

25 January 2023

Baby I

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Wednesday, 25 January 2023

(10.30 am)

(In the absence of the jury)

Housekeeping

MR JOHNSON: We've taken the liberty of adding to your Lordship's bundle there the neonatal reviews for all four [Baby I] incidents. At the moment your Lordship has a divider system going which we haven't interfered with, but we've put in yellow Post-its to --

MR JUSTICE GOSS: I see, thank you. Are they going to be distributed to the jury as well then?

MR JOHNSON: Yes. And perhaps we'll start with Mr Driver reading the... Given that it's not there, we'll --

MR JUSTICE GOSS: I'll just leave it to you as and when.

Before the jury comes in -- and I've also got the...

And this is for the...?

MR JOHNSON: Divider 12, jury bundle 2.

MR JUSTICE GOSS: I'll leave that there and do it when the jury do it.

Are you just going, very briefly, to introduce the next child in terms of reminding the jury of what it is?

Because I think that would be helpful --

MR JOHNSON: Yes, certainly.

MR JUSTICE GOSS: -- because an awfully long time has gone by since whenever it was, 10 October. It would be helpful, I think, just to have the framework, knowing that there are essentially four incidents, how they are going to be dealt with, and do it that way.

MR JOHNSON: Yes.

MR JUSTICE GOSS: Thank you very much.

The jury, please.

(In the presence of the jury)

MR JUSTICE GOSS: Good morning, members of the jury. As you know, we're moving on to the next baby, [Baby I].

I'm going to invite Mr Johnson very briefly to remind us of what the situation so far as [Baby I] is concerned was because a long time has gone by since you heard the opening of this case and you've heard an awful lot of evidence about a large number of babies now, just so that you can focus on what's going to come by way of evidence in relation to [Baby I].

MR JOHNSON: Yes, my Lord.

If you go to your first jury bundle, ladies and gentlemen, at divider 12, so jury bundle -- sorry, divider 1, jury bundle 1. It's page 5. It's the indictment. Page 5, count 12. That's where my confusion arose.

So you can see there that there is a single allegation so far as [Baby I] is concerned. The allegation is one of murder. You will remember that the way the indictment is structured is that where there is an event that the prosecution allege is a murder, we haven't broken it down into the individual attempts to murder when the attempts result in the completed offence. That's why although [Baby I]'s case is probably the most factually involved, and probably will take the longest of all these children's cases to present, there is a single count.

There are four separate events. So just in a few seconds I'm going to give you a framework that we're going to work to.

[Baby I] was born on 4 August 2015, so putting that in context, about 8 weeks before the events that we were considering yesterday on the 26th and 27 September. She was born in the Liverpool Women's Hospital on 4 August.

She was 27 weeks' gestation when born, weighed 960 grams, which is about 2 pounds and 2 ounces, and she was transferred to the Countess of Chester on 18 August.

Then back to the Liverpool Women's Hospital on 6 September and then back for the second time to Chester on 13 September. The first episode that the prosecution say was of concern, and we say frankly involved Lucy Letby trying to kill [Baby I], was on 30 September.

We'll deal with that episode first.

The second episode was on the night shift of the 12th into 13 October. The third episode was the next night shift, the 13th into 14 October. Following that, [Baby I] was transferred out to Arrowe Park, the tertiary hospital on the Wirral. She returned to Chester 2 days later on 17 October and then you will see, looking at count 12, the date that we say Lucy Letby completed the offence that she'd been attempting over several days, 23 October 2015.

MR JUSTICE GOSS: So that's the day she died. In a murder the act causing the death may not occur on the day that the person actually dies. Sometimes it can occur days before. But here, as you've heard Mr Johnson say, there are a number -- four episodes that are going to be considered by the evidence that's going to be adduced and it was after the last episode that [Baby I] died or in the last episode.

MR JOHNSON: Yes. In a nutshell, the case involves air, milk and -- well, air in the stomach and air in the circulation at various stages.

MR JUSTICE GOSS: Right, thank you.

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

MR DRIVER: My Lord, may I begin to present the evidence through the reading of statements of [Mother of Baby I].

MR JUSTICE GOSS: Certainly.

MR DRIVER: The first of which, members of the jury, is dated 20 July 2018:

"I am [Mother of Baby I], mother of [Baby I]. I live with my partner [Father of Baby I]. In around April 2015 I found out I was pregnant. All of my scans came back normal.

"I had a twelve-week scan at the Countess of Chester Hospital and then I paid privately to have a 16-week scan, which was to determine our baby's sex. We were told we were having a girl.

"Then at 21 weeks at the Countess of Chester Hospital we had our last scan. At no time during any of my scans were any concerns raised. My baby was developing as expected. I didn't have any antenatal appointments as I had breezed through my past pregnancies and there were no areas of concern.

"Then, five weeks after my last scan, my waters broke. I went to the Countess of Chester Hospital to the labour ward. Initially, they tried to tell me that I could have just leaked, but I knew my waters had broken. It wasn't my first baby and I knew what it felt like when your waters go.

"I remember they conducted some checks, which proved my waters had gone. This resulted in me being transferred that night to the Manchester Royal Hospital by ambulance and [Father of Baby I] following in his car.

"When I arrived they conducted more blood tests and I was regularly monitored. I was kept there over the weekend. They told us what to expect and if I didn't get an infection they wouldn't leave me past 34 weeks, so no matter what, she would be born prior to 34 weeks. The medical staff kept telling me that she was safer inside me at this time. However, if she was still inside after 34 weeks she would have to be then delivered due to the risk of infection.

"By Monday, due to there being no sign of infection, I was sent home with the agreement that I would go to the Countess of Chester every 2 to 3 days to get my bloods checked. However, I only got to the first appointment, which was on the following Wednesday, because when the nurse took my bloods she informed me that I would have to stay in as my blood levels were a bit high and they'd like to keep an eye on me, plus they were waiting for my blood results from Manchester to be sent through so they could compare them to see how much they had risen.

"After they compared my two sets of results, I was told I couldn't leave as my levels appeared to have shot through the roof. The Countess then transferred me that day, via ambulance, to the Liverpool Women's Hospital. On arrival, I was booked in and given a room on their maternity ward whilst my bloods were checked again.

"Over the next few days I was continually monitored. By Friday, 7 August 2015, I received a further scan. From the scan I was informed that there was still some water left and that my baby was still safer in than out. The doctor continued to say that I had become poorly before my baby did, so my blood pressure and temperature were continually monitored.

"Later the same day, I remember my kids had come to visit and I was sat with them in the hospital canteen when my back started to ache. I recall telling my sister that she would have to take them home now as it was getting late. I said goodbye to them and [Father of Baby I] asked me if I was coming out to the car to which I informed him that I was in labour and that I needed to get back upstairs to the ward.

"When I got back on to the maternity ward, a midwife came and I was attached to a monitor. She informed me that I wasn't in labour and then left. I told [Father of Baby I], 'I don't care what the machine says, I'm having contractions, go and get her back'. She returned and gave me a couple of paracetamols and left again, saying I wasn't.

"As I wasn't happy, I spoke with a friend of mine, Debbie, who is a midwife at the same hospital. She went and got a male doctor. The doctor instructed the staff to remove me from the monitor and he physically checked me. After his examination, he sent for me to go straight to the labour ward as I was 6 centimetres dilated.

"A further midwife and a neonatal team arrived shortly afterwards. During this time my contractions just stopped. I think it was out of fear as I was too scared to push, so the staff checked the monitors and from there they were able to see my contractions and they'd tell me when I needed to push.

"At some point they informed me that my baby was getting in distress so I pushed harder and she came out. Our baby, who was named [Baby I], was born at 9.02 pm on the evening of 7 August 2015, weighing 2 pounds 2 ounces. I was only in the labour room for around an hour. I never had any pain relief, nor did I need any intervention.

"Prior to [Baby I]'s birth I was informed that she would immediately be removed to the neonatal ward and I would be able to see her later, but when she was born she was doing really well and they actually kept her in the room for a little bit and brought her over to the bed for me to see her and then they took her upstairs. [Father of Baby I] was present during the birth.

"I freshened up and went back to the maternity ward, where we had a private room. We then just waited and waited for hours.

Eventually, a nurse came down and told us as [Baby I] only weighed 2 pounds 2 ounces, they were struggling to get her lines in and that they had to scan her each time to see if the line had been inserted correctly and on a number of occasions it hadn't been.

"At around 3 am we were allowed to see her for around 10 to 15 minutes. She was in an incubator on a ventilator. The ratio at Liverpool Women's was one nurse to two babies. [Baby I] was covered in a sterile tissue-like cover as they didn't want her to get an infection from where they had entered or attempted to secure her lines.

"We then returned back to the maternity ward and both stayed over. The following morning at around 06.30 hours, [Father of Baby I] and I went back up to see [Baby I]. She was still on the neonatal ward, room 7. She was still in an incubator. She wasn't on a ventilator, she just had a BiPAP mask.

"A nurse told us that this was due to the fact that [Baby I] had fought the ventilator, so they removed it and placed the BiPAP mask on instead. One of the nurses then asked if we'd like to get her out. At first we were reluctant, but they confirmed that it would be okay. However, as soon as [Baby I] was placed on to my chest, her saturation levels dropped, so she was put back into the incubator where her levels improved. The nursing staff said that it might have just been a bit too soon to remove her.

"[Baby I] appeared fine whilst in the incubator as she was kicking and her hands were going everywhere and it was just us that were scared to touch her. During that day [Father of Baby I] and I were spoken to by one of the male neonatal doctors and informed about what to expect. We were told [Baby I] would likely be with them for a long time, but she was doing really, really well, and that there were no complications and the next week would indicate which way it was going to go for her.

"On hearing this, I was initially petrified as I didn't know if she was going to come through, but she was fine and eventually all of my fear just went away. [Baby I] was just small. The nurses kept telling me that I must have really looked after myself for her to come out as she had. I could see other babies on the ward that had been born of a similar age to [Baby I] and they were struggling but [Baby I] wasn't.

"After a few days, [Baby I] was taken off the CPAP. I was told she was sitting fine on the machine and she wasn't being tired out, so they were going to put her on 4 hours of oxygen, followed by 4 hours off. I initially raised some concerns, but they said she was healthy enough to do it the old-fashioned way. So they did that for a couple of days and it was again all good

news. She didn't actually need the oxygen all of the time, so we were really positive at this point.

"When [Baby I] was approximately 5 days old we were told that [Baby I] was going to be moved into room 2 on the neonatal intensive care unit, which is not an intensive care unit, it's more like a high dependency unit. We thought that was brilliant news.

"However, the next day, a further doctor came in and said [Baby I] didn't need to be at Liverpool Women's anymore and she's going to be transferred back to Chester. On hearing this, we initially panicked as we didn't want her to go back. Liverpool Women's was spotless, the floors shone, and [Baby I] was settled there. But again they said [Baby I] didn't need to be there anymore.

"At around the same time we had also heard that a virus had broken out on ward 2 in Liverpool, so on hearing this, I agreed for [Baby I] be moved back to Chester to reduce the risk of her catching anything.

"On 18 August [Baby I] was transferred back to Chester by ambulance."

She then describes where [Baby I] went to, saying:

"The neonatal ward is located at the rear of the hospital by the maternity ward. It has four separate rooms, numbered 1 to 4. Each room cares for babies who need separate levels of care and were at different levels of help."

She defines room 1 as the intensive care room and that it could accommodate up to eight babies with a ratio of one nurse to four babies:

"[Baby I] was placed into room 1. At first, I had reservations about [Baby I]'s care. I felt they didn't have time for [Baby I]."

She then refers to a nurse by the name of Bernie, and you, members of the jury, will shortly hear evidence in relation to Nurse Bernadette Butterworth.

Returning to [Mother of Baby I]'s statement:

"Bernie had her, but they were so busy. I remember on one occasion we asked if we could get her out of the incubator but Bernie told us no as she didn't have the time to do it. I remember saying to my mum, 'I don't want her here [meaning [Baby I]], they're not giving her enough time'. I also queried [Baby

I]'s oxygen intake as they kept putting her on oxygen if her stats dropped lower than 96. I had heard previously that too much oxygen was bad for babies, so I wasn't very happy.

"Then a couple of days later, [Dr B] came and informed us that [Baby I] had had a scan and, from this scan, they could see that she'd had a small bleed on her brain. The doctor then went on to say that this could have been caused by lack of or too much oxygen. I felt that Chester and Liverpool had different methods, as Chester were more concerned about feeding and growing as opposed to Liverpool Women's, who wanted to get the babies off oxygen. They just had different methods and over time the nurses would explain why they were doing certain things.

"I also remember [Baby I] continued to wear a CPAP mask. The problem was it was too big for her face. Staff at the hospital used cotton buds to try and pad it out, but this just caused her face to mark and dint. I remember going home one night and asking Jo, who was another senior nurse, full name not known, if she could please just lift it or move it slightly as it was marking [Baby I]'s face. The following day, when we returned, [Baby I] no longer had it on and I was informed that she didn't need it anymore. I remember feeling annoyed because if she didn't need it, why hadn't they thought to remove it and prevent [Baby I] having these marks prior to me asking?

"When [Baby I] was around 2 weeks old, she was moved to room 2 and it was good in there. I met other families, one of them being [Mother of Baby G], whose daughter [Baby G] had also been born prematurely at 23 weeks, but she was now 3 months.

"Whilst in room 2, [Baby I] received her first bottle. A nurse called Nicky came in and I remember Nicky was sneezing and coughing whilst putting her hands in [Baby I]'s incubator. I was fuming, absolutely fuming, because we were doing everything to stop [Baby I] from getting an infection. I was so annoyed that I had to go outside and phone the nursing desk and tell them that under no circumstances was anyone with a cold or a cough to come near my daughter. I had to phone them because if I'd seen someone, I would have lost it. And to top it off, whilst Nicky was in the room, the doctor, who was seeing another baby, asked Nicky if she was full of a cold, to which she said, 'Yeah, I've been full of it for days'. So even the doctors were aware and didn't do anything.

"After I had calmed down, I helped give [Baby I] her bottle, which she took well. [Baby I] was then placed back into the incubator. Near to the end of the nurses' shift, [Father of Baby I] asked if he could hold [Baby I], to which Bernie agreed, but said it could only be for 10 minutes as they were changing over staff. This again annoyed me because had he waited a further 30

minutes, when the staff changed over to the night block, we could have held her for a couple of hours instead of just 10 minutes. This was due to the fact that they limited [Baby I]'s movements and now that [Father of Baby I] had moved her we wouldn't be able to hold her again for some time, so I left the ward.

"When I returned, [Baby I]'s stats had dropped, so either the morning or night nurses had called for the doctor. Dr Matt arrived [as read]."

Pausing there, members of the jury, you heard evidence from a Dr Matthew Neame a day or two ago and you'll hear evidence again from him in relation to this count.

Returning to the statement:

"Dr Matt arrived and I recognised him as he'd previously looked after [Baby I] when she was in room 7 at the Liverpool Women's. I was so relieved it was someone we knew. He's not actually called Dr Matt, we just called him that because we knew his first name was Matt. Dr Matt informed us that she needed a little help breathing so he had put her on high flow. He then conducted a lumbar puncture to check her bloods, just to see if she was picking anything up.

"As [Baby I]'s stats had settled, Dr Matt returned back to the other ward. However, when we arrived home that evening, we received a phone call asking us to go back in as they had had to put [Baby I] on a ventilator due to her becoming poorly again. The following day, [Baby I] was returned back to Liverpool Women's. She was 4 weeks old and this was the start of her becoming poorly.

"Initially, Chester told us that they suspected [Baby I] had NEC, necrotising enterocolitis, because her stomach had swelled and her veins were visible. We were also informed that she needed to go to Liverpool so she was close to Alder Hey in case -- to be near to Alder Hey -- bowel rupture and they needed to operate [as read]."

It must mean in case she needed surgery at Alder Hey, that being the surgical centre as you already know. Returning to [Mother of Baby I]'s statement:

"But when we arrived, Liverpool said that [Baby I] didn't have NEC and within 24 hours she'd gone from being fully ventilated at Chester to no ventilation and starting back on feeds. [Baby I] remained at Liverpool for a further week. During this time they never checked [Baby I]'s bowel and I think if they had just

checked it, it could have influenced her future care, for which I am not happy.

"On our return to Chester, [Baby I] was placed in room 3, which meant in a matter of a week she'd gone from being critically ill on a life support machine to being rushed to Liverpool Women's, to now returning to Chester and being placed in room 3, which is the room before your baby can go home.

"But by now our constant attendance at hospital was taking its toll on our one-and-a-half-year-old daughter, so [Father of Baby I] and I decided to split our time. I used to go in 9 am to 3 pm and [Father of Baby I] went 4 pm to 10 pm as he worked during the day. [Baby I] continued to do really well and we were dressing and feeding her."

She then recalls an event. She says:

"I was just changing [Baby I]'s nappy prior to leaving for the day when a nurse called Lucy (at the time I didn't know her surname but now I know it to be Letby) came on duty. It would have been around 3 pm. Lucy came over and said that she thought [Baby I]'s stomach looked swollen, to which I agreed, but [Baby I] appeared okay in herself.

"Lucy informed me that she'd keep an eye on her and that she would call for the doctor to also check her out. However, when I got home, I received a call around 4.30 pm. I can't remember from whom but they informed me that [Baby I] had taken bad again. I phoned [Father of Baby I] and told him to get to the hospital. By the time when I arrived, Bernie was resuscitating [Baby I] by conducting chest compressions in room 1 and I was on my own. I can't remember any other members of staff present but there were other staff there.

"Bernie informed me that the swelling to [Baby I]'s stomach had now gone down and that she was doing better. Then the next day, [Baby I] was moved back in room 2. It was a quick change around. But this time we didn't have to change hospitals as [Baby I] had picked up within hours. I'd say [Baby I] was around 6 weeks old at this time, so it would have been mid-September 2015.

"I also remember [Baby G] had gone poorly loads of times around this time as well, as they were both now back in room 2, and I was trying to reassure [Mother of Baby G] that it would be okay. The nurses were telling me that [Baby I] was doing well again and that it had been known for babies to be sent home from room 2 also.

"I noticed that [Baby I] was starting to look differently. She was looking around the room, taking it all in. I was able to sit

her on my knee and I remember looking at her and thinking, we're going home. She just looked like a full-term baby. She didn't look frail or small, she just looked like she should be at home in a bed. I started to think she needs to be at home so she doesn't get an infection, as I'd seen so many people not washing their hands and then touching and handling. I just needed her home. I'd send videos home and I was allowed to bathe her, which she loved.

"I remember bathing her for the first time. I was in room 2 and Lucy the nurse was on duty. I was so pleased to be able to bathe her and [Baby I] was obviously enjoying it as she was smiling. Lucy helped prepare the bath and gave advice as to how to bathe her. She even offered to take some photographs using my mobile, to which I agreed. I didn't really have much to do with Lucy. She always appeared reserved compared to some of the nurses. She never really interacted with the parents.

"When [Baby I] was 8 weeks old, I enquired about her getting her immunisations when she returned home, but the hospital said that they would give them to her while she was in hospital. A female doctor [she doesn't remember the name] prepared us by saying that [Baby I]'s bloods would rise after she'd been immunised, but afterwards Dr Matt told us that [Baby I]'s bloods had risen more than they had expected and that they were going to screen her.

"[Baby I] was put on antibiotics, but shortly afterwards the female doctor came back in and asked why [Baby I] was on antibiotics. I recall telling her that because of [Baby I]'s history, and because she had declined so rapidly, it was done as a precaution. [Baby I] could go from being perfectly fine to nearly dying within seconds. There was no in between with her. I remember the staff at the hospital kept making a big deal about her stomach swelling.

"I also remember at some point, I'm not entirely sure whether it was before or after her immunisation, they tested [Baby I] for cystic fibrosis. I think it was after the immunisation but before she got really sick.

"I remember them asking me to leave the room and when I returned [Baby I] was screaming. I'd never heard her cry so loud. During this time I felt the atmosphere within the hospital had changed. I'd gone from feeling that [Baby I] would be coming home to uncertainty. I remember asking a blonde-haired nurse from room 2 [[Mother of Baby I] doesn't recall that nurse's name] if [Baby I] would likely be going home any time soon, to which she just said, 'We'll see. She comes off her antibiotics on Wednesday so we'll see what they say when she comes off'.

"Dr Dave [members of the jury, you've already heard several times from Dr David Harkness and you'll hear a statement from him again in this context] then came and checked [Baby I] and I again asked him how long and he just told me she could wake up tomorrow and not need the heated mattress or it could be 6 months down the line and that's just what it's like for a premature baby.

"[Baby I] was still feeding and was in a heated cot. She was also wired up to monitors. Then this one day we were just sitting there and I remember a nurse called Ashleigh was looking after [Baby I]."

Pausing there, members of the jury, you'll hear from a nurse, Ashleigh Hudson, in relation to the care given to [Baby I]:

"I remember a nurse called Ashleigh was looking after [Baby I]. [Baby G] was with her dad as she had been poorly too. We were all just talking when [Baby I]'s oxygen monitor started bleeping. I turned to Ashleigh and said, 'Is that [Baby I]'s?' to which she replied, 'Yes, it's nothing to worry about, it's just a signal'. Ashleigh then fiddled with the strap, which was attached to [Baby I]'s foot, saying it must be loose, but the bleeping continued. Ashleigh kept reassuring me that everything was okay. However, when I left that night, I didn't feel right. I felt as though it was a start of pattern for [Baby I] as her oxygen and stats levels would always start jumping just before she became poorly.

"The following morning, I phoned the hospital and spoke with Ashleigh. I asked her if she had sorted the monitor out, to which she informed me that she had actually turned it off, saying [Baby I] didn't need it and for me to stop worrying.

"When I asked how [Baby I] was, she told me that her temperature had dropped overnight and I remember thinking, that's two signs: first the monitor's bleeping and then her temperature dropping. But Ashleigh kept reassuring me that everything was okay and that she was fine.

"Then, later that night, whilst I was at home, we received a call from the hospital, telling us to come immediately. When we arrived, [Baby I] was really poorly. It was the worst she had ever been. The staff had to resuscitate her at least seven or eight times. She just kept flatlining. I remember the following staff being present: Jo, Bernie, Dr Matt, a young nurse who left to go to Australia. Others could have been there, but I can't remember them.

"Eventually, they managed to stabilise her. The hospital believed [Baby I] had a bowel problem, but [Baby I] wasn't found

this time with a swollen stomach, she was found not breathing. My thoughts were, had they kept the monitors on her, her condition could have been detected earlier.

"Over the next few days, [Baby I]'s stomach did swell in the end and she had bruising under her left breastbone. It was blue in colour, a few centimetres in size, which doesn't seem big, but due to [Baby I]'s size it was quite significant.

"[Baby I] continued to be poorly for days and she was continually being resuscitated. The hospital gave us a room to sleep in, but every time we left and started to fall asleep, we'd be woken up with banging on the door telling us to come quickly, and it wasn't once, it was several times every single day.

"[Baby I] also seemed to deteriorate when we left her alone and it was predominantly at night. Eventually, Dr Matt said that he was worried. He said that he didn't know if she was going to make it. I recall they phoned Alder Hey to seek advice. Alder Hey said if she stayed on antibiotics for 7 days and stabilised, they'd be able to give her a dye to see what the actual problem is.

"Chester were thinking [Baby I] may have had some damage from an earlier NEC, which could have caused damage to the inside of her bowel, which would explain why she'd become poorly as she may have had a build-up in her bowel. I wasn't entirely convinced that this was the cause of [Baby I]'s problems because on this one occasion Ashleigh, the nurse, said that she'd just found her blue in her cot and her stomach hadn't been bloated. I again queried why she had been taken off the oxygen monitor if she had been that poorly as surely this would have picked up the fact that she was having breathing difficulties. I just couldn't understand why they would continue to do that.

"A couple of days later, I felt [Baby I] had picked up, but Belinda, an Australian nurse, pulled me to one side and told me to sit down. She said that [Baby I]'s heart rate, even though it had picked up, was still too low and it had been like that for some time, so she suggested that we get [Baby I] christened. She tried to reassure me that [Baby I] could still get better, but it was something for us to consider.

"I felt as though by christening her we were giving up, but we did it. On 15 September 2015 we organised for everyone to come and [Baby I] was christened at the hospital. I think Belinda was there, but I can't remember any other medical staff being present.

"Later that day, I was shown a scan of [Baby I]'s lungs. From the scan they looked as though they'd collapsed. Staff at Chester said [Baby I] had to be moved and we were asked where we would like her to go as there was room at Arrowe Park or Liverpool Women's.

"Due to Arrowe Park having a McDonald's House, we decided to go there as we would all be able to go as a family. This decision was also made due to the fact that our other daughter [the young daughter] was missing us. However, as [Baby I] was being moved, her stats dropped. I remember Belinda using an implement and sucked loads of fluids out of the lungs before she was placed into a travel incubator.

"[Baby I] was then transferred by ambulance to Arrowe Park. When we arrived at Arrowe Park she was X-rayed again and her lungs were fine, they had blown back up, so now I had Arrowe Park telling me that there was nothing wrong with her. I felt as though the staff at Arrowe Park were being rude. They were acting as though they were the better hospital. From what they were telling me, I felt I had to defend the staff at Chester. I told them I'd seen them saving my daughter's life time and time again. But they just kept telling me that [Baby I] was fine and for me to look at her scan.

"I tried to tell the nurse and doctor that when she's moved, fluid blocks her lungs, which then stops her breathing, but the doctor just told me that he couldn't understand what I was saying. I understand I may have been upset at the time and not making sense, but he should have listened. A nurse then informed me that she was going to give [Baby I] some milk, to which I said, 'No, she's nil by mouth'. To this, the nurse stopped and apologised and said she'd not read [Baby I]'s notes. I was so angry, I didn't want to be there any longer.

"I remember placing my hand on to [Baby I]'s chest. I could feel her chest bubbling. I told them she wasn't well and there was something going on. I asked the nurse to suction her lungs out because I knew as soon as they moved her, she would drop like a tonne of bricks. But the nurse just kept reassuring me that they had specialist doctors who were looking after [Baby I] and she would be okay.

"I again stressed my concerns, saying that [Baby I] was going to crash and again she told me, no, [Baby I]'s lungs are fine. But when the nurse turned [Baby I], she crashed. A doctor then came over waving his arms in the air as though he didn't know what to do, so I screamed at him to get the ventilator, to which he did. [Baby I] then started to pick up and her condition improved.

"Looking back now, it always seemed as soon as [Baby I] left Chester Hospital, her condition would improve, but the journey to and from the hospitals would take it out of her, so when I was told she could return back to Chester, I was pleased and happy to return.

"[Baby I] was transferred back to Chester by ambulance. The journey was fine and [Baby I] settled back into room 1 on the neonatal ward. I remember going home that night and telling my mum that [Baby I] was awake but she just didn't look herself, it was as though she was looking right through me, as though she couldn't see me.

"The staff at the hospital continued to remain positive about [Baby I]'s condition and I started to believe them. Again, I had hope that we would bring her home. That night, we left the hospital at around 22.30 hours. I remember Ashleigh was [Baby I]'s nurse that night, but also present was Lucy.

"Then at around 00.30 hours I woke up having realised I had slept through a phone call from the hospital. I didn't wait to see if they'd left a message, I just immediately phoned the ward. The phone was answered and I was put on to Ashleigh, who informed me that [Baby I] had just had a little turn and they'd had to put her on a ventilator, but she was okay now.

"When I put the phone down, I said to [Father of Baby I], 'We've got to go to the hospital'. I wasn't happy with [Baby I] being on the ventilator after all the problems she'd had previously. Loads of thoughts were running through my mind. What if they turned her and it blocked her lungs? I needed to remind them, so I phoned the ward again and someone else answered the reception phone. This person went to find Ashleigh but when they returned they told me that we needed to get to the hospital as soon as we can.

"We left home immediately and on our arrival at the hospital we saw Dr Gibbs, Ashleigh and Lucy. They were working to try and resuscitate [Baby I]. I heard them all counting times, so I asked Dr Gibbs how long they'd been doing this to [Baby I], to which he said 20 minutes.

"I could see every time they were pumping her, her stats would go up, but when they stopped she would flatline every single time. I remember thinking, 'You can't keep doing this to her', and I said to Dr Gibbs, 'You can't do any more'. [Father of Baby I] couldn't watch. I don't know where he went. I think he was in one of the corridors.

"Whilst they were working on [Baby I], Dr Gibbs gave her an injection. I don't know why or what was in the syringe, but it was given in her leg.

"When they eventually stopped working on [Baby I] they passed her to me. She didn't actually die straightaway, it was around 2 am or 3 am in the morning of 23 October when she actually went. I can't be certain as to the exact time as I didn't clock watch as too much was going on.

"After she had passed away, we were left alone and all the other babies were moved out of the room, which gave us some privacy. Later on, we were moved to a private room when it became a visiting time.

"Ashleigh and Lucy asked if I wanted to bathe her. [Father of Baby I] initially said no, but I didn't want to look a back nd regret not doing it, so I said yes. Lucy brought the bath in, saying that if I could get her ready she would come in and take some pictures, which we'd be able to keep. Then whilst [Father of Baby I] and I were bathing her, Lucy came back in. She was smiling and kept going on about how she was present at [Baby I]'s first bath and how much [Baby I] had loved it.

"I wish she had just stopped talking. Eventually, I think she realised and stopped. It wasn't something we wanted to hear right then. I just wished she and Ashleigh would go and swap with the next shift. I remember it was Lucy who packaged up [Baby I]'s belongings for us to take home.

"Prior to leaving the hospital, [Father of Baby I] and I were spoken to by another nurse [she can't recall the name of that nurse] who had blonde hair and Dr Gibbs. Dr Gibbs mentioned about [Baby I] having an autopsy. I said I didn't want her to have one as I just wanted her leaving alone, but he informed me that I didn't have a say and that she needed to have one as her death had been unexpected and the results would be needed to clear the hospital."

She then moves on to [Baby I]'s funeral. She says:

"At [Baby I]'s funeral we invited a number of staff members to attend. This included Janet Cox, Jo, Belinda and Dr Matt. However, due to their commitments, only Janet and Jo attended. We did ask for Ashleigh to stay away. I also remember a nurse called Mary also attended."

That concludes the relevant parts of that statement, which, if I remind you again, was dated 20 July 2018.

Second witness statement of [MOTHER OF BABY I] (read)

MR DRIVER: [Mother of Baby I] made a subsequent statement, dated 14 February 2019. Moving to February 2019:

"Further to my earlier statement, I have been asked to clarify the following points. Within my original statement I had detailed an incident where [Baby I] had become ill. Below is an extract from my statement:

"Two days later, I was just changing [Baby I]'s nappy prior to leaving for the day when a nurse called Lucy -- at the time I didn't know her surname but I now know it to be Letby -- came on duty. It would have been around 3 pm."

So that's part of the statement I already read to you earlier, members of the jury.

Then in this later statement of February 2019 [Mother of Baby I] states:

"Further to the above, I wish to add that I would normally attend hospital around 9 am each morning as it would be after the school preschool drop-off. I would always do the same thing when I arrived: check [Baby I], speak to the staff, either give her a bottle or she would be fed via a tube depending on how she was feeling and how the feeds went through the night.

"On this day I think I gave her two bottles during the time I was there. I also each lunchtime would leave [Baby I] and go and meet my sister and daughter in the canteen.

"On this day it would have been around 12 noon to 12.30 hours. I would only be away for around 30 minutes. The first time I recall seeing Lucy that day was around 3 pm when I was changing [Baby I]'s nappy. Lucy walked in and went and stood by the window. She would have been stood approximately 6 foot away from where I was stood with [Baby I].

"I remember Lucy looking over and saying, 'I've noticed her belly is extended today, I'll go and get the doctor to come down to check her'. I remember agreeing with her and thinking that her stomach did look veiny and swollen.

"I was still with [Baby I] when a female doctor came and checked [Baby I] over. She checked [Baby I]'s stomach and said that it seemed soft to touch but they would keep an eye on her. Due to her not showing any concern, I left shortly after 3 pm. I have no recollection of seeing any particular member of staff that day apart from Lucy, as detailed above.

"I was asked if I recalled an incident which occurred on 14 October. I can't remember what events happened on specific dates, but around that time I do remember staying overnight in hospital for a number of nights prior to [Baby I] going to Arrowe Park. During this time we were regularly woken up by staff informing us that [Baby I] was poorly. On each occasion we would attend her ward, but I don't remember ever holding [Baby I]'s hand while she was being resuscitated. This just wouldn't have been possible as there were so many people working on [Baby I]."

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

MR JUSTICE GOSS: Thank you very much.

MR JOHNSON: My Lord, we're about to start the sequence, but before that perhaps we can distribute some more documents.

MR JUSTICE GOSS: Certainly.

MR JOHNSON: These are just the -- what I keep referring to as standard three, those sorts of documents. They go behind divider 12. We'll add to this section as we go through, but these are the relevant documents for the first of the four incidents that we're going to deal with.

So you can see, ladies and gentlemen, that the first two pages are the observation chart. The incident that we're going to be examining occurred on 30 September, which is on the second of the two pages.

The first two pages are numbered J14714 and J14715.

You can see, for example, that [Baby I]'s heart rate and respiration wasn't being monitored at all before that incident.

The third page behind the divider now is 14778, which is the feeding chart for the 28th. The following page, 14779, is the feeding chart for the 29th. And then finally 14780, which is the feeding chart for the day concerned, the 30th, so you get the build-up to the incident as to [Baby I]'s observations and what she was being fed and how she was taking them.

My Lord, I'm of course very happy to start the process now or if there is to be a break it might make more sense at this stage --

MR JUSTICE GOSS: Except it's a long haul through. We'll make a start and break the morning up relatively equally.

MR JOHNSON: This can be a slightly difficult-to-concentrate-on exercise.

MR JUSTICE GOSS: It is. You're familiar with this process, going through a long sequence of events. I don't want to have that all in one go, I'd rather have a bit of a break around our normal time.

MR JOHNSON: Yes, thank you.

The only advantage is it's not quite as long as normal. So could I call Claire Hocknell, please.

MR JUSTICE GOSS: Yes, thank you.

MRS CLAIRE HOCKNELL (recalled)

Examination-in-chief by MR JOHNSON

MR JOHNSON: Please take a seat. For the record, would you identify yourself, please?

HOCKNELL: Claire Hocknell.

JOHNSON: Thank you. Mrs Hocknell, have you been primarily responsible for the production of the sequence of events for what we're going to call event 1 for [Baby I]?

HOCKNELL: Yes.

JOHNSON: And this is an event which was identified by the experts as having occurred on 30 September 2015?

HOCKNELL: Yes, that's correct.

JOHNSON: Thank you. This sequence is significantly shorter than many we've dealt with. I think it runs to 240 separate events; is that right?

HOCKNELL: Yes.

JOHNSON: Thank you. So starting with the material on the screen, have you simply recorded at tile number 1 a record made at Liverpool Women's Hospital that [Mother of Baby I]'s antenatal history has been summarised here as "spontaneous preterm labour"?

HOCKNELL: Yes.

JOHNSON: Tile 2 has a date, it's 7 August 2015, and that was [Baby I]'s birthday?

HOCKNELL: Yes.

JOHNSON: She was born at 20.47 --

HOCKNELL: Yes.

JOHNSON: -- at Liverpool Women's Hospital?

HOCKNELL: Yes.

JOHNSON: She was 27 plus 0 weeks' gestation.

HOCKNELL: Yes.

JOHNSON: Delivered normally, weighed 970 grams?

HOCKNELL: Yes.

JOHNSON: In good condition at birth, intubated at 3 minutes and given Curosurf at 5 minutes?

HOCKNELL: Yes, that's correct.

JOHNSON: The Apgar scores were 9 at 5 minutes and there's no record kept thereafter?

HOCKNELL: That's correct.

MR JUSTICE GOSS: Can I just say, there's no need to lean forward to the microphone. It will pick your voice up.

HOCKNELL: Okay.

MR JUSTICE GOSS: Thank you.

MR JOHNSON: So [Baby I] was born on Friday, 7 August. About 10 days later, on Tuesday, 18th, was she transferred from Liverpool to the Countess of Chester? That's on day 11.

HOCKNELL: Yes.

JOHNSON: Thank you. Tile 5. Is there then a record made by Dr Ogden of [Baby I]'s condition on arrival at Chester?

HOCKNELL: Yes.

JOHNSON: We'll deal with those in due course.

Tile 6, does that set out the fact that the review of the medical records shows that [Baby I] remained in the neonatal

unit at the Countess of Chester from her arrival on 18 August at 20.30 until 6 September, when she was transferred back to Liverpool?

HOCKNELL: Yes.

JOHNSON: She remained there for a week and on Sunday, 13 September, was moved for the second time back to Chester?

HOCKNELL: Yes.

JOHNSON: Then at tile 9, do we have Dr Harkness' notes concerning [Baby I]'s condition at her second admission, her readmission, at 23.00 hours on that Sunday, 13 September 2015?

HOCKNELL: Yes.

JOHNSON: In tile 10 have you, in effect, summarised the intervening week up to and partially including Monday, 21 September 2015?

HOCKNELL: Yes.

JOHNSON: That particular day, Monday, 21 September 2015, was that a day that Lucy Letby was working a long day shift?

HOCKNELL: Yes.

JOHNSON: Tile 12 records the fact that at 10.15 hours there was the second of two events concerning [Baby G] in respect of which the jury received evidence either side of Christmas.

HOCKNELL: Yes.

JOHNSON: The following day, Tuesday the 22nd, was Lucy Letby engaged in non-clinical duties on what's termed a safeguarding day?

HOCKNELL: Yes.

JOHNSON: Then Wednesday, 23 September, tile 14, Thursday the 24th and Friday the 25th, tiles 15 and 16, was Lucy Letby working a night shift?

HOCKNELL: Yes.

JOHNSON: That final night shift, beginning at 8 pm on Friday the 25th and ending at 8 am on Saturday the 26th included the first of the two events that the jury have just heard evidence about relating to [Baby H]?

HOCKNELL: Yes.

JOHNSON: Tile 18. Did Lucy Letby also work the next night shift, Saturday the 26th into Sunday the 27th September?

HOCKNELL: Yes.

JOHNSON: And did that day include the second -- or did that shift including the second of the two events in respect of which the jury have just received evidence relating to [Baby H]?

HOCKNELL: Yes.

JOHNSON: Did Lucy Letby then have 3 days off work, being Sunday the 27th through to and including Tuesday the 29th of September?

HOCKNELL: Yes.

JOHNSON: From then on, if we go on to tile 23, please, did you then put into this presentation a rather more detailed analysis of the care that [Baby I] was receiving in the neonatal unit at the Countess of Chester?

HOCKNELL: Yes.

JOHNSON: Thank you. Do we start that process at tile 24 with a nursing note made by Shelley Tomlins at 16.10 hours?

HOCKNELL: Yes.

JOHNSON: Shelley Tomlins isn't going to be giving evidence, so if we can just look at the note, please. Does that show that she recorded a note at 16.10 relating back to 8 o'clock that morning when she would have begun her shift, saying:

"08.00 -- present. Mum here earlier today, attending to all cares."

HOCKNELL: Yes.

JOHNSON: Is that, in effect, a summary of the medical notes so far as [Baby I]'s care at that hospital that day was concerned?

HOCKNELL: Yes.

JOHNSON: Completely unremarkable up to that point.

In the next tile, tile 25, have you put in a record of a feed that was given to [Baby I]?

HOCKNELL: Yes, this is the fortifier that's given.

JOHNSON: Sorry, I beg your pardon, it's the prescription for fortifier. You're quite right. I beg your pardon.

I was just looking ahead to the next tile, I think, tile 26, which records that on 29 September, at 18.15, [Baby I] was given expressed breast milk, EBM, plus fortifier, of 35ml via her nasogastric tube; is that right?

HOCKNELL: Yes.

JOHNSON: All right. Now, in one of those two lever arch files in front of you under the large white file, just to remind the jury of the system, if we can, can we go to the documents that you were given a short time ago and you put behind divider 12, please, ladies and gentlemen?

You've only got five pages in there at the moment. It's the fourth of the five pages and it has the number in the bottom right-hand corner, 14779.

If you go to the penultimate row of the table in the top half of the page you will see this entry at 18.15:

"EBM plus fort 35ml NGT [nasogastric tube]. PH 4."

We all know what that means now. And then various other signs that were recorded by the person whose signature is Shelley Tomlins.

HOCKNELL: Yes.

JOHNSON: Just because you haven't put these into the sequence in the appropriate place, can we see that earlier that day [Baby I] had been fed at three-hourly intervals?

HOCKNELL: Yes.

JOHNSON: Sometimes by bottle, sometimes by nasogastric tube?

HOCKNELL: Yes.

JOHNSON: When the nasogastric tube was used, the pH was taken --

HOCKNELL: Yes.

JOHNSON: -- and read? If we turn back a page, we see that there is similar information for 28 September, which isn't included in the sequence of events in specific -- at a specific time but is all part of the documentation that lies behind the individual tiles.

HOCKNELL: Yes.

JOHNSON: Thank you. And we see there on the previous -- on the 28th, a similar pattern of feeds; is that right?

HOCKNELL: Yes.

JOHNSON: So if we put that to one side, people can refer to it as and when we get to the relevant parts if they want to, but taking up again with the sequence of events, please, looking at tile 27, do we see the fact that you have put in there the corresponding entry to remind us all that at that time the nursing staff were taking readings of heart rate, respiratory rate and temperature?

HOCKNELL: Yes.

JOHNSON: And I think as a matter of fact, if we just click on this tile, just to remind ourselves, this is the 29th at 18.15, which is the very furthest left-hand column. We see that as a matter of fact heart rate wasn't being recorded at this stage. Scrolling down, neither were respirations, but the temperature was being recorded?

HOCKNELL: Yes.

JOHNSON: And again, you've got that in paper copy behind divider 12, ladies and gentlemen. It's the second page in, 14715.

Right, thank you. Going back then to the sequence, tile 28. A further nursing note made by Shelley Tomlins, which I'll deal with, please, if we could just click on that:

"Remains pale but managing to complete bottles (slow to feed as windy). Hot cot settings not changed since this morning. Has had bowels opened. Tummy full but soft when not straining. Umbilical hernia present also."

HOCKNELL: Yes.

JOHNSON: Thank you. Have you next recorded at tile 29 the fact that there was a nursing handover between 19.30 hours and 20.00 hours?

HOCKNELL: Yes.

JOHNSON: And the designated nurse for the night shift was Jennifer Jones-Key?

HOCKNELL: Yes.

JOHNSON: And thereafter at tile 30, at 21.00 hours a further prescription for breast milk fortifier?

HOCKNELL: Yes.

JOHNSON: And then we have a sequence of 11 or 12 entries, which complete the night shift, starting at 31 with the feeding chart, a paper copy of which we looked at a moment ago.

HOCKNELL: Yes.

JOHNSON: That's at 21.00 hours. At 32, also at the same time, vital signs recorded or some of them recorded?

HOCKNELL: Yes.

JOHNSON: Then nothing at all relating to [Baby I] until 00.30 when there's a further prescription for breast milk fortifier?

HOCKNELL: Yes.

JOHNSON: She was fed at the same time, tile 34 --

HOCKNELL: Yes.

JOHNSON: -- via a bottle?

HOCKNELL: Yes.

JOHNSON: Tile 35, her temperature was taken --

HOCKNELL: Yes.

JOHNSON: -- also at 00.30?

Then 3 hours later, the same three sets of data recorded, the prescription for breast milk fortifier, the feed and the observations?

HOCKNELL: Yes.

JOHNSON: That was repeated at 7 o'clock or just before, the same three sets of data?

HOCKNELL: Yes.

JOHNSON: And interposed at tile 39 were the nursing notes made by Jennifer Jones-Key, timed at 06.14, and recording, if we could just click on it, please, Mr Murphy:

"Three times 8 feeds. Continued completing two bottles to NG. Well on own bottles. All EBM with fortifier added. Temperature 37. Hot cot reduced to 36.5. PU, BO. Tummy full but soft. Dad visited, attended to cares and feeds."

HOCKNELL: Yes.

JOHNSON: So the position was, as recorded there, that [Baby H] (sic) was being fed overnight with bottles by, according to the nursing note, her father?

HOCKNELL: Yes.

JOHNSON: Thank you. Do we come next to the handover to the day shift on Wednesday, 30 September; is that right?

HOCKNELL: Yes.

JOHNSON: Thank you. If Mr Murphy would help us, please. Go behind that. Could you talk us through the staff and --

HOCKNELL: Sorry, I think this might be the wrong...

JOHNSON: Is there a mistake there?

HOCKNELL: Yes.

JOHNSON: Yes, there is, which we hadn't spotted. Well, if we have the break now, we can substitute the correct -- I don't know what's happened there, but the wrong one's gone in.

MR JUSTICE GOSS: Well, let's have the break. It's a convenient time.

Ten minutes then, please, members of the jury.

(In the absence of the jury)

MR JOHNSON: Just for your Lordship's information, strangely the locations and the relative designated nurses on the next slide are correct, so I'm not sure what's happened here. It'll be very easy to substitute.

MR JUSTICE GOSS: I've noticed that some of the background colouring in the earlier slides differs from what appears -- comes up on the screen from Mr Murphy's presentation and what appears here. The names are right but sometimes at the top you get a different background colour. I don't think there's any significance whatsoever to it.

MR JOHNSON: No, there won't be.

MR JUSTICE GOSS: All right. Thank you.

(11.52 am)

(A short break)

(12.06 pm)

(In the presence of the jury)

MR JOHNSON: Mrs Hocknell, the technical glitch has been rectified, I'm happy to say.

On the screens we can now see tile 43, which behind it has the correct list of staff. Do we see there paediatrician of the week was Dr Newby?

HOCKNELL: Yes.

JOHNSON: The on-call consultant overnight was Dr Gibbs?

HOCKNELL: Yes.

JOHNSON: Then we see [Dr A] [redacted]?

HOCKNELL: Yes.

JOHNSON: The two house officers were Dr Peter Fielding and Dr Charlotte Newton?

HOCKNELL: Yes.

JOHNSON: Then also two further doctors appear in the notes.

Dr Lucy Hunt and after the surname Hunt is, I don't know how you pronounce that, also Beebe. Is that another -- one may be a married name and a maiden name or --

HOCKNELL: Yes.

JOHNSON: It's the same person anyway?

HOCKNELL: Yes, it is, yes.

JOHNSON: And Rhiannon Austin?

HOCKNELL: Yes.

JOHNSON: And then for this day shift, we see that the shift leader was [Nurse B]?

HOCKNELL: Yes.

JOHNSON: The designated nurse for [Baby I] was Lucy Letby?

HOCKNELL: Yes.

JOHNSON: And then we see that there's a series of other nurses whose identities are recorded: Laura Eagles, Melanie Taylor, Ashleigh Hudson, Bernadette Butterworth and Kate Bissell?

HOCKNELL: Yes.

JOHNSON: Although Kate Bissell is down as a "data day". What does that mean in this context?

HOCKNELL: I think it's more an admin-based role, but they are on the unit.

JOHNSON: Eirian Powell and Yvonne Farmer are working as management on the unit?

HOCKNELL: Yes.

JOHNSON: And we've certainly heard from them. Then underneath that, if we scroll further down, please, two nursery nurses, Jean Peers and Lisa Walker?

HOCKNELL: Yes.

JOHNSON: Moving on to the next tile, please, we've got the respective allocations between patients and nurses. If you could just talk us through that, please, starting with [Baby I].

HOCKNELL: Yes. [Baby I] was in nursery 3 along with two other babies. There were two babies in nursery 1, three babies in nursery 2, including [Baby G], and there were three babies in nursery 4. There was an additional baby in the TCU.

JOHNSON: And can you remind us, do you remember what the TCU is?

HOCKNELL: I think it's a transitional care unit or something similar.

JOHNSON: We see their respective designated nurses and amongst that data, the obvious point that Lucy Letby has in effect a monopoly of the children in nursery 3?

HOCKNELL: Yes.

JOHNSON: Moving on, if we could, please, Mr Murphy, to tile 45, we come to Lucy Letby's first nursing note. As often we have seen, it is made retrospective at 13.36, but covering -- you put it in here because it refers to this specific time at or about 8 am?

HOCKNELL: Yes.

JOHNSON: Can we go to that, please. Could you tell us what it says?

HOCKNELL: "Written for care given from 08.00 hours to present. Emergency equipment checked. Fluids calculated. [Baby I] nursed on a hot cot. Initially set at 36.5 degrees."

JOHNSON: Thank you. Then do we see a reminder of evidence we've received on at least one previous occasion that every Wednesday there was what is called the grand round and that as the grand round includes all the children in the unit, it included [Baby I]? If we go to tile 46 we see that Dr Newby, who was one of the consultants working that day, she was paediatrician of the week, has -- if we could click on it, please, Mr Murphy.

We can see what Dr Newby noted, a very short note?

HOCKNELL: Yes.

JOHNSON: At tile 47 next, please, a prescription for fortifier at 09.30?

HOCKNELL: Yes.

JOHNSON: At 10 o'clock we have the neonatal feeding chart together with the observations?

HOCKNELL: Yes.

JOHNSON: If we could go back, I've gone a bit too quickly there.

Can we click on tile 48, please? Can we see there -- well, yes, the original is fine:

"10 o'clock. Expressed breast milk plus fortifier. 35ml via a bottle."

And we see that that was given by [Baby I]'s mum?

HOCKNELL: Yes.

JOHNSON: "Cares and feeds from mummy."

And then Lucy Letby' signature appears after that.

HOCKNELL: Yes.

JOHNSON: And followed for the next two three-hourly corresponding entries with initials; is that right?

HOCKNELL: Yes.

JOHNSON: And we see that the next two feeds, just to bear them in mind as we're coming towards them, are not administered via bottle, they're administered via NG tube; is that right?

HOCKNELL: Yes.

JOHNSON: We'll see the event at 16.30:

"Large vomit and apnoea."

HOCKNELL: Yes.

JOHNSON: All right. So that's what we're heading towards, but if we go back to the sequence of events chart, please.

I think we got to tile 49. That's the general observations. Just to remind ourselves of where [Baby I] was at this stage in terms of how much supervision it was thought she required, could we just go to that chart, please, which we also have in paper form?

30 September, 10 o'clock. We see heart rate wasn't being monitored, respirations not being monitored, simply her temperature?

HOCKNELL: Yes.

JOHNSON: And we can see the cot temperature as noted by Lucy Letby. In the previous note we looked at there's a record being kept there of what that was.

HOCKNELL: Yes, 36.5.

JOHNSON: Thank you. We see further down, later on, her saturations and the like were being monitored, but that was the after the event at 16.30 which was after the nasogastric feeds had been recorded?

HOCKNELL: Yes.

JOHNSON: Thank you very much. Can we return to the carousel, please?

Tile 50 records the same information an hour later at 11 am?

HOCKNELL: Yes.

JOHNSON: At tile 51, the clinical notes of Dr Lucy Hunt or Dr Lucy Beebe?

HOCKNELL: Yes.

JOHNSON: She will be giving evidence in due course, so I'll leave her notes to her.

Tile 52 are the observations on the hour every hour again?

HOCKNELL: Yes.

JOHNSON: Tile 53 records in passing the fact that [Baby H] was transferred out of -- was transferred back to the Countess of Chester having been transferred out early in the morning of 27 September, as we heard yesterday?

HOCKNELL: Yes.

JOHNSON: Then tiles 54 and 55 are two prescriptions, one for breast milk fortifier and one for an antibiotic -- I'm not sure whether it was an antibiotic now, a medicine called Sytron anyway --

HOCKNELL: Yes.

JOHNSON: -- whatever that is. Thank you. Tile 56 is a record of the Sytron being administered?

HOCKNELL: Of it being updated on the computer.

JOHNSON: Updated, I beg your pardon, and the user being Lucy Letby with the co-signer Laura Eagles?

HOCKNELL: Yes.

JOHNSON: Then the next three tiles are all timed at 13.00 hours: the observations first of all, which we just looked at, the feeding chart --

HOCKNELL: Yes.

JOHNSON: -- again which we just looked at, this time being fed -- [Baby I] being fed via a nasogastric tube. Then third and finally, a significant event, noted that there was a skin patch test, using grapeseed oil apparently.

HOCKNELL: Yes, it's to do with infant massage.

JOHNSON: Presumably they use grapeseed to facilitate the massage process and they just skin patch test it before they use it in case the child is allergic?

HOCKNELL: Yes.

JOHNSON: Thank you. Tile 61 next is an update to the nursing notes made by Lucy Letby at 13.36; is that right?

HOCKNELL: Yes.

JOHNSON: Can we go to that, please. Can you take us through what Lucy Letby noted?

HOCKNELL: "[Baby I]'s temperature 36.2 this morning. Hot cot increased. Temperature now 36.4. Hot cot currently set at 38 degrees. Three times 8 feeds EBM. Two bottles to 1 NG tube. Abdomen appears full and slightly distended. Soft to touch. [Baby I] straining ++. Bowels have been opened. Mum feels it is more distended to yesterday and that [Baby I] is quiet. Appears generally pale. Not on monitor but nil increased work of breathing. Handling well and waking for feeds. Doctors asked to review. To continue with current plan."

JOHNSON: So just so that we understand, that's a note made at that time, 13.36; is that right?

HOCKNELL: Yes.

JOHNSON: So this would be after the feed. Tile 62 is a record made by Lucy Letby of her contact with [Baby I]'s mum; is that right?

HOCKNELL: Yes.

JOHNSON: Can we look at that, please?

HOCKNELL: "Mummy visiting, carrying out feeds and cares."

JOHNSON: Yes. If we go back -- sorry, can we just leave that on the screen? Can I invite the jury to go to divider 12, please, in jury bundle 2. Page 14780.

The entry for the feed at 13.00, as written by Lucy Letby, can you take us through that, please, Mrs Hocknell?

HOCKNELL: 13.00 hours:

"EBM and fortifier. Amount 35 by the route of nasogastric tube."

JOHNSON: So this isn't a bottle feed, it's a nasogastric tube feed.

HOCKNELL: The vomit aspirated -- the aspiration was:

"5ml returned. PH 5."

JOHNSON: So somebody has aspirated the NG tube and recorded a pH value?

HOCKNELL: Yes.

JOHNSON: Then it says "asleep"; is that right?

HOCKNELL: Yes, in the comments section, and the signature LL.

JOHNSON: Yes. The nursing note made about half an hour or three-quarters of an hour later says:

"Mummy visiting, carrying out feeds and cares."

HOCKNELL: Yes.

JOHNSON: Thank you. 63 next, please.

HOCKNELL: It's a text message from Lucy Letby to Ruth Sadik:

"Sending you lots of love and birthday wishes, Ruth. Hope you are happy and well. Lu."

JOHNSON: Thank you. The jury will be hearing from or about Ruth Sadik in due course, but who is Ruth Sadik?

HOCKNELL: I think it's a previous mentor of Lucy Letby.

JOHNSON: Yes. She was involved in training Lucy Letby; is that right?

HOCKNELL: Yes.

JOHNSON: 64 next, please, at 3 pm, 15.00 hours. Are these back to the observation charts?

HOCKNELL: Yes.

JOHNSON: Then at 65, also at 15.00 hours, is there a record made by Lucy Letby in the nursing notes, but the note itself wasn't made until 19.31?

HOCKNELL: Yes, that's correct.

JOHNSON: Can you just take us through what that says, please?

HOCKNELL: "Reviewed by doctors at 15.00 as [Baby I] appeared mottled in colour with distended abdomen and more prominent veins. Advised to continue. Temperature within normal range with hot cot at 38 degrees. Full monitoring recommenced. Within normal range. Bowels opened. Yellow seedy stool."

JOHNSON: Thank you. Indeed, if one looks at the observation chart, one sees that the heart rate and respiration rates were being monitored from 15.00 hours onwards; is that right?

HOCKNELL: Yes.

JOHNSON: I think it's at page 14715 again.

HOCKNELL: Yes.

JOHNSON: And that's the point at which the oxygen saturations are also -- also begin to be monitored?

HOCKNELL: Yes.

JOHNSON: Thank you. Tile 66 next, please, at 15.58, is an outgoing text from Lucy Letby to [Nurse E].

HOCKNELL: Yes.

JOHNSON: Can you tell us the content of that communication, please?

HOCKNELL: "Laura has [Baby H] now and [Nurse B] has taken Ashleigh's babies as on an early."

JOHNSON: Just to keep us up to who's where and doing what:

"[Nurse B] has taken Ashleigh's babies on..."

Ashleigh is Ashleigh Hudson, her two babies were in room 1, FC and AV; is that right?

HOCKNELL: Yes.

JOHNSON: And [Nurse B] of course is [Nurse B]?

HOCKNELL: Yes.

JOHNSON: Who up to that stage had had the baby NC in room 2?

HOCKNELL: Yes.

JOHNSON: So if she stayed with NC, therefore [Nurse B] had three children, Melanie Taylor had two, Lucy Letby had the three in room 3, and Jean Peers had the three in room 4?

HOCKNELL: Yes.

JOHNSON: Thank you. Can we move on next, please, to tile 67. Is this another marker in the chronology of the fact that [Baby H] (sic) was being monitored?

HOCKNELL: Yes.

JOHNSON: Do we see on the next tile, please, the feeding chart?

If we can go to this, it's the last recorded feed before the event.

This is the penultimate line in which there's manuscript:

"16.00 hours, EBM fort [fortifier]. 35ml via the NG tube."

HOCKNELL: Yes.

JOHNSON: An aspirate of -- is it 3ml?

HOCKNELL: I think 3ml, yes, and returned.

JOHNSON: That's the R?

HOCKNELL: Yes.

JOHNSON: "PU, BO." So bowels open?

HOCKNELL: Yes.

JOHNSON: Urine passed. "MB times 2" ticked?

HOCKNELL: Yes.

JOHNSON: It still says "asleep" and Lucy Letby's initials; is that right?

HOCKNELL: Yes.

JOHNSON: The next event, if we return to the carousel, please, we've got some nursing notes. The event -- it may be that these two tiles in one sense -- well, they can be either way round, it doesn't matter, but the event is marked by the black tile, as we see in the traditional way, and Lucy Letby's notes concerning the event appear at tile 69; is that right?

HOCKNELL: Tile 69 is in relation to [Baby I] not waking for that 16.00 feed.

JOHNSON: You're quite right, I'm sorry. Well, let's deal with that, please, given its proximity to events of concern.

Lucy Letby has written there:

"Did not wake for feed at 16.00. Therefore NG tube feed given (EBM with fortifier)."

Is that right?

HOCKNELL: Yes.

JOHNSON: Then back to the carousel and on to tile 70, which is the marker for the event; is that right?

HOCKNELL: Yes.

JOHNSON: Then at tile 71 we've got the document we saw a few seconds ago. If we can go back to it, please, given that it's of central importance in this context it's that line saying:

"16.30: large vomit plus apnoea [arrow]..."

"NI" is that?

HOCKNELL: I think so.

JOHNSON: And then "NBM", nil by mouth, presumably.

HOCKNELL: Yes.

JOHNSON: That isn't signed by anybody.

HOCKNELL: No.

JOHNSON: If we go back to the carousel, please. We come on to some more notes made by Lucy Letby. This is where I just got myself confused, I think, a moment ago, concerning this event; is that right?

HOCKNELL: Yes.

JOHNSON: Made retrospectively at 19.31 hours, so towards the end of the shift?

HOCKNELL: Yes.

JOHNSON: Could you take us through the detail of that which Lucy Letby record?

HOCKNELL: "At 16.30 [Baby I] had a large vomit from mouth and nose ++. Suction given. Became apnoeic with bradycardia and desaturation (30s). Help summoned and IPPV given for approx 3 minutes in 100% oxygen to recover. Doctors were crash called. Transferred to nursery 1 and placed in an incubator for closer observation."

JOHNSON: Thank you. Corresponding to Lucy Letby's record, is there a record made by a doctor called [Dr A]?

HOCKNELL: Yes.

JOHNSON: Does that appear at tile 73?

HOCKNELL: Yes.

JOHNSON: Is [Dr A] one of those doctors that conforms to the stereotype of having fairly difficult handwriting?

HOCKNELL: Yes.

JOHNSON: Okay. We've not seen [Dr A]'s writing before. Go to the writing first and it may be we'll just return to your translation of it. That's his note. If we return back to your transposition of it into typescript, can you take us through what he noted, please?

HOCKNELL: "ATSP [asked to see patient] due to vomit plus desaturation. Crash call to neonatal intensive care unit. Large vomit. Bagged in Resuscitaire for 3 to 4 minutes. Oral and nasal suction given. Saturations 30, heart rate 50 on my arrival. Heated cot increased last 24 hours. Cool today. Temp maintained in heated cot at 38 degrees. Incubator set at 29 degrees. Plan: (1) full blood count/CRP blood culture, (2) chest and abdo X-ray, (3) nil by mouth, (4) 10% glucose at 165ml/kg/day, (5) IV cefotaxime.

"Observations. On examination pink. Heart rate 130. Saturations 99% in air. Respiration rate 28. Chest clear. No respiratory distress. Vesicular sounds all zones. Abdomen distended. Active bowel sounds all zones. Anterior fontanelle soft. Tone normal."

And then there's some other readings that I wasn't able to decipher:

"Cannula sited L."

JOHNSON: Then some readings from the gas --

HOCKNELL: Yes.

JOHNSON: -- is that right --

HOCKNELL: Yes.

JOHNSON: -- the base excess and the lactate?

HOCKNELL: And a 10ml per kilogram bolus, to recheck within hour.

JOHNSON: Thank you. Next, tile 74. Did Lucy Letby record [Baby I]'s vital signs at 5 pm?

HOCKNELL: Yes.

JOHNSON: At 75, is there a blood gas record?

HOCKNELL: Yes.

JOHNSON: And again, if we can just look at that, please, just to remind ourselves as to what it is we're dealing with.

HOCKNELL: It's the third row down.

JOHNSON: Yes. We've got -- although the second row down post-dates the data in the third row, the time has been written over as what appears to be 17.15 and then an arrow put in to denote the fact that that data should lie between what are the first and the second rows as it appears on the screen.

HOCKNELL: Yes.

JOHNSON: We can see that in the far right-hand column somebody has written "PP for LL".

HOCKNELL: Yes.

JOHNSON: Obviously, everybody understands what that means. Can we return to the carousel, please? Take us through this particular message, please.

HOCKNELL: It's a reply from Ruth Sadik at 17.23 hours to Lucy Letby:

"Ah thank you so much. You okay?"

JOHNSON: Thank you. That was in response to a message that had been sent out by Lucy Letby at tile 56 at 15.58?

HOCKNELL: Yes.

JOHNSON: In round terms, an hour and a half later?

HOCKNELL: Yes.

JOHNSON: Then bloods are ordered by Dr Newton --

HOCKNELL: Yes.

JOHNSON: -- at 17.27?

HOCKNELL: Yes.

JOHNSON: Then at 78 we have a report on an X-ray and the X-ray was taken at 17.39; is that right?

HOCKNELL: Yes.

JOHNSON: Can we go to that, please? If we go to the document and then we'll just return to your transcription of it. So that's the X-ray. We see what, I think it was Professor Arthurs, described as the string of sausages in the bowel. If we scroll further down, we've got in very difficult to read -- it's all right. I was going to go back to your version, actually, it's a lot easier to read. We've got the original report written by the consultant radiologist.

If we go back to your version. If there's a disparity we can always revisit this. Could you take us through the report of Dr Boothroyd at that stage, please?

HOCKNELL: "There is a splinting of the diaphragm due to bowel distension. Allowing for the poorly expanded lungs, there is thought to be no significant change in the pulmonary appearances from 6/9/15. There is moderately severe bowel distension which is thought to involve both small and large bowel. The appearances are suspicious of necrotising enterocolitis and a slightly bubbly lucency seen in the right iliac fossa may represent some intramural gas. There is no evidence of free intraperitoneal gas. The tip of the nasogastric tube is projected over the region of the body of the stomach and aspiration of any air may be helpful in reducing the diaphragmatic splinting. Discussion with the surgical team at Alder Hey is recommended."

JOHNSON: Thank you. Then going back to the carousel, please.

Tile 39 (sic). Is that a record of medication?

HOCKNELL: Yes.

JOHNSON: And this was in effect a drip or a line of glucose --

HOCKNELL: Yes.

JOHNSON: -- prescribed by [Dr A]?

HOCKNELL: Yes.

JOHNSON: There was also, 15 minutes later, a further prescription written by [Dr A] for sodium chloride?

HOCKNELL: Yes.

JOHNSON: And on both occasions signed by, administered by and countersigned, first by Lucy Letby and then [Nurse B]?

HOCKNELL: Yes, that's correct.

JOHNSON: Tile number 81, please. Is that the neonatal fluid balance chart?

HOCKNELL: Yes.

JOHNSON: Then tile 82. Is this observations?

HOCKNELL: Yes.

JOHNSON: Tile 83 are the results of the blood pathology test?

HOCKNELL: It was an order, yes.

JOHNSON: An order, I beg your pardon.

HOCKNELL: And the result was --

JOHNSON: Sorry, yes, the result. Just take us through that. If I'm getting confused, we need to clarify what it is.

Could you explain to us what it is?

HOCKNELL: Yes. On the original sheet the pathology blood received time, so I think that's the received time in the lab, is for this particular sample, which was ordered for CRP and full blood count, and the result of that is that the CRP was less than 1.

JOHNSON: Yes. So does this one correspond to the order that was put in at 17.27 at tile 77 by Dr Newton?

HOCKNELL: I think that's a separate sample.

JOHNSON: That's a separate one, is it? Okay. Anyway, back to the carousel, please, tile 84. On this do we see that the cannula had tissued?

HOCKNELL: Yes.

JOHNSON: This is the fluids that have been prescribed by [Dr A] presumably and the means by which they were being administered was blocked?

HOCKNELL: Yes.

JOHNSON: Then tile 85, further observations at 7 pm?

HOCKNELL: Yes.

JOHNSON: They are not signed, I don't think, are they, on the original?

HOCKNELL: No.

JOHNSON: The jury has the hard copy at 14715. If we just have a look at it. It's behind divider 12 again but at the bottom. 7 pm. It's the blank box there.

HOCKNELL: Yes.

JOHNSON: Back to the carousel, please. We then come to the handover; is that right?

HOCKNELL: Yes.

JOHNSON: The designated nurse for the succeeding night shift was to be Bernadette Butterworth or Bernie Butterworth.

HOCKNELL: Yes.

JOHNSON: Thereafter, still at about the time of the handover, medication administered intravenously by Lucy Letby and [Nurse B] --

HOCKNELL: Yes.

JOHNSON: -- referring back to [Dr A]'s prescription at 17.45?

HOCKNELL: Yes.

JOHNSON: Tile 88, the record on the neonatal fluid balance chart?

HOCKNELL: Yes.

JOHNSON: A 10ml per kilo bolus given to [Baby I], but again not signed?

HOCKNELL: That's correct, yes.

JOHNSON: If we just have a look at that, please. This is the -- we see written in the 10ml or 10ml per kilo bolus, 19.30, written two-thirds of the way up the screen; is that right?

HOCKNELL: Yes.

JOHNSON: And below that, no signatures either below the 17, 18 or 19.00 hours columns?

HOCKNELL: That's correct, yes.

JOHNSON: And above in the "fluid mls per hour 10% glucose" line, there is some writing, but again unattributed?

HOCKNELL: Yes.

JOHNSON: Okay. Thank you. So back to the carousel, please. So that's 88. On to 89. At 19.30, do we have a record made by Lucy Letby in the nursing notes?

HOCKNELL: Yes.

JOHNSON: Can we just look at that, please?

HOCKNELL: "Peripheral line sited and 10ml per kg saline bolus given. 10% glucose commenced."

JOHNSON: Thank you. Back to events, there is a further event at the shift handover; is that correct?

HOCKNELL: Yes.

JOHNSON: And if we look at Lucy Letby's notes, which follow at tile 91, we see what she recorded at the time; is that right?

HOCKNELL: Yes, she records this at 20.26 hours regarding the event at 19.30.

JOHNSON: Yes. What did she record, please?

HOCKNELL: "At 19.30 [Baby I] became apnoeic. Abdomen distended ++ and firm. Bradycardia and desaturation followed. SHO in attendance and registrar crash called. IPPV given. Seal obtained but unable to gain chest movement. Air ++ aspirated from NG tube and chest movement and observations improved."

JOHNSON: Does that continue on the next tile?

HOCKNELL: Yes.

"Nil by mouth. NG tube on free drainage. Blood gas as charted. Cannula inserted but tissued during saline bolus (5ml given). 10% glucose infusion stopped. Has not had antibiotics. [Dr A] currently trying to site IV access. Colour appears pale but improved from earlier in shift. Abdomen still appears full and distended. Veins more prominent. Not (sic) further vomits. Responsive but quiet on handling. Self-correcting desaturations to 80s. May require blood transfusion. Chest and abdominal X-ray carried out. Awaiting review by doctors."

JOHNSON: Thank you. Do we then have a further note in the family communications section of the nursing notes, made by Lucy Letby after that previous note?

HOCKNELL: Yes.

JOHNSON: If we could look at those, please. Tell us what she wrote.

HOCKNELL: "Mummy present when reviewed by doctors. Had left unit when [Baby I] had large vomit and transferred to nursery 1. S/N Taylor telephoned mum to update her and she is currently visiting. Up to date with plan of care and understands need for current interventions."

JOHNSON: Thank you. Then a nursing note written by Bernadette Butterworth; is that right?

HOCKNELL: Yes.

JOHNSON: This note made at about 10.35 that evening but relating to events at about 8 o'clock?

HOCKNELL: Yes.

JOHNSON: Can you deal with that, please?

HOCKNELL: "For care commenced at 20.00 hours. All safety checks completed and satisfactory. During handover [Baby I]'s abdo had become more distended and hard. She had become apnoeic and bradycardic and sats had dropped. IPPV given and, despite a good seal with Neopuff, there was still no chest movement. Aspirated NGT air +++ and 2ml of milk obtained. Eventually got chest movement and sats and heart rate normalised. Colour remained very pale. Doctors called."

JOHNSON: Thank you. At 95 is there a tile in for Bernadette Butterworth's record of the heart rate, respiratory rate and temperature of --

HOCKNELL: Yes, she takes over the observations, yes.

JOHNSON: -- the observations at that time together with the neonatal fluid balance chart for the same time on the next tile?

HOCKNELL: Yes.

JOHNSON: Thank you. Do we then come next to [Dr A]'s clinical notes concerning the events which we've just seen set out in the nursing notes by both Lucy Letby and Bernadette Butterworth?

HOCKNELL: Yes.

JOHNSON: Thank you. Take us through your version of his manuscript, please.

HOCKNELL: "Chest X-ray."

And then some indecipherable....:

"Shadowy [ind decipherable] dilated loops of bowel in lower quadrant. No air in [and then the word 'tree']."

There's a tick:

"Temperature instability."

And then a tick:

"Apnoea. NEC Bell score IA (suspected). Plan. [I think it might be 'IV'] cefotaxime and metronidazole."

And then...

JOHNSON: "(2) gas at 21.00 and (3) nil by mouth."

HOCKNELL: Yes.

JOHNSON: So the first part of the plan to give antibiotics?

HOCKNELL: Yes.

JOHNSON: Then blood gas, then nil by mouth?

HOCKNELL: Yes.

JOHNSON: 98, next, please. Is this an X-ray review, so [Dr A]'s interpretation of the radiograph?

HOCKNELL: Yes.

JOHNSON: If we look at what he's written. Does it refer to the orogastric/nasogastric tube position in stomach and he comments:

"Dilated bowel loops in lower quadrant [and then something indecipherable] tree. No obvious [indcipherable]. Mother updated"?

HOCKNELL: Yes.

JOHNSON: At tile 99 do we have Lucy Letby's final nursing note made before she disappeared from the hospital that evening?

HOCKNELL: Yes.

JOHNSON: So this is a note that the system records as having been made at 20.26?

HOCKNELL: Yes.

JOHNSON: You refer first back to -- you refer the reader, us, back to the previous notes made at 19.30; is that right?

HOCKNELL: Yes.

JOHNSON: And then you have reproduced what she wrote, which is:

"[Baby I] is now very pale and quiet."

HOCKNELL: Yes.

JOHNSON: So on to tile 100 next, please. That and 101, are they both prescriptions for the antibiotics referred to in [Dr A]'s plan --

HOCKNELL: Yes.

JOHNSON: -- cefotaxime and metronidazole?

HOCKNELL: Yes.

JOHNSON: At 102, is there a retrospective note made by Bernadette Butterworth concerning the administration of those drugs?

HOCKNELL: Yes.

JOHNSON: At tile 103, were those -- were the administrations of those two drugs updated on the computer at 20.40?

HOCKNELL: Yes, that's correct.

JOHNSON: And then at tile 105, did Lucy Letby send a message, a WhatsApp message, to Jennifer Jones-Key?

HOCKNELL: Yes:

"Need to try and sort off duty as working the [Wednesday] before [your] wedding when wanted whole week off to help you. Can't believe it's a month away!!"

JOHNSON: Tile 106. Is there a record made by Bernadette Butterworth of glucose being administered to [Baby I]?

HOCKNELL: Yes.

JOHNSON: At 107, the hourly observations recorded by Bernadette Butterworth?

HOCKNELL: Yes.

JOHNSON: Then 108, a further message sent by Lucy Letby, but this time to Ruth Sadik?

HOCKNELL: Yes:

"Yes thank you. [Baby G] you are enjoying your celebrations."

JOHNSON: Do we then come to a series of text messages involving Lucy Letby on one part, she's the consistent contributor to all these messages, but a variety of different people on the other side?

HOCKNELL: Yes.

JOHNSON: So there's about, give or take, two dozen or so messages passing to and fro between just after 9 o'clock and about 9.30; is that right? 9 o'clock to 10 o'clock in general terms.

HOCKNELL: Yes.

JOHNSON: So we'll try and keep track of what's an answer to what during this exercise, which may prove to be a bit of a challenge, but starting with 109, this is Jennifer Jones-Key to Lucy Letby, and it may be a response to:

"Need to try and sort off duty as working the Wed before [your] wedding when wanted the whole week off to help you. Can't believe it's a month away!!"

And Jennifer Jones-Key responded?

HOCKNELL: "Yeah, I saw that but definitely was not mentioning it in front of [Nurse A] this morning. I know, very scary."

JOHNSON: We then have Lucy Letby sending a message to Jennifer Jones-Key in response to that.

HOCKNELL: "Lol. Yvonne agreed I could have whole week off as working this Sat as extra this month to cover it."

JOHNSON: Then Alison Ventress, Dr Ventress, sent a message to Lucy Letby at 21.07?

HOCKNELL: "[Baby G] work wasn't too bad."

JOHNSON: Followed, I think 5 seconds later, by a message from [Nurse A] to Lucy Letby?

HOCKNELL: "Bernie just snapped at me and we ended up rowing."

MR JUSTICE GOSS: This isn't coming up on the main screen.

MR JOHNSON: Ah, sorry.

MR JUSTICE GOSS: No.

MR JOHNSON: I'm afraid the only way I can follow who's doing what is to follow the paper version.

MR JUSTICE GOSS: You have the paper copy we don't have.

All right.

MR JOHNSON: There are two messages, 5 seconds apart, both incoming. The first is from Dr Ventress:

"[Baby G] work wasn't too bad."

The second from [Nurse A]:

"Bernie just snapped at me and we ended up rowing."

Then a third, which is 7 seconds after the second of those two previous messages, from Jennifer Jones-Key to Lucy Letby saying:

"Not on good terms and [she's] repeating everything I say. Yeah, I would mention it to her and I'll back you up."

So in response to that, Lucy Letby then sent a message back to Jennifer Jones-Key; is that right?

HOCKNELL: Yes:

"Oh dear. Yeah, I will thanks."

JOHNSON: And then she sent a message back to Dr Ventress on Facebook. Dr Ventress' message had been:

"[Baby G] work wasn't too bad."

Lucy Letby's response was?

HOCKNELL: "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: Then three-quarters of a minute after that one had been sent by Lucy Letby, [Nurse A] sent a WhatsApp message to Lucy Letby, which follows the previous message she had sent; is that right?

HOCKNELL: Yes.

JOHNSON: What did this one say?

HOCKNELL: "She and Kate had misset the metronidazole. I didn't go near. Then Kate left the room and Bernie turned and said something, so I went over cos I thought she was speaking to me. Snapped and said she was talking to Kate. I said, 'She's not here though, thought you were talking to me.'"

JOHNSON: "I said, 'She's not here, thought you were talking to me.'"

HOCKNELL: Yes.

JOHNSON: Did she follow that up with:

"Anyway we had a heated debate, I'm trying not to cry. I dong [it may be 'don't'] want to be here."

HOCKNELL: Yes.

JOHNSON: The T is just above a G on a standard keyboard, isn't it?

HOCKNELL: Yes.

JOHNSON: All right. Did Lucy Letby respond to those two messages from [Nurse A]?

HOCKNELL: Yes:

"Oh gosh. So what was she snapping at you for? Did you notice that the pump was wrong?"

JOHNSON: And then changing conversations, this is an incoming message from Jennifer Jones-Key, the previous message out to Jennifer Jones-Key had been:

"Oh dear. Yeah, I will do thanks."

Which was in the context of Jennifer Jones-Key complaining that Bernie had snapped at her.

HOCKNELL: I think it's in relation to --

JOHNSON: Sorry, I beg your pardon, I'm getting confused now.

HOCKNELL: Yvonne and the rota, I think.

JOHNSON: Yes, Yvonne and the rota.

MR JUSTICE GOSS: It's to do with the week off for the wedding.

HOCKNELL: Yes.

MR JOHNSON: Thank you.

HOCKNELL: "Won't say too much as not fair on you. You okay? You didn't seem happy this morning."

JOHNSON: Then Dr Ventress, in response to the message:

"Yeah, it was okay. [Baby H] back. Self-ventilating in air. [Baby I] in 1 with distended abdo, looks a bit rubbish. Having a chill on the sofa in my PJs."

And she responded?

HOCKNELL: "Good for [Baby H]. Poor [Baby I], not again!"

JOHNSON: Thank you. So Lucy Letby then sent a message to Jennifer Jones-Key, so this back to the wedding and time off.

HOCKNELL: "Ah, I know what she can be like, so just let it go over my head if people say anything. I'm a bit up and down."

Haven't had nice shifts and not been feeling very well supported by some people."

JOHNSON: Did Dr Ventress respond to the "chilling on the sofa" remark by saying:

"Sounds like well deserved chill on sofa. I'm doing the same."

HOCKNELL: Yes.

JOHNSON: [Nurse A], who had been reporting that Bernie had snapped at her --

HOCKNELL: Yes:

"No, I left them to it. She just snapped, 'I wasn't talking to you, I was talking to Kate.'"

JOHNSON: And then?

HOCKNELL: "Then Charlotte came in, prescribed gent and left. Kate came back in and said, 'Oh, has she been already?' I said, 'Yeah, popped in while you were out of the room'. Bernie turned on me and snapped, 'Okay, [Nurse A], I get the point that Kate had left the room.'"

JOHNSON: Yes.

HOCKNELL: "I said, 'I wasn't making a point, just telling Kate when Charlotte had been', and she said, 'No, you weren't'. Well, she's on her own with Ailsa."

JOHNSON: Did Lucy Letby respond to [Nurse A] by saying:

"Gosh, she's obviously on one tonight. Ignore her, don't know what her problem is. Just leave her to it and let the others help her. No need to speak to you like that"?

HOCKNELL: Yes.

JOHNSON: "She can be really funny sometimes and it's not on. If she feels she has a problem with you, could have addressed it and spoken to you in a far more adult-like way rather than ranting like a child."

HOCKNELL: Yes.

JOHNSON: And did [Nurse A] respond?

HOCKNELL: "Well I ranted back so pretty annoyed with self."

JOHNSON: And Lucy Letby said:

"Understandable, and she started it when you were just standing by me whilst she got handover."

Then at 21.23 is there a blood gas record recorded by Bernadette Butterworth?

HOCKNELL: Yes.

JOHNSON: 132, tile 132, 21.24, did Lucy Letby send a Whatsapp message to [Nurse A] saying:

"Let's run away!!!"

HOCKNELL: Yes.

JOHNSON: Was the response to that four smiley face emojis?

HOCKNELL: Yes.

JOHNSON: And then Dr Ventress came back into her conversation with Lucy Letby saying:

"Let's go and set up our own NNU with all the other faces that don't fit who often seem to be the best ones!"

HOCKNELL: Yes.

JOHNSON: Did Lucy Letby respond?

HOCKNELL: "Let's do it!!!! In New Zealand!"

JOHNSON: And Dr Ventress replied:

"Yeah, come to NZ with me."

Then Lucy Letby sent three emojis, which we can all see for ourselves.

Responded to by Dr Ventress?

HOCKNELL: "I already told [Nurse A] I'll kidnap Greg, then she'll have to follow! You can come too lol."

JOHNSON: Did [Nurse A] then send a message to Lucy Letby?

HOCKNELL: "Yup. Was just in checking BM machine and [Baby H] alarmed. B was busy with D so I went over and as I did she thanked me. Bloody LL had snapped. Anyway, I took it out and sent tip and she's thanked me."

JOHNSON: That's clearly a reference to a long line, LL, because Lucy Letby responded:

"What's going on with these lines!! That's good."

HOCKNELL: Yes.

JOHNSON: Then did Dr Ventress respond to -- send a further message saying:

"Best way. Defo come to NZ then! I could use a friendly face"?

HOCKNELL: Yes.

JOHNSON: Is that then followed by a series of messages between Lucy Letby and [Nurse A] about work but not relevant to any specific child?

HOCKNELL: Yes.

JOHNSON: Followed in turn by a message from Lucy Letby back to Dr Ventress saying:

"Ha ha, not brave enough to up and leave everything"?

HOCKNELL: Yes.

JOHNSON: We see the emojis there as well. Did Dr Ventress say:

"Yeah, I'm scared of leaving everything, but more of leaving everyone, actually"?

HOCKNELL: Yes.

JOHNSON: Did Lucy Letby respond to Dr Ventress:

"That's good then. I couldn't leave my parents. They would be completely devastated. Find it hard enough being away from me now and it's only 100 miles"?

HOCKNELL: Yes.

JOHNSON: And Dr Ventress asked:

"Aw, where are they based?"

And Lucy Letby said:

"Hereford. I came here to uni and didn't go back. They hate it and I feel very guilty for staying her [it may be 'here'] sometimes but it's what I want."

HOCKNELL: Yes.

MR JOHNSON: Do we then go -- well, I think these conversations continue, my Lord, I don't know how far -- it's 1.04.

MR JUSTICE GOSS: We'll stop there then.

2.05, please, members of the jury.

(In the absence of the jury)

MR JUSTICE GOSS: Can I just confirm, Mr Johnson, we've got a full afternoon ahead?

MR JOHNSON: Well, we're having all sorts of problems behind the scenes with witnesses, which we're trying to resolve over lunchtime.

MR JUSTICE GOSS: Right. It's only that in terms of my commitments, I'm very content to be here until 4.30, but...

MR JOHNSON: I don't think the chances of us being able to fill it that far are at all good.

MR JUSTICE GOSS: Finish by quarter to 4? You see, I've got either to finish at 3.45 or I go on to 4.30.

MR JOHNSON: 3.45 won't be a problem. We are going to update you after the break when we've been updated.

There are things going on behind the scenes, which are really difficult to manage without completely disjuncting this case, which we'd rather avoid.

MR JUSTICE GOSS: All right, thank you. No secret, but I've got a meeting about something totally unrelated to this that's at 4.30. It's over Teams and I've got to know where I'm going to be to do it.

MR JOHNSON: Yes. In the national news this morning it was saying that Teams had had some sort of software glitch.

HOCKNELL: I think it's okay now.

MR JUSTICE GOSS: It's been resolved, has it? Thank you very much.

(1.06 pm)

(The short adjournment)

(2.05 pm)

MR DRIVER: Before the jury return, might I just inform the court of two issues we have regarding two witnesses who, without such issues, we would have called to give evidence tomorrow. They are Dr Hunt, also known as Dr Beebe, who is the physician who examined [Baby I] last prior to the event that we call event number 1.

Secondly --

MR JUSTICE GOSS: Sorry, just pausing there, on the list I have, that's to be read.

MR DRIVER: That was a plan once upon a time until we discovered that Dr [Dr A], who's the physician who examined [Baby I] immediately after the event we call event number 1, informed us that he was unwell. Since then, he has provided us with a witness statement dated today and some supporting documentation, which at face value would tend to suggest that he would be unfit to attend until 6 February.

Having been informed of the potential for difficulty with [Dr A], we thought it would be better to call Dr Hunt. She can't come until Friday. We're still trying to resolve the [Dr A] issue, but the net effect of it is that we have less witnesses tomorrow than we would hope for.

MR JUSTICE GOSS: Fewer. Fewer witnesses.

MR DRIVER: Fewer, indeed. Quite so. Fewer witnesses than we would all hope for.

MR JUSTICE GOSS: Well, I hear what's said. Obviously we want to make such progress as is appropriate, even if it does mean jumping around a little bit. I'm sure that the jury will be able to assimilate -- providing the context of a witness' evidence is explained to them and it's clearly established what that witness is giving evidence in relation to. But I don't just want to be losing wholesale half a day here, half a day there.

MR DRIVER: No, we'll approach it as constructively and as imaginatively as we can.

MR JUSTICE GOSS: I'm sure you will, yes. Thank you very much.

I'm just wondering about [Dr A]. Is he unfit to attend over a link, for argument's sake?

MR DRIVER: We'll explore that possibility.

MR JUSTICE GOSS: Let's explore all reasonable possibilities, please.

MR DRIVER: We shall.

MR JUSTICE GOSS: Thank you.

Good. Thank you.

(In the presence of the jury)

MR JUSTICE GOSS: Sorry you've been delayed a few minutes.

I've been discussing timetabling. There are some witness issues, difficulties, illnesses and things, so we're trying to resolve them because I don't want to waste time, I want to get on as much as reasonably practicable. It's going to be an earlier finish today, apparently, I don't know what time, but certainly before or by 3.45.

MR JOHNSON: Yes.

MR JUSTICE GOSS: So I'm just wondering whether we need a break if we're only going to do an hour and a half.

We'll just go straight through unless anyone wants a break. If anyone wants a break, just raise a hand, that's the easiest thing to do. Thank you.

MR JOHNSON: Right, Mrs Hocknell, I think we had just dealt with tile 146 or 147. Sorry, yes, 147.

HOCKNELL: Yes.

JOHNSON: And we'd got to the collection of a blood sample for pathology --

HOCKNELL: Yes.

JOHNSON: -- which I think is behind that tile with the relevant results if they need to be referred to, but there's probably not a great deal of point in looking at them right now.

Moving on to 149, did Lucy Letby respond to -- sorry, did Dr Alison Ventress respond to the text sent by or the Facebook message sent by Lucy Letby in which Lucy Letby had referred to

the fact that she originated from Hereford and had come to Chester to go to university and had not returned?

HOCKNELL: Yes:

"Yes, I feel guilty for being so far away often, especially as my mum is ill, but I'm already 5 hours away so what's an extra 20!!!"

JOHNSON: Yes. Was there then, on the next tile, a WhatsApp message sent by Lucy Letby to [Nurse A] about work but not relevant to any of the children?

HOCKNELL: That's correct.

JOHNSON: At 151, behind there do we have the neonatal fluid balance chart as completed by Ailsa Simpson?

HOCKNELL: Yes.

JOHNSON: Together with, at 152, the vital signs recorded on the standard form?

HOCKNELL: Yes.

JOHNSON: Both of those documents are timed at 10 pm, as indeed are the clinical notes of Dr Harkness at 153?

HOCKNELL: Yes.

JOHNSON: And if we just look at that, please. They relate to respiratory arrest, the fact that it was suspected that [Baby I] had NEC, and then we have the fact recorded that she was on various antibiotics, to keep her nil by mouth, minimise handling, and to consider a blood transfusion, together with other observations, which included, of course, the fact that the CRP was less than 1.

HOCKNELL: Yes.

JOHNSON: Thank you. At 154, were there some messages, after 10 o'clock and before 22.51, passing between Lucy Letby and Jennifer Jones-Key which were about work but weren't relevant to a specific child?

HOCKNELL: Yes.

JOHNSON: Then the Facebook conversation between Lucy Letby and Dr Ventress resumed at tile 155 at 22.09.

HOCKNELL: Yes. Lucy Letby replies:

"Families are tough, aren't they?"

And some sad face emojis.

JOHNSON: And did Dr Ventress respond?

HOCKNELL: "Some more than others. I feel less guilty about going away since their response to me leaving Martin."

JOHNSON: And were there then some further messages about work and of a social nature?

HOCKNELL: Yes.

JOHNSON: At 158, did Bernadette Butterworth update the nursing notes on the computer concerning contact she'd had with [Baby I]'s parents?

HOCKNELL: Yes.

JOHNSON: And thereafter, at 159, did the conversation between -- the text conversation or the WhatsApp conversation between Jennifer Jones-Key and Lucy Letby resume with Jennifer Jones-Key saying:

"That's okay then. Thought she might of said I was to straight lol. Did you need today off?"

And was there a response?

HOCKNELL: Yes. Lucy Letby replies:

"No, she seemed pleased. No, I was taken off today for doing last Wednesday night but they had couldn't cover it so came back on."

JOHNSON: Did she send a message to Dr Ventress?

HOCKNELL: Yes:

"If it's the right decision for you though you need to stick with it. Life is too precious to spend it with someone who doesn't make you happy."

JOHNSON: Are there then -- is there then a record at 23.00 on the fluid balance chart made by Bernadette Butterworth together with the standard vital signs?

HOCKNELL: Yes.

JOHNSON: Does the text or WhatsApp conversation resume at tile 164 between Jennifer Jones-Key and Lucy Letby?

HOCKNELL: Yes:

"Oh, it's just [Nurse A] annoyed everybody last night as she was going on about how amazing you were doing so many swaps and how naughty you weren't taken off today."

JOHNSON: Yes?

HOCKNELL: Lucy Letby replies:

"Oh was she? Kinda nice to hear something positive though as been a few not so nice comments."

Jennifer Jones-Key replies:

"It wasn't for us and pissed people off. I've done loads of swaps and extras. It was more the fifth time she said it!!! Why won't not nice comments? [as read]"

Lucy Letby replies:

"Everyone pulling their weight. I think she's just sticking up for me as knows I've had some rubbish said about me w [as read]."

JOHNSON: Then did Jennifer Jones-Key respond to that?

HOCKNELL: "No, she just sticking up for her friends and winding everybody else up. Shouldn't of said anything."

Lucy Letby replies:

"I can't speak for [Nurse A] and I wasn't there. We've all been working hard."

And she further says:

"That's half the problem, everyone tired."

And again:

"Anyway. Off to bed."

JOHNSON: Then at tiles 172 and 173, do we have the standard form vital signs record together with the neonatal fluid balance chart?

HOCKNELL: Yes.

JOHNSON: And then after midnight, at 00.21, did Jennifer Jones-Key send a series of three separate messages in close succession?

HOCKNELL: Yes:

"She just said it was very wrong as most of us do swap and some don't, but it was slightly too much. It's not your fault and nobody said anything about you doing the extra, just that she seemed to think you were the only one.

"Think everybody had enough at moment.

"Snap. Only got an hour kip today."

JOHNSON: As a matter of fact, if one compares 174 through to 176, they are three responses originating from Lucy Letby at 169 to 171?

HOCKNELL: Yes.

JOHNSON: At 177 to 178 do we have the on-hour record of various pieces of data concerning the state of and treatment for [Baby I]?

HOCKNELL: Yes.

JOHNSON: As are the on-hour records at 179 and 180 at 2 am?

HOCKNELL: Yes.

JOHNSON: And at 3 am at 181 and 182?

HOCKNELL: Yes.

JOHNSON: Moving on to 183, was there a blood record taken?

HOCKNELL: Yes.

JOHNSON: And 184, at 4 o'clock, together with 185, the same data being recorded or the same types of data being recorded as had previously been recorded on the hour, every hour?

HOCKNELL: Yes.

JOHNSON: At 186 through to 188, are there three prescriptions for cefotaxime, metronidazole and sodium chloride?

HOCKNELL: Yes.

JOHNSON: At 5 o'clock, tiles 189 and 190, do we have the on-hour data recorded?

HOCKNELL: Yes.

JOHNSON: And at 06.15, 191 and 192, the same data sets recorded at that time?

HOCKNELL: Yes.

JOHNSON: As indeed they are at 193 and 194 at 07.00?

HOCKNELL: Yes.

JOHNSON: Then the nursing handover at 07.30 to 8 am on the morning of 1 October 2015, tile 195?

HOCKNELL: Yes.

JOHNSON: On this day shift the designated nurse was Ashleigh Hudson?

HOCKNELL: That's correct.

JOHNSON: As we've seen many times before following the beginning of the handover, the outgoing designated nurse made a record and there we see that at tile 196?

HOCKNELL: Sorry, I think that's the incoming nurse there.

JOHNSON: Sorry, Ashleigh Hudson, you're right. Sorry, it's the colours that threw me. Yes, the incoming nurse making the record --

HOCKNELL: Yes.

JOHNSON: -- albeit it was retrospective in the sense that it was made much later in the shift at 13.36?

HOCKNELL: Yes.

JOHNSON: Thank you. At 197 and 198, the standard data sets being recorded --

HOCKNELL: Yes.

JOHNSON: -- at 8 am? Then at 199 a Datix report was created by Bernadette Butterworth, who was the outgoing nurse?

HOCKNELL: Yes.

JOHNSON: That, if we just look at the Datix report, was created at 8.29, so this will be about 30 minutes or 29 minutes after the official end of the shift. But as we've seen so many times before, staff still making notes some time after. If we could just click on the tile, please.

Tell us what the record related to, please.

HOCKNELL: "Administered antibiotic infusion over 10 mins instead of 30 mins due to inputting actual dose in mg instead of actual reconstituted dose in mls. Although correct dose was given, it was delivered at a faster rate. Action taken: when aware of mistake infusion was adjusted. Reg and shift leader informed. Unit manager also to be informed."

MR JUSTICE GOSS: That incident was actually almost 12 hours earlier at 20.30 on the 30th.

HOCKNELL: Yes.

MR JOHNSON: It was.

MR JUSTICE GOSS: So that's just putting it on the Datix report and we've heard about making a Datix report.

HOCKNELL: Yes.

MR JOHNSON: Yes. It's some 60 minutes after the more recent of the two collapses that had occurred on the previous day shift.

HOCKNELL: Yes.

JOHNSON: So one had occurred on the day shift itself, the second had occurred at the handover?

HOCKNELL: Yes.

JOHNSON: So at the latest by 8 o'clock and actually timed at about 7.30 pm?

HOCKNELL: Yes.

JOHNSON: So this was an antibiotic which was administered in response to the collapse on the face of it?

HOCKNELL: Yes.

JOHNSON: As treatment for what was suspected might have caused it?

HOCKNELL: Yes.

JOHNSON: So tile 200. Bernadette Butterworth still there at 08.44 that morning. Could you tell us what she recorded at the end of her shift, please?

HOCKNELL: "Continued to SVIA. Initially sats were dipping briefly to 89/90% and was having desats/bradys on handling, but over the course of shift has handled much better without desats/bradys and sats have been more stable at mid to high 90s. Respirations between 44 and 65. Temperature between 36.1 and 37.5. Incubator temperature adjusted accordingly. Temperature now within limits. Was initially very pale, colour has improved. Abdo remains distended and firm but less distended than at beginning of shift. Remains veiny colour, has also improved on abdo. Minimal clear aspirates obtained. Passed urine. Urine output 8.5ml/kg/hour with last urine output. Bowels opened at beginning of shift. Antibiotics given as documented. Continues to have 10% dextrose running via PVC site and pressures satisfactory. Can be positional at times. Remains nil by mouth. Has been unsettled at times. Appears to be straining [query] rooting for feeds."

JOHNSON: Thank you. Was there then at about the same time a note made on the parental contact element or section of the notes --

HOCKNELL: Yes.

JOHNSON: -- in which Nurse Butterworth recorded:

"Parents roomed in on Christopher Ward and are aware of plan of care. Mum has been this AM and have updated her"?

HOCKNELL: Yes.

JOHNSON: And finally as far as Nurse Butterworth's notes were concerned for that shift at 202, something to do with --

HOCKNELL: Repeat capillary blood gases.

JOHNSON: Thank you, yes. 203 is the on-hour neonatal fluid balance chart completed by [Nurse B].

HOCKNELL: Yes.

JOHNSON: And 204, also at 9 am, more notes made by [Dr A]?

HOCKNELL: Yes.

JOHNSON: If we click on it, please, I'm not going to run through everything, but "Presumed NEC". So that's the working diagnosis, as it were. Then:

"Plan: nil by mouth. To take C-reactive protein at 6 pm and abdominal X-ray. Review to consider restarting feeds."

And then the fact that [Baby I]'s parents had raised the issue that [Baby I] had a sibling with an intolerance, which they, the parents, were wondering might have been related to the abdomen -- abdominal problems.

HOCKNELL: Yes.

JOHNSON: So moving on to the next sets of data, please, 205 and 206, 10 am, the neonatal fluid balance chart and the observations; is that right?

HOCKNELL: Yes.

JOHNSON: At 11 am, the fluid balance chart again at 207?

HOCKNELL: Yes.

JOHNSON: At 209 and 210, the same sets of readings at midday?

HOCKNELL: Yes.

JOHNSON: But just going back to 208, the beginning of a conversation between Lucy Letby and her mother; is that right?

HOCKNELL: Yes.

JOHNSON: And Lucy Letby sent the message to her mum saying:

"Guess who will be coming home for Christmas?"

HOCKNELL: Yes.

JOHNSON: And her mum responded:

"That's fab, I could cry."

Did Lucy Letby respond:

"Doesn't take much? Nights 21st, 22nd and 23rd then nights, New Year's Eve and Day. Don't tell dad yet though"?

HOCKNELL: Yes.

JOHNSON: And Mrs Letby responded:

"Okay, he will be so pleased, also Jane."

And Lucy Letby then responded finally:

"Having meeting now. Speak to you tonight."

HOCKNELL: Yes.

JOHNSON: At 215 to 217 we have prescriptions for two antibiotics together with sodium chloride?

HOCKNELL: Yes.

JOHNSON: At 218, at 1 pm, 13.00 hours, the neonatal fluid balance chart?

HOCKNELL: Yes.

JOHNSON: Followed in the chronology by some WhatsApp messages between Minna Lappalainen and Lucy Letby?

HOCKNELL: Yes.

JOHNSON: At 220, at 13.36, was a nursing update made on the computer by Ashleigh Hudson?

HOCKNELL: Yes.

JOHNSON: A lot of that relates, I think, to the beginning of the shift, which we've already dealt with.

HOCKNELL: Yes.

JOHNSON: Does it continue?

HOCKNELL: Yes.

JOHNSON: Can you tell us what she wrote, please?

HOCKNELL: "[Baby I] appears pale but pink and well perfused. IV in situ on handover. 10% dextrose via cannula in right antecubital fossa. Patent. VIP score 0. Pressures low with optimal positioning. IV antibiotics administered. PU, BNO."

JOHNSON: Is that then followed by some social messages between Jennifer Jones-Key and Lucy Letby?

HOCKNELL: Yes.

JOHNSON: And at 222 to 223, the standard records on the hour?

HOCKNELL: Yes.

JOHNSON: 224 and 225, messages from Lucy Letby to Minna Lappalainen, first of a social nature, and then from Lucy Letby at 14.12 to Jennifer Jones-Key saying:

"Fab. Just been to work for debrief."

HOCKNELL: Yes.

JOHNSON: Do we then have, between tiles 226 and 233, between 15.45 hours and 19.44 hours, the standard data recorded hourly together with some blood that was sent for pathology?

HOCKNELL: Yes.

JOHNSON: At 234 is there a further nursing update made on the computer, so we're getting towards the end of that day shift now, further update made on the computer at 19.48 by Ashleigh Hudson?

HOCKNELL: Yes.

JOHNSON: And what is recorded, please?

HOCKNELL: "Review by paedS SHO Jessica Scott. Abdomen is softer and less distended [query] start cautiously feeding. Has gone to speak with a senior doctor to confirm. CRP repeated. A/W result."

JOHNSON: "Await result"?

HOCKNELL: Yes.

JOHNSON: We'll let the doctors and nurses interpret that.

And at 235, did Nurse Hudson record:

"Both parents updated on plan of care. Attended to cares and containment holding"?

HOCKNELL: Yes.

JOHNSON: And then finally, in conclusion of this document -- so that final entry we just looked at was 1 October -- do we move on a few days to Monday, 5 October?

HOCKNELL: Yes.

JOHNSON: Do we see at 01.16, so in the early hours of Monday, 5 October, Lucy Letby was searching for [Mother of Baby I]?

HOCKNELL: Yes.

JOHNSON: If the jury would, please, to put that into context, go to jury bundle number 2. Right at the beginning you've got Lucy Letby's work rota, so the document I'm holding up now. If you go to page 4, and the page numbers are quite small and faint, by the right-hand side of the blue line, the right-hand end of the blue line, you've got Lucy Letby's work rotas for October and November 2015. So Monday, 5 October, using the colour key, we can see that the previous day, the Sunday, had been a long day, so 8 am to 8 pm, but Lucy Letby was not working on Monday, 5 October but she was on Facebook looking for [Mother of Baby I].

I don't know whether there's a -- have we got the next slide, please? The next one is Thursday, 5 November, so that's precisely a month later. Is that right?

HOCKNELL: Yes.

JOHNSON: This is, at 23.41, a Facebook search for [Mother of Babies E & F]?

HOCKNELL: Yes.

JOHNSON: Just cross-referencing that to Lucy Letby's work schedule, we can see 5 November was a day off.

HOCKNELL: Yes.

JOHNSON: At the same time, so within the same minute or so, 238, a Facebook search for [Mother of Baby G]?

HOCKNELL: Yes.

JOHNSON: The mother of [Baby G]. Followed 3 minutes later by a further search for [Mother of Baby I]?

HOCKNELL: Yes.

JOHNSON: Obviously, we'll later, as we progress through the chronology, put the subsequent [Mother of Baby I] searches into the context of further events with [Baby I]; that's right, isn't it?

HOCKNELL: Yes.

JOHNSON: But so far as this document is concerned, the final entry is line 240; is that right?

HOCKNELL: Yes.

JOHNSON: And that is nearly 7 months later, on 29 May 2016; is that right?

HOCKNELL: Yes.

JOHNSON: We see at 23.00 hours, so 11 pm on Sunday, 29 May --

HOCKNELL: Yes.

JOHNSON: -- which also happens to be another day off for Lucy Letby, according to page 7 of her work rota, she was again searching for [Mother of Baby I]?

HOCKNELL: Yes.

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

Cross-examination by MR MYERS

MR MYERS: Mrs Hocknell, I'd be grateful if you could reach for the file -- do you have a copy of the file which had got the feeding chart in it, the paper copy? I'm going to ask, ladies and gentlemen, if you would turn that up, please. It's behind divider 12 and it's numbered page 14780.

Have you got that, Mrs Hocknell?

HOCKNELL: Yes.

MYERS: Thank you. Do you remember you were asked some questions about this alongside looking at entries in the nursing notes by Ms Letby?

HOCKNELL: Yes.

MYERS: Just to remind ourselves, when the nursing notes are made up, there may be two elements to them, mightn't there? An element that has an entry for nursing events and then afterwards, where relevant and applicable, there is an entry for family interaction, isn't there?

HOCKNELL: Yes.

MYERS: Right. So if we just keep open the paper, page 14780, I'm going to ask Mr Murphy, please, to put up tile 45.

We'll see this on the screens. Can we go behind that to actually see the notes, please? Thank you. If we go into the notes.

We're looking down at the bottom right, the entry down at the bottom. Thank you.

Could we just enlarge what we have? Thank you very much.

So Mrs Hocknell, this is a note that was written up at 13.36 by Ms Letby, wasn't it?

HOCKNELL: Yes.

MYERS: And we can see, it says, "Written for care given from 08.00", doesn't it?

HOCKNELL: Yes.

MYERS: So this is dealing with the period from 08.00 to 13.36?

HOCKNELL: I believe so, yes.

MYERS: This part of the note deals with a relevant nursing activity over that period, doesn't it?

HOCKNELL: Yes.

MYERS: If we move forwards now to tile 62, please, Mr Murphy.

It's a continuation of this note but it carries on.

Thank you, we'll go into that.

Now we just enlarge the top left side. In fact, could we come down, please, to -- the bottom left is what I'd like to go to.

We can see now, at the top there, "Family communication". Can you see that?

HOCKNELL: Yes.

MYERS: This is the second section of the nursing notes that the nurses complete, isn't it?

HOCKNELL: Yes.

MYERS: The family section is written up at 13.48, isn't it?

HOCKNELL: Yes.

MYERS: So we've had the nursing notes written up at 13.36?

HOCKNELL: Yes.

MYERS: And then covering the same period, but up to 13.48, we've got the family communication?

HOCKNELL: Yes.

MYERS: The family communication is where attention was drawn to the line:

"Mummy visiting, carrying out feeds and cares."

HOCKNELL: Yes.

MYERS: In fact, if we look across now at the paper document, the feeding chart that we've got open, can you see for 10 o'clock it says:

"10 o'clock. EBM [expressed breast milk] fortifier. Amount 35ml, bottle. PU, small BO"?

And it says:

"Cares and feed mummy."

Can you see that?

HOCKNELL: Yes.

MYERS: And it's signed, in fact, in full, it would appear, by Ms Letby?

HOCKNELL: Yes.

MYERS: If we're looking at the period between 8 o'clock and 13.48, the only family activity involving the feeding at that point is "cares and feed mummy", isn't it?

HOCKNELL: Yes --

MYERS: Yes.

HOCKNELL: -- up until 13.00, yes.

MYERS: Until 13.00. But of course under "family communication", no particular time is attached to "Mummy visiting, carrying out feeds and cares", is it?

HOCKNELL: No.

MYERS: It just refers to something that took place in the period up to 13.48?

HOCKNELL: Yes.

MYERS: All right. What we don't see in the family communications for any of the nurses are entries making reference to when the family are not there, they just say what's happened when the family are there, don't they?

HOCKNELL: In some cases, yes.

MYERS: Well, if the family don't anything there's nothing to put in, is there?

HOCKNELL: I think in some of the nursing notes, particularly in this case, it talks about the parents being away but I can't remember whether it's the nursing notes or the family communication.

MYERS: All right.

HOCKNELL: Sorry.

MYERS: The point being the reference -- this is something that takes place between 8 o'clock and 13.48?

HOCKNELL: Yes.

MYERS: It's not actually timed at all, is it?

HOCKNELL: No.

MYERS: And we have the reference to "mummy cares and feeds" at 10.00 on the feeding chart?

HOCKNELL: Yes.

MYERS: Thank you. We can take that down.

The next thing I'd like you to look at, please, and you too, ladies and gentlemen, is the observation chart which looks like this (indicating). It's got 14715 at the bottom of it. By all means if you reach for that too, Mrs Hocknell. I want to make sure we're looking at 14715. Our attention was drawn to where we can see, down at the bottom, initials which we've learnt are the LL for Lucy Letby. You're familiar with those, aren't you?

HOCKNELL: Yes.

MYERS: And we can see that although there are some entries at 10 o'clock -- sorry, at 13.00 -- it's 12.00, actually, 13.00 and 14.00, there are no initials there. Do you see that?

HOCKNELL: At 12.00 and 13.00, yes.

MYERS: And also then later on, as it happens, at 19.00?

HOCKNELL: At 19.00. yes, that's correct.

MYERS: And that was something that was identified, wasn't it?

HOCKNELL: Yes.

MYERS: If we go back in these paper files, I wonder if we could go back to divider 10. That's where I've got the [Baby H] charts. I don't know if they might be behind yours, Mrs Hocknell, divider 10.

If we go through the charts until we come to one numbered 12943 -- it's divider 10 and we're looking for the charts with the yellow on them, and this is the chart for [Baby H] for the 2nd, the 3rd and 4 October. The red numbers may not be in order, mine weren't for whatever reason, but it's 12943 at the bottom if you take a look at that.

Can I just check if we're all there?

(Pause)

Right. In fact, if we look at this chart, can you see, if we look at 2 October, the second in on the right, it looks like 10.00, doesn't it?

HOCKNELL: Yes.

MYERS: And there are various signatures down at the bottom.

But there's a space, isn't there?

HOCKNELL: Yes.

MYERS: It doesn't appear to be the LL signature on either side of that space, does it?

HOCKNELL: No.

MYERS: If we work across to 15 -- sorry, 17.00 on that piece of paper, can you see in between the SE, which might be Sophie Ellis, and the MT, which might be Mel Taylor, there's another gap there, isn't there?

HOCKNELL: Yes, at 17.30.

MYERS: 17.30. I'm not going to go through all of these, but a couple of other illustrations. Not looking in the paper charts but with Mr Murphy's assistance, if we could put up actually 2001, page J2001, which actually comes from the [Baby C] papers, although it isn't one, as far as I can see, that we've got on our system yet.

If we look on this chart, can you see down at the bottom there are various initials across the bottom?

Can you see that?

HOCKNELL: Yes.

MYERS: There's a space, isn't there, which actually for those who can follow it up with eagle eyes is at --

HOCKNELL: 20.00 hours.

MYERS: Thank you, on 10 June. If we drop down there, please, if we go down to the bottom just to see, following down 20.00, we can see there, for whatever reason, that hasn't been signed off, has it?

HOCKNELL: No.

MYERS: If we go over the page, please, to 2002. If we look at the column -- sorry, I've gone ahead there.

(Pause)

Thanks very much. We've got that there. If we look at the entry for 19.20 on 11 June 2015, just first of all to see what we have at the very bottom of the chart, can you see in between the initials that look like LE and BB, which may be Laura Eagles and Bernadette Butterworth, there's a gap, isn't there?

HOCKNELL: Yes.

MYERS: Perhaps if we pull out on that one so we can see the full extent of the chart, lest it be thought otherwise, there are still observations throughout that period but no initials, aren't there?

HOCKNELL: That's correct, yes.

MYERS: I'm not going to all the examples of this, to relieve everybody, but perhaps while we're dealing with [Baby I] could we go, please, next to page 14712, which is a [Baby I] observation chart. 14712.

It's actually a chart for the 21st and 22 September, ladies and gentlemen, so it falls in this period but it's not one of the dates that the prosecution are focusing on there, but we're going to just deal with this. If we look at the chart as it's presented here, Mrs Hocknell, can you see we've got 21 September 2015 at the centre, at the top?

HOCKNELL: Yes.

MYERS: We've got the 20th on the left and next to it 21 September, do you see that?

HOCKNELL: Yes.

MYERS: Thank you, Mr Murphy. And we can see at 21.00 and then 1 o'clock and then 5 o'clock there appear to be three columns. We can see material written in them, but nobody's signed at the bottom of them.

HOCKNELL: Yes.

MYERS: And if we look to the left we can see what look like the initials MT; is that correct?

HOCKNELL: Yes.

MYERS: Which we believe is Melanie Taylor.

HOCKNELL: Yes.

MYERS: Then three spaces and then initials beginning with J, continuing across the line?

HOCKNELL: Yes.

MYERS: And if we just pull out to satisfy ourselves that there are other entries on this chart, please, Mr Murphy.

We can see, if we step back from the chart, that although there are no initials at the bottom, it's actually got the usual observations recorded upon it in the places we would expect?

HOCKNELL: Yes.

MR MYERS: Thank you very much.

MR JOHNSON: Does your Lordship have any questions?

Questions from THE JUDGE

MR JUSTICE GOSS: Only that J12943, which is in section 11, the penultimate document, where quite rightly Mr Myers referred to the fact that there were no initials in the column for 17.30 hours, in fact it is, the second page from the back, in fact there are initials in the column before but no observations recorded. Anyway, it's not for me to speculate about what's happened there, but there we are. There are clearly, as Mr Myers has pointed out, gaps at various stages in relation to initials. Thank you.

Thank you very much.

(The witness withdrew)

MR JOHNSON: Kate Tyndall, please.

In your big white files, ladies and gentlemen, I don't know whether the court staff have put in the neonatal reviews.

MR JUSTICE GOSS: I don't think so. There seems to be a pile of documents there.

MR JOHNSON: Yes, please, sorry.

MRS KATE TYNDALL (recalled)

MR JOHNSON: This looks worse than it is in the sense that it's four separate incidents, so it's not all this single occasion.

Examination-in-chief by MR JOHNSON

MR JOHNSON: Welcome back, Mrs Tyndall. Would you just confirm your identity for the sake of the record, please?

TYNDALL: I'm Kate Tyndall, intelligence analyst.

JOHNSON: And if you'd keep your voice up a little, please.

Do we have here four separate neonatal reviews dealing with the whole case of [Baby I]?

TYNDALL: Yes.

JOHNSON: What we are going to deal with now is simply what has been dubbed event 11, which is count 12, if anybody wants to write that on the front sheet under event 11 just as a reminder.

Does it follow the same essential conventions as have been established as we've gone through the previous neonatal reviews?

TYNDALL: Yes.

JOHNSON: Do we see on page 2 of 8 at the bottom right-hand corner a map showing the layout of the neonatal unit on this particular shift, which of course was the day shift of 30 September 2015?

TYNDALL: Yes.

JOHNSON: Starting with [Baby I], do we see her name appears towards the left-hand side of the page, the second of three children named as being in room or nursery 3, all being attended to by Lucy Letby?

TYNDALL: Yes.

JOHNSON: Above nursery 3 do we see nursery 4 with three children's initials corresponding to their designated nurse, Jean Peers?

TYNDALL: Yes.

JOHNSON: In nursery 2, do we have [Nurse B] and Melanie Taylor looking after two children whose initials appear there together with [Baby G]?

TYNDALL: Yes.

JOHNSON: Then so far as nursery 1 is concerned, Ashleigh Hudson was the designated nurse for the children FC and AV?

TYNDALL: Yes.

JOHNSON: Thank you. So moving on through the document then, please, just to get our bearings, can we look at page 5 of 8? At the very top of the page, line 80, do we see the first [Baby I] event?

TYNDALL: Yes.

JOHNSON: Then over the page on to page 6 of 8, do we see the second event, which took place at the handover at line 153?

TYNDALL: Yes.

JOHNSON: All right. So just going back to page 3 then, please, and reminding ourselves that Lucy Letby was, of course, [Baby I]'s designated nurse for this shift, do we see in yellow, a yellow-shaded line and boxes on page 3, all the entries relating to [Baby I] between the beginning of the shift and just before 2 pm on 30 September?

TYNDALL: Yes.

JOHNSON: We see that so far as all of those were concerned, Lucy Letby was involved in one way or another?

TYNDALL: Yes.

JOHNSON: She also, from time to time, dealt with some of the other children in the same room, EC as an example. We see that in lines 2 and 3 --

TYNDALL: Yes.

JOHNSON: -- and in lines 5 and 6, and with BP, who we see in lines 9 and 10?

TYNDALL: Yes.

JOHNSON: Thank you. We also see that she was involved with [Baby G], don't we?

TYNDALL: Yes.

JOHNSON: So as some examples, lines 15 to 17, line 23, lines 26 and 27 and line 29?

TYNDALL: Correct.

JOHNSON: Of course, [Baby G] was one of Melanie Taylor's two children in nursery 2?

TYNDALL: Yes.

JOHNSON: Moving on, please, to page 4 of 8, do we see that on that page there are two pairs of [Baby I] entries which relate to observations and nursing notes and the feeding chart at 3 pm and 4 pm --

TYNDALL: Yes.

JOHNSON: -- 15.00 hours and 16.00 hours?

TYNDALL: Yes.

JOHNSON: Otherwise there are two entries relating to EC, who was one of Lucy Letby's other charges in the same room as [Baby I]?

TYNDALL: Yes.

JOHNSON: At line (sic) 5 of 8, which concerns the time of the event and its immediate aftermath, do we see that Lucy

Letby's -- do we see Lucy Letby's contacts set out at lines 81, 84, 101, 112, 114 and 116?

TYNDALL: Yes.

JOHNSON: Otherwise, other people had dealings with [Baby I], in particular [Dr A] at line 82?

TYNDALL: Yes.

JOHNSON: Dr Newton, who ordered a blood culture, at line 106?

TYNDALL: Yes.

JOHNSON: There was an X-ray, which is unattributed, at line 110?

TYNDALL: Yes.

JOHNSON: There was an entry on the fluid balance chart at 18.00 hours, which may or may not have been made by Lucy Letby, but no one recorded their initials?

TYNDALL: Yes.

JOHNSON: As was repeated in the fluid balance chart at line 123?

TYNDALL: Yes.

JOHNSON: And otherwise, just before that, there was a sample received at 18.04, line 121?

TYNDALL: Yes.

JOHNSON: Thank you. Otherwise, as far as that page is concerned, it doesn't seem that Lucy Letby had any dealings with any other children.

TYNDALL: Correct.

JOHNSON: Page 6 of 8, now dealing with the hour and a half or 2 hours -- sorry, the hour or hour and a half at the end of that day shift. Starting with [Baby I], we see that at 7 pm [Baby I]'s observations were recorded; that's line 137.

TYNDALL: Yes.

JOHNSON: At line 150, the infusion chart has an entry on it signed by Lucy Letby and [Nurse B].

TYNDALL: Yes.

JOHNSON: Nobody put their initials against the other readings taken on the fluid balance chart or the observation chart at the same time; that's lines 151 and 152?

TYNDALL: Yes.

JOHNSON: At 154 we see the nursing note made by Lucy Letby relating to this event?

TYNDALL: Yes.

JOHNSON: With two separate addenda at 157 and 159?

TYNDALL: Yes.

JOHNSON: Otherwise, so far as [Baby I] was concerned, until Bernadette Butterworth started to make a record relating to [Baby I] at line 163, there are no [Baby I] notes that can be attributed to anybody else?

TYNDALL: Correct.

JOHNSON: So far as Lucy Letby is concerned, she was still, of course, dealing with and making records in respect of her other two charges, EC and BP?

TYNDALL: Yes.

JOHNSON: As examples, we see those in lines 130, 133 to 136, 142 to 145?

TYNDALL: Correct.

JOHNSON: Thereafter, we have on the page, as I've already said, Bernadette Butterworth's notes. [Dr A]'s clinical notes at 166 is the final entry on that page.

TYNDALL: Yes.

JOHNSON: There's an X-ray review just over the page in the next line at 167.

TYNDALL: Yes.

JOHNSON: Further notes or records made by Bernadette Butterworth, sometimes including Katrina Brammall, maybe Kate Brammall, at 182, 183, 184 and 197?

TYNDALL: Yes.

JOHNSON: Otherwise, so far as [Baby I] was concerned, the final timestamp note on the system made by Lucy Letby is at line 181 at 20.26 hours?

TYNDALL: Correct.

JOHNSON: Finally, so far as this exercise is concerned, at page 8 of 8, do we have the population of the unit at the end of the shift?

TYNDALL: Yes.

JOHNSON: Thank you. So far as differences, just to highlight them lest anyone has missed them, putting sheet 2 alongside sheet 8, the population and nursing responsibilities were the same in nursery 4?

TYNDALL: Yes.

JOHNSON: The population and nursing responsibilities were the same in nursery 3?

TYNDALL: Yes.

JOHNSON: The population and nursing responsibilities are the same in nursery 2?

TYNDALL: Yes.

JOHNSON: And so far as nursery 1 was concerned, we can see that [Baby H] had been admitted to the neonatal unit during the day --

TYNDALL: Yes.

JOHNSON: -- at 12.15?

TYNDALL: Yes.

JOHNSON: Thank you. Sorry, the only other significant difference is that DZ, who was in the transitional care unit, passed from having no designated nurse to the responsibility of Laura Eagles or Ashleigh Hudson?

TYNDALL: There's just a medication entry at 15.42 --

JOHNSON: Is that? So they remained where he or she was, but had to be given medication, and two nurses have to sign for it, so that's why they're there?

TYNDALL: Yes.

MR JOHNSON: Thank you. There are no further questions.

MR MYERS: No questions, my Lord.

MR JOHNSON: Thank you very much, Mrs Tyndall.

(The witness withdrew)

Witness statement of DR BALAMURUGAN PALANASAMI (read)

MR DRIVER: My Lord, may I return to the reading bundle, please.

MR JUSTICE GOSS: Yes, certainly.

MR DRIVER: And the statement that's paginated at 22 in the top left corner. A statement from a Dr Balamurugan Palanasami dated 5 April 2019. He states:

"I am a consultant neonatologist at the Liverpool Women's Hospital in Liverpool. I started working at that hospital as a consultant in October 2015. [Baby I] was born prematurely at 27 weeks' gestation on 7 August 2015 at 20.47 hours at the Liverpool Women's Hospital, Liverpool. She weighed 970 grams at birth. She was born in very good condition and cried immediately. We assessed her physical condition at birth using the Apgar score. She scored 9 out of 10 at 1 minute and 9 out of 10 at 5 minutes.

"She was received in a plastic bag and was placed on a Transwarmer to keep her warm. Her heart rate was 80 beats per minute, which improved to more than 100 beats per minute immediately after she was given 5 sets of inflation breaths. As routine, she was intubated at 3 minutes of age and she received surfactant medication at 5 minutes of age into her endotracheal tube and she stabilised very well. Her oxygen saturation was 90% in air at 7 minutes of age.

"In summary, she was stabilised very quickly without any major concerns. She was shown to her mum previously and was then admitted into the neonatal intensive care unit at 21.00 hours. I was present at the birth and I was one of the consultants involved in her care on my shifts after her birth until her transfer to Chester.

"During pregnancy, [Baby I] was noted to be intrauterine growth restriction (IUGR) and mum had a prolonged pre-labour rupture of membrane from 26 weeks and she was on antibiotics for almost 1 week prior to [Baby I]'s delivery. Ultrasound dopplers were normal. Mum had two doses of antenatal steroids to help to strengthen her baby's lungs.

"[Baby I] was very stable and didn't require much resuscitation at birth, which was very good. She was admitted to the neonatal intensive care at 13 minutes of age. In the unit as a routine practice we inserted umbilical lines. She had a UVC, an umbilical venous catheter, and a UAC, an umbilical arterial catheter. The UVC was not in a good position so it had to be removed and she had a long line inserted. These procedures went smoothly without any problems.

"She was started on benzylpenicillin and gentamicin, antibiotics, and she was given caffeine, 5 milligrams per kilo. She had vitamin K and nystatin and chlorhexidine powder as per routine unit practice. She was started on the ventilator and she was on minimal breathing support settings on the breathing machine. She stabilised quickly and we were able to wean her ventilation support down quickly.

"On 8 August 2015, her second day, [Baby I] continued to progress well from weaning with the breathing machine support and she was extubated at 07.00 hours on 8 August 2015. In summary, she was ventilated for 10 hours, which was really good. She was commenced on CPAP of 6 centimetres in 30% oxygen. She again had very good gases post-extubation on this day.

"Her initial bloods that were sent at the time of her birth had come back and showed CRP, which is an infection marker, to be elevated at 42. However, she was already on antibiotics and we had sent a blood culture for her. So we completed our septic screen with a lumbar puncture. She was noted to have jaundice and she was started on single phototherapy. She was commenced on total parenteral nutrition after getting the long line in situ and she continued on this. We commenced her feeds on 8 August 2015 by using maternal expressed breast milk at 0.5ml two-hourly.

"[Baby I] continued to be stable from a cardiovascular point of view and she had normal blood pressure and didn't require inotropic support. This showed us she was very stable in spite of having an infection.

"On 9 August 2015, [Baby I] had a cranial ultrasound scan, which was done as a routine, and this came back as normal. She continued to improve very well and she continued to be stable without any concerns.

"On 12 August 2015, the umbilical arterial catheter was removed. This was used to monitor blood pressure and sampling. It was removed because it was no longer needed. She continued to have her long line in situ for her total parenteral nutrition and her feeds continued to be increased.

"On 3 August 2015, [Baby I] was noted to have an increased temperature and she had increased desaturations and bradycardia and her HeRO score, which is one of the scores we use to monitor for infection, was elevated as well. She was re-screened, which included also sending a full blood count, CRP and blood culture, and we started [Baby I] on a second line of antibiotics, which were co-amoxicillin and gentamicin.

"The CRP infection marker came back as less than 4. However, her white cell count was elevated at 45.4 times $10^6/l$, so we decided to give 5 days' antibiotics. During this episode her feeds were briefly stopped. However, they were restarted later that evening on 13 August 2015 and she continued to tolerate those feeds without any concerns. She had two-hourly blood pressure monitoring during this episode. She continued to have normal blood pressure and didn't require any inotropic support. She managed to have some time off from CPAP, the respiratory support, which showed she was stable from a respiratory point of view.

"[Baby I] completed 5 days' of antibiotics from 13 August 2015, mainly for the elevated white cell count. Her highest white cell count was on 15 August 2015, which was 51.4 times $10^6/l$. However, it continued to decrease.

"On 17 August 2015, her white cell count was 28.8 times $10^6/l$. She continued to have time off from CPAP. We continued to build on the time off and we continued to increase the milk feeds daily as per our protocol. She continued to improve and stabilise. There was no rise in CRP during this episode. She had a lumbar puncture done which came back as normal without any signs of meningitis. Her blood culture was negative at 36 hours.

"On 18 August 2015 she was stable on CPAP and she had 4 hours off from CPAP. She was on a pressure of 5 centimetres of water and between 24% and 28% of oxygen. She was on a total of 165ml per kilogram per day of total fluids and she was on 5.5ml two-hourly of expressed breast milk. She was tolerating the feeds very well. She was having regular bowel opening and she was passing urine well. She had normal tone, posture and movement.

"The CRP remained less than 4 and her HeRO score remained low at less than 4. She had already completed 5 days of antibiotics for raised white cell count. She was set with an incubator humidity of 50%, which is expected for her gestational age. She was considered to be ready to go back to Chester Hospital for further care, so we contacted the Chester team in the morning and we arranged for her transfer to Chester. We had to wait for a bed space to become available before she was moved to Chester.

"When she went to Chester she was on the following medication: caffeine, nystatin and chlorhexidine, which is routine and expected at that stage of her life.

"She was transferred on day 11 and weighed 1,060 grams, which was 90 grams above her birth weight. This was good as we normally expect babies to reach their birth weight after a drop around day 10 of life.

"During her first stay at Liverpool Women's Hospital our concern was the infection which was treated with antibiotics. We expected [Baby I] to continue to improve at Chester with no ongoing concerns."

He then produces some documents, the handwritten medical notes for [Baby I]'s first period of stay at the Liverpool Women's Hospital between the 17th and 18 August.

Then he turns to [Baby I]'s return to the Liverpool Women's Hospital:

"The second period of stay for [Baby I] was when she came back to us at the Liverpool Women's Hospital on 6 September 2015. She was admitted at 15.41 hours. She was a post-natal transfer from Chester. The diagnosis we were given was suspected necrotising enterocolitis.

"The information we were given during admission was that she was self-ventilating in air in Chester and was fully fed. She was tolerating milk at 180ml per kilogram per day until 5 September 2015. [Baby I] started to have an increase in desaturations and bradycardia on 5 September 2015. She was intubated and ventilated and she was started on antibiotics at Chester.

"They were also concerned about her abdomen, which was distended and full. She had an abdominal X-ray performed in Chester, which showed dilated bowel loops with thickened bowel wall, and they were concerned about necrotising enterocolitis. They expected a surgical review and assessment, this being the main reason they transferred [Baby I] to the Liverpool Women's Hospital.

"On arrival to the Liverpool Women's Hospital, she was on a ventilator, was on a pressure setting of 20/5 and a rate of 60 in air. She had good tidal volumes and her blood gases were normal. On examination, she had a normal heart rate and her capillary refill, which is a marker of tissue perfusion, was 2 to 3 seconds centrally and peripherally. Her lactate was 1, which again showed a normal tissue perfusion.

"Dr Dewhurst was the on-call consultant on that day. He examined [Baby I] on arrival. We discussed with Mr Simon Kenny, who was

the surgical consultant on call at Alder Hey Children's Hospital. Having gone through all her background and her current condition it was decided that she did not need a surgical review at that time and they were thinking that she had sepsis rather than necrotising enterocolitis. However, it was decided to continue on triple antibiotics, so she was changed to amoxicillin, gentamicin and metronidazole to cover for necrotising enterocolitis.

"[Baby I] continued to be stable. She was kept nil by mouth on 6 September 2015. She had a stable night on 6 September 2015.

"On 7 September, in the morning at 07.00 hours, she blocked her endotracheal tube because of thick secretions. It was a mechanical obstruction. The medical team were unable to move the chest with inflation breaths. Her saturations failed to improve, so she was re-intubated immediately with a 3 size [which should be size 3, I imagine] endotracheal tube, which was fixed at 7 centimetres.

"After this, she had normal gases and she improved very well. She continued to show clinical improvement and her ventilator support was gradually weaned. She was extubated on 8 September 2015 at 10.00 hours to incubator/oxygen. She continued to self-ventilate, needing minimal oxygen.

"Her total duration of ventilation at the Liverpool Women's Hospital was less than 48 hours. Her abdomen continued to improve and she no longer had abdominal distension. Her feeds were started on 7 September 2015 at 0.5ml two-hourly. She tolerated her feed very well for 24 hours. Her feed volume was then increased to 1ml on 8 September 2015.

"Because of the concern about necrotising enterocolitis, the plan was to cautiously increase the feeding volume and follow a cautious feeding regimen. Instead of the standard regimen of 0.5ml twelve-hourly, she was increased to 1ml every 24 hours. The plan was to complete a five-day course of antibiotics involving co-amoxicillin, gentamicin and metronidazole. She had a long line in situ.

"However, on 9 September 2015, the long line was found to be tracking with a redness mark on the skin, meaning it was getting infected. Her CRP, which had decreased to 5.6, increased to 34.4 on 9 September, so her long line was removed and she was changed to teicoplanin, gentamicin and metronidazole.

"She had a repeat of her blood culture. After the change of antibiotic, her infection marker continued to decrease and all the antibiotics were finally stopped on 11 September 2009 (sic) having had a full five-day course of antibiotics.

"During her stay, a routine swab screening was done on 10 September 2015. This showed that she was colonised with staphylococcus aureus and stenotrophomonas maltophilia organisms. These were new colonisations which were not -- we were not aware of before. However, she was clinically improving very well when we received the swab alert results. She had completed a good period of antibiotics with normal CRP, she continued to self-ventilate in air, and she continued to tolerate her feeds and we were able to increase her feeds as well.

"To clarify, in relation to the swab alert, normally babies will not have any organisms in their body. We consider them sterile when they are born. If they have anything in their body it means they've got it from their incubator, environment, mother or people handling them. So we normally do weekly swabs, especially when babies are transferred from another hospital.

"We do these swabs to guide us during the antibiotic selection when they deteriorate, whether we need to use our standard line of antibiotics or if we need to use special antibiotics to start targeting the colonising organism. It's also mainly for our information so that we can isolate such babies for special precautions as well as care for them in hospital.

"On 13 September 2015, having spent nearly 6 days in the Liverpool Women's Hospital, [Baby I] proved to us that she continued to be stable and this infection episode had been complicated by the line tracking, which improved very well without any major effect on her. She was self-ventilating in air and she had occasional self-correcting desaturations, which were recorded twice in the preceding 24 hours. She was on regular caffeine, which was normal for her corrected gestational age. She was on 150ml per kilogram per day of total fluids and she was having 6ml of expressed milk two-hourly via the nasogastric tube with no vomits. She was passing urine. Her abdomen continued to be very soft. She last opened her bowels on 8 September 2015. However, she was kept nil by mouth for some time.

"Her abdomen was soft, so we were reassured. She was on one-third enteral feeds and two-thirds total parenteral nutrition. Her new long line was in situ for 5 days, her CRP was 4, and she had normal neurology and cardiology examinations, so she was stable enough to transfer back to Chester.

"To clarify on the self-correcting desaturations on 13 September 2015, babies who self-ventilate in air at extreme preterm, which [Baby I] was at 27 weeks, sometimes their saturations might drop because when they move. The saturation probe might not pick up

the signals, so they drop briefly. It sometimes comes back without us needing to do anything.

"The main concern with premature babies is that if they stop breathing because the brain respiratory centres are not mature enough to stimulate them to breathe all the time. This is why we start them on caffeine.

"If the desaturations last for a longer period of time they then become bradycardic. Then we might need to do interventions such as bagging and breathing for them, stimulating them. If babies don't require stimulating or bagging, this is reassuring so we don't worry about self-correcting desaturations as this is more likely to be caused by movement or placement of probes on the baby.

"When [Baby I] initially came to us, the abdominal X-ray showed dilated bowel loops with a thickened bowel wall, but that quickly settled down. We had attributed this to probably infection related or poor gut motility. So we were not convinced that this was necrotising enterocolitis, NEC, as the rest of the markers for NEC were normal. Her lactate was normal. The full blood count was normal with normal platelets and there was no acidosis. She didn't have significant gastric aspirates.

"We started her feeds the very next day on 7 September 2015. Normally, if we are worried about necrotising enterocolitis, we keep them nil by mouth for at least 5 days until we finish the antibiotics. As we were not convinced it was necrotising enterocolitis, we decided to start feeds after 24 hours. We were proved to be correct on this decision as she continued to tolerate feeds and we were able to build up feeds regularly to 6ml every 2 hours in 5 days.

"On 13 September 2015, [Baby I] was well enough to return to the Countess of Chester Hospital and our expectations were that she would continue to improve and there were no ongoing concerns."

My Lord, in the next paragraph, as you will see, he simply produces, effectively, exhibits, her medical records, from which this narrative has been drawn.

MR JUSTICE GOSS: Yes.

MR DRIVER: He does that in part in the first part of the next paragraph when he produces a biochemistry chart and then he states:

"This chart shows the infection marker, CRP, is elevated at birth and shows, after the first period of antibiotics for 5 days, a reduction in her infection marker to less than 4. Due to

her white cell count being elevated to 51.5 she had another period of antibiotics during her first period of stay with us at the Liverpool Women's Hospital.

"On the second period of stay, which was on 6 September 2015, this chart shows [Baby I]'s CRP marker was 5.9, which elevated to 34.4. This was mainly due to the long line tracking/long line becoming infected, so we changed her antibiotics and her infection markers then continued to decline. At the time of transfer back to Chester her CRP infection marker was less than 4."

In the next paragraph he produces the haematology chart and states:

"I wanted to point out on this chart that her platelet count was normal and never dropped at any point, which reflects that it is unlikely to be necrotising enterocolitis during her second stay with us. These charts show that the infection was treated very well on both occasions and was not left untreated."

Then finally, my Lord, he produces the transfer letter from the Liverpool Women's Hospital to the Countess of Chester neonatal unit which summarises information on [Baby I]'s birth, discharge, transfer details, maternal details, birth details, resuscitation, neonatal progress and medications at the time of her transfer back to Chester neonatal unit.

My Lord, the next statement that will be read from [Nurse C] is 7 pages in length. However, it also will involve going to at least four pages of original notes on screen with the assistance of Mr Murphy.

MR JUSTICE GOSS: So it'll take some time?

MR DRIVER: It will, I'm afraid, yes.

MR JUSTICE GOSS: Right. We'll put that over to tomorrow.

MR DRIVER: That's my application. Thank you.

MR JUSTICE GOSS: So 10.30 tomorrow morning, please, members of the jury, when we will continue with the evidence in relation to this first incident. Thank you very much.

(In the absence of the jury)

MR JUSTICE GOSS: In relation to the various extracts from the messaging that was going on, those were agreed between prosecution and defence, were they?

MR JOHNSON: They were and a lot were put in at the request of the defence.

MR JUSTICE GOSS: I rather thought that was the case because some of them were borderline social -- there were excluded social ones, but then there were other ones -- I hesitated to interrupt the proceedings because I would simply draw attention to it.

MR JOHNSON: I sensed. They were put in at the request -- if we were asked to put them in we'll put them in.

MR JUSTICE GOSS: Borderline admissible, but there we are.

MR MYERS: Perhaps, my Lord, I should say that you will have seen, and the jury will have seen, attention drawn to various social events and comment made about them --

MR JUSTICE GOSS: Exactly.

MR MYERS: For example, one that stand out in our mind was reference to salsa dancing as if there was something inappropriate about that when the timing was placed -- that's something which is identified. And we recognise there is a balance, of course, and there's a good deal that isn't there. That's why some is italicised. But we have been anxious to make sure that where messages have been interspersed with events that the prosecution rely upon, and some messages are identified as relevant to the prosecution, the jury do have a picture of the extent and nature of the messaging.

We understand there is a balance and we are trying to achieve that, but I'm anxious that your Lordship does understand that there has been, as your Lordship will, I imagine, anticipate, some thought to the way that's dealt with to try to make sure, from the defence position, that what appears in those events is contextualised as against the generality of the communications. That's why they're there.

MR JUSTICE GOSS: Yes, contextualised and balanced --

MR MYERS: That's the reason.

MR JUSTICE GOSS: -- I understand that.

I think I'll just make it plain that although it has been adduced as part of the prosecution case, this is by agreement. I'll just say that, as they know, everything that's on the schedule is there by agreement between the parties.

MR MYERS: It is, my Lord.

MR JUSTICE GOSS: I won't identify what apparently may favour one side or the other, I'll just leave it to them to decide what relevance it has to whoever or whatever.

MR MYERS: Indeed. It's not unknown for one party to put it in thinking relevance goes one way and then discover, perhaps with some chagrin, that it goes the other way later on. So who's to know?

MR JUSTICE GOSS: Fine. No problem at all. I just didn't want -- I wanted to confirm in my own mind that what I assumed was the case was the case.

So far as the witnesses for tomorrow are concerned, you have some update, have you, Mr Driver?

MR DRIVER: I haven't, I was just standing up to answer your Lordship's question.

MR JUSTICE GOSS: I had your very helpful list for the rest of this week but I appreciate there's going to be some potential difficulties in --

MR DRIVER: There is. There will be a revision and it'll be sent to your Lordship by 5 pm this evening.

MR JUSTICE GOSS: Well, any time before 11 o'clock is all right by me. Thank you very much.

Mr Myers, do you want --

MR MYERS: Yes, there will be a visit to Ms Letby. We'd be grateful.

MR JUSTICE GOSS: Thank you very much.

(3.40 pm)

(The hearing adjourned until 10.30 am on Thursday, 26 January 2023)