

30 November 2022
Baby F

CONTENTS

MRS YVONNE GRIFFITHS (recalled)
Examination-in-chief by MR DRIVER
Cross-examination by MR MYERS

MS KATE BRAMMALL (sworn)
Examination-in-chief by MR JOHNSON
Cross-examination by MR MYERS

MS KATE BISSELL (affirmed)
Examination-in-chief by MR JOHNSON

MS CHERYL CUTHBERTSON-TAYLOR (sworn)
Examination-in-chief by MR JOHNSON

MS VALERIE THOMAS (sworn)
Examination-in-chief by MR JOHNSON

Witness statement of DR SIMON WOOD (read)

Witness statement of MS LAURA NETHERTON (read)

DR DEWI EVANS (recalled)
Examination-in-chief by MR JOHNSON

DR SANDIE BOHIN (recalled)
Examination-in-chief by MR JOHNSON

MRS CLAIRE HOCKNELL (recalled)
Examination-in-chief by MR JOHNSON

Summary of interview with LUCY LETBY re [Baby F] (read)

Housekeeping

Wednesday, 30 November 2022
(10.30 am)

(Delay in proceedings)

(10.36 am)

(In the presence of the jury)

MR JUSTICE GOSS: Good morning, members of the jury. Sorry about the slight delay. We will have our usual mid-morning break around midday, but if anyone feels they need a break earlier or

is in any difficulty, just say so, just raise a hand. Thank you very much.

MRS YVONNE GRIFFITHS (recalled)

Examination-in-chief by MR DRIVER

MR DRIVER: May it please your Lordship, Mrs Yvonne Griffiths has returned to the witness box to give evidence.

As I'm sure you appreciate, you're still bound by the oath or affirmation that you took on your last visit when you told us that, amongst other things, you are a neonatal manager at the Countess of Chester Hospital.

GRIFFITHS: Yes.

DRIVER: Would you confirm that?

GRIFFITHS: Yes.

DRIVER: Could you state your name again for the record?

GRIFFITHS: Yvonne Griffiths.

DRIVER: Thank you. Mrs Griffiths, you were asked questions and provided a witness statement to the police back in May 2019 in relation to stocks of nutritional bags kept within the unit and provided to babies when necessary. That's the subject matter about which you have been invited to return this morning.

GRIFFITHS: Okay.

DRIVER: TPN bags. We understand, and could you confirm, that Start-up bags and Maintenance bags were stored within the unit?

GRIFFITHS: Correct.

DRIVER: We understand, and do you agree, that Start-up bags are typically provided to patients, babies, in the first 2 days of life?

GRIFFITHS: Yes.

DRIVER: And Maintenance bags if necessary thereafter?

GRIFFITHS: Correct.

DRIVER: And yesterday the jury heard in detail from a former pharmacist within the hospital, who described the process by

which bespoke, specifically tailored bags can be prescribed, made up by the pharmacy, and provided to the unit.

GRIFFITHS: Correct.

DRIVER: But in addition to them, stock bags were kept, is this right, to be used as and when required?

GRIFFITHS: Yes, correct.

DRIVER: So that's the subject matter, the stock bags. Back in 2015, are you able to tell us where and how they were stored on the unit?

GRIFFITHS: We always had a supply in our locked refrigerator, which is in our storeroom, and then we'd always have a stock of five of each so that we had -- and at night we would check the stock to make sure we didn't need to order any the next day.

DRIVER: Thank you. As to the refrigerator, I'm now going to show you some photographs and invite you to tell us whether this is how you recollect it or not.

Mr Murphy, the photographs are at J160, which I believe are already on the additional file on everybody's iPads in relation to the case of [Baby F].

Pausing there, do you recognise the room that's been photographed here?

GRIFFITHS: Yes.

DRIVER: And how was that room referred to?

GRIFFITHS: It was our treatment room, we would call it, although we never drew any medication in there.

DRIVER: It would be called the treatment room. Would it always be full of various equipment in the way we see it displayed here?

GRIFFITHS: The actual room, yes.

DRIVER: Thank you. And obviously we can see a refrigerator to the right of the photograph as we look at it; is that the refrigerator that you were referring to?

GRIFFITHS: Yes.

DRIVER: Would that refrigerator be kept locked or unlocked?

GRIFFITHS: Continually locked.

DRIVER: How many sets of keys were in existence for that locked refrigerator in 2015 and 2016?

GRIFFITHS: From what I can recall, there was just one.

DRIVER: Was any particular person designated as the keeper of those keys?

GRIFFITHS: On shift, the shift leader would always be handed over the ward keys, but obviously they would be moved around to different staff, depending on who needed access to the locked cupboards.

DRIVER: So notionally, the shift leader would be the custodian of the ward keys. Did the ward keys include the keys to this refrigerator?

GRIFFITHS: Yes.

DRIVER: Any other keys?

GRIFFITHS: We'd have the CD keys on there and also keys for our non-refrigerated items, which would be antibiotics.

DRIVER: Did you say CD keys?

GRIFFITHS: Yes, they are our controlled drugs.

DRIVER: Controlled drugs keys.

GRIFFITHS: And then we'd have keys so we could access our oral medication and our IV medication that didn't need refrigerating.

DRIVER: Thank you. So a single set of keys for those three different stores?

GRIFFITHS: Correct.

DRIVER: So notionally the shift leader. Was there a system, a documented system, for the signing in or out of those keys?

GRIFFITHS: No.

DRIVER: So as a matter of practice, if a nurse required anything from any of those locked places, what would happen?

GRIFFITHS: They would just ask for the keys. The controlled drugs, the CD cupboard keys, always had to be held by a registered nurse.

DRIVER: Right. Is the controlled drug cupboard depicted in this photograph or not?

GRIFFITHS: No.

DRIVER: The fridge is obviously. What was the third locked place?

GRIFFITHS: The other was just two small kitchen cabinet type cupboards where we would store -- one for intravenous and one for oral and then there was one at the side for any IV fluid bags.

DRIVER: Those kitchen cupboard type cupboards, are they in this photograph or not?

GRIFFITHS: No.

DRIVER: Could we look at the next photograph, please, Mr Murphy. We can see there the fridge opened. Is that as it would appear?

GRIFFITHS: Yes.

DRIVER: Thank you. I wonder whether Mr Murphy could magnify -- firstly, let's look at the inside of the door of the fridge. We can see there what appears to be a piece of paper. Was there always a list kept within the inside of that door?

GRIFFITHS: Yes.

DRIVER: Neither Mr Myers nor I can read that as it appears at the moment.

MR JUSTICE GOSS: No. If you try enlarging it on the iPads, it blurs. You can't read it. What you can see is there are -- it's about two-thirds of a sheet, it's typed -- it's a table in fact under a heading, which is underlined, and then there are five columns.

In the right-hand column, there are numbers, three of which are highlighted with mauve on this photograph.

Not mauve, it's a pinky colour.

MR DRIVER: Indeed.

Was this refrigerator known as the CIVAS fridge, C-I-V-A-S?

GRIFFITHS: We stored CIVAS items in there, but we wouldn't refer to it as a CIVAS fridge.

DRIVER: Mr Myers and I are looking at a more clear -- Mr Murphy seems to have an idea. Thank you. A little clearer.

Does that, across the top of the table, say "CIVAS fridge stock list"?

GRIFFITHS: Yes.

DRIVER: Thank you. Reading from left to right -- and Mr Myers will correct me, I'm sure, if I get this wrong -- the top line reads "fluid/drug", column 1. Next column is headed "dose". The third column is headed "quantity".

The fourth column is headed "expiry". And the fifth and final column is headed "stock level".

GRIFFITHS: Correct.

DRIVER: Was it the practice to keep a stock list sellotaped to the inside of that refrigerator door?

GRIFFITHS: We always ensured that we had sufficient stock, so I think if a person wasn't familiar who was checking the fridge, at least they would know how many items of a specific bag of fluid they would need to order. And I believe on there it's the fluids, the CIVAS, it's just the Babiven and items that are made up by CIVAS on there.

DRIVER: Thank you. What does CIVAS stand for, do you know?

GRIFFITHS: Oh gosh...

DRIVER: It doesn't matter. Was it the practice to keep a CIVAS, whatever it stands for, stock list on display on the inside of the fridge door?

GRIFFITHS: Yes.

DRIVER: Thank you. By way of example, at the time that this photograph was taken, the first line of entries reads "Babiven Start-up", blank under "dose", under "quantity"

it says "500ml bag". It has an expiry date of 6 to 8 weeks.

And at this snapshot in time, the stock level there, as highlighted in pink, is 2 with a downward pointing arrow.

GRIFFITHS: Yes. I think this is one of the nurses actually devised so that we knew how many we would have in, because obviously the Babiven would expire at different times.

So my memory now is going back that the expiry is so that the girls would know how soon they would have to discard that bag and order an additional bag, so we always had five in the fridge.

DRIVER: Understood. You say we always had five in the fridge.

But if this document is accurate at this point in time there would have been two in the fridge.

GRIFFITHS: Well, I think... Is the other one Maintenance?

DRIVER: Next line, "Babiven Maintenance", dose is blank, quantity "500ml bag", expiry, 6 to 8 weeks. And, you're quite right, stock level 3. So when you say we always have five in the fridge do you mean five of each or five in total?

GRIFFITHS: We always aimed to have five, in my recollection, back in the day. But depending on our acuity whether we would need all five... So I think in my statement I wrote that if it was a Wednesday, we wouldn't particularly order, we would wait until the Thursday so we had five bags ready for the weekend. So we'd always endeavour over the weekend to have a higher stock.

DRIVER: So the aim was to have five, but my question is, is that five in total or five Start-ups and five Maintenance?

GRIFFITHS: In my recollection, we would have five of each.

DRIVER: Five of each. But that doesn't accord with --

GRIFFITHS: No, no, but I think this stock changes depending on how often...

DRIVER: Mr Johnson's passed me a note, which suggests that CIVAS might stand for Centralised Intravenous Additive Services; does that ring a bell?

GRIFFITHS: Yes, it's a sterile area where they could make up the bags.

DRIVER: Thank you. I wonder whether Mr Murphy can assist us to look inside the fridge to see the contents.

Let's do it shelf by shelf. Do you recognise those contents?

GRIFFITHS: Yes.

DRIVER: Are you able to help us with the bottle or would that be pure guesswork?

GRIFFITHS: The bottle, I presume, would be morphine because that's a liquid and we always had to keep that in the refrigerator. And that was Oramorph.

Then we would have the eye drops we use for retinopathy. They are in the boxes, the purple and the blue.

DRIVER: Towards the rear of the shelf?

GRIFFITHS: Yes.

DRIVER: The orange plastic looking case?

GRIFFITHS: I'm not sure what was in the orange or in the small boxes, I'm sorry. I think that was a cream, the small light boxes, which we would use for eye infections.

DRIVER: Did you store insulin in this fridge?

GRIFFITHS: We did.

DRIVER: Was the insulin a brand called Actrapid?

GRIFFITHS: Yes.

DRIVER: Might I show you a box of Actrapid that we've already -- the jury have already seen through Professor Hindmarsh, I think. I would like you to study the packaging of that product, please.

GRIFFITHS: Yes.

DRIVER: I'd invite you to study the packaging of that product and compare it to the image on the top shelf, please.

GRIFFITHS: I presume that is the amber yellow line on the image.

I can't read the writing. That looks very similar, yes.

DRIVER: I wonder whether the Actrapid box could be shown to the jury again, please.

MR JUSTICE GOSS: Yes.

(Handed)

(Pause)

MR DRIVER: Mrs Griffiths, was the Actrapid insulin stored in this refrigerator in 2015 and 2016?

GRIFFITHS: Yes.

DRIVER: And having reminded yourself of the manufacturer's packaging and had an opportunity to compare and contrast that to the image in the refrigerator, is that Actrapid insulin on that shelf in your opinion?

GRIFFITHS: Yes.

DRIVER: Thank you.

MR JUSTICE GOSS: Two boxes, the two white boxes next to the orange ones?

GRIFFITHS: Yes.

MR JUSTICE GOSS: They're on their side and one can just about see the yellow lines.

MR DRIVER: Thank you.

Could Mr Murphy take us to the next shelf? It appears to be something labelled "potassium infusion".

GRIFFITHS: Yes. That's also a controlled drug and that's kept in the refrigerator and that's made up in the CIVAS and it's in a specific box like that so it's not mistaken for anything because it's quite a potent drug.

DRIVER: Thank you. Do you recognise the product to --

GRIFFITHS: The other boxes are the Curosurf, which we would administer through an ET tube at birth, and that's the surfactant.

DRIVER: And the jury have heard about that, that is to assist a baby's lungs mature --

GRIFFITHS: Correct.

DRIVER: -- to enable better respiration?

Were these items always kept in a set place?

GRIFFITHS: Yes, pretty much, yes.

DRIVER: Could we look at the next shelf, please?

It appears to be a clear plastic bag with something written on the outside of it in marker pen of some kind containing objects. Do you recognise that?

GRIFFITHS: The syringes we would use would be morphine syringes, which would be made up in dextrose and then we'd also have saline syringes made up, and that's for IV/UAC/UVC lines because they had been made under sterile conditions.

DRIVER: Is that what is on that shelf?

GRIFFITHS: Yes.

DRIVER: Thank you. One shelf down, some darker looking fluid, is it, in a bag?

GRIFFITHS: Yes. That I believe would be TPN that's potentially got vitamins in because that's like protected, photosensitive. So the ones encased in the brown would be, I believe, pharmacy -- ones that have been made specific for a baby in CIVAS.

DRIVER: So prescription TPN bag --

GRIFFITHS: Yes.

DRIVER: -- you think. Are you sure or you think?

GRIFFITHS: Um... No, I think, because it would never come up in a bag that colour.

DRIVER: Sorry, could you explain that last answer?

GRIFFITHS: Our Maintenance bags --

DRIVER: Stock bags?

GRIFFITHS: The stock bags, I think they would be clear.

DRIVER: I think we may look at them in a moment, but I'm just asking whether you're sure that this is a prescription TPN bag.

GRIFFITHS: (Pause). Now you've put me on the spot, I'm not sure.

But it would normally not come in a sealed bag, brown, like that.

DRIVER: Let's look at the shelf below.

GRIFFITHS: Oh yes. Yes.

DRIVER: Do you recognise those objects?

GRIFFITHS: Yes, they are definitely our stock of Babiven and Maintenance.

DRIVER: Stock of Babiven?

GRIFFITHS: Yes.

DRIVER: Is that how the stock Babiven would be stored or was stored in 2015/2016?

GRIFFITHS: Yes.

DRIVER: And the shelf, the stock Babiven shelf, would that be used to store both Start-up and Maintenance bags or were they put on separate shelves?

GRIFFITHS: No, they would go on the same shelf.

DRIVER: Was that shelf -- did it have the capacity for ten bags?

GRIFFITHS: Yes, and we can flex up on to the shelf above if we needed to.

DRIVER: Thank you. Let's, for the sake of completeness, go to the next shelf. Do you recognise those products or not?

GRIFFITHS: Yes, they're immunisations, baby immunisations.

DRIVER: Thank you. And below, the base of the fridge the floor of the fridge.

GRIFFITHS: I can't read what that says.

DRIVER: And you don't recognise it?

GRIFFITHS: But we could use that additional space for any additional bags if we needed to, depending on the acuity and how many babies were receiving parenteral nutrition.

DRIVER: Acuity in this sense means the need, the nursing need, the clinical needs of the babies --

GRIFFITHS: Correct.

DRIVER: -- that were in the unit at the time?

GRIFFITHS: Yes.

DRIVER: Thank you. I wonder whether Mr Murphy could pan out, as they say.

To the left of the fridge as we look at it, away from the door, there appears to be some shelving.

Do you recognise that set-up?

GRIFFITHS: Yes.

DRIVER: Let's just, perhaps a little more quickly, try and do the same again, go from top to bottom, Mr Murphy.

The top shelf?

GRIFFITHS: I think actually, these shelving system that we're seeing there, that was actually opposite the nursery 1 at the time of 2015/2016.

DRIVER: Thank you. So this tower of shelves in this photograph were not in that position in 2015/2016?

GRIFFITHS: Correct.

DRIVER: Is that your evidence?

GRIFFITHS: Yes.

DRIVER: Thank you. However, there was such a tower of shelves elsewhere within the unit?

GRIFFITHS: Correct.

DRIVER: Where was that kept?

GRIFFITHS: It was in a small room opposite nursery 1.

DRIVER: Thank you. Did it contain the objects --

GRIFFITHS: Yes.

DRIVER: -- as per the photograph?

GRIFFITHS: Yes.

DRIVER: So same tower, same contents?

GRIFFITHS: Correct.

DRIVER: Different location?

GRIFFITHS: Yes.

DRIVER: Thank you. If we could pan out, please, Mr Murphy, and see what those contents are.

It seems to be a 2ml syringe at the top or syringes at the top; is that right?

GRIFFITHS: Correct.

DRIVER: 5ml below; yes?

GRIFFITHS: Yes.

DRIVER: 10ml syringes below that?

GRIFFITHS: Yes.

DRIVER: I can't quite read the label on the shelf below.

Thank you, Mr Murphy.

Does it say --

GRIFFITHS: They're 20ml syringes.

DRIVER: 20 ml. Below that, oral straws and bungs?

GRIFFITHS: Yes.

DRIVER: Enteral drainage bags?

GRIFFITHS: Yes.

DRIVER: Could you assist us to understand what they are?

GRIFFITHS: They would just be something you put on the end of a nasogastric tube just to allow any drainage, free drainage.

DRIVER: So free drainage, aspiration?

GRIFFITHS: Yes.

DRIVER: Thank you. And below that, self-evidently, different sized nasogastric tubes; yes?

GRIFFITHS: Yes.

DRIVER: For completeness let's go all the way down.

GRIFFITHS: They were just dressings.

DRIVER: Thank you.

GRIFFITHS: I think everything on that side was to do with oral feeds: oral syringes, the nasogastric tubes. And then the testing strips you can see in the white, with the coloured -- on the tube bottle. And they're to test the pH of the nasogastric tube and then any dressings we needed to fix the nasogastric tube to the face.

DRIVER: And we can see some ointments beneath that?

GRIFFITHS: Yes.

DRIVER: Thank you. So this tower of drawers and content was elsewhere. Was it in a closed and locked place or was it in an open place?

GRIFFITHS: In an open place.

DRIVER: Thank you.

GRIFFITHS: So easy access.

DRIVER: In relation to the room that we're looking at now, are you able to guide us to the place where that tower of contents would have been housed?

GRIFFITHS: Yes. If you go through the brown double doors there, you can see a TV screen in front, and then you would take a right and it would literally be the next right.

So adjacent to that whiteboard there, it'd be behind there.

DRIVER: Thank you. We can see a whiteboard with nursing notes or messages?

GRIFFITHS: That's our huddle board where we'd meet and have a huddle in the morning, but that wasn't there in 2015.

DRIVER: So the tower of syringes, et cetera, would be just to the --

GRIFFITHS: Behind, in another room.

DRIVER: Thank you. I'm grateful. Mr Murphy, if we could take the photographs down now, please.

You told us before we looked at the photographs about how, on a nightly basis, one of the members of staff would assume the responsibility of checking stock levels?

GRIFFITHS: Correct.

DRIVER: Was that always a particular and designated member of staff or was that just on an ad hoc basis?

GRIFFITHS: It would always have to be a registered nurse that undertook those checks and depending, you know, on the acuity, it would be more of the junior nurses or it would be the shift leader.

DRIVER: Does it follow if there was a need then a request would be made to replenish low stocks?

GRIFFITHS: Correct.

DRIVER: Was that done through, I'll get the title right, a requisition book?

GRIFFITHS: Correct.

DRIVER: And have you been asked to and previously provided the requisition book as an exhibit --

GRIFFITHS: Yes.

DRIVER: -- for the period that we're interested in? I wonder whether this could be given to the witness, please.

(Handed)

We're primarily, Mrs Griffiths, interested in the period in and around early August 2015. We've taken some photographs of the booklet that's in your hands and Mr Murphy will now put them on screen for us. I'm going to take us first -- and you can look at the real thing, Mrs Griffiths, if you wish, it's your page number or the booklet's page number, I should say, 2934. And for Mr Murphy it's our J27431. Thank you.

You tell us when you're ready, Mrs Griffiths.

GRIFFITHS: Yes.

DRIVER: We can see that somebody has written in an asterisk, CIVAS, Centralised Intravenous Additive Services, and then another asterisk. That page is dated 30 June 2015, is it?

GRIFFITHS: 30 June, yes, correct.

DRIVER: 30/6/15. We can see on that occasion if we look down to the bottom of the page that Nurse M Taylor -- Melanie Taylor?

GRIFFITHS: Correct.

DRIVER: On that occasion, she was one of the registered nurses on the unit?

GRIFFITHS: Yes.

DRIVER: It just so happens on this occasion, on 30 June, she checked the stock, it would appear?

GRIFFITHS: Yes.

DRIVER: And ordered some replenishment for that stock which on this occasion, 30 June, include a Babiven Maintenance bag, one quantity, looking to the right, and a 500ml bag.

GRIFFITHS: Correct.

DRIVER: We understand, could you confirm, that these bags come in 500ml or 1 litre sizes?

GRIFFITHS: 500ml.

DRIVER: You'd always use a 500 --

GRIFFITHS: We'd never use a litre.

DRIVER: I'm grateful. For the sake of completeness, we can see at the same time Nurse Taylor ordered some other items, intubation kits and some heparin?

GRIFFITHS: Correct.

MR DRIVER: My Lord, I'm going to take Mrs Griffiths to the pages where there are orders for replenishment of Babiven bags, but skip over other pages where there isn't, and I've already provided my learned friends with my note as to where and when orders were made.

Could you go next, please, Mrs Griffiths, to the booklet, page number 2944? It's Mr Murphy's page J27441.

Our image isn't great. You've got the real thing in front of you. Does that record that on 16 July 2015 --

GRIFFITHS: Yes.

DRIVER: -- a nurse by the name of [Nurse D] --

GRIFFITHS: Correct.

DRIVER: -- ordered the replacement of amongst other things a Maintenance Babiven bag, always 500ml you told us, a single bag on that occasion?

GRIFFITHS: Correct.

DRIVER: And from my reading of the booklet, that was the first such order since 30 June, the Nurse Taylor order that we looked at first?

GRIFFITHS: Yes.

DRIVER: Next page, please, and it's literally the next page, booklet page number 945.

MR JUSTICE GOSS: Sorry, did you say -- the date of the last one, sorry? I was trying to make a note and I was looking at the screen at the same time.

MR DRIVER: Certainly. Our first was Nurse Taylor on 30 June.

MR JUSTICE GOSS: Yes, that was just an example, wasn't it?

MR DRIVER: It was. The second, [Nurse D] on 16 July 2015.

MR JUSTICE GOSS: That's it, yes.

MR DRIVER: Now we're going to 17 July 2015. The following day. Nurse A Simpson, can you confirm?

GRIFFITHS: Correct.

DRIVER: Ailsa Simpson. On that occasion there were two orders for this type of product. Firstly, Babiven Start-up, as she's described it.

GRIFFITHS: Correct.

DRIVER: Quantity 2?

GRIFFITHS: Yes.

DRIVER: Immediately below, Babiven Maintenance?

GRIFFITHS: Yes.

DRIVER: Quantity 2?

GRIFFITHS: Yes.

DRIVER: The next relevant entry is at booklet page number 2951, our exhibit J27442 -- sorry, you're right, Mr Murphy, I was wrong. That's the page. Booklet 2951. I'll wait for you, Mrs Griffiths.

GRIFFITHS: Yes.

DRIVER: Thank you. Date, 23 July 2015.

GRIFFITHS: Yes.

DRIVER: Nurse K Brammall?

GRIFFITHS: Correct.

DRIVER: The order on 23 July, objects including Babiven Start-up times 2?

GRIFFITHS: Correct.

DRIVER: Next page number, booklet page number 2957. Date, 3 July 2015.

GRIFFITHS: I've got 3 August.

DRIVER: You're quite right. 3 August 2015. My error. The nurse making the order, Ailsa Simpson.

GRIFFITHS: Correct.

DRIVER: And the nature of the order included, at the bottom:

"Start-up (Babiven). Quantity 2."

GRIFFITHS: Correct.

DRIVER: That's the same object, just described a little differently?

GRIFFITHS: Yes.

DRIVER: So 3 July, two Start-ups.

Next page, booklet page number 2967, our J27464.

Now, 11 July -- 11 August, I'm stuck in that rut.

Do you have that page?

GRIFFITHS: Yes, I do.

DRIVER: 11 August. Start-up -- sorry, yes. Nurse Simcock?

GRIFFITHS: Yes.

DRIVER: "Start-up TPN times 2"?

GRIFFITHS: Correct.

DRIVER: And Maintenance TPN, one bag?

GRIFFITHS: Correct.

DRIVER: Nurse Simcock hasn't recorded the size of those bags, but you've told us it would just have to be a 500ml bag?

GRIFFITHS: Correct.

DRIVER: Thank you very much.

Does that booklet represent, so far as you're aware, the only existing record -- the only existing source of audit for stock Babiven bags ordered into the unit during this period of time?

GRIFFITHS: Yes.

DRIVER: For any of those dates we've looked at, the booklet tells us the type and quantity of the order, but is there any way of knowing what was in the fridge at the time that order or those orders were made?

GRIFFITHS: No.

DRIVER: A little earlier in your evidence, you told us of the stage in the week when top up/replenishment orders would typically be made. Could you remind us of when they would be made and why they'd be made then?

GRIFFITHS: Obviously we would check it every night. That's part of our daily checks. But we'd always check on a Monday to make sure that -- you know, it wasn't replenished during the weekend and then we would also make sure on a Thursday night we had sufficient on to order for Friday so we had enough to last us for the weekend because CIVAS only operated Monday to Friday.

DRIVER: So at the beginning and the end of what people would regard as the working week, obviously there is a seven-day working week in the unit, but Monday to Friday, the system was that checks would be undertaken?

GRIFFITHS: Bigger checks -- you know, you'd make sure that you had enough for --

DRIVER: To get through the weekend?

GRIFFITHS: Yes.

DRIVER: And then replenish what may have been used during the weekend --

GRIFFITHS: Yes.

MR DRIVER: -- just past? Thank you very much, Mrs Griffiths.

Cross-examination by MR MYERS

MR MYERS: I just want to go over the same ground with some additional questions, Mrs Griffiths.

I wonder, Mr Murphy, if we could just put up the first photo which you put up of the treatment room, which is J160.

Just for our record, we understand these photos were taken on 14 February 2019. We can check that but that's what we understand it to be. And as you've said, some aspects of this may have looked different 4 years before.

GRIFFITHS: Correct.

MYERS: Thank you. With regard to the treatment room, Mrs Griffiths, that we see here, it's a variety of items that are kept on the shelves that might be required in the unit; is that correct?

GRIFFITHS: Correct.

MYERS: And so whatever the particulars were in 2015, was it a place people had to come to if they needed to fetch equipment needed on the unit?

GRIFFITHS: It would be more for equipment. You can see the trolleys on the right-hand side, they are for procedures, so cannulas or anything.

MYERS: And was access to this room limited to -- who would use this room or go into it, sorry?

GRIFFITHS: Mainly nurses and doctors.

MYERS: Right. Was the room locked or was it open to anybody?

GRIFFITHS: Open.

MYERS: Were there particular times that people would go in or could they go in at any time to get whatever they needed for whatever was taking place?

GRIFFITHS: It was 24 hours access.

MYERS: Thank you. We know that between -- well, at the end, in 2016 the unit was redesignated a level 1 from a level 2.

GRIFFITHS: A level 1.5 actually, yes.

MYERS: But redesignated from a level 2. Did that affect in any way the organisation of the room as far as you can remember in terms of the type of things kept there?

GRIFFITHS: I think back in the day we did have a lot more equipment, we'd have a lot more ventilators, CPAP, so it was quite a lot, you know. Where the stack of shelves are, that would be full of all ventilation equipment.

MYERS: Right, thank you. I'm going to ask you about the keys next. Is it one bunch of keys that would start with the shift leader with the keys to the different locked areas on it?

GRIFFITHS: Yes.

MYERS: And would it mean that then whoever needed to get into one of those locked areas would have to find either the shift leader or the last person to have the keys?

GRIFFITHS: Correct.

MYERS: So is the idea that because of the security nature of them they'd certainly be in somebody's possession throughout?

GRIFFITHS: Yes.

MYERS: You explained that there were three areas that were -- the keys gave access to. One of them was the fridge that we see in the treatment room; is that correct?

GRIFFITHS: Correct.

MYERS: The other was the controlled drugs cupboard?

GRIFFITHS: Correct.

MYERS: And then the third one was the keys to non-refrigerated items?

GRIFFITHS: Correct.

MYERS: Were those non-refrigerated items kept in a particular cupboard or a unit?

GRIFFITHS: They were always in nursery 1, that was our intensive care room.

MYERS: Right. So we've got keys that are used for the fridge in the treatment room and, on that same bunch of keys, a key or keys used for non-refrigerated items kept in nursery 1?

GRIFFITHS: Correct.

MYERS: And was the controlled drugs cabinet also in nursery 1?

GRIFFITHS: Correct.

MYERS: So as it happens, whoever needed to get controlled drugs or non-refrigerated items would go to nursery 1 with the keys to get them?

GRIFFITHS: They mainly stayed in nursery 1. If we knew we had -- the acuity was quite high, that would be the room you'd need it more.

MYERS: Right. But people who would want controlled drugs or non-refrigerated items would have to go to nursery 1 to get them?

GRIFFITHS: Nursery 1 or if the shift leader had them, yes.

MYERS: Sorry, I wasn't clear. To access controlled drugs you'd have to go into nursery 1 to get the controlled drugs?

GRIFFITHS: Sorry, yes.

MYERS: And similarly for non-refrigerated items you would have to go into nursery 1 to get them?

GRIFFITHS: Correct.

MYERS: So people from various parts of the unit might be going there to collect those items?

GRIFFITHS: Correct.

MYERS: Thank you. That was my fault, I wasn't clear about that.

Could we just have a look, please, at the photograph of the fridge, Mr Murphy, and the top shelf, if you would, please. If we could zoom in on the top shelf, I'd be grateful.

One item I'd like to ask you about, if we look there, can you see there's what look like plastic -- translucent plastic bags?

GRIFFITHS: Yes.

MYERS: The cursor is just on them now. Do you recall what was contained within those?

GRIFFITHS: -- depicted on the sides of them, I presume they were the intubation drugs that we would use because they'd be in a very small 1ml syringe.

MYERS: Right. And did you have them there so they were ready to be used or ready to go in the event that there had to be intubation performed quickly?

GRIFFITHS: Correct.

MYERS: Thank you. I suppose I should check: whilst there are some changes to what we see here between 2015 and 2019, those intubation drugs were kept in that place in 2015, weren't they?

GRIFFITHS: Yes.

MYERS: I'm just going to ask you something about some further entries in that requisition book, if I may, please, Mrs Griffiths.

We've looked with you at the period between 30 June and 11 August, we looked at pages from there and we've seen that on various dates then, in fact, there's a total of 10 Start-up bags -- sorry, eight Start-up bags and five Maintenance bags that were ordered over that period.

I would just like to follow on, just taking us up to the early September period. You have the book there, you've just inspected it briefly. I wonder if you could go to page 2974.

My Lord, I don't think the images of these are on the system, this comes from looking in the book now, but we can make sure a record is available to the jury.

GRIFFITHS: Yes.

MYERS: Thank you. Page 2974. Is that 14 August?

GRIFFITHS: Correct.

MYERS: On that day is there one bag of Babiven Maintenance, 500, that is ordered?

GRIFFITHS: Correct.

MYERS: I don't have the book in front of me, but perhaps for the sake of completeness, who put the order in for that, could you tell us?

GRIFFITHS: It was Ms Butterworth.

MYERS: Bernadette Butterworth?

GRIFFITHS: Yes.

MYERS: Thank you. Next one, following the same way that we did before, if we go to page 2977, please. That's 18 August, isn't it?

GRIFFITHS: Correct.

MYERS: Is there one Maintenance bag that is ordered on that day?

GRIFFITHS: Correct.

MYERS: And again, who put that order in, please?

GRIFFITHS: [Nurse C].

MYERS: Thank you. Next, please, the following day, 19 August.

Requisition page 2978.

GRIFFITHS: Yes.

MYERS: Is there a further bag of Maintenance that's ordered on that day?

GRIFFITHS: Correct.

MYERS: Who ordered that, please?

GRIFFITHS: M Taylor.

MYERS: So Melanie Taylor.

Can we move forward, please, to 24 August, page 2982?

GRIFFITHS: Yes.

MYERS: On that day, do you see there's two bags of the Babiven Maintenance and two Start-up bags?

GRIFFITHS: Correct.

MYERS: Who put that order in, please?

GRIFFITHS: [Nurse D].

MYERS: Thank you. I'm not suggesting there's anything significant to who put the order in, but since we had the names before I'm doing that with this.

Finally, could we go to 7 September, page 2998?

That's 7 September. Is there one Babiven Maintenance that day?

GRIFFITHS: Yes.

MYERS: Who is that from, please?

GRIFFITHS: [Nurse E].

MYERS: Finally, just go to the following day, 8 September.

2999. Is there a further bag of Babiven Maintenance then?

GRIFFITHS: Correct.

MYERS: And who is that, please?

GRIFFITHS: Ailsa Simpson.

MR MYERS: Ailsa Simpson. So looking at that again, between 14 August and 8 September, there's a further two Start-up bags and seven Maintenance bags that were ordered. I have just added that up. Thank you, Mrs Griffiths.

MR DRIVER: My Lord, to assist everybody, between us the parties will create a table with that information on that can be put on to the additional file, lest anybody wants to remind themselves of the detail.

MR JUSTICE GOSS: I was going to ask that at least I got a table of that. It would be helpful if there was one available for people to look at because there's a lot of detail.

MR DRIVER: I have no re-examination of the witness. Does your Lordship have any questions?

MR JUSTICE GOSS: I don't, thank you very much. Thank you, Mrs Griffiths, for coming back and giving evidence.

I haven't checked whether you are due to return.

GRIFFITHS: I am, yes.

MR JUSTICE GOSS: Well, what I said to you before still applies: don't talk to anyone about anything to do with this case until it's all over. Thank you very much indeed. Just leave the exhibit there then. Thank you very much.

Right. We'll have to have a brief adjournment. How long do you think the next witness will be, roughly?

I'm just thinking about the mid-morning break.

MR DRIVER: I'm told the next witness will be very quick.

MR JUSTICE GOSS: All right. We'll just have a short break of what I hope will be a 2 or 3-minute break now.

(In the absence of the jury)

MR JOHNSON: The next witness doesn't have a screen, but the witness after that, there is an application, so if I could -- it's only just been received. My learned friend hasn't seen it. Perhaps that can be considered during the break after the next witness.

MR JUSTICE GOSS: Yes, in our 10-minute break, exactly.

We'll just have the ability to remove the screens and the next witness to be brought up ready to go in. So this is just a few minutes, please, thank you very much.

MR DRIVER: My Lord, I may have overlooked formally to exhibit that booklet through Mr Worthington and I need to do it.

MR JUSTICE GOSS: That will be the next exhibit then, please.

(The witness withdrew)

MR JOHNSON: It's Kate Brammall next.

(Pause)

MR MYERS: My Lord, with regard to the application, the position is as it has been before, which is in principle we don't have any objection to it, nor do we in fact.

MR JUSTICE GOSS: Thank you very much.

(Pause)

We'll have the jury back in now, please.

(In the presence of the jury)

MR JUSTICE GOSS: The witness is on her way. I've tried to time it so that you came in just before she came in.

(Pause)

MS KATE BRAMMALL (sworn)

Examination-in-chief by MR JOHNSON

MR JOHNSON: Thank you. You can have a seat if you'd like one.

BRAMMALL: Thank you.

JOHNSON: Could you keep your voice up nice and high for us, please, that will mean we don't have to ask you to repeat things and that'll mean you'll be leaving us sooner.

Can we start with you, in a nice, loud voice, telling the jury your full name, please?

BRAMMALL: It's Kate Brammall.

JOHNSON: Thank you. Your occupation, please?

BRAMMALL: I'm a neonatal nurse.

JOHNSON: And Nurse Brammall, have you been employed at the Countess of Chester Hospital?

BRAMMALL: I have, yes.

JOHNSON: And were you so employed back in 2015?

BRAMMALL: I was, yes.

JOHNSON: Thank you. I think you've recently been asked to look at some rotas to confirm the fact that you were working a day shift in the neonatal unit on 4 August 2015?

BRAMMALL: Yes, I was.

JOHNSON: And having seen the applicable rota, can you confirm that you did work that shift?

BRAMMALL: I did, yes.

JOHNSON: Thank you. We've heard from other witnesses that those shifts run essentially from 8 am to 8 pm?

BRAMMALL: Yes.

JOHNSON: With a handover period --

BRAMMALL: Yes.

JOHNSON: -- at either end?

BRAMMALL: Yes.

JOHNSON: All right. Now, at this remove of time, seven-plus years on, can you remember who was your designated baby or babies on --

BRAMMALL: I can't, no.

JOHNSON: But having looked at the records, do you recall the fact that one of the children on the ward that day was [Baby F]?

BRAMMALL: Yes, following the records, yes.

JOHNSON: Have you been asked about a TPN bag that was made by the aseptic unit in the hospital and delivered to the neonatal unit that day?

BRAMMALL: Yes, I have, yes.

JOHNSON: Do you have any personal recollection now of that bag?

BRAMMALL: I don't, no.

JOHNSON: Have you ever in all your experience as a neonatal nurse added anything to a TPN bag?

BRAMMALL: No, no, it's not something we do.

JOHNSON: And specifically, have you ever added insulin to a TPN bag?

BRAMMALL: No, never.

JOHNSON: Any particular reason why you wouldn't do that?

BRAMMALL: Insulin's administered in a separate syringe and you wouldn't give it by a TPN bag.

MR JOHNSON: Would you wait there, please, in case there are any questions for you?

Cross-examination by MR MYERS

MR MYERS: Ms Brammall, you say you'd been asked fairly recently to have a look at records relating to this. In fact, looking at the statement, it's dated 29 November, is it yesterday you made your statement, so it's just in the last couple of days you were asked about it?

BRAMMALL: Mm-hm.

MR MYERS: All right. Thank you.

My Lord, we weren't anticipating Ms Brammall before the statement and we don't require her and we have no questions for her.

MR JUSTICE GOSS: Thank you very much.

I have no questions. That's it. Thank you very much.

BRAMMALL: Okay, thank you.

MR JUSTICE GOSS: You won't be -- will be or won't be? Are you expecting to come back to give evidence?

BRAMMALL: No.

MR JUSTICE GOSS: So you weren't thinking you were going to have to give evidence at all in this trial?

BRAMMALL: No.

MR JUSTICE GOSS: All right. Well, unless you are asked to, you won't be coming back again.

BRAMMALL: Okay.

MR JUSTICE GOSS: Just in case you are asked to come back I'm going to say what I say to every witness: don't talk to anyone about this case or anything to do with this case until it is all over.

BRAMMALL: Okay.

MR JUSTICE GOSS: Thank you very much. And don't -- just in case you do read anything about this, don't seek out information about what's been said during the course of the trial.

BRAMMALL: Okay.

MR JUSTICE GOSS: It's highly unlikely, as I understand it, you will be required. Thank you very much indeed for coming.

(The witness withdrew)

Right, members of the jury, we'll have our 10-minute break now. I'm sorry you're coming in and out like this, but you'll appreciate that it's the putting up and down of the screens that takes the time, and as I said, we'll have the 10-minute break. I will just check everybody is all right. Good. So at 11.55 we'll resume, thank you very much indeed.

(11.46 am)

(A short break)

(11.56 am)

MR JUSTICE GOSS: Having read the statement made by Kate Bissell, who is the next witness, I am satisfied that the criteria are met for the granting of the special measures direction applied for, namely the use of screens.

MR JOHNSON: Thank you, my Lord.

MR JUSTICE GOSS: That is now formally on the record.

Thank you very much.

(In the presence of the jury)

MR JOHNSON: Kate Bissell, please.

MS KATE BISSELL (affirmed)

Examination-in-chief by MR JOHNSON

MR JUSTICE GOSS: Please sit down again.

MR JOHNSON: You're very quietly spoken. Could you keep your voice up, please, because otherwise we'll have to keep asking you the same question until we hear the answer.

BISSELL: Okay.

JOHNSON: And could you start by, in a nice loud voice, looking over to the jury and telling them your full name?

BISSELL: Kate Anne Bissell.

JOHNSON: Thank you. Your occupation, please?

BISSELL: Health visitor.

JOHNSON: Back in 2015, what was your occupation?

BISSELL: Senior neonatal nurse.

JOHNSON: In your capacity as a senior neonatal nurse, were you working at the Countess of Chester Hospital?

BISSELL: Yes, I was.

JOHNSON: Thank you. I think 2 days ago you were asked by the police to look at the shift logs for 4 August 2015.

BISSELL: Yes, I was.

JOHNSON: Thank you. And can you confirm, having looked at the log, that you were working in the neonatal unit on that day?

BISSELL: Yes, I was.

JOHNSON: In a couple of sentences, would you tell the jury what your duties involved on that particular day?

BISSELL: Yes. So I wasn't working clinically that day. I was working on a CNST day, which is an audit and data day, so I would be sitting in the manager's office and I'd be doing audits. So I'd come out of the office, on to the neonatal unit, and I'd be performing audits such as hand washing audits, looking through the babies' notes on the unit that day, making sure that all the correct identifying labels and information were on the information, the files and paperwork for the babies.

I'd be doing audits around line insertions, so if a doctor was inserting an IV cannula that day, I'd be making sure that they adhered to the correct aseptic techniques inserting that line.

JOHNSON: Putting it in my words, does that mean that you were working, in effect, in a supervisory capacity, making sure that everybody else was doing what they should have been doing?

BISSELL: Yes.

JOHNSON: It may be more complex than that, but --

BISSELL: Yes.

JOHNSON: All right.

MR JUSTICE GOSS: You're just checking up on people. That was that you having to do: check that people were doing the job they were meant to be doing and doing it in accordance with the requirements.

BISSELL: Yes.

MR JOHNSON: All right. Has it been brought to your notice by reference to the records that that day a TPN bag was delivered from the aseptic pharmacy for a child called [Baby F]?

BISSELL: I have no recollection of that.

JOHNSON: I know you have no recollection, but have you been asked about whether you remembered that event?

BISSELL: I have been asked about it, yes.

JOHNSON: Doing what you were doing that day, given your role that day, would you have had anything to do with a bag that was delivered from the pharmacy up to the ward?

BISSELL: No, I wouldn't.

JOHNSON: Are you familiar with TPN bags generally speaking?

BISSELL: I am, yes.

JOHNSON: As a nurse have you ever added any substance to any TPN bag?

BISSELL: No, I haven't.

JOHNSON: Have you ever added insulin to a TPN bag?

BISSELL: No, I haven't.

MR JOHNSON: Thank you. I don't know whether there are any questions for you, but there may be.

MR MYERS: My Lord, no. Thank you, Ms Bissell. We didn't require Ms Bissell to attend for questioning and we have no questions for her.

MR JUSTICE GOSS: Thank you very much.

That completes your evidence. I don't anticipate you are required again. Were you aware that you were going to have to give evidence --

BISSELL: No.

MR JUSTICE GOSS: -- until a very short time ago? That completes your evidence. Thank you for coming and giving it. But just in case you are unexpectedly asked to come back and give some more evidence during the course of this case, please don't talk to anyone about this case or anything to do with it --

BISSELL: Okay.

MR JUSTICE GOSS: -- until it's all over. All right?

Thank you very much. Please just stay where you are.

Sorry about this. You know the procedure.

(In the absence of the jury)

Everyone is out of the courtroom except for people you can see here and the lawyers who are down there. So thank you very much.

(The witness withdrew)

(Pause)

(In the presence of the jury)

MR JOHNSON: Cheryl Cuthbertson-Taylor, please.

MS CHERYL CUTHBERTSON-TAYLOR (sworn)

Examination-in-chief by MR JOHNSON

MR JOHNSON: It's quite a big room and I'm a bit deaf.

CUTHBERTSON-TAYLOR: Okay.

JOHNSON: Thanks. Could you start by giving the jury your full name, please?

CUTHBERTSON-TAYLOR: Yes, I'm Cheryl Cuthbertson-Taylor.

JOHNSON: Lovely, thank you. Could you tell the jury your occupation?

CUTHBERTSON-TAYLOR: I've left the hospital now, but I worked at the Countess of Chester Hospital neonatal unit for 32 years as a neonatal assistant.

JOHNSON: Thank you. Just so that we can put that into terms that we've been using so far, is a neonatal assistant a band 4 nurse?

CUTHBERTSON-TAYLOR: A band 4 nurse, yes.

JOHNSON: Okay. So does that mean that normally, you'd be working in either nursery 3 or nursery 4?

CUTHBERTSON-TAYLOR: Yes.

JOHNSON: Might there have been the odd exception to that depending on the particular circumstances of a particular child?

CUTHBERTSON-TAYLOR: Yes.

JOHNSON: Thank you. On that screen that's just to the right of you, I'm hoping a picture will come up. Lovely, thank you.

This shows the composition of the night shift on Tuesday, 4 August. All right?

CUTHBERTSON-TAYLOR: Yes.

JOHNSON: We can see that you are the final name that appears in the list.

CUTHBERTSON-TAYLOR: Yes.

JOHNSON: We can see the other nurses that were working that night, being Belinda Simcock, [Nurse A], Lucy Letby, Sophie Ellis and Valerie Thomas.

CUTHBERTSON-TAYLOR: Yes.

JOHNSON: If we just move on to the next tile, please, Mr Murphy, what we there see is where you were primarily working.

All right?

CUTHBERTSON-TAYLOR: Yes.

JOHNSON: We have you as working in nursery 3 with a child whose initials were CE. But also we have you against the name of a child JE, but we don't know whereabouts that particular child was that night. All right?

CUTHBERTSON-TAYLOR: Okay.

JOHNSON: It's a bit a long shot, but 7 years on can you remember where JE was that night?

CUTHBERTSON-TAYLOR: No, sorry.

JOHNSON: No, no, don't apologise. Do you remember a child called [Baby F]?

CUTHBERTSON-TAYLOR: I remember the name.

JOHNSON: And do you recall that he had a twin brother called [Baby E]?

CUTHBERTSON-TAYLOR: Yes.

JOHNSON: Thank you. You were working on that particular night shift. Are you familiar with a substance called TPN?

CUTHBERTSON-TAYLOR: I know what it is, yes.

JOHNSON: Given your role in the unit, would you have any hands-on dealings with TPN as a matter of course?

CUTHBERTSON-TAYLOR: No.

JOHNSON: Can you recall ever having had any hands-on dealings with TPN, given your role?

CUTHBERTSON-TAYLOR: No.

JOHNSON: Have you ever added a substance to a TPN bag?

CUTHBERTSON-TAYLOR: No.

JOHNSON: And more particularly, have you ever added insulin to a TPN bag?

CUTHBERTSON-TAYLOR: No.

MR JOHNSON: Would you wait there, please? There may be some more questions for you.

MR MYERS: Thank you, Ms Cuthbertson-Taylor.

My Lord, we have no questions.

MR JUSTICE GOSS: That completes your evidence. Thank you very much for coming and giving it. Are you aware that you are going to be required later in the trial or not?

CUTHBERTSON-TAYLOR: No, I've not been told.

MR JUSTICE GOSS: You've not been told that you are? It's highly unlikely that you will be required again to give evidence, but just in case something arises and you do have to come back,

would you please not talk to anyone about this case or anything to do with this case --

CUTHBERTSON-TAYLOR: Yes.

MR JUSTICE GOSS: -- or carry out any research into what's been said during the course of the trial that's reported on various news feeds that are out in the public domain.

I'm saying this to every witness in your situation, you're not being distinguished from anyone else. Do you understand that?

CUTHBERTSON-TAYLOR: Yes.

MR JUSTICE GOSS: You'll understand the reason why, I'm sure.

CUTHBERTSON-TAYLOR: Yes.

MR JUSTICE GOSS: Thank you very much indeed. Stay where you are for the moment, please.

This is the last time today that you're going to have to do this.

(In the absence of the jury)

(The witness withdrew)

(Pause)

(In the presence of the jury)

MR JUSTICE GOSS: Yes, Mr Johnson, we're ready.

MR JOHNSON: Thank you, my Lord. Valerie Thomas, please.

MS VALERIE THOMAS (sworn)

Examination-in-chief by MR JOHNSON

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

THOMAS: Valerie Thomas.

JOHNSON: Thank you. A few days ago, were you asked -- well, can I start with, before your retirement, what was your occupation?

THOMAS: A nurse.

JOHNSON: We've seen a few. What sort of nurse were you, please?

THOMAS: I was a neonatal nurse in the last years of my career.

JOHNSON: Thank you. Were you working at the Countess of Chester Hospital?

THOMAS: I was.

JOHNSON: Thank you. Which band of nurse were you?

THOMAS: I was band 4, a neonatal assistant.

JOHNSON: Thank you. Over the last couple of days have you been asked to cast your mind back to events of 4 August 2015?

THOMAS: I was.

JOHNSON: And have you been shown a work rota which suggests that that day you were working in the neonatal unit?

THOMAS: I didn't see a work rota, but I know I was working from my own diary that I keep, a work rota.

JOHNSON: Can you therefore confirm that that night shift, the 4th into 5 August 2015, was a work night for you?

THOMAS: Yes.

JOHNSON: Thank you. Do you now remember children called [Baby E] and/or his brother [Baby F]?

THOMAS: I know of the two of them, but I can only remember what I read.

JOHNSON: Yes, all right. In your capacity as a band 4 nurse, had you ever come across a medicine called TPN or total parenteral nutrition?

THOMAS: I know about it, but I never -- I'm not responsible for giving it --

JOHNSON: No.

THOMAS: -- or checking it or anything.

JOHNSON: Did you ever in your career administer TPN to any child?

THOMAS: No.

JOHNSON: This may seem a ridiculous question in the light of the answer you've just given me, but have you ever put anything into a bag of TPN?

THOMAS: No.

JOHNSON: And more specifically, have you ever put insulin into a bag of TPN?

THOMAS: No.

MR JOHNSON: Thank you very much. I don't know whether there are any questions for you.

MR MYERS: No. Thank you, Ms Thomas.

My Lord, we didn't require Ms Thomas.

MR JUSTICE GOSS: We know that, but there is a reason this evidence is being given.

MR MYERS: And we have no questions.

MR JOHNSON: That was quick. Thank you very much.

MR JUSTICE GOSS: Thank you. That completes your evidence.

You're free to go. Thank you very much for coming and giving it. We're not expecting you to have to give evidence again and you're not expecting to have to give evidence again, but just in case, and this is a very remote possibility, would you please not talk to anyone about this case or anything to do with it or look up detailed reports of what's taken place during the course of the trial until it's all over?

THOMAS: Yes.

MR JUSTICE GOSS: Thank you very much indeed.

(The witness withdrew)

MR DRIVER: My Lord, there are two types of evidence to be adduced next. Firstly I'm going to read from two witness statements that have already been provided to the court at pages 12 to 24 of the bundle of statements to read.

MR JUSTICE GOSS: Yes, thank you.

Witness statement of DR SIMON WOOD (read)

MR DRIVER: Members of the jury, the first such statement is made by a Simon Wood, dated 1 April 2019.

Mr Wood states his qualifications and professional experience and leads up to stating:

"I was appointed full time in 2003 as a consultant obstetrician gynaecologist with an interest in fertility at the Countess of Chester Hospital. In 2017 I ceased practising obstetrics to concentrate purely on fertility and to run the IVF service here [that's the Countess].

"This statement relates to a baby called [Baby E]. [Baby E] was born on 29 July 2015 and passed away on 4 August 2015. He was one of a set of twins. The other twin is a boy called [Baby F]. [Baby E]'s mother is called [Mother of Babies E & F].

"[Baby E]'s gestation period at delivery was 29 weeks and 5 days. I have viewed [Baby E]'s medical notes prior to completing this statement.

"[Baby E]'s case is slightly unusual as it appears to be an in utero transfer from the Liverpool Women's Hospital. His mother, [Mother of Babies E & F], had no antenatal care within the Countess of Chester Hospital as she was booked for delivery at the Liverpool Women's Hospital.

"Her first contact with the Countess was following an arrangement for transfer to and delivery at the Countess of Chester Hospital. Delivery was required because of absent and reverse end-diastolic flow through the umbilical cord in twin 1. It was decided that the Countess of Chester Hospital was the nearest unit to the Liverpool Women's that had capacity to care for twins of that gestation.

"[Mother of Babies E & F] arrived at the Countess at 13.55 on 29 July 2015. It is documented by the admitting midwife, by the name of Williams, that she was transferred by ambulance from Liverpool with magnesium sulphate running at that point.

"On arrival at the Countess of Chester, [Mother of Babies E & F] was assessed by the ST2 trainee, Dr Harden(?). She had been given steroids on a number of days in the preceding period, that is to say the 22nd and 23rd, and then again on the 26th and 27th, and she was on magnesium sulphate, which commenced at 10.40 hours. Magnesium sulphate is initiated in preterm infants as there is evidence that it is neuroprotective.

"Dr Ward and Dr Rowe had discussions with each other, both with the patient and with the neonatal unit. With regard to the timing of the delivery, it would appear that they wanted the

magnesium sulphate to be fully run through, which gave a time of delivery at some time after 5 o'clock in the afternoon.

"I would have been on call that day and, from looking at the notes and also discussions I have had with Dr Rowe, Dr Rowe was the obstetrician of the week that week, who was covering the delivery suite between 08.30 and completion of the handover to the on-call consultant from 17.00 to 17.30 hours.

"We have a system where one consultant is on 8 until 5 or 8.30 until 5 and covering everything during the hot week but does not do their on-calls that week, and each consultant has their own set of on-calls.

"[Mother of Babies E & F] was taken into theatre at 17.20 for a spinal anaesthesia to be sited by the anaesthetist. When the anaesthetist was happy that the spinal anaesthetic was effective, I then undertook the caesarean section on [Mother of Babies E & F] along with Dr Whitton(?) who was assisting me. Also documented as present was a midwife, Adam, and a scrub nurse, Netherton.

"There were also neonatal staff present in order to take care of the babies once they were born. There would be at least one, if not two, neonatal nurses, as is the policy for a set of twins. There will have also certainly been a registrar present and the senior house officer because they usually have one (inaudible) each.

"Referring to the electronic case notes recorded at the time of delivery, surgery would have started at around 17.51, the first twin was delivered at 17.53, and the second twin at 17.54. There was nothing exceptional about the caesarean section. It was a completely and utterly routine caesarean section.

"The twins were born in good condition with Apgar scores of 9 at 5 [minutes] and 8 at 5 [minutes]. They seemed well. The blood gases were good. We always check that the gases are normal to ensure no evidence of intrauterine hypoxia. The babies were well oxygenated with no issues and were breathing fine. They then went to the neonatal unit. That was the last involvement with the twins and their mother that I had.

"[Baby E] passed away in the early hours of 4 August 2015, 5 days after he was delivered. I would not have been made aware of this. There would have been a review of [Baby E]'s death and we get to see it in the perinatal mortality meetings. They were held roughly once a month, now two-monthly.

"All stillbirths, neonatal deaths and significant morbidity are reviewed by the lead clinicians for obstetrics and paediatrics

and presented to the obstetric and paediatric department jointly at the perinatal mortality/morbidity meeting.

"Present at these meetings is a paediatric pathologist from Alder Hey who will present post-mortem findings or, if not available, then placental histology so that causes of death can be identified if possible and plans put in place for future pregnancies."

That concludes Mr Wood's statement.

Witness statement of MS LAURA NETHERTON (read)

MR DRIVER: The next statement is made by a witness who is referred to within that last read statement, Laura Netherton, dated 29 March 2018. She states:

"I am employed as a maternity support worker at the Countess of Chester Hospital and I work mostly on the post-natal and antenatal ward and also on the labour ward in the maternity building. I have worked at the hospital since February 2019 (sic).

"This statement relates to a baby called [Baby E] and I have been asked what involvement I had in relation to his care. I consulted the nursing notes, namely Meditech notes, and the theatre register for [Baby E] prior to completing this statement.

"I am aware from them [the notes] that he was born on 29 July 2015, he was one of a set of twins, and was the first born of the two of them. They were born at 29 weeks' gestation.

"I don't have any recollection of the birth from memory due to the passage of time, but have looked through the notes and I can confirm I was present at the birth of [Baby E] and his twin brother, [Baby F].

"I would have been called down for the caesarean section as I was the only scrub nurse then on duty. The role of a scrub nurse is to assist the surgeon, getting all the sets of instruments ready for when the baby is born to pass to the doctors when required, such as clamps for the umbilical cord.

"As previously mentioned, [Baby E] was born at 17.53 hours, his brother [Baby F] was born at 17.54 hours. The neonatal team were already in theatre at the time in preparation for the delivery. This is normal practice.

"I wasn't involved in any element of [Baby E]'s care after he was taken to the neonatal unit and I didn't see him again once

he was taken there. From reading the computer notes, I believe I was on shift all weekend so knew [Baby E] was in neonatal at that time and his mother was on the ward.

"I came back on duty after [Baby E] had passed away and I was informed of this at the time. He passed away in the early hours of 4 August 2015.

"I read documentation in the notes from Sue Brookes, who is a midwife, which stated that the neonatal unit had rung through for [Baby E]'s mother to come down and see him within half an hour. Reading through the notes that Sue had documented on Meditech, it states it was because the NNU staff were trying to stabilise [Baby E]. I always remember Sue saying during handover, 'I can't believe they said half an hour, she just wanted to go down'.

"Sue has documented she took mum down to see [Baby E] following this conversation. Sue didn't document who it was she spoke to. This piece of documentation is how I remember the case.

"There were no factors in [Baby E]'s delivery which gave any cause for concern apart from the fact that he was born prematurely, namely 29 weeks. They are, by definition, very small at that age and would potentially be immediately assisted with their breathing to do this. I can't see anything in the notes to indicate whether [Baby E] required any assistance. The care of babies in theatre is more under the doctors, I would say, than the midwives.

"Once a baby is delivered, they are passed over to the midwife to then take on to the resus with the doctors. Ultimately, the care normally falls under the paediatricians in theatre. Having read through the notes, I can't see anything that was flagged up as a concern. I was not involved in any element of [Baby E]'s care whilst he was in the neonatal unit."

That concludes the reading of evidence at this point.

There is just one further piece of evidence before we turn to the experts, and that's the playing of a five-minute video demonstration, which shows the procedure by which long lines are inserted, that having been an issue in the case we've considered. This might be a convenient moment to play that. We need to play it at some point.

MR JUSTICE GOSS: Certainly, we'll do that then.

MR DRIVER: Thank you. It's RC.4.21, Mr Murphy.

(Video played to the court)

MR DRIVER: That concludes this exhibit.

MR JUSTICE GOSS: Thank you very much.

Yes, Mr Johnson.

MR JOHNSON: Dr Evans is next, my Lord. I'll call him now.

MR JUSTICE GOSS: Yes, please.

MR JOHNSON: Dr Dewi Evans, please.

DR DEWI EVANS (recalled)

Examination-in-chief by MR JOHNSON

MR JOHNSON: Dr Evans, for the sake of the record, would you identify yourself, please?

EVANS: Dr Dewi Evans.

JOHNSON: Thank you, Dr Evans. As with all the other cases that we have heard about and those of which we are yet to hear, were you consulted by Cheshire Police in relation to the case of [Baby F]?

EVANS: I was.

JOHNSON: You have authored several reports in his case; is that right?

EVANS: Correct, yes.

JOHNSON: Your first report, was that dated 22 September 2018?

EVANS: It is, correct.

JOHNSON: Just to put that into context, that is in broad terms about 2 weeks less than 3 years before Professor Hindmarsh first reported in this case?

EVANS: Yes.

JOHNSON: Was your second report dated 11 December 2018?

EVANS: It was.

JOHNSON: Your third, 15 January 2019?

EVANS: Correct.

JOHNSON: Your fourth, 15 October 2021?

EVANS: Correct.

JOHNSON: And is there also another report, which is undated, just relating to some pagination issues in the medical records?

EVANS: Yes, that's 24 June 21 for the record, yes.

JOHNSON: Thank you.

Well, my Lord, I've discussed this with Mr Myers and I don't believe there is a lot between the prosecution and the defence as to how the insulin was administered.

So it may be that we can deal with Dr Evans' evidence a little more quickly than in previous cases.

MR JUSTICE GOSS: Thank you. Well, I'll leave it entirely up to you.

MR JOHNSON: Thank you.

It may help as well, Dr Evans, if the jury has Dr Hindmarsh's table of glucose values, which, if Mr Murphy would help me, could also be put on to the screen.

MR JUSTICE GOSS: Yes. Which reminds me, it was a loose document which I've kept loose. Some of you very sensibly have put it into your lever arch files. Can we find a slot for it?

MR JOHNSON: What we're going to do, my Lord, is we're going to produce a separate lever arch file with -- I've forgotten how many counts there, 22 or 24. If there are 24 counts, 24 numbered dividers and documents relating to specific counts can go behind the specific numbered divider. So this ultimately will go behind divider 6.

A good place to put it now would actually be divider 6 in what you've got because that's empty and judging from the nods I'm getting some people thought of that before I did.

MR JUSTICE GOSS: Anyway. Whether you keep it loose for the time being or whatever, but it might be worth, when we've finished looking at this, just putting it behind divider 6 in the file that you currently have.

MR JOHNSON: I can see some are way ahead of me.

Right, Dr Evans, hopefully that table will appear on the screen because this, in effect, is a short form version of what you have produced in your reports, isn't it?

EVANS: Yes.

MR JUSTICE GOSS: Once it appears.

EVANS: When it appears, yes.

MR JUSTICE GOSS: You don't have a paper copy there?

EVANS: I don't, my Lord, no.

MR JUSTICE GOSS: Never mind.

MR JOHNSON: I've got one that I've scrawled all over, I'm afraid. Here we are.

Dr Evans, can we start -- I just want to summarise the opinions that you committed to writing with the figures in mind that we have on the screen. So could I refer you, please, to your first report, which is dated 22 September 2018.

As a matter of fact, if you look at the top of page 2 of your first report, the reference number you've given [Baby F]'s case is 30.

EVANS: Yes.

JOHNSON: So is this the 30th set of medical records that you considered as part of your review process?

EVANS: Yes, it was.

JOHNSON: We've heard previously, I think, that many of your initial sift reports were dated in 2017.

EVANS: That's correct.

JOHNSON: And this is some considerable time after that initial sift?

EVANS: Yes.

JOHNSON: So is this perhaps a case that was referred later than some of the others, so far as you were concerned?

EVANS: Yes, it was. I was referred this because [Baby F] was the twin of [Baby E] and the Cheshire Police thought I should have a look at his report as well.

JOHNSON: Yes, all right. So no specific concerns were raised about the case, it was just the point that he was [Baby E]'s twin?

EVANS: Yes.

JOHNSON: All right. Can we go straight to your paragraph 60, please, which, if your pagination is the same as mine, is on page 22 of 29.

EVANS: Yes. I've got two copies because a couple of typos slipped in, which are not going to be a problem. So therefore I'm relying on the statement I wrote initially. It's paragraph 60 anyway.

JOHNSON: Yes, very good.

So at this initial stage, your initial sift, so to speak, of [Baby F]'s case -- and looking at paragraph 60, what was the issue that you raised in your first report?

EVANS: Well, the issue was really very astonishing. His insulin value was 4,657. Now, I don't commit insulin values to memory, but that was obviously very high. And equally significantly, his C-peptide level was unmeasurable, it was less than 169.

JOHNSON: Yes.

EVANS: So these were very, very striking pair of results.

JOHNSON: Did that drive you to, in effect, an immediate conclusion, that disparity between insulin and C-peptide?

EVANS: Yes, it did. There was only one explanation for this, really. If you have a very low C-peptide and a very high insulin, there is one explanation: [Baby E] had received insulin from some outside source.

JOHNSON: So using the posh word that we can all remember now, exogenous insulin?

EVANS: Exogenous insulin, yes.

JOHNSON: Okay. Did you then go to the glucose measurements that had been taken from [Baby E] and which we see on Professor Hindmarsh's table?

EVANS: Yes, I did.

JOHNSON: What conclusions did you draw as far as the timing of -- at this stage, as far as the timing of the administration of insulin was concerned?

EVANS: The first worrying glucose value was the one of 0.8, which is very, very low, and that was timed at 01.54 hours on the morning of 5 August. So I came to the conclusion that [Baby F] must have received his insulin some time just before 01.54, in other words just before this value of 0.8.

JOHNSON: Yes. Moving on to paragraph 68 of your report, so this is a very long report, it's a 29-page report and we're only dealing in effect with snapshots from it.

EVANS: Yes.

JOHNSON: But looking at paragraph 68, did you propose alternative means by which the insulin might have been or was administered?

EVANS: Yes, I did, yes, I did. Insulin has to be given by injection because you can't take it orally, it would be digested. So it has to be given by injection. You can give injections under the skin, subcutaneously, into the muscle, intramuscularly, or via an intravenous route.

And my opinion was that it was given via the intravenous route, via the intravenous route which was in use to facilitate his nutrition. So that's how I thought his insulin had been delivered.

JOHNSON: Yes. And the nutrition is what in this context?

EVANS: It's the TPN we've been talking about, the total parenteral nutrition, yes.

JOHNSON: As part of your review, did you deal with, and I'm looking now at paragraph 70 of this initial report, did you deal with the means by which [Baby F] had legitimately, in other words as a result of a prescription, been given insulin earlier in his life?

EVANS: Yes, I did. [Baby F] had insulin correctly for about 3 hours several days earlier and they were very, very meticulous in the way that the insulin dosage was calculated. They used a system we call double dilution.

Insulin in ampoule form is 100 units per millilitre, which is pretty concentrated, and therefore they diluted it initially, and then they diluted the dilution to get the dose down to an acceptable value, which I think Professor Hindmarsh said was

0.05 units per hour, I think. So therefore, they were very, very meticulous and I think we've all seen a photo of the way all of this was done.

JOHNSON: Yes.

EVANS: So very, very -- yes, a very, very meticulous method.

JOHNSON: And just so we understand, why does the medical profession adopt such a meticulous approach to the dilution of insulin?

EVANS: Well, insulin is a very dangerous drug. Insulin in overdose will drop your blood glucose value very precipitously, very quickly, causing what we call hypoglycaemia, low blood glucose. Low blood glucose is very dangerous because, untreated, it leads to a condition called neuroglycopenia, which means lack of glucose, lack of energy to the brain, and untreated, that can lead to seizures, coma or death. But if the low glucose persists for a long time, several hours, it can cause irreversible brain damage.

JOHNSON: Yes. We've heard evidence from a number of different witnesses as to the normal way in which insulin is administered --

EVANS: Yes.

JOHNSON: -- via an individual syringe which is on a metered driver.

EVANS: Yes.

JOHNSON: Have you ever heard of the legitimate administration of insulin by somebody putting it into a bag of feed?

EVANS: No, never happens. A syringe driver, by the way, involves a syringe that is 50ml in volume, so it's a large syringe, whereas these bags are 500ml, you know, the ones that hang from a stand. So therefore, insulin is always given via this 50ml syringe driver.

JOHNSON: Yes. Thank you. Can we move on, please, to your second report, which is dated 11 December, and go immediately to paragraph 9, please. This, just to put this into context, is a report written approximately 10 or 11 weeks after the original report; is that right?

EVANS: Yes.

JOHNSON: Did you give some further opinion or did you expand on your view as to how the insulin had been given?

EVANS: Yes, I did, because what's important is this: the low glucose value was 0.8, and this was just before 2 am.

The insulin level was measured several -- 16 hours later. It wasn't measured at the time of the 0.8. So all I had to go on were the notes at the time. So what I said was that there were two possibilities: he could have had two insulin injections, in other words one before the 0.8 and another before this insulin value of over 4,000, or, and I quote:

"The more likely explanation is that [Baby F] received his insulin via the intravenous fluid contained in the 500ml bag, which contained insulin."

JOHNSON: Is that something you repeated at paragraph 12 of that report?

EVANS: Yes. Yes, it is, yes.

JOHNSON: All right. So moving on to your third report, please, Dr Evans, which was 15 January 2019, so about 5 weeks after the second report and in broad terms 15 or 16 weeks after the first report.

I'd like to go to your paragraph 3, please. By this stage had you had time to examine the clinical notes in rather more detail?

EVANS: I had, yes.

JOHNSON: Was your conclusion crystallising with a greater degree of certainty?

EVANS: Yes. I mean, as a result of this, I just concluded that the insulin must have been given via the infusion, via the 500ml bag, yes.

JOHNSON: Later in the report, and I'm looking at paragraphs 5 and 6, did you note the apparent inconsistency between the rise in blood glucose and the stopping, in effect at the same time, the stopping of the glucose infusion?

EVANS: Yes, I did. At some stage the infusion was stopped and therefore, for a short time, [Baby F] did not receive any glucose. So you would expect, as a result, his glucose value to fall.

JOHNSON: Yes.

EVANS: In fact, it didn't fall, it went up, it increased. So that again adds to the clinical view that the insulin was in the 500ml bag.

JOHNSON: Putting that explanation into the context of Professor Hindmarsh's table, which we can see on the screen, is that in effect the -- is that explanation you have just given reflected by the data that is recorded at 10 am, 11.46 and 12?

EVANS: Yes, it is. If we go to 11.46, that's 1.4. So glucose, that's very low. Soon after that, the bag was -- the IV line was stopped, discontinued. So at midday the glucose had gone up to 2.4. Still low, but, you know, higher. And then the next few values are at 14.00, 16.00, 18.00, they're all low, 1.9 each, which again would suggest that [Baby F] was now receiving insulin once more.

Then the next important time is just before 7 pm, 18.55. That's when the parenteral nutrition was stopped. Soon after that, his glucose was 2.5, slightly low. And then at 21.00 hours, 21.17, his glucose value was 4.1, which is perfectly normal, and his glucose values remained above -- well, normal or slightly above normal from that time onwards.

JOHNSON: And thus did you conclude that the insulin had to have been in the bag or the bags, depending on what conclusion the jury draws, of TPN?

EVANS: It had to be in the bag or the bags, yes.

MR JOHNSON: Thank you very much.

Those are all the questions I have, thank you.

MR JUSTICE GOSS: Mr Myers, it is nearly 1.06.

MR MYERS: Yes. There may be very little, if any at all, but perhaps I can deal with that after lunchtime rather than delay any longer.

MR JUSTICE GOSS: It won't cause Dr Evans any difficulty, he will be coming back anyway after lunch. So we will have our break then now and can we say 2.05? In an hour's time. Thank you very much.

(1.06 pm)

(The short adjournment)

(2.05 pm)

MR MYERS: I should say, my Lord, there are no questions for Dr Evans, but I'll confirm that when the jury come in.

MR JUSTICE GOSS: Right, thank you.

(In the presence of the jury)

MR MYERS: My Lord, as Mr Johnson said in introducing Dr Evans' evidence, there'd been advance consideration of the areas to be covered and in light of that, we have no questions for Dr Evans.

MR JUSTICE GOSS: Thank you very much.

I have no questions. Thank you. Thank you, Dr Evans. That's it for the time being. You know the -- you'll be paying attention to the evidence that is called.

(The witness withdrew)

MR JOHNSON: Dr Bohin, please.

DR SANDIE BOHIN (recalled)

Examination-in-chief by MR JOHNSON

MR JOHNSON: Thank you, Dr Bohin. For the record, would you identify yourself, please?

BOHIN: Yes, I'm Dr Sandie Bohin.

JOHNSON: Thank you, Dr Bohin. In the case of [Baby F], have you written three separate reports?

BOHIN: Yes, I have.

JOHNSON: First and principally, did you write one dated 4 April 2019?

BOHIN: Yes.

JOHNSON: Your other reports, were they essentially dealing with pagination of material that you had been sent and just clarifying where material could be found in different bundles that the police had sent you?

BOHIN: Yes.

JOHNSON: And so it is that in essence there is one substantive report?

BOHIN: That's correct, yes.

JOHNSON: Thank you. So far as the material you received, and I'm looking at what is my page 3 of 11, if you have the same pagination --

BOHIN: Yes.

JOHNSON: -- because you were, in effect, acting as a second opinion or reviewing Dr Evans' reports, were you sent his three reports, amongst other material, those three being dated 22 September 2018, 11 December 2018 and 15 January 2019?

BOHIN: That's correct.

JOHNSON: Thank you. In essence, did you agree with Dr Evans' conclusions insofar as this was a case of insulin poisoning via the TPN bag?

BOHIN: Yes, that's correct.

JOHNSON: But specifically, and I'm looking now at your paragraph 7.5, did you conduct a careful review of the notes and identify the fact that there was material on the face of the notes to suggest that the TPN bag had been changed, first of all?

BOHIN: Yes.

JOHNSON: And that, secondly, it followed from that, given the blood sugar readings, that two bags must have been contaminated with insulin?

BOHIN: Yes. If a new long line was inserted, it would be usual practice, and normal practice, to throw away the old bag of TPN when you change a long line and to put up a brand new bag of TPN. So if the nursing staff followed normal protocol when that long line was changed, they would have put up a new bag of parenteral nutrition, which would mean that insulin would have needed to be in two bags.

JOHNSON: Just turning to your paragraph 7.12, please, Dr Bohin, which is towards the bottom of page 7, would you tell the jury what the effects of neonatal hypoglycaemia can be?

BOHIN: Neonatal hypoglycaemia is a very serious condition if left untreated and the effects can be absolutely devastating. Initially, babies may become just a little unwell, but if left untreated, they go on to have seizures, can fall into a coma and subsequently die.

And neonatal seizures, or fits, as a result of very low blood sugar are associated with a significant amount of brain damage and therefore those children are not normal and go on to have long-term neurodevelopmental problems.

JOHNSON: Did you -- I'm looking later in your report -- conclude that in essence the only reasonable explanation for what had happened was that Actrapid had been added to the Babiven?

BOHIN: Yes, because Actrapid is the only insulin kept on neonatal units and I was very sure the only way to explain the abnormally high insulin associated with a non-existent C-peptide was that insulin had been introduced into the TPN bag, and Actrapid is the only insulin available on a neonatal unit.

MR JOHNSON: Thank you. My Lord, given the way the evidence has developed, I don't see any -- I don't see that adducing any more of Dr Bohin's opinion is likely to assist the jury in determining the issues in this particular case.

MR MYERS: Nor do we have any questions, my Lord.

MR JUSTICE GOSS: Nor do I. So thank you very much, Dr Bohin, for your evidence at this stage. We will see you again.

BOHIN: Yes. Thank you.

(The witness withdrew)

MR JOHNSON: Could I recall Claire Hocknell, please, just to deal with tidying up the sequence of events? My Lord, for your note I'm going to her statement, which is documents 1742 and also 1743 on the digital case system.

MRS CLAIRE HOCKNELL (recalled)

Examination-in-chief by MR JOHNSON

MR JOHNSON: Welcome back. Would you identify yourself for the record, please?

HOCKNELL: Claire Hocknell.

JOHNSON: Thank you very much. You have done two pieces of work for us, I believe. One relates to -- one, and the more straightforward one, is tidying up one or two minor errors in the sequence of events.

HOCKNELL: Yes, that's correct.

JOHNSON: I'd like to deal with that first of all, please.

I think this concerns, and if Mr Murphy would help, please, slide 8 first of all. Then we'll go to slide 151. If we could start with slide 8. I think originally, that tile said "Wednesday, 30 July", didn't it?

HOCKNELL: Yes.

JOHNSON: And it has been corrected to Thursday?

HOCKNELL: Yes.

JOHNSON: Slide 151 next, please. I think we spotted this on the way through as well. Then click, please. I think that originally said "NG ASO" --

HOCKNELL: Yes.

JOHNSON: -- rather than "asp" for aspirate?

HOCKNELL: Yes, it was a typo.

JOHNSON: O being next to P on a standard keyboard. Thank you.

If we can deal next, please, with some research that you have done relating to other children that were in the neonatal unit at the time of [Baby F]. In other words, the children that are -- whose identities are referred to in the neonatal review.

Have you researched their medical records to see how many, if any, of the other children were on TPN on the night shift of the 4th into 5 August?

HOCKNELL: Yes, I have conducted that research.

JOHNSON: And what did you discover from your review of their medical records?

HOCKNELL: There were no other babies receiving TPN on the night shift of 4 August.

MR JUSTICE GOSS: Sorry, receiving?

HOCKNELL: TPN.

MR JUSTICE GOSS: TPN on the night shift, and I couldn't hear the next word.

HOCKNELL: On 4 August.

MR JUSTICE GOSS: Just on there?

MR JOHNSON: So that's the 4th into 5 August?

HOCKNELL: Yes.

JOHNSON: Were they all being fed either with milk or expressed --

HOCKNELL: Yes, it was either expressed milk from the mother or a donor, or indeed was receiving a fortifier with that milk.

MR JOHNSON: Thank you. I understand there are no questions.

MR MYERS: No questions, my Lord.

MR JOHNSON: Does your Lordship have any questions?

MR JUSTICE GOSS: I don't, thank you very much for coming back and correcting those matters and giving that evidence.

(The witness withdrew)

Summary of interview with LUCY LETBY re [Baby F] (read)

MR JOHNSON: My Lord, the final piece of evidence, subject to any minor additions at a later stage, concerns the interview. So this, of course, as you understand, you know the drill, ladies and gentlemen, it's very much a summary.

When she was interviewed on 10 June 2019, Lucy Letby remembered [Baby F] as the surviving twin of [Baby E].

She recalled [Baby E] as he had died and that had affected her.

She didn't remember the incident other than looking at the notes that were provided to her. She agreed that it was her signature alongside the TPN bag entry at 00.25 hours on 5 August 2015, but she could not remember whether she had administered the TPN bag or not. She identified the other signatory as [Nurse A].

She said that TPN bags were kept in the locked fridge at the bottom of the fridge and the insulin was kept at the top of the fridge. She said all nurses, including nursery nurses, had access to the fridge along with the doctors.

She said there was one set of keys that would be passed between them and that the pharmacist also had access to the fridge. She said that the relevant TPN bag would have been made up in the pharmacy and labelled "Twin 2 [Surname of Babies E & F]" in a secure bag.

It would have been marked up to this effect as this would have been checked before being set up. She was unsure whether TPN bags had a port for the addition of medication, but in any event medication would not be added to a TPN bag.

She said that if a bag had to be disconnected, it should not be reattached as it would no longer be sterile. She said if the bag had been taken off, the only circumstances in which she would reattach it would be if she could definitely guarantee that the end had been kept sterile.

She said that if a bag had to be removed, it could be replaced with a standard bag, a handful of which were kept as stock in the fridge at all times. They were not prescribed and didn't have specific children's names on them and were just generic bags that any baby could use.

She said that once a bag was disconnected, it would be disposed of in the sluice room.

Lucy Letby agreed that there was a significant drop in [Baby F]'s blood sugar in the reading at 01.54 hours on 5 August. She said this was dangerously low. She had no idea what had happened to cause the dramatic decline that followed and she denied deliberately harming [Baby F] and denied injecting him with insulin.

When she was interviewed on 12 June 2019, Lucy Letby was asked whether she had placed insulin in [Baby F]'s TPN bag. She denied this. Lucy Letby asked the police whether [Baby F]'s TPN bag was checked and asked the officers how they knew after the event whether the insulin was there at the time the bag was checked.

It was pointed out that she had conducted Facebook searches on [Mother of Babies E & F] on nine separate dates between 6 August 2015 and 10 January 2016, and on [Father of Babies E & F] on one occasion. She couldn't remember making those searches and when asked for an explanation, she thought it may have been to see how [Baby F] was getting on because, as a member of staff, you'd care about what happens to the babies and obviously they had been through a really difficult time. She couldn't recall if she'd successfully accessed an account on Facebook or whether she'd found anything.

Turning to her messaging, she didn't know why she had messaged [Nurse A] at 8.53 on 5 August with [Baby F]'s sugar levels when they had finished their night shift, but thought maybe it was to update her.

She didn't know how she had obtained the reading for 8.00, but assumed it was from looking at his charts.

So that's the summary, my Lord, insofar as it goes.

MR JUSTICE GOSS: Thank you.

MR JOHNSON: We move next to the case of [Baby G]. [Baby G]'s parents aren't here today and we wonder whether your Lordship, in those circumstances, would consider starting that evidence tomorrow.

MR JUSTICE GOSS: Right. I'm sure you'll appreciate that for the parents, this is an important situation and they can't be here today. Obviously, they're not local to Manchester, so to speak, and so we will have an earlier day.

Is there anything administrative that we can do?

I don't think there is, is there?

MR JOHNSON: I don't think so.

MR JUSTICE GOSS: We did get through the expert evidence, I think, more quickly than --

MR JOHNSON: We did. The jury will hear about [Baby G]'s problems, my Lord, so her parents have issues with (inaudible).

MR JUSTICE GOSS: All right.

Members of the jury, I didn't think we'd be finishing quite so early this afternoon in fact, but there we are. 10.30 tomorrow morning, please, and we'll move on to [Baby G]'s case and hear the evidence in relation to that in the same format, obviously, as we've been hearing all the other children.

In the meantime I remind you again -- I'm duty-bound to do this at very regular intervals -- remind you of your responsibilities as jurors, with which you are well familiar. I hope you still have the sheets of paper I gave you, the formal printed document and the one that I caused to be printed out with essentially the bullet points. Adhere to them all, please, I am sure you are, but do adhere to them and have them with in mind.

Thank you very much. 10.30 tomorrow morning.

(In the absence of the jury)

Housekeeping

MR JUSTICE GOSS: Mr Johnson, you did previously give me a bundle of the summaries that you have read to the jury of the

interviews and I haven't brought my copy in, but I don't know whether it did include the summaries that you have just read out or not.

MR JOHNSON: Probably not because I only received it this morning.

MR JUSTICE GOSS: Ah well. Could perhaps Mr Driver organise -- is that a spare one?

MR MYERS: It is, yes, my Lord. I'm grateful to Ms Clancy for that.

(Handed)

MR JUSTICE GOSS: Thank you. I can add it to my bundle.

MR JOHNSON: I've already managed to lose mine.

MR JUSTICE GOSS: As we have a moment or two, can I just go back to the request that I made about some of the charts being provided in paper form.

MR JOHNSON: Yes.

MR JUSTICE GOSS: I don't think there need to be very many, actually.

MR JOHNSON: It varies from case to case, but for most cases certainly there's very few.

MR JUSTICE GOSS: But in relation to [Baby F], I think it's probably two or three.

MR JOHNSON: Yes.

MR JUSTICE GOSS: Perhaps when you have an opportunity -- I know you're very busy, but when you do have an opportunity, could you work out which ones and then they can be distributed to the jury so that we can -- otherwise, as time goes by, we'll forget about it.

MR JOHNSON: Of course. We do have it very much in mind.

As I said earlier, I think what we're intending to do is to provide --

MR JUSTICE GOSS: A separate file?

MR JOHNSON: A separate file with a divider for every count and then maintain the pagination that we've all been working with

and is on the electronic presentation anyway, and therefore it should work very easily.

MR JUSTICE GOSS: Good.

MR JOHNSON: I know the files are in our room. I'll see if we can start the process tomorrow and backfill at a later stage with -- Mr Myers and I have already discussed the first two cases, counts 1 and 2, the [Babies A & B], and I think we've probably come to an agreement on that, and with that agreement in mind the rest is probably fairly straightforward and accords with the view your Lordship has just expressed, that in each case there's, at most, probably about half a dozen pages or so.

MR JUSTICE GOSS: Thank you very much. I'll leave that with you. Good. Thank you.

Mr Myers, will you be wanting to see -- someone will be?

MR MYERS: Someone will, yes.

MR JUSTICE GOSS: Could she not be taken away immediately from this building? Someone will be coming to see Ms Letby in the next 10 minutes or so.

MR MYERS: Thank you, my Lord.

MR JUSTICE GOSS: Thank you very much indeed.

(2.27 pm)

(The court adjourned until 10.30 am on Thursday, 1 December 2022)