

18 January 2023

Baby G

+Baby H: Parents' statements + Kate Tyndall (Police Analyst)

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Examination-in-chief by MR JOHNSON

Wednesday, 18 January 2023

(10.30 am)

(In the absence of the jury)

MR JUSTICE GOSS: Mr Johnson, it has been a long time since the court sat on this trial and it may be helpful, just before you resume calling the evidence -- and I thank you or Mr Driver for the witness list, I anticipated it would have been amended from last week's to the format for this week -- just very briefly to remind the jury as to what this evidence is going to go to, which counts, just because it is a number of -- you're prepared for that? Good, I thought you would be.

Thank you.

(In the presence of the jury)

Good morning, members of the jury. We've had a slightly longer break than the long break that we were going to have had in any event for the Christmas holiday period. We're going to resume now with the evidence and pick up where we left off before Christmas. Mr Johnson is just going to remind you of the context of where we are, I'm sure you remember. It is [Baby G] and it is

in relation to the two counts -- there were three counts of alleged attempted murder. We are now going to deal with the second and third counts. That's right, Mr Johnson, isn't it?

MR JOHNSON: It is, my Lord. It may help you, ladies and gentlemen -- and it's an exercise I did myself, really, just to recalibrate my own thoughts -- just to go to the indictment if you would, page 3.

Bundle 1, divider 1, page 3. You'll remember that there are three counts relating to [Baby G]. They are counts 7, 8 and 9. Insofar as count 7 was concerned, we'd concluded all that evidence. That was the projectile vomiting that ended up on the floor and on the chair next to the cot, you'll remember, on 7 September 2015.

The evidence that we heard in the week before the break concerned counts 8 and 9, which are two events on the same day. The first, count 8, was at 10.15 on the morning of the 21st, so exactly 2 weeks after count 7; that concerns projectile vomiting again. And count 9 was an incident where [Baby G] desaturated where she had been detached from the monitor and the monitor was switched off. I'm sure you remember that and you will remember Dr Gibbs, Dr Harkness, [Nurse B] and others telling you about that.

What we're about to do is to call Doctors Evans and Bohin to deal with counts 8 and 9. They have, of course, already dealt with count 7. I say "and count 9": they don't deal at all with count 9, that's a factual issue as to what was going on from the witness evidence. So far as Doctors Bohin and Evans are concerned, their evidence is limited to the vomiting and desaturation that's represented by count 8.

And just to help you to put yourself back into what you were thinking just before we finished for the break, when Dr Evans comes in I'll probably spend about 2 or 3 minutes running through the chronology of [Baby G] from birth to the events of the 7th and then the 21 September, just to remind you of the key dates.

We are not going to go over all the evidence again. It just may be helpful just to put you back into the way you were thinking and what you were thinking a month ago. All right? So Dr Evans, please.

MR JUSTICE GOSS: Thank you.

DR DEWI EVANS (recalled)

Examination-in-chief by MR JOHNSON

MR JOHNSON: Welcome back, Dr Evans. For the record would you identify yourself, please?

EVANS: Dr Dewi Evans.

JOHNSON: Thank you, doctor. You have already told the jury that you have written several reports relating to [Baby G]; is that right?

EVANS: Yes.

JOHNSON: And so far as the incidents of 21 September 2015 are concerned, you address those first in your report of 24 March 2019 --

EVANS: Yes, that is correct. That is something I had overlooked in my first report.

JOHNSON: Yes. Well, I'll come to that in a second, but can we just go back to your -- just to set the scene, as it were, and to remind the jury of [Baby G]'s progress. Can we look at your report of 31 May, please, 2018?

EVANS: Yes.

JOHNSON: So far as that report was concerned, that followed your initial sift report, didn't it?

EVANS: Yes, it did.

JOHNSON: Which was compiled, like so many others, in the latter part of 2017?

EVANS: Correct.

JOHNSON: If you wouldn't mind, please, could you go to page 3 of 16 of your report of 31 May 2018. There you deal with [Baby G]'s clinical progress; is that right?

EVANS: Yes.

JOHNSON: Your paragraph 6 makes it clear that she was born on 31 May 2015.

EVANS: Yes.

JOHNSON: She was of very, very low weight at birth, 535 grams.

EVANS: Correct.

JOHNSON: And she had been born at Arrowe Park Hospital, which of course we know is a tertiary centre.

EVANS: Yes.

JOHNSON: There then followed a prolonged course of treatment at Arrowe Park.

EVANS: Yes.

JOHNSON: Which included a transfer to Alder Hey Children's Hospital in Liverpool, where what's called a Broviac line was inserted to administer medication and feed; is that correct?

EVANS: That's correct, yes.

JOHNSON: And [Baby G] was transferred from Arrowe Park to the Countess of Chester Hospital on 13 August 2015.

EVANS: Yes.

JOHNSON: You reviewed her treatment from 14 August through to 7 September -- and 7 September, of course, was the occasion on which [Baby G] produced a projectile vomit, which got as far as the chair next to her cot --

EVANS: Correct, yes.

JOHNSON: -- and also the floor. And 45ml of feed was removed from her stomach after the vomiting.

EVANS: Correct.

JOHNSON: And you've already given us evidence about your views so far as that is concerned.

EVANS: That is correct.

JOHNSON: I'd like to turn, if we may, then, to your report of 24 March 2019. So this was the third of your reports; is that right?

EVANS: Yes.

JOHNSON: At your paragraph 5 onwards, did you conduct a further review of the clinical data relating to [Baby G]'s stay at Chester?

EVANS: I did.

JOHNSON: Thank you. Did you note what you describe as a significant event on 21 September 2015 which in your previous two reports you had not addressed?

EVANS: Correct.

JOHNSON: Just to give the jury some sort of idea of what you were dealing with, at paragraph 3 of that report, so just going back to page 2, you refer to the volume of material that you had received concerning [Baby G]'s treatment.

EVANS: Yes.

JOHNSON: How many pages of material were there relating to this single child?

EVANS: Just over 4,000.

JOHNSON: Yes. All right. So there you were in March of 2019 conducting a further review. I'm looking at your paragraph 6 now, Dr Evans. What did you note?

EVANS: Well, having looked at it again, I found another event, as we already mentioned, on 21 September, and this is -- this occurred during the morning, around 10 o'clock in the morning, on 21 September, when she had what were described as two further projectile vomits. These were witnessed by nursing staff.

Now, a projectile vomit is where the baby vomits far beyond its body size, so therefore these were very significant vomits and, even more worryingly and more significantly, her oxygen saturation dropped and it dropped to 30%.

Now, normal saturation is over 90%, so an oxygen saturation of 30 is very, very low and is life-threatening. In other words, you've got to get the oxygen level back to normal as soon as possible.

JOHNSON: Yes.

EVANS: So that is what happened on the morning.

JOHNSON: Thank you. Because it's a month since we heard this evidence, if Mr Murphy would help us, please, can we go to tile 50 first of all.

This is the note written by Lucy Letby relating to an event that she recorded as having occurred at 10.15.

If we can just remind ourselves of what she wrote, please. The note says at 10.15:

"[Times] 2 large projectile milky vomits. Brief self-resolving apnoea and desaturation to 35% with colour loss."

EVANS: Top right there. Top left, sorry.

JOHNSON: Top left, yes. So if we just go above that slightly, Mr Murphy, to take in the line above where it says:

"NG tube feed. EBM [expressed breast milk] given..."

Presumably that should say "at 9 o'clock" as [Baby G] was feeding (inaudible: coughing).

Then where the arrow is:

"10.15 x2 large projectile milky vomits. Brief self-resolving apnoea. Desaturation to 35% with colour loss. NG tube aspirated: 30ml undigested milk discarded. Abdomen distended, soft. Doctors asked to review. Temperatures remain low. Tachycardic over 180 beats per minute. Mum states that [Baby G] doesn't appear as well as she did yesterday."

If we could just move on to put this into overall context to the next tile, please, Mr Murphy, and to the record of Dr Fielding.

We'll work off the analyst's typed transcription of the handwritten notes. We can see it says:

"[Baby G] had episode at about 10.20 where she had 2x projectile vomits witnessed by nursing staff, after which she was apnoeic for about 6 to 10 seconds. Went blue. Saturations decreased to 30%. Last feed 9 am. Nurse called for help. On going back to [Baby G], colour..."

Is that "normal"?

"... breathing plus crying."

So is that the material that you were referring to?

EVANS: Yes, yes, yes.

JOHNSON: Thank you. So that's your paragraph 6, Dr Evans. Did you also in your report refer to other material from that particular date and events which had been recorded?

EVANS: Yes. The important bit is that the examination of [Baby G] showed that the abdomen was distended, in other words the abdomen was larger than it should be, and that her bowel sounds were active. Now, bowel sounds active means that the intestinal

system was working perfectly well, but the abdomen was distended, which would occur if the abdomen was either full of milk or full of air or full of a combination of milk and air. So that's the pattern that occurred here and that occurred despite her having vomited, because by vomiting, of course, you'd expect any abdominal distension to reduce because some of the substance in the stomach had been vomited up.

JOHNSON: Yes.

EVANS: So in other words, this was a very significant concerning issue, particularly in relation to -- particularly in association with the oxygen saturation dropping to 30% and that she went blue and she also stopped breathing for a few seconds.

JOHNSON: Yes.

EVANS: So a concerning event.

JOHNSON: Yes. So what did you -- going to your opinion section, your paragraph 18 onwards, what conclusions did you draw from your review of all those circumstances?

EVANS: Right. Well, I thought that, generally speaking, she'd had a potentially life-threatening episode of vomiting and oxygen desaturation. That was my overall impression and that there was one explanation for this, which is that [Baby G] had been given far more milk during her nasogastric tube feed an hour earlier. The plan was to give her 40ml of milk and she had been tolerating that amount of milk by bottle the previous day, 40ml or 45ml, so therefore if you -- if she had been given 40ml of milk then it would not explain how she had two large vomits, two large projectile vomits, and on top of that there were still 30ml of milk left in her stomach.

So therefore my conclusion was that she had not received 40ml of milk, she had received a lot more than that, and it was the excessive amount of milk that she had received had caused this episode at 10 o'clock on 21 September.

JOHNSON: Did you limit your opinion to the substance being inserted into [Baby G] being restricted to milk?

EVANS: Well, it could have been milk or it could have been milk and air. And there's no way of saying how much milk and how much air. Of course, you do not vomit air, you can only vomit a liquid, and therefore there was -- clearly a large amount of milk, over and above 40ml, had been given to the little babe, which is what caused her vomiting in the first place.

MR JOHNSON: Yes. Thank you, Dr Evans. Would you wait there, please, for some further questions?

Cross-examination by MR MYERS

MR MYERS: Dr Evans, just with regard to when this appears in the reports that you produced, we know you provided an initial report on [Baby G] on 16 November, didn't you --

EVANS: That's correct.

MYERS: -- of 2017?

EVANS: 6 November, actually.

MYERS: Sorry, 6 November 2017. And then you provided a second report on 31 May 2018.

EVANS: That is correct.

MYERS: And as you've just explained to us, this incident on the 21st was identified by you in your third report on 24 March 2019?

EVANS: Correct.

MYERS: The nursing notes are items that were provided to you from when you first began to consider the case, weren't they?

EVANS: That's correct.

MYERS: Your view when you wrote the report, your second report, on 31 May 2018 -- bear with me one moment, please...

(Pause)

I'm looking at paragraph 27. Just to assist the jury whilst you turn that up, these first two reports both focused on the incident on 7 September, the first incident?

EVANS: Yes, that's correct.

MYERS: And in the second report, having looked at the material, you said this at the end of paragraph 27:

"I scrutinised these entries [this is the rest of the clinical entries]. They record reasonable progress. I have not found any evidence of any acute life-threatening event."

That's what you said, wasn't it?

EVANS: That's correct.

MYERS: Now you did say that at a time when you had been able to read these nursing notes, didn't you?

EVANS: Not really. What I did initially -- if we recall, I prepared about 30 reports which were done towards the end of 2017 and I concentrated -- 30 reports is a lot of reports and they were sift reports, as we've heard. And this case had 4,000 pages plus. That's about eight of these folders (indicating). And quite frankly, the event of 21 September, I overlooked it, didn't see it.

And I didn't see it because I concentrated my review on the medical notes more than the nursing notes. So I overlooked it, simple as that.

MYERS: When you did make reference to this event in your third report, the one dated 24 March 2019, you also identified the 30 September as a date that required further consideration, didn't you?

EVANS: I did.

MYERS: What you said at paragraph 20 was:

"There is a need to review the nursing and medical staffing present at the intensive care unit during the hours leading up to the events of 30 September 2015."

EVANS: I did.

MYERS: Just so the jury can see what it is that had caught your attention then, I'm going to ask Mr Murphy, if he would, please, to put J7425 on the screens. Ladies and gentlemen, this isn't in the sequence of events, it's something additional, but it relates to this period.

If we go to the right-hand side of page 7425 -- we're there, aren't we? -- this is the section. When you did the report in which you identified 21 September, you also identified this, didn't you, Dr Evans?

EVANS: Yes, yes, yes.

MYERS: And what had caught your attention was this: we can see it's 30 September, at 17.04, an entry by MT, who we know is Melanie Taylor and what we have is as we go down:

"Bottle fed [halfway down the report]. SVIA at start shift."

Is that self-ventilating in air?

EVANS: Correct.

MYERS: "Having a few desats. Informed doctors before handover due to..."

Is that immunisations, "imms"?

EVANS: I think so, yes.

MYERS: "1x profound saturation apnoea requiring position changed and oxygen this morning. Bottle fed very well this morning. Observations within satisfactory limits, no increased work of breathing. ROP this afternoon."

I'm not sure what ROP means. Can you help us?

EVANS: I think it's retinopathy of prematurity examination maybe. Maybe. I'm not sure actually.

MYERS: It moves on:

"Dr Butcher does not need follow-up ROP screen. Has updated mum. Very sleepy after ROP. Increased desats so put onto nasal prong oxygen."

So that was something additional that you thought required further consideration; is that correct?

EVANS: I did.

MYERS: Right. We can take that down, please, Mr Murphy.

With regard to the incident on 21 September, Dr Evans, particular points about that, it's described as projectile vomiting in the notes, isn't it?

EVANS: It is.

MYERS: And it's that in particular that you have identified as a cause for concern, isn't it?

EVANS: Yes.

MYERS: We don't have on this occasion any indication of the extent or distance of the vomit, do we? You didn't have that to work with like you did on the 7th?

EVANS: No.

MYERS: The event itself on the 21st, the one we're talking about today, does appear to have been a relatively brief and self-resolving event, doesn't it?

EVANS: I wouldn't call it self-resolving. They had to address the issue, her stomach was aspirated, the doctors were called. She was quite unwell during this period of time. So it wasn't one of these self-limiting desaturations, it was much worse than that. And of course, the key thing was that she actually vomited two large vomits.

MYERS: It was brief, wasn't it, relatively brief?

EVANS: No, it wasn't. You see, the only thing that was brief was that she stopped breathing for 6 to 10 seconds.

Now, 6 to 10 seconds might not sound a lot but this was a baby by this time who was over 2 kilos and had been feeding by bottle the day before. So this was quite a serious event. I don't think it was as serious an event as the one we discussed before Christmas, but it was a significant event.

MYERS: Dr Fielding, whose notes we've just been to, and whose evidence we heard on 14 December 2022, was the doctor who came and attended to [Baby G] on this occasion, wasn't he?

EVANS: Yes.

MYERS: Just so we can keep the evidence in mind because it's a while ago, he was asked that this had been a brief episode and there had been a relatively swift recovery, his answer to that was yes, Dr Evans --

EVANS: Yes, I heard that. As I've said, I don't think this was as serious an event as the earlier one, yes.

MYERS: The air. You've mentioned air in the bowel or in the X-rays; is that correct?

EVANS: Yes, yes, yes.

MYERS: It's a feature, isn't it, of [Baby G] throughout her stay in whichever hospital she was in that there were multiple occasions when there was air in her intestines or bowels over the months of treatment?

EVANS: That is correct.

MYERS: Dr Fielding also described -- we can put up tile 51, please, Mr Murphy. Can we go into the tile, please?

MR JUSTICE GOSS: Do you want to go to the document behind it?

MR MYERS: Please. Could we go to the notes, please, Mr Murphy? My fault.

MR JUSTICE GOSS: I've tried to do it on the iPad and it says it can't find the PDF. Are you the same?

MR MYERS: I can assist. We have seen this before, so I can simply read what it is that I wanted to refer to.

Dr Fielding recorded that [Baby G] passed a loose green stool about 10 minutes after the vomit.

EVANS: Yes.

MYERS: Do you agree, Dr Evans, that it is possible that a loose stool -- thank you, here we have it.

It might in fact be over the page, please, if we can go over the page after all of that.

MR JUSTICE GOSS: Towards the bottom of that page, there's a reference to the episode.

MR MYERS: Yes. The reference I wish to make, I'm not sure it follows this or not, it's something he referred to.

Is there a page that follows this, Mr Murphy? If we go down to the lower half of that page, we can see it says:

"Bowels open. Loose stool. Green colour."

EVANS: Mm.

MYERS: Do you accept there are circumstances where that may indicate some poor health or some indication of becoming unwell?

EVANS: Difficult to say just with one. Right. There are a few things this tells me. First of all, it tells me there's no intestinal obstruction. In other words, the vomiting is not due to some blockage because everything is going through and some of it is coming out the other end, so we can be sure of that.

One loose stool... loose stool. Babies have loose stools, you know.

MYERS: If we move, please, to tile 58 then, just following on.

Just the pathology sample. We can go into this.

Thank you.

Just look at the CRP, which is in the centre of the page. We understand a little bit about CRP, as we all do, Dr Evans, you may know a great deal more, but that is C-reactive protein, which can be a marker of infection potentially?

EVANS: Yes.

MYERS: It is raised slightly at this point, isn't it?

EVANS: Yes, it's over 10, so it's 18, so it's marginally raised, yes.

MYERS: All right. Thank you for those, Mr Murphy. Thank you, Dr Evans.

With regard to the vomiting, do you agree that once [Baby G] returned to the Countess of Chester from Arrowe Park there was a more marked history of vomiting from that point onwards?

EVANS: Well, there's a huge change to [Baby G]'s overall health following the event of 7 September. And this relates to the abnormalities found on MRI I think carried out on 15 September from memory. The brain scans carried out at Arrowe Park did not show any significant abnormalities and I think we had the report from the neuroradiologist, so her brain scans prior to 7 September were satisfactory.

Her MRI of the 15th showed very significant abnormalities. And therefore from 7 September onwards, [Baby G] was a completely different baby from a developmental point of view.

It's the events of 7 September that changed her significantly from a neurological point of view, in other words from the brain development point of view, and so, yes -- and I think -- well, we now know that [Baby G] receives feeding by tube. So in other words, vomiting has been a significant part of her life from mid-September.

MYERS: Yes, that's right. In your third report, paragraphs 13 and 14, you list some of the occasions from the notes in which vomiting features in the records that are kept of her at the Countess of Chester, don't you?

EVANS: Yes.

MYERS: We may see a little of this later. There are numerous events after her return to the Countess of Chester on 16 September when she is recorded as vomiting, aren't there?

EVANS: That's correct, yes.

MYERS: And therefore, whilst there is the vomiting on the 21st that you identify, conceivably that could be part of a pattern of vomiting which has continued thereafter as a result of earlier events?

EVANS: No, I disagree with that.

MYERS: Okay.

EVANS: The reason I disagree with that is to do with basic arithmetic. In other words, I'm sure that she had more milk than she should have on the 21st. The reason for that is basic arithmetic. If she had had 40ml in there was no way that she would have vomited -- had two projectile vomits, sorry, two large vomits, and there was still 30ml still left in the stomach.

So in other words, that does not add up. The only explanation for that is that she must have had more than 40ml in the first place before she had this crash, short-lasting crash compared to 7 September, before she deteriorated at 10.15 in the morning on the 21st. So that's the difference between that incident and all the other episodes of vomiting which we've discussed.

MYERS: We don't know, do we, how much milk actually came up in the vomits, do we? We don't know.

EVANS: We don't.

MYERS: What we have is a description that says "two large projectile milky vomits".

EVANS: That's pretty descriptive.

MYERS: It may be but there's no way we can get from that to say how much milk there was in the stomach at the time of the vomit, is there?

EVANS: How much is a vomit? It would be more than 10ml. In other words -- I mean, 10ml is a tiny amount, tiny a volume, so, you know, no experienced nurse would describe two vomits of 5ml each, because that's what would have to occur -- I mean, 5ml is a teaspoon.

I don't do a lot of cooking, but it's a small amount.

So therefore it has to be that she had more than 40ml at around 9 o'clock or just before this episode. And of course, that would explain her distended abdomen as well. By vomiting she corrected

the abdominal -- to some extent the abdominal distension. And by -- vomiting plus aspirating the milk from the stomach, that is what led to her recovery.

But the 21st September event is different to all of the other episodes. We just mentioned the 30 September one there, for instance, where she desaturated but there's no history of vomiting, for instance.

So 21 September is quite different to the other episodes in my report and in the notes.

MR MYERS: So the position is quite clear, my Lord, we don't accept that there is any way of measuring the vomit that was produced, but I've asked the question. I'm not going to repeat the question.

MR JUSTICE GOSS: It's clear what your question is and it's clear what the doctor's answer is. I'm sure the jury understand the point. It's a description but it's not a quantified description.

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

Questions from THE JUDGE

MR JUSTICE GOSS: Only this: there has been reference to quite a lot of other entries about vomiting. Are there any other entries to projectile vomiting?

EVANS: Not that I know, my Lord. I don't think so, no.

MR JUSTICE GOSS: I don't know, I'm just asking that, whether it's going to be dealt with or not.

MR MYERS: Yes, it will be dealt with with the next witness, my Lord.

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

MR JOHNSON: Your Lordship may remember that Dr Bohin actually did a vomiting review, if I can use that shorthand.

MR JUSTICE GOSS: Yes. Well, thank you, Dr Evans, that's it for now. Thank you very much.

(The witness withdrew)

MR JOHNSON: Dr Sandie Bohin, please.

DR SANDIE BOHIN (recalled)

Examination-in-chief by MR JOHNSON

MR JOHNSON: Dr Bohin, for the sake of the record would you give the jury your identity, please?

BOHIN: I'm Dr Sandie Bohin.

JOHNSON: Thank you. Dr Bohin, it's some time since you gave us some evidence about [Baby G]'s case and that was limited to the events of 7 September 2015.

BOHIN: Yes.

JOHNSON: What I would like to do now is to turn to the events of 21 September 2015. In this respect you have -- or in the case overall, so to speak, for [Baby G], you've written several reports; is that right?

BOHIN: That's correct.

JOHNSON: But in relation to the events of 21 September 2015, that was initially dealt with by you in your report of 28 March 2019?

BOHIN: That's correct.

JOHNSON: Thank you. You set out in that report the chronology relating to [Baby G]'s life up to and including the events of September 2015?

BOHIN: Yes, that's correct.

JOHNSON: You told us last time that following the events of 7 September, [Baby G] had been transferred back to Arrowe Park Hospital.

BOHIN: Yes, that's correct.

JOHNSON: She was then returned to Chester on 16 September; is that right?

BOHIN: That's correct.

JOHNSON: Having been transferred out on the 8th, I think?

BOHIN: That's correct.

JOHNSON: You then deal -- and I'm looking now at paragraph 6.20 onwards of your report -- with the events of 21 September 2015?

BOHIN: That's correct.

JOHNSON: When you looked at the records, what was the factual basis on which you then offered your opinion?

BOHIN: [Baby G] was feeding well and tolerating her feeds, and in fact the day before had been fed by bottle, apart from one feed when she was asleep, so was fed by nasogastric tube. On the 21st she was given a feed at 9 o'clock via nasogastric tube, because she was apparently asleep, and shortly after had two -- what were considered to be large projectile vomits, which caused her to stop breathing temporarily and for her to desaturate down to 30%. So she became clinically compromised by that.

In addition, 30ml of undigested milk were aspirated from the nasogastric tube after these large projectile vomits.

JOHNSON: Thank you. I think you refer in your report to the feed that [Baby G] had at 6 am, so in other words 3 hours prior to the 9 o'clock feed.

BOHIN: Yes, she was given a bottle at that time of 45ml of milk by bottle, which she took.

JOHNSON: So the records record that at 6 am on the 21st she had a 45ml bottle?

BOHIN: That's correct.

JOHNSON: But at 9 o'clock Lucy Letby has recorded giving [Baby G] 40ml via a nasogastric tube?

BOHIN: That's correct.

JOHNSON: Then the jury has seen the records this morning in the nursing notes that at 10.15 [Baby G] had two projectile vomits, followed by a period of apnoea, with falling saturations.

BOHIN: That's correct.

JOHNSON: And also the fact that, following that event, 30ml of undigested milk had been aspirated from the nasogastric tube?

BOHIN: That's correct.

JOHNSON: What conclusions did you draw from those events in context?

BOHIN: Well, it just didn't add up to me. It is a case of simple arithmetic: if she'd been given 40ml of milk and 30ml were aspirated from the nasogastric tube subsequent to these two

large projectile vomits, the two large projectile vomits, although we can't quantify them, were clearly more than a mouthful of milk, which would have been 5 or 10ml, so all of that would have added up to more than 40ml.

JOHNSON: So what conclusion did you draw?

BOHIN: My conclusion therefore was that the feed at 9 o'clock that was given via the nasogastric tube was in excess of 40ml.

JOHNSON: When you say at 9 o'clock, are you restricting it to that particular time or --

BOHIN: No. Obviously, that was when it was noted in the nursing record and on the feed chart that the feed had been given. But prior to the projectile vomit, milk in excess of 40ml had been given.

MR JOHNSON: Thank you. Would you wait there, please, Dr Bohin, for some further questions?

Cross-examination by MR MYERS

MR MYERS: Dr Bohin, you describe this as a process of simple arithmetic --

BOHIN: Yes.

MYERS: -- in terms of working out that she must have had more than 40ml at or after the 9 am feed.

BOHIN: Yes.

MYERS: Of course we don't know, do we, how much milk, if any, there was in her stomach from the 45ml feed she'd had at 6 am? We don't know that for sure, do we?

BOHIN: We don't know that for sure but what we do know is that she had been tolerating her feeds very well and there had been no episodes of vomiting, apart from very minor vomits, prior to that. So she had been tolerating her feeds, which means that her stomach is likely to have been empty prior to the 9 o'clock feed.

MYERS: But we don't know for sure how much --

BOHIN: No.

MYERS: And we don't know, in fact, the size of the vomits that she had, do we?

BOHIN: We don't but nurses are very good at describing whether vomiting are just a posset, which would just be a mouthful of vomit, which is completely normal and common in babies. Nurses will say a baby's had a small vomit, a moderate vomit or a large vomit. So yes, whilst you can't actually measure the number of millilitres, for a nurse to describe something as a large vomit, it's a significant amount of milk.

MYERS: I just asked that because it's been described by you and another witness as arithmetic, but we don't actually have the basic figures, do we?

BOHIN: No, we don't, just what would be normal practice for nurses when they're describing vomiting. They have no way of measuring it so they do describe it in terms of mild, moderate or large.

MYERS: Whatever lies behind this, whatever happened, in terms of scale and consequence this is very different from the event on 7 September, isn't it?

BOHIN: Well, not really, because on 7 September there were projectile vomits which, as I said in my evidence at that time, is extremely unusual for premature babies.

So this baby had two large projectile vomits resulting in clinical compromise. So she dropped her saturations and became blue. So there's a lot of similarities with the event of earlier in September.

MYERS: To remind the members of the jury, though they may remember it actually, 7 September arises out of a -- follows a feed at about 2 o'clock in the morning, didn't it?

BOHIN: Yes.

MYERS: Then, the jury may remember, a little while later there was a series of significant desaturations that [Baby G] underwent, weren't there?

BOHIN: Yes.

MYERS: Dr Ventress gave evidence about how that went on until about 6.30 in the morning, didn't it?

BOHIN: Yes.

MYERS: And it was necessary for her to be ventilated, wasn't it?

BOHIN: Yes.

MYERS: And there was the business of the ET tube and it being replaced and the repeat collapses; that's correct, isn't it?

BOHIN: Yes, that's correct.

MYERS: And ultimately, [Baby G] had to be transferred to Arrowe Park Hospital, didn't she?

BOHIN: Yes.

MYERS: So when I'm suggesting that what happened on the 21st is not the same scale as what happened on the 7th, it really isn't the same scale, is it?

BOHIN: It's not the same scale but the events with the vomiting and the excess milk are strikingly similar. The repercussions are not but the events are almost identical.

MYERS: Perhaps what you mean is the mechanism, the projectile vomiting, is identical?

BOHIN: Yes.

MYERS: That's what you're saying if you don't mind me putting it that way?

BOHIN: Yes.

MYERS: All right. As it happens, when we look at [Baby G] after her return from Arrowe Park Hospital, as we go into late September and October 2015, she did display a history of regular vomiting, didn't she?

BOHIN: Yes, she did. Vomiting became much more a feature in [Baby G] after around 3 October of that year. Prior to that, vomits were very small and intermittent, but vomiting became much more of a feature after 3 October.

MYERS: I'm going to describe that what we have on 21 -- or rather suggest that what we have on 21 September fits a pattern of vomiting that follows on from that going forwards.

BOHIN: No, I'm sorry, I don't agree with that because [Baby G] had two episodes of projectile vomiting on 21 September and she had projectile vomiting on 7 September. There were no other episodes recorded of projectile vomiting.

MYERS: In your report of 7 April 2022 at paragraph 2.28, you say this -- page 5716 of the statements, my Lord:

"From 3 October 2015 to 8 October 2015 [Baby G] was recorded as having one to two vomits each day."

It's page 5 of 10 in your report.

BOHIN: I'm sorry, that page has not been photocopied. It's missing in this folder, so I'm sorry it's not here.

MYERS: I'll read the whole of that and we are going to look at some entries anyway. But what you say -- we have all got the papers -- is:

"From 3 October to 8 October [Baby G] is recorded as having one to two vomits each day. These varied from small to large and some were after cares, ie after a nappy change where the legs are lifted. Domperidone was added to the anti-flux regime on 17 October 2015 because of the vomiting."

So I just want to have a look at some examples of this with the jury. You've described a pattern between the 3rd and 8 October. Let's go to 8 October just to see the entry for that. It's at page 7452. These are additional references, ladies and gentlemen, so they should move across to the iPad eventually but they may not be there right now.

We're looking at the right-hand side in the box that Mr Murphy has enlarged. Thank you, Mr Murphy.

This is now 8 October and it's an entry at 19.15 by a nurse with the initials KS:

"[Baby G] has been very settled. Nursed in cot. Has had 5.5 hours off oxygen today but having clusters of desats, so put back on at 17.30 tonight. All observations within limits. Feeds..."

Is that every 4 hours?

BOHIN: Yes.

MYERS: "... but has two large vomits. Could have been a little bit of overhandling with the first vomit so advised mum to put her straight back after her next feed to settle her but still vomited with the next feed. Also looking back on feeding history all vomits have started since going..."

BOHIN: "4 by 6".

MYERS: "... so how now been put back to three-hourly feeds. Has passed urine and bowels opened."

That's 8 October. I am not going to every time we see a vomit, I am just going to pick several examples.

I'm going to go next though to 9 October, please, at page 7453. In fact, we'll find that this goes from 7453 into 7454, but let's start at 7453.

It's an entry at 04.17 on 9 October. We'll see over the page that this appears to be by Ailsa Simpson, who has given evidence in the case, and it says:

"Care commenced at 19.45. All safety equipment, alarm, limits and fluids checked. [Baby G] remains nursed in 0.1 litres per minute of nasal prong oxygen. Maintaining sats above 90%. Few fleeting self-correcting desats noted, otherwise observations [and we go over the page, please, to 7454] stable. Temperature low at 36.4, therefore blanket added and is now within normal range. Tolerating three-hourly feeds well of expressed breast milk with Gaviscon via own bottles. [Times 2] large digested milky vomits noted up to time of report."

We can see it's Ailsa Simpson dealing with it.

If we go to later the same day, please, still on 9 October, page 7456. Another entry by Melanie Taylor.

We can see the initials "MT" for 9 October at the entry at 13.28. Halfway down:

"Feeds: three-hourly bottle feeds, expressed breast milk with Gaviscon. Fed at 09.30. Large vomit at 10.30 (digested thick milk)."

If we move on to a few more, but do you agree there's a pattern of large vomits with [Baby G] as we move forwards through October?

BOHIN: I think in my report, looking at the vomiting, I've made it clear that from 3 October vomiting became a feature with [Baby G] and she was treated for gastro-oesophageal reflux from that time. The difference is these were not projectile vomits and didn't cause her to be clinically compromised.

MYERS: All right. We go to page 7477, please. The entry almost at the bottom at 15 October 2015 by Ashleigh Hudson:

"19.20. Watery stool passed. Sample collected and sent to lab. One vomit at 19.00 hours following 17.30 hours feed. Projectile and quite large in size. [Baby G] was uncomfortable prior to this and unsettled. Otherwise very well in herself."

Pausing there, that is another example of projectile vomiting, isn't it, Dr Bohin?

BOHIN: That's what the nurse has recorded, yes.

MYERS: Yes. You had said that there were no more.

I appreciate it's one amongst all of them, but that's there, isn't it?

BOHIN: Well, I've reviewed all of her feeds, of which over that period of time there were many, many, many feeding charts to review. So if I missed a projectile vomit then I missed it.

MYERS: That's also associated with the passing of a watery stool as it happens, isn't it?

BOHIN: On that occasion, yes.

MYERS: Yes. All right. We'll move on, please, to page 7485.

On the left-hand side we've got an entry by KB, Kate Bissell, 04.23 on 17 October.

If we look three or four lines into it, we can pick up:

"Observations within normal range."

That's about four lines down in the centre of that sentence:

"Continues on three-hourly feeds of EBM with fortifier via bottle. Has had one large vomit following her feed at 23.15 hours."

Do you see that, Dr Bohin?

BOHIN: Yes.

MYERS: That's repeated again in the entry below that. Then finally -- I'm not going to all of these by any means but for 23 October now, page 7509. At the bottom of that page -- sorry, Mr Murphy, page 7509. At the bottom of the page the nurse identified as CNB, 23 October 2015 at 04.30:

"Care taken over at approximately 20.00 hours, cot space checked, including emergency equipment. All satisfactory. [Baby G] remained self-ventilating in air until 22.00 when returned to nasal cannula oxygen, .01 litres. Therefore 17 hours off oxygen. Fed by dad at 21.30. [Baby G] had large vomit with wind following feed."

And just to conclude this, something else to bear in mind, Dr Bohin, but I repeat it because it's a while since we had the evidence, we had a statement read by [Baby G]'s father, who said this, talking about 7 September, it's at page 1795 of the statements, my Lord:

"I have seen [Baby G] projectile vomit on other occasions since this incident..."

He was talking about 7 September:

"... where she has covered the cot. I think on these occasions they were linking her projectile vomit to reflux."

BOHIN: With the greatest of respect to [Baby G]'s father, parents quite commonly will report their child projectile vomiting and that doesn't necessarily mean the same thing as health professionals would mean by projectile vomiting, where vomit would go some distance. What parents commonly describe as projectile vomiting is what I would say is forceful vomiting but not projectile as in it goes a huge distance.

MR MYERS: Those are my questions. Thank you, Dr Bohin.

MR JOHNSON: Does your Lordship have any questions?

MR JUSTICE GOSS: I don't. Thank you very much. Thank you, Dr Bohin. That's it at this stage, thank you very much.

(The witness withdrew)

Summary of interview with LUCY Letby re [Baby G] (read)

MR JOHNSON: Moving on to the interview summary now. This is, as with all the others, ladies and gentlemen, just to give you an idea of what Lucy Letby said. You'll be hearing in due course rather more detail than is in this summary.

In her interview on 5 July 2018, Lucy Letby remembered [Baby G] and was taken through the relevant notes. She recalled that [Nurse E] was [Baby G]'s designated nurse on 7 September 2015, there were no clinical concerns at the start of the shift, and Lucy Letby agreed that the notes suggested that she took over care at 2 am but she couldn't recall why she'd taken over [Baby G]'s care.

Lucy Letby had found [Baby G] vomiting and confirmed that it was projectile vomiting of a large volume of milky-coloured vomit. Lucy Letby said that sometimes babies did vomit but not very often was it a projectile vomit. In relation to the vomiting, Lucy Letby questioned whether the baby had just been fed but

confirmed that she, that is Lucy Letby, was not involved in [Baby G]'s feeding.

Lucy Letby did not recall where she'd been prior to [Baby G] vomiting. She thought maybe she had gone to [Baby G]'s cot because she heard her vomiting.

Lucy Letby was asked about the significance of the air obtained from the nasogastric tube and she replied that:

"Sometimes when babies vomit, they can take on air as well if they're gasping with the vomiting."

Lucy Letby said that the volume of air from the nasogastric tube was a larger volume of air than the general vomit that would usually be obtained but that the volume had not been measured. Lucy Letby said that she wasn't sure on the cause of the air in [Baby G]'s abdomen and was asked:

"Was there any other explanation for this large amount of air?"

And Lucy Letby said that air could accumulate if there was a bowel problem or an infection.

Lucy Letby recalled that the plan had been to start [Baby G] with fluids and that Dr Ventress had been called away to the labour ward. Lucy Letby was asked about the record of a profound desaturation to 20% and marked colour loss with apnoea suffered by [Baby G] at about 3.15 am. This is all still 7 September, obviously.

Lucy Letby was asked to recall how long it had taken for [Baby G] to desaturate following the doctor being called away and Lucy Letby could not recall. Lucy Letby could not clearly recall who was present when [Baby G]'s profound desaturation took place or where she, that is Lucy Letby, was at the time.

In respect of the events of 21 September 2015, Lucy Letby had a vague recollection of the shift. She'd looked after [Baby G] as her designated nurse in nursery 4 for a period of time that morning. It was a busy shift and Lucy Letby was looking after several other babies, including [Baby G], which she thought may have been, the babies that is, split between nurseries 3 and 4. She believed that [Baby G]'s mum had said that [Baby G] was quieter than usual and pale in colour. Lucy Letby said there had been no issue with her 9 am feed and she could not clearly remember the vomits she had recorded at 10.15.

Lucy Letby was then interviewed again about both dates on 11 June 2019. Dealing first with the events of 7 September 2015,

Lucy Letby agreed that [Nurse E] had started feeding [Baby G] before she went on her break.

Lucy Letby couldn't recall any concerns with [Baby G] and she didn't believe that [Nurse E] would have left [Baby G] had there been any concerns.

In relation to [Baby G]'s vomit, Lucy Letby suggested that there were two possibilities: first, that [Baby G] must have received more than the 45ml of milk or she had not digested the milk from her previous feed. Lucy Letby denied overfeeding [Baby G] or administering air via her feeding tube on that occasion, in other words 7 September.

In relation to 21 September 2015, Lucy Letby confirmed that she was [Baby G]'s designated nurse and that she had aspirated 30ml of milk before her 9 o'clock feed that morning of 40ml. She agreed that [Baby G]'s stomach would have therefore been empty when the feed began.

Lucy Letby said that [Baby G] could have projectile vomited with only the 40ml feed but could not account for where the air had come from. She said that she had not overfed or administered air to [Baby G] and denied intentionally harming her.

Then in the third set of interviews on 10 November 2020, Lucy Letby was asked in more detail about the events of 21 September 2015. Lucy Letby said that she remembered going behind the screen -- so this is the final count, the second count on the 21st.

She remembered going behind the screen and finding [Baby G] on the procedure trolley unattended. She did not, however, recall the Masimo monitor, which had been switched off.

The interviewing officers asked Lucy Letby if she switched off the Masimo monitor. She said that she did not and she could think of no reason why the monitor would have been switched off. Lucy Letby agreed that it was bad practice to switch the Masimo monitor off and confirmed that you would never routinely leave a baby alone on a procedure trolley behind a screen.

Lucy Letby confirmed that she felt someone had made a mistake in turning off [Baby G]'s monitor and leaving her on a trolley unattended and behind a screen.

Lucy Letby was asked about making numerous Facebook searches for [Baby G]'s mum in the months that followed and said that she couldn't remember having done that.

So that's the interviews summaries, my Lord, and that is the evidence for now in relation to [Baby G].

We're going to move on now to [Baby H], please. It may help, just before we start the reading process, if I could give the jury some more documents please, which are relevant to the presentation of the evidence.

Could we do this job now? [Baby H]'s parents are here, but they're not in court at the moment, so while they're brought up perhaps the jury can have their break, having done the --

MR JUSTICE GOSS: Yes. We'll do the paperwork now and then we'll have the break.

MR JOHNSON: So ladies and gentlemen, just so that we all put this in the right place, you'll see from the indictment that there are two counts for [Baby H], for the 26th and 27 September; they are counts 10 and 11. It may be best to just stick them behind -- because they're consecutive days and the fact that these charts don't always start and end on a particular day at midnight, it may be simpler just to put them -- it's a matter for you -- behind divider 10 and either take out divider 11 or write on it "See divider 10".

MR JUSTICE GOSS: Because these charts, some of them, relate to both 10 and 11 --

MR JOHNSON: Exactly.

MR JUSTICE GOSS: -- so they can't be separated, you understand. I'll tell you what I'm going to do -- it's entirely a matter for you, as Mr Johnson says -- I'm going to remove divider 11 because I think it's only going to create complications. So if you put these behind divider 10 in your second A4 lever arch file, the one that we were invited to write "2" on. It should be the next -- it should be the vacant one. We had documents behind 7 and 8 and indeed...

MR JOHNSON: We didn't bother with 9 for the same reason.

MR JUSTICE GOSS: Exactly. I'm then going to remove 11.

MR JOHNSON: Just as an example of what we've explained to you, if you look at page 12697 it deals with both the 26th and the 27th. And 12709, exactly the same point.

So rather than giving you the same documents twice, it's easier to do it perhaps the way we've suggested.

Thank you.

MR JUSTICE GOSS: So in relation to both these counts, there will be reference to the documents in that section at various points. Good. I think we are due some other documents from last year.

MR JOHNSON: We are. We have some of them in our room.

We can deal with that at --

MR JUSTICE GOSS: We'll do it at the end.

MR JOHNSON: When we're looking to fill a bit of time, which we're not at the moment.

MR JUSTICE GOSS: All right. When you've finished doing that. It is up to you what you want to do, if you have removed divider 11. I'm going to get rid of it because you've got very limited space there and it's just a floating document. I'm going to give mine to the usher. Thank you very much.

Right, a 10-minute break then, please.

(In the absence of the jury)

MR JUSTICE GOSS: Mr Johnson, could I just have -- I know it'll be on the transcript what you have read out to the jury, but you have previously given me a copy --

MR JOHNSON: We will. I'd scribbled on the one I was reading from.

MR JUSTICE GOSS: Thank you very much.

MR JOHNSON: There's one part of the summary that might appear to be a bit surprising in the light of the evidence, but we've checked it and it is how it came out in the interview.

MR JUSTICE GOSS: All right.

MR JOHNSON: I'm sure that had occurred to you, my Lord.

We'll give you the page references if you want.

MR JUSTICE GOSS: We'll be coming back to it anyway, won't we?

MR JOHNSON: Exactly.

MR JUSTICE GOSS: All right.

(11.43 am)

(A short break)

(11.55 am)

(In the presence of the jury)

MR DRIVER: We are now going to move to the evidence called in support of the allegations at counts 10 and 11 involving the baby [Baby H].

May I begin by reading a statement from [Mother of Baby H], dated 17 October 2017. I trust your Lordship was provided with a bundle of these statements this morning.

MR JUSTICE GOSS: I have, thank you.

Witness statement of [MOTHER OF BABY H] (read)

MR DRIVER: 17 October 2017. Members of the jury, it reads:

"I am making this statement in regards to my daughter, [Baby H], and her time at the Countess of Chester Hospital, more specifically the neonatal unit.

"I currently reside with my husband, [Father of Baby H], and our only child [Baby H], who was born on 22 September 2015.

"I discovered that I was expecting [Baby H] in February 2015. Mike and I had been trying for a baby and, as such, it was a planned pregnancy. [Baby H] was conceived naturally. I had, to all intents and purposes, a healthy pregnancy. The only real complication was that I am a type 1 diabetic. This required extra scans and additional trips to the hospital for regular checks, although this was primarily to check on my health as opposed to concern about [Baby H].

"I went into the Countess of Chester Hospital on Sunday, 20 September 2015, primarily because my blood sugar level kept dropping and I couldn't get control over it by my usual methods. I contacted the hospital and they asked me to attend, which I did.

"This was initially only so they could monitor me and try and get my blood sugar under control. Once there, they started to talk about the possibility of inducing me if there was no improvement in my blood sugar after a couple of days. I was therefore admitted to hospital and given a course of steroids.

"At this stage I was 34 weeks and 3 days pregnant. It was evening time when I went into hospital and I spent that night

and all of Monday daytime under observation, still with the view that I wouldn't be giving birth for a few weeks.

"This changed on Tuesday morning when I was visited by the consultant, who told me that it had been decided that it would be best for both [Baby H] and I that she should be delivered that day.

"The consultant wanted to go ahead as soon as possible. However, there was an issue because [Baby H] was going to be a couple of weeks premature and she might need to go into the NNU. There were, however, no beds available in the Countess' NNU, so calls were being made to other hospitals to try and find one that was available. Apparently, there were no other beds available in the local area even with them checking as far away as Birmingham.

"It got to about 6 pm on the Tuesday and the staff informed me that they could not wait any longer and we were going to theatre to deliver [Baby H]. It was only at that moment that a doctor from the NNU appeared and announced that a bed had just become available within the NNU. Consequently, I went to theatre and [Baby H] was born without issue at just under 6 weeks premature.

"Immediately after, the doctor examined her and informed me that she was absolutely fine and may not even need to go to the NNU. In fact, she had an Apgar score of 9 and a weight of 5 pounds and 2 ounces. Both Mike and I were allowed to hold her. However, she began to look pale and make grunting noises when breathing.

"She was taken for a more thorough examination by a neonatal doctor who had arrived at the theatre. He explained that [Baby H] was going to be taken to the NNU so she could be put on to oxygen as she was apparently struggling to breathe.

"[Baby H] was then taken to the NNU. I had to remain in the maternity unit for a short while. Mike and my mother went with [Baby H]. Later that night, I had been told that if I could get out of bed I could go and see [Baby H]. I got up and moved to a wheelchair and was assisted to the NNU by a nurse.

"When I arrived, I met a NNU nurse called Kate. Kate explained why [Baby H] was there and what they were doing for her. She explained that [Baby H] seemed to be struggling for air and, as a result, was on oxygen only. However, after a short while, it was necessary to put her on a CPAP machine to further assist with her breathing.

"The following morning, I was not permitted to go and see [Baby H] by myself and there was no one available on the ward to assist with getting me there. Therefore I had to await Mike's arrival. As soon as he did arrive, we both went to the NNU. On

arrival, we were stopped by staff as we tried to go in to see [Baby H] and informed that overnight she'd been placed on a ventilator.

"We were both quite annoyed that no one had let us know and expressed this. Staff explained that their first priority had been to care for [Baby H], implying that they had not had time to inform us. We accepted that to a certain extent, but reinforced what a shock it had been to arrive at the NNU and find [Baby H] on a ventilator.

"Due to her being ventilated and more unstable, we were no longer able to pick [Baby H] up. After several X-rays it was explained that [Baby H] had possibly suffered a lung puncture, which is why she had needed to go on to the ventilator.

"We remained with [Baby H] for the whole day. She was in an incubator, ventilated, so we had no physical contact with her. Numerous staff members came and went, performing multiple minor tests and medical procedures. We stayed with [Baby H] until quite late, probably about 11 pm, at which point staff told me I really needed to go and get some sleep, so I returned to the maternity ward and Mike went home.

"At some point in the early hours of the morning some nurses from the NNU and the maternity unit came into my room and told me I had to come to the NNU right away. I followed them from the maternity, I was also told to call Mike and tell him to come to the hospital. They were actually running along the corridors.

"I remember that we took a short cut around the back of the maternity unit. I was trying to ask questions but they just kept saying I needed to come now. I arrived at the entrance to the room where [Baby H] was being treated. There were lots of medical personnel around [Baby H]. Most of the ventilator equipment had been removed from her face and the lid to her incubator was open. It was obvious to me that they were resuscitating her.

"They told me to go into the room and just sit with her and hold her hand, which I did. Mike also arrived at this time. The staff managed to get [Baby H] back and then continued working on her, including putting a new chest drain into her.

"They were not able to explain why she had suffered a cardiac collapse. The staff told us that [Baby H] was recovering well and that they did not anticipate any further problems.

"Throughout that day [Baby H] seemed to pick up and was apparently doing really well. The hospital managed to free up a room. We stayed with [Baby H] until about 11 pm before going to

sleep in the room provided. Mike and I had just gone to bed when there was a knock on the door. Staff came into the room and told us we were needed back with [Baby H] as she was not responding.

"I was surprised as she had been fine when we had gone to bed. However, we were met with an almost identical scene to the previous occasion with multiple medical staff working on [Baby H] inside her incubator.

"Fortunately, she was not in a collapse as long this time and it took less time to stabilise her. A short while after this second collapse and resuscitation, a consultant from Arrowe Park attended via ambulance and they began preparing to transfer [Baby H] to that hospital. This was at around 6 am on Sunday, 27 September.

"Consequently, we arrived at Arrowe Park on Sunday. They examined [Baby H] and the first thing they did was to remove the ventilator and then reapply it to their satisfaction. Arrowe Park did numerous tests on [Baby H] to try and establish what had caused her collapses. They looked closely at her heart and also gave her a brain scan, which, fortunately, showed she had suffered no long-term damage.

"It was clear to us that [Baby H] improved dramatically almost as soon as she arrived at Arrowe Park. There were no further collapses. While at Chester, [Baby H]'s monitors regularly set off alarms and doctors had to attend and clear her airways. This didn't happen at all at Arrowe Park.

"Within 24 hours [Baby H] was off her ventilator and back on to a CPAP machine. This also was only for 24 hours, by which time she had recovered to such an extent that she was sent back to Chester. I would say she was like a completely different baby once at Arrowe Park.

"[Baby H] was only at Arrowe Park for 2 days. She made a dramatic improvement and was transferred back to the Countess. On our return, [Baby H] was initially placed in the intensive care area of the NNU. By this stage the only real concern was that we were having a bit of difficulty getting her to feed.

"Consequently, we were only in the intensive care area for a brief period of time before moving on to one of the side nursery areas where she stayed for a couple of nights before moving to the final nursery room, where she was able to sleep normally in a regular cot with no machines or other assistance.

"After a period of 18 days, [Baby H] was finally discharged from hospital on 9 October 2015. She had several more scans and tests but has been absolutely fine and healthy ever since. In fact,

she was discharged earlier than normal for a premature baby outpatient. There have been no long-term health issues or complications whatsoever."

That concludes the relevant part of [Mother of Baby H]'s statement.

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

MR DRIVER: Turning to a statement made by her husband [Father of Baby H], dated 4 May 2020, he introduces their domestic situation and then says:

"[Baby H] was born on 22 September 2015 and I have been asked about her birth and her stay in the neonatal unit at the Countess of Chester.

"She was born on a Tuesday and they did their checks and said she was quite healthy and she had quite a high Apgar score. She was grimacing and had some complications with her breathing and so was taken into the NNU, which is where she stayed. Having been taken away, [Mother of Baby H] wasn't able to see her straightaway but I was able to visit her shortly afterwards in nursery 1.

"She was in an incubator and was on CPAP to help her breathe. So we spent time in there from Tuesday onwards and on the Friday. I had been there late with [Mother of Baby H]'s mum on Friday until about midnight and we'd come back to the house.

"I was awoken by her in the early hours. She'd had a call from [Mother of Baby H] that we needed to go back to the hospital. We drove back there and I just remember looking down into the ward, into the high dependency unit, and seeing a lot of commotion going on. I can't remember who the designated nurse was that night, but I definitely remember Lucy being there as she was doing the chest massaging.

"There was also a nurse there who was about to leave the unit to move to Australia and a nurse called Nicky. We got into the area and it was explained to us that [Baby H] had had a collapse. I can't remember the exact term that was used. Dr Ravi came in and put some chest drains in her, but prior to that I remember she was getting massaged by Lucy and that she was a very strange colour, very mottled.

"As [Baby H] was coming back round, I remember the mottling was running out of her skin towards her fingers. That was when Dr Gibbs explained that the pressurised air in her lungs had caused a tear, which is why they had had to put chest drains in. He

said they couldn't guarantee it wouldn't happen again or that she would make it through the night.

"We stayed with her until the early hours of the morning and throughout the next day, which was a Saturday. They then gave us the option to stay with her on the ward to be close to her. She was okay during the Saturday day and then, quite late on, I remember going to the parents' bedroom on the ward to get some sleep. It was only shortly afterwards that we got a knock on the door to say she had deteriorated and she needed medical attention and for us to go and be with her at her bedside. So we went back to her room and there were more doctors and nurses and, I think because of what had happened the previous night, they were in consultation with Arrowe Park Hospital.

"I vaguely remember them doing X-rays on her to see how the tube was positioned and whether it was touching the vagal nerve or not. After that, in the early hours of Sunday morning, she was transferred to Arrowe Park Hospital. She was only there a few days but she was just like a different baby. She was more responsive and more with it and she just came on in leaps and bounds.

"Whereas in Chester it seemed like they were very happy to make slow progress and just keep her stable, in Arrowe Park the doctors were taking chest drains out and being more proactive. It was a completely different set-up. All the babies were in one room with a nursing station looking over them.

"Once they were happy she was stable, she went back to Chester. I can't remember who welcomed us back but [Baby H] was in a room with a baby called [Baby G]. We went back into the high dependency room and you had to then work your way through the different rooms before you can go home, so we went through that process and nothing else major really happened.

"She went through all the different stages and then I think it was a Friday or Saturday that she got discharged, about a week or so later."

My Lord, that concludes the relevant part of [Father of Baby H]'s statement.

MR JUSTICE GOSS: Yes, thank you.

MR JOHNSON: Kate Tyndall, please.

MS KATE TYNDALL (recalled)

Examination-in-chief by MR JOHNSON

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

TYNDALL: I'm Kate Tyndall, intelligence analyst.

JOHNSON: Thank you. Have you been responsible for the compilation of the sequence of events for [Baby H]?

TYNDALL: Yes.

JOHNSON: And does it follow the very similar format to those sequences that we've been through already in relation to other cases?

TYNDALL: Yes.

JOHNSON: Thank you. So with Mr Murphy's help, please, this one is quite a long one; is that right?

TYNDALL: Yes.

JOHNSON: Does it begin at tile 1 with the second of the three events relating to [Baby G], which took place at 10.15 on the morning of 21 September 2015?

TYNDALL: Yes.

JOHNSON: The following day, 22 September, was [Baby H] born?

TYNDALL: Yes.

JOHNSON: If we go behind that quickly, do we see that Dr Freesia Horsted has recorded the fact that [Baby H] was in a good condition at birth?

TYNDALL: Yes.

JOHNSON: So that was at 18.22 that afternoon. Subsequently, did Dr Horsted record in [Baby H]'s clinical notes the circumstances of her birth?

TYNDALL: Yes.

JOHNSON: Thank you. Moving on to 5 minutes later at 18.40, was [Baby H] admitted to the neonatal unit?

TYNDALL: Yes.

JOHNSON: And the grounds for her being admitted were her mum's diabetes and the fact that [Baby H] was premature?

TYNDALL: Yes.

JOHNSON: Tile 5. Are these Dr Neame's clinical notes at the admission of [Baby H] to the NNU?

TYNDALL: Yes.

JOHNSON: And do they record her condition at the time?

TYNDALL: Yes.

JOHNSON: Thank you. At tile 6 do we have Mary Griffith's nursing notes?

TYNDALL: Yes.

JOHNSON: And again, they record [Baby H]'s condition at the time?

TYNDALL: Yes, correct.

JOHNSON: Thank you. There's then a gap of just under 2 hours to the next record, which is tile 7. A note made in the nursing record by Kathryn Percival-Ward, relating to [Baby H]'s mum and dad visiting [Baby H] on the ward and a conversation with photographs being taken.

TYNDALL: Yes.

JOHNSON: Thank you. Does your next tile record the fact that [Baby H] was thereafter continuously cared for in the neonatal unit between that time, 10 pm on the 22nd, Tuesday the 22nd, and 3 am on the 25th?

TYNDALL: Yes.

JOHNSON: Which would have been the Friday?

TYNDALL: Yes.

JOHNSON: Thereafter, is there a series of text messages, either sent by or received by Lucy Letby?

TYNDALL: Yes.

JOHNSON: Could you take us through those, please?

TYNDALL: Yes. So on 23 September at 9.50, Lucy Letby messages [Nurse A] saying:

"You've got yourself a buddy for tonight [winking emoji]."

JOHNSON: Yes.

TYNDALL: [Nurse A] replies at 09.53:

"Doing an extra, dear?"

And an emoji.

JOHNSON: Yes.

TYNDALL: Then Lucy Letby then replies:

"Well, coming off next Wednesday day but might see if I can just bring my nights forward and maybe come off Sunday."

JOHNSON: The next one?

TYNDALL: Then carries on with a message saying:

"Even though it's busy don't mind doing it as knew you were on."

JOHNSON: Do we have one from [Nurse A] saying:

"And we have Ali and George as doctors so should be fine. Not sure who else is on though"?

TYNDALL: Yes.

JOHNSON: In this context is Ali likely to be Alison Ventress?

TYNDALL: Yes.

JOHNSON: And George is Dr George Varghese?

TYNDALL: Yes.

JOHNSON: And the next one, please.

TYNDALL: Lucy Letby replies:

"Bernie and Jen finished tonight. Not sure who other 6 is but me coming in takes us up to 6 staff."

JOHNSON: So Bernie is Bernie Butterworth?

TYNDALL: I believe on, yes.

JOHNSON: And Jen is Jennifer Jones-Key?

TYNDALL: Yes.

JOHNSON: And Lucy Letby sends a further one saying:

"Yay re doctors"?

TYNDALL: Yes.

JOHNSON: [Nurse A], did she reply:

"Ah, okay. I knew Yvonne G was on last night."

Was that Yvonne Griffiths?

TYNDALL: Yes.

JOHNSON: Could you take up the exchange please.

TYNDALL: Then Lucy Letby replies:

"She's not on, doing tomorrow night."

Followed by:

"Unless it's changed. Kate W was on Monday night. Maybe her."

Kate W being Kate Percival-Ward, I believe.

JOHNSON: Yes. Was there then a series of social messages between [Nurse E] and Lucy Letby?

TYNDALL: Yes.

JOHNSON: So up to this stage it has been [Nurse A] and Lucy Letby. Now Lucy Letby and [Nurse E]. Then did Lucy Letby send a message to her mum at 12.01?

TYNDALL: Yes, part of the message saying:

"I'm working tonight now as an extra."

JOHNSON: Did her mum respond:

"Good, you'll be getting extra money. Love you."

TYNDALL: Yes.

JOHNSON: Followed by some kisses. Then the conversation with [Nurse A] resumed?

TYNDALL: Yes. With:

"Nipped into work as been to eye clinic. You are in charge, then me, Bernie, Kate Bissell, Jen and Val. Don't know what's going on but there were 6 babies in 1!"

JOHNSON: Were there then some social messages between Lucy Letby, [Nurse A] and Lucy Letby's mum, Susan Letby?

TYNDALL: Yes.

JOHNSON: Followed by Lucy Letby sending a message to Sophie Ellis at 18.38?

TYNDALL: Yes. It says:

"Hi. Just doing an extra at the mo so won't see you Friday, but I've got Corrie on record [thumbs up]. Ha ha. Hope your day of training wasn't too boring xx."

JOHNSON: Did Sophie Ellis reply:

"Okay. It seemed pretty busy when I went in but fingers crossed it's a nice busy. Ha ha. I wish I could record stuff on mine! Study day was actually really interesting. Will have to fill you all in about it soon [smiley emoji]."

And Lucy Letby replied:

"Yvonne said close to 5 babies in 1, 4 HDU. Could be interesting. That's cool, yes, you can update us all."

TYNDALL: Yes, correct.

JOHNSON: There's then a gap -- that's 18.22 on Wednesday the 23rd -- then in the messages to the following day, Thursday 24th, at 9.15 am?

TYNDALL: Yes. It's a gap in the messages within the SOE.

There's probably messages that have been sent that aren't relevant.

MR JUSTICE GOSS: You're dropping your voice.

TYNDALL: Sorry. There's probably messages that aren't within this document because they're not relevant to it.

MR JOHNSON: Yes, social messages, that sort of thing?

TYNDALL: Yes.

JOHNSON: Taking up the messages in relation to what was going on in the neonatal unit, did Lucy Letby sent one to [Nurse E] at 09.15 on Thursday the 24th?

TYNDALL: Yes. Saying:

"It's completely unsafe [emoji]. Yeah. I told Yvonne F [Farmer] that and she is going to look into it. I still have to do next Wednesday as can't cover it but getting paid as overtime for last night."

JOHNSON: [Nurse E] replied:

"Sounds like you defo deserve it. Did Jenny still think you weren't needed there?"

TYNDALL: Yes.

JOHNSON: Did Lucy Letby respond?

TYNDALL: Yes:

"OMG. Don't get me started. She's been telling us how to run the unit all night. Her and Ashleigh should just go for it as clearly know more than anyone [else]."

JOHNSON: Followed by:

"I won't be able to make it to hula hoop. Work mad, so doing sitting extra nights."

TYNDALL: Yes, that's to a friend.

JOHNSON: That's somebody called Elizabeth Acton.

TYNDALL: Yes.

JOHNSON: Then some social messages between Lucy Letby and various people between 09.27 and 14.07 on 24 September?

TYNDALL: Yes.

JOHNSON: Followed by one from Lucy Letby to Sophie Ellis at 14.07?

TYNDALL: Yes:

"Oh Sophie, it was pretty bad. 18 babies intubating on handover and a baby with a sugar of 0.1! On again tonight tomorrow and Sat. Not had a chance to see Corrie. Was it good? xx"

JOHNSON: And [Nurse A] then responded to a message that was not immediately obvious from the sequence saying:

"No, had enough. I'm off now. Ta-ra."

TYNDALL: Yes.

JOHNSON: With some crying emojis from Lucy Letby to [Nurse A]. And then [Nurse A] says:

"Because it's you I'll stay"?

TYNDALL: Yes.

JOHNSON: And Lucy Letby says:

"Yay, and I'll have a 4-hour break."

And [Nurse A] replies:

"[Laugh out loud]. Me too and did the rest of 'em."

TYNDALL: Yes.

JOHNSON: And then do you then take up the medical records shortly after the clock had passed over into Friday, 25 September?

TYNDALL: Yes.

JOHNSON: Just to put this into the context of the indictment we are now the day before count 10, which is the first of the two [Baby H] counts.

So does it begin with Lucy Letby's note in the nursing records where she has recorded:

"Blood gases showing deterioration, however oxygen requirement weaned to air. 6ml per kilogram per hour urine output. Following cares and position change, desaturation, reduced chest movement to poor colour (mottled) observed. Neopuff applied and Registrar Ventress asked to attend. ET suction yielded nil secretions. Chest drain no longer fluttering. Poor blood gas. Continued to decline."

TYNDALL: Yes.

JOHNSON: Do we then have the neonatal fluid balance chart?

TYNDALL: Yes.

JOHNSON: If anybody wants to look at these documents as we go through, they are of course behind divider 10. Followed by the intensive care chart. These are all at 01.00 hours that morning.

TYNDALL: Yes.

JOHNSON: Is that right? Then some clinical notes written retrospectively by Dr Ventress.

TYNDALL: Yes.

JOHNSON: Those notes are spread over three separate tiles, tiles 44 through to 46, and they relate to the fact that what's called a tension pneumothorax, so a lung issue, had been identified by the doctors.

TYNDALL: Yes, correct.

JOHNSON: Thank you. They are followed at tile 47 by some notes written by Dr Jayaram, together with a radiologist's report for an X-ray taken at 01.40 hours, setting out what could be seen on the radiograph.

TYNDALL: Yes.

JOHNSON: Putting it in layman's terms, [Baby H] had a punctured lung; is that right?

TYNDALL: I believe so, yes.

JOHNSON: A pneumothorax --

TYNDALL: Yes.

JOHNSON: -- of the left lung. Dr Wright has set out in that report what could be seen and what needed to be done.

TYNDALL: Yes.

JOHNSON: Do we then move, at tile 49, to Dr Ventress' clinical notes --

TYNDALL: Yes.

JOHNSON: -- recording a desaturation of [Baby H] at 01.45 hours?

TYNDALL: Yes.

JOHNSON: And what was done about that, together with Dr Ventress' record that at 01.50 that morning Dr Jayaram had arrived to supervise the treatment of [Baby H]?

TYNDALL: Yes.

JOHNSON: Then at tile 51 Dr Jayaram's own clinical notes, also timing his arrival at that time, 01.50, recording the fact that [Baby H] had been deteriorating over a period of 2 to 3 hours, her saturations had suddenly deteriorated, she looked pale, there was poor chest movement and that they had conducted what's called a cold light test, which is an easy way, which we'll hear about, for detecting a collapsed lung.

TYNDALL: Yes.

JOHNSON: At 2 am, so tile 52, were [Baby H]'s observations taken?

TYNDALL: Yes.

JOHNSON: And the record was made in the fluid balance chart?

TYNDALL: Yes.

JOHNSON: And also in the equipment settings, the fact that there had been an aspiration from the area of the lung to try and sort out the problem that had arisen?

TYNDALL: Correct.

JOHNSON: Thank you. At tile 55 is there an X-ray report of Dr Wright, the consultant radiologist?

TYNDALL: Yes.

JOHNSON: If we just look at that, please. We see that the tension pneumothorax is continuing to re-accumulate, so in other words air between the outer part of the lung and the inner side of the chest --

TYNDALL: Yes.

JOHNSON: -- which prevents the lung working properly. And referring to the fact that:

"The tip of the chest drain lies very posteriorly with the pneumothorax lying predominantly anteriorly. Repositioning should improve drainage. The ET tube has been withdrawn and now lies well above the carina. The decompression needle has been removed. Satisfactory position of the NG tube."

TYNDALL: Yes.

JOHNSON: So we'll be hearing more about that from the treating physicians and the experts.

But is it the next tile, number 56, in which Yvonne Griffiths records going to see [Baby H]'s mum on the post-natal ward to update mum about [Baby H]'s condition?

TYNDALL: Yes.

JOHNSON: At tiles 57 through to 59 do we have a series of notes made by Dr Ventress?

TYNDALL: And one by Dr Jayaram.

JOHNSON: Quite right. One by Dr Jayaram. Concerning the treatment that they were giving to [Baby H] to enable proper breathing?

TYNDALL: Yes.

JOHNSON: Tile 60. That's the time at which Yvonne Griffiths made the note that we've just summarised that appeared at tile 56?

TYNDALL: Correct.

JOHNSON: Then at tile 61 is there a record made by Dr Ventress of a profound desaturation to 26% of [Baby H]?

TYNDALL: Yes.

JOHNSON: Thank you. Next at tile 62 we have a nursing note made by Lucy Letby concerning events that you have attributed to about just before 3 am that morning?

TYNDALL: They're notes that -- just basically her summary of all of that care that's gone on and that the clinical notes talk about.

JOHNSON: Okay. So the clinical notes set out at tiles 57 to 59 and 61 are summarised by Lucy Letby in the nursing notes later that morning at 8.21, but they've been put in her because they correspond to the doctors' notes?

TYNDALL: Yes, correct.

JOHNSON: Thank you. At 3 am, so tiles 63, 64 and 65, do we have the standard observations recorded that we've seen in so many of the other cases?

TYNDALL: Correct.

JOHNSON: Then at 03.05, tile 66, do we have a further X-ray taken of [Baby H]'s chest, monitoring the pneumothorax?

TYNDALL: Yes, and the position of the ET tube.

JOHNSON: Yes. So that's 03.05.

Did Lucy Letby then send a text to [Nurse A]?

TYNDALL: Yes. That reads:

"Can I go now??"

JOHNSON: Yes. And then at 3.15 did Dr Ventress make a further clinical note recording [Baby H]'s situation at that stage?

TYNDALL: Yes, and referring to the results of the X-ray.

JOHNSON: Thank you. Did [Nurse A] respond to Lucy Letby's 3.07 text at 3.26?

TYNDALL: Yes, with --

JOHNSON: So the question was "Can I go now?" and [Nurse A] responded?

TYNDALL: "Yes. Let's run off together and rescue Ali too."

JOHNSON: At 4 am, so tiles 70 to 72, do we have what I keep referring to as the standard set of observations being recorded?

TYNDALL: Yes.

JOHNSON: Then at 4.15, tile 73, the prescription for morphine sulphate?

TYNDALL: Yes.

JOHNSON: Signed and co-signed by Lucy Letby and Yvonne Griffiths?

TYNDALL: Correct.

JOHNSON: Followed by at 04.20, equipment settings recorded by Lucy Letby?

TYNDALL: Yes. That's recording of the morphine being given.

JOHNSON: Yes. Then at 04.37 a yet further X-ray monitoring what was going on inside [Baby H]'s chest?

TYNDALL: Yes, correct.

JOHNSON: At 04.55, did Dr Jayaram make his notes relating -- many of which related to what had happened at 01.32, 01.50 and 02.45?

TYNDALL: Yes.

JOHNSON: But also including the up-to-date position at that stage?

TYNDALL: Yes, in a full summary.

JOHNSON: Yes. At 5 am, so tiles 77 to 79, do we have the standard three?

TYNDALL: Yes.

JOHNSON: Followed at 05.10, at tile 80, by a further record made by Lucy Letby of [Baby H]'s desaturation into the 40s, the fact that she was given 100% oxygen through the Neopuff?

TYNDALL: Yes.

JOHNSON: Also recording the fact that her right hand, that is [Baby H]'s right hand, was pale?

TYNDALL: Yes.

JOHNSON: Her blood gases transcribed by Lucy Letby at tile 81?

TYNDALL: Yes.

JOHNSON: So at 05.28.

Then at 6 am, [Baby H] was being given total parenteral nutrition. That's when that was prescribed. Was it hung by Lucy Letby and [Nurse A] at that time?

TYNDALL: Yes.

JOHNSON: At the same time in the following tile, tile 83, there's an infusion prescription chart for morphine sulphate, which was clearly being administered as well?

TYNDALL: Yes.

JOHNSON: Also at 6 am, are there four tiles, going from 84 to 87, recording the standard observations?

TYNDALL: Yes.

JOHNSON: And the fact that [Baby H] was being ventilated with an ET tube?

TYNDALL: Yes.

JOHNSON: At tile 88 do we have a further record made by Lucy Letby at 06.30?

TYNDALL: Yes. This is the decrease in the pressures, I believe.

JOHNSON: Yes, of the ventilator?

TYNDALL: Yes.

JOHNSON: Then blood gases at tile 89?

TYNDALL: Yes.

JOHNSON: At tiles 90 to 92 do we have the standard three?

TYNDALL: Yes.

JOHNSON: Followed at tile 93 by clinical notes made by Dr Alison Ventress, in effect her review of the X-ray that had been taken earlier that morning at 01.40?

TYNDALL: Yes.

JOHNSON: At 07.30 and 07.35, tiles 94 and 95, do we have further reviews of previously taken X-rays by Dr Ventress?

TYNDALL: Yes.

JOHNSON: Then we come, at tile 96, to 07.30 am, which is the start of the beginning -- or it is the beginning of the shift handover between the night staff and the day staff?

TYNDALL: Yes.

JOHNSON: On this day shift, so 8 to 8 on Friday, 25 September, the designated nurse was [Nurse D]?

TYNDALL: Correct.

JOHNSON: Thank you. So we are now on Friday, 25 September.

Dr Ventress, has she made a further note in the clinical notes of her review of the X-ray film that had been taken at 04.37 that morning?

TYNDALL: Yes.

JOHNSON: Followed by the standard three at tiles 98 to 100?

TYNDALL: Yes.

JOHNSON: This time all recorded by [Nurse D]?

TYNDALL: Yes.

JOHNSON: And then so far as Lucy Letby's night shift was concerned, do the following two tiles record the time at which she made her nursing notes, many of which refer to events that had happened earlier that night shift?

TYNDALL: Yes.

JOHNSON: Just pausing for a second at tile 101, we've already seen earlier in the shift some notes she'd made. If we can click on 101 please, Mr Murphy.

This is an easy-to-read version that you have transcribed from the original into the sequence, showing that:

"Ventilation and blood gases as charted. Current. Settings. SIMV."

Is that the ventilator?

TYNDALL: Yes.

JOHNSON: "24/5. Inspiratory time, 0.45. Rate 50 in air. Remains nil by mouth. Babiven commenced via peripheral line."

Then the morphine prescription and various other treatments and observations which have been taken.

TYNDALL: Yes. Just a full summary of [Baby H]'s care during that shift.

JOHNSON: Thank you. Over your page but over on to the next tile, a record made by Lucy Letby of the fact that Nurse Griffiths had updated [Baby H]'s mum on the post-natal ward?

TYNDALL: Yes.

JOHNSON: And that the parents and grandmother had been present on the unit and had been updated by Lucy Letby, registrar Dr Ventress and consultant Dr Jayaram?

TYNDALL: Correct.

JOHNSON: Thank you. Then moving into the day shift proper, as it were, do we have, at tiles 103 and 104, blood gases recorded?

TYNDALL: Yes.

JOHNSON: 105 to 107, various prescriptions --

TYNDALL: Yes.

JOHNSON: -- at 08.40?

At 1.45, blood gases at tile 108?

TYNDALL: Yes.

JOHNSON: Observations and what I'll keep referring to as the standard three at 109 through to 111 at 9 am?

TYNDALL: Yes.

JOHNSON: More blood gases at 112, being 09.45 that morning?

TYNDALL: Yes.

JOHNSON: More observations at 113 to 115?

TYNDALL: Yes.

JOHNSON: At 116, the equipment settings recorded?

TYNDALL: That just records that her fluids have increased --

JOHNSON: Yes.

TYNDALL: -- at that time.

JOHNSON: To 120ml per kilo per day?

TYNDALL: Yes.

JOHNSON: Then clinical notes made by Dr David Harkness at tile 117 --

TYNDALL: Yes.

JOHNSON: -- recording what he had seen for himself, what had been reported to him, and what was going on with [Baby H]?

TYNDALL: Yes, correct.

JOHNSON: At tile 118, was a pathology sample collected?

TYNDALL: Yes, a blood sample.

JOHNSON: There were further observations, the standard three, at tiles 119 through to 121?

TYNDALL: Yes.

JOHNSON: Indeed, to 122 in this case, I think; is that right?

Sorry, no, 121. 122 is the same three sets of observations at noon. Then further at 1 o'clock at 126 to 128?

TYNDALL: Yes.

JOHNSON: Which is interposed with, at 125, a prescription for morphine sulphate?

TYNDALL: Yes.

JOHNSON: More blood gases at 129?

TYNDALL: Yes.

JOHNSON: Then quite a long nursing note made by [Nurse D], which has been divided up between tiles 130 and 132?

TYNDALL: They're three separate entries that she's made, but I think, yes, all relating to the morning's care for [Baby H].

JOHNSON: Yes, thank you.

At 133, were the equipment settings -- or there's an intensive care chart filled in by [Nurse D] relating to the insertion of a long line?

TYNDALL: Yes, and making note of the settings, equipment settings, at the same time.

JOHNSON: Yes. At 14.00 hours, a blood sample was taken for cross-matching?

TYNDALL: Yes.

JOHNSON: Then at 14.30 we have the standard three between tiles -- the standard two in this case at 135 and 136?

TYNDALL: Yes.

JOHNSON: That's because part of the exercise had been performed at 14.00 hours at tile 133?

TYNDALL: Correct.

JOHNSON: Was there yet a further X-ray at 14.53, tile 137?

TYNDALL: Yes.

JOHNSON: This time reported by Dr Boothroyd, whose name we've encountered many times before, followed at 15.00 by five or -- yes, five separate tiles.

First, Dr Harkness' record in the clinical notes of having inserted a long line into the right ACF, antecubital fossa, I think -- I think he has told us that on a previous occasion -- on the fourth attempt.

That's also recorded by Dr Harkness in a different format elsewhere.

And then the observations for [Baby H], the standard three, are also recorded at 15.00 hours between tiles 140 and 142.

TYNDALL: Yes.

JOHNSON: At 15.15, the neonatal infusion prescription chart records the fact that [Baby H] was being given dextrose --

TYNDALL: Yes.

JOHNSON: -- and the rate of administration.

TYNDALL: Yes.

JOHNSON: At 16.00 hours, some nursing notes which were actually made later that day but concern a conversation between [Nurse D] and [Baby H]'s mum.

TYNDALL: Yes.

JOHNSON: The standard three at 16.00 hours at tiles 145 through to 147?

TYNDALL: Yes.

JOHNSON: Then at 148 a record of a desaturation and a decrease in heart rate for [Baby H]?

TYNDALL: Yes, made on the intensive care chart.

JOHNSON: At the same time was similar information or in relation to the same time was similar information recorded in the nursing notes at tile 149 by [Nurse D]?

TYNDALL: Yes, that's what she's recorded in her nursing notes about that event.

JOHNSON: Yes. And then at 16.23, was the cardiac arrest team bleeped?

TYNDALL: Yes.

JOHNSON: If we just go behind that, there's been a gap in the bleep data as we've been going through, prior to this, but there we can see your summary of that. Then if we go to the document just to reacquaint ourselves with these sorts of documents. If we scroll down, there we will see where that information is recorded. Anyway.

All right. So back to 151, please. Is this [Nurse D]'s nursing note of the treatment that was given to [Baby H]?

TYNDALL: Yes, following that desaturation.

JOHNSON: Do we have a corresponding note made by Dr Austin, ST3 --

TYNDALL: Yes.

JOHNSON: -- concerning the resuscitative measures that were taken for [Baby H]?

TYNDALL: Yes, which were taking the ET tube out and replacing it.

JOHNSON: Yes. We see a similar or a corresponding entry in the nursing notes made by [Nurse D] concerning Dr Gibbs' treatment of [Baby H]?

TYNDALL: Yes.

JOHNSON: At tile 153 and the fact that [Baby H]'s mum had attended whilst [Baby H] was being re-intubated?

TYNDALL: Correct.

JOHNSON: Do we then have two sets of -- a set of two documents at tiles 155 and 156 on the hour with the records of various observations for [Baby H]?

TYNDALL: Correct.

JOHNSON: Thank you. [Nurse D] makes a further record at tile 157 concerning heart rate, respiratory rate and other things, which the jury have a paper document for and which can be accessed through a tile; is that right?

TYNDALL: That's correct.

JOHNSON: Then at 17.25, tile 158, do we have Dr Boothroyd's report for the X-ray taken at that time?

TYNDALL: Correct.

JOHNSON: At 17.45, blood gases recorded by [Nurse D]?

TYNDALL: Yes.

JOHNSON: A record made by Dr Gibbs of what you've already told us, namely the fact that the ET tube was withdrawn by half a centimetre; is that right?

TYNDALL: Yes.

JOHNSON: That it was in a satisfactory position on the chest X-ray and detailing what else could be seen on the radiograph?

TYNDALL: Yes, and that he'd performed the cold light test.

JOHNSON: Then at 6 pm, tile 161, the fluid balance chart together with the equipment settings, the intensive care chart equipment settings.

TYNDALL: Yes.

JOHNSON: A record made by [Nurse D]. Followed at 18.08 by a message sent by Lucy Letby to [Nurse A]; is that right?

TYNDALL: Yes, that's correct.

JOHNSON: Which reads, please?

TYNDALL: "Hope you've slept. Don't say anything about what [Nurse B] said to anyone, will you?"

JOHNSON: Then that conversation is taken up in about three or four tiles' time, but in the interim were further -- well, two tiles' time actually. In the interim at 18.10, tile 164, were [Baby H]'s vital signs being recorded by [Nurse D]?

TYNDALL: Yes.

JOHNSON: And then at 18.17 did [Nurse A] respond to the request made by Lucy Letby?

TYNDALL: Yes, saying:

"No, I won't re [Nurse B]. I'm fuming [it says 'I' but I presume that's supposed to read 'on'] your behalf though. She has the cheek to say that and then doesn't read a morphine pump all day. Glad Belinda sees how good you are."

JOHNSON: Then the neonatal infusion prescription chart at 18.30 records the fact that morphine sulphate was being given to [Baby H]?

TYNDALL: Yes, correct.

JOHNSON: Then the WhatsApp conversation resumed with [Nurse A] sending a message to Lucy Letby?

TYNDALL: Saying:

"I could quite happy run away tonight. Exhausted."

JOHNSON: Did Lucy Letby then send a series of four messages to --

TYNDALL: There's one message that goes to Ailsa Simpson first.

JOHNSON: Yes. First Ailsa Simpson then three to [Nurse A]. Could you take us through those, please?

TYNDALL: To Ailsa Simpson she sends a message saying:

"Sorry didn't reply last night. You've certainly picked the right week to be on hols. Are you going to Shelley's do tonight? Have fun if you are. Hope you are lucky with Glastonbury. I've got tickets for Ellie [Goulding] at Echo."

And then a smiling emoji and kisses.

JOHNSON: Then from Lucy Letby to [Nurse A] there are three I think.

TYNDALL: Yes, that Lucy sends. The first one reads:

"I know. Bit upset about it, really. Not nice to think that some of your colleagues don't have that trust etc in you, but glad Belinda told me and didn't listen to her."

Then the next message reads:

"We'll get each other and Ali thorough."

And then she corrects that by saying "through".

JOHNSON: Yes. So that's at 18.49.

At 7 pm nursing notes, written later at 20.31, record the fact that lipid and morphine were attached to [Baby H]'s long line?

TYNDALL: Yes.

JOHNSON: Then we have the final four entries of that day shift at 7 pm: the fluid balance chart, the intensive care chart equipment settings, the TPN record, together with observations taken, all signed for by the designated nurse, who is [Nurse D]. So far as the Babiven was concerned, that required the countersignature of Belinda Simcock.

TYNDALL: Yes.

JOHNSON: Do we then come to the night shift of Friday, 25 September into Saturday the 26th?

TYNDALL: Yes.

JOHNSON: Just before the break, if we can just deal with the staffing, please. If we can click on that. We see that Dr Gibbs was both paediatrician of the week and on call that night?

TYNDALL: Yes.

JOHNSON: The registrar was Dr Alison Ventress?

TYNDALL: Yes.

JOHNSON: Senior house officer, Dr Jessica Scott. So far as the nurses were concerned, the shift leader, [Nurse A]?

TYNDALL: Yes.

JOHNSON: Lucy Letby was the designated nurse for [Baby H].

TYNDALL: Yes.

JOHNSON: Yvonne Griffiths was the other registered nurse?

TYNDALL: Yes.

JOHNSON: And there were two nursery nurses, Valerie Thomas and Elizabeth Marshall?

TYNDALL: Yes.

JOHNSON: If we scroll down to the map, we can see that -- we'll go from the bottom upwards.

Starting at room 4, the top left of the map, there were four children in nursery 4, all being cared for by Valerie Thomas?

TYNDALL: Yes.

JOHNSON: In nursery 3, there were four children all being cared for by Elizabeth Marshall?

TYNDALL: Yes.

JOHNSON: One of those children was [Baby I] --

TYNDALL: Yes.

JOHNSON: -- whose case we will come to after [Baby H].

In room 2, [Baby G] and three other children, all being cared for by Yvonne Griffiths?

TYNDALL: Yes.

JOHNSON: Then, last and certainly not least, [Baby H] alone in room 1, being cared for by Lucy Letby.

TYNDALL: Yes.

MR JOHNSON: Thank you.

My Lord, that may be a convenient moment.

MR JUSTICE GOSS: Yes, thank you.

We'll break off then, please, members of the jury, until 2 o'clock. It's a long time since I've seen you, so I'm therefore required essentially to remind you of your responsibilities as jurors: no research about anything or anyone to do with this case and no conversations with anyone about anything to do with this case except when you're all together and everybody can hear what's being said. Thank you very much.

(1.00 pm)

(The short adjournment)

(2.00 pm)

MR JUSTICE GOSS: Mr Johnson.

MR JOHNSON: We'd just dealt with the layout of the neonatal unit at the beginning of the night shift of Friday, 25 September into the morning of Saturday, the 26th.

So if we can move next to tile 178 and, just taking this a little more slowly than we did the material this morning because, as the jury will have noticed, count 10 -- the event specified in count 10 occurred on this shift.

We know that Lucy Letby was the designated nurse for [Baby H] and [Baby H] was the single child in room 1 at the beginning of this night shift and we can see that at 8 pm, so the very beginning of the night shift, the standard three sets of observations were recorded; is that right?

TYNDALL: Yes.

JOHNSON: That's tiles 178 to 180.

At tile 181, at 20.31, [Nurse D], who was going off shift, retrospectively wrote her notes and you have inserted them into the sequence at the point referred to in the notes --

TYNDALL: Correct.

JOHNSON: -- as you have in relation to tile 182, which is [Nurse D]'s record of a communication she had with [Baby H]'s family.

TYNDALL: Yes.

JOHNSON: Other than that, between 8 and 9 pm, nothing was recorded.

At 9 pm, the standard three were recorded by Lucy Letby?

TYNDALL: Yes.

JOHNSON: At 21.22, prescriptions for gentamicin, benzylpenicillin, morphine sulphate and sodium chloride were all signed and countersigned by Lucy Letby and [Nurse A]?

TYNDALL: Yes.

JOHNSON: At tile 190, 21.35, the paper record for the gentamicin.

TYNDALL: Yes.

JOHNSON: That was actually administered at tile 191 -- sorry, the record -- the computer was updated as it having been administered, but the update to the computer was at 21.53?

TYNDALL: Yes.

JOHNSON: As were the records for the benzylopenicillin, the morphine sulphate and the sodium chloride?

TYNDALL: Correct.

JOHNSON: So that takes us through to 195. 195 is observations of [Baby H]'s heart and respiratory rates and her temperature?

TYNDALL: Yes.

JOHNSON: That's one part of the standard three which are also recorded at the same time at tiles 196 and 197?

TYNDALL: Yes.

JOHNSON: At 22.02, tile 198, [Baby H]'s blood gas results are recorded?

TYNDALL: Yes.

JOHNSON: At tile 199, at 22.10, a desaturation during a heel prick test was recorded --

TYNDALL: Yes.

JOHNSON: -- by Lucy Letby?

At 22.56, tile 200, an X-ray was taken, which was subsequently reported on by Dr Boothroyd?

TYNDALL: Yes.

JOHNSON: At tiles 201, 202 and 203, we have the standard three documents recording various observations?

TYNDALL: Yes.

JOHNSON: 204, a blood transfusion was started?

TYNDALL: Yes.

JOHNSON: And we remember, no doubt, from this morning's session that some blood had been sent for cross-matching earlier on?

TYNDALL: Yes.

JOHNSON: At 23.15, tile 205, [Baby H]'s vital signs were recorded?

TYNDALL: Yes.

JOHNSON: Heart, respiratory rate and temperature, as they were at 23.30?

TYNDALL: Yes.

JOHNSON: Tile 206, the intensive care chart equipment settings at 23.30 as well at 207. Then at 208, Lucy Letby's nursing notes concerning a desaturation of [Baby H] at that time, 23.30?

TYNDALL: Correct.

JOHNSON: And that is a note that was actually made at 04.14 the following morning?

TYNDALL: Yes.

JOHNSON: At 209, 23.45, [Baby H]'s vital signs recorded?

TYNDALL: Yes, these are taken more regularly because she's having a blood transfusion.

JOHNSON: Yes. At 23.50, Dr Alison Ventress' clinical notes?

TYNDALL: Yes.

JOHNSON: Which, if we just look, just to put it into context, if we could click on that, please, Mr Murphy:

"Several episodes of desaturation in the past 2 hours."

Then the circumstances in which those desaturations had occurred is recorded by the doctor.

TYNDALL: Correct.

JOHNSON: At 211, please, we're now moving on to midnight, we have the standard three, as before --

TYNDALL: Yes.

JOHNSON: -- which takes us in turn to 214, which is the observations, once again, heart rate, respiratory rate, et cetera?

TYNDALL: Correct.

JOHNSON: Thank you. At 215, [Baby H]'s blood gas results?

TYNDALL: Yes.

JOHNSON: 216, Dr Ventress' record concerning a poor gas pH and how [Baby H] was presenting at that time?

TYNDALL: Yes.

JOHNSON: 217, at 1 o'clock, the standard three; that's 217 to 219.

TYNDALL: Yes.

JOHNSON: At 220, 01.25, a record of a morphine bolus being given to [Baby H]?

TYNDALL: Yes.

JOHNSON: Made by [Nurse A]?

TYNDALL: Yes.

JOHNSON: A detail I'd missed out from the standard three at 01.00 is the fact that all three were -- or two of the -- the two in respect of which a name has been recorded on the forms, they were [Nurse A] rather than Lucy Letby.

TYNDALL: Correct.

JOHNSON: Certainly by 01.30, at 221, Lucy Letby's name appears again, this time on the prescription form, alongside that of [Nurse A]?

TYNDALL: Yes.

JOHNSON: And on the observations, on the standard three taken at 02.00 hours, slides 222 through to 224, again Lucy Letby's name appears alone?

TYNDALL: Yes.

JOHNSON: It was at 2 o'clock that morning that the blood transfusion was completed, as we see at slide 225.

TYNDALL: It's recorded in the nursing notes as being completed at the time. However, the paper records seem to indicate it was an hour later.

JOHNSON: Right, okay.

TYNDALL: Which is tile 239.

JOHNSON: Thank you. So looking at 225, if we just click on behind that, please, this is your transposition of what appears in the typed notes:

"Blood transfusion completed at 02.00 via peripheral line. Observations within normal range."

TYNDALL: Yes.

JOHNSON: So that's Lucy Letby's note. We will see in a moment that that doesn't correspond to the paper records, but let's maintain the chronology, please.

Going to slide 226 next, please, 10 minutes later, at 02.10, a chest drain or the use of a chest drain is recorded at that time by Lucy Letby; is that right?

TYNDALL: Yes.

JOHNSON: We would see that if we clicked behind that tile, but let's move on to 227. This is the corresponding record in the nursing notes made by Lucy Letby; is that right?

TYNDALL: Yes, about the chest drain.

JOHNSON: Yes. So if we click on that, please. Could you tell us what Lucy Letby recorded there?

TYNDALL: "Following poor blood gas and 100% ox requirement Consultant Gibbs attended the unit and inserted a third chest drain. All three drains swinging and serous fluid present. Dressing in situ. X-rays taken as documented. 100 micrograms per kilogram morphine bolus given prior to procedure, running at 40 micrograms per kilogram per hour via long line. IV fluids 1,200ml/kg Babiven via long [line]. Lipid unable to run as line occluding. Doctors aware. Medications given as prescribed."

JOHNSON: Thank you. That's an untimed entry, as we can see in the sense of the note itself doesn't record a time, but it corresponds to this period of time in the context of what else was being recorded with a time?

TYNDALL: Yes, with Dr Gibbs' notes as well.

JOHNSON: Yes. So that's what we come to next, isn't it, Dr Gibbs' notes? The next tile, please. If we just click on that just to put Lucy Letby's note into context. This again is your typescript version of his writing --

TYNDALL: Yes.

JOHNSON: -- which refers to the chest X-ray, the re-accumulation of the pneumothorax, and then the other detail, which corresponds broadly to that which was recorded by Lucy Letby in the nursing note?

TYNDALL: Correct.

JOHNSON: Thank you. 229, please, 15 minutes later. The chest X-ray --

TYNDALL: Yes.

JOHNSON: -- reported on by Dr Boothroyd, but, as we know, would have been seen by Dr Gibbs at the time.

At tile 230, [Baby H]'s vital signs are recorded.

TYNDALL: Yes.

JOHNSON: At 236, a prescription written by Dr Gibbs for lidocaine hydrochloride.

TYNDALL: Yes.

JOHNSON: At tile 232, that fact recorded on the computer and time stamped at 0.22.36?

TYNDALL: Yes.

JOHNSON: At tile 233, a retrospect nursing note timed at 02.50, recording the giving by Lucy Letby of a sodium chloride bolus, [Baby H]'s blood pressure, the fact that she was desaturating significantly on handling; is that right?

TYNDALL: Yes.

JOHNSON: At tile 234 another record of the chest drain and of the sodium chloride bolus having been given at that time.

TYNDALL: Yes.

JOHNSON: The neonatal infusion prescription chart, which is tile 235, appears with the same time. Saline prescribed by Dr Ventress --

TYNDALL: Yes.

JOHNSON: -- and administered by Lucy Letby, countersigned by [Nurse A]?

TYNDALL: Yes.

JOHNSON: Then at 3 am, [Baby H]'s vital signs recorded?

TYNDALL: Yes.

JOHNSON: That's tile 236.

At 237 and 238 we have the other two of the three standard observations --

TYNDALL: Yes.

JOHNSON: -- sets of observations.

Then at 239 we have what you referred to earlier as being a conflict between the paper record and the nursing note. So the nursing note was at 2 o'clock, it was tile 225, but here we're at tile 239 and this is the apparent inconsistency of the time at which the blood transfusion was completed.

TYNDALL: Yes. It's handwritten so it's not 100% clear.

JOHNSON: No. Let's just look at what's been recorded there. As we see in the tile, no name attributed to this record.

The name badge is blank in the top right-hand corner of the sheet immediately behind the tile. If we go to the original, which is J12651 --

TYNDALL: It's in the end column where it says "Time ended".

JOHNSON: Yes. I don't know if we can expand on the signatures.

Is it possible, Mr Murphy? Thank you.

So we can see, if we start on the right-hand side of the page, "Date and time started", and that's 23.05 hours on 25/9/15.

TYNDALL: Yes.

JOHNSON: Ended, 26/9, and what looks like a 2 changed to a 3.

TYNDALL: Yes.

JOHNSON: Or a 3 changed to a 2 and then "05". And we have two sets of signatures, two pairs of signatures if you like.

They probably speak for -- at least one of the names in each pair probably speaks for itself.

If we go further to the left, so to the left of where those printed "pack number of product" appear, we see that somebody has written "over 4 hours" in brackets beneath the rate and the time; is that right?

TYNDALL: Yes.

JOHNSON: Thank you. So going back to the sequence, please, we then come to what the Crown allege is to be a criminal offence being committed as event 1, tile 240. This corresponds to count 10 and if we move on to 241 we have Lucy Letby's nursing note relating to this event; is that right?

TYNDALL: Yes.

JOHNSON: If we can go to that, please. That's a note made at 04.14. The record she made says what, please?

TYNDALL: "At 03.22 profound desaturation and colour loss to 30%. Good chest movement and air entry. Colour change on CO2 detector. Neopuff commenced in 100% oxygen and help requested. Serous fluid ++ from all three drains. Became bradycardic. Doctors crash called and resus commenced as documented."

JOHNSON: Thank you. Two minutes later, at 242, a record made by Lucy Letby on the intensive care chart.

TYNDALL: Yes, that says:

"Blood complete. 03.24 resus."

JOHNSON: Okay. Let's just look at that because of the disparity between the nursing note and the blood transfusion record. Could we go to the original, please, at 12702?

I don't know if it's possible to expand on that for us.

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

JOHNSON: So the left-hand half of the page; is that right?

TYNDALL: Yes.

JOHNSON: Okay.

TYNDALL: It's in that third column along.

JOHNSON: Yes:

"Blood complete. 03.24 resus."

Is that right?

TYNDALL: Yes.

JOHNSON: And underneath what appear to be the initials of Lucy Letby?

TYNDALL: Yes.

JOHNSON: Corresponding to that, at tile 243, do we have Dr Ventress' clinical notes?

TYNDALL: Yes, that says she was crash called to the NNU at 03.24.

JOHNSON: Let's just look at that if we can, please. Again, we can probably make do with the typescript transposition of what's written in manuscript on the page that follows, but does it say:

"Crash call to NNU at 03.24. [Baby H] had desaturated requiring bagging. Sats 60s. Then heart rate down to less than 100, so nurses crash called. Wasn't being handled at all. No trigger identified."

Is that right?

TYNDALL: Yes.

JOHNSON: Then it records the fact that a saline bolus had been given 30 minutes before that event.

TYNDALL: Yes.

JOHNSON: And that on Dr Ventress' arrival, [Baby H] was being bagged via the ET tube, there was good chest movement, the capnograph was positive, in other words air was getting into and out of the lungs, and that [Baby H]'s sats were 60% and her heart rate had declined from 70 to 50.

TYNDALL: Yes.

JOHNSON: Over on to the next tile, please, so this is 244, do Dr Ventress' notes continue with a record that CPR was started at 03.26?

TYNDALL: Yes.

JOHNSON: Dr Gibbs was called?

TYNDALL: Yes.

JOHNSON: What's referred to as a cold light test, which is a test for a collapsed -- that indicates a collapsed lung, was carried out and that some air was in effect removed from the space between the outer side of the -- outer edge of the lung and the inner aspect of the chest wall?

TYNDALL: Yes.

JOHNSON: Does the next tile record, so 245, that adrenaline was given to [Baby H] at 03.30?

TYNDALL: Yes.

JOHNSON: That that prescription was written at the same time?

TYNDALL: Yes.

JOHNSON: There is an anomaly here, I think, if we go to tile 246, please. Could we click on the information?

It may be just as well as to go to the original, so click again, please.

So given that there appears to be an inconsistency here, could you just talk us through the document?

TYNDALL: So if we go down to see the timings, there it says:

"Scheduled 03.30. Administered 06.04."

However, the clinical notes record -- and it says the dose is 25 micrograms, which matches what the clinical notes record as being given at 03.30. Because this is entered by Dr Ventress rather than the nurses, I have therefore assumed that it's for the adrenaline given at 03.30, as in the clinical notes, rather than 06.04.

JOHNSON: Yes. Okay. It may be that Dr Ventress can deal with that when she gives evidence as to what she actually did, but that explains why you have put that document there?

TYNDALL: Yes.

JOHNSON: Because you've taken the doctor's manuscript clinical note as likely to be more accurate as to what happened than this?

TYNDALL: Yes, because the electronic prescription also notes -- where it says "Filed at 06.04", that's the time we believe the entry was made on the computer rather than being made at 03.30.

JOHNSON: Yes. So the file time has also gone into the administered time?

TYNDALL: Yes.

JOHNSON: Okay. All right. So back to the carousel, please.

Tile 247. Do Dr Ventress' notes continue to record what [Baby H]'s heart rate and saturation rate or percentage was at that time?

TYNDALL: Yes.

JOHNSON: At 248 do they record a further dose of adrenaline?

TYNDALL: Yes.

JOHNSON: Is that -- is the prescription for that dose recorded in the next tile at the same time?

TYNDALL: Yes.

JOHNSON: Do we have a similar anomaly so far as this one is concerned?

TYNDALL: Yes.

JOHNSON: So we probably don't need to go to the original. But does this one record, on the computer record, 07.28 as the administered time?

TYNDALL: Yes.

JOHNSON: Again you've taken the manuscript clinical note as being the more likely document to reflect what actually happened given what was going on at the time?

TYNDALL: Yes.

JOHNSON: In other words, it wouldn't make sense to be giving the adrenaline to [Baby H] hours after she'd recovered --

TYNDALL: Exactly.

JOHNSON: -- or after her blood pressure was back up anyway?

TYNDALL: Yes.

JOHNSON: At tile 250 do we have Dr Gibbs' clinical notes following his arrival at that time?

TYNDALL: Yes.

JOHNSON: If we look at those, and bearing in mind you have recorded that second dose of adrenaline at 03.35, it may be that we need to go to -- I think it says in the third line from the bottom:

"Had been given adrenaline (second dose on my arrival)."

TYNDALL: Yes.

JOHNSON: In other words, he arrives at 03.36, you've put the second dose in at 03.35 because that accords with what Dr Ventress put at that time, and taking this as another source of information that conflicts with the computer record, that accounts for why those adrenaline doses have gone in at that time?

TYNDALL: Correct.

JOHNSON: Okay, thank you.

Tile 251 next, please. This is the third dose of adrenaline --

TYNDALL: Yes.

JOHNSON: -- which appears in Dr Ventress' notes. And do we have exactly the same issue with regard to the computer record, which is tile 252?

TYNDALL: Yes.

JOHNSON: We won't go through the exercise of running through the precise times, but the same point applies?

TYNDALL: Yes, correct.

JOHNSON: Thank you. At tile 253 do we have Dr Ventress' clinical note recording the administration of 0.1 of a millilitre of atropine?

TYNDALL: Yes.

JOHNSON: Do we have exactly the same issue with the computer record for this one at tile 254?

TYNDALL: Yes.

JOHNSON: Where the computer record has the same time as the third dose of adrenaline, in other words 07.28?

TYNDALL: Yes.

JOHNSON: But you have taken it from the clinical records as being 03.45?

TYNDALL: Yes. And the scheduled time on the prescription.

JOHNSON: Yes. Then at tile 255 do we have Dr Ventress' record that at 03.46 that morning the chest compressions were abated because [Baby H]'s heart rate had recovered and went from 120 beats per minute to 163?

TYNDALL: Yes.

JOHNSON: And her colour slowly improved?

TYNDALL: Yes.

JOHNSON: At 256 do we have Lucy Letby's note concerning these events?

TYNDALL: Yes, about the medication given and that the chest compressions stopped at 03.46.

JOHNSON: Yes. This is a note made at 04.14; is that right?

TYNDALL: Yes.

JOHNSON: If we go to it, please, Mr Murphy, do we see the three doses of adrenaline recorded and the dose of atropine?

TYNDALL: Yes.

JOHNSON: The fact that chest compressions had stopped at 03.46, which is the time recorded by Dr Ventress?

TYNDALL: Yes.

JOHNSON: And the heart rate of 180?

TYNDALL: Yes.

JOHNSON: Saturations of over 90 and [Baby H] put back on to the ventilator and being given 30% oxygen?

TYNDALL: Yes.

JOHNSON: Thank you.

257, 04.00 hours, is that the time that Dr Ventress made the notes which we've been referring to at the appropriate stages during [Baby H]'s collapse?

TYNDALL: Yes.

JOHNSON: Thank you.

At 258, 259 and 260, do we have the standard three documents --

TYNDALL: Yes.

JOHNSON: -- on the hour, 4 am?

TYNDALL: Yes.

JOHNSON: At 261 do we have Lucy Letby's retrospective note?

TYNDALL: Yes.

JOHNSON: And if we could look at that, please, timed at 04.14.

Talk us through that, please.

TYNDALL: "Written for care given from 20.00 to present. Emergency equipment checked. Fluids calculated. [Baby H] nursed in an incubator. Ventilated with size 3.5 ET tube, 8 centimetres at lips. Ventilator settings gradually increased during shift in line with blood gas and clinical picture. Currently 24/4. Inspiratory time 0.45. Rate 60 BPM in 28% oxygen. X2 chest drains in situ at start of shift. Intermittently swinging. Serous fluid ++ accumulating."

Then I've recorded where I've placed in the sequence the entries as they've occurred and then the entry sums up with:

"Suction given during the shift. Oral ++ mucus. ET small bloodstained secretions. Nil obtained from NG tube. Urine output 4.3ml/kg/hour. Bowels not opened. Appears jaundiced. SBR below treatment line."

JOHNSON: SBR, serum bilirubin level?

TYNDALL: Yes.

JOHNSON: Or reading. So moving on then, please, to Dr Gibbs' clinical notes, made at 04.15. Do they adopt a similar approach to events to those of Lucy Letby in the sense that insofar as

they're timed, you've put them in in the sequence at the appropriate point in the chronology?

TYNDALL: Yes.

JOHNSON: And otherwise, insofar as they add anything to what's already in at the appropriate stage, you have reproduced them in typescript if one clicks on the tile there?

TYNDALL: Yes.

JOHNSON: Okay. We'll let him deal with his observations.

So moving on to 263, do we then have a family communications entry made by Lucy Letby on the nursing notes?

TYNDALL: Yes.

JOHNSON: And just looking at that, please, Mr Murphy. We see:

"Parents visiting at start of shift. Updated on condition and advised to try and rest overnight. Midwife contacted during resus to ask mum to attend the unit. Daddy arrived soon after. Updated and supported by medical and nursing staff. Currently sitting with [Baby H]."

TYNDALL: Yes.

JOHNSON: At 04.48 was there a blood gas reading recorded?

TYNDALL: Yes.

JOHNSON: Then at 5 am, between tiles 265 and 267, do we have the standard three documents on the hour?

TYNDALL: Yes.

JOHNSON: 268, 05.21, do we have further notes made by Lucy Letby concerning contact with the [Family of Baby H]?

TYNDALL: Yes.

JOHNSON: Does that record as follows:

"Conversations with myself, Dr Gibbs and parents. Explaining [Baby H]'s deterioration. Parents concerned re brain damage. Support and information given. Aware that [Baby H] is poorly and may deteriorate again. Blessing offered by Dr Gibbs. Parents keen for this to happen tonight. Extended family members contacted and coming to unit. Catholic priest asked to attend."

TYNDALL: Yes.

JOHNSON: Thereafter, at 269, is there a record of a sodium chloride prescription that was given together with morphine sulphate or at least that was recorded as -- the update was entered into the computer for the sodium chloride given at 05.24, but the morphine sulphate was something that had been given at 01.30; is that right?

TYNDALL: Yes.

JOHNSON: Okay. So at 272 through to 274, do we the standard three documents on the hour at 6 am?

TYNDALL: Yes.

JOHNSON: Then at 275 do we have a further note made by Lucy Letby in the nursing notes in the family communications section, saying:

"[Baby H] was blessed with family members present. Parents sitting with [Baby H]. Room offered on Christopher Wing if none available tonight."

TYNDALL: Yes. That's placed in there because the intensive care chart at 06.00 records:

"Major events: baptised."

JOHNSON: Yes. Sorry, yes, that was 274, wasn't it?

TYNDALL: Yes.

JOHNSON: Thank you. You've then put in at 06.04 the adrenaline that was given at 03.30 because that's the time stamped on the document?

TYNDALL: That's the time that it was -- the update was made on the computer.

JOHNSON: Yes, thank you. We've already dealt with that point, haven't we?

TYNDALL: Yes.

JOHNSON: That's a point I was making rather inelegantly.

277, some further blood gas results?

TYNDALL: Yes.

JOHNSON: At 7 am, tiles 278 to 280 -- sorry, 278 and 279, we have two of the standard three?

TYNDALL: Yes.

JOHNSON: 280 is a retrospective nursing note made just after the end of the shift by Lucy Letby?

TYNDALL: Yes.

JOHNSON: Looking at that, please, so 280, could you just tell us what Lucy Letby recorded?

TYNDALL: "Good blood gas at 07.00. Ventilation reduced to 22/4 and rate reduced to 50 BPM in 26% oxygen. Clear bilateral air entry. Slightly quieter on left. Drains intermittently swinging. Less serous fluid observed. U&Es taken and sent. Nappy checked, dry. Oedema becoming more apparent to eyes and neck. Position changed as able. [Baby H] appears settled. IV fluids continue via long line. Peripheral line noted to have white blanching patch on left wrist. Reg Ventress aware. To observe. Nil obtained from NG tube."

JOHNSON: Thank you. The next tile, 281, is that the third part of the standard three in effect?

TYNDALL: Yes.

JOHNSON: Thank you. At 282, do we have the collection of a pathology sample at 07.06?

TYNDALL: Yes.

JOHNSON: Then do we have a series of five entries from 283 to 287, which correspond to adrenaline, morphine sulphate and atropine, which had previously been administered to [Baby H]?

TYNDALL: Yes.

JOHNSON: At 288, do we have the tile that records the shift handover?

TYNDALL: Yes.

JOHNSON: Does that record the fact that the nurse to whom [Baby H]'s care was designated was Kathryn Percival-Ward?

TYNDALL: Yes.

JOHNSON: And at 289 do we have the fact that one of the addendums recorded by Lucy Letby in the nursing notes was recorded at 07.57?

TYNDALL: Yes.

JOHNSON: At 290 through to 292, do we have the standard three?

TYNDALL: Yes.

JOHNSON: This time recorded by Kathryn Percival-Ward?

TYNDALL: Yes.

JOHNSON: Percival-Calderbank as she's now known.

Then at 293, do we have, at 08.10 am, the fact that Lucy Letby was making retrospective notes at that time on the nursing notes?

TYNDALL: Yes.

JOHNSON: Moving on to 294 next, please, and 295, do we have two prescriptions, one for benzylpenicillin, the other for sodium chloride, signed and countersigned by Kathryn Percival-Ward and Laura Eagles?

TYNDALL: Yes.

JOHNSON: And now, just after the time when Lucy Letby would have finished the shift, did the text communications -- or were there text communications involving her?

TYNDALL: Yes.

JOHNSON: Can you take us through those, please?

TYNDALL: So Lucy Letby receives a message from Yvonne Griffiths at 08.49 that reads:

"Hope you have a good sleep. I just want to commend you for all your hard work these last few nights. You composed yourself very well during a stressful situation. It's nice to see your confidence grow as you advance through your career x"

JOHNSON: Then did Lucy Letby in effect forward that message to [Nurse A] at 08.52?

TYNDALL: Yes.

JOHNSON: Together with an addition reading:

"From Yvonne. What do I say to that?"

TYNDALL: Yes.

JOHNSON: At 299 to 301 do we have the standard three recorded by Kathryn Percival-Ward?

TYNDALL: Yes.

JOHNSON: And then at 302 does [Nurse A] send her response to the question posed by Lucy Letby a few minutes earlier?

TYNDALL: Yes, that reads:

"Wow!!! Maybe she wasn't glaring at you, just watching how you coped after I'd disagreed about the christening. She is absolutely right!! xx"

JOHNSON: And then a further message?

TYNDALL: "Reply: Thank you for the message, it means a lot to me to hear you say that. Thanks for yours and esp [Nurse A]'s support over the last few nights. It particularly means a lot as several of the band 6 staff seem to think I'm not up to it. Do you mind if I show them this message and tell them to shut the fuck up?"

JOHNSON: So this appears to be [Nurse A]'s suggestion as to how Lucy Letby should reply to Yvonne Griffiths?

TYNDALL: Yes.

JOHNSON: And then:

"Bits in brackets optional [laugh out loud]."

TYNDALL: Yes.

JOHNSON: Then Lucy Letby sending a message to [Nurse A]?

TYNDALL: Yes:

"Feel a bit bad now. Maybe she had a little think on way home."

JOHNSON: Then:

"Ha ha. Love the bit in brackets but may leave it out!"

TYNDALL: Yes.

JOHNSON: Continuing with text messages, going backwards and forwards within a relatively short period of time, at 09.06 did [Nurse A] respond?

TYNDALL: Yes:

"I think my disagreeing and saying that you were more than coping and also saying that you were choosing not to have [Baby H] due to possible lack of appropriate support may have made her think. I hope so cod [I presume that's supposed to say 'cos'] I'm still bouncing about a lot of things."

Then another message from [Nurse A] that says:

"I haven't had a message, lol. I think I've pissed her off big time."

JOHNSON: And did Lucy Letby respond to that?

TYNDALL: So Lucy Letby sends a message to Yvonne Griffiths saying:

"Thank you. That's really nice to hear as I gather you are aware of some of the not so positive comments that have been made recently regarding my role which I have found quite upsetting. Our job is a pleasure to do and just hope I do the best for the babies and their family. Thank you to you and [Nurse A] for your support x"

JOHNSON: And then did Lucy Letby give a potted version of that to [Nurse A]?

TYNDALL: Yes:

"I've replied saying 'Nice to hear as have been a few not so positive comments about my role which I've found quite upsetting and thanks to you and for supporting me.'"

JOHNSON: Did she then send one almost immediately saying:

"I am still frustrated and upset with what's gone on but I don't think such rubbish nights and being tired help."

TYNDALL: Yes.

JOHNSON: And did [Nurse A] respond:

"Good reply as it's important they know about the bitchiness, which is all it is. Yes re tired. I know I overreacted to Yvonne telling me off but I still feel like crying about it now"?

TYNDALL: Yes.

JOHNSON: And did Lucy Letby respond?

TYNDALL: Yes, with:

"You know you've done the right thing for that family at no cost to any other parents or baby on unit so wouldn't worry too much."

JOHNSON: Did [Nurse A] respond:

"I know I'm just tired"?

TYNDALL: Yes.

JOHNSON: And Lucy Letby then?

TYNDALL: "I think she could have address it in a better way though."

JOHNSON: And corrects "address" to "addressed". And then [Nurse A] responded?

TYNDALL: "Yes. If she mentions it again I'll say I was defensive because I felt attacked in front of a registrar and was only trying to do my best for family and Lucy."

JOHNSON: And then?

TYNDALL: "And that I knew the parents and Lucy all understood it was not an emergency or drama and wanted it done whilst she was stable and it was calm."

JOHNSON: Thank you. Then did she send a further message within a very short period of time?

TYNDALL: Yes:

"Anyway, you're a star. You e [I presume that's supposed to be 'you've'] done yourself proud. You've given positive memories to the family whatever the outcome. Let's hope they can tease her in a few years about her attention-seeking ways. Sleep well."

JOHNSON: Yes. And then?

TYNDALL: "And another reason to be glad you haven't got her tonight is it's Dr Saladi."

JOHNSON: So at 03.21 is there a clinical note made by Dr Soni?

TYNDALL: Yes.

JOHNSON: And whilst that was going on was the text messaging continuing between [Nurse A] and Lucy Letby?

TYNDALL: Yes.

JOHNSON: And in response to "Another reason to be glad you haven't got her tonight is it's Dr Saladi", how did Lucy Letby respond?

TYNDALL: She says:

"I agree. I get the feeling she won't say anything more about it on reflection."

Then follows this with:

"Thank you. Wouldn't have been like that without your support."

JOHNSON: And then?

TYNDALL: "Ah yes, forgot about him."

JOHNSON: And then did [Nurse A] say:

"Thank you. Always a pleasure to work with you -- even if we're a shit magnet team"?

TYNDALL: Yes.

JOHNSON: Then Lucy Letby?

TYNDALL: "Hope you get some sleep xxx"

JOHNSON: And [Nurse A]:

"Me too. Got to go footy boot shopping first. Good job we get paid on Monday."

TYNDALL: Yes.

JOHNSON: Did Lucy Letby respond?

TYNDALL: "The joys of children!!"

JOHNSON: And [Nurse A]?

TYNDALL: "Yeah. So glad I only had one. Lol."

JOHNSON: I think that's the end of the texts for a while.

TYNDALL: Yes.

JOHNSON: Did the observations and treatment of [Baby H] continue on the day shift on the 26th?

TYNDALL: Yes.

JOHNSON: At 09.30, were blood gases and a bradycardia recorded on the appropriate forms at tiles 330 and 331?

TYNDALL: Yes.

JOHNSON: 332. Were the vital signs recorded by Kathryn Percival-Ward?

TYNDALL: Yes.

JOHNSON: And then at 333, the Babiven and its administration recorded on the neonatal fluid balance chart?

TYNDALL: Yes.

JOHNSON: Were the equipment settings also recorded at 10 am?

TYNDALL: Yes.

JOHNSON: Then at 10.43 did Kathryn Percival-Ward make a further record in the nursing notes?

TYNDALL: Yes. Quite a long entry about [Baby H] and her care up to that point.

JOHNSON: Yes. Could you give us Kathryn Percival-Ward's record of what had happened with [Baby H] since 7.30 up to that time, which is 10.43?

TYNDALL: Okay:

"Care taken over at 07.30 hours. On handover equipment and settings checked. Fluids checked and calculated. EMAR correct. Continues to SIMV in 25% oxygen which is adjusted according to saturations and [Baby H]'s activity. ET tube 8.5 at the lips and air entry on auscultation clear and equal with good chest movement. [Baby H] appears comfortable for the majority of time. Upset for short periods but settled with containment holding. Continuation on morphine at 40 micrograms with TPN via long line. Pressures and area satisfactory. Peripheral cannula moved on observation with Dr Soni. Flushed but not happy with surrounding area as blanched appearance. Shown parents..."

JOHNSON: Does that continue on the next slide?

TYNDALL: It continues on the next slide.

JOHNSON: Is that because of the capacity of Excel to accommodate an amount of text in a single box?

TYNDALL: Yes.

JOHNSON: So this is a single entry but divided between two slides for the reasons you've already explained?

TYNDALL: Yes. It carries on with:

"IV antibiotics given aseptically via long line. On left side three chest drains in situ. Two times flutter drains and one conventional drain. Appear saturationally. Occasional swing on last drain, flutter 2. Air entry clear. Chest X-ray observed and good clear view of lung seen. Serous fluid noticed in drain. Site of drain appears satisfactory. U&Es taken this morning and satisfactory. CRP may be added later by Dr Soni. Blood gas taken at 09.30. Ventilator rate altered to 45. Breathing in synchrony with ventilator in 25% oxygen. Pressure unaltered at 24/5 but giving 20/4. Blood pressure stable with mean 42 to 44 so far. Has passed small amount of urine (not measured at the time of writing). Bowels not open. Plan of care is to leave settled at present, to wean ventilator as gases allow and how [Baby H] tolerates changes. Continue on fluids of 120/kg/day and twelve-hourly fluid balance but may try to cannulate later today."

JOHNSON: Thank you. At 337 and following are there the standard three?

TYNDALL: Yes.

JOHNSON: At 340 does Nurse Percival-Ward's note continue, but this time in respect of contact she'd had with [Baby H]'s family?

TYNDALL: Yes.

JOHNSON: At 341, do we see Dr Soni's clinical notes recorded at 11.45?

TYNDALL: Yes.

JOHNSON: Did that concern treatment for [Baby H] and what was being done and what was the plan?

TYNDALL: It was a discussion -- detailing a discussion with Dr Rath at Arrowe Park Hospital.

JOHNSON: Right, okay.

TYNDALL: And what they were advising.

JOHNSON: Yes. I think it concluded with the fact that the [Parents of Baby H] had been updated about the plan.

TYNDALL: Yes.

JOHNSON: So a conversation between one of the consultants at Chester with one of the consultants at Arrowe Park, the plan being made, and the [Family of Baby H] being updated as to what was being proposed or what was being considered?

TYNDALL: Yes.

JOHNSON: Thank you. At 342 was one of the chest drains clamped?

TYNDALL: Yes, as per the plan noted by Dr Soni.

JOHNSON: Yes. At 343 do we have the standard three documents recording what we've seen so many times before at noon?

TYNDALL: Yes.

JOHNSON: At 346 do we have Kathryn Percival-Ward's record of what she had been told by Dr Soni that he had discussed with Arrowe Park?

TYNDALL: Yes.

JOHNSON: Then do we have, at 347, a record made by Nurse Percival-Ward of a discussion between Dr Saladi and [Baby H]'s parents?

TYNDALL: Yes.

JOHNSON: At 348 was there an attempt to insert what's described as a radial line by Dr Soni?

TYNDALL: I think it was inserted then but it was noted that there was three failed attempts.

JOHNSON: Thank you.

TYNDALL: I'm not sure whether it's actually -- they achieved insertion or not.

JOHNSON: Okay. Then do we have a series of records between 349 -- or between tiles 349 and 351 referring to the -- well, it's the standard three in effect, isn't it?

TYNDALL: Yes.

JOHNSON: With the fact, at 351, of an attempt being made to insert an arterial line being recorded?

TYNDALL: Yes.

JOHNSON: Thank you. Blood gases at 352.

TYNDALL: Yes.

JOHNSON: Then the clue to our mutual uncertainty about exactly what had happened maybe at 353 in that Nurse Percival-Ward recorded in the nursing notes at 13.15 that an arterial line had been attempted three times but unsuccessful "in each try", as it's phrased.

TYNDALL: Yes.

JOHNSON: "Parents were around by the incubator side and were aware of being unsuccessful."

TYNDALL: Yes.

JOHNSON: A morphine sulphate prescription at tile 354.

TYNDALL: Yes.

JOHNSON: The fact, at 355, of the nursing notes being entered at 13.57 being recorded relating to events at 13.15?

TYNDALL: Yes.

JOHNSON: Which is the reference to the arterial line?

TYNDALL: Correct.

JOHNSON: Then at 2 pm, 14.00 hours, between tiles 356 and 358, the standard three?

TYNDALL: Yes.

JOHNSON: At 359, at 14.00 hours, morphine sulphate being administered in fluid and in infusion to [Baby H]?

TYNDALL: Yes.

JOHNSON: 360 to 362, the standard three at 3 pm?

TYNDALL: Yes.

JOHNSON: 363 to 365, the standard three at 4 pm?

TYNDALL: Yes.

JOHNSON: 366 to 368, at 5 pm?

TYNDALL: Yes.

JOHNSON: Blood gases at 369?

TYNDALL: Yes.

JOHNSON: Standard three at 18.00 hours, 370 to 372?

TYNDALL: Yes.

JOHNSON: Then a few more text messages, this time starting with a message sent by Dr Ventress to Lucy Letby at tile 373.

TYNDALL: Yes. It reads:

"Hope you managed to sleep and have a better night tonight. Will you let me know how [Baby H] is doing? xx"

JOHNSON: This is a Facebook message, isn't it, rather than a text?

TYNDALL: Yes.

JOHNSON: And did Lucy Letby respond?

TYNDALL: Yes, with:

"Thanks Ali. Glad you were on. Of course I will. Hope you are okay x"

JOHNSON: Was there then an exchange of messages between the two about work but nothing to do with [Baby H]?

TYNDALL: Yes.

JOHNSON: At 376 to 378, do we have the standard three at 7 pm?

TYNDALL: Yes.

JOHNSON: 379, more Facebook messages between Lucy Letby and Dr Ventress?

TYNDALL: Yes.

JOHNSON: Unrelated to [Baby H] but relating to work?

TYNDALL: Yes.

JOHNSON: Then, at 380, did Lucy Letby send Dr Ventress a Facebook message?

TYNDALL: Yes, saying:

"Thanks. Yvonne texted me this morning thanking me for hard work and for being so composed throughout these nights. Still feel sad she felt that way about baptism though."

JOHNSON: Then at 381, the time being 19.17, was there a further chest X-ray reported on by Dr Boothroyd?

TYNDALL: Yes.

JOHNSON: In the following tile, 382, did Dr Ventress respond to the previous Facebook message sent by Lucy Letby?

TYNDALL: Yes, saying:

"Yes, I was surprised at her there. I think was the right thing for the family and good on you and [Nurse A] sticking up for them xx"

JOHNSON: At 383 do we have notes made by Nurse Percival-Ward, timed at 19.35, concerning keeping the [Parents of Baby H] informed?

TYNDALL: Yes.

JOHNSON: Finally for this day, for this shift I should say, at tile 384, 19.58, do we have further notes made by Nurse Percival-Ward?

TYNDALL: Yes.

JOHNSON: Do we then move on to the following night shift, which was Saturday the 26th into Sunday, 27 September?

TYNDALL: Yes.

MR JOHNSON: Just for the jury and my Lord, we're now moving on to events either side of count 11.

MR JUSTICE GOSS: We could have the break there then. It seems as good a place as any. We'll just have a 10-minute break and then we'll move on to the next shift.

(In the absence of the jury)

MR MYERS: My Lord, may I raise one matter unrelated to the evidence? It's related to timings for tomorrow morning.

There is a eulogy to be held in these courts tomorrow morning which I know Mr Maher and probably Ms Clancy and I would very much like to go to.

In the way of these things, they normally have completed in time for courts to sit at 10.30. I note the information that was sent out said that most courts would not sit before 11. I don't know if that's something which affects this court or not but I can't see why it would take longer than usual. That's not to say it would take an hour. That would be a very unusual eulogy, with all respect to those involved in it. But certainly and insofar as we wish to attend at 10 o'clock, were it to run over slightly -- I wouldn't propose staying there until 11, with all respect, that's something which would be difficult if this court is waiting to start, but if the case is it is going to conclude within minutes of then, I wonder if the court could give us the latitude to conclude that at that point? We shall arrange ourselves so that we can leave if we need to do so.

MR JUSTICE GOSS: Certainly.

MR MYERS: Thank you, my Lord.

MR JUSTICE GOSS: Don't feel obliged to be here on the dot.

MR MYERS: That's all that I ask. But I do appreciate that we do need to carry on.

MR JUSTICE GOSS: If it is apparent that it is going to go on for another 20 minutes or so --

MR MYERS: Yes, I understand that.

MR JUSTICE GOSS: Thank you. 10 past then, please.

Mr Murphy, there's an iPad issue for one of the jurors.

(3.02 pm)

(A short break)

(3.10 pm)

MR JOHNSON: My Lord --

MR JUSTICE GOSS: Sorry, can I just confirm, has the iPad issue been resolved?

JUROR: I think so, yes.

MR JUSTICE GOSS: Good, thank you.

MR JOHNSON: Mrs Tyndall, we'd got to tile 385, which is the beginning of the night shift of Saturday the 26th into Sunday, 27 September 2015.

Mr Murphy will click on the tile, please, so we can see who was where, who was doing what. We begin with Dr Gibbs as the paediatrician of the week. The on-call consultant is shown on there as Dr Gibbs as well.

TYNDALL: Sorry, I've got a different chart.

JOHNSON: That's what was confusing me. Right. Okay. I think we're going to have to come back to that. There's been a glitch. I'm just checking it's the right date.

There's definitely a glitch somewhere.

Can we return to that first thing tomorrow?

MR JUSTICE GOSS: It should be a different chart, should it?

MR JOHNSON: We believe so.

TYNDALL: Yes.

MR JOHNSON: It is certainly different to what I have in paper in front of me.

TYNDALL: I think that's one from the previous shift that's just been...

MR JUSTICE GOSS: It did seem to be the same.

TYNDALL: Yes, replicated...

MR JOHNSON: I'll just show -- this is what we think it should be.

(Pause)

We think that the issue is the location of the children is correct but the staff list is wrong on the laptop. Anyway. Let's deal with what was going on and return to that, please.

So 386. Do we have at 8 pm, between 386 and 388, the standard three?

TYNDALL: Yes, because Shelley Tomlins is the designated nurse for [Baby H] on this shift.

JOHNSON: Yes. Just so that the jury understand, although they don't have it in written format at the moment, [Baby H], according to the records, was still the only occupant of room number 1?

TYNDALL: Correct.

JOHNSON: Lucy Letby had the charge of two children in room number 2 --

TYNDALL: Yes.

JOHNSON: -- who have the initials NC and EM?

TYNDALL: Yes.

JOHNSON: All right. So moving back to [Baby H] then, also at 8 pm, and it's tile 389, is there a neonatal infusion prescription chart showing the administration of morphine sulphate?

TYNDALL: Yes.

JOHNSON: Five minutes later is that recorded in a different location or the same location?

TYNDALL: Same location. I think there's just a slightly different information, I think. I'm not sure without looking at the raw documents.

JOHNSON: I don't think it's a distinction that makes any difference.

At tile 391, I think it's at 20.12 hours, did [Nurse A] send a WhatsApp message to Lucy Letby?

TYNDALL: Yes.

JOHNSON: It reads:

"How is [Baby H]? Hope shift okay. How you feeling?"

TYNDALL: Yes.

JOHNSON: At 20.15, tile 392, is there a note made in the nursing notes, or it was made later in the shift but timed at this time by Shelley Tomlins, of a chest drain removal or the first chest drain being removed from [Baby H] by Dr Soni?

TYNDALL: Yes.

JOHNSON: Is that recorded, also in the clinical notes, in the next tile by Dr Soni, albeit 5 minutes later, but the reasoning for the removal being that there was no accumulation of anything in the drain?

TYNDALL: Yes. I don't know if it's in the drain or whether it's the accumulation of the pneumothorax. I'm not sure.

JOHNSON: Right. Okay. Sure.

At 394, is there a further note made by Shelley Tomlins of a desaturation of [Baby H]?

TYNDALL: Yes.

JOHNSON: She will be giving evidence, will Nurse Tomlins. But putting it in very much summary form at this stage, did Nurse Tomlins record "profound desaturation and bradycardia" and the fact that air entry was no longer heard and the capnograph was recording nothing on the ET tube?

TYNDALL: Yes.

JOHNSON: Was there a fast bleep recorded in the bleep data at 20.49?

TYNDALL: Yes.

JOHNSON: That's in effect a crash call. At 396 do we have observations taken by Nurse Shelley Tomlins together with the other standard records made on the hour, every hour?

TYNDALL: Yes.

JOHNSON: At 399, did Dr Neame record being fast bleeped to the neonatal unit at a time he recorded as 21.15?

TYNDALL: 21.15 is the time he made the clinical notes. He doesn't record what time he...

JOHNSON: Okay. But the first thing he records is the fact he was fast bleeped and we have from the bleep data the fact that that occurred at 20.49?

TYNDALL: Yes.

JOHNSON: All right. So that's his note and that records the treatment that he was involved with; is that right?

TYNDALL: Yes.

JOHNSON: Thank you. Dr Neame will be coming to tell us about what he did. Was there a message -- so Lucy Letby is on shift at this time, of course, as denoted by the blue edge to all the tiles. But did she reply to [Nurse A]'s enquiry at 21.31?

TYNDALL: Yes, with:

"[Baby H] had good day. One drain removed but just blocked tube and tonnes of secretions. Shelley has her. [Nurse B] in 4 and seemed a bit off when she came in saying she'd have liked to have had her but now keeps saying she doesn't feel well! I have E and N [who are other babies]. Hope you are okay."

JOHNSON: Did she also reply to Dr Ventress a couple of minutes later on Facebook?

TYNDALL: Yes, with:

"I think so too. She has had a stable day. Took original drain out at 8. Just blocked tubes. Lots of secretions. I have E and N. [Nurse B] in 4."

And an emoji.

JOHNSON: At 21.37, was there a chest X-ray of [Baby H]?

TYNDALL: Yes.

JOHNSON: Did that -- just to put the desaturation in context, did that reveal the fact that the ET tube was in effect too far in and needed to be withdrawn a bit?

TYNDALL: It's taken following the re-intubation and says, following that, the ET tube should be pulled back.

JOHNSON: Sorry, you're quite right. At 403, tile 403, is there a note of the chest X-ray made in the nursing note by Nurse Tomlins?

TYNDALL: Yes, and that they did indeed pull the ET tube back.

JOHNSON: At 404, did [Nurse A] text or WhatsApp Lucy Letby?

TYNDALL: Yes, saying:

"[Nurse B] can't have it all ways. She can't be wanting fuss and protecting while taking sick babies. Glad you have a nice two and are out of [Nurse B]'s way. G just woke me up to send me to bed."

JOHNSON: Thank you. Is the next tile Nurse Shelley Tomlins' notes of a desaturation of [Baby H] at 21.45?

TYNDALL: Yes.

JOHNSON: And again, she'll be coming to tell us about -- or she'll be giving evidence through the link about that from Australia.

At line 406 did the WhatsApp conversation continue between Lucy Letby and [Nurse A]?

TYNDALL: Yes, saying -- Lucy Letby replies with:

"I've been helping Shelley so at least still involved but haven't got the responsibility. Aw, you did you get his boots."

JOHNSON: What's the next entry, please?

TYNDALL: So [Nurse A] responds but it's not anything to do with [Baby H] or work.

JOHNSON: At tiles 408, 409 and 410, do we have the standard three recorded by Shelley Tomlins?

TYNDALL: Yes.

JOHNSON: At 411 do we have Dr Neame's clinical notes?

TYNDALL: Yes, that one is an X-ray review, the X-ray taken.

JOHNSON: And then followed at 412 by an examination; is that right?

TYNDALL: Yes.

JOHNSON: And again Dr Neame is coming, so he can tell us about it. But at 413, did Dr Ventress send Lucy Letby a note -- sorry, a Facebook message?

TYNDALL: Yes:

"Never known a baby block tubes so often. Glad she's had a stable day. Hope stable night too. E and N should be a nice night and you can hide from [Nurse B] xx"

JOHNSON: At tiles 414 and 415 are there prescriptions for benzylpenicillin and sodium chloride?

TYNDALL: Yes.

JOHNSON: Signed and co-signed by Lucy Letby and Shelley Tomlins?

TYNDALL: Yes.

JOHNSON: The benzylpenicillin was given at tile 416 and again signed and co-signed by Lucy Letby and Shelley Tomlins?

TYNDALL: Yes, those are the -- sorry, 416 and 417 are the computer updates for the medication.

JOHNSON: At 418, did Shelley Tomlins make a note in the nursing record?

TYNDALL: Yes, about blood gases.

JOHNSON: Yes. And did she record, amongst other things, if we just look at that, that there had been copious secretions obtained via the ET tube and orally bloodstained?

TYNDALL: Yes.

JOHNSON: The blood gases are recorded at tile 419?

TYNDALL: Yes.

JOHNSON: At 420 a prescription for morphine sulphate?

TYNDALL: Yes.

JOHNSON: Which was apparently being administered on a drip, in effect. It's 40 micrograms per kilogram per hour.

TYNDALL: Yes.

JOHNSON: Which tends to suggest an ongoing administration.

Again, signed and co-signed by Shelley Tomlins and Lucy Letby?

TYNDALL: Yes.

JOHNSON: The update on the computer for that appears a minute later at tile 421.

TYNDALL: Yes.

JOHNSON: At tile 422 did Lucy Letby text [Nurse E]?

TYNDALL: Yes. More of a social nature, those messages.

JOHNSON: Yes, about Strictly Come Dancing.

TYNDALL: Yes.

JOHNSON: And followed by the fact that apparently the iPlayer didn't work on Lucy Letby's iPad?

TYNDALL: Yes.

JOHNSON: At 424, was the nursing note updated by Shelley Tomlins?

TYNDALL: Yes.

JOHNSON: At 425, 426 and 427, do we have the standard three recorded by Shelley Tomlins?

TYNDALL: Yes.

JOHNSON: At 428, was the nursing note updated in respect of communications with [Baby H]'s family?

TYNDALL: Yes.

JOHNSON: And at 429 is the time at which the nursing note was updated; is that right?

TYNDALL: Yes.

JOHNSON: Then 430 to 432 is the standard three?

TYNDALL: Yes.

JOHNSON: Then there's some Facebook activity at 433 and 434 --

TYNDALL: Yes.

JOHNSON: -- recording that, at 00.45 and 00.46, Lucy Letby had liked a post by someone called Elizabeth Jane and a photograph put on to Facebook presumably by Janet Cox?

TYNDALL: Yes.

JOHNSON: Do we then have, about 9 or 10 minutes after that, after that second piece of Facebook activity, a further desaturation by [Baby H]?

TYNDALL: Yes.

JOHNSON: That time was recorded by Shelley Tomlins, the designated nurse, at tile 436; is that right?

TYNDALL: Yes.

JOHNSON: Where she recorded that at 00.55 there'd been a profound desaturation to 40%, despite equal bilateral air entry and positive capnography and ET suction yielded nil secretions?

TYNDALL: Yes.

JOHNSON: Five minutes later, on the intensive care chart, timed at 01.00 hours, by Shelley Tomlins:

"Resus. Desaturation, brady, and then back to 7.5 over 4cm."

Is that right?

TYNDALL: Yes.

JOHNSON: Whatever that means.

TYNDALL: Yes.

JOHNSON: She can tell us. I'm not going to ask you, don't worry.

Do we also have, at the succeeding two tiles, 438 and 439, the fact that Dr Saladi was crash called at home at 01.04 and the senior house officer was fast bleeped at 01.06?

TYNDALL: Yes.

JOHNSON: The house officer that night was Dr Jessica Scott. All right. Do we see, though, that from 04.40 onwards that Dr Neame appears to have been there because in notes he made at 01.30 he records the fact that at 01.05 he re-intubated [Baby H]?

TYNDALL: Yes.

JOHNSON: And that chest compressions were started at 01.07?

TYNDALL: Yes.

JOHNSON: The nursing notes record that at that time [Baby H]'s heart rate dropped to 40 beats per minute; that's tile 442.

TYNDALL: Yes.

JOHNSON: And Dr Neame recorded that at 01.08, this is tile 443, 0.3 of a millilitre of adrenaline was given to [Baby H]?

TYNDALL: Yes.

JOHNSON: There's a similar note made by Shelley Tomlins at tile 444.

TYNDALL: Yes.

JOHNSON: The cold light test for a collapsed lung was performed at tile 445 at 01.10?

TYNDALL: Yes.

JOHNSON: With a negative result?

TYNDALL: Yes.

JOHNSON: 446 at 01.12, Dr Neame extracted 5ml of air from one of the chest drains?

TYNDALL: Yes.

JOHNSON: And that following that, [Baby H]'s heart rate was 170 and her oxygen saturation level 100%?

TYNDALL: Yes.

JOHNSON: Thereafter at 447, a saline bolus given at 01.12?

TYNDALL: Yes.

JOHNSON: A chest X-ray carried out as well?

TYNDALL: Yes.

JOHNSON: Chest compressions were discontinued at 01.13; that's tile 448.

TYNDALL: Yes.

JOHNSON: Dr Saladi arrived at 01.15, as revealed by the clinical notes of Dr Neame at tile 449?

TYNDALL: Yes.

JOHNSON: And then we have a rather fuller record of -- or a more detailed record of Dr Neame's notes at tile 450, parts of which have been put in at the appropriate points from 01.05 to 01.13 hours.

TYNDALL: Correct.

JOHNSON: At tile 451 do we have a report from Dr Boothroyd of what could be seen on the chest X-ray?

TYNDALL: Yes.

JOHNSON: And thereafter at 01.43, does Shelley Tomlins record the blood gases?

TYNDALL: Yes.

JOHNSON: And at 2 am, tiles 453 to 455, we have the standard three recorded by Shelley Tomlins?

TYNDALL: Yes.

JOHNSON: At tile 456 did Dr Neame make a call to the transport team from Arrowe Park?

TYNDALL: Yes.

JOHNSON: So this would be to move [Baby H] from the Countess to Arrowe Park?

TYNDALL: Yes.

JOHNSON: Is there a record of the conversation at tile 457 --

TYNDALL: Yes.

JOHNSON: -- of what had happened in effect up to that point, the events which provoked the request to transfer [Baby H]?

TYNDALL: Yes.

JOHNSON: And then at tile 458 do we have a retrospective note made by Dr Saladi, who we know had been called at home to deal with [Baby H]'s desaturation?

TYNDALL: Yes.

JOHNSON: Again, he will tell us about that. At tile 459 is there a continuation of Dr Saladi's notes concerning a discussion he'd

had with Dr Rath, who is one of the medical practitioners at Arrowe Park --

TYNDALL: Yes.

JOHNSON: -- and the fact that they could come up with no explanation for why [Baby H] had had such a profound desaturation?

TYNDALL: Yes.

JOHNSON: At tile 460 was there a review by Dr Neame of the X-ray that had been taken a little earlier?

TYNDALL: Yes.

JOHNSON: Moving on through the early hours, blood gases at tile 461?

TYNDALL: Yes.

JOHNSON: 462, the time at which Shelley Tomlins' retrospective notes were made in the nursing record?

TYNDALL: Yes.

JOHNSON: At 463 a pathology sample was sent by Dr Neame for analysis?

TYNDALL: Yes.

JOHNSON: A minute later, a further sample of blood, this time for a blood culture, to see if there were any bugs in the blood, as some of the experts have termed it in evidence?

TYNDALL: Yes.

JOHNSON: Then at 465, 466 and 467, we have the standard three recorded by Shelley Tomlins?

TYNDALL: Yes.

JOHNSON: Five minutes later, at 468, the ambulance was booked to transfer [Baby H] to Arrowe Park?

TYNDALL: Yes.

JOHNSON: It arrived 15 minutes later at tile 469?

TYNDALL: Yes. Not at Chester, at where they collect the...

JOHNSON: The doctor.

TYNDALL: Yes.

JOHNSON: The doctor and nursing team to carry out the transfer.

The ambulance and the transport team are mobile 5 minutes later at tile 470?

TYNDALL: Yes.

JOHNSON: There's then a retrospective note timed for events at 03.30 made by Shelley Tomlins?

TYNDALL: Yes.

JOHNSON: That's tile 471.

TYNDALL: Yes, regarding another desaturation.

JOHNSON: Yes. At tile 472 a prescription for cefotaxime?

TYNDALL: Yes.

JOHNSON: Followed at the same time by sodium chloride and teicoplanin?

TYNDALL: Yes.

JOHNSON: They were all updated on the computer at the same time?

TYNDALL: Yes.

JOHNSON: Shelley Tomlins, at 478, made some more notes which relate to events that had occurred earlier?

TYNDALL: Yes, that's the desaturation.

JOHNSON: At 3.30. Thank you.

At 4 am, this is tiles 479 to 481, the standard three?

TYNDALL: Yes.

JOHNSON: A further pathology sample at 482?

TYNDALL: Yes.

JOHNSON: Then at 483 the transport team arrived at 04.10 hours?

TYNDALL: Yes.

JOHNSON: You have then reproduced the clinical notes of the transport team at tile 484?

TYNDALL: Yes.

JOHNSON: Then in effect it appears that they were in charge of what was going on because we then have a series of records made by the transport team from 485 down to 504, and probably continuing after that, but they're interspersed with the odd note made by the treating staff from the Countess of Chester as well; is that right?

TYNDALL: Yes.

JOHNSON: All right. We can deal with all that in due course.

But in effect, at 488 [Baby H] was moved to the transporting incubator?

TYNDALL: Yes.

JOHNSON: The time for that was at 04.45?

TYNDALL: Yes.

JOHNSON: She was officially handed over to the doctors from Arrowe Park at 489 at 5 am?

TYNDALL: Yes.

JOHNSON: Is that right?

TYNDALL: Yes, that's correct.

JOHNSON: We've got the blood gas recorded by Shelley Tomlins at 05.08 at tile 492.

TYNDALL: Yes.

JOHNSON: We have an official discharge letter at tile 499, timed at 05.23?

TYNDALL: Yes.

JOHNSON: Shelley Tomlins' record in the nursing notes at tile 500 of [Baby H] leaving the unit at 5.25 that morning --

TYNDALL: Yes.

JOHNSON: -- followed, as I've already said, by the transport team's notes as to [Baby H]'s condition?

TYNDALL: Yes.

JOHNSON: [Baby H]'s parents were updated at tile 507?

TYNDALL: Yes.

JOHNSON: And the medical records show that [Baby H] was cared for -- I'm looking at 509, please, now, Mr Murphy. The records show that [Baby H] was cared for at Arrowe Park between 06.10 that morning and 11.30 on 30 September.

TYNDALL: Yes.

JOHNSON: So that would be the Wednesday. Yes, from the Sunday morning at 06.10 hours to just before noon on the Wednesday.

TYNDALL: Yes.

JOHNSON: So continuing that Sunday morning then, is there evidence in Lucy Letby's phone of the fact that she was in conversation with [Nurse A] and Dr Ventress?

TYNDALL: Yes.

JOHNSON: Can you take us through those messages, please?

TYNDALL: Yes. Lucy Letby messages [Nurse A] saying:

"[Baby H] had resus again but not as bad as with us. Went to Arrowe."

Then effectively says the same thing to Alison Ventress on a Facebook message:

"[Baby H] had resus again but not as long lasting as it was for us. She went to Arrowe x"

JOHNSON: Yes.

TYNDALL: Alison Ventress replies with:

"Oh crap. Do they know why she did it this time? I'm glad she's been transferred. How are you? Really rough set of nights for you xxx"

[Nurse A] responds with:

"Oh blimey, she doesn't like nights! Were you involved? Feel okay? What time did that happen? How did [Nurse B] handle it? Wish I'd been there with you xx"

JOHNSON: It's important to get the right questions with the right answers here. So what we have at tile 514 is a message sent by Lucy Letby to [Nurse A] and there'd been -- before that, there had been one message from [Nurse A] to Lucy Letby:

"Oh blimey, she doesn't like nights! Were you involved? Feel okay? What time did that happen? How did [Nurse B] handle it? Wish I'd been there with you xx"

What was the answer to that?

TYNDALL: "Just before 1, I think. Had desat then went off and had seven-minute resus. Not sure why but gone to Arrowe but looked fine again after. [Nurse B] was there but fine."

JOHNSON: Then [Nurse A] to Lucy Letby:

"Are you okay? There's something odd with that child."

TYNDALL: Yes.

JOHNSON: What was the response?

TYNDALL: "Hopefully she'll sort herself out."

JOHNSON: The next one in the sequence is Lucy Letby to Alison Ventress. The previous message sent by Alison Ventress to Lucy Letby was:

"Oh crap. Do they know why she did it this time? I'm glad she's been transferred. How are you? Really rough set of nights for you xxx"

What was the response to that?

TYNDALL: "Had a really sad end to the night, though I've just got home."

JOHNSON: And did Lucy Letby then follow that up with a further message within a minute of that previous one?

TYNDALL: Yes:

"No, did exactly what she did for us: desat then didn't pick up and dropped heart rate. Looked fine again after though but made decision to transfer which I think was sensible!"

JOHNSON: Was there then a series of messages between Lucy Letby and [Nurse A] about an incident at the end of the shift but which was unrelated to [Baby H]?

TYNDALL: Yes.

JOHNSON: Followed by Lucy Letby sending another message, a WhatsApp message, to [Nurse A] at 11.24?

TYNDALL: Yes, that says:

"None of us had breaks what with [Baby H], transfer and then this. Left at half 10 as all had to sit down to agree times, etc."

JOHNSON: Then followed with:

"It's all so rubbish later, isn't it, and always seems to happen at night when less people?"

TYNDALL: Yes.

JOHNSON: Did there then follow messages between Lucy Letby and [Nurse A], which didn't mention [Baby H]?

TYNDALL: Yes.

JOHNSON: [Nurse A] then sent a message at 11.39 to Lucy Letby saying?

TYNDALL: "Yeah. I feel like hiding. The disagreement with Yvonne has really unsettled me and you'd think there'll be repercussions from it."

JOHNSON: Did Lucy Letby respond:

"Do you? I think it'll be a real shame if she does take it further, particularly as [Baby H] went off again and now been transferred. She didn't reply [it may be 'reply'] to my message."

"I think everyone's pretty burnt out and unit's been awful. Yvonne working way more than she should. I don't think it's appropriate to pick holes in how things like that are managed. Didn't have time to speak to [Nurse B] either."

TYNDALL: Yes.

JOHNSON: And did [Nurse A] then send a series of messages in response?

TYNDALL: Yes. So it starts with:

"Yes, I think there will be. Think I'm going to be shot down in flames, to be honest. Eirian and her together. I'll get a roasting for being there for 3 nights and not ensuring done sooner plus about not supporting and protecting my team."

Then:

"Plenty of time re [Nurse B]. Best when unit not like it is. Yvonne kept saying, I don't want to argue with you, and lecturing about how I hadn't considered anyone else when we hadn't had breaks and should be winding down at end of shift, that I hadn't thought about the team."

"If I tried to say anything she kept saying, I don't want to argue, and cutting me off. She'll have a powwow in the office and I'll be bawled out without a chance to say how I saw it."

JOHNSON: Did Lucy Letby then respond:

"I really hope it doesn't get blown out of proportion and that you get shot down. It was Dr Gibbs who offered the christening and okay it should maybe have been mentioned sooner as it's on family communication but that isn't just your responsibility. Staff not having breaks can't be compared to the need for a blessing."

And then a letter T. Then a subsequent message:

"And of course you supported your team. Everyone was busy and didn't stop."

Followed again by:

"And you can't protect everyone. This is what we do, as sad and as hard as it can be."

TYNDALL: Yes.

JOHNSON: Did [Nurse A] respond?

TYNDALL: "Yvonne should never have been on. It was unsafe for her, really. That's why she was like she was. I would never have asked for time off for the reason Chris did. I know he never asks but Yvonne should never have covered it."

JOHNSON: Thank you. Did Lucy Letby then send in response:

"I completely agree about Yvonne. She wouldn't let anyone else do nights then go on a study day then back to nights, etc"?

TYNDALL: Yes.

JOHNSON: Then [Nurse A]?

TYNDALL: "And she's management."

JOHNSON: And?

TYNDALL: "But there's too many that rude [I presume that's supposed to say 'ride'] roughshod over her. Refuse to do more than one week of nights, never swap. She's always had crap off-duty."

JOHNSON: And then did Lucy Letby send three separate messages all within a minute to [Nurse A], the first being:

"Agreed. But as management she should speak up and sort it"?

TYNDALL: Yes.

JOHNSON: The second:

"Not just take it and fill in the blanks."

And then the third:

"Can't very well say what she did to you when she doesn't do it herself."

TYNDALL: Yes.

JOHNSON: Did [Nurse A] respond?

TYNDALL: Yes:

"And Eirian needs to stop having every fucking Friday off."

JOHNSON: And Lucy Letby responded:

"And actually do some clinical work when unit is heaving."

TYNDALL: Yes.

JOHNSON: Did [Nurse A] respond to that?

TYNDALL: "I'm upset about a lot of stuff with work at mo. Maybe I should look at a change of unit."

JOHNSON: Did Lucy Letby then say:

"I still think about the Women's. If only it were closer, would make decision much easier."

TYNDALL: Yes.

JOHNSON: Did [Nurse A] respond?

TYNDALL: "Yup. If G were older, maybe APH, but I don't fancy that."

JOHNSON: And Lucy Letby:

"Difficult, isn't it? New Zealand with Alison sounds appealing right now."

TYNDALL: Yes.

JOHNSON: Did there some follow some social messages between 12.01 and 12.09?

TYNDALL: Yes.

JOHNSON: Then Lucy Letby sent a further message to [Nurse A], the beginning of which was of a social nature, but concluded:

"Oh, and [Nurse B] accidentally threw drug box on floor and smashed all the vials. Only had yellow box left."

TYNDALL: Yes.

JOHNSON: And did [Nurse A] respond?

TYNDALL: "Nice one [Nurse B]."

JOHNSON: And?

TYNDALL: "Did you do clinical incidents?"

JOHNSON: Did Lucy Letby then say:

"I was part-way through and got called away and it didn't save. Think I'll go to work tomorrow to do them and sign for drugs from tonight."

TYNDALL: Yes.

JOHNSON: And did [Nurse A] respond?

TYNDALL: "Good plan. I could do with a hug xxx"

JOHNSON: Did Lucy Letby respond ditto with a kiss emoji?

TYNDALL: Yes.

JOHNSON: Provoking a kiss emoji from [Nurse A] in response?

TYNDALL: Yes.

JOHNSON: Did Lucy Letby then send a series of Facebook messages between 12.23 and 13.07 to Dr Ventress, which concerned work but were not related to [Baby H]?

TYNDALL: Yes. It's a conversation between them.

JOHNSON: Yes. Then did Dr Ventress respond at 13.11:

"Try to think of all the babies you've saved and have gone home happily with their parents. You're a fab nurse. Hope you manage some sleep."

TYNDALL: Yes.

JOHNSON: And did that provoke a response from Lucy Letby?

TYNDALL: With:

"Thanks Ali xx"

JOHNSON: Yes. At tile 559 was there a Datix form submitted by Lucy Letby on Monday, 28 September?

TYNDALL: Yes.

JOHNSON: Did this relate to an incident that had occurred on 24 September?

TYNDALL: Yes.

JOHNSON: And of course, the 24th had been the previous Thursday before either of the two events which the jury are considering concerning [Baby H]. Can you tell us what was in the Datix form, please?

TYNDALL: The description reads:

"Ventilated infant had morphine infusion running via a long line. Infusion chart signed for as having commenced at 09.00. When taking over care at 20.00 noted that hourly volume had not been recorded throughout the shift on fluid chart. VTE on ventilation chart not record for to 12-hour period. Infant had chest drain and deteriorated overnight. Doctors were unable to establish if VTSS were consistent/changed. Action taken: myself

and shift leader divided total volume at 20.00 by hourly rate and volume confirmed as correct. VTEs recorded from 20.00.

"Outcome: we have recently commenced different IV charts which are being utilised by the staff. It was only a matter of a couple of hours that was left off and no harm was done to the infant."

JOHNSON: Thank you. Do we come finally to a series of further messages, which are preceded by your note at tile 560 that [Baby H] returned to the NNU at Chester between 12.15 on Wednesday, 30 September and just after 5 pm on 9 October when she was discharged?

TYNDALL: Yes.

JOHNSON: So on the day that [Baby H] returned, in other words 30 September, were there further messages involving Lucy Letby?

TYNDALL: Yes. So at 15.58 she messages [Nurse E]:

"Laura has [Baby H] now and [Nurse B] has taken Ashleigh's babies as on an early."

JOHNSON: Did Alison Ventress then send a message to Lucy Letby saying:

"Hope work wasn't too bad."

TYNDALL: Yes.

JOHNSON: Did Lucy Letby respond to Dr Ventress?

TYNDALL: "Yeah, it was okay. [Baby H] back. SVIA, half enteral feeds! [Baby I] in 1 with distended abdo. Looks a bit rubbish. Having a chill on sofa in my PJs now."

JOHNSON: Did Dr Ventress respond:

"Good for [Baby H]. Poor [Baby I]. Not again."

TYNDALL: Yes.

JOHNSON: Then did [Nurse A] respond to a message that we may well not have?

TYNDALL: Yes, it's not within the SOE, but she tells Lucy:

"Was just in checking VM(?) machine and [Baby H] alarmed. B was busy with D so I went over and as I did she thanked me. Bloody

LL [I presumed that's 'long line'] had snapped!!!! Anyway, I took it out and sent tip and she thanked me."

D is the name of a baby.

JOHNSON: Yes. Did Lucy Letby respond:

"What's going on with these long lines!! That's good."

TYNDALL: Yes.

JOHNSON: There's then a gap of 5 days to 5 October and did Lucy Letby conduct three Facebook searches in quick succession?

TYNDALL: Yes. So at 01.16 she searched for [Mother of Baby I].

JOHNSON: That's [Baby I]'s mum?

TYNDALL: Yes.

JOHNSON: [Baby I] who's referred to in tile 563?

TYNDALL: Yes.

JOHNSON: The next case we're going to deal with after [Baby H]. Followed by?

TYNDALL: At 01.17, a Facebook search for [Father of Babies E & F].

JOHNSON: Who's the father of [Baby E] and [Baby F]?

TYNDALL: Yes.

JOHNSON: And finally the next search?

TYNDALL: At 01.18 for [Mother of Baby H].

JOHNSON: Who is the mother of [Baby H]?

TYNDALL: [Baby H], yes.

MR JOHNSON: Thank you.

I don't know whether there are any -- no, there are no questions for you, as I understand it. I'm going to move in a second, my Lord, to the neonatal reviews for these two incidents. That will involve Mrs Hocknell.

So unless your Lordship has any questions.

MR JUSTICE GOSS: I don't. Thank you very much. You're just going to look into that shift change tile?

TYNDALL: Do you want me to come back in the morning?

MR JUSTICE GOSS: Well, whenever.

MR JOHNSON: We'll deal with it one way or another.

Thank you.

(The witness withdrew)

MR JOHNSON: Just before I call Mrs Hocknell, could we do a bit more filing, please, because this morning we identified another deficiency. If we can go to the charts bundle, please, and go to divider 8. Could I ask you, at the back of divider 8 to put in what I'm about to hand you, please. I've just noticed, I'm afraid, that whoever's photocopied these hasn't done them with the J numbers on, which isn't very helpful, so what I'll ask the jury to do tomorrow is just to write in the J numbers when I've reminded myself of what they are.

MR JUSTICE GOSS: Right, thank you.

(Pause)

MR JOHNSON: I'm told, my Lord, that 385 has already been amended, so I'm not sure we need the witness, if I can just deal with that.

MR JUSTICE GOSS: Yes, certainly.

MR JOHNSON: We can see that at the beginning of that shift that concerns the allegation in count 11, the paediatrician of the week is Dr Gibbs. The on-call consultant was Dr Satyanarayana Saladi. The registrar was Dr Matthew Neame and the senior house officer Jessica Scott. Shift leader, Christopher Booth.

[Baby H]'s designated nurse, Shelley Tomlins. The other two registered nurses are Lucy Letby and [Nurse B]. And the nursery nurse was Elizabeth Marshall.

Just to look at where people were, if I just concentrate on [Baby H] first, she was the only child in room 1. And so far as Lucy Letby was concerned, her two children, NC and EM, were in room 2 together with [Baby G], whose designated nurse was Christopher Booth.

Otherwise the children in nurseries 3 and 4 were being cared for by Elizabeth Marshall and [Nurse B].

Claire Hocknell, please.

MS CLAIRE HOCKNELL (recalled)

Examination-in-chief by MR JOHNSON

MR JOHNSON: Mrs Hocknell, here we have two neonatal reviews; is that right?

HOCKNELL: Yes, that's correct.

JOHNSON: Event 9 corresponds to count 10 if anyone wants to write it alongside where it says "event 9". That one is eight pages long. It's followed by event 10, which confusingly relates to count 1, which is an eleven-page document. Is that right?

HOCKNELL: Yes.

JOHNSON: Starting with event 9 then, please, this document follows the same conventions as we've established with the preceding reviews; is that right?

HOCKNELL: Yes.

JOHNSON: So just to remind ourselves, given that it's been a good month since we've seen one of these, on the first page any record relating to [Baby H] is in the yellow-shaded box?

HOCKNELL: Yes.

JOHNSON: Any record bearing the name of Lucy Letby is in blue text?

HOCKNELL: Yes, that's correct.

JOHNSON: And we can see what other conventions applied. The time period for the review is from 01.00 hours on 26 September to 06.00 hours?

HOCKNELL: Yes.

JOHNSON: Plus all records where Lucy Letby appears during the shift when that event occurs?

HOCKNELL: Yes.

JOHNSON: And if there are no records relating to a baby that was on the unit at the time within the time frame, in other words in this case between 1 am and 6 am, the closest record outside of those parameters has been included to give context?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. So looking over the page, please, at page 2, do we have there the population of the -- the locations of the population of the neonatal unit on 26 September?

HOCKNELL: This is from the beginning of the --

JOHNSON: 25th, sorry, yes.

HOCKNELL: Yes.

JOHNSON: Just to remind ourselves, this is information we already have in evidence. [Baby H] was the sole occupant of nursery 1?

HOCKNELL: Yes.

JOHNSON: Albeit that for some inexplicable reason the arrow comes out of the office rather than nursery 1.

HOCKNELL: Yes.

JOHNSON: Nursery 2, four children for whom the designated nurse was Yvonne Griffiths?

HOCKNELL: Yes.

JOHNSON: Nursery 3, and one of those children was [Baby G] of course. Nursery 3, one of the children was [Baby I]. Four children in total being cared for by Liz Marshall?

HOCKNELL: That's correct.

JOHNSON: And Valerie Thomas being responsible for the four children in nursery 4?

HOCKNELL: Yes.

JOHNSON: Thank you. So moving over then to page 3, perhaps just to put this into context, keeping our finger in page 3, go to page 5. We can see that the event concerning the jury relating to [Baby H] is at line 95, being at 03.22 in the morning --

HOCKNELL: Yes.

JOHNSON: -- of the 26th.

HOCKNELL: Yes.

JOHNSON: So with that in mind, that it's at 03.22, if we start the sequence at page 3, which runs from lines 2 down to 30; is that correct?

HOCKNELL: Yes.

JOHNSON: Pretty much every line on that page relates to [Baby H]?

HOCKNELL: Yes.

JOHNSON: All but one in fact. And the only one of the balance that doesn't also relate to Lucy Letby is the blood gas record made by [Nurse A] at line 21?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Over the page we see that, at line 31, Dr Ventress made a note relating to [Baby H].

HOCKNELL: Yes.

JOHNSON: Otherwise, at line 38, there was a blood gas recorded for [Baby H] by Lucy Letby at 00.32?

HOCKNELL: Yes.

JOHNSON: The next [Baby H] entry for which Lucy Letby was responsible was at 01.30?

HOCKNELL: Yes, at line 55.

JOHNSON: So 58 minutes later, which may or may not correspond to a break. We'll have to wait for some further evidence about that. But in the interim, there were a number of records relating to [Baby H] made between lines 47 and 50 and line 54 made either by Dr Ventress or [Nurse A] or in one case someone whose identity is not recorded?

HOCKNELL: Yes.

JOHNSON: At 01.30 and 02.00 hours, further entry made on charts by Lucy Letby --

HOCKNELL: Yes.

JOHNSON: -- for [Baby H]?

HOCKNELL: Yes.

JOHNSON: Over the page again, please, to page 5, starting with the [Baby H] entries in black, we see that they are -- either the identity of the person responsible is not recorded or it's Dr Gibbs?

HOCKNELL: Yes.

JOHNSON: And that the balance of the entries on that page, excepting events after [Baby H]'s collapse, relate directly to Lucy Letby?

HOCKNELL: Yes.

JOHNSON: Thank you. After the collapse, we have entries -- so at the bottom of the page now, lines 96 to 98, and first of all we have Lucy Letby and Dr Ventress?

HOCKNELL: Yes.

JOHNSON: Then over the page, on to page 6 of 8, entries primarily made by the doctors, being Dr Gibbs and Dr Ventress, but also by Lucy Letby?

HOCKNELL: Yes.

JOHNSON: Interspersed with a few entries made by other people in relation to other children?

HOCKNELL: Yes.

JOHNSON: At page 7, again about 15 or 18 lines concerning [Baby H], all of which, with the exception of line 157, also correspond to Lucy Letby?

HOCKNELL: Yes.

JOHNSON: Thank you. Then we have the position at the end of the shift on page 8 of 8; is that right?

HOCKNELL: Yes.

JOHNSON: The only difference -- there are one or two differences actually between the population of the unit at the beginning and at the end of the shift. In room 4 at the beginning of the shift there was a child, IO, who is out of room 4 by the end of the shift and rooming with his or her parents; is that right?

HOCKNELL: Yes, that's correct.

JOHNSON: Is that in fact the only difference between --

HOCKNELL: I think so, yes.

JOHNSON: -- the population location between the beginning and the end of the shift?

HOCKNELL: Yes.

JOHNSON: Thank you very much.

Moving on to event 10, which is count 11, this follows a similar format. We have the population location at page 2 of 11?

HOCKNELL: Yes.

JOHNSON: To remind ourselves, on this occasion [Baby H] is in room 1, Shelley Tomlins is the designated nurse, and Lucy Letby caring for two children in room 2?

HOCKNELL: Yes.

JOHNSON: Concentrating on the [Baby H] entries on page 3 first of all, do we see that all the entries for [Baby H] are made by other people, people other than Lucy Letby?

HOCKNELL: Yes.

JOHNSON: We see several entries relating to the children EM and NC that were made by Lucy Letby between 8 pm and 8.30 pm on that page?

HOCKNELL: Yes.

JOHNSON: On page 4 of 11, again [Baby H] entries, all recorded either by people other than Lucy Letby or in one case by somebody whose name has not been recorded?

HOCKNELL: That's correct.

JOHNSON: And Lucy Letby responsible for three entries at 9 pm and 10 pm for the child EM?

HOCKNELL: Yes.

JOHNSON: At page 5 of 11 do we have at, lines 71 to 74. Four co-signatures by Lucy Letby for medication recorded in one form or another -- in fact it's two medications but the record has been duplicated at different times in different places.

HOCKNELL: Yes, that's correct.

JOHNSON: Then again the same point: it's really one action but two records at lines 82 and 83?

HOCKNELL: Yes.

JOHNSON: Co-signed by Lucy Letby?

HOCKNELL: Yes.

JOHNSON: Thereafter, so far as Lucy Letby is concerned, records in relation to her two charges, EM and NC?

HOCKNELL: Yes.

JOHNSON: Over again, please, we see that either side of the event concerning [Baby H], which occurred -- or the line appears between 00.30 and 00.55 -- and in fact I think the desaturation was at about 00.55 -- the only records we have for which Lucy Letby was responsible are at midnight and at 01.00 hours. So that's lines 108, 109 and 121.

HOCKNELL: Yes.

JOHNSON: And we see Lucy Letby's name appear near the bottom of the page in relation to [Baby G], but otherwise the records for [Baby H] are all attributed to other people?

HOCKNELL: Yes.

JOHNSON: Page 7, a similar position. Lucy Letby's name appearing in relation to actions concerning other children. And insofar as [Baby H] was concerned, all the records signed by people other than Lucy Letby?

HOCKNELL: Yes.

JOHNSON: Page 8 follows a similar pattern at least so far as the records are concerned?

HOCKNELL: Yes.

JOHNSON: As does page 9.

So Lucy Letby signing in other people's records and [Baby H]'s records signed by people other than Lucy Letby?

HOCKNELL: Yes. I think at the bottom of page 8 she's involved in some medication for [Baby H].

JOHNSON: I beg your pardon, yes. She is, you're quite right.

It's lines 184 to 189.

HOCKNELL: Yes.

JOHNSON: Thank you. Sorry. My mistake.

So we've dealt with page 9, I think, before you corrected me in relation to page 8.

HOCKNELL: Yes.

JOHNSON: Then so far as page 10 is concerned, which is the final page of the records, we see Lucy Letby's name appearing in relation to other children, but this of course, just to put it into context, is after [Baby H] had been transferred?

HOCKNELL: Yes.

JOHNSON: The time, or at least an approximation of the time, at which [Baby H] was transferred appears midway down page 9 at line 203 with the transport team arriving?

HOCKNELL: Yes.

JOHNSON: I think she left about an hour, an hour and a half, after that.

HOCKNELL: Yes.

JOHNSON: Thank you. At the end of the shift, the population is set out on the final page and the locations of the population, of course, by this stage. No occupants in room 1 because the sole occupant at the beginning of the shift had been [Baby H] and she had departed by the end of the shift?

HOCKNELL: Yes.

MR JOHNSON: Thank you.

Does your Lordship have any questions?

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

MR JOHNSON: Thank you very much, Mrs Hocknell.

(The witness withdrew)

MR JUSTICE GOSS: I think that's enough for today, Mr Johnson.

MR JOHNSON: Yes.

MR JUSTICE GOSS: Just so you now what is coming, I've got a list of what is coming, the order of events. The next witness -- there will be more statements read to you, but I think we'll do that when you're more fresh in the morning.

I'll repeat that which you know very well: any evidence that is read to you is from a witness whose evidence is agreed, so everything that witness says is agreed between the parties, the significance of it is for you to decide. All right? But it's agreed, it's not something you have to make a decision about, whether it's truthful and reliable or not. All right?

Good. Thank you very much. 10.30 tomorrow. It may be that we won't be able to start quite at 10.30, but if you could be ready, please, to start at 10.30 and I'll apologise in advance, if it transpires, that for good reason we can't actually start at 10.30, but it won't be more than 5 or 10 minutes' delay. That's why I'm saying be here for 10.30, please. And remember your responsibilities, of which I reminded you at lunchtime.

Thank you very much.

(In the absence of the jury)

Mr Johnson, those charts that we have at the beginning of each event on the reviews with who was on duty, clinical staff, nursing staff, where the babies were and everything, I recollect that we were going to have them for the first three incidents --

MR JOHNSON: Yes.

MR JUSTICE GOSS: -- [Babies A & B] and [Baby C]. I'm not pressing but I'm just checking that I haven't misremembered what was going to happen.

MR JOHNSON: No, you haven't, my Lord. There are a few things that are going on in the background. Often our best intentions are diverted by more pressing issues.

MR JUSTICE GOSS: Exactly.

MR JOHNSON: I think that is in hand.

Another thing that is in hand and we definitely haven't forgotten, because I actually have some of them in our room, are the observation charts relating to some of those children as well.

MR JUSTICE GOSS: Exactly. They're just blanks at the moment.

MR JOHNSON: They are. What I'm trying to do is to build in things we can do if we really do run out of other things to do. So rather than take up time when we have witnesses here, doing things like that, which in any event are backfilling, I'm sort of holding that back at the moment.

MR JUSTICE GOSS: No, I'm not in the least bit critical, I quite understand, but I just wanted to make sure that I was -- that that is work in progress and it is going to be something that will in due course be addressed.

MR JOHNSON: Yes. There is, I think, also a jury question that we've never answered.

MR JUSTICE GOSS: Exactly, there is, yes. I have a copy of it in my room, a photocopy of it. All right. Thank you very much.

So Mr Myers, you've heard what I said to the jury.

MR MYERS: Yes, we're grateful, my Lord.

MR JUSTICE GOSS: I hope that's a fair representation.

MR MYERS: Thank you. We'd be grateful if Ms Letby could remain for a short while after court because we'd like to speak to her if possible.

MR JUSTICE GOSS: I know it was a bad journey this morning, so it will be difficult for everyone who's come from --

MR MYERS: We understand.

MR JUSTICE GOSS: Mr Myers is going to come down and see you before you go. Thank you very much.

MR MYERS: Thank you, my Lord.

(4.20 pm)

(The court adjourned until 10.30 am on Thursday, 19 January 2023)