

31 March 2023

Baby Q

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Housekeeping

Friday, 31 March 2023

(10.30 am)

(In the absence of the jury)

MR MYERS: My Lord, one matter before the jury come in, very briefly. The witness who will be called today is Tanya Downes, who's one of the nurses. For reasons that we understand, the prosecution are calling her because the nurse who had originally been slated to give evidence today can't attend. We are ready to deal with that, save that because it's at relatively short notice, should something arise that's completely unforeseen, which we don't expect, I'd be grateful if I could be given 5 or 10 minutes with the defendant once the evidence has been given. I don't expect that to happen.

MR JUSTICE GOSS: When you say once the evidence has been given, you mean the evidence-in-chief?

MR MYERS: Yes, in chief, should something arise. It's just that --

MR JUSTICE GOSS: No problem at all.

MR MYERS: It's just not what we were expecting. We understand why, but that's just if a matter arise, my Lord, and if it doesn't --

MR JUSTICE GOSS: Absolutely no problem at all.

(In the presence of the jury)

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

MR DRIVER: May it please your Lordship, members of the jury, we are, as you know, about to move on to the next, and indeed final, count on the indictment. If I could invite you to take your jury bundle number 1 and go behind divider 1. You'll find the indictment, the final page of which, page 8, has the details of count 22: an allegation of attempted murder, dated the 25th day of June 2016 in relation to the baby [Baby Q].

May I begin, my Lord, by reading the statement of [Baby Q]'s mother, a statement made in the name of [Mother of Baby Q], now known as [Mother of Baby Q], a statement dated 8 November 2018:

"I am the mother of [Baby Q], born at the Countess of Chester Hospital on 22 June 2016 at 04.09 hours.

"I initially discovered that I was pregnant in November 2015 when I was 4 weeks' gestation. I would describe that the pregnancy was difficult and at 8 weeks' gestation I was in a great deal of pain and it was thought that I may have an ectopic pregnancy.

"When I first went to the Countess of Chester Hospital, the staff told me that everything was okay without giving me a scan. I pushed for a scan and they told me that I would have one the following week so I was sent home.

"When I had a scan at 9 weeks and 2 days, everything appeared okay inside the womb. However, when the outside of the womb was scanned, a problem was found, and senior staff were sent for.

"I was told that I had a heterotopic pregnancy. This means that one twin was inside the womb and one twin was growing outside the womb. Due to the seriousness of the condition I was sent for surgery and [Baby Q]'s twin was removed. The baby had been growing inside the fallopian tube, so this was also removed in order to save myself and [Baby Q].

"From 9 weeks' gestation to 26 weeks' gestation I was unable to work, but everything was fine. When I reached 26 weeks I was admitted to the Countess of Chester Hospital suffering from heavy bleeding and was then admitted and not allowed to leave the hospital until [Baby Q] was delivered at 31 weeks due to a placental abruption.

"It had been intended that [Baby Q] be delivered at 34 weeks. However, the placental abruption changed this. When I went down to surgery, which was for a seventh time, I was told at this point it was only a small bleed. However, I then had a heavy bleed, which turned into an emergency situation, where I had wires and drips all over me in my arms and neck.

"I had asked for [Father of Baby Q] [and you'll hear that is [Baby Q]'s father] to attend due to the situation. I was put under general anaesthetic in order to have the procedure. I recall that when I woke up from anaesthetic, I had to wait for 12 hours before I could go and see [Baby Q]. I was reliant on other people to help me.

"I was told that [Baby Q] was on a ventilator to help his breathing. During the pregnancy, I was given steroids in order to mature his lungs due to his prematurity. After his birth, [Baby Q] was placed under a jaundice lamp in room 1 on the neonatal unit at the Countess of Chester Hospital. Room 1 is for the most ill babies and is the highest dependency room in the unit.

"[Baby Q] had wires into his belly button, a feeding tube, an oxygen mask/tube directly into his airway, and a cannula in his hand. I remember that I was taken to the neonatal unit of the hospital at around 4 pm that day. Once there, I didn't get to hold him, but was able to put my hands through the side of the incubator. When I talked to him, he opened his eyes for the first time.

"On day 3 after his birth, [Baby Q] was taken off the oxygen and moved to room 2. He was breathing on his own with no aid from a ventilator. He still had a feeding tube and a jaundice light.

"At the end of that day we were told that he would have to go back on to oxygen and back into room 1. I was really upset at this point and far too upset to go down to see him. Therefore [Father of Baby Q] went down to the unit. We were not told of any issue with [Baby Q].

"The staff told [Father of Baby Q] that their main priority was to treat [Baby Q] and at no point did they say that they were saving [Baby Q]'s life or that he had had a collapse. I think that they played everything down to protect the parents and prevent panic.

"When [Baby Q] was about 1 week of age, he was sent to Alder Hey Hospital to be seen by the surgeons as it was possible that part of his bowel might have needed to be removed. Luckily, this did not happen and [Baby Q] was treated by antibiotics.

"He was not allowed milk or feeds, had cannulas in his feet and both hands, so that he was getting enough fluids into his body. [Baby Q] did not have any milk for over a week and we had to wait until his stomach contents were clear in colour until he could feed again."

Turning to page 4, my Lord, his mother now gives some narrative about his young life after hospital:

"In terms of [Baby Q]'s health, he has been in and out of hospital many times, at least three times a year as an inpatient with various infections as he has a weakened immune system.

"In August 2018 [Baby Q] was diagnosed with a right sided hemiplegic cerebral palsy and may have autism and is under a specialist."

That concludes the relevant parts of [Baby Q]'s mother's statement.

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

MR DRIVER: Turning to a statement made by his father, [Father of Baby Q], dated 12 December 2019:

"I am the father of [Baby Q], born at the Countess of Chester Hospital on 22 June 2016 at 04.09 hours.

"My wife [Mother of Baby Q] had a very difficult pregnancy with [Baby Q]. We were not aware until she was 9 weeks pregnant that there was a second baby, which had formed in the fallopian tube, which is classed as an ectopic pregnancy. [Mother of Baby Q] had been suffering from pain and this was the reason for the hospital visit. She had a keyhole operation to remove the foetus from her right fallopian tube. From this point onwards, [Mother of Baby Q] was in and out of hospital every 6 weeks or so.

"When she reached 26 weeks, [Mother of Baby Q] was taken into the Countess of Chester Hospital due to very heavy bleeding. At first, I think she was in the labour ward whilst they made sure that [Baby Q] was okay and then, having had drugs to stop her going into labour, she was put on another ward in the women's and children's department of the hospital.

"In the period of 26 weeks to 31 weeks, when [Baby Q] was born, there were a number of occasions when [Mother of Baby Q] would have heavy bleeding and would be rushed downstairs to the labour ward.

"On 22 June 2016, in the middle of the night, I got a phone call to say that [Baby Q] was going to be born. I arrived to [Mother

of Baby Q] bleeding very heavily. I didn't get much time with [Mother of Baby Q] as she was being rushed to theatre. I was not allowed into the theatre because it was not a normal caesarean section operation. I had to wait outside on the corridor outside the theatre. After possibly an hour, or maybe more, I saw a baby being wheeled out of the theatre in an incubator. I asked the staff whether it was my baby and they said yes. He was tiny at 4 pounds and 4 ounces.

"I asked how [Mother of Baby Q] was. She was still under anaesthetic and then in recovery. During this time, I went to the neonatal unit to see [Baby Q] and to get some photographs before coming back to see [Mother of Baby Q], who had come round and was asking about him. It was some time before [Mother of Baby Q] was able to go in and see him, so I kept going in to see him.

"It was some hours before [Mother of Baby Q] was able to see [Baby Q] as she was not able to get up and get into a wheelchair. Once she was able to go in, numerous staff would take her to the neonatal unit to visit [Baby Q], which was a lift journey and short corridor away. He was on that unit for a total of 5 weeks.

"[Baby Q] started off in room 1 because he was so premature and needed intensive care. [Baby Q] was progressing well and was coming off the ventilator but was still tube-fed in room 1.

"Approximately 1 to 2 weeks after [Baby Q] was born, I went down to the neonatal unit to see him. I got through the main door to the unit but was stopped from gaining access to room 1.

"One of the staff had stopped me and I asked them what was going on. I was told that there was nothing to worry about, that he had a chest infection and that they wanted to make sure that he was suitable for a visit. When anything happens on the unit, it is all screened off and shut down.

"I went back to see [Mother of Baby Q] and told her what had happened. She got into a wheelchair and we went straight down to the neonatal unit to see what was happening.

"When we got down to the unit, we were told that they would inform us when we were able to see [Baby Q] and I think they told us that they were running some tests. We went back upstairs to the ward and waited.

"We were informed a short time later that [Baby Q] was okay for a visit, so we went back downstairs. He was back on the breathing apparatus, which he had previously come off. We asked the doctor what had happened and he said there had been a blip

with his breathing and he had become tired and to help him have a rest, they had to put him back on the ventilator. We were happy that they were paying attention to [Baby Q] and that they were helping him to get rest when he was tired. We didn't think any more of it. It would have been in the afternoon that this had happened.

"After this, we got back to hoping that [Baby Q] would progress again. After approximately 2 to 3 weeks, [Baby Q] was moved into room 2. When we visited him one day we were told that he had a serious bowel infection. We were allowed to see him straightaway and nothing on the unit was cordoned off like the first incident, even though he needed emergency surgery and was awaiting a specialist ambulance to go to Alder Hey Hospital where the specialists were.

"By the time he had got to Alder Hey Hospital, he had recovered and the surgeon said that he was okay. He was then sent back the same day to the neonatal unit at the Countess of Chester Hospital. Once back, he was in room 1 again, but he recovered really well and there were no issues. The following day, he was moved to room 2 and then recovered to be released from hospital after 5 weeks."

At page 5 of [Father of Baby Q]'s statement, my Lord, he summarises:

"[Baby Q] has disabilities which include mild hemiplegic cerebral palsy on his right side."

At the time of the making of the statement his father says:

"He is in the middle of an autism diagnosis and still has some bowel issues but he copes well and goes to nursery with a one-to-one carer."

Just to remind the jury, the date of that statement was 12 December 2019.

MR JUSTICE GOSS: It's not easy to reconcile some of the details within those statements. I know they've been read as agreed, but I assume we will have the medical records to explain when precisely these events occurred.

MR DRIVER: Quite so. They're the parents' recollections.

MR JUSTICE GOSS: Exactly. You'll appreciate that: these statements were made 3 years after these events without access, presumably, to medical notes and matters such as this. They were just relying on recollection as to dates and you'll have picked up some differences in the timings of these events. But it'll be

established by the records precisely what events are being described.

MR DRIVER: Of course. And in that regard Mr Johnson is now going to present the timeline.

MR JUSTICE GOSS: Exactly, so you will get an overview of the situation.

The iPads are not working? Is that everyone's iPads?

All right, Mr Murphy, I think you've got a bit of work here.

(Pause)

MR JUSTICE GOSS: Are there some documents to be distributed?

MR JOHNSON: Not at this stage. They're outside, but --

MR JUSTICE GOSS: We're just going to do it off the screen --

MR JOHNSON: Yes.

MR JUSTICE GOSS: -- for this sequence of events?

MR JOHNSON: Yes.

MR JUSTICE GOSS: It's just that I saw a pile of them.

MS KATE TYNDALL (recalled)

Examination-in-chief by MR JOHNSON

MR JOHNSON: They're the neonatal reviews.

My Lord, I recall Kate Tyndall. Welcome back.

Would you, for the sake of the recording, identify yourself, please?

TYNDALL: I'm Kate Tyndall, intelligence analyst.

JOHNSON: You have taken responsibility, I believe, for the sequence of events relating to the case of [Baby Q]?

TYNDALL: Yes.

JOHNSON: Thank you. Just so that we can put this into a general chronology, [Baby Q] was born on 22 June 2016, so a day after [Babies O, P & R].

TYNDALL: Yes.

JOHNSON: And the event that we are going to be concentrating on occurred at 09.10 hours or thereabouts on 25 June, the day after [Baby P] had died?

TYNDALL: Yes.

JOHNSON: Thank you. So if we can start with tile 1 then, please, which shows us the time of [Baby Q]'s birth at 04.09 that morning.

TYNDALL: Yes.

JOHNSON: If Mr Murphy would just click on it, please. It records the names of his parents, from whom we have just heard.

By the time of his birth he was a gestation of 31 plus 3. He weighed 2,076 grams.

His condition at birth was:

"Blue with occasional gasps. Poor tone."

He was given five inflation breaths and at 10 minutes he was grunting and needed 80% oxygen. The Apgar scores are given as 4 at 1 minute, 7 at 5 minutes and 9 at 10 minutes.

Further down the page there's a reference to -- no, above where it says "observations" on the screen it mentions a placental issue.

Slide 2 shows us that it was about 25 minutes or so later, at 04.35, that [Baby Q] was admitted to the neonatal unit due to prematurity and the fact that he needed respiratory support.

TYNDALL: Yes.

JOHNSON: Tiles 3, 4 and 5 are all nursing notes made by Amy Davies, who had attended [Baby Q]'s delivery.

Just dealing with tile 4, if we can, please, there Nurse Davies records having attended [Baby Q]'s delivery, the time of his delivery, the information that we have seen on tile 1, and what was done with [Baby Q] to help him when he was admitted to the neonatal unit, which included the administration of surfactant, Curosurf, the fact that he was intubated with a size 3 tube, and that he was -- then it gives details of the insertion of a cannula and the ventilator pressures.

TYNDALL: Yes.

MR JUSTICE GOSS: And intravenous antibiotics given.

MR JOHNSON: And intravenous antibiotics, my Lord, yes, thank you.

At tile 5 there is an update made by Nurse Davies concerning her contact with [Baby Q]'s father, [Father of Baby Q], the fact that he took some pictures on his phone, did [Father of Baby Q], and that various information was given to the parents.

TYNDALL: Yes.

JOHNSON: Tile 6 is the medical note of Dr Mayberry, who we all remember is now in Australia, and he too, that is Dr Mayberry, sets out his notes of the circumstances of [Baby Q]'s birth.

TYNDALL: Yes, and again his treatment on admission to the NNU.

JOHNSON: If you can keep your voice up a little bit, please.

MR JUSTICE GOSS: Yes.

MR JOHNSON: So that is the initial 5 or so hours of [Baby Q]'s life on Wednesday, 22 June.

Tile 7 is a summary of the position between 08.30 hours on the 22nd and 08.00 hours on the 24th, is that right, just simply saying that [Baby Q] was cared for in the unit between those times?

TYNDALL: Yes.

JOHNSON: We then have two consecutive tiles, 8 and 9, the first of which denotes at 17.47 on 23 June the death of [Baby O] and then, at tile number 9, what we now will remember at 18.00 hours, Dr Gibbs' examination of [Baby P] and the fact that his stomach was distended to some degree.

TYNDALL: Yes.

JOHNSON: That, of course, is when the X-ray was ordered that was taken at 20.09 that same day.

Tile 10 you have inserted to make the point that from this point in time, which is 07.40 hours on 24 June, what follows is a detailed account, chronological account, taken from the medical records relating to [Baby Q]?

TYNDALL: Yes.

JOHNSON: Tile 11 shows the handover that Friday afternoon. So this is the shift on which [Baby P] died. At 07.40, the designated nurse for [Baby Q] was [Nurse D].

TYNDALL: Yes.

JOHNSON: At tile 12, the fluid balance chart data is inserted at 08.20?

TYNDALL: Yes.

JOHNSON: At tile 13, the observations, heart rate, respiratory rate and temperature?

TYNDALL: Yes.

JOHNSON: Again half an hour later at tile 14 at 09.00 hours?

TYNDALL: Yes.

JOHNSON: Also at this time, 09.00, tile 15, a record made by [Nurse D] on the fluid balance chart?

TYNDALL: Yes.

JOHNSON: Then at tile 16, we have a marker in for the [Baby P] event.

TYNDALL: Yes.

JOHNSON: That, we will remember, was a collapse shortly after an examination by Dr Ukoh.

At tile 17 and tile 18, both timed at 10.21, we have the taking of a blood sample for analysis, coupled with the results, which will no doubt be referred to in due course by either the clinicians or the experts --

TYNDALL: Yes.

JOHNSON: -- recorded at least, so far as tile 18 is concerned, by the designated nurse, [Nurse D]?

TYNDALL: Yes.

JOHNSON: At tile 19, still on Friday the 24th, timed at 10.30, a further record made by [Nurse D] of the fluids being administered to [Baby Q]?

TYNDALL: Yes.

JOHNSON: Then at tile 20, also timed at 10.30, clinical notes updated by Dr Ukoh?

TYNDALL: Yes.

JOHNSON: At tile 21, timed at 10.30 hours, the vital signs recorded of [Baby Q] by [Nurse D]?

TYNDALL: Yes.

JOHNSON: Tile 22, the same data, albeit 40 minutes later at 11.10?

TYNDALL: Yes.

JOHNSON: At tile 23, the neonatal fluid balance chart, which is keeping in effect a running account of the amount of fluids going into and coming out of [Baby Q]?

TYNDALL: Yes.

JOHNSON: That same data recorded 50 minutes later, also by [Nurse D] at noon, tile 24?

TYNDALL: Yes.

JOHNSON: Tile 25, [Baby Q]'s vital signs recorded at 12.25 by [Nurse D] and again at 13.20, tile 26?

TYNDALL: Yes.

JOHNSON: Another fluid balance chart entry at tile 27, timed at 13.20?

TYNDALL: Yes.

JOHNSON: Followed by vital sign observations at 14.00 hours, tile 28?

TYNDALL: Yes.

JOHNSON: And the neonatal fluid balance chart at the same time, tile 29, all recorded by [Nurse D]?

TYNDALL: Yes.

JOHNSON: Tile 30, a blood sample collected for analysis, timed at 14.30, with some results in tile 31 at 14.36?

TYNDALL: Yes.

JOHNSON: Tile 32, we have observations and vital signs observations of [Baby P] being recorded by Mary Griffith.

TYNDALL: Of [Baby Q].

JOHNSON: Of [Baby Q], sorry. [Baby Q]. Of [Baby Q] by Mary Griffith?

TYNDALL: Yes.

JOHNSON: And at tile 33, at the same time, same recorder, but the neonatal fluid balance chart entry?

TYNDALL: Yes.

JOHNSON: Tile 34 marks the time of death of [Baby P] at 16.00 hours?

TYNDALL: Yes.

JOHNSON: Then we have a series of tiles which go from 35 through to 41, covering the time 17.00 hours to 19.30, so a total period of 2.5 hours, being vital signs, the fluid balance chart and blood results, all for [Baby Q]?

TYNDALL: Yes.

JOHNSON: That takes us through to tile 42, which is the shift handover to the night shift, Friday the 24th into Saturday, 25 June.

TYNDALL: Yes.

JOHNSON: [Baby Q]'s designated nurse changed from [Nurse D] to Samantha O'Brien?

TYNDALL: Correct.

JOHNSON: So just to pause and put this into context, the event relating to [Baby Q] was to happen at the beginning of the following day shift, so the Saturday shift?

TYNDALL: Yes.

JOHNSON: Is that right?

TYNDALL: Yes.

JOHNSON: So we're now looking at the night shift immediately preceding [Baby Q]'s collapse at 09.10 the following morning?

TYNDALL: Yes.

JOHNSON: So tile 43 and tile 44 is information recorded by Nurse Samantha O'Brien on the fluid balance chart and on the vital signs observation chart?

TYNDALL: Yes.

JOHNSON: Tile 45 is timed at 21.06 by [Nurse D] in the nursing notes and is her note for essentially what had happened during the day shift on the Friday?

TYNDALL: Yes.

JOHNSON: Just so that we can get a sense of how [Baby Q] was progressing, can we just go to that, please? Can you take us through what she recorded?

TYNDALL: Yes:

"Written for shift 07.40 to present. Emergency equipment, fluids and alarm limits checked. [Baby Q] nursed in an incubator in 55% ambient humidity. Observations stable as documented. Temperature 36.5 to 36.8. TPN and lipid infusing via UVC as directed at 90ml/kg/day. Enteral feeds commenced at 0.5ml, two-hourly this morning. Aspirates: 2 to 3ml clear milky fluid. Passed urine. Bowels not open.

"Thought to have a few bradycardias in a cluster this morning, but seemed to be a loose ECG lead when checked. None noted following changing the lead. SBR [so bilirubin] checked x2 today and remain out of treatment range although [Baby Q] looks very plethoric. Nystatin not given, very heavy workload on unit."

JOHNSON: Thank you. Tile 46 is [Nurse D]'s note concerning contact with [Baby Q]'s parents regarding the fact that they visited a number of times, had been given updates, and that [Baby Q]'s older sibling had been brought to visit; is that right?

TYNDALL: Yes.

JOHNSON: Thank you. Then at tile 47, timed at 21.30, we have the fluid balance chart data recorded by Samantha O'Brien?

TYNDALL: Yes.

JOHNSON: Followed by vital signs now later at 22.30, tile 48?

TYNDALL: Yes.

JOHNSON: At that same time, the fluid balance chart data is recorded?

TYNDALL: Yes.

JOHNSON: And then at tile 50, the administration or a prescription for nystatin?

TYNDALL: Yes.

JOHNSON: That's signed by Samantha O'Brien and [Nurse E].

Half an hour later, tile 51, timed at 23.30, we have a pair of tiles, tiles 51 and 52, which record [Baby Q]'s vital signs together with the fluid balance chart data?

TYNDALL: Yes.

JOHNSON: We then come to some more messaging between [Dr A] and Lucy Letby; is that right?

TYNDALL: Yes.

JOHNSON: If I can take [Dr A]'s messages and you take Lucy Letby's, please. Starting at 53, timed at 23.49:

"Did you talk to Belinda about allocation for tomorrow?"

TYNDALL: Lucy Letby replies:

"Yes, she's going to try and give me a lighter workload but said will have to see how it goes overnight with 30-weeker and twins delivering. Only 5 of us on too."

JOHNSON: Then 3 minutes later, tile 55:

"That was the bleep I got whilst in A&E. Come and talk to the 30-weeker. Twins will probably come overnight."

TYNDALL: And the reply is:

"5 centimetres when I left."

Followed by:

"30-weeker."

JOHNSON: [Dr A] responded:

"4 centimetres SROM last time I heard."

That's probably spontaneous rupture of membranes?

TYNDALL: Yes, I think so. And then the reply a minute later is:

"Ahh."

JOHNSON: Then we go back to [Baby Q]'s observations at tile 60 and the clock time has passed from Friday the 24th into Saturday, 25 June at 00.30 hours. Samantha O'Brien recorded [Baby Q]'s vital signs?

TYNDALL: Yes.

JOHNSON: Do we then, at 61, at the same time, 00.30, have the fluid balance chart data recorded for [Baby Q] by Samantha O'Brien?

TYNDALL: Yes.

JOHNSON: An hour later, at tile 62, the same data completed?

TYNDALL: Yes.

JOHNSON: At 03.00 hours, do we have the prescription and administration of Babiven, together with lipid, signed and co-signed by nurses Belinda Simcock and Samantha O'Brien?

TYNDALL: Yes.

JOHNSON: At that same time, 03.00 hours, tile 64, the record made on the fluid balance chart relating to lipid and Babiven?

TYNDALL: Yes.

JOHNSON: Together with, if we go to your transposition of what appears on the chart, so the first click on the tile, please, Mr Murphy. We see under the output, so it's the last line, the fourth line of yellow text, an aspirate of 3ml?

TYNDALL: Yes.

JOHNSON: R, which we have heard means, generally speaking, replaced, with a pH of 2.0. So a very acidic pH.

TYNDALL: Yes.

JOHNSON: At tile 65 and 66 do we have observations taken at 03.00 and 04.00 hours by Samantha O'Brien of [Baby Q]?

TYNDALL: Yes.

JOHNSON: Also at 04.00 hours, tile 67, the fluid balance chart data recorded?

TYNDALL: Yes.

JOHNSON: Then vital signs again recorded, at tile 68, by Nurse O'Brien at 05.00 hours?

TYNDALL: Yes.

JOHNSON: Together with the data in the neonatal fluid balance chart at the same time at tile 69?

TYNDALL: Yes.

JOHNSON: Do we then come to the nursing note made by Samantha O'Brien towards the end of the shift, but of course not at the end of the shift, 05.20?

TYNDALL: Yes.

JOHNSON: Just looking at that, can you take us through what Nurse O'Brien recorded towards the end of the shift?

Putting this into context, this is about 4 hours before [Baby Q] collapsed.

TYNDALL: Yes:

"Care taken over at 20.00 hours. Emergency equipment checked and in working order. Alarm limits checked and set correctly. Full monitoring in situ on Philips monitor. [Baby Q] self-ventilating in air. No respiratory distress observed. Maintaining saturations in high 90s. Nursed in humidified incubator 55%. Axilla temperature slightly low at start of shift. Incubator temperature increased accordingly and axilla now within normal limits.

"Fluid requirements checked and correct: 90ml/kilogram/day. To increase to 120ml/kilogram/day this morning. Babiven and lipid infusing as prescribed via UVC. Site satisfactory. Feet pink and warm. New lipid syringe put up overnight using sterile ANTT. Having trophic feeds of donor-expressed breast milk, 0.5ml two-hourly, due to moderate aspirates. Abdomen is full but soft. Baby passed meconium and urine. Nystatin given as prescribed."

JOHNSON: Then at 71, also timed by Samantha O'Brien at 05.25, did she record the fact that she hadn't had any contact with [Baby Q]'s parents overnight?

TYNDALL: Yes.

JOHNSON: At tile 72 at 06.00 hours, were [Baby Q]'s vital signs recorded by Nurse O'Brien?

TYNDALL: Yes.

JOHNSON: Tile 73, also at 06.00, the fluid balance data was recorded on the chart by Nurse O'Brien?

TYNDALL: Yes.

JOHNSON: Six minutes later at tile 74, 06.06 hours, a blood culture was taken. And if we just click on that, please, do we see that by the time the results came back, 5 days later, there was no bacterial growth detected?

TYNDALL: Yes.

JOHNSON: At tile 75 we come to an exchange of messages between Lucy Letby and [Nurse E] starting with Lucy Letby at 06.36. Could you take her part again, please?

TYNDALL: Yes. She messages [Nurse E], saying:

"How was it?"

JOHNSON: At 06.55, [Nurse E], who of course had been working the night shift, replied:

"Okay. 35-week twins delivered and a 30-weeker on vent."

Then:

"I got triple photo one with my three [as read]."

TYNDALL: Then Lucy Letby replies at the same time:

"Gosh."

JOHNSON: At tile 79, 06.58, do we have a blood gas record completed by Samantha O'Brien for [Baby Q]?

TYNDALL: Yes.

JOHNSON: Then at 07.00, tile 80, Samantha O'Brien also recorded [Baby Q]'s vital signs?

TYNDALL: Yes.

JOHNSON: And in the succeeding tile, number 81, at the same time, the fluid balance chart data completed?

TYNDALL: Yes.

JOHNSON: Then do we have a series of four tiles recording some day staff coming into work, in effect?

TYNDALL: Yes.

JOHNSON: So tile 82, Mary Griffith at 07.25. Tile 83, Nicola Dennison at 07.26. Tile 84, Mary Griffith at 07.29. And finally of that sequence of four, [Nurse B] at 07.30.

TYNDALL: Yes.

JOHNSON: At tile 86, did Samantha O'Brien complete her or complete an addendum for her nursing notes relating to [Baby Q] on the computer?

TYNDALL: Yes.

JOHNSON: Does that read:

"Capillary blood gas carried out this morning. Result not as good as previous, however acceptable. Seen by [Dr D]. To continue. U&E and bili done on gas machine. Bili remains below treatment line."

Do we then come to the tile which gives us the identities of the staff who were on duty or on call on that Saturday day shift?

TYNDALL: Yes.

JOHNSON: So timed between 07.30 and 08.00, which we know is the time of the handover, Saturday, 25 June, do we see the paediatrician of the week was [Dr B]?

TYNDALL: Yes.

JOHNSON: On call overnight was Dr Gibbs?

TYNDALL: Yes.

JOHNSON: The registrar on duty on this day shift was [Dr A]?

TYNDALL: Yes.

JOHNSON: The two SHOs who were on duty were Drs Sarah Edwards and Jessica Burke?

TYNDALL: Yes.

JOHNSON: As far as the nursing staff were concerned, the shift leader was Minna Lappalainen?

TYNDALL: Yes.

JOHNSON: [Baby Q]'s designated nurse was to be Lucy Letby?

TYNDALL: Yes.

JOHNSON: And also working were [Nurse B] and Mary Griffith?

TYNDALL: Yes.

JOHNSON: Together with the nursery nurse Nicola Dennison and the student nurse Rebecca Morgan?

TYNDALL: Yes.

JOHNSON: Further down we have distribution of the population of the patients set out. Concentrating first on [Baby Q], please, he was in nursery 2, as we have heard from his parents.

TYNDALL: Yes.

JOHNSON: Lucy Letby is shown as his designated nurse. There was another -- a single other child in the nursery with the initials YM --

TYNDALL: Yes.

JOHNSON: -- whose designated nurse was Mary Griffith?

TYNDALL: Yes.

JOHNSON: Next to nursery 1, please. Were there three children in there, one of whom was BM and that child's designated nurse was Lucy Letby?

TYNDALL: Yes.

JOHNSON: Two other children's designated nurse was [Nurse B]?

TYNDALL: Yes.

JOHNSON: And then otherwise, in nursery 3, do we see that Mary Griffith, who was responsible for YM in nursery 2, had two charges in nursery 3?

TYNDALL: Yes.

JOHNSON: And Nicola Dennison, the nursery nurse, had a single baby in there?

TYNDALL: Yes.

JOHNSON: But she had three others in nursery 4?

TYNDALL: Yes.

JOHNSON: And the fourth was also the responsibility of Mary Griffith?

TYNDALL: Yes.

JOHNSON: Thank you. Going back to the medical records, please, at tile 88. Were [Baby Q]'s vital signs taken at 08.00 and recorded by Lucy Letby?

TYNDALL: Yes.

JOHNSON: If we can just click on that tile, please, and on the document itself. Thank you.

What we have, just to put this into context, please, is a collapse that we are going to see in a moment which happened at about 9 o'clock; is that right?

TYNDALL: Just after 9.

JOHNSON: Just after 9 o'clock, yes. So that is the third from the right column. Thank you, Mr Murphy.

We see how [Baby Q] had been progressing over the preceding 24 hours, how his heart rate had proceeded, how his respirations had proceeded and how his temperature had been recorded.

Further down, please, if we could scroll, we see that [Baby Q] throughout this period -- and against the oxygen row, O₂, we see he was in air --

TYNDALL: Yes.

JOHNSON: -- throughout this period. We see that his saturations were consistently between 100 at their highest and 95 at their lowest; is that right?

TYNDALL: Yes.

JOHNSON: That 95, which is just to the left of where the arrow is now, is in the first column recorded by Lucy Letby; is that right?

TYNDALL: Yes.

JOHNSON: Previously, the readings had been 99, 99, 100, 97, 98, 100, 100, and so on; is that right?

TYNDALL: Yes.

JOHNSON: Going back to the sequence, please, and to tile 89.

We're now about an hour, just over an hour before the collapse. Lucy Letby recorded data on the fluid balance chart; is that right?

TYNDALL: Yes.

JOHNSON: Do we then have a sequence of seven consecutive tiles recording the comings and goings of various people through the doors?

TYNDALL: Yes.

JOHNSON: Starting with tile 90, Nicola Dennison into the neonatal unit?

TYNDALL: Yes.

JOHNSON: Then at 08.34, Dr Gibbs to the maternity -- side exit to ops. So out through an internal door, but then into the maternity ward at 8.34, so at about the same time.

TYNDALL: Yes.

JOHNSON: Dr Sarah Edwards, at 08.36, following the same route or going through in and out of the ops internal door and then going into the maternity ward. So apparently following or taking the same route at least as Dr Gibbs.

TYNDALL: Yes.

JOHNSON: Dr Burke, Dr Jessica Burke, tile 96, at 08.43 into the maternity ward as well?

TYNDALL: Yes.

JOHNSON: So this Saturday morning, tiles 97 and 98 are the vital signs and the fluid balance chart, timed at 09.00 hours.

And certainly the vital signs we saw earlier were recorded by Lucy Letby. There is no name recorded on the fluid balance chart; is that right?

TYNDALL: Correct.

JOHNSON: Just look at the fluid balance chart, please. Starting at the bottom, we see initials running across the bottom of the page. We see that in the 08.00 hours column, Lucy Letby's initials appear; is that right?

TYNDALL: Yes.

JOHNSON: In the 09.00 hours column, there are no initials?

TYNDALL: Yes.

JOHNSON: Going up to the top and looking at that 09.00 hours entry, do we have an entry in the Babiven row, keeping a running total of the fluid that had been administered to [Baby Q] from midnight onwards?

TYNDALL: Yes.

JOHNSON: We then have presumably the pressure of the liquid recorded. We then have the lipid in the next series of boxes; is that right?

TYNDALL: Yes.

JOHNSON: No millilitres an hour recorded, but the total volume, the running total, so to speak, is recorded; is that right?

TYNDALL: Yes.

JOHNSON: Nothing recorded in the next fluid box down at 09.00?

TYNDALL: No.

JOHNSON: And the next one is completely blank all the way along.

If we then get to "feeds". It appears from this that [Baby Q], as we've seen from the nursing note of the nurse that had him overnight, was being given half of 1 millilitre of milk every 2 hours, and that we see at 3, 5 and 7.00 hours; is that right?

TYNDALL: Yes.

JOHNSON: But this box is blank at 09.00 hours when he was due to be fed?

TYNDALL: Yes.

JOHNSON: The aspirates, of course, nothing recorded because he hadn't been fed?

TYNDALL: Yes.

JOHNSON: And then at the very bottom, no initials entered by Lucy Letby?

TYNDALL: Yes.

JOHNSON: Thank you. At tile 99, please, do we have some door swipe data showing Mary Griffith coming into the neonatal unit at 09.01?

TYNDALL: Yes.

JOHNSON: So if the times on the fluid balance chart are correct, if, Mary Griffith came into the unit a minute after that?

TYNDALL: Yes.

JOHNSON: At tile 100 do we then see that [Baby Q] crashed or there was an event?

TYNDALL: Yes.

JOHNSON: At tile 101, please, if we can go to that. Can we go to the original document, please? This is recorded by Minna Lappalainen; is that right?

TYNDALL: Yes.

JOHNSON: We see that it's an apnoea/brady/fit chart, the likes of which we have seen before in other cases, the pro forma at least we've seen in other cases. This is plainly -- it plainly relates to [Baby Q] because it bears his name.

Dated 25 June. The time -- 09.10 is the time entered by Nurse Lappalainen; is that right?

TYNDALL: Yes.

JOHNSON: We have the apnoea column struck through?

TYNDALL: Yes.

JOHNSON: "Brady, 98. Desat, 68. Fit [query]."

Then:

"Duration 3 minutes intermittently."

Then does it say:

"Baby found to be very mucousy. Clear mucus from nasopharynx/oropharynx removed. Clear fluid +++?"

Is that right?

TYNDALL: Yes.

JOHNSON: "O2 via Neopuff given post-suctioning. [Dr A] emergency-called to attend. NGT used to aspirate stomach by Nurse L Letby."

TYNDALL: Yes.

JOHNSON: So in the context of "clear fluid +++" we have seen, haven't we, that from midnight through to this time, 09.10, [Baby Q] had been fed in total 1.5ml of milk?

TYNDALL: Yes, from 01.00, I think.

JOHNSON: So we have "clear fluid +++" coming out of him at 09.10.

Tile 103, please. At 09.17 do we have [Dr A]'s clinical note relating to this event?

TYNDALL: Do you not want to do tile 102?

JOHNSON: Sorry, I beg your pardon, I skipped over that. I'm so sorry. A very important tile.

Tile 102. This is Lucy Letby's note relating to this event, isn't it?

TYNDALL: Yes.

JOHNSON: Can you take us through it, please?

TYNDALL: Yes:

"09.10. [Baby Q] attended to by Staff Nurse Lappalainen. He had vomited clear fluid nasally and from mouth. Desaturation and bradycardia. Mottled ++. Neopuff and suction applied. [Dr A] attended. Air ++ aspirated from NG tube. Transferred to nursery 1 and placed on CPAP. PEEP 6 centimetres. Flow 9 litres in air. Nasal area intact. Capillary refill 3 to 4 seconds. 10ml/kilogram saline bolus given via UVC. Blood gas poor."

JOHNSON: Thank you. Then tile 103, [Dr A]'s note, which we'll just deal with, please. This records the fact that he had been:

"Called to the neonatal unit at 09.17: desaturation. Had just vomited and then desaturated to low 60s. Minor bradycardia. Bagged with Neopuff circuit in 20/5 on 100% oxygen. Sats returned to 100%. Continued requirement for PEEP. Therefore moved to nursery 1 and commenced CPAP. UVC in situ, therefore re-screened and commenced on teicoplanin and cefotaxime. Bloods taken for blood cultures [and other tests] and gas. 10ml/kg 0.9% sodium chloride given at 10.10 hours. Jaundice, serum bilirubin 220. Presumed secondary sepsis."

TYNDALL: Yes.

JOHNSON: And the gas results are also recorded below that; is that right?

TYNDALL: Yes (inaudible) I think they might actually appear, the actual records (inaudible) further on.

JOHNSON: Tile 104, at the same time, is this a continuation of [Dr A]'s notes, which really sets out initially [Baby Q]'s history and then deals with what he is being fed and the examination by [Dr A]?

TYNDALL: Yes.

JOHNSON: Thank you. At tile 105 is there some door swipe entry timed at 09.21 showing Lucy Letby coming into the neonatal unit?

TYNDALL: Yes.

JOHNSON: Is that then followed by a whole series of door swipe data, about 10 entries, relating to the movements of various people, Dr Gibbs, Dr Edwards and the nursery nurse, Nicola Dennison?

TYNDALL: Yes.

JOHNSON: Thank you. Have you after that, at tile 116, recorded the fact that [Baby Q] was moved from nursery 2 to nursery 1?

TYNDALL: Yes.

JOHNSON: We then have Lucy Letby's nursing note at tile 117; is that right?

TYNDALL: Yes, just reiterating that he has transferred to nursery 1 and referencing the blood gas record that's in the next tile.

JOHNSON: Yes, together with some of the data that was -- some of the information that was recorded by [Dr A] in his clinical note?

TYNDALL: Yes.

JOHNSON: At tile 118, do we have a blood gas record timed at 09.56?

TYNDALL: Yes.

JOHNSON: At tile 119, observations timed at 10.00 hours and recorded by Lucy Letby?

TYNDALL: Yes.

JOHNSON: Together with the neonatal fluid balance chart at tile 120, also recorded by Lucy Letby?

TYNDALL: Yes.

JOHNSON: Tile 121, timed also at 10.00 hours, do we have Lucy Letby's record on the intensive care chart concerning the 10ml per kilogram bolus of saline?

TYNDALL: Yes, and the fact that he is now started on CPAP.

JOHNSON: Yes, thank you. At 122, do we have the prescription or the administration of the sodium chloride, signed and co-signed by Lucy Letby and Mary Griffith?

TYNDALL: Yes.

JOHNSON: Then at 123, further door swipe data, timed at 10.23, relating to the entry of Lucy Letby into the -- from the maternity labour ward into the neonatal unit?

TYNDALL: Yes.

JOHNSON: Do we then have a trio of tiles, 124 through to 126, concerning prescriptions for cefotaxime, teicoplanin and sodium chloride, signed and co-signed by Lucy Letby and [Nurse B]?

TYNDALL: Yes.

JOHNSON: Then at 127, timed at 11.00 hours, and indeed 128, at the same time, vital signs recorded together with the neonatal fluid balance chart data?

TYNDALL: Yes, and the equipment settings at tile 129 (inaudible).

JOHNSON: At tile 129, did Lucy Letby make an entry, also at 11.00 hours, on the intensive care chart concerning the administration of antibiotics to [Baby Q] together with the type of ventilation and the relevant data relating to that?

TYNDALL: Yes.

JOHNSON: Thank you. At tile 130, is a blood gas record recorded by Lucy Letby at 11.12 hours?

TYNDALL: Yes.

JOHNSON: Followed by a further pathology sample with the blood results from the lab, timed at 11.21, ordered by [Dr A]?

TYNDALL: Yes.

JOHNSON: So far as the administration of the antibiotics, cefotaxime, teicoplanin, together with the flush of sodium chloride, were they recorded in the tiles 132 to 134 and input to the computer at 11.47?

TYNDALL: Yes.

JOHNSON: At tile 135, 11.52, was [Baby Q] X-rayed?

TYNDALL: Yes.

JOHNSON: Can we just look at the X-ray report from Dr Boothroyd, please? The indication, the reason for the X-ray being required:

"Respiratory deterioration, now needing CPAP"?

TYNDALL: Yes.

JOHNSON: And the report says:

"The abdomen is not included on the film. The presumed UVC tip lies 24 millimetres distal to the IVC [inferior vena cava]/RA junction and should be withdrawn by this amount. There is mild interstitial shadowing and a trace of fluid on the horizontal fissure. There is no focal collapse or consolidation. AM. [Then] Priority: ++. Routine: ++."

Is that followed, at tiles 136 to 138, by data recorded at noon by Lucy Letby on the vital signs chart, the neonatal fluid balance chart and the intensive care chart?

TYNDALL: Yes.

JOHNSON: Then at 139 is there a further note made by Lucy Letby, the time of which isn't entirely clear, but we know from the computer the entry was made at 12.53?

TYNDALL: Yes.

JOHNSON: It appears to relate to some of the events that we've just summarised in the preceding few tiles; is that right?

TYNDALL: Yes.

JOHNSON: Could you take us through what Lucy Letby recorded there, please?

TYNDALL: "Septic screen carried out. Peripheral line sited. Teicoplanin and cefotaxime given as prescribed via UVC. IV fluids continue. NG tube on free drainage. 3ml milky mucous aspirate. Abdomen soft and non-distended. Perfusion improved. Appears jaundiced. SBR above treatment line. Single phototherapy commenced. Eyes protected. Chest X-ray carried out. Intermittent episodes of tachypnea then shallow breathing. Some have required increased PEEP and oxygen. To observe. Repeat blood gas improved."

JOHNSON: Is there then a tile at 140 just inserted to record the fact that there were various social messages being sent by and received by Lucy Letby between 12.18 and 12.29 hours?

TYNDALL: Yes.

JOHNSON: We see at 141 that she went through the neonatal unit entrance doors at 12.46 and 12.47 in tile 142?

TYNDALL: Yes.

JOHNSON: We then see that she made a further note on the nursing record, is that right, at tile 143?

TYNDALL: Yes, this is the full note updated on the computer at that time.

JOHNSON: So could you take us through that, please?

TYNDALL: It starts off with:

"Written for care given from 08.00 to present. Emergency equipment checked. Fluids calculated. [Baby Q] nursed in an incubator with humidity. Observations as charted. Temperature low, incubator increased x2. Tachycardic, active and alert. IV

fluids 120ml/kg Babiven and lipid via triple lumen UVC. Lower limbs pink and warm. Abdomen soft and non-distended."

And then the rest of the entry we've already read out at various points in the sequence.

JOHNSON: Thank you. Tiles 144 to 146, please. Are they three sets of documents, the respective entries on which were made at 13.00 hours, so vital signs, fluid balance chart and the intensive care chart?

TYNDALL: Yes.

JOHNSON: At 147 is there a further nursing note which is timed at 13.04 concerning a visit by [Baby Q]'s parents and which bears on the witness statements that the jury heard earlier this morning to which his Lordship referred before we started this exercise? If you could deal with this entry, please, because it ties into what the jury heard before from the parents.

TYNDALL: "Parents visited shortly after [Baby Q] had been screened and commenced on CPAP. Mum upset ++ and dad has since stated mum is upset that she was not contacted on post-natal ward about need for intervention. Explained by myself and [Nurse B] that our priority at the time was to stabilise [Baby Q] and although we aim to inform parents ASAP at the time it was not possible. Apologies given. Dad fully updated by [Dr A] and aware that [Baby Q] may need further intervention eg intubation. Mum does not wish to visit at present."

JOHNSON: Thank you. So that's a note made at 13.04.

At tile 148, at 13.11, did [Nurse E] send Lucy Letby a WhatsApp message saying:

"Hope day going okay"?

TYNDALL: Yes.

JOHNSON: Lucy Letby responded a minute later at tile 149?

TYNDALL: "[Baby Q] on CPAP!"

JOHNSON: And then?

TYNDALL: "Aspirated."

JOHNSON: [Nurse E] replied at 13.13, tile 151:

"Oh. Who's looking after him? Mary?"

TYNDALL: And then Lucy Letby replies a minute later:

"Me. Minna has taken B [which is the name of the baby she was looking after] off me, so just got him. Almost had a tube earlier but gases improving."

JOHNSON: Yes. So in this context, B is the child that we saw in nursery 1 on tile 87; is that right?

TYNDALL: Yes.

JOHNSON: [Nurse E] responded at 13.14:

"Bloody hell."

TYNDALL: Yes. Lucy Letby responds with an emoji, followed by a message that says:

"Baby from Liverpool working hard for [Nurse B]."

And then:

"All going on lol. Everyone needs a line."

JOHNSON: Then [Nurse E] replied:

"Great!"

TYNDALL: And the reply was:

"SHO Sarah."

JOHNSON: Then that elicited an eye roll emoji from [Nurse E]?

TYNDALL: Yes.

JOHNSON: Then we have a series of messages exchanged via Facebook between [Dr A] and Lucy Letby, summarised in tile 161 as messages of a social nature and about work, but no mention of [Baby Q] and that some messages are contained within the sequence for [Baby P]. So should anyone want to refer back to those, that's where they will find some of that material, between 12.18 and 13.16; is that right?

TYNDALL: Yes, that's correct.

MR JOHNSON: That may be a good point for a break, my Lord.

MR JUSTICE GOSS: Yes, certainly. We'll have a ten-minute break then, please.

(11.47 am)

(A short break)

(11.59 am)

MR JOHNSON: Just before we proceed, can we return to tiles 100 and 101, because I believe that as we've gone through, Ms Tyndall, you've identified a couple of errors which, if you would correct them orally now then we will correct the tiles, the text of the tiles, over lunchtime.

TYNDALL: Yes. Tile 100, which is the tile that says "[Baby Q] event", has got a time of 09.01 on it and it should be blank, no time. And then tile 101 should have the time 09.10 on the front of it.

JOHNSON: All right. Those amendments will be made, my Lord, but that's the evidence.

So could we return to 162, please? Is there a blood gas record filled in by Lucy Letby at 13.18?

TYNDALL: Yes.

JOHNSON: Followed at 13.50, tile 163, by [Dr A]'s notes, which include blood results?

TYNDALL: Yes.

JOHNSON: At tile 164 we have a single tile covering the time span 13.48 to 13.55, recording the fact that Lucy Letby was exchanging social messages on WhatsApp with various people?

TYNDALL: Yes.

JOHNSON: At 165, 14.00 hours, and 166 and 167, all the same time, what we have referred to in previous cases as the standard three?

TYNDALL: Yes.

JOHNSON: With the same material, an hour later, between tiles 168 and 170?

TYNDALL: Yes.

JOHNSON: At tile 171, 15.13, door swipe data recording the passage of Lucy Letby into the neonatal unit?

TYNDALL: Yes.

JOHNSON: Then at tiles 172, 173 and 174, the standard three at 16.00 hours?

TYNDALL: Yes.

JOHNSON: At 175, a blood gas record recorded by Lucy Letby at 16.18?

TYNDALL: Yes.

JOHNSON: Followed at 176 at 16.40 by door swipe data, again recording Lucy Letby coming into the NNU?

TYNDALL: Yes.

JOHNSON: 177 to 179, the standard three recorded by Lucy Letby at 17.00 hours?

TYNDALL: Yes.

JOHNSON: Followed at 180, timed at 17.47, by Lucy Letby's nursing notes relating to [Baby Q]?

TYNDALL: Yes.

JOHNSON: Could you deal with those, please?

TYNDALL: "Observations stable. Continues to have low respiratory rate with minimal effort at times. Caffeine discussed and not given as tachycardic. Appears plethoric ++ this afternoon. SBR below treatment line. Phototherapy discontinued. IV fluid increased to 150ml/kilogram due to raised urea. UVC secure. Lower limbs pink and warm. Remains on free drainage. Abdomen soft and non-distended. Minimal aspirates obtained. Urine not passed and bowels not opened at present. [Baby Q] active and alert. Remains on CPAP in air. Blood gases stable. Appears oedematous to lower limbs and hand."

JOHNSON: Is there then a note at 181 concerning family contact recorded by Lucy Letby?

TYNDALL: Yes.

JOHNSON: Could you deal with that, please?

TYNDALL: "Midwife phoned on behalf of mum to express concern that staff had not contacted parents when [Baby Q] needed CPAP. Explained reasons for this and encouraged mum to visit. Both parents visited and were updated by myself and [Dr A]. All questions answered and apologies given for not updating them but

explained that [Baby Q] was our priority at the time. Parents understanding of this and mum now appears happier. Aware that gases are stable and does not require further support at present."

JOHNSON: At 182, in a period of just over an hour between 16.36 and 17.48, did Lucy Letby exchange various messages with various people, messages being of a social nature or about work but not relating to [Baby Q]?

TYNDALL: Yes.

JOHNSON: Then at 183 through to 185, all at 18.00 hours, do we have the standard three?

TYNDALL: Yes.

JOHNSON: Followed by some further text messages and starting -- these ones relate to an exchange between Lucy Letby and [Nurse E]?

TYNDALL: Yes. Lucy Letby sends a message to [Nurse E] at 18.3. The start of it is of a social nature and it finishes with:

"[Baby Q] getting tubed."

JOHNSON: Thank you. [Nurse E] and Lucy Letby then exchanged a series of messages between 18.38 and 18.39 relating to social issues or about work, but not relating to [Baby Q]?

TYNDALL: Yes.

JOHNSON: Was there then a further message sent by Lucy Letby to [Nurse E] at 18.40, tile 188?

TYNDALL: Yes:

"Girls all rushing around outside. No meds top up so short on everything. Madness lol."

JOHNSON: At 189, door swipe data relating to Lucy Letby's passage into the maternity ward?

TYNDALL: Yes.

JOHNSON: Followed by further social messaging at tile 190 between 18.40 and 18.44. As I said, social messaging with various people. Then at 18.44, a message from Lucy Letby to [Nurse E] at tile 191?

TYNDALL: Yes, that reads:

"Minna stressing."

JOHNSON: In the succeeding couple of minutes, at tile 192, was there then further social messaging between [Nurse E] and Lucy Letby?

TYNDALL: Yes.

JOHNSON: At 193, timed at 19.15, a prescription for [Baby Q] for morphine sulphate, signed and co-signed by Lucy Letby and Mary Griffith?

TYNDALL: Yes.

JOHNSON: We then come to a series of three tiles, 194 to 196, which relate to the administration of morphine sulphate, atropine sulphate and suxamethonium chloride. Could you just take us through those, please?

TYNDALL: Yes. Tile 194 is the computer entry at 19.17 for the morphine sulphate given at 19.15. Then the next two tiles, the record is slightly confusing, so we might need to go behind tile 195, please.

So this is a record on the -- if we go to the actual document, please. So we go down to the administration details, it says:

"Administered at 19.20."

But underneath there's the administration edit history that says "19.17 admin". Then underneath it says "Admin 19.10".

Then at 19.55 there's a further update, which changes the administration time from 19.10 to 19.20.

That's how I read it.

JOHNSON: Yes. So that's the atropine?

TYNDALL: And it's the same, exactly the same, circumstances for the --

JOHNSON: Suxamethonium?

TYNDALL: Yes, in the next tile.

JOHNSON: Thank you. At 197 do we have a clinical note made by [Dr A], timed at 19.20?

TYNDALL: Yes.

JOHNSON: Without going into the details, if we could just click on it, just so we see it. Essentially, is it [Dr A]'s note relating to a deterioration in [Baby Q] which necessitated his intubation?

TYNDALL: Correct.

JOHNSON: We'll hear the medical evidence about that in due course. If we can go back then to 198 and 199, are they the prescriptions, the corresponding prescriptions for the updates that you have just dealt with at 195 and 196 relating to atropine and suxamethonium?

TYNDALL: Yes.

JOHNSON: Then at 200 do we have a further nursing note entry from Lucy Letby, which in broad terms corresponds to the type of data that was being recorded or type of information being recorded by [Dr A] at tile 197?

TYNDALL: Yes.

JOHNSON: Given that it's a Lucy Letby record, would you deal with it, please?

TYNDALL: "Respiratory rate declining (15 to 19 [breaths per minute]) and intermittent pauses in breathing. Blood gas stable but on downward trend and [Baby Q] appearing tired. Oxygen requirement developing. Discussed with Consultant Gibbs and decision made to electively intubate. Drugs given as prescribed: x2 100 micrograms/kilogram morphine bolus given as active ++. Uneventful intubation. Size 3 ET tube 19.25, 8 centimetres at the lips. Clear bilateral air entry and chest movement. CMV 18/5. Rate 40. Inspiratory time 0.4. Oxygen reducing on ventilator. 40 micrograms/kilogram morphine commenced via UVC, second lumen."

JOHNSON: Thank you. Do we then have, first of all, a prescription for morphine at tile 201 and at tile 202 that data recorded on the prescription chart by Lucy Letby and Amy Davies?

TYNDALL: Yes, for the morphine infusion.

JOHNSON: Thank you. At 203, was there a shift handover at which the designated nurse responsibilities relating to [Baby Q] passed from Lucy Letby to Amy Davies?

TYNDALL: Yes.

JOHNSON: Then at 204, was the neonatal infusion prescription chart data completed by Lucy Letby and Amy Davies?

TYNDALL: Yes.

JOHNSON: 205, a further nursing note made by Lucy Letby, timed at 19.50, the note itself being made at 20.13?

TYNDALL: Yes.

JOHNSON: Just click on that, please, and could you just tell us what it says, please?

TYNDALL: "3ml urine passed. 0.1ml/kg/hour. 10ml/kg bolus given at 19.50."

JOHNSON: Thank you. Is there then a series of five tiles, 206 to 210, all timed at 19.55, all relating to updates on the computer concerning medication, in particular nystatin, morphine sulphate, atropine sulphate, suxamethonium chloride and morphine sulphate again?

TYNDALL: Yes.

JOHNSON: Thank you. Does that data on those five tiles come within, or some of it come within, the explanation you gave us earlier relating to the earlier tiles that we looked into a bit more detail about?

TYNDALL: Yes.

JOHNSON: Thank you.

At 211, 212 and 213 do we have the standard three, all recorded at 20.00 hours by Amy Davies?

TYNDALL: Yes.

JOHNSON: At 214, timed at 20.09, is there door swipe data from the NNU entrance concerning the entry of Lucy Letby?

TYNDALL: Yes.

JOHNSON: Then at 215, timed at 20.13, is that in effect the time at which Lucy Letby made some of her notes that we've already dealt with, but also did Lucy Letby record the fact that care was handed over to Staff Nurse Davies?

TYNDALL: Yes.

JOHNSON: Thank you.

At 216, is there then a tile which covers quite a long period of time between 16.11 that afternoon and 20.31, which is just after the end of the shift, and is a summary of the fact that various Facebook messages were being exchanged between Lucy Letby and [Dr A] over that 4-hour and 20-minute period of time, relating to social matters, work issues but nothing relating to [Baby Q]?

TYNDALL: Yes.

JOHNSON: At 217, timed at 20.25, is there a radiologist's report concerning the position of the ETT?

TYNDALL: Yes.

JOHNSON: Then at 218 do we have Amy Davies' record of a blood gas, timed at 20.40?

TYNDALL: Yes.

JOHNSON: Followed at 219 by an outgoing message sent by Lucy Letby to [Dr A], timed at 20.47?

TYNDALL: Yes, that reads:

"Wow, I think I might be almost finished."

JOHNSON: Thank you. At 220 to 222, is that the standard three recorded by Amy Davies at 21.00 hours?

TYNDALL: Yes.

JOHNSON: Then do we come back to what is the beginning of quite a long series of text messages?

TYNDALL: Yes.

JOHNSON: Starting at 223 with a tile covering social messages between Lucy Letby and her mum between 21.15 and 21.16?

TYNDALL: Yes.

JOHNSON: Then at 224, a message sent by Minna Lappalainen at 21.17 to Lucy Letby saying:

"Thank you for being a good friend today"?

TYNDALL: Yes.

JOHNSON: Was there then some messaging from Lucy Letby to initially someone called Elizabeth Acton and then Minna Lappalainen?

TYNDALL: Yes. The message to Elizabeth Acton reads:

"Sorry, Liz. Do you mind if we leave it? I'm finishing work again late for third day running and back in Monday, Tuesday, Wednesday, so few things to do tomorrow. Sorry."

And then 2 minutes later the response to Minna Lappalainen:

"Don't need to thank me, Minna. I'm always here for you. Please don't feel you have to be on your own. Are you feeling a bit brighter? Did you get some food?"

JOHNSON: Of course it was Minna Lappalainen who had filled in the chart when [Baby Q] collapsed?

TYNDALL: Yes.

JOHNSON: At 227, did Minna Lappalainen send a message to Lucy Letby at 21.43 saying, "Yes, thanks", and pictures of various foodstuffs which I'll leave other people to interpret:

"Didn't cry once in Morrisons but really I'm really happy you were there for me. Think I need some decent kip tonight. I'll be in touch tomorrow. Sleep well, Lucy"?

Is that followed by at 228 a blood gas record, timed at 21.45, completed by Nurse Davies?

TYNDALL: Yes.

JOHNSON: Then a response by Lucy Letby to Minna Lappalainen at 229?

TYNDALL: Yes, that reads:

"Take care. Hope you sleep well. See you tomorrow."

JOHNSON: At the same time was there an incoming message from Sophie Ellis to Lucy Letby, saying:

"How you're feeling okay today"?

TYNDALL: Yes.

JOHNSON: Did that elicit a response at tile 231?

TYNDALL: Yes, 2 minutes later saying:

"Thanks, Sophie. Another busy day but okay and at least off tomorrow. Hope you girls enjoyed yourselves last night."

JOHNSON: Did Minna Lappalainen then send an emoji to Lucy Letby at tile 232, 21.50?

TYNDALL: Yes.

JOHNSON: Followed by a response from Sophie Ellis, tile 233, at the same time, 21.50, saying:

"I think you more than deserve a day off. It was lovely, thanks, just sorry to guys have such [maybe 'you guys'] have such an awful time."

TYNDALL: Yes. Then Lucy Letby replies at 21.54:

"Glad you enjoyed it and Ailsa had you all there to celebrate. It's been awful but we'll be okay."

JOHNSON: Then at 22.00 hours, tiles 235 to 237, do we have the standard three recorded by Amy Davies?

TYNDALL: Yes.

JOHNSON: Followed at 238 by Amy Davies' nursing note, timed at 22.29?

TYNDALL: Yes.

JOHNSON: Could you take us through that, please?

TYNDALL: "Care of [Baby Q] taken over at 19.30. All emergency equipment checked and in correct working order. [Baby Q] had just been intubated as I arrived on shift. Pressure of 18/5. Rate of 40 in air. He is on 150ml per kilo infusing via a UVC. TPN/lipids (15ml/kilogram) and morphine at 40 micrograms/kg/hour. Fluid bolus of 10ml/kg given at 19.50 as prescribed. CBG [so a blood gas] taken at 20.30: pH, 7.468; CO₂, 3.68; bicarb, 19.5; base excess minus 2.6; lactate, unable to obtain. Seen by [Dr A]. Instructed to reduced rate by 10 and PIP by 2 and gas to be repeated in 1 hour.

"Gas repeated at 21.45: pH, 7.370; PCO₂, 5.07; bicarb, 21.5; base excess minus 3.3. Seen by [Dr D]. To continue with current vent settings and to repeat in 2 hours. [Baby Q] was unsettled at the beginning of the shift but has settled. Temperature is elevated. Humidity and incubator temperature altered accordingly. Heart rate is elevated, up to 208 at times, but has

reduced since being more settled. Dad visited and was updated by Dr Gibbs and by [Dr A], and helped to settle [Baby Q]."

JOHNSON: At 239, was there some social messaging which went on for a period of almost 2 hours between 20.48 and 22.46 between Lucy Letby and [Dr A]?

TYNDALL: Yes.

JOHNSON: Was that then followed at 240 by a message sent by Lucy Letby to [Dr A] timed at 22.46?

TYNDALL: Yes, that reads:

"Do I need to be worried about what Dr Gibbs was asking?"

JOHNSON: At 241, did [Dr A] reply, "No"?

TYNDALL: Yes.

JOHNSON: Then at 242:

"He was asking to make sure that normal procedures were being carried out."

TYNDALL: Yes.

JOHNSON: At 243, 244 and 245, all at the time of 23.00 hours, do we have the standard three completed by Amy Davies for [Baby Q]?

TYNDALL: Yes.

JOHNSON: Then did [Dr A] send this message at 246 at that time:

"What exactly did he ask?"

TYNDALL: And the response a minute later is:

"I walked into equipment room, he was asking Mary who was present in room and how quickly someone had gone to him as I wasn't in the room."

Then another message:

"He asked who was there. I said I had popped out of room but Mary was in room and Minna at the desk."

JOHNSON: Yes. Just to remind us, I'm not asking to go back to it, but at tile 87 the other nurse in the room with Lucy Letby in nursery 2 at the time of [Baby Q]'s collapse was Mary Griffith.

TYNDALL: Yes.

JOHNSON: At 249 and 250, are there two prescriptions, timed at 23.04, for cefotaxime and sodium chloride, signed and co-signed by Amy Davies and [Nurse E]?

TYNDALL: Yes.

JOHNSON: Then do we have the continuation of the text conversation or Facebook messaging between [Dr A] and Lucy Letby?

TYNDALL: Yes.

JOHNSON: Did that recommence at 23.08 with a message from [Dr A] saying:

"All he was doing was checking that there wasn't a delay and that a room had been left empty. Was he HDU level because of UVC? There is nothing to worry about."

TYNDALL: Yes. Then the response at 23.10:

"Okay. Was worried because I wasn't with him at time, but Mary was in room and Minna outside. I had B in 1. ITU because of UVC."

JOHNSON: Of course B in this context was the second child for whom Lucy Letby was the designated nurse who was in room number 1 on this shift --

TYNDALL: Yes.

JOHNSON: -- on the day shift.

Tile 253. [Dr A]:

"You can't be with two babies in different nurseries at the same time, let alone predict when they're going to crash."

TYNDALL: She responds:

"I know and I didn't leave him on his own. They both knew I was leaving the room. Feel better now."

JOHNSON: Did [Dr A] respond:

"Nobody has accused you of neglecting a baby or causing a deterioration."

TYNDALL: And the response is:

"I know. Just worry I haven't done enough."

JOHNSON: Which elicited the question, "How?"

TYNDALL: And the answer was:

"We've lost two babies I was caring for and now this happened today. Makes you think am I missing something/good enough."

JOHNSON: Then [Dr A] responded:

"Lucy, if anyone knows how hard you've worked over the last 3 days it's me. The standard of care delivered is tertiary NICU level. If anybody says anything to you about not being good enough or performing adequately I want you to promise me that you'll give my details to provide a statement. I don't care who it is and I don't care if I've left the trust."

Then:

"Promise?"

TYNDALL: Lucy Letby replies with:

"Well, I sincerely hope I won't ever be needing a statement, but thank you. I promise."

JOHNSON: And [Dr A] then at 23.48, tile 262:

"And I don't either. You'll know that the COCH NICU mortality rate is a bit higher than the network average. It makes people (consultants) look at trends and patterns. That may have been why Dr G came to ask. As for the self-doubt, you asked me this morning did I dream because I was worried about having missed something. No, and I don't think you did either. In fact, for [Baby O] you knew he was unwell and flagged it up immediately. I don't know the beginning of the [Baby P] story because I arrived after the bleep. You didn't miss anything that I would expect an experienced ITU-trained nurse to spot. From a resus point of view, you were flawless. It's why I am so happy to work with you. You don't flap, you give perfectly sensible suggestions and things run seamlessly. (You must be good, Rackham said so, seldom praises.)"

That was followed by:

"No more doubt. It's not you, it's the babies. I don't know what happened to [Babies O & P], and accept that the PM may not give any useful answers. I do wonder if they may have had adenovirus."

It's terrible in neonates/perinates. [Baby Q] is different. His behaviour is more bacterial (tachy, temp, reduced UO). I wouldn't be surprised if his blood culture comes back positive."

Did she respond to that?

TYNDALL: Yes, at 23.54:

"Thanks, [Dr A]. I really appreciate you saying that."

JOHNSON: Is that then followed at tile 265 by a single tile covering the period 23.28 to 23.53, and representing the fact that there was social messaging being exchanged between Lucy Letby, [Nurse E] and Emily McCormack?

TYNDALL: Yes. I think Emily McCormack has been missed off that tile on the EPE (inaudible).

JOHNSON: Okay. So the name Emily McCormack needs adding to the green band on the --

TYNDALL: On the top, yes.

JOHNSON: Thank you.

Tile 266, does that relate to data recorded by Amy Davies concerning the fact that [Baby Q] was very unsettled at midnight?

TYNDALL: Yes.

JOHNSON: Then 2 minutes later, tile 267, blood gas record data recorded by Amy Davies?

TYNDALL: Yes.

JOHNSON: At 268, 00.03, did Lucy Letby send a -- continue the conversation with [Dr A]?

TYNDALL: Yes:

"So relieved that it's you who has been there throughout."

JOHNSON: Is there then a prescription for nystatin, which was given to [Baby Q]?

TYNDALL: Yes.

JOHNSON: Then at tile 270, [Dr A] responded:

"It's true. You are one of a few nurses across the region I've worked pretty much everywhere that I would trust with my own children. If you're worried, I'm worried. You should do the APNP course, you'd be excellent."

Then at 271, he says:

"They're possible a bit too big now!"

TYNDALL: Yes. And then the response a minute later is:

"Don't know what to say. Thank you."

JOHNSON: He then replied:

"Self-doubt finished?"

TYNDALL: Yes. The response is:

"I think so, thank you ++."

JOHNSON: In tile 275 at 00.30, did [Dr D] update the clinical notes concerning the condition of [Baby Q] at that stage?

TYNDALL: Yes.

JOHNSON: At that time were [Baby Q]'s observations and the data on the neonatal fluid balance chart recorded?

TYNDALL: Yes.

JOHNSON: At 01.00 hours, was the intensive care chart equipment settings data recorded by Amy Davies?

TYNDALL: Yes.

JOHNSON: Then at 279, was there an X-ray review, timed at 01.12, completed by [Dr D]?

TYNDALL: Yes, of an X-ray taken earlier on in the shift.

JOHNSON: I think taken at 20.25, so towards the beginning of the shift; is that right?

TYNDALL: Yes.

JOHNSON: At 280, were [Baby Q]'s observations taken at 01.15 hours?

TYNDALL: Yes.

JOHNSON: Followed by data on the fluid balance chart at tile 281 --

TYNDALL: Yes.

JOHNSON: -- 5 minutes later? And then the messaging continued, as represented by tile 282, covering the time 00.18 to 01.36, social messaging in effect and work-related material, but nothing to do with [Baby Q], between Lucy Letby and [Dr A]?

TYNDALL: Yes.

JOHNSON: At 283, did Amy Davies complete a nursing note relating to [Baby Q]'s progress through the shift?

TYNDALL: Yes.

JOHNSON: Then at 284, was there a blood gas record completed, timed at 01.58 hours on Sunday the 26th?

TYNDALL: Yes.

JOHNSON: Followed at 02.00 hours, tiles 285 to 287, by the standard three?

TYNDALL: Yes.

JOHNSON: The same material at 288 to 290 at 03.00 hours?

TYNDALL: Yes.

JOHNSON: And again 291 to 293 at 04.00 hours?

TYNDALL: Yes.

JOHNSON: And 294 to 296, at 05.00 hours, continuing an hour later at 06.00 hours at tiles 297 to 299?

TYNDALL: Yes.

JOHNSON: And then a blood gas record at tile 300, timed at 06.23?

TYNDALL: Yes.

JOHNSON: At tile 301, clinical notes made by [Dr D] at 06.50?

TYNDALL: Yes.

JOHNSON: Then the standard three again on the hour at 07.00 hours, tiles 302 to 304?

TYNDALL: Yes.

JOHNSON: At tile 305 was a pathology sample received and -- I'm not asking you to deal with them, but the results are on the tile.

TYNDALL: Yes.

JOHNSON: 306, some further nystatin given orally to [Baby Q] at 07.13?

TYNDALL: Yes.

JOHNSON: Then a blood gas record at tile 307, timed at 07.19?

TYNDALL: Yes.

JOHNSON: At tile 308, at 08.15 hours, did Amy Davies make up the balance of her notes for the shift?

TYNDALL: Yes.

JOHNSON: If we just deal with what she recorded bearing in mind she'd said he was very unsettled at the beginning of the shift, how did she record the balance of the shift, please?

TYNDALL: "Blood gas repeated at 22.00. Satisfactory to continue and repeat in 2 hours. Repeated and improved again so to continue and repeat in 4 hours. From 02.00 to 06.00 [Baby Q] was very settled, minimal handling carried out. Heart rate reduced to 158 to 170. Temperature 36.3 but increased with incubator changes. Gas repeated at 06.23. Poor result: pH, 7.192; PCO₂, 9.22. See chart. [Dr D] contacted and asked for rate to be increased to 50 and she came to review him. Suctioning and repositioning carried out. Nil obtained from ET and oral suction. Gas repeated and much improved; see chart. Passed urine, 60ml, which is 48ml/kg/hour. No contact from parents overnight but midwife was updated to pass on to mum if she wakes in the night. Bili, CRP and U&E obtained."

JOHNSON: Was that supplemented a few minutes later by information recorded by Amy Davies saying that [Baby Q] had been "[query] sucking on the ET tube" at the beginning of shift and midnight?

TYNDALL: Yes.

JOHNSON: We'll come to the full detail in due course. At tile 310, have you put in there the text of a transfer letter compiled by [Dr A] and Dr Burke?

TYNDALL: Yes.

JOHNSON: At tile 311, do we have recorded the fact that [Baby Q] was transferred to Alder Hey Children's Hospital in Liverpool on Sunday, 26 June and remained there until Tuesday the 28th?

TYNDALL: Yes.

JOHNSON: We then come to a fairly long extended series of messaging from tile 312 onwards. As before, if you'd take the part of Lucy Letby and I will do the corresponding role, please.

Does 312 simply record the fact that Lucy Letby and [Nurse E] exchanged social messages between 07.50 and 08.56 on Sunday, 26 June?

TYNDALL: Yes.

JOHNSON: Of course, [Nurse E] was working overnight that shift. It may be that that's what provoked Lucy Letby to send the message at 313 at 8.56.

TYNDALL: Yes, that reads:

"Did [Baby Q] have a stable night?"

JOHNSON: [Nurse E] responded:

"Very unsettled start of night but good gas then crap gas 5-ish. Repeated after some suction I think and a bit better hour later."

Then:

"Our gas machine stopped working a few hours ago though, which is fantastic, so we're having to use labour ward."

TYNDALL: Yes, and Lucy Letby replies:

"Hope he'll be okay. Bloody brilliant. All the money it cost and it hardly ever works. Always broken when got a vent too."

JOHNSON: Then [Nurse E] responded:

"Shit, isn't it? And won't get fixed today!"

TYNDALL: Then Lucy Letby replies:

"That reminds me: need to do a Datix as 100 value difference between an SBR on there and lab."

JOHNSON: [Nurse E]:

"Sophie had my babies off me and didn't know what I meant by TPN bloods."

Then:

"Jesus! Really?"

TYNDALL: Then Lucy Letby replies with:

"Yeah, more on gas."

Followed by:

"OMG. And so she's looking after UVC/UAC? Who has [Baby Q]?"

JOHNSON: So we have a series of responses, no doubt to individual texts coming the other way:

"Maybe tomorrow on gases. Yeah."

That's the response. And it may be that the answer to "Who has [Baby Q]?" is "Kate B".

TYNDALL: Yes.

JOHNSON: Then [Nurse E] says:

"Staffing is shite, isn't it?"

TYNDALL: Yes.

JOHNSON: And then:

"Still meant to be closed. 4 ITU, 1 HDU and 6 special care."

Then:

"Y got screened and LP-ed overnight."

TYNDALL: Lucy Letby replies with:

"Bloody hell. It's not safe, is it, especially with what's gone on? Wonder what's up with Y."

Then:

"I worry that we've got a bug or virus or something on unit."

JOHNSON: Then [Nurse E] responded:

"High temp, chest crackly think said."

Then maybe in relation to "a bug or virus on unit"

is:

"Would explain a lot."

TYNDALL: Yes. And then Lucy Letby replies with an emoji.

JOHNSON: [Nurse E] then sent a message, tile 337, at 09.04:

"Hope get answers for triplets parents after how things went with [Baby I], et cetera."

TYNDALL: To which Lucy Letby replies:

"Definitely."

JOHNSON: Then social messaging followed between 8.45 and 9.21; that's tile 339.

TYNDALL: That's with [Dr A].

JOHNSON: Quite right. Then was there a further message -- was there then a [Baby Q]-related message from Lucy Letby to [Dr A] at tile 340?

TYNDALL: Yes. At 09.21 and that reads:

"Will you let me know how [Baby Q] gets on today, please?"

Followed by:

"Least you've got a break from working with me for a bit."

JOHNSON: He replied:

"If [maybe that should be 'of'] course I will."

Was there then a further series of messaging between 09.43 and 12.18, all summarised at tile 343, as messages about work but no mention of [Baby Q]?

TYNDALL: Yes.

JOHNSON: Then [Dr A] at tile 344, timed at 12.19 sent a message:

"[Baby Q] has NEC."

TYNDALL: Yes. And then Lucy Letby replies with:

"Okay, that's good in a way to have a cause."

Followed by:

"Going to AHCH?"

Which I believe is Alder Hey Children's Hospital.

JOHNSON: Then the response is:

"Just waiting for AXR."

That may be an X-ray or abdominal X-ray.

TYNDALL: Yes. Then Lucy Letby asked:

"Is he stable?"

JOHNSON: [Dr A] responded:

"Ish. Ventilation was up and down overnight. Bilious aspirates this morning. Started met."

Which may be metronidazole.

Was there then a series of social messaging at tile 350 between 12.23 and 12.25?

TYNDALL: Yes.

JOHNSON: Then [Dr A] followed that up at tile 351, 12.58:

"Abdominal X-ray not good. Just sorted a PICU bad."

TYNDALL: Which presumably is "bed".

JOHNSON: Yes.

TYNDALL: Then Lucy Letby replies with:

"Oh no."

And:

"Right decision to do an elective tube yesterday then."

JOHNSON: And [Dr A] responded:

"Looks like it. Has a loop in right quadrant. X-ray shows same and no other gas. Bile dark green."

TYNDALL: Then the reply is:

"Poor family. Who is looking after him?"

JOHNSON: The response to that question at 357, timed at 13.15, was, "Kate B".

Then there followed, a couple of hours later at 15.25, tile 358:

"North-west Transport Team x2 at the same time. I'm just greedy! Long chat with family. Okay but distressed. Panc [which may be pancuronium] for transfer."

Then at 359, between 15.28 and 15.32, was there some social messaging passing between Lucy Letby and [Dr A]?

TYNDALL: Yes.

JOHNSON: An hour plus later at tile 360, timed at 16.44, did Lucy Letby then send a further message to -- a message to [Nurse E]?

TYNDALL: Yes, the relevant part being:

"[Baby Q] unwell with NEC, going to PICU."

JOHNSON: And [Nurse E] responded within a minute:

"Oh no. Poor [Baby Q]. Who's told you that?"

TYNDALL: Yes. Then there's obviously a message of a social nature followed by a reply -- followed by the message:

"[Dr A] let me know."

JOHNSON: In this context that would appear to be [Dr A]?

TYNDALL: Yes.

JOHNSON: At 364, a couple of hours later at 18.21, [Dr A] sent Lucy Letby a message:

"Do you still feel rubbish? Hope not. [Baby Q] just left with transport team, going to PICU. Looks unwell today. CRP still less than 1. We both got it wrong. FCRP 47. Trying to drum up some IP enthusiasm!"

TYNDALL: I think that might be LP.

JOHNSON: I beg your pardon:

"Yes. Other NWTS for 30. Are you still going out for tea? Sitting in resource room with a point of water and [Baby Q] notes to finish. I've put the key back in the cupboard [as read]."

TYNDALL: Yes. And then Lucy Letby responds at 19.26:

"Least he's gone out. Hope he will be okay. Is F still on unit?"

JOHNSON: Was there then a series of messaging about work but not relating to [Baby Q] at tile 366 between the times 19.31 and 20.10?

TYNDALL: Yes.

JOHNSON: Did [Nurse E] then send a message, tile 367, at 21.16, saying:

"They think [Baby Q] could be an volvulus apparently"?

TYNDALL: Yes. And then Lucy Letby replied at 21.45, "Oh no", and then a sad face emoji.

JOHNSON: Then some work-related messaging but not concerning [Baby Q] between [Dr A] and Lucy Letby between 22.04 and 23.20, tile 369?

TYNDALL: Yes.

JOHNSON: Did Lucy Letby then send a message back to [Nurse E], tile 370, at 22.47?

TYNDALL: Yes, saying:

"Hope your night okay. How do you know about [Baby Q]?"

JOHNSON: The response was:

"Kate B said when came in."

TYNDALL: Yes.

JOHNSON: Did there then continue further work messaging but not relating to [Baby Q]?

TYNDALL: Yes.

JOHNSON: Did [Nurse E] send a message to Lucy Letby at tile 363 timed at 22.51 saying:

"U still out drinking?"

TYNDALL: Yes, then Lucy Letby replies with:

"Oh no, poor thing [emoji]. Oh, is that because better staffed now [Baby Q] gone? On way home."

JOHNSON: Did [Dr A] then send a message, tile 375, at 23.36, saying:

"Okay. Wouldn't want to let, but if it's anything you think I could help with, please ask. [Dr B] was better after a chat. She does seem to get the short end of the stick with on-calls. I don't know about that. I know what you said last night about how I work, but today has been funny. Everything seemed to take a long time to organise. Discussion with [Baby Q] parents was hard because of previous baby at AH"?

Which may be Alder Hey.

Was there then some social messaging at tile 376?

TYNDALL: Yes.

JOHNSON: Followed by Lucy Letby's response to the longer message from [Dr A] at tile 377?

TYNDALL: "Thanks. Things are just that bit harder when tired, on your own, else. Good, I like [Dr B]. Organise on your part or as nursing/medical combined? Why was the conversation hard?"

JOHNSON: Then [Nurse E] sent a message to Lucy Letby, tile 378, at 23.39 saying:

"Yeah, because he was one-to-one, wasn't he?"

Followed by:

"We can only set 1 vent up because of HSDU parts."

And then an emoji.

TYNDALL: Yes. And then Lucy Letby replies with. "OMG".

JOHNSON: [Nurse E] said:

"I've just stripped a vent and half set up but got 2 just sat in equipment room. Got the squarer type thing but not any more of a cylinder one. No SMOF either so going up to that vial thing."

TYNDALL: Yes. And Lucy Letby replies with:

"Ah, okay. Vent will run without that if that's all that's missing."

JOHNSON: Then I'm not quite sure which word should be substituted but [Nurse E] then appears to substitute the word "use" or "use" for one of the words in one of the previous messages?

TYNDALL: I think it may be "up", so:

"... going to use that vial thing."

JOHNSON: So, "Going to use that vial thing"?

TYNDALL: Yes.

JOHNSON: Thank you.

TYNDALL: And then Lucy Letby replies with:

"Poor, isn't it? Had no buy bicarb Thursday/Friday."

JOHNSON: [Nurse E] said:

"Oh, will it? Don't think any of the girls seem to know that, as for Linda and Amy last night and Caroline O and Mel tonight saying don't know what will do if need more than 1."

TYNDALL: Then Lucy Letby replies a minute later with:

"Oh sure you can. Thought that was the sound silencer part. Could be wrong but would be worth setting up and seeing if it runs. Guess there is the children's ward one if desperate and transport inc."

Then:

"Not good though. Don't know how we've run out of so much stuff."

JOHNSON: At 389, did [Dr A] send Lucy Letby a message, the starts of which was social related, and about work but not related to [Baby Q]? Followed by:

"No, the nursing part was fine. Don't think it was me. X-rays took a while to get. Transport refused. Transport team refused. Transport team half agreed and then transport agreed. So much wasted time given that the PICU bed was organised in 5 minutes. Previous move to AH for treatment of sibling. Mother upset that it was the only option."

TYNDALL: Lucy Letby then sends a message that is not relevant to [Baby Q].

JOHNSON: Is there then a further series of messaging covering a period of an hour and 41 minutes at tile 391 between 00.03 and 01.44 hours?

TYNDALL: Yes.

JOHNSON: Followed by [Dr A], tile 392, at 01.50 asking:

"When you asked who was looking after [Baby Q], were you worrying about anything?"

TYNDALL: To which Lucy Letby replies:

"Worrying about? It's blank."

JOHNSON: Then he repeated:

"Anything?"

TYNDALL: And she replies with:

"Oh, no, just wondered."

JOHNSON: And [Dr A] then said:

"Okay. Amy phoned halfway through the shift because she thought he looked worse at 7 o'clock. He had a bit of a poor gas just before the handover."

TYNDALL: Then Lucy Letby replies with:

"Amy usually rings."

JOHNSON: He then replied:

"Worrying about things or checking on baby?"

TYNDALL: To which she responds with:

"Both. Her and Bernie ring after most shifts."

JOHNSON: She sends some further messaging between 02.03 and 02.17, which relating to work but did not mention [Baby Q]?

TYNDALL: Yes.

JOHNSON: Did [Dr A] then, in effect the following morning, albeit it's the same day, so Monday the 27th at 10.55 hours, send this message:

"Did you manage some sleep? Back on NNU. Just about to do J drugs and Badger. [Baby R] is very well. They want to send [Baby Q] back as a medical NEC. Not sure if the unit is open for transfers. Few managers/medical director around this morning."

TYNDALL: Then the response 2 minutes later:

"Yes, got some sleep. Did you? Good news about both. Hope they don't rush [Baby Q] back."

JOHNSON: He responded at 11.02 hours, tile 403:

"Got about 3 hours. Coffee. Is good! It was odd. He's only been there for 14 hours. I think this is a sign of how Alder Hey it's going to be. They are so short of beds that they can only accommodate emergency patients. It's not good holistic care and it's rubbish for his parents."

TYNDALL: And then Lucy Letby replies with:

"It's a lot of upheaval and stress for the baby and the family. What time do you finish today?"

JOHNSON: Does the final tile in the sequence record that [Baby Q] was returned or transferred back to the Countess of Chester neonatal unit on Tuesday, 28 June and cared for there until 25 July when he was discharged?

TYNDALL: Yes.

JOHNSON: Thank you.

That's the final sequence of events. Can we move on the neonatal review, please? Mr Stansfield has copies for your Lordship and the jury.

(Handed)

The final neonatal review. Looking at the front sheet, please, Mrs Tyndall, does this bear your details?

TYNDALL: Yes.

JOHNSON: The conventions which have applied to all the other reviews apply equally to this; is that right?

TYNDALL: Yes.

JOHNSON: So looking at the second page, we have a series of data lines numbered 1 through to 20, covering a period of time from 02.15 hours in the morning to 07.30 hours; is that right?

TYNDALL: Yes.

JOHNSON: Three of those lines concern [Baby Q], lines 8, 9 and 19 respectively?

TYNDALL: Yes.

JOHNSON: Each, of course, appears in the sequence of events?

TYNDALL: Yes.

JOHNSON: And each. In this instance, is completed by Samantha O'Brien, who was [Baby Q]'s designated nurse on that night shift?

TYNDALL: Yes.

JOHNSON: We then have the population distribution chart at line 21?

TYNDALL: Yes.

JOHNSON: Which replicates the information in tile 87 of the sequence of events?

TYNDALL: Yes.

JOHNSON: To remind ourselves, [Baby Q] is in nursery 2. The other baby in nursery 2 is being looked after by Mary Griffith?

TYNDALL: Yes.

JOHNSON: Lucy Letby has the child BM in nursery 1?

TYNDALL: Yes.

JOHNSON: Later in the shift, we saw from the text messaging, BM was put into the care -- or [Nurse B] was given responsibility for BM?

TYNDALL: I think it was Minna.

JOHNSON: You're quite right, it was Minna Lappalainen. So moving on to page 3 then, please, bearing in mind -- if we just look, to give us the perspective or the context, if we turn over for a second to page 4, we'll see the event that we're concerned with is marked by the line at line number 65. So the very top line on page 4.

TYNDALL: Yes.

JOHNSON: This is the lead-up to that event. We see data relating to many children on the neonatal unit between lines 22 and 64.

TYNDALL: Yes.

JOHNSON: So far as Lucy Letby is concerned, as always, it's the blue font that denotes her signed involvement?

TYNDALL: Yes.

JOHNSON: We see that, so far as picking out the yellow lines, the [Baby Q] lines first, we see that three of the four were signed by Lucy Letby?

TYNDALL: Yes.

JOHNSON: The fourth, the unsigned one, is the entry at 09.00 hours?

TYNDALL: Yes.

JOHNSON: That 09.00 hours entry was the form that we looked at, as we went through the sequence of events, isn't it?

TYNDALL: Yes.

JOHNSON: It had the columns -- if anyone wants to write alongside it, it's tile 98 of the sequence of events. The data is recorded but there is no signature at the bottom at 9 o'clock?

TYNDALL: Yes.

MR JUSTICE GOSS: Not all data is recorded.

MR JOHNSON: Sorry, yes. My mistake.

So let's just look at what else Lucy Letby was doing in and around that time then. Lines 45, 46, 50 and 51 show that, timed between 08.30 and 08.34, she had some involvement with the children BM and MB?

TYNDALL: Yes.

JOHNSON: BM was her child who was in nursery 1?

TYNDALL: Yes.

JOHNSON: MB was one of Mary Griffith's charges in nursery 3?

TYNDALL: Yes.

JOHNSON: Towards the bottom of the page we then have two entries, 62 and 63. They are entries which relate to the child JA?

TYNDALL: Yes.

JOHNSON: He was one of the three children in nursery 1?

TYNDALL: Yes.

JOHNSON: They are entries timed at 09.04 and relate to the -- are they in effect the same events, they are the giving of some medication to that child, together with the update of that fact on the computer system?

TYNDALL: Yes.

JOHNSON: So that is, at least so far as one of those entries is concerned, an entry that is timestamped by the machine?

TYNDALL: Yes.

JOHNSON: Okay. So we have that degree of exactitude about that particular time at least.

Moving over the page, do we see that there are quite a lot of entries relating to [Baby Q]. So this is after the collapse?

TYNDALL: Yes.

JOHNSON: At 66, 67, 69, 74 to 77, 89, 94 to 96, 98 to 99, 108 and 110?

TYNDALL: Yes.

JOHNSON: So far as the nursing entries are concerned, with the exception of the brady/apnoea/fit chart that we actually looked at as we went through, which is at line 66, are the nursing entries all ones to which Lucy Letby has made at least a contribution if not the only entry?

TYNDALL: Yes.

JOHNSON: Just so that we can bear this in mind, the child Lucy Letby had in nursery 1 was BM; is that right?

TYNDALL: Yes.

JOHNSON: Are there any entries made in relation to BM at about the time of [Baby Q]'s collapse?

TYNDALL: On page 3 there is an entry at line 59, but there's no name recorded on the chart.

JOHNSON: On page what, sorry?

TYNDALL: Page 3, line 59. At 09.00 there is an entry made on the intensive care chart for baby BM but no name is recorded.

Then after the event, we've got entries for baby BM at lines 83, 84 and 85, all of which are by Minna Lappalainen, who takes over the care from Lucy Letby, as noted in baby BM's notes.

JOHNSON: Yes. So in time, the entry closest to [Baby Q]'s collapse in BM's notes is that which appears at line 59?

TYNDALL: Yes.

JOHNSON: That pre-dates or pre-times [Baby Q]'s collapse if the time is accurate?

TYNDALL: Yes.

JOHNSON: Page 5 of 7, please. Of course we're still after the event, so to speak. We see there are lots of [Baby Q] entries. As before, all the nursing entries are Lucy Letby entries; is that right?

TYNDALL: Yes.

JOHNSON: There are some medical entries and an X-ray entry, which are plainly not Lucy Letby.

TYNDALL: Yes.

JOHNSON: Otherwise, the Lucy Letby entries are at 119, relating to the child JA?

TYNDALL: Yes.

JOHNSON: Who is in nursery 1?

TYNDALL: Yes. And [Baby Q] is in nursery 1 at this point.

JOHNSON: Yes, and the child AR, who's also in nursery 1?

TYNDALL: Yes.

JOHNSON: Then the final -- it's not the final page, but the final page that relates to medical entries at least, is page 6 of 7, lines 158 down to 169, which are, with one exception, all [Baby Q] entries --

TYNDALL: Yes.

JOHNSON: -- other than [Dr A]'s contribution?

TYNDALL: Yes.

JOHNSON: All appear to have at least a contribution from Lucy Letby?

TYNDALL: Yes.

JOHNSON: The one exception to that rule is 169, which is child AR, who was in nursery 1, which is a joint effort by [Nurse B] and Lucy Letby?

TYNDALL: Yes.

JOHNSON: Then we see on the final page, 7 of 7, the population distribution as at the end of the shift?

TYNDALL: Yes.

JOHNSON: Thank you. We see that, as you have told us already, in nursery 2 where BM was, that child's responsibility had passed to Minna Lappalainen?

TYNDALL: Yes.

JOHNSON: If we compare the shift beginning to the shift end population, it looks like what happened was they put [Baby Q] from 2 to 1 and they put BM from 1 to 2?

TYNDALL: Correct.

MR JOHNSON: That is the obvious inference.

I don't know whether there are any questions.

My Lord, that may be --

MR JUSTICE GOSS: Yes, certainly. Thank you very much, Mrs Tyndall, that completes your evidence.

(The witness withdrew)

2.05, please, members of the jury.

(1.04 pm)

(The short adjournment)

(2.05 pm)

MR JUSTICE GOSS: Mr Astbury.

Witness statement of MS SUSAN DILLON (read)

MR ASTBURY: My Lord, two statements to read, please, by way of beginning this afternoon. The first one is at page 11 of my Lord's bundle, it's a statement from Susan Dillon. It's dated 12 April 2018 and she says as follows:

"I am a registered midwife, having qualified in 2007. Between April 2011 and December 2016 I worked as a midwife at the Countess of Chester Hospital.

"At 02.05 hours on Wednesday, 22 June 2016 I was on duty in the labour ward when the care of [Mother of Baby Q] was handed over to me from the postnatal ward. [Mother of Baby Q] had placenta previa and was bleeding. We estimated that she had already lost 200ml of blood. There was concern that the placenta had started to detach from the uterine wall. [Mother of Baby Q]'s observations (blood pressure, pulse and temperature) were all in normal limits, but at this time she was complaining of a tender abdomen.

"At 02.45 I contacted [Mother of Baby Q]'s partner to provide him an update as he was not present. The baby, who was being monitored was fine. The foetal heart rate was 130, which was within the normal range of 110 to 160 beats per minute. Variability of the heart was greater than 5 beats per minute and accelerations were present with no sign of decelerations. These are all reassuring factors.

"At 03.00 hours I documented that [Mother of Baby Q] had two further fresh blood losses and a large blood clot. The total of blood lost was now at 1,595ml. [Mother of Baby Q] was now beginning to tighten/contract. The foetal heart rate was 120, which is good, and the baseline heart rate and variability were

all normal. Accelerations in the heart rate were present and there were no signs of any decelerations.

"At 03.10 I noted that [Mother of Baby Q] had a further blood loss, the total now standing at 1,895ml, and Gelofusine intravenous fluid replacement was started.

"At 03.20 I noted that [Mother of Baby Q] was starting to feel unwell and a decision was made by Dr Finney to start her on oxygen via a facial mask.

"At 03.30 hours I noted that [Mother of Baby Q], who was already prepared for surgery, was transferred to theatre for an emergency caesarean section under a general anaesthetic. The foetal heart rate was audible at 140 beats per minute, which again was normal.

"At 03.33 hours I noted that [Mother of Baby Q] was now in theatre and the CTG [that's the monitoring of the baby] was recommenced. The foetal heart rate was 110 beats per minute and the foetus was ++ active, which was all normal.

"At 03.50 hours the foetal heart rate was 110 beats per minute and the baby was coping well.

"At 04.00 hours I noted that CTG was discontinued for the emergency caesarean section to take place.

"At 04.09 hours I noted that this was the time of birth, that the baby was male and in good condition for its gestational age.

"The baby was taken straight to awaiting paediatricians at the Resuscitaire. As this was an emergency C-section, with that gestation, this is standard practice. The persons present were Dr Huw Mayberry, Dr Andrew [Henton] and neonatal nurse Amy Davies.

"At 04.11 hours the placenta and membrane were delivered and all appeared complete.

"At 04.23 I noted that the baby was taken to the neonatal unit by the paediatric team. Throughout this process there were no major concerns for the mother and the baby. And other than the blood loss [Mother of Baby Q] had no other risks. She had no signs of an infection which might include a raised temperature, low blood pressure or perhaps even a high pulse rate."

That concludes her statement, my Lord.

Witness statement of MR CHRISTOPHER BOOTH (read)

MR ASTBURY: If I can go on to that of Christopher Booth, please, who I'm sure everyone will remember is one of the neonatal nurses.

In his statement dated 20 October 2020, he says this:

"Further to my involvement with the care of [Baby Q] during the day shift of Thursday, 23 June 2016, I do not remember baby [Baby Q] but I have had the opportunity to review his medical notes to assist with this statement.

"On this day I was working a long day shift, which is typically from 07.30 hours to 20.00 hours, within the NNU at the Countess of Chester Hospital.

"I was [Baby Q]'s designated nurse during this shift, but I do not recall which nursery I was caring for him in. [Baby Q] was a premature infant born at 31 plus 5 weeks' gestation, and at the time of taking over his care he was receiving respiratory support in the form of nasal CPAP, but not requiring any supplemental oxygen.

"I took him off CPAP to rest his pressure areas (the CPAP apparatus can cause pressure and discomfort around the nostrils and the bridge of the nose). His work of breathing did not seem to increase following this; he was coping well self-ventilating in air.

"His blood gas analysis [that's measuring the pH/acidity of the blood, carbon dioxide and oxygen levels] showed that he was coping well. This meant I could confidently leave him off CPAP for a longer period. A further capillary blood gas taken later in the shift was also satisfactory.

"I omitted enteral feeds due to obtaining likely bile-stained aspirate from his stomach. This was a precautionary action as bile-stained aspirate can be an indicator of necrotising enterocolitis, seen predominantly in premature infants. In general, this was an unremarkable shift, where [Baby Q] made good progress. I had no concerns for him when I handed his care over to Nurse Tanya Downes at the end of my shift."

With that, could I please call Tanya Downes.

MS TANYA DOWNES (affirmed)

Examination-in-chief by MR ASTBURY

MR ASTBURY: Although I'll be asking you the questions, if you could make sure, please, you keep your voice up so everyone at the back of the room can hear it, that would be very helpful and

it would save us having to ask you to repeat any of your answers.

Could we start with your full name, please?

DOWNES: Yes, it's Tanya Elizabeth Downes.

ASTBURY: And your occupation, please?

DOWNES: I am currently a lecturer at Chester University.

ASTBURY: Thank you. Did you graduate as a nurse in 2001?

DOWNES: I did, yes.

ASTBURY: And did you initially work at the neonatal unit at Leighton Hospital in Cheshire?

DOWNES: I did, yes.

ASTBURY: Did you complete your advanced paediatric nurse practitioner master's qualification in 2009?

DOWNES: I did, yes.

ASTBURY: Did you then continue to work in the urgent care centre at Leighton Hospital?

DOWNES: I was -- yes, at the time, yes, I was at the urgent care centre at Leighton.

ASTBURY: I think you then moved on to an out-of-hours service; is that right?

DOWNES: Yes.

ASTBURY: And then I think on to another hospital as well?

DOWNES: A walk-in centre in Liverpool.

ASTBURY: Was that the Smithdown in Liverpool?

DOWNES: Yes.

ASTBURY: I want to concentrate, please, on your position in June of 2016 when I understand that you were working as a nurse working on a nurse bank; is that right?

DOWNES: Yes, it was the temporary staffing at the Countess of Chester.

ASTBURY: And did you work anywhere in particular at the Countess of Chester when you were in that position?

DOWNES: Just on the neonatal unit at Chester.

ASTBURY: Did you work a night shift through from Thursday, 23 June 2016 into Friday, 24 June 2016?

DOWNES: I did, yes.

ASTBURY: Were you designated nurse for a little baby called [Baby Q]?

DOWNES: Yes, I was.

ASTBURY: And do you recall where [Baby Q] was situated that particular night shift?

DOWNES: Yes, he was in room 1, the intensive care room, in the middle of the room between the two sections.

ASTBURY: We've heard that the night shift ordinarily, routinely, starts at 7.30 at the neonatal unit; is that your recollection?

DOWNES: It is, yes.

ASTBURY: There's a handover from 7.30 until 8 between day and night staff; is that correct?

DOWNES: That's correct, yes.

ASTBURY: And then you assume sole responsibility from 8 o'clock thereafter?

DOWNES: I did, yes.

ASTBURY: Okay. At the start of your shift do you recall any unusual event?

DOWNES: With [Baby Q]?

ASTBURY: With anything in the unit. Was your attention drawn to anything during the course of the early part of your shift?

DOWNES: I'm not sure if it was that day, but before one of my night shifts over the dates around that, yes.

ASTBURY: Okay. So it's an event you've described in your witness statement?

DOWNES: Yes.

ASTBURY: So tell us what it was that you recalled in your witness statement and then we'll see whether we can assist with the date or timing of it.

DOWNES: When I was waiting for handover, I was stood by the nurses' station, which is opposite room 2, the high dependency room, and to the left-hand side of that room there was a baby in an open-top cot, a bit like what we call a Resuscitaire, but it had no top on it and when I looked in, I noticed that the baby didn't look too well. It was an unusual colour and I commented to the nurse next to me that I didn't think he looked too clever, I think were the words I used.

ASTBURY: This is the beginning of a night shift?

DOWNES: Yes.

ASTBURY: Casting your mind back, was it close in time to the occasion when you were the designated nurse for [Baby Q]?

DOWNES: It was the night shift of the EU referendum.

ASTBURY: Okay. We've heard that described by others. I think it was the Wednesday.

DOWNES: The 23rd, I think it was.

ASTBURY: You think it was the 23rd?

DOWNES: I think it was.

ASTBURY: That was the Thursday, so that's the shift we're talking about?

MR JUSTICE GOSS: I think it was a Thursday.

MR ASTBURY: Yes. I couldn't quite remember which day of the week, I could remember the number but I didn't want to lead any more.

MR JUSTICE GOSS: Elections are usually a Thursday.

MR ASTBURY: So this was the night shift we're talking about if it was the night of the referendum; would that be right?

DOWNES: Yes, I think it was, yes.

ASTBURY: Okay. So on the 23rd, do you remember roughly what time or what stage in your shift it was? I think you mentioned it was close to handover.

DOWNES: I may have come in at 7 -- I come in a little bit early just to get settled, make a cup of tea ready, get my piece of paper ready for handover.

ASTBURY: So your attention was drawn to this baby who you said wasn't looking very clever?

DOWNES: Yes.

ASTBURY: What else was going on at the time; can you recall?

DOWNES: Room 2 was quite busy, it was just full of a lot of people. There was a nurse stood at the bottom of the open-top cot wearing dark blue scrubs. I couldn't tell you who that was but it was a female nurse.

ASTBURY: Thank you. So a female nurse was standing by the open cot?

DOWNES: Yes.

ASTBURY: All right. You can't help us with who it was?

DOWNES: No, they were blonde, that's all I could say.

ASTBURY: Do you know which baby it was? Do you know the name of the baby?

DOWNES: No, I don't know the name of the baby.

ASTBURY: All right. It was some time around handover time, a female nurse with blonde hair, and the baby didn't look very well?

DOWNES: Yes.

ASTBURY: Any other reasons why that particular event sticks in your mind?

DOWNES: Because I'd never seen anything like that. I've seen lots of sepsis, but it didn't look like sepsis, it looked unusual.

ASTBURY: Okay. Describe to us then in a little more detail what you could see that was so unusual, please.

DOWNES: They looked a bit mottled, but not -- it is hard to describe. Mottled but not mottled. It was a darker kind of are mottling.

ASTBURY: How much of the baby could you see?

DOWNES: Probably this much (indicating).

ASTBURY: You're indicating --

DOWNES: Chest high.

ASTBURY: Chest up, all right. So the upper part of the torso, shoulders, possibly, head?

DOWNES: Yes, head.

ASTBURY: All right. What, if anything, was the nurse doing given what you could see of the baby?

DOWNES: They were just stood at the bottom of the cot.

ASTBURY: Did that fact strike you as unusual or --

DOWNES: No.

ASTBURY: -- troubling?

DOWNES: There was a lot of activity going on in that room, so I just looked at what was going on, commented to the person next to me, and then we started getting ready for handover.

ASTBURY: Do you happen to remember who the person was that you commented to?

DOWNES: I don't, no.

ASTBURY: When you say there was other activity in the same room, was that other nurses?

DOWNES: It may have been a parent or medical professional, I don't know.

ASTBURY: All right. But it's something that sticks in your mind?

DOWNES: Yes.

ASTBURY: Apart from mentioning it to the person that you were with, did you do anything else about that in particular?

DOWNES: No, because there were people -- nurses in there, so...

ASTBURY: Okay. How often at that time were you working at Chester?

DOWNES: It was ad hoc, as and when, so I may have done a couple of shifts and then nothing for a couple of weeks and then the odd shift again.

ASTBURY: Were you familiar with all the nurses that worked there at that point?

DOWNES: Yes, I'd worked there a few weeks previous on the nurse bank as well and I'd done my neonatal degree with a number of the nurses that were on there.

ASTBURY: Right. The nurse that you mentioned it to, you don't remember who it was. You don't remember who it was or you don't know who it was?

DOWNES: I don't remember who it was. It was a female nurse.

I know the only male nurse wasn't in.

ASTBURY: All right. So if we go back then to [Baby Q]. We've heard that he was born at 04.09 on 22 June, so from the start of your shift at 8 o'clock, say, he'd have been around 39 hours old; is that right?

DOWNES: I don't know, but yes.

ASTBURY: Hopefully my maths is not too far wide of the mark.

And in preparing your statement in respect of [Baby Q], have you looked at the notes that were created back in 2016?

DOWNES: Yes, I got them in 2019.

ASTBURY: Okay. You'll see there's a screen to your right. To assist you, I hope, we're going to get those notes up and see if you could help us with that particular shift and the course of it. I'm going to ask Mr Murphy, who's assisting, please, J24213, which I hope will be your nursing note from that particular shift.

We're becoming familiar with these notes. Are they your initials at the top, TD?

DOWNES: TD, yes.

ASTBURY: Timed at 22.02 -- between 22.02 and 22.05 that evening.

You've noted there that you have taken the handover from the day shift. "In an incubator", obviously you're speaking of [Baby Q]. Can you confirm that?

DOWNES: Yes.

ASTBURY: "Under phototherapy. Umbilical line in situ."

Is that what we've heard described as a UVC?

DOWNES: Yes, it would have been a UAC or a UVC.

ASTBURY: Thank you:

"On Start-up, 6.1ml per hour..."

Start-up being the nutrition, the fluid nutrition via the intravenous method?

DOWNES: Yes.

ASTBURY: "... and lipid at 0.43ml per hour. In air, requiring no respiratory support."

So no CPAP, no Optiflow, just breathing for himself?

DOWNES: Breathing for himself in room air, yes. No assistance.

ASTBURY: "Neopuff and suction checked and in working order."

That's part of the safety procedure when you first take over; is that right?

DOWNES: Yes, you check all your equipment.

ASTBURY: He had passed, is that, meconium?

DOWNES: Yes. He'd passed meconium.

ASTBURY: And you have noted that you aspirated 2ml of bile and blood-flecked aspirate at 21.30 hours.

DOWNES: Yes.

ASTBURY: "Awaiting paed review."

That's from, presumably, one of the medical staff, one of the doctors on duty?

DOWNES: Yes.

ASTBURY: So we're now just after 10 o'clock. So between 9.30 and 10.00 you're waiting for the doctors to come and see [Baby Q]?

DOWNES: Yes.

ASTBURY: "Stomach not bloated and bowel sounds in all four quadrants."

We've heard about the various concerns that nursing staff have when there are aspirates. Does that suggest that you would have checked [Baby Q]'s stomach at that point?

DOWNES: Yes.

ASTBURY: Thank you. Did you have at that stage any major concerns about [Baby Q]?

DOWNES: Just to observe, really, at that stage, stop the feeds.

ASTBURY: All right. We've probably got -- we have got the feeding charts, if we can have a look at those, please.

Could I ask Mr Murphy to go to J24311.

If we look -- this is the 23rd, if we look down towards the bottom right, please, of the form, Mr Murphy.

Hopefully, Nurse Downes, you'll recognise your initials in the final column.

DOWNES: Yes.

ASTBURY: We're going to zoom in if that's okay.

DOWNES: Yes.

ASTBURY: Are you able to confirm that those, I think, four initials are yours?

DOWNES: Yes, they are mine.

ASTBURY: We can see there, that summarises [Baby Q]'s feeding regime at the time. I don't think in fact he was receiving any milk at that point, is that right, or do we need to look further up the page for that?

DOWNES: No, we stopped it after the bile aspirate.

ASTBURY: Is that the one we can see at 21.30, the fourth line up?

DOWNES: Yes.

ASTBURY: That's the one you spoke of in your note?

DOWNES: Yes.

ASTBURY: When you say "we stopped the feeds", would that be in consultation with anybody?

DOWNES: The paediatrician.

ASTBURY: Okay. So do we take it that after you'd written your note at round about 10 o'clock, the paediatrician came along and that was the view?

DOWNES: Yes, we stopped that and at midnight increased the total parenteral nutrition fluids.

ASTBURY: We'll come to the feeding in a moment. You told us that you checked [Baby Q]'s tummy.

DOWNES: Yes.

ASTBURY: Do you recall anything else that you checked?

DOWNES: As part of the normal checks, I would have checked his lower limbs because he had a UVC in, to check that he didn't have any clots. So that they were well perfused, warm.

ASTBURY: When you talk about his lower body, it might be obvious, I'm sorry --

DOWNES: His legs.

ASTBURY: What are you looking for to be perfused?

DOWNES: Pink toes.

ASTBURY: All right. Was that the case (overspeaking) --

DOWNES: Yes, they were fine.

ASTBURY: Thank you. I'm going to look at the feeding chart after midnight in a moment but could we look at your observations, please, just with that in mind, which is behind tile 12, please, Mr Murphy, on our presentation.

In fact, this is the feeding chart. We'll deal with the feeding chart now. If we look to the bottom left this time this is the new feeding chart that begins at midnight, I think the last one took us up to midnight.

In the bottom left, do you recognise again your initial?

DOWNES: Yes.

ASTBURY: Above your initials are they entries that you have made in [Baby Q]'s feeding chart?

DOWNES: Yes, that looks like my writing.

ASTBURY: If we look at the feeding chart, we can see, can we, you confirm for me, that on the second row up of data there's an NGT in place; is that right?

DOWNES: Yes, there is, yes.

ASTBURY: We can look along the top row and see "TPN", "Rate of TPN, 6.9", and we know there's an aggregate kept as the day progresses. And you have checked each hour. If we can go down, please, to where it indicates NGT. It suggests 0.5ml at 2 am?

DOWNES: Yes.

ASTBURY: What would that have been, please?

DOWNES: They would have -- we would have aspirated -- there may have been minimal aspirates in there, so no more bloodstained, and then we would have started to recommence based on a paediatrician review.

ASTBURY: We have -- the row below has a specific box for aspirates where we've got "minimum", "minimum" and "1.5". Can you see those entries?

DOWNES: Yes.

ASTBURY: I'm just wondering, if having seen that, that's in the feed column, whether that's aspirate or it might be something else? You, please, correct me if I'm wrong.

DOWNES: It would have been stomach acid, just a small part just to test the litmus paper.

ASTBURY: I'm going to take you to the observations chart now if I may. That's at J24306, please. This again is a form I know you'll be familiar with. If we go to the very bottom, can we see your initials again towards the final third of the document?

DOWNES: Yes.

ASTBURY: In fact you have written your name in.

DOWNES: I did.

ASTBURY: That's very helpful, thank you.

We can see you have entered there that [Baby Q] was in air, his saturations, we've learnt, don't get much better.

DOWNES: No, good.

ASTBURY: Is the "yes" referring to the phototherapy --

DOWNES: Yes.

ASTBURY: -- in the first few boxes? Okay. That seems to have come to an end at the end of your shift; is that right?

DOWNES: It'll be --

ASTBURY: In fact, is that your break --

DOWNES: That's when I went for my break around 2 o'clock/3 o'clock.

ASTBURY: If we scroll up towards the areas with the yellow parameters, you're on duty between 20.00 hours and through to the 02.00 hours entry, presumably, or the 06.00 hours. Heart rate steady and within normal parameters?

DOWNES: Yes, for his age, yes.

ASTBURY: Likewise respirations?

DOWNES: Yes.

ASTBURY: And the final entry is temperature. Could you tell us what that straight line means, please? Is that the optimum temperature?

DOWNES: What, the dark, the black one?

ASTBURY: Yes.

DOWNES: Yes.

ASTBURY: All right.

DOWNES: It can go anywhere between the white to keep it within normal range for his age.

ASTBURY: Any concerns arising out of those temperature readings?

DOWNES: Not at the time, no.

ASTBURY: Apart from the aspirate that you told us about and the conversation you had with the registrar -- do you remember who the doctor was that you spoke to?

DOWNES: No.

ASTBURY: Apart from that, any concerns about [Baby Q] during the course of that night shift?

DOWNES: No.

MR ASTBURY: I have no more questions, thank you. If you could wait there, please.

Cross-examination by MR MYERS

MR MYERS: Ms Downes, Mrs Downes, I don't know which you prefer.

DOWNES: I don't mind.

MYERS: Nurse Downes, I'll try that. On the night that you were working you have told us about, you were working as a bank nurse; is that correct?

DOWNES: Yes, I was, yes.

MYERS: And how long had you worked as a bank nurse on and off at the Countess of Chester; do you recall?

DOWNES: I'd worked on and off over the years but on that episode since probably about Eastertime.

MYERS: Thank you. You told us about a baby that you'd noticed in a room whilst you were standing at the nursing station at the start of your shift. Is the room that you're describing, from recollection, room 2, nursery 2?

DOWNES: Yes.

MYERS: And were you standing at the nursing station?

DOWNES: Yes.

MYERS: And so it's possible, isn't it, to see into room 2, nursery 2, from the nursing station, isn't it?

DOWNES: Yes.

MYERS: And you can also see what a babies looks like in there?

DOWNES: Yes.

MYERS: The nurse that you described standing at the foot of the cot you say was wearing dark blue scrubs.

DOWNES: Yes.

MYERS: Now, at the neonatal unit at the Countess of Chester the uniforms, the colour of the uniforms denotes different bands of nurse, don't they? You're nodding, you'd better say yes.

DOWNES: Sorry, yes.

MYERS: Dark blue scrubs are worn by senior band 6 nurses; that's correct, isn't it?

DOWNES: Yes.

MYERS: And then junior band 6 and band 5 nurses would wear just bright blue scrubs?

DOWNES: Yes, like the royal blue.

MYERS: Like royal blue. And you're familiar with the difference?

DOWNES: Yes.

MYERS: Thank you. The time that you have told us about where you were caring for [Baby Q], did it strike you that there did seem to be a number of babies with bowel problems at the Countess of Chester neonatal unit?

DOWNES: Yes.

MYERS: And [Baby Q] seemed to be one of those from your experience of him, didn't he?

DOWNES: Yes.

MYERS: Actually, your experience of [Baby Q] extended a little beyond the evening that we're looking at, didn't it?

DOWNES: Yes.

MYERS: I'll come to that shortly. Even when he came to leave the unit, which is on 25 July, so about a month later, even at that point you had some concerns that he wasn't feeding properly, didn't you?

DOWNES: Yes, from what one of the healthcares had said to me.

MYERS: I'll come to the period after he left and your involvement anyway. I'll ask you first then about the night shift of the 23rd and 24 June.

If we could please put up tile 121. This is the feeding chart that we've looked at already. I'll check I've got the right one here.

(Pause)

We don't have this on the tiles. Could we put up J24311? The one we need to look at isn't on the tiles and it's the one we have looked at already, but I want to look at it with you, please, Nurse Downes.

Thank you. If we just look a little higher up the chart, rather than straight to where you came on duty.

I'm going to look at where we've got 09.00 and just look at the entry there and then ask you something about this.

We know that it's Nurse Christopher Booth who had been looking after [Baby Q] before your shift.

DOWNES: Yes.

MYERS: We can see certain initials in the right-hand side and we can see at 09.31, it says, "2ml light bile". Can you see that?

DOWNES: Yes.

MYERS: When you came on at handover, was it highlighted to you that there had been some stomach acid aspirates via the NGT that had been taken from [Baby Q]?

DOWNES: Yes.

MYERS: That was something that was pointed out to you, wasn't it?

DOWNES: Yes.

MYERS: No major concerns at that point, were there?

DOWNES: No.

MYERS: You also understood that he'd passed meconium?

DOWNES: Yes.

MYERS: [Baby Q] was born at about 4 in the morning on 22 June, so he would be about 40 hours old by the start of your shift. Is passing meconium something that you would expect to have happened by that time if all is going well?

DOWNES: Yes, within the first 48 hours.

MYERS: If meconium isn't passed within the first 48 hours is that something which may merit further consideration?

DOWNES: Yes.

MYERS: It may be a problem --

DOWNES: Yes.

MYERS: -- or a blockage or something like that?

DOWNES: Yes.

MYERS: All right. If we scroll down the chart to the part we looked at earlier, Nurse Downes, just to the foot of the chart.

We can see at 21.30, you've noted 21ml (sic), and it says "bile/blood". Is that the entry that you have made?

DOWNES: Yes, 2ml.

MYERS: "2ml bile/blood."

Do you recall whether that was blood in the form of a blood-flecked aspirate that you'd taken from him?

DOWNES: Coffee ground aspirate.

MYERS: Coffee ground aspirate. As it happens, we know that you asked for a review by the paediatrician.

DOWNES: Yes.

MYERS: Was that because of any potential concerns arising from that?

DOWNES: Yes.

MYERS: Again, is bile or a blood-flecked aspirate a potential cause for concern?

DOWNES: Blood-flecked would be, yes.

MYERS: What sort of concerns might be associated with a blood-flecked aspirate?

DOWNES: Possible inflammation of the bowel or necrotising enterocolitis.

MYERS: Right. Could there be concerns as to bowel obstruction in some cases?

DOWNES: Um... Possibly. There's a large number of things it could be. It's a warning sign.

MYERS: For which therefore you regarded it necessary, rightly so, to ask the paediatrician to review [Baby Q]?

DOWNES: Yes.

MYERS: And that took place; is that right?

DOWNES: Yes.

MYERS: Was it as a result of that that it was decided that enteral feeds should be discontinued?

DOWNES: Yes.

MYERS: I'm going to ask if we could next go to tile 61, please, which is the feeding chart that follows this.

I apologise, Mr Murphy, before we go there, could we just return to the chart we looked at? There's one further matter I would like to confirm.

23.30. Can I just check this, where it says "new NGT", is that because you were replacing an NGT that was there for use with the non-enteral feeds or is it a new one was going in?

DOWNES: A new one was going in.

MYERS: So [Baby Q] hadn't had an NGT by this time; is that correct?

DOWNES: One will have come out and the other one would have -- one's gone into the left from the right, so the right one is removed.

MYERS: Thank you. Then can we go back, please, to tile 61.

Could we enlarge the lower right-hand portion of the chart so we can see where Nurse Downes' record of feeds and aspirates is located?

Where we have 1.5ml, so I can be clear, is that milk aspirate or actual acid that's taken out?

DOWNES: I don't know, it could be a mixture of both. No blood.

MYERS: No blood, no. There's no pH recorded at that point; is that right?

DOWNES: No, we don't -- we wouldn't put the pH on there, just whether we've got some aspirates.

MYERS: But that could be milk, as it happens?

DOWNES: It could be milk, yes.

MYERS: Thank you. The shift continued and there was no further concern with [Baby Q]'s condition so far as your involvement; is that right?

DOWNES: Yes, he was good.

MYERS: We can take that down, thank you, Mr Murphy.

Just moving forwards, please, this wasn't the only occasion that you cared for [Baby Q], was it?

DOWNES: No, it wasn't.

MYERS: You also cared for him on the night of the 4th and 5 July?

DOWNES: Yes.

MYERS: Is that something you recall from checking in your statement and the notes you made?

DOWNES: Yes.

MYERS: Was it something you noticed that his digestion certainly appeared to be sluggish on that occasion?

DOWNES: Yes.

MYERS: Were there concerns that you were aware of as to lactose intolerance raised about [Baby Q]?

DOWNES: I overheard a conversation regarding something mum had voiced.

MYERS: I'll deal with that elsewhere in the notes in that case, I won't ask you to repeat that.

As I asked you earlier, he came to be discharged on 25 July 2016. Do you recall him having to be readmitted to the out-of-hours clinic with gut problems after that discharge?

DOWNES: Yes.

MYERS: Did you deal with him on that occasion or were you one of the people that dealt with him on that occasion, Nurse Downes?

DOWNES: Yes, it was in my permanent contract, my substantive post in out of hours.

MYERS: And as part of his history, were you aware that there had been a history of siblings with milk allergy problems?

DOWNES: Yes, at that point, yes.

MYERS: Was that in the GP out-of-hours practice on that occasion?

DOWNES: Yes, in Chester.

MYERS: In Chester?

DOWNES: Yes.

MYERS: Were the problems that were brought to your attention bowel problems, bloating, a degree of pain and not feeding?

DOWNES: Yes, I triaged him and then I booked him into my clinic.

MYERS: Right, thank you. Is that the only additional time you dealt with [Baby Q]?

DOWNES: Out of the hospital, yes.

MR MYERS: Thank you, Nurse Downes.

Re-examination by MR ASTBURY

MR ASTBURY: Just one or two things, please. Coffee grounds?

DOWNES: Yes.

ASTBURY: Could you just explain what you mean by that, please?

DOWNES: Sometimes when you get old blood staining it comes up and it looks like coffee granules, it's that kind of colour and texture.

ASTBURY: Within an aspirate?

DOWNES: Within an aspirate, yes.

ASTBURY: Is that your recollection of that particular aspirate with [Baby Q]?

DOWNES: Yes, and that's why I stopped straightaway.

ASTBURY: Talking about the nasogastric tube, apologies, you said non-left. Could you explain that to me, please?

DOWNES: He had it in his left nare, which means I'd put it in this one (indicating), which means I might have taken it out -- or he might have taken it out himself, they're quite tactile.

ASTBURY: Right.

DOWNES: So sometimes it can come out this side (indicating) and you reposition it in a different one so that you're not traumatising them.

ASTBURY: Right. Thank you. Finally this, and I'm going to ask Mr Murphy to put 24311 up again, please. In particular the columns over to the right-hand side, please.

You were asked, Nurse Downes, about meconium --

DOWNES: Yes.

ASTBURY: -- and how soon you would hope to see meconium in a newborn baby. Why is it important?

DOWNES: It's to make sure they've got a patent bowel and an anus, that everything is working from the top all the way down.

ASTBURY: Can we look at this form, please. We can see at 1 am on 23 June, so that would put us comfortably within that 48 hours that you look for --

DOWNES: Yes.

ASTBURY: -- we can see meconium being passed with the nurse who was on duty then; is that right?

DOWNES: Yes.

ASTBURY: Then if we come down, at 18.20, about three-quarters of the way down, we can see "++ meconium".

MR JUSTICE GOSS: Mr Myers made this mistake. The 20 part is in the column of pressure. I didn't say anything, but as it's been repeated I just wanted to point it out so people weren't getting misled. That's obviously the pressure column and the time is under the hour.

MR ASTBURY: Yes, thank you.

MR JUSTICE GOSS: Sometimes the 30 gets put in when it's a 30, but it's next door to the actual hour number.

MR ASTBURY: Yes.

We can see later that day, "++ meconium"?

DOWNES: It'd be a full nappy.

ASTBURY: Everything working well?

DOWNES: Yes.

MR ASTBURY: Thank you. Does my Lord have any questions?

MR JUSTICE GOSS: No, I don't, thank you very much.

Thank you very much for coming and giving evidence, Mrs Downes. You're free to go. I don't know whether you have any contact with anyone to do with this case at all.

DOWNES: No.

MR JUSTICE GOSS: But just in case you do see someone, don't talk to anyone about it until it's all over. Thank you very much.

(The witness withdrew)

MR ASTBURY: That's as far as we can go, I'm afraid, today with the way in which things have unfolded and clinical commitments for others.

MR JUSTICE GOSS: Yes, I know. It is difficult.

So on Monday, which is a shorter day, of course, because we're only sitting until 2.30 at the latest, I'm just wondering -- I'm not suggesting we start at 10 o'clock because it does cause inconvenience and you're in the routine of 10.30 starts, which are probably more convenient for you. But I was just wondering

whether we might break the day rather differently so that we start at 10.30, sit right through to 12.30, break for an hour until 1.30, and then sit for an hour until 2.30, is that all right, unless anyone wants a comfort break in particular in the morning session? If you do you have only to ask, but if we could do 2 hours until 12.30 and then have a one-hour break. Is that all right? If it's not, just tell me before we start or tell the usher before we start on Monday and I'll go back to it. All right? Thank you very much.

Then the rest of next week, as I said to you yesterday, is just normal through to Maundy Thursday.

Thank you very much. Please remember your obligations as jurors: no communication by any means with anyone about anything to do with this case unless you're all together and can hear what one of you says about anything to do with this case. And no research about anyone or anything to do with this case. Thank you.

(In the absence of the jury)

Housekeeping

MR MYERS: My Lord, we're grateful for the court's assistance with arrangements on Monday.

MR JUSTICE GOSS: You got the message back?

MR MYERS: Yes, we're very grateful for that. And we'd be grateful if we could take the opportunity to see Ms Letby at the conclusion of the hearing today.

MR JUSTICE GOSS: Yes, the senior officer has nodded.

MR MYERS: Thank you.

MR JUSTICE GOSS: Right, thank you.

Mr Johnson, I received messages about personal difficulties in relation to -- if that's going to cause any difficulty on Monday in relation to the calling of evidence, would you just send some notice through about anything?

MR JOHNSON: Yes. We'll do everything we can to make sure it doesn't have an impact.

MR JUSTICE GOSS: I've got another bundle of statements, I think, that were going to be read and some live witnesses to give evidence. All right, thank you very much.

(2.53 pm)

(The court adjourned until 10.30 am on Monday, 3 April 2023)