen one."

JOHNSON: Thank you. That was followed up about 16 seconds later?

HOCKNELL: "I can imagine but not sure how she be (sic) later on."

JOHNSON: Then 8 seconds later?

HOCKNELL: "Hope your (sic) be ok. Chin up."

JOHNSON: Did Lucy Letby then send two messages in response?

HOCKNELL: "Wasn't nice. We didn't think [Nurse A] should have been involved as didn't need to be but she wanted to be so what can you do."

JOHNSON: Thank you and then?

HOCKNELL: "I'm ok. Went to [Nurse E]'s for a chat earlier and on with nice people last night and tonight so well supported."

JOHNSON: [Nurse E] in this context, is that [Nurse E]?

HOCKNELL: Yes.

JOHNSON: Who's one of the other nurses on the unit. At tile 123, did Jennifer Jones-Key respond?

HOCKNELL: "No, my baby did it in n3 once. Horrible. Nothing, it's her choice."

JOHNSON: And then a few seconds later?

HOCKNELL: "That's good".

JOHNSON: Did Lucy Letby then send a message at 20.15?

HOCKNELL: "This was abdominal. I've only seen pulmonary before."

JOHNSON: Then about 6 minutes later, did Jennifer Jones-Key respond?

HOCKNELL: "That's not good. It's horrible seeing it."

JOHNSON: And then 3 minutes later?

HOCKNELL: "Hope your night goes ok."

JOHNSON: Thank you. We then move back to the charts. We see two of the three sets of readings recorded this time at 9 pm?

HOCKNELL: Yes, that's correct.

JOHNSON: Again we'll come to those with [Nurse A], who was the record keeper.

So that's 9 pm. Between 21.33 -- sorry, at 21.33 and 21.34 do we see the prescription records for benzylpenicillin and sodium chloride?

HOCKNELL: Yes, that's correct.

JOHNSON: And the updates put on to the computer for those medications in reverse order, actually. Sodium chloride at 21.42, tile 132, and for benzylpenicillin at 21.57?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Tiles 134 to 136; is that the three sets of readings that we have seen on the hour?

HOCKNELL: Yes, at 10 pm.

JOHNSON: Thank you. And the same sets of readings recorded at 11 pm between tiles 137 and 138?

HOCKNELL: Yes, that's correct.

JOHNSON: Do we then see a further blood gas record result recorded by [Nurse A] at 23.32?

HOCKNELL: Yes.

JOHNSON: And I want to go to this. What you have recorded on the tile itself is the blood glucose level?

HOCKNELL: That's correct, yes.

JOHNSON: And if we just go to the document, please, we see that as glucose in the penultimate line on your summary?

HOCKNELL: Yes.

JOHNSON: Then if we go to the original document again, please, and scroll down, please. It's that column where the arrow is now; is that right?

HOCKNELL: Yes, fourth from the bottom.

JOHNSON: So what we see -- just as a matter of observation, really, the top of the screen, as we're looking at it, is a record made on 2 August at 21.12. The blood glucose readings go 6.1, 6.7, 5.4, 3.9, 5.0, 3.8, 5.5, which is the one that comes at this time in the sequence?

HOCKNELL: Yes.

JOHNSON: Followed by no record at all and then 0.8 followed by 2.3?

HOCKNELL: Yes, that's correct.

JOHNSON: With that in mind, can we go back to the carousel, please? Can we go to tile 140, please? Is that a nursing note made relating to midnight by [Nurse A] towards the end of the shift at 06.16?

HOCKNELL: Yes, that's correct.

JOHNSON: Again, we'll deal with that with [Nurse A].

Do we then have, between tiles 141 and 143, the three sets of readings that we have seen so many times before?

HOCKNELL: Yes, that's correct.

JOHNSON: I think two of those readings were timed at midnight, one at 00.10?

HOCKNELL: That's correct, yes.

JOHNSON: Do we then come to tile 144, which is the total parenteral nutrition chart that we looked at before?

HOCKNELL: Yes.

JOHNSON: So let's go to this one, please. Can we go back?

So we see here Lucy Letby's name appears alone in the tile, at least.

HOCKNELL: Yes.

JOHNSON: But if we go behind that, please, we see a reference to what's in the document behind. If we click on that, please, we see the document itself and we see why you have recorded Lucy Letby's name alone, because -- is that because that's her signature there alone in the "given by" column?

HOCKNELL: Yes.

JOHNSON: We see that the time and date that this bag was finished, it's a 48-hour bag, so it finished at 00.25 on 5 August; is that right?

HOCKNELL: Yes.

JOHNSON: If we scroll down, do we then see the start of the new bag in the day 7 row --

HOCKNELL: Yes, the first day 7 row.

JOHNSON: Yes. We've got two day 7 rows, haven't we?

HOCKNELL: Yes.

JOHNSON: The first has the date 4 August written in.

HOCKNELL: Yes.

JOHNSON: We see the total of Babiven to be given over a 24-hour period, divided by 24 in the next column?

HOCKNELL: Yes.

JOHNSON: Prescription written by Dr Beech?

HOCKNELL: Yes.

JOHNSON: Then Lucy Letby's signature with another signature underneath?

HOCKNELL: Yes.

JOHNSON: And the time started, 00.25 on 5 August, but that's been crossed through?

HOCKNELL: Yes.

JOHNSON: Do we then see underneath Babiven again at a different rate --

HOCKNELL: Yes.

JOHNSON: -- because there's a different quantity required? This prescription includes lipid, which the previous prescription didn't include.

HOCKNELL: Yes. The lipid given later.

JOHNSON: I'm sorry?

HOCKNELL: The lipid was given later.

JOHNSON: Yes. We can see this prescription written by Dr Wood on its face?

HOCKNELL: Yes.

JOHNSON: And we see again Lucy Letby's signature on the TPN bag, but not on the lipid syringe?

HOCKNELL: Yes.

JOHNSON: The difference between the times at which the Babiven was started and the lipid was started is what, please?

HOCKNELL: Over 2 hours.

JOHNSON: Yes, sorry, I was being a bit unfair. I didn't mean that. The Babiven bag started --

HOCKNELL: At 00.25. The lipid at 03.10.

JOHNSON: I wasn't asking you to do the mental arithmetic, I'm sorry. Okay.

No doubt we'll come back to that in the evidence.

Thank you.

If we can come out of that, please. That crossed-through prescription, is that why you have produced that tile at 145 in that way?

HOCKNELL: Yes, that's correct.

JOHNSON: Thank you. Then tile 146 -- sorry, just going back to 145, I think you've put "signature unconfirmed" in that tile. It may be that we'll be able to provide an answer to that from the evidence.

HOCKNELL: Yes.

JOHNSON: And it may be that the clue is in the next tile, which is the Dr Wood prescription that we just looked at, is that right, at 146?

HOCKNELL: 146 is the receipt, the prescription receipt.

JOHNSON: Yes. Thank you. If we just look at that. I think I'm getting mixed up between 146 and 147, sorry.

So this is -- if we just scroll down, please, and go down to the bottom, there we see two signatures, one of which appears to be Lucy Letby's signature --

HOCKNELL: Yes.

JOHNSON: -- above the date and time?

HOCKNELL: Yes.

JOHNSON: That mirrors the date and time that was on the TPN chart that we were looking at before?

HOCKNELL: Yes.

JOHNSON: Thank you.

Then you have just corrected the mistake I made, but in the next tile, 147, that's the Dr Wood prescription, isn't it?

HOCKNELL: Yes.

JOHNSON: So that TPN bag was started at 00.25. You've then put a tile in black, saying "[Baby F] event".

HOCKNELL: Yes.

JOHNSON: What does that refer to?

HOCKNELL: A change in the progression of [Baby F]'s care.

JOHNSON: A change in the what, sorry?

HOCKNELL: In the progression of [Baby F]'s care.

JOHNSON: Okay. The next tile, please, is a prescription for, or medication, nystatin, given at 1 am.

HOCKNELL: Yes.

JOHNSON: We then have [Nurse A]'s nursing note made for 1 am, which she can tell us about at tile 150.

HOCKNELL: Yes.

JOHNSON: Also at 1 o'clock, we have [Nurse A]'s intensive care chart fluid requirements. If we can go to that, please.

I don't know if we can zoom in on the relevant entry, please, in the fluid requirements. Is there a record of a vomit here?

HOCKNELL: On the right-hand side, on the 01 row.

JOHNSON: So it's right at the top of that, thank you. Can we move in on that, please, Mr Murphy? Can you magnify that line; is that possible? You can't? All right.

MR JUSTICE GOSS: Are we looking at line 1 on the --

HOCKNELL: Yes.

MR JUSTICE GOSS: -- the output?

HOCKNELL: Row 1 in the output, and it's the third column along.

The column is titled "NG asp vomit" and there's four plus signs in that cell if you like.

MR JUSTICE GOSS: Yes. If you enlarge it on the iPads -- I don't know if you've enlarged it on the iPads or not, there are four pluses and then in the urine there is a tick, nothing in the total column. Then "BO colour".

To me it reads "yellow" and then another word --

HOCKNELL: "Seedy."

MR JUSTICE GOSS: "Seedy", and then some initials.

MR JOHNSON: The NG, the nasogastric. Asp as in aspirate/vomit, and then four pluses?

HOCKNELL: Yes.

JOHNSON: If we go back one tile -- not one tile, but come out one stage, please, to your summary that you've written.

Maybe there's a correction. So under "observations"

should that say "NG asp" rather than "NG aso"?

HOCKNELL: It should, yes.

JOHNSON: We'll just flag that up for correction if we can, please. That sort of square root sign should be a tick; is that right?

HOCKNELL: Yes.

JOHNSON: Is that the nearest you can get on the system?

HOCKNELL: Yes.

JOHNSON: All right. Thanks. Could we go back, please.

At the same time -- it's actually a different part of the same chart, isn't it, the next --

HOCKNELL: Yes.

JOHNSON: There is no record at 1 o'clock?

HOCKNELL: That's correct, yes.

JOHNSON: So is that the -- well, let's just go to that. We can ask [Nurse A] about it. You just point out the part in which there is no record, please.

HOCKNELL: So on the left-hand part of the chart, in the 01 column, there is no record.

JOHNSON: As there is no record in the 02?

HOCKNELL: Correct, yes.

JOHNSON: And there is no signature in the 03, although there is one reading at the top there?

HOCKNELL: Yes.

JOHNSON: Okay. Thank you. Rather than having to go back, we'll just tick those off as we go through.

Is there a nursing note that corresponds to this time as well at tile 153?

HOCKNELL: Yes.

JOHNSON: If we just go to your summary of that, please.

Could you take us through that?

HOCKNELL: "Optiflow remained unchanged. Large milky vomit. Heart rate increased to 200 to 210. Respiratory rate increased to 65 to 80. Saturations in oxygen remained above 96% in air. Became quieter than usual. Abdomen soft and not distended. Slightly jaundiced in appearance but no loss of colour. Dr Harkness reviewed."

JOHNSON: Just going back to -- these are all records being made at 1 am and is that why you've put the event black tile in at 1 o'clock?

HOCKNELL: Yes.

MR JUSTICE GOSS: It does say "soft" and not "sort", that's just a typing error.

HOCKNELL: Yes.

MR JUSTICE GOSS: On the note it says --

HOCKNELL: Yes.

MR JUSTICE GOSS: Not your note.

HOCKNELL: Yes.

MR JOHNSON: We'll correct that in due course if we may.

Thank you. Can we go forward to tile 154, please.

Do we then have four consecutive tiles recording -- and indeed, I think, actually there are six consecutive tiles running up to 159?

HOCKNELL: Yes.

JOHNSON: Recording electrocardiograms that were being administered or read relating to [Baby F] between 01.08 and 01.13?

HOCKNELL: That's correct, yes.

JOHNSON: Can we move on, please, therefore, to tile 160? We then have the standard observations being taken by [Nurse A] a

quarter of an hour after this when one would normally have expected them to be taken at 1 o'clock. So where there was no record at 1 o'clock is this in effect the same sort of information being recorded at 01.15?

HOCKNELL: Yes.

JOHNSON: But on a different document, it's just a different document or the same?

HOCKNELL: It'll be on the same type of document that you'd expect at 1 o'clock, but it's a quarter past.

JOHNSON: Let's just look at this so we understand what's going on.

Here we see the heart rate going up after that bag was changed at midnight?

HOCKNELL: Yes.

JOHNSON: At 1, 2, 3, 4 and coming back down and going up and down thereafter. The respiratory rate mirroring, to a degree, the heart rate?

HOCKNELL: Yes.

JOHNSON: And then the temperature at the bottom. We can see what that shows there.

Return, please, and go to tile 161. Do we then have notes made by Doctors Harkness and Wood?

HOCKNELL: Yes, at 01.30.

JOHNSON: Yes. Again, we'll let them deal with their own notes if we may. We come next to tile 162, which is a blood gas record?

HOCKNELL: Yes.

JOHNSON: We'll leave that one because the more relevant one to the issue here is tile 163, which is [Baby F]'s blood glucose level, which was very low at 0.8 at 01.54.

HOCKNELL: That's correct, yes.

JOHNSON: Then at 2 am, do we come to tiles 164 to 166, the three sets of readings that we would normally see, albeit there is no reading, so far as tile 166 is concerned, for this time, as we saw earlier?

HOCKNELL: That's correct, yes.

JOHNSON: So moving on, please, do we come to a series of four tiles between 167 and 170, relating to medication of varying descriptions that was given to [Baby F]?

HOCKNELL: Yes.

JOHNSON: That included a bolus, a dose, of intravenous dextrose, some antibiotics and some sodium chloride?

HOCKNELL: That's correct, yes.

JOHNSON: Then at tile 171, do we see nursing notes made retrospectively relating to this time, made by [Nurse A]?

HOCKNELL: Yes.

JOHNSON: Which records the administration of those medications that we've seen in the previous four tiles?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. At tiles 172 and 173, do we see Doctors Gibbs and Wood making records of blood tests being ordered at 02.15 and 02.17 that morning?

HOCKNELL: Yes, that's correct.

JOHNSON: We'll let them deal with that. At tile 174 do we see the fact recorded that no microbes had been grown in the blood culture taken from [Baby F] after 5 days' incubation?

HOCKNELL: Yes, that's correct.

JOHNSON: At tile 175, do we see Belinda Simcock and Sophie Ellis making a record on the computer of the administration of antibiotics to [Baby F] that had been given to him about 15 minutes earlier?

HOCKNELL: Yes, that's correct.

JOHNSON: As we do at tile 176, see the record relating to sodium chloride?

HOCKNELL: That's correct, yes.

JOHNSON: Tile 177. Do we have Dr Harkness' notes?

HOCKNELL: Yes.

JOHNSON: Again we'll let him deal with those.

Then at tiles 178 through to 180, do we see the collection, the receipt -- sorry, I'll start again -- the collection and the receipt of the blood samples by the lab?

HOCKNELL: Yes.

JOHNSON: Together with the -- I think at tile 180 you have recorded for us the results, which we'll let the medical people deal with in due course.

HOCKNELL: Yes.

JOHNSON: At tile 181, do we see that following the administration of that bolus of glucose, [Baby F]'s blood glucose level had risen, albeit it was still below where it should safely have been?

HOCKNELL: Yes, at 2.3.

JOHNSON: That's at 02.55. Do we then see in the next tile, 182, the administration of 14ml of saline?

HOCKNELL: That's correct, yes.

MR JOHNSON: My Lord, if we're going to have a break, that may be a good --

MR JUSTICE GOSS: We are going to have a break, yes, if that's a good moment.

We'll have our 10-minute break then. Thank you very much.

(11.49 am)

(A short break)

(12.02 pm)

MR JUSTICE GOSS: Yes, Mr Johnson.

MR JOHNSON: Mrs Hocknell, I think we'd got to tile 183. Do we see at 183, 184 and 185 the typically hourly readings, albeit one of these was recorded at 03.10 rather than 03.00 hours?

HOCKNELL: Yes, that's correct.

JOHNSON: Thank you. At 186 you have put in the TPN prescription again. Is that because when Dr Wood wrote the prescription, that was the time that was put against it?

HOCKNELL: This is in relation to the lipids being started.

JOHNSON: Yes, okay. So moving on, please, still on 5 August, at 03.30 do we have a set of notes relating to Dr Harkness, which he will deal with?

HOCKNELL: Yes, that's correct.

JOHNSON: Then at 188 do we have a record of a saline bolus being given to [Baby F] over a period of about 10 minutes?

HOCKNELL: Yes, that's correct.

JOHNSON: Coming after that, is there a retrospective nursing entry written by [Nurse A]?

HOCKNELL: Yes, that's correct.

JOHNSON: Which relates to information that appears to have been recorded by Dr Harkness in the tile one before this or two before this?

HOCKNELL: Two before this, yes.

JOHNSON: Then do we see at the next two tiles, 190 and 191, the administration of antibiotics and dextrose?

HOCKNELL: Yes, we have the computer update for the antibiotics.

JOHNSON: Thank you. What do we have at 192, please?

HOCKNELL: It's the fluid requirements, it's part of the usual readings taken at --

JOHNSON: I think you're dropping your voice a little bit.

HOCKNELL: Sorry. At 4 o'clock, the form with the fluid requirements and the environmental safety checks has been completed at 4 am.

JOHNSON: So as before, on the hour. Do we then have a blood gas timed at 04.02?

HOCKNELL: That's correct, yes.

JOHNSON: And that again shows a very low level of blood glucose?

HOCKNELL: Yes, 1.9.

JOHNSON: At 195 is there a retrospective entry made in the nursing record, which [Nurse A] can deal with --

HOCKNELL: Yes.

JOHNSON: -- relating to these events?

Then at 196 do we have the third of the three charts that we usually see together, albeit this one is 10 minutes after the previous two?

HOCKNELL: Yes.

JOHNSON: At 197 and 198 do we have a record of both saline and dextrose being given to [Baby F]?

HOCKNELL: That's correct, yes.

JOHNSON: Then at 199 through to 201, do we have the three sets of readings that we often see on the hour, which (inaudible: coughing) time include the blood glucose level, which has come back to a more normal level of 2.9?

HOCKNELL: That's correct, yes.

JOHNSON: The next three tiles, 202 to 204, are they the three on the hour, every hour readings that we've seen so often before?

HOCKNELL: Yes.

JOHNSON: Followed by two tiles, 205 and 206, which are the times at which entries we have seen are put in at the correct time in the chronology were recorded?

HOCKNELL: Yes, on the computer.

JOHNSON: So this is the timing the note was made, albeit the notes themselves are retrospective and relate to earlier events?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. At 7 am, do we have what I'll call the standard three forms being completed --

HOCKNELL: That's correct, yes.

JOHNSON: -- on the hour?

Then at 07.07, do we have two further sets of nursing notes made at tiles 210 and 211, both made by [Nurse A] and both relating to matters that she can give evidence about?

HOCKNELL: Yes.

JOHNSON: Do we come next to tile 212, which is the handover starting at 7.30 am?

HOCKNELL: Yes. The designated nurse for [Baby F] is then Shelley Tomlins for the day shift.

JOHNSON: Yes, thank you.

Did Shelley Tomlins, at tiles 214 to 216, record the hourly observations?

HOCKNELL: That's correct, yes.

JOHNSON: And we see again the blood glucose level decreasing to a dangerous level?

HOCKNELL: 1.7.

JOHNSON: Yes. Over your page and over to tile 217 next, please -- it's the next tile, Mr Murphy.

Do we have another -- in effect a repeat of the blood glucose level being done 9 minutes after the previous one?

HOCKNELL: I think it might be the same.

JOHNSON: Sorry.

HOCKNELL: But it's -- on the previous slide, 215, it's a copy from this legend record at 217.

JOHNSON: Right. Just so we can understand that then, if we look at 217 first and then go back to 215 if we need to -- could we go to the original, please? Thank you.

Is this what -- this is the same form that we've seen several times now, isn't it?

HOCKNELL: Yes.

JOHNSON: Scroll down to 5 August.

HOCKNELL: It's the second row down.

JOHNSON: This is the second page of that form, isn't it?

HOCKNELL: Yes.

JOHNSON: So we see -- is that 08.09?

HOCKNELL: Yes.

JOHNSON: A capillary sample. We see the blood glucose is the third from the right column, isn't it?

HOCKNELL: Yes.

JOHNSON: So we see that dangerously low level of glucose, 1.9 to 1.7 this time?

HOCKNELL: Yes.

JOHNSON: Decreasing yet further, a few hours later, to 0.9. And so on.

HOCKNELL: 1.4.

JOHNSON: Sorry?

HOCKNELL: Is it 1.4? Lactate is --

JOHNSON: Sorry, I'm reading the wrong column. 1.4, you're quite right. And coming up, I should have said, at 21.17 (inaudible: coughing)?

HOCKNELL: Yes. That's correct.

JOHNSON: Can we go back to the sequence then, please. So that's 217.

At 218 do we have the consultant Dr Gibbs' notes?

HOCKNELL: Yes.

MR JUSTICE GOSS: Would you like a break? If you want to have a break, we'll have a break. (Pause). Don't apologise, it's not your fault.

MR JOHNSON: At 218 -- yes, that was Dr Gibbs' notes, wasn't it?

HOCKNELL: Yes.

JOHNSON: At the same time, do we have records made of glucose and dextrose? One is the prescription and one is the administration, I think, of in effect sugar to [Baby F]?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Then at 221, do we have Shelley Tomlins, who, as you've already told us by this stage, was the designated nurse, making notes of the care she'd given [Baby F] since the handover at 8 am?

HOCKNELL: That's correct, yes.

JOHNSON: Can we move on to 222 and return to text messages or WhatsApp messages. This now, having just come off duty, Lucy Letby was sending messages to [Nurse A], who of course -- [Nurse A] had been the designated nurse on the night shift. What did she send, please?

HOCKNELL: "Did you hear what [Baby F]'s sugar was at 8?"

JOHNSON: And [Nurse A] responded?

HOCKNELL: "No?"

JOHNSON: A few seconds later, Lucy Letby told her what?

HOCKNELL: "1.8."

JOHNSON: [Nurse A] responded?

HOCKNELL: "Shit!!!!!! Now I feel awful, but leaving it 3 hours didn't seem excessive and it was only 2.5 hours."

JOHNSON: Lucy Letby?

HOCKNELL: "Something isn't right if he's dropping like that with amount of fluid he's had and being 165/kg. Don't think you needed to do it sooner. Got to think of his poor heels too."

JOHNSON: Those texts continued a few minutes later, but in between times do we have what I'll refer to as the standard three sets of measurements being taken?

HOCKNELL: That's correct, yes.

JOHNSON: Then the continuation of the messages at 09.09, in other words 10 minutes after that previous message sent by Lucy Letby. Did [Nurse A] send one in response to Lucy Letby?

HOCKNELL: She replies:

"Exactly. He'd had so much handling. No, something not right. HR and sugars."

JOHNSON: And Lucy Letby responded?

HOCKNELL: "Dr Gibbs came so hopefully they'll get him sorted."

JOHNSON: Did she follow that up a few seconds later?

HOCKNELL: "He's a worry though."

JOHNSON: And then [Nurse A]?

HOCKNELL: "Hope so. He is a worry."

JOHNSON: Lucy Letby?

HOCKNELL: "Hope you sleep well and G ok."

JOHNSON: And Lucy Letby?

HOCKNELL: "Let me know how [redacted] is tonight, please."

JOHNSON: And finally in this series, the response from [Nurse A]?

HOCKNELL: "I will, hun. G just getting out of shower. Always helps after Brad's smoky cat-filled house."

JOHNSON: Thank you. Do we then come to Dr Saladi's notes from his ward round?

HOCKNELL: Yes.

JOHNSON: In respect of which there is a corresponding note made by the registrar, Dr Ogden?

HOCKNELL: That's correct, yes.

JOHNSON: Do we see at that stage [Baby F]'s glucose level was 1.3?

HOCKNELL: Yes.

JOHNSON: We then have the on-the-hour observations recorded by Shelley Tomlins; is that right?

HOCKNELL: That's correct, yes.

JOHNSON: At slide 240, these included her record of those very low blood glucose levels?

HOCKNELL: Yes, at 1.3.

JOHNSON: Then at slide 241, the fluid chart and the like that we see every hour?

HOCKNELL: Yes.

JOHNSON: Slide 242. Does that record the administration of a further dose of dextrose to [Baby F]?

HOCKNELL: That's correct, yes.

JOHNSON: Thirteen minutes later, did the path lab receive a further blood sample that had been taken from [Baby F]?

HOCKNELL: That's correct, yes.

JOHNSON: At 10.30 did Dr Ogden, this is slide 244, record having inserted a new long line into [Baby F]'s left foot?

HOCKNELL: That's correct, yes.

JOHNSON: Then in the minutes after that, do we see a prescription for sucrose?

HOCKNELL: Yes. 10.35.

JOHNSON: About 18 minutes later, for cefotaxime, an antibiotic?

HOCKNELL: Yes.

JOHNSON: And shortly afterwards, sodium chloride?

HOCKNELL: That's correct, yes.

JOHNSON: At 11 o'clock, this is tiles 248 to 250, do we have the three records made, as we see, on the hour every hour?

HOCKNELL: That's correct, yes.

JOHNSON: And do these include at 249 the fact that the bag, the TPN bag, was stopped?

HOCKNELL: That's correct, yes.

JOHNSON: Is there a corresponding nursing note made for events about this time at tile 251?

HOCKNELL: Yes.

JOHNSON: Which Shelley Tomlins can deal with.

Then do we see, at 252, blood tests ordered again by Dr Ogden? Blood tests for [Baby F].

HOCKNELL: Yes.

JOHNSON: A note at about the same time, made in relation to the TPN line and a culture being taken from that --

HOCKNELL: Yes, that's correct.

JOHNSON: -- for microbiology?

HOCKNELL: Yes.

JOHNSON: And then at 254, do we see Dr Boothroyd's, the radiologist, report of an X-ray?

HOCKNELL: That's correct, yes.

JOHNSON: That concerns the position of the nasogastric tube and the long line; is that right?

HOCKNELL: Yes.

JOHNSON: At about the same time, do we see Dr Ogden's contemporaneous opinion on the position of the long line?

HOCKNELL: Yes.

JOHNSON: Then at 256, do we see further blood gas results which show [Baby F]'s glucose levels as still very low?

HOCKNELL: Yes, at 1.4.

JOHNSON: Then Shelley Tomlins' notes of that fact in the nursing notes at tile 257?

HOCKNELL: Yes.

JOHNSON: At tile 258 and 259, do we see the standard observations and also a record of a slightly increasing but still low blood glucose level?

HOCKNELL: Yes, 2.4.

JOHNSON: Thank you. At tile 260, do we have Dr Ogden's record of that same fact relating to the glucose level?

HOCKNELL: Yes, that's correct.

JOHNSON: Then at 261, do we see a further TPN prescription?

HOCKNELL: That's correct, yes.

JOHNSON: If we go to this, this is under the name Dr Ventress.

The nurses are Shelley Tomlins and [Nurse C].

So this is the next page on from what we saw before, isn't it?

HOCKNELL: Yes.

JOHNSON: So here we see "Day 8" in the left-hand column and 5 August underneath, being the date. The daily dose of Babiven divided by 24 to give the hourly rate, at 8.06.

Intravenous is the route. Dr Ventress is the prescriber, the date of the prescription, the date and -- sorry, the signature and countersignature of the nurses involved and the time at which this was started; is that right?

HOCKNELL: That's correct, yes.

JOHNSON: Then in brackets "new long line", which relates back to the fact that, as we have seen from the chronology, Dr Ogden had inserted a new long line?

HOCKNELL: Yes, that's correct.

JOHNSON: There's also underneath there, I think, a lipid prescription as well?

HOCKNELL: Yes.

JOHNSON: Okay. We'll come out of that, please. That's tile 261.

At 262, also at midday, do we see one of the charts completed by the designated nurse, Shelley Tomlins?

HOCKNELL: Yes.

JOHNSON: At 263, do we have the printed version of the TPN prescription, timed at 12.46?

HOCKNELL: Yes.

JOHNSON: Then at 12.50, Shelley Tomlins' notes relating to that exercise?

HOCKNELL: Yes.

JOHNSON: 265 and 266, 1 minute and 2 minutes before 1 pm, do we see prescriptions for paracetamol and nystatin?

HOCKNELL: That's correct, yes.

JOHNSON: Then at 1 o'clock, so this is now tiles 267 to 269, the standard three charts completed on the hour?

HOCKNELL: Yes.

JOHNSON: Two of those three also completed at 2 pm, being tiles 270 and 271?

HOCKNELL: Yes.

JOHNSON: Do we see here at 271 that the blood glucose level was again below where it should have been?

HOCKNELL: Yes, at 1.9.

JOHNSON: At tiles 273 to 275, do we have the standard three?

HOCKNELL: Yes.

JOHNSON: Then at 15.01, tile 276, do we see the results from the path lab?

HOCKNELL: Yes.

JOHNSON: At 277, at the same time, a further result from the path lab, showing the blood glucose level to be very low at 1.3?

HOCKNELL: Yes.

JOHNSON: If we click on to that, please, and then again, do we see at the bottom of that box that those results were phoned through from the path lab to the ward?

HOCKNELL: Yes, at 15.30.

JOHNSON: As a result of that, if we continue on to tiles 278 and 279, do we see more dextrose being given to [Baby F]?

HOCKNELL: That's correct, yes.

JOHNSON: I think first of all a bolus, a dose, of glucose, and then an infusion of glucose, so the bolus at 15.15, the infusion at 15.30?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. There's also a prescription written at 247 for sodium chloride; is that right? Sorry, no, I'm back a page rather than forward a page. I beg your pardon.

280 next, please. Do we see nursing notes being updated by Shelley Tomlins?

HOCKNELL: Yes.

JOHNSON: Again, she can deal with those.

So that's just before 4 pm. At 282 to 284, do we see the standard three but, in particular, at 283 is recorded the fact that the blood glucose level was still very low, at 1.9?

HOCKNELL: That's correct, yes.

JOHNSON: At 285, is there an incoming text to Lucy Letby confirming a viewing for a house in Chester?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Then at 286, please, do we see a further dose, bolus, of dextrose being given to [Baby F]?

HOCKNELL: That's correct, yes.

JOHNSON: At tiles 287 through to 289, do we see the standard three series of readings being recorded?

HOCKNELL: Yes, that's correct.

JOHNSON: Then do we see a further set of clinical notes or first the nursing notes, I should say, at 5 pm, made by Shelley Tomlins?

HOCKNELL: Yes, made in the clinical notes.

JOHNSON: I beg your pardon?

HOCKNELL: It's Shelley Tomlins recording notes actually in the clinical notes on this occasion.

JOHNSON: Right. So this is a nurse making notes in the doctor's notes in effect?

HOCKNELL: Yes.

JOHNSON: Okay. Then at 17.40, do we see Dr Beech making some notes in [Baby F]'s medical notes?

HOCKNELL: Yes, that's correct.

JOHNSON: The next entry at tile 292 relates to a further collection of blood by the lab from [Baby F]; is that right?

HOCKNELL: Yes, that's correct.

JOHNSON: If we go to these, please, to the original, we see again very low level of glucose at 1.3?

HOCKNELL: Yes, that's correct.

JOHNSON: And these results being telephoned through by the lab to the ward at 19.47?

HOCKNELL: Yes, that's correct.

JOHNSON: Thank you. If we go back and then go to tile 293, please. Here do we have a record of a test being ordered by Dr Beech for insulin and C-peptide?

HOCKNELL: Yes, and cortisol.

JOHNSON: We'll let the medical people deal with that, but just as a matter of information, I think those -- that test was sent to the Royal Liverpool Hospital, to their lab, is that right?

HOCKNELL: That's correct.

JOHNSON: And those results didn't come back for a week, on 12 August?

HOCKNELL: Yes, that's right.

JOHNSON: Moving on to 6 pm then, please, so tile 294. Do we see again at 294, 295 and 296 the standard three sets of records?

HOCKNELL: Yes, that's correct.

JOHNSON: Which included a blood sugar result at 1.9, again very low?

HOCKNELL: Yes.

JOHNSON: Line 295. We then come back to a series of WhatsApp messages involving this time Lucy Letby and a nurse's name the jury hasn't heard yet, I think, Minna Lappalainen?

HOCKNELL: That's correct.

JOHNSON: Starting with a message sent by Lucy Letby to Nurse Lappalainen at 18.16?

HOCKNELL: Yes:

"Hi! Are you going to salsa tonight?"

JOHNSON: And Nurse Lappalainen replied?

HOCKNELL: "Should do really as I haven't been for ages. Meet at TF at 20.20?"

JOHNSON: And Lucy Letby's response?

HOCKNELL: It's an okay emoji.

JOHNSON: Followed by?

HOCKNELL: Minna Lappalainen replies:

"ok."

JOHNSON: Did Lucy Letby send a further message?

HOCKNELL: "Need to try and find some sort nights energy."

JOHNSON: And that's corrected to?

HOCKNELL: "Post nights".

JOHNSON: And Minna Lappalainen replies?

HOCKNELL: "Don't have to stay late."

JOHNSON: And Lucy Letby replies?

HOCKNELL: "Hasta luego."

JOHNSON: So returning to [Baby F], please, for tile 305, do we have Dr Beech inserting a peripheral IV line into [Baby F]?

HOCKNELL: That's correct, yes.

JOHNSON: Some more blood collected from [Baby F] at tile 306?

HOCKNELL: It's at 18.43.

JOHNSON: Then prescriptions at 18.50 and 18.51 for cefotaxime and sodium chloride?

HOCKNELL: Yes, that's correct.

JOHNSON: Do we then see, at tile 309, that the bag of TPN finished at 18.55?

HOCKNELL: Yes, that's correct.

JOHNSON: Five minutes later, we have the standard three levels of various readings of various items being recorded?

HOCKNELL: Yes.

JOHNSON: That included blood sugar at tile 311, which by this stage had risen to what?

HOCKNELL: 2.5.

JOHNSON: Do we see at the same time, tile 313, that further dextrose was administered to [Baby F]?

HOCKNELL: Yes, that's correct.

JOHNSON: That's followed by a prescription for nystatin at 19.17, tile 314?

HOCKNELL: Yes, that's correct.

JOHNSON: Then do we have a nursing note made by Shelley Tomlins just coming up to the time of the nursing handover at 19.25?

HOCKNELL: Yes, that's correct.

JOHNSON: Just so that the jury has the general chronology in mind, can we go to this note, please? Tell us what Nurse Tomlins noted towards the end of her shift?

HOCKNELL: "Persistent hypoglycaemia therefore, after discussion with Dr Jayaram, [Baby F] now changed from TPN/lipid and 10% dextrose to just 15% dextrose with NaCl added. New fluids commenced around 19.00 this evening. Bloods taken via venous sample and sent to laboratory."

JOHNSON: NaCl is sodium chloride?

HOCKNELL: Yes.

JOHNSON: At tile 316, do we have the handover?

HOCKNELL: Yes. [Nurse A] is now [Baby F]'s designated nurse.

JOHNSON: Can we just click on that? Back, please.

Do we then see at tile 317 and 318 and 319 the standard three being recorded?

HOCKNELL: Yes, that's correct.

JOHNSON: And this includes, so far as the fluids were concerned, the fact that the lipid and TPN were stopped; is that right?

HOCKNELL: Yes.

JOHNSON: And the dextrose was stopped per the note made by Shelley Tomlins of what Dr Jayaram had ordered?

HOCKNELL: I understand that to be, yes.

JOHNSON: Okay. Thank you. There are then some notes made by [Nurse A], the new designated nurse. They were made in the early hours of the following day, but related to continuing care for [Baby F]; is that right?

HOCKNELL: Yes.

JOHNSON: Nystatin given at tile 322 at 20.37?

HOCKNELL: Yes.

JOHNSON: And then do we come to a WhatsApp message from [Nurse A], who of course was in work, she was the designated nurse for [Baby F], to Lucy Letby, who was off work and possibly at salsa?

HOCKNELL: Yes. At 20.43:

"He's a bit more stable. Heart rate 160 to 170 now. Long line had tissued and his thigh was swollen on WR. They thought this may be cause of hypo. Changed long line but sugar's still 1.9 all afternoon despite 165ml/kg. Now on 15% with sodium chloride added. UE a bit better but sodium chloride low now. Seems like long line issue was not the cause of sugar problems. Doing various tests to try and find answers."

JOHNSON: Thank you. Then a few minutes later, Lucy Letby responded?

HOCKNELL: "Oh dear. Thanks for letting me know."

JOHNSON: And [Nurse A] at 20.56?

HOCKNELL: "He's def better tho. Looks well, handles fine."

JOHNSON: Thank you. Then at 9 pm do we have the standard three charts?

HOCKNELL: Yes.

JOHNSON: All recorded by [Nurse A]. And we can see the blood glucose level had come up to 4.1?

HOCKNELL: That's correct, yes.

JOHNSON: At the same time there's a note, it's 329, made by [Nurse A], that the blood glucose level was 4.5, in the nursing notes?

HOCKNELL: Yes, that's correct.

JOHNSON: Then we come to a message from Lucy Letby in response to [Nurse A], who had said:

"He's def better tho. Looks well, handles fine."

Saying what, please?

HOCKNELL: She replies:

"Good."

JOHNSON: At 331, do we have the blood gas record, which includes that reading of 4.1 for -- or a reading of 4.1 for blood sugar?

HOCKNELL: That's correct, yes.

JOHNSON: A further set of bloods collected by the pathology lab, 21.52?

HOCKNELL: Yes, that's correct.

JOHNSON: And that was ordered by Dr Gibbs so we'll deal with that with him.

Then at 10 pm, so tiles 333 to 335, the standard three sets of readings recorded on the hour?

HOCKNELL: That's correct, yes.

JOHNSON: The bloods that were collected at tile 332 were received at tile 336; is that right?

HOCKNELL: Um... I think this was a different...

JOHNSON: That's a different one, is it?

HOCKNELL: Collection, yeah.

JOHNSON: A set of bloods were received by the lab anyway --

HOCKNELL: Yes.

JOHNSON: -- at 22.18 at tile 336?

HOCKNELL: Yes.

JOHNSON: And then at 11 pm, tiles 337 to 339, do we see the standard set of observations?

HOCKNELL: Yes, that's correct.

JOHNSON: Thank you. Do we see also at the same time, tile 340, a nursing note that was made later in the evening but related to this time, made by [Nurse A]?

HOCKNELL: Yes, that's correct.

JOHNSON: At 23.58, do we next see a text message sent by Lucy Letby to [Nurse A]?

HOCKNELL: Yes:

"Wonder if he has an endocrine problem then. Hope they can get to bottom of it."

JOHNSON: And then?

HOCKNELL: "On way home from salsa with Minna. Feel better now I've been out."

JOHNSON: Thank you. Did the administration of dextrose continue as recorded at midnight?

HOCKNELL: Yes.

JOHNSON: Tile 343. And the usual observations were noted there and at tile 344?

HOCKNELL: Yes, and 345.

JOHNSON: Thank you. We then come back to the WhatsApp conversation between [Nurse A] and Lucy Letby.

HOCKNELL: Yes.

JOHNSON: Does that start with a message from [Nurse A] to Lucy Letby at 00.03?

HOCKNELL: Yes:

"Good. Glad you feel better. Maybe re endocrine. Maybe just prematurity."

JOHNSON: And the virtually immediate response?

HOCKNELL: "How are parents?"

JOHNSON: And [Nurse A] responded?

HOCKNELL: "Ok. Tired. They've just gone to bed."

JOHNSON: And Lucy Letby responded?

HOCKNELL: "Glad they feel able to leave him."

JOHNSON: And [Nurse A]?

HOCKNELL: "Yes. They know we'll get them so good they trust us."

JOHNSON: She responded?

HOCKNELL: "Yes."

JOHNSON: And again?

HOCKNELL: "Hope you have a good night."

JOHNSON: And [Nurse A] responded?

HOCKNELL: "Thanks, sleep well."

JOHNSON: And were there then two kisses from Lucy Letby?

HOCKNELL: Yes.

JOHNSON: That takes us to next tile 355 to 1 am. Do we see the standard three sets of observations being recorded?

HOCKNELL: Yes, that's correct.

JOHNSON: Also at tile 358 do we see a prescription for nystatin?

HOCKNELL: Yes, that's correct.

JOHNSON: 359, [Baby F]'s glucose at 1.30 in the morning had come up to 9.9?

HOCKNELL: Yes, that's correct.

JOHNSON: At 2 am, the standard three notes being made on the hour?

HOCKNELL: Yes, that's correct.

JOHNSON: That included the blood glucose level of 9.9?

HOCKNELL: Yes.

JOHNSON: Also at 2 am, sodium chloride, cefotaxime, teicoplanin were all recorded as being given?

HOCKNELL: Yes.

JOHNSON: Prescribed and given, as at tile 366, was a slightly less concentrated infusion of glucose, this time going down from 15% to 12.5%?

HOCKNELL: Yes, that's correct.

JOHNSON: And Dr Harkness involved in that?

HOCKNELL: Yes.

JOHNSON: At 3 am, the standard three?

HOCKNELL: Yes.

JOHNSON: Then at tiles 370 and 371, between 11 and 3.38, various updates made on the nursing record by [Nurse A]?

HOCKNELL: Yes, that's correct.

JOHNSON: Just before 8 o'clock that Thursday morning, did Lucy Letby conduct a Facebook search?

HOCKNELL: It's just before 8 o'clock in the evening on the 6th.

JOHNSON: Sorry.

HOCKNELL: Yes. For [Mother of Babies E & F].

JOHNSON: So we then pause the chronology from the Thursday at just before 8 pm to the Sunday at 22.17. So the Sunday night?

HOCKNELL: Yes.

JOHNSON: Do we see that Lucy Letby send a message to [Nurse A]?

HOCKNELL: Yes:

"I said goodbye to [Parents 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've given them. It's heartbreaking."

JOHNSON: Do we see [Nurse A]'s response?

HOCKNELL: "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."

JOHNSON: Did Lucy Letby respond?

HOCKNELL: "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."

JOHNSON: Did [Nurse A] send two messages?

HOCKNELL: "It has been tough. You've handled it all really well. 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 are not grateful to those that helped your child and you though."

JOHNSON: Did Lucy Letby respond to that at 10.07?

HOCKNELL: She replied, "Thank you".

JOHNSON: So that was the Sunday. The following Tuesday, 11 August, did Lucy Letby send a text message to Jennifer Jones-Key this time?

HOCKNELL: Yes:

"No worries. [Baby F]'s parents caught me as went back for calculator so told them I would think of them tomorrow. Sure he will be. Enjoy your picnic tomorrow!"

JOHNSON: Just lest anybody asks the question, that appears to be a response to a text message of -- have your investigations managed to locate the message that that that may have been a response to?

HOCKNELL: No.

JOHNSON: No. Thank you. So moving on, please, to Wednesday 12 August. This is tile 380. Was this the phoning through from the

lab at the Royal Liverpool Hospital to Chester of the insulin, C-peptide and cortisol results --

HOCKNELL: Yes, that's correct.

JOHNSON: -- from the blood sample that had been taken a week earlier?

HOCKNELL: Yes.

JOHNSON: So that's the Wednesday. The following day, tile 381, did Dr Katherine Lyddon make a note in the medical records?

HOCKNELL: Yes.

JOHNSON: And I'd like to go to that, please. If we scroll down, please, to 10.30. Doing your best, and we can always go back to your typed version, can you just interpret those for us, please?

HOCKNELL: "Fax from Liverpool Women's Hospital genetics. FISH. No evidence of trisomy 21 in sample. 50 cells examined. No evidence of mosaicism. Doesn't exclude presence of structural or additional chromosome abnormalities.

"Hypo screen results. Cortisol 364. Insulin 4657 [with an upwards arrow]. Insulin C-peptide less than 169 [with a downwards arrow]. C-peptide/insulin 0 [with a downwards arrow]."

JOHNSON: Thank you. Then:

"Discussed with [Dr C]: insulin high, C-peptide low. Unusual for hypoglycaemia."

Is that right?

HOCKNELL: Yes.

JOHNSON: "Now well and sugars stable. For no further [something]."

HOCKNELL: "Investigation", I think.

JOHNSON: "If hypoglycaemic again at any point, for repeat screen."

HOCKNELL: Yes.

JOHNSON: Thank you. So that's 10.30.

At 12.25, did [Nurse B] make a note concerning her care for [Baby F] that shift and the fact that he'd been handed over to the transport team for his journey to Ormskirk at 12.25?

HOCKNELL: That's correct, yes.

JOHNSON: So that's the 13th. Thursday, 13th.

The following morning, the 17th, did [Nurse A] send a message to Lucy Letby at 18.10 hours?

HOCKNELL: Yes:

"I think so but I'll double check and let you know. How's work?"

JOHNSON: Did Lucy Letby respond?

HOCKNELL: "It's been awful but better today. Sent a couple to Women's poorly. [Baby F] went back last Thursday."

JOHNSON: So that's Monday, 17 August.

Six days later, so Sunday, 23 August, at 12.17, did Lucy Letby conduct a Facebook search?

HOCKNELL: Yes, for [Mother of Babies E & F].

JOHNSON: On 14 September, did she also search for [Mother of Babies E & F] on Facebook?

HOCKNELL: Yes, that's correct.

JOHNSON: Do we then have, for context, tile 387, which records an event relating to [Baby G] on 21 September?

HOCKNELL: Yes, that's correct.

JOHNSON: Two events relating to [Baby H] on the 26th and 27 September?

HOCKNELL: Yes, that's correct.

JOHNSON: Then two events relating to [Baby I] on 30 September at 16.30 and 19.30?

HOCKNELL: Yes, that's correct.

JOHNSON: On 5 October, between 01.16 and 01.18, did Lucy Letby do consecutive searches for [Baby I], [Father of Babies E & F] and [Mother of Baby H]?

HOCKNELL: Yes, that's correct.

JOHNSON: Do we then have four tiles, 394 to 397, concerning events on 13, 14 and 23 October, all relating to [Baby I], culminating in [Baby I]'s death on the morning of 23 October?

HOCKNELL: That's correct, yes.

JOHNSON: On 5 November, so we're dealing with tiles 398 to 400, if we can get those all on the screen together, what do we see within a four-minute period?

HOCKNELL: We have a search for [Mother of Babies E & F] at 23.40, a search for [Mother of Baby G] at 23.41, and a search for [Mother of Baby I] at 23.44.

JOHNSON: So [Mother of Baby G], mother of [Baby G]?

HOCKNELL: Yes, that's correct.

JOHNSON: And [Mother of Baby I], mother of [Baby I]?

HOCKNELL: Yes, that's correct.

JOHNSON: On 12 November, at 20.32, did [Nurse E] send a message to Lucy Letby?

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."

JOHNSON: Did Lucy Letby spend to that message 10 minutes later?

HOCKNELL: "Oh gosh, did they? Aw, wish I could have seen them. That'll stay with me forever. Lovely family."

JOHNSON: Two days later, again within -- this time within 3 minutes, did Lucy Letby conduct consecutive searches?

HOCKNELL: Yes, at 21.34, a search for [Mother of Baby G], and at 21.37 for [Mother of Babies E & F].

JOHNSON: At line 405, we have in there a record of an event concerning a child called [Baby J] --

HOCKNELL: Yes.

JOHNSON: -- or events concerning [Baby J]?

HOCKNELL: Yes.

JOHNSON: That's 27 November.

On 17 December, do we then have three Facebook searches carried out by Lucy Letby?

HOCKNELL: Yes, at 22.46 there was a search for [Mother of Baby J].

At 22.48, for [Father of Baby J]. And 23.27, for [Mother of Babies E & F].

JOHNSON: Are [Parents of Baby J] the parents of [Baby J]?

HOCKNELL: That's correct, yes.

JOHNSON: Next at line 409, on Christmas Day, at 23.26, did Lucy Letby do a Facebook search for [Mother of Babies E & F]?

HOCKNELL: Yes, that's correct.

JOHNSON: Did she repeat that at 23.57 on 4 January?

HOCKNELL: Yes, that's correct.

JOHNSON: And then again on 10 January at 23.03 hours?

HOCKNELL: That's correct, yes.

MR JOHNSON: Thank you.

My Lord, I don't believe that Mr Myers has any questions for the witness. I wonder whether that's a convenient moment.

MR JUSTICE GOSS: It is, yes. Thank you very much. That completes your evidence at this stage. Thank you.

MR JOHNSON: Actually, we've still got the NNU review to do.

Perhaps we can do that after the break.

MR JUSTICE GOSS: We'll do that after the break then.

MR JOHNSON: My fault, I'm sorry.

MR JUSTICE GOSS: It's not getting any cooler in here, I'm afraid. I'm sorry about that.

2.05, please, thank you very much.

(In the absence of the jury)

MR JUSTICE GOSS: There we are. I'll leave it with you over the short adjournment. A note from the jury, shown to counsel, and we'll revisit it at 2.05. It's a question.

You'll just have to check it and see what the answer is.

Thank you very much.

(12.58 pm)

(The short adjournment)

(2.05 pm)

Housekeeping

MR JOHNSON: We have two issues, my Lord. One is the jury note. The other is witnesses. Yesterday has put us out of sync a bit. We have four witnesses who can only be here tomorrow, so they have to be tomorrow. One of whom -- we have one witness who is going to New Zealand tomorrow, who is going to be called this afternoon, Dr Beech. If we call -- so we have to call Dr Beech.

If we also call Mr Allen from the pharmacy, who's also here, that will take us into tomorrow and will probably throw out getting the four witnesses done tomorrow. So what we're proposing is to call Dr Beech this afternoon, finish whenever we finish, but then call the -- Dr Beech this afternoon, the four tomorrow, and then Mr Allen some time after that. Otherwise it will put us out much more, we believe.

MR JUSTICE GOSS: All right. You will know far better than I.

MR JOHNSON: It's difficult, but...

MR JUSTICE GOSS: It is difficult, but there we are, these things happen.

MR JOHNSON: If we don't get the four in tomorrow, that will cause more problems the other way.

MR JUSTICE GOSS: Exactly, so one has to err on the side of caution.

MR JOHNSON: Yes.

MR JUSTICE GOSS: So that's that. You obviously have nothing to say about that?

MR MYERS: We have nothing to say about that.

We can deal with the note, that they are Ms Letby's initials.

And as for 8 August, we anticipate the enquiry can be made. It will either be a shift that she was on or just after she'd finished the night shift. It will be one or the other, but that can be confirmed.

MR JUSTICE GOSS: Right --

MR MYERS: A long day shift, we're told. We do have the shift rota, in fact.

MR JUSTICE GOSS: The end of a day shift then? The end of a long day shift?

MR MYERS: Yes, it starts from 8, so that's why that will be 8.13, when the entry is.

MR JUSTICE GOSS: Do you want to deal with that now?

MR MYERS: We can deal with it at whatever point is suitable.

MR JOHNSON: The reason it doesn't feature in the sequence is because it's not relevant to the issues the jury has to determine.

MR JUSTICE GOSS: I think that if Mr Myers wants to say that and you can then give that little explanation --

MR JOHNSON: Yes.

MR JUSTICE GOSS: -- by way of supplement and I'll say there's the answer. All right?

MR MYERS: Thank you, my Lord.

MR JUSTICE GOSS: Thank you very much.

(In the presence of the jury)

MR JUSTICE GOSS: My apologies for the slight delay.

We're -- witnesses are going to have to be rejigged because they have got to give evidence tomorrow. So there's going to be some rejigging because of our not sitting yesterday. One is leaving the country and going to New Zealand tomorrow, so they've got to give their evidence before they go.

Then there was a note from you, members of the jury, which I've given to counsel. Mr Myers is going to read the note out and then provide the answer and Mr Johnson will just say something after that.

MR MYERS: Thank you, my Lord.

Members of the jury, the enquiry was in this way:

"Tile 194...."

And I'm going to ask Mr Murphy to put on that the screen so we can see what it relates to. If we can go behind the title, we can see the exhibit. If we scroll down to the bottom of this blood gas record. The enquiry was with regard to tile 194, the blood gas record, the entry for 8 August 2015 at 08.13 and an enquiry as to whether those are the defendant's initials and if they are, given there are no entries on the iPad, was the defendant was on a shift for that day, or rather the observation that there are no entries on the iPad that the defendant was on a day shift for that day. Two matters there, ladies and gentlemen.

First, are those the defendant's initials? Yes, they are Ms Letby's initials. Secondly, as it happens, we have the records more generally for the shifts, and there's no issue that 8 August 2015 at 08.13 was the start of what's called a long day shift for Ms Letby.

So it's a shift there.

I'll leave it to Mr Johnson to explain anything further about that, my Lord.

MR JUSTICE GOSS: Thank you very much. So that answers the query. Why is it not on the schedule?

MR JOHNSON: Yes. If Mr Murphy would take us to tiles 372 and 373, we should get the answer.

If we look at 372, we see 6 August, we see 373, 9 August. Therefore 8 August falls in that gap and the allegation here is that [Baby F] was poisoned with insulin at about midnight on 5 August. So what was going on on 8 August isn't relevant to that allegation.

MR JUSTICE GOSS: All right. That's why -- otherwise there are many, many more events put on here that don't, as far as either side is concerned, prosecution or defence, have any relevance to the issues that you have to decide. All right? So yes, she was

on duty on the 8th but there was no significant event on the 8th. The alleged events, material events, were days earlier.

Thank you very much.

MR JOHNSON: Mrs Hocknell, could we go to the NNU review, please. We'll let the jury put that into their folders before we start.

Right at the back, ladies and gentlemen, please.

(Pause)

Ready to go? Thank you.

Mrs Hocknell, just looking at the front sheet then, please, this relates to what's been denoted event 6, [Baby F]. Just to reinforce the point that's just been made about 8 August, we can see on the front page where it says exhibit reference CH19 in red, we can see your details, and then time period for review, 4 August at 22.30 through to 5 August at 08.00 hours, plus all records where Lucy Letby appears during the shift when the event occurs.

If records relating to a baby do not appear in the time frame, the closest record outside of the parameters has been included. So turning over to the next page, that gives us the layout of the babies and the nurses with the responsibilities for them during the shift under consideration. That coincides with one of the tiles on the NNU review, doesn't it, that one? I'll just find it. That coincides with tile 101. If anyone wants to write on that sheet "see tile 101", the information is the same.

Then moving over on to page 2 of 6, as before, any Lucy Letby relevant data is in blue. Any [Baby F] relevant data is in the yellow-shaded boxes; is that right?

HOCKNELL: Yes, that's correct.

JOHNSON: Thank you. So taking things from the beginning, in lines 1 and 2 we have matters relating to the children MRE and MNB --

HOCKNELL: Yes.

JOHNSON: -- towards the beginning of the shift. MNB was in nursery 4. MRE is Lucy Letby's designated patient?

HOCKNELL: Yes.

JOHNSON: Lines 5, 8 and 9 relate to the same two children, as does line 10?

HOCKNELL: Yes, that's correct.

JOHNSON: We then see, between lines 19 and 21, entries at 10 pm relating to [Baby F] --

HOCKNELL: Yes.

JOHNSON: -- in respect of which [Nurse A] is the record keeper, she of course being the designated nurse?

HOCKNELL: Yes.

JOHNSON: She also appears for [Baby F] between lines 26 and 28 and 31 to 33?

HOCKNELL: Yes.

JOHNSON: Being the on the hour, every hour observations with which we are now all so familiar. We then have material relating to the child MRE at the bottom of page 1, being lines 34 to 37, and continuing over to line 40 on page 2.

HOCKNELL: Yes.

JOHNSON: MRE, of course, being the other child in nursery 2, co-signed by Lucy Letby and Belinda Williamson/Simcock.

HOCKNELL: Yes.

JOHNSON: We then come to the hanging of the bag of TPN in which the prosecution say was the insulin, which is lines 45 down to 48, and we see that Lucy Letby co-signed for that at various points there; is that right?

HOCKNELL: Yes.

JOHNSON: You've then put the black line in, being the change in his condition?

HOCKNELL: Yes.

JOHNSON: That is in [Baby F]'s condition. Thereafter, between lines 59 and 70, we have a series of events concerning [Baby F], all of which were dealt with in the sequence of events?

HOCKNELL: Yes.

JOHNSON: 1.30, Lucy Letby is recorded as having made observations and a prescription -- co-signed for a prescription for her charge, MRE?

HOCKNELL: Yes.

JOHNSON: 74, the medical examination of [Baby F] at 1.30?

HOCKNELL: Yes.

JOHNSON: We then see over on to page 4 of 6, most of those entries relate to [Baby F]?

HOCKNELL: That's correct, yes.

JOHNSON: They replicate what we've already seen in the sequence of events?

HOCKNELL: Yes.

JOHNSON: There are no entries at all on that page bearing Lucy Letby's details?

HOCKNELL: That's correct, yes.

JOHNSON: So moving over again on to page 5 of 6, again approximately half the entries on that page relate to [Baby F]?

HOCKNELL: Yes.

JOHNSON: One of which -- sorry, six of which are also associated to Lucy Letby, so taking those, line 119 being the start of another infusion?

HOCKNELL: Yes, that's correct.

JOHNSON: Line 127 --

HOCKNELL: Yes.

JOHNSON: -- and 128 --

HOCKNELL: Yes.

JOHNSON: -- being medication that was given to [Baby F] at 04.10?

HOCKNELL: That's correct, and 04.20.

JOHNSON: And 04.20, you're quite right.

Then at 133, Lucy Letby taking [Baby F]'s observations on the hour?

HOCKNELL: Yes, that's correct.

JOHNSON: Between lines 140 and 143, entries at 05.30 relating to the other child in nursery 2, MRE?

HOCKNELL: That's correct, yes.

JOHNSON: Then at the bottom of the page at 6 am, further observations relating to [Baby F], noted by [Nurse A]?

HOCKNELL: Yes.

JOHNSON: Over the page to the final of the 6 pages, please, lines 159, 165, 170 to 172, 180 to 181 and 184 and 187, all being further entries relating to [Baby F]?

HOCKNELL: That's correct, yes.

JOHNSON: And whilst those entries were going on, 175 through to 179 being entries relating to the child MRE --

HOCKNELL: That's correct, yes.

JOHNSON: -- by Lucy Letby?

HOCKNELL: Yes.

JOHNSON: Thank you very much. I think there is another map which shows exactly the same data that was on the second page that's at the end as well.

HOCKNELL: Yes, there's no change.

MR JOHNSON: There's no change, yes. Thank you very much.

I don't believe there are any --

MR JUSTICE GOSS: Sorry, the one that I have, which is the final page behind page 6 of 6, does that show the population of the NNU at the end of the relevant --

HOCKNELL: Yes.

MR JUSTICE GOSS: So it should say the end, not the start?

HOCKNELL: Yes.

MR JOHNSON: Sorry, I've missed that.

MR JUSTICE GOSS: Otherwise it's exactly the same as the -- the contents are exactly the same, but it should say the end?

MR JOHNSON: It should. Thank you.

Does your Lordship have any questions?

MR JUSTICE GOSS: No.

MR JOHNSON: Thank you very much, Mrs Hocknell.

MR JUSTICE GOSS: Thank you very much.

(The witness withdrew)

MR JOHNSON: I'm going to hand over to Mr Astbury now.

MR ASTBURY: My Lord, Dr Gail Beech, please.

DR GAIL BEECH (recalled)

Examination-in-chief by MR ASTBURY

MR ASTBURY: For the record, could I ask you to introduce yourself, please?

BEECH: My name is Gail Kara Beech, a paediatric doctor.

ASTBURY: Thank you. We have heard from you before. We know through the summer of 2015 you were employed at the Countess of Chester Hospital; is that correct?

BEECH: Yes.

ASTBURY: In your capacity as a paediatric registrar?

BEECH: Yes.

ASTBURY: You were in your third year of specialist training?

BEECH: Yes.

ASTBURY: I want to ask you, please, in particular about shifts you completed in August of 2015 and a baby by the name of [Baby F].

BEECH: Yes.

ASTBURY: Were you present at the birth of [Baby F]?

BEECH: I believe so.

ASTBURY: Right. Did you take responsibility for one of the babies because, of course, he was a twin?

BEECH: Yes.

ASTBURY: Which baby did you take responsibility for?

BEECH: I believe it was for [Baby E].

ASTBURY: Did you in the aftermath of his birth, immediate aftermath, have anything to do with [Baby F] at that stage?

BEECH: I don't believe so.

ASTBURY: You've had the opportunity to consider the notes in [Baby F]'s case, is that right, the medical notes?

BEECH: Yes.

ASTBURY: And you're able to see that the first involvement that you had with [Baby F] after his birth was in fact on 4 August 2015; is that right?

BEECH: I believe so, yes.

ASTBURY: And do you recall what shift you were working, please, on 4 August?

BEECH: I believe it was a day shift.

ASTBURY: We've heard that doctors, much like nurses, at the start of a shift would have a handover; is that your recollection?

BEECH: It is.

ASTBURY: Would [Baby F] and his condition have been discussed at that handover?

BEECH: Yes.

ASTBURY: Bearing the timing of that handover, what time would that have taken place?

BEECH: 8.30 in the morning until 9 o'clock in the morning.

ASTBURY: And on 4 August, of course, that was after the very sad death of [Baby E]. Would you have been told that information as well at the time of the handover?

BEECH: I don't remember, but usual practice would be that I would have been, yes.

ASTBURY: All right. Then having completed the handover from your colleagues on the night shift, did you then start ward rounds on the paediatric and neonatal units?

BEECH: Yes.

ASTBURY: I'm going to ask you, please, to look at your note of the ward round. It's tile 67, please.

Do you recall, doctor, that we have your notes on the screen?

BEECH: Yes.

ASTBURY: It's a form I'm not sure we've seen before. Is the ward round a regular operation?

BEECH: Yes, every day.

ASTBURY: Every day?

BEECH: Yes.

ASTBURY: Is this the form that would ordinarily be filled in for the purpose of a ward round?

BEECH: Yes, although this form, as it says at the top there, these forms were filled in every Tuesday because there would be a consultant ward round on a Wednesday, so this was in preparation for the consultant ward round the following day.

ASTBURY: Okay. So junior doctors would do daily ward rounds?

BEECH: Yes.

ASTBURY: Consultants would come every Wednesday?

BEECH: Yes, and one day at the weekend as well.

ASTBURY: Okay. And in preparation for the Wednesday, on a Tuesday would this be a more detailed or just a more formal review?

BEECH: It would be the same review but this documentation includes probably more than what would be included on another day.

ASTBURY: Presumably to assist the consultant on the following day?

BEECH: Yes.

ASTBURY: If we can look, please, at this particular form, would you like just to scan down and have a look at it in its entirety before I ask you any questions, just to refresh your memory?

BEECH: Yes. (Pause).

ASTBURY: We'll go through it a little more slowly in a moment, but just to assist you.

If we go back to the start, please, you begin with a problem list?

BEECH: Yes.

ASTBURY: Could you take us through that, please?

BEECH: Yes. So [Baby F] was born prematurely because he was born at 29 weeks and 5 days. So anything less than 37 weeks as classed as premature. So that says, "prematurity".

"MCMA twin 2."

So MCMA stands for monochorionic monoamniotic, which is the type of twins [Baby E] and [Baby F] were, and [Baby F] was twin 2. I've said that twin 1, [Baby E], had died on day 6 of life what this is day 7, as it says the top, next to 29 plus 5, day 7.

"RDS" stands for respiratory distress syndrome and [Baby F] was on Optiflow for that, which is a type of respiratory support.

ASTBURY: Just pausing there, we've heard about various forms of respiratory support.

BEECH: Yes.

ASTBURY: And CPAP, ventilation. Where in the hierarchy does Optiflow sit?

BEECH: So reasonably low down. Ventilation is the top, probably then CPAP, then below that is Optiflow, or high flow it's sometimes called, and then below that you get the low flow oxygen, which is the nasal cannula that we talk about.

ASTBURY: Next entry, please?

BEECH: "Suspected sepsis." So suspected infection or he was being treated for infection. "Raised", that's what the arrow

stands for, "urea and creatine". They are two markers of kidney function.

ASTBURY: Thank you.

BEECH: Jaundice, so a high bilirubin that gives the yellow discolouration of the skin but I have said that he wasn't on phototherapy, which is the blue light treatment, so that probably means his bilirubin level was high but not high enough at this time that he needed phototherapy.

He was establishing feeds, so wasn't yet on to the full amount of feed by mouth or by tube going into his stomach that he needed to be to not have any assistance with his nutrition:

"Awaiting genetics for T21."

So that' Down's syndrome, but I have said that he didn't have any clinical features, so any features of Down's syndrome, but we were waiting for the genetic blood results. And then hyperglycaemia, which is high blood glucose, but that has resolved.

ASTBURY: Okay. Is there any significance to the problem list?

Is there any importance that's given to it?

BEECH: It's a nice summary, really, of what -- the baby's most recent problems and what they are currently being treated for.

ASTBURY: With that in mind, please, can we deal with the last two matters that you listed?

BEECH: Yes.

ASTBURY: "Awaiting genetics for T21."

BEECH: Yes.

ASTBURY: I think, in fact, is it right, did you receive those results on 7 August?

BEECH: From my statement I believe so, not me personally but they were received, the results came back.

ASTBURY: And how did those results come back?

BEECH: They confirmed that there wasn't a presence of Down's syndrome.

ASTBURY: And in respect of "hyperglycaemia resolved", hyperglycaemia, please, is?

BEECH: High blood glucose.

ASTBURY: And you were satisfied, were you, that that particular issue, given your note, had been resolved?

BEECH: Yes.

ASTBURY: All right. Move on please to the medication that [Baby F] was receiving.

BEECH: He was on benzylpenicillin and gentamicin, which are the two antibiotics that we give to neonates when we are suspecting sepsis or infection. And he was on day 6 of both of those, because they'd been started on, I think, his first day of life.

Caffeine citrate is a medication given to help stimulate babies' respiratory drive, so their breathing.

And nystatin prophylaxis, that's an anti-fungal treatment given and prophylaxis means it's given to prevent something from happening, so that was given to stop him getting thrush. And both of those, the caffeine and the nystatin, I recall were standard for premature babies to be given at Chester at this time.

ASTBURY: Right, okay. You have then, in a bit more detail, set out the ventilation.

BEECH: Yes.

ASTBURY: "Optiflow..." What follows Optiflow?

BEECH: It's 7 litres. That's the amount of -- so Optiflow can provide a level of oxygen, an amount of oxygen, and it provides a flow as well, so it doesn't kind of just trickle in, for want of a better word. So 7 litres is the amount of kind of flow that was given. But I've said that he was in air, so he wasn't actually being supplemented with any oxygen, it was room air, and he'd been in that since 3.30 that day.

ASTBURY: Right. So no additional oxygen (inaudible: coughing) the 7 litres he was receiving?

BEECH: Not at this time, no.

ASTBURY: You have then noted his sats?

BEECH: Yes. 92 to 97%, which is satisfactory. And I have said good gases as well, so I must have reviewed the blood gases he had done and they must have been good as documented there.

ASTBURY: That's not referring to the oxygen sats, that's generally good gases?

BEECH: Part of it would be looking at his respiration on that, but because I've written in the ventilation section I probably mean that they were good from the respiratory point of view.

ASTBURY: If we can scroll down a little bit further, please.

The next section is cardiovascular, if we can leave that on, please.

BEECH: Yes. So there weren't any concerns. Normally in this section we'd write if there were any concerns about a baby's heart or sort of the blood vessels. But I've said there weren't any concerns and then HS stands for heart sounds and that's how we document normal heart sounds. So the first two heart sounds were heard and there weren't any extra sounds such as murmurs.

ASTBURY: I think we've heard them described as one plus two plus zero?

BEECH: Yes.

ASTBURY: And that's what you'd hope to hear?

BEECH: Yes.

ASTBURY: The next section, "Fluids and growth", begins with weight.

BEECH: Yes. That's not my handwriting. My handwriting's the darker one, so I assume from that that at the time that I'd reviewed [Baby F] he hadn't been weighed on that day and someone had filled that in later --

ASTBURY: If we just pause then and look at that handwriting. It seems to go across the top and then also to the left.

BEECH: Yes.

ASTBURY: And at the bottom is that a name that you recognise?

BEECH: Yes. I can't remember the doctor's name and I can't read it but he was one of our senior house officers at the time.

ASTBURY: And they appear to have noted, would you agree, that the birth weight was higher, they've calculated a weight loss, and at a rate of 9.6%?

BEECH: Yes. So the total amount of weight loss is 9.6% of the birth weight.

ASTBURY: Okay. Anything stand out from that?

BEECH: That's not concerning at this stage in [Baby F]'s life.

Most babies will lose weight in the first probably 10 days of life. So it's not a big concern and it's not a high amount, we start getting concerned if it's sort of 10 or 12%.

ASTBURY: "OFC", please.

BEECH: Occipital frontal circumference, so the head circumference, the size of the head.

ASTBURY: Speaks for itself. The centile, what's the centile please?

BEECH: We plot weight and head circumferences in neonates on a chart that shows us normal growth and it's in centiles, so basically 0 to 100. They're worked out from what people would say are normal babies, so to give roughly where that baby would fall. So for example, I have said his head circumference is between the ninth and the 25th centiles. So there is not lines at every single percentage. What that means is that 9% of babies of his gestation at this age have got a head circumference smaller than him and 75% have got a head circumference bigger.

ASTBURY: So presumably it's a scale from 0 to 100 of where he falls in comparable (sic) babies?

BEECH: Yes.

ASTBURY: Would that be the way to put it?

BEECH: Yes.

ASTBURY: Is that comparable babies of his gestation and age or simply post-birth?

BEECH: No, so it would be -- because we used to plot on a preterm chart, so it would have been plotted on a chart for a baby of his gestation.

ASTBURY: You've recorded the fluids he is receiving.

BEECH: Yes.

ASTBURY: Does the line below tell us what those fluids were?

BEECH: Yes, so he is receiving TPN, not receiving any lipids, and he was receiving enteral feeds, so feeds going directly into his stomach, of 11ml every 2 hours and they were given by a nasogastric tube, so a tube from his nose into his stomach, and that was increasing at 1ml every 6 hours.

ASTBURY: Okay. So pausing there, enteral feeds, milk?

BEECH: Yes.

ASTBURY: Via his NGT?

BEECH: Yes.

ASTBURY: But supplemented, is that right, by TPN?

BEECH: Yes.

ASTBURY: Which is the total parenteral nutrition?

BEECH: Yes.

ASTBURY: Which we've heard is fluid in a bag with various minerals and the like to supplement his nutrition?

BEECH: Yes.

ASTBURY: We see "weight gain in last week" has been deleted probably for what has been set out on the left-hand side of the page; is that right?

BEECH: I think so, yes.

ASTBURY: And then neurology, please.

BEECH: So I've said that he was active and moving all four of his limbs, so normal from that point of view.

ASTBURY: The next heading is "Head scans".

BEECH: Yes.

ASTBURY: Take us through that, please.

BEECH: All babies born at less than 34 weeks' gestation, as it says there, receive cranial ultrasound scans, so an ultrasound scan through the soft spot on the head looking at the brain, on

day 1 and day 4 of life and at 2 weeks of age as well. So I've said that [Baby F]'s day 1 scan was NAD, no abnormalities detected, so normal, and that had been reviewed by a consultant, and he'd had his day 4 scan and that was awaiting a consultant review at that point in time.

ASTBURY: That's why consultant review is circled with an N below --

BEECH: Yes.

ASTBURY: All right, okay. Next page, please. We take it then that you personally examined [Baby F]?

BEECH: Yes. Apart from his abdominal examination because I've said there that it was examined by Dr Ventress.

ASTBURY: Do you remember why that was the case?

BEECH: No, I don't remember.

ASTBURY: Okay, all right. Tell us, please, what you can conclude from your examination there then, please, from what you can see.

BEECH: So I've said that he was active and he was pink, so that's normal. His chest was clear, so listening to his chest, and there was no signs of increased work of breathing, so he didn't have any outward signs of respiratory distress. His heart sounds were normal, as we have said on the previous page. AF stands for anterior fontanelle, that's the soft spot on his head.

We would always check that see and if it was full or sunken, but I have said that it was normal.

CRT stands for capillary refill time and I have said that is 2 seconds. And I have said bilateral femorals and put two ticks, so that's feeling for pulses at the top of his legs and because I have ticked them both it mean that they are both present and I didn't have any concerns.

Then Dr Ventress has examined his abdomen and said it was soft and non-tender, that bowel sounds were present, and there weren't any hernias that she could identify.

I've also said "normal tone", which means kind of how he's moving his limbs, he wasn't floppy or very stiff, and that he handles well on examination as well.

ASTBURY: That last note you told us about, can you remember that was your exam or Dr Ventress?

BEECH: I can't remember but it looks, from the way I've documented it, that Dr Ventress only examined his abdomen. So I would say the way I've written it there it was me that examined his tone and said that he handled well.

ASTBURY: Okay. It looks then like abnormal blood results has been filled in by the junior colleague that you mentioned.

BEECH: Yes.

ASTBURY: Can you just take us through those blood results, please?

BEECH: Yes. So K stands for potassium and I think that's 5.2 or it might be 3.2. I'm not sure. I think it's 5.2.

Without the reference ranges that the Chester lab gives you, I can't be certain but I think that's probably about normal.

Urea is 7.3 --

ASTBURY: Let me stop you. Would you need the references to comment on any of these?

BEECH: Yes.

ASTBURY: Well, unless I'm asked to, I think perhaps we can probably leave those then if you can't advise us further on those.

BEECH: Okay.

ASTBURY: "First day check complete." Have you got some more information there?

BEECH: I've said no. So I've said he needs a head circumference but that's been ticked probably because I have done it as part of this exam. So the first day check is something that happens -- sorry, just going back a little bit -- the first day check is something that happens with every newborn baby in the first 72 hours of life. It's literally a top-to-toe examination to make sure everything is as it should be.

ASTBURY: Can I just interrupt you. People are taking a note of what you say, so I'm going to ask you to talk a little bit slower, please.

It's a head-to-toe check that takes place in the first 72 hours?

BEECH: Yes.

ASTBURY: Is that over and above what you just completed or --

BEECH: Yes. So it does examine more things than what I've done in my examination there. As it says there, it does things like looking in the mouth and examining the palate and checks the hips, which we wouldn't always do on a day-to-day examination basis.

ASTBURY: So we can see the list, is that -- "OFC" you told us about?

BEECH: Yes.

ASTBURY: Is that "mouth"?

BEECH: And palate.

ASTBURY: That's not ticked, so that hasn't been done yet?

BEECH: Doesn't look like it, no.

ASTBURY: Limbs?

BEECH: Which I have ticked.

ASTBURY: "Eyes" underlined?

BEECH: Yes. Doesn't look like that's been done at this point.

ASTBURY: And "testes" you have ticked as well?

BEECH: Yes.

ASTBURY: Moving down again. "ROP", "not yet due" is that?

BEECH: Yes.

ASTBURY: What does ROP stand for?

BEECH: Retinopathy of prematurity. That is screening premature babies for an eye disease that they can get from being premature.

ASTBURY: All right, but the appropriate time for that hadn't arrived yet?

BEECH: Yes.

ASTBURY: We can see across to the right immunisations likewise the same?

BEECH: Yes.

ASTBURY: If we can go down to the last communication with parents. Nothing filled in there. Do you recall speaking with the parents (overspeaking) --

BEECH: I don't recall. If I had have spoken to them at this point I would have written something there so I can presume from leaving it blank that I didn't -- I didn't speak to them at that time.

ASTBURY: Then we have your management plan. This is a consequence of everything you have seen and that you have noted?

BEECH: Yes.

ASTBURY: Just take us through that, please.

BEECH: "Wean Optiflow flow when in air for 24 to 48 hours."

At this point he had been in air since 3.30 that morning, so he hadn't got to sort of 24/48 hours. What I mean is go down from that flow of 7, start weaning that down once he has been in air for that amount of time.

"Complete 7/7", so that's 7 days of antibiotics.

"Continue increasing feeds as tolerated." So that means the enteral feeds that he is getting into his stomach, keep going up with those as he tolerates them.

"Chase genetics," so get the results of the genetic blood tests.

"Complete examination", which I have ticked, so that must have been I would guess the abdominal examination that Dr Ventress did later.

And I have said -- and:

"Baby check later. Parents arrived. Upset about twin 1."

And then:

"Cranial ultrasound reviewed by consultant."

ASTBURY: Which is what we discussed a moment or two ago at the bottom of the preceding page?

BEECH: Yes.

ASTBURY: Okay.

Just looking at the rest of that page, I think that's -- you have mentioned grand round and I think Dr Saladi has completed that, but perhaps we can come to that in due course. There's nothing else on that page, I don't think, that relates to you. You've signed off on the top of the page --

BEECH: Yes.

ASTBURY: -- is that right?

BEECH: Yes.

ASTBURY: So they were your dealings with [Baby F] on 4 August?

BEECH: Yes.

ASTBURY: Could I ask you please to look at a document, tile 145.

Behind 145, I should say. If we can look at the entries for 4 August, please, which are pretty well in the middle of the page.

So we can just see behind the enlarged part: Neonatal parenteral nutrition prescription."

BEECH: Yes.

ASTBURY: A form you recognise, I'm sure.

BEECH: Yes.

ASTBURY: We can see on day 7, which is 4 August, which you have been telling us about, your signature and name below --

BEECH: Yes.

ASTBURY: -- in relation to -- is this a prescription for Babiven Maintenance?

BEECH: Yes.

ASTBURY: Your signature and name, are they timed or dated on the form?

BEECH: Um... The date is -- where it says day 7, I've dated it there, but there's no time.

ASTBURY: Do you recall writing that prescription for TPN that particular --

BEECH: No, I don't.

ASTBURY: All right. We can see on the left-hand side of the row, next to your signature, is a rate.

BEECH: Yes.

ASTBURY: You've calculated -- what do those calculations represent?

BEECH: How quickly the TPN is given.

ASTBURY: You've also, I think, looking on the row below, added lipid or signed for lipid?

BEECH: Yes.

ASTBURY: But in fact was that required at that stage?

BEECH: No, I've written a rate of zero so that means it wouldn't have been given.

ASTBURY: And why at that stage would [Baby F] not have required additional lipids?

BEECH: Because the way that we did it then, I don't know about now, is work out the total amount of fluid that a baby needs in a 24-hour period. If they're receiving enteral feeds, as he was, they are taken off that total and if the amount is over the total that they need, the next thing that we take off is 10% dextrose, if they're receiving that, which I've not prescribed either, and lipids.

So the total is made up of the Babiven and the fluids that he's getting into his stomach.

ASTBURY: Okay. So the milk bears on the calculation and the decision that you make?

BEECH: Yes.

ASTBURY: It's obvious it's been struck through?

BEECH: Yes.

ASTBURY: And we can see for day 7, on the same date --

BEECH: Yes.

ASTBURY: Can you confirm before we move on, I'd rather assumed, is that your signature in the relevant box for day 7?

BEECH: Yes.

ASTBURY: Can I ask about the calculations to the left, would they be in your handwriting or are they left for somebody else?

BEECH: No, the ones to the left are in my handwriting.

ASTBURY: So you'll have written the 57.9 and the 3.46?

BEECH: Yes.

ASTBURY: It looks, please confirm for us, like the other numbers in that particular column, 92.1, 5.5, and the rest, are they your handwriting as well?

BEECH: Yes.

ASTBURY: So when you complete this form you fill in those two columns?

BEECH: Yes.

ASTBURY: Sign off and put your name?

BEECH: Mm-hm.

ASTBURY: At what stage are the further columns to the right completed? Is that the same time or a later time?

BEECH: No, that's a later time. It might tell you actually, it might be --

ASTBURY: If we go up to the top of the column.

BEECH: I think it's when the nurses start the TPN.

ASTBURY: Okay. So I think we're going to hear some evidence about the TPN bag, but the fact that you prescribed this specifically for [Baby F], your understanding is then a bespoke bag is made up reflecting the calculations that you've made?

BEECH: Not exactly. So I think Babiven is a standard bag.

That's what I remember. But I can't be certain on that.

It should be given at the rates that I have calculated, which are bespoke for [Baby F].

ASTBURY: Right. Okay. So you'll have filled your part of the form in first?

BEECH: Yes.

ASTBURY: Obviously not at 00.25 because, remind us, you were on a day shift that particular day?

BEECH: Yes.

ASTBURY: If we go then to the second entry on the same date.

Keep them both on, if that's okay, Mr Murphy, thank you.

Are you able to explain why -- obviously it's not your handwriting, but are you able to explain why, in effect for the same date on the same occasion, there's then a second calculation for the box?

BEECH: Yes. I believe when I wrote my statement and from reviewing the notes, [Baby F] had been made nil by mouth, so his enteral feeds had been made to zero. So that meant that to get the total amount of fluid that he needed in a 24-hour period we needed to increase what he was being given intravenously.

ASTBURY: Okay. You told me before that you would take into account the milk --

BEECH: Yes.

ASTBURY: -- when you were deciding the rate and also whether lipids were required or not?

BEECH: Yes.

ASTBURY: If he went nil by mouth, no milk?

BEECH: Yes.

ASTBURY: Therefore readjustment by way of rate of delivery and whether lipids are required or not?

BEECH: Yes.

ASTBURY: You next saw [Baby E] on 5 August -- [Baby F], I'm sorry -- 5 August; is that right?

BEECH: Yes, I believe so.

ASTBURY: If we could go, please, to tile 291. Do you remember the shift the following day on the 5th?

BEECH: I don't remember it. But I think from when I reviewed the notes to write my statement I was on a long day, so 8.30 am to 9 pm at night.

ASTBURY: So if we go behind that particular tile, please. Before we do that, sorry, if we go back, Mr Murphy, I'm sorry.

This is an examination at 17.40 on that particular day.

BEECH: Okay.

ASTBURY: Before you examined [Baby F], would you have looked at the observations for the preceding day?

BEECH: Um... Yeah, probably.

ASTBURY: Is there anything that you recall now that struck you about his records for the day before you examined him at 17.40?

BEECH: No.

ASTBURY: All right. We'll go to the (inaudible: coughing).

Scroll down please. So your handwriting again, Dr Beech?

BEECH: Yes.

ASTBURY: We can see there the time and the date in the left-hand column?

BEECH: Yes.

ASTBURY: Could you just talk us through this, once you have checked it, the entry that you have made there?

BEECH: Yes. So this wasn't an examination of him, just documenting something that I've done. So I've written that I was asked to prescribe -- that's what the "PX"

stands for -- 150ml per kg per day of 15% dextrose, which is a fluid with a higher concentration of dextrose, so sugar, in than what we would normally give, which is 10%, over 24 hours. And I have said "at handover". So handover in the afternoon took place, I think, between 4 and 4.30, with consultants present.

So I would presume from that, that one of the consultants said, this is what he needs, so I have gone to prescribe it and documented that I've done it and I have said:

"With 5 millimoles per kilogram per day in it."

But I haven't said there what the 5 millimoles, so that something extra, is of. I have also written:

"Also to stop TPN. Check urinary sodium [so check the sodium that's in his urine], cortisol and insulin."

ASTBURY: Okay. So there's been a handover at, you think, about 4.30 --

BEECH: Yes.

ASTBURY: -- involving consultants?

BEECH: Yes.

ASTBURY: Why would there be a handover at 4.30 in the afternoon if you've been working days?

BEECH: Because that's when most of the day staff, from a medical point of view, would go home and just leave the on-call staff for the evening.

ASTBURY: And you were one of the on-call staff then presumably?

BEECH: Yes.

ASTBURY: You're being asked to prescribe 15% dextrose.

BEECH: Yes.

ASTBURY: Were you aware at that stage of any other supplements or additional dextrose that he had had during the course of the day?

BEECH: I can't remember. I'm not sure. I might have been.

ASTBURY: Okay. All right. Do you remember why you were being asked to prescribe that rate of dextrose?

BEECH: No, I don't remember, but I would guess that it's because his sugars were now low, because that's a higher concentration of dextrose than we would normally give.

Like I said, we would normally give 10%, so to go to 15 -- but I'm not -- saying that, actually I don't know whether that was an actual change or whether it was the 5 millimoles of something extra that was the change.

ASTBURY: Would it help you to see the nursing notes for the fluid chart?

BEECH: Yes, or the medical notes from before that.

ASTBURY: Okay. It might be easier to show you the fluid chart if that jogs your memory, please. I'm going to ask in those circumstances for tile 274.

If we can concentrate on the right-hand side of the page, please, Mr Murphy.

We can see a number of columns through the day on 5 August. The time on the left-hand column. Is it a form you're familiar with?

BEECH: Yes, but I've not seen it for a long time.

ASTBURY: Okay. Please take a moment to have a look at it. Would it help if it was a little bit larger again?

BEECH: Yes, please.

ASTBURY: If we start at the bolus column, please, which is pretty well down the centre, slightly to the right.

The column with bolus seems to have a number of entries in --

BEECH: Yes.

ASTBURY: -- through the day. We can only see up to midday and I'm conscious you didn't carry out this exercise until the evening --

BEECH: Yes.

ASTBURY: -- but a number marked "dex", does that help you?

BEECH: Yes, so 10% dextrose, so he was given a few boluses, looking there.

ASTBURY: If you look to the next column in which there are entries, what does that tell you?

BEECH: The blood sugar column you mean?

ASTBURY: Yes.

BEECH: So they're his blood sugar readings, so they are -- all the ones that you can see there are low. 2.9 isn't too bad for a neonate. I think at that time we used 2.6 as a cut-off. So anything less than 2.6 is considered low.

ASTBURY: Okay. But we can see below that 1.7 --

BEECH: Yes.

ASTBURY: -- 1.3, 2.4?

BEECH: Yes.

ASTBURY: Help us please with how many dextrose boluses you can see in that particular column there, if that's the correct plural?

BEECH: Four by the look of it.

ASTBURY: If we can scroll down. Approaching the time of your -- the request for you to write a prescription, we can see at 15.00 and 16.00 hours over to the left-hand side of the page, read -- if we read across, can we see -- is that two more boluses --

BEECH: Yes.

ASTBURY: -- of 10% dextrose?

BEECH: Yes.

ASTBURY: And the comparable blood sugar level in the blood?

BEECH: Still low.

ASTBURY: So is that likely to be the information that you were receiving when you were asked to write that prescription --

BEECH: Yes.

ASTBURY: -- at (overspeaking)?

If we go back to tile 291. So you've advised to stop the TPN being delivered; is that right?

BEECH: Yes.

ASTBURY: Checking urinary sodium, is that?

BEECH: Yes.

ASTBURY: Cortisol and insulin. What would that involve?

BEECH: A urine sample and I presume a blood sample for the cortisol and the insulin.

ASTBURY: Does that note suggest that that's what you asked for at this particular time?

BEECH: Yes.

ASTBURY: Can we go to the next tile, please, 292.

Heading "pathology report", as you can see.

BEECH: Yes.

ASTBURY: If we read down, please, we've got in the box a specimen reference. We've got, "Collected, 5 August, 17.56". So about 16 minutes after your note was made. Is that --

BEECH: Yes.

ASTBURY: -- consistent with what you recall?

BEECH: Yes. I don't recall it, to be honest, I'm just going off what's there.

ASTBURY: Okay. We can see that it was received at 7.05 that evening.

BEECH: Yes. That's what it says.

ASTBURY: And we can see -- please tell us what the result of that blood test was at that stage?

BEECH: 1.3.

ASTBURY: Is that the value that we've been looking at in the column of blood sugar?

BEECH: The ones in the column were probably ones which were done at the point of tests, so in the neonatal unit, so either on the blood gas machine, because that does give you glucose levels, or on a glucose meter, but I can't be certain. This one's a lab sample, definitely.

ASTBURY: Okay. Any significance in it being a lab sample rather than on the gas machine in the ward?

BEECH: It's... I think it tends to be more accurate when it's a lab sample.

ASTBURY: Okay. If we go back again, please, to 293, the next tile, please.

You told us that you asked for cortisol and insulin to be checked; is that right?

BEECH: Yes.

ASTBURY: We can see again, perhaps taken at the same time, collected 5 August, 15.17.56. Certainly initially received at the lab, although we'll hear that this result did not come on the evening of 5 August, but just dealing with what it shows, please --

BEECH: Yes.

ASTBURY: -- there is a value for insulin -- well there's a value for cortisol?

BEECH: Yes.

ASTBURY: There's then a value for insulin?

BEECH: Yes.

ASTBURY: 4657?

BEECH: Yes.

ASTBURY: And a value for insulin C-peptide --

BEECH: Yes.

ASTBURY: -- that stands for I think?

BEECH: Yes.

ASTBURY: That's less than 169?

BEECH: Yes.

ASTBURY: Now, we're going to hear more about this in detail, but from your experience what would you say about those two figures?

BEECH: The insulin is very high, so there isn't -- as far as I know there's not sort of an upper range of normal with insulin but that's high. And the insulin C-peptide is low, so it looks like the lowest that the lab can give an accurate number for is 169 and anything lower than that they just say that it's lower than that, as they have done there.

You would expect those to be similar because when they're made in the body, they come from the same molecule and they're broken down into two separate parts, so if the insulin is high then you'd expect the C-peptide to be high or if the insulin is low, you'd expect the C-peptide to be low, because they are made in equal parts is my understanding.

ASTBURY: Right. Just to conclude, please, if we can go back to tile 305, if we have a look at that. Just finally dealing with the other notes you've made in respect of [Baby F] on that particular day. 6.30.

BEECH: Yes.

ASTBURY: So a little time after you'd made your note about prescribing the dextrose and ordering the blood test.

I'm imagining, it says exactly what it means?

BEECH: Yes.

ASTBURY: "Peripheral cannula. Successful at the third attempt by [you] into the left foot."

BEECH: Yes.

ASTBURY: Thank you. 306, please. This is the result of the urine sample that you ordered?

BEECH: Yes.

ASTBURY: We see that's received, if we look at the date, a little later. In fact, it's collected later at 18.43 and received at 19.44. Anything in those results that strikes you?

BEECH: No. But I can't think off the top of my head how to interpret this.

ASTBURY: Okay. If we go back finally, please, to tile 313.

Again, I think we can see there a prescription chart of sorts; is that right?

BEECH: Yes.

ASTBURY: We can see:

"Infusion 15% dextrose. To be added: sodium chloride."

Is that right?

BEECH: Yes.

ASTBURY: "Volume, 500ml"?

BEECH: Yes.

ASTBURY: There's two entries above, which have been struck out.

BEECH: Yes.

ASTBURY: You can't say whether the first one was yours, but the second one, is that your signature on the second one?

BEECH: Yes.

ASTBURY: Okay. Any reason for striking that one out and the next attempt?

BEECH: It looks like I've prescribed it wrong.

ASTBURY: Okay. Because if we go to the one below, it's a greater rate and duration?

BEECH: Yes.

ASTBURY: I think the moles are also calculated differently?

BEECH: Yes, the millimoles.

ASTBURY: Again, is your entry on that particular document timed?

BEECH: Um... No.

ASTBURY: Timing comes in the next column, does it, and we'll see if we -- it's likely to be the nurses who administer?

BEECH: Yes. That's what I was prescribing when I'd said in the medical notes "asked to prescribe". That's what it was.

ASTBURY: So that's the outcome of that entry at 17.40 in the clinical notes?

BEECH: Yes.

MR ASTBURY: Thank you. I have no more questions for you, doctor, thank you.

Cross-examination by MR MYERS

MR MYERS: Dr Beech, I'd just like to have a look at the review that you did, please, which was behind slide 67.

Just a couple of points arising from that, and then just look at the TPN.

J2929, slide 67, page 1.

If we look on the right-hand side, Dr Beech, under problem list, can you see the third one down, it says -- is it "A/W genetics"?

BEECH: Yes.

MYERS: Is that for twin 2 or twin 2 and 1?

BEECH: No, the T21 means trisomy 21, which is what Down's syndrome is. So the fact I have written it on [Baby F]'s review would mean we were waiting the genetic blood tests for [Baby F].

MYERS: Thank you. What I'm going to ask you about that is a general point, just so we can understand what was going on at this stage.

BEECH: Yes.

MYERS: A genetic test was being conducted to check for the presence of Down's syndrome; is that correct?

BEECH: Yes.

MYERS: And in fact you did eventually get the results back on 7 August and you can confirm there wasn't a presence of Down's syndrome?

BEECH: Yes.

MYERS: All right. As it happens, was there a full genetic analysis that was then performed at some stage on [Baby F]'s blood sample?

BEECH: I believe so, yes.

MYERS: Right. And again this is a general point, I'm not saying this is of direct relevance to [Baby F]'s case, but it's of relevance elsewhere in the case. You can conduct a test called a microarray analysis to confirm the presence of other genetic disorders, can't you?

BEECH: Yes.

MYERS: And that will confirm in general what is known but there remains, even after that, the possibility of subtle changes or mutations that are not picked up; is that correct?

BEECH: Yes.

MYERS: So therefore, genetic testing can identify a number of disorders?

BEECH: Yes.

MYERS: And there remains the possibility with genetic testing that there could be some order that is -- disorder that is not identified?

BEECH: Yes, with a microarray.

MYERS: With a microarray, thank you. I'm going to ask to scroll down, please, just to look at the section where you were dealing with fluids and growth.

If we look down there you have fluids at 150ml per kilogram per day?

BEECH: Yes.

MYERS: And then that shows the amount that [Baby F] should be receiving, doesn't it?

BEECH: Yes.

MYERS: Underneath that, we've got TPN, lipid and enteral feeds, and those are there to show the component parts of the fluids; is that correct?

BEECH: Yes.

MYERS: All right. We're going to hear more about some of these as we go along, so I'm not going to ask you all about these, Dr Beech.

BEECH: Okay.

MYERS: We can see that as of this time on 4 August, the fluids are comprised of TPN, which is the total parenteral nutrition, isn't it?

BEECH: Yes.

MYERS: At this point, no lipids?

BEECH: Yes.

MYERS: But there were enteral feeds, which in this case is milk via the NGT?

BEECH: Yes.

MYERS: As you've explained, in this case because [Baby F] was receiving milk via the NGT, he didn't need lipid?

BEECH: Yes.

MYERS: So there's a logic to that?

BEECH: Yes.

MYERS: Thank you. Could we go scroll down to the following page of Dr Beech's notes, please, Mr Murphy, which is page 2 of slide 67.

Under the management plan, can you see, about the third or fourth line down on the left, Dr Beech, you have put:

"Continue..."

Does that mean increasing feeds as tolerated?

BEECH: It does, yes.

MYERS: Just continuing then with the theme of [Baby F]'s feeds, I'd like us to go to slide 145. If we go behind that so we can actually see the document, please, Mr Murphy.

There we are. Can we have a look at the two entries for day 7? So if we scroll down so we can see those.

That's great, thank you.

Dr Beech, you've explained to us that the columns for Babiven Maintenance, Solivito and Peditrace, lipid, dextrose and down to where it says total, you have completed the figures that we see in those, haven't you?

BEECH: Yes.

MYERS: So just to take the top one, for example, the Babiven column, moving across, 57.9 is the millilitres per kilogram per day that [Baby F] should be receiving?

BEECH: Yes.

MYERS: And you have put there the rate, so we know how much he should be getting per hour, 3.46 millilitres?

BEECH: Yes.

MYERS: Intravenously, that's why it says IV. And that's your signature to confirm that's your prescription, isn't it?

BEECH: Yes.

MYERS: All right. We've looked down, and I'm not going to repeat everything we've looked at, but what we see, when we get to the bottom of the daily millilitres per kilogram per day column, is "Total 150".

BEECH: Yes.

MYERS: So we can follow this, that refers back to the rate, the feeding rate that you have referred to in the review that we've just looked at, doesn't it, 150 millilitres?

BEECH: The volume, yes.

MYERS: The volume, yes. Just like we saw in your review, at that point there is no component of lipid, is there?

BEECH: No.

MYERS: Where we've got the first section, which says Babiven Maintenance and Solivito and Peditrace, that's the TPN component, isn't it, the total parenteral nutrition component?

BEECH: Yes.

MYERS: Right. Because we've heard about TPN. That bit is the TPN. If we just stay on that line, the Babiven line, for day 7, the first entry for day 7, and move right, so we've gone through the figures and your signature.

Do you know -- if you can help us -- when it is that you would have written these figures into this sheet?

BEECH: I can't be certain, but my usual practice would have been to do it after -- immediately after the ward round review because this form got sent to the place where it was -- the TPN was made up and ordered and it had to be there for a certain time of day.

MYERS: That's right. The jury will hear a lot more evidence on this in due course. But just to fit that in, once you've identified what the feed should be and the amount, the TPN component in this situation is put together by the pharmacy, isn't it?

BEECH: Yes.

MYERS: So you having identified what it's got to be, they then need to make that bag up of TPN, don't they?

BEECH: Yes.

MYERS: So the most likely time for you to have filled in your part of the form, you are saying, would be on that ward round so the TPN could be made up?

BEECH: Yes.

MYERS: Thank you. We have figures moving right of that which relate to when it was commenced and who dealt with that, but since you didn't sign for that -- we can see the figures, but since you didn't sign for that we're going to have other witnesses who deal with that so I'll ask them about that. But do you agree that, you having made the prescription, it may be some time later that the bag is actually hung up and started?

BEECH: Yes. That's standard practice because it takes some time for it to get to the unit from where it's made up.

So we would know when we're prescribing it that it's not going to be put up until much later that day.

MYERS: Or even the very early hours of the following morning?

BEECH: Yes.

MYERS: I just want to go to the second entry for day 7 so we can be quite clear about why we have a second entry.

If we look at the columns again, the first column we come to which have the Babiven Maintenance, which is the TPN bag, at this point there's a different daily millilitres per kilogram per day put in and a different rate per hour, isn't there?

BEECH: Yes.

MYERS: Below that, we now have a component of lipid that's going to be included in the feed; is that correct?

BEECH: Yes.

MYERS: And below that, we also see there is now a dextrose element within the feed?

BEECH: Yes.

MYERS: It wasn't you who prescribed that change, was it, Dr Beech?

BEECH: No.

MYERS: And if we want to see who did, and we follow the TPN column for the second entry for the 7th, if we go right we see a signature with the name "Wood" written underneath it?

BEECH: Yes.

MYERS: So that's likely to be Dr Wood, isn't it?

BEECH: Yes.

MYERS: Coming back then to the component parts, if we look at the total, now the total is 165ml/kg/day?

BEECH: Yes.

MYERS: With a correspondingly higher rate of 9.86ml/hour?

BEECH: Yes.

MYERS: So does that mean between the one that you completed and the one that it appears Dr Wood has completed, there's been a change in that now lipid and dextrose are to be included in the feed?

BEECH: Yes.

MYERS: And a corresponding change in the rate of the feed?

BEECH: Yes.

MYERS: But as far as we can see, the TPN bag, the TPN component, that part of the ingredient stays the same but the rate of that has changed?

BEECH: Yes.

MYERS: All right. So the TPN bag, as far as we can see, continues, but the rate is different?

BEECH: Yes.

MYERS: We now have being added to this lipid and dextrose?

BEECH: Yes, they don't get added to the bag, though, they're given as separate infusions.

MYERS: The lipid will be on a syringe driver, won't it?

BEECH: Yes, I think so.

MYERS: And the dextrose would be a separate infusion coming in on another line, won't it?

BEECH: Yes.

MYERS: So, on the face of it, that would be three different lines now contributing to this one feed?

BEECH: Yes, one amount of nutrition, yes.

MYERS: Yes, one amount of nutrition. And again, we've got timings if we look right of that, relating to -- if we look under the columns "given by" and "time and date started", moving right, but those are not your signatures, so I'm not going to ask you about those timings.

BEECH: Okay.

MR MYERS: We can see what they say, but we'll get more detail on that later on.

Thank you very much, Dr Beech.

MR ASTBURY: My Lord, nothing further from me. Does my Lord have any questions?

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

Thank you very much, Dr Beech. I think, if I'm right, that is it as far as you are concerned.

BEECH: Yes.

MR JUSTICE GOSS: You won't be coming back to give evidence again. So thank you very much for coming on the various days you have to give evidence. Obviously you're free to go and don't have to come back, but please don't talk to anyone, as I've said to you before, about anything to do with this case until it's all over. Thank you very much indeed.

(The witness withdrew)

MR JOHNSON: The fact we didn't sit yesterday has thrown our plans out slightly, my Lord, I'm afraid. Dr Beech had to be called today because she goes to New Zealand tomorrow. We have four witnesses tomorrow who have to give evidence tomorrow. If they don't give evidence tomorrow, they can't come back until some time next week. We had originally planned to call one of the witnesses from the lab now. If we call him now, he will certainly go into tomorrow and probably push the witnesses that have to give evidence back tomorrow, some of them, or one of

them at least, into Wednesday, which is impossible. We can't work that, I'm afraid.

MR JUSTICE GOSS: Into Thursday.

MR JOHNSON: Sorry, yes. I'm a day out.

MR JUSTICE GOSS: Today's Tuesday.

MR JOHNSON: Yes, I know, sorry. So the effect of all this is that to get this part of the case finished as quickly as possible involves losing a bit of time now rather than losing a lot of time towards the end of this week or the beginning of next week. So we can recalibrate things starting tomorrow and hopefully run smoothly thereafter, but filling the remaining 45 minutes to an hour now would involve throwing things out for the rest of the week. So we would invite the court to consider finishing now to make better progress from now on than starting a new witness and throwing everything out.

MR JUSTICE GOSS: Right. In relation to the timetable, on Friday we have to finish early. I think you know that but I don't think the jury knows that yet. Bearing in mind that I agree, as I do, to your proposal that we don't hear any more evidence this afternoon, do we need to sit early on Friday in order to finish by 2.45 in the afternoon?

MR JOHNSON: Can we assess that on Thursday?

MR JUSTICE GOSS: Yes.

MR JOHNSON: If it doesn't cause any inconvenience.

MR JUSTICE GOSS: Just bear that possibility in mind, we may be starting at 10 o'clock on Friday to try and get through what we've got to get through. I'm sorry about this, but I just have a commitment elsewhere that means we're going to have to finish certainly by quarter to, probably slightly before 2.45, on Friday afternoon.

Okay, thank you very much. I hope you feel better tomorrow.

So members of the jury, 10.30 tomorrow, as usual, for what will be, I anticipate, a fullish day. Remember your responsibilities. You know so well what they are now and I'm sure there is no difficulty in that regard.

Thank you very much. 10.30 tomorrow.

(In the absence of the jury)

There's nothing else of which I'm aware.

MR JOHNSON: I don't believe so, no.

MR JUSTICE GOSS: Thank you very much.

MR JOHNSON: We have to call Professor Hindmarsh on Friday.

MR JUSTICE GOSS: He's the most important witness to accommodate on Friday.

MR JOHNSON: Yes.

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

It's so much easier to see the documents on the iPads than on the screen. I'm not complaining, I'm just saying it is. You can actually magnify and you get much better clarity.

MR JOHNSON: Yes, it works on a laptop as well. I don't know whether -- the material can be provided to you on your judicial laptop, I think.

MR JUSTICE GOSS: No, I'm very happy with the iPad.

Thank you.

(3.27 pm)

(The court adjourned until 10.30 am on Wednesday, 23 November 2022)