

6 April 2023

Baby Q

CONTENTS

Housekeeping

DR SANDIE BOHIN (recalled)

Examination-in-chief by MR JOHNSON

Cross-examination by MR MYERS

Re-examination by MR JOHNSON

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

MRS CLAIRE HOCKNELL (recalled)

Examination-in-chief by MR JOHNSON

Housekeeping

Thursday, 6 April 2023

(10.30 am)

(In the absence of the jury)

Housekeeping

MR JUSTICE GOSS: Mr Johnson, Mr Myers, before the jury come in, I've received some notes about sitting difficulties.

Of course one of the issues is that when the jury were empanelled the anticipated finish date was a little bit closer than it's likely to be.

MR JOHNSON: Yes.

MR JUSTICE GOSS: Taking them in order, there is a request to have Friday, 21 April off. That's our first week back where we're starting with half a day on Monday, not sitting Tuesday, then Wednesday, Thursday, and then Friday would be off. That actually might not be an inconvenient day for the jury not to be here in fact.

MR MYERS: Yes, there may be things to be dealt with.

MR JUSTICE GOSS: So I will say yes to that particular request.

Then we get to May. The 22nd, 23rd and 26th, which are Monday, Tuesday and Friday of that week. It is for a very good reason in fact because the juror in question put everything off to then, but that's the last possible date that can be accommodated, anticipating that the trial would have finished by then. So I'm

minded to set his mind at rest and say that we will not be sitting on those days.

MR JOHNSON: Yes. I'm pretty sure that almost -- however things pan out, we will be able to make some use of at least some of that.

MR JUSTICE GOSS: Exactly. So I'll deal with that now because we're going to have this break now, then they won't have it hanging over them, the anxiety.

MR MYERS: My Lord, yes.

MR JUSTICE GOSS: Thank you very much indeed.

Is that all right, Mr Johnson?

MR JOHNSON: Yes. We timetabled Professor Arthurs for the 21st, but he had offered, I think, the day before if necessary and he said he could re-arrange things to accommodate that so I'm just trying to give him as much notice as possible.

MR JUSTICE GOSS: That's helpful. Thank you very much.

(In the presence of the jury)

MR JUSTICE GOSS: Good morning, members of the jury. I've received some notes about requests not to sit on certain days, which I have just been discussing with counsel.

To put the minds of those who are asking for the days off at rest, I agree to not sitting on the days requested, so we will not be sitting on 21 April, we will not be sitting on the 22nd, the 23rd and 26 May either.

What I'm going to do is put all these dates on a list for you and give it to you before we part company this afternoon so you have an up-to-date list of days when we will not be sitting. I just wanted those of you who made the requests to know that they will be accommodated. All right? Thank you very much.

Yes, Mr Johnson.

DR SANDIE BOHIN (recalled)

Examination-in-chief by MR JOHNSON

MR JOHNSON: My Lord, I recall Dr Bohin, please, who is already in the witness box.

Just for the sake of the record, please, would you confirm your identity?

BOHIN: I'm Dr Sandie Bohin.

JOHNSON: Thank you. Dr Bohin, concerning the case of [Baby Q], have you signed four separate reports/statements?

BOHIN: Yes.

JOHNSON: Is the first and compendious report 16 April 2019?

BOHIN: Yes.

JOHNSON: Subsequently, have you signed statements dated 10 June 2021, 5 October 2021 and 15 October 2021?

BOHIN: Yes.

JOHNSON: Albeit those of June and 15 October 2021 deal essentially with pagination issues rather than the essence of your evidence?

BOHIN: The 15 October one is not a pagination one, the previous two are. 15 October was a statement in relation to direct questions asked of me.

JOHNSON: Sorry, yes. I'm reversing the 5th and 15 October, I think. Thank you for correcting me.

Can we just start, as always, by confirming the material that you received. It's paragraph 4.3 of your report of 16 April. Did you receive the notes from the Countess of Chester Hospital together with X-rays?

BOHIN: Yes.

JOHNSON: Material from Alder Hey, being medical and pathological records?

BOHIN: Yes.

JOHNSON: Probably most of that material was in a binder of material which consisted of 816 pages?

BOHIN: That's correct.

JOHNSON: And did you also receive two witness statements made by Dr Evans, dated 3 June 2018 and 25 January 2019?

BOHIN: Yes.

JOHNSON: Was your approach to [Baby Q]'s case essentially the same as your approach to the other 16 cases that you have already given evidence about?

BOHIN: Yes, it was.

JOHNSON: Just dealing with the chronology and taking it up from your section 6 of your report, did you record the time and circumstances and date of [Baby Q]'s birth on 22 June?

BOHIN: Yes.

JOHNSON: Did you address in general terms the issues of his ventilation and how that was managed?

BOHIN: Yes.

JOHNSON: The fact that he was taken off CPAP on 23 June 2016 at 11.30 hours?

BOHIN: Yes.

JOHNSON: Did you, at your paragraph 6.7, record the fact that he remained well, his abdomen was not distended, he was passing meconium, a fact that we have noted at 18.00 hours on 23 June in the hard copy documents at page 24311?

BOHIN: Yes.

JOHNSON: Which is page 3B in section 22 of the hard copy documents that the jury have.

Moving on to 24 June, which of course is the day before the event with which we are primarily concerned, did you record the fact that [Baby Q] was started on milk feeds of a half of one millilitre every 2 hours?

BOHIN: Yes.

JOHNSON: Did you note the aspirations that had been recorded in the records?

BOHIN: Yes.

JOHNSON: At your paragraph 6.9, which is our tile 70, did you summarise the essence of the nursing note that [Baby Q]'s abdomen was full but soft?

BOHIN: Yes.

JOHNSON: And that his blood gases were "not as good"?

BOHIN: Yes.

JOHNSON: Did you note in particular that prior to 09.10 hours -- so I'm now looking at your paragraph 6.10 -- on 25 June the records suggest that [Baby Q]'s abdomen was not distended?

BOHIN: That's correct.

JOHNSON: And in this respect can we just go to, with Mr Murphy's assistance, tile 102, please. It's the top left-hand corner of the page, please, Mr Murphy.

This is Lucy Letby's note for the day shift. If you could expand that section.

This is a note written between 12.53 and 13.04:

"Written for care given from 08.00 to present. Emergency equipment checked, fluids calculated, [Baby Q] nursed in an incubator."

Et cetera, et cetera. Then we see just at the end of that first section it says:

"Abdomen soft and non-distended."

And the note then moves on to the events of 09.10 hours. Is that what you were referring to at your paragraph 6.10?

BOHIN: Yes.

JOHNSON: Thank you. Keeping that on the screen if we may, please, Mr Murphy. At your paragraph 6.11, did you summarise the essence of Lucy Letby's note that appears in the bottom half of the screen as we are now looking at it?

BOHIN: Yes.

JOHNSON: Did you refer to the fact that there had been suction of the oro- and nasopharynx, that that had been said to yield "clear fluid +++", which is probably a reference to Minna Lappalainen's note at the previous tile, 102?

BOHIN: Yes.

JOHNSON: That [Baby Q] had been bagged with the Neopuff, given oxygen, the NGT had been aspirated and that that had yielded "air ++", as we see recorded there by --

BOHIN: Yes.

JOHNSON: -- Lucy Letby? Did you then refer to observation charts?

BOHIN: Yes, I did.

JOHNSON: It may be easier in this respect to go to divider 22 of the hard copy documents that we have. It's difficult to read the pagination that's been put on the top right-hand corner because it's partly obliterated by the NHS logo, but it's the second page, page 2, bottom right-hand corner, page J24307.

BOHIN: Yes.

JOHNSON: We see that this is an observation chart which begins at 08.30 hours on 24 June; is that right?

BOHIN: Yes.

JOHNSON: So by a necessary inference, the events of the 25th, albeit not marked with a date, begin about eight columns in from the right-hand side of the page at 03.00 hours?

BOHIN: Yes.

JOHNSON: Actually, 24.30 would have been 25/06, so nine columns in.

And you refer there to [Baby Q]'s heart rate and respiratory rate; is that right?

BOHIN: Yes. In my statement I'd written that the heart rate gradually increased to around 200. Actually, that's a mistake on my part. At that time the heart rate was around 165, but the heart rate had increased.

JOHNSON: Yes. I think the increase up to about 200 is on the next page.

BOHIN: Yes.

JOHNSON: That's about 20.00 hours, the same day, on the 25th --

BOHIN: Yes.

JOHNSON: -- where they're marked in manuscript at 198.

BOHIN: Yes.

JOHNSON: Did you refer also to the venous blood gas taken after [Baby Q]'s desaturation at 09.10?

BOHIN: Yes.

JOHNSON: That's at tile 118, but it's also in the hard copy documents on page 8 or 24326 of section 22 in that file.

Dealing with events concerning what happened at about 09.10 hours, at your paragraph 6.13 did you record the fact that medical staff were called urgently to [Baby Q]?

BOHIN: Yes.

JOHNSON: That by the time they arrived, he'd been bagged and his saturations were 100%?

BOHIN: Yes.

JOHNSON: His partial septic screen was carried out and his antibiotics changed to teicoplanin and cefotaxime?

BOHIN: Yes.

JOHNSON: That he was given a bolus of intravenous saline and his nasogastric tube was put on to free drainage and that series of events subsequently improved his perfusion?

BOHIN: Yes.

JOHNSON: Again, the notes describe [Baby Q]'s abdomen as not distended?

BOHIN: Yes.

JOHNSON: At a later stage, 3ml of milk/mucus were aspirated from the nasogastric tube, and [Baby Q] was put back on to CPAP; is that right?

BOHIN: Yes.

JOHNSON: Actually, the gas chart that we have on the screen there is quite a good ready reckoner, isn't it, for when [Baby Q] was or wasn't on CPAP?

BOHIN: Yes.

JOHNSON: So just summarising that position, we see that from his birth, at the top of the gas chart there -- he'd been born a couple of hours earlier -- SIMV; what does that mean, please?

BOHIN: Synchronous intermittent mandatory ventilation. So that's -- he was put on to invasive ventilation using a breathing tube. That's a form of ventilation.

JOHNSON: Yes. Then on to CPAP at 16.57, which continued --

BOHIN: Yes.

JOHNSON: -- until some time between 00.55 and 13.27 on the 23rd, when he was self-ventilating in air; is that right?

BOHIN: Yes.

JOHNSON: Then we see that position continued past the time at which he desaturated at 09.10?

BOHIN: Yes.

JOHNSON: Then back on to CPAP?

BOHIN: Yes.

JOHNSON: Over the page on to page 9, we see the ventilator again, SIMV, at the top there?

BOHIN: That's correct.

JOHNSON: That's the position that continued so far as that chart is concerned?

BOHIN: Yes, until he got transferred.

JOHNSON: Thank you. You refer to the fact that, following [Baby Q]'s collapse at 09.10, the results of the septic screen, when they came back, were unremarkable; is that right?

BOHIN: Yes. The omission there is the platelet count had fallen to 95 from 196 but the rest of the septic screen was unremarkable.

JOHNSON: You refer to, albeit he had a good blood gas at 11.12 hours -- and that's the third line up from the bottom of page 8 in the hard copy, J24326 -- he was later described as being tired with a falling respiratory rate and increasing heart rate, which we saw on the second page of the observation charts?

BOHIN: Yes, that's correct.

JOHNSON: That, of course, was referred to yesterday by [Dr A].

BOHIN: Yes.

JOHNSON: There were minimal aspirates following that, but as the day progressed into the evening, he developed an oxygen requirement and was therefore electively intubated and ventilated. As we heard yesterday from [Dr A], that was at 19.20 hours on the 25th, which is our tile 197.

BOHIN: Yes.

JOHNSON: Following that, overnight, the 25th into the 26th, you recount the medical attention that he received and I think part of that was referred to by Dr Gibbs yesterday.

BOHIN: Yes.

JOHNSON: You move on at your paragraph 6.17 to refer to the examination of [Baby Q] on the morning of Sunday, 26 June at 08.56?

BOHIN: Yes.

JOHNSON: And the fact that [Dr A] was able to feel a loop in the right upper quadrant, about which he told us yesterday?

BOHIN: That's correct.

JOHNSON: That an abdominal X-ray was then taken?

BOHIN: Yes.

JOHNSON: And that also is the X-ray that was shown to us yesterday, taken shortly before midday?

BOHIN: That's right, although in my note I've written that the dilated loop is in the upper right upper quadrant and in fact the X-ray shows the dilated loop is in the left upper quadrant.

JOHNSON: Yes, thank you. That precipitated the suspicion of NEC and that the antibiotic metronidazole was added to his drug regime?

BOHIN: That's correct.

JOHNSON: Following that, at your paragraph 6.18, do you record the fact that a referral was made to the surgical team at Alder Hey and he was subsequently transferred?

BOHIN: Yes.

JOHNSON: How did you summarise the position once [Baby Q] had been transferred?

BOHIN: He settled very quickly once he'd been transferred to Alder Hey. There was no further vomiting. The aspirates from his nasogastric tube were not excessive.

There was no further bile that I could see from the aspirates. And he was eventually extubated fairly shortly, a day or so after arriving -- the next day in fact, after arriving at Alder Hey. The abdominal X-rays that they took were reported as showing no evidence of necrotising enterocolitis.

The other condition that had been questioned was whether [Baby Q] had what a volvulus. That's a condition where the bowel sort of twists on itself because that can cause that sort of X-ray appearance, but it was clear to the team at Alder Hey that he didn't have that either. And there was no sign of any perforation. So they, I think, were very cautious in that they felt that he should continue to be treated for possible necrotising enterocolitis, although that wasn't confirmed. But he was repatriated to the Countess of Chester on the 28th.

JOHNSON: Yes. So Dr Bohin, can we move on to section 7, please, and deal with your observations and opinion. Can you talk us through your review, please?

BOHIN: Well, yes, initially [Baby Q] was obviously a baby who was premature and needed some respiratory support very soon after birth, but within a short space of time he was taken off the ventilator and on to CPAP and remained well.

The team at Chester decided that they would feed him and normally when a baby's at this gestation, when you feed, you give very small volumes of feed; I think it's been referred to already as trophic feeds. And that's a way of getting the gut used to accepting more substantial volumes of feed. So it's a way of priming the gut.

Babies don't always absorb those feeds but it's a way of giving small amounts and to try and get the gut working. The team in Chester decided they would do that for [Baby Q], but actually rather than giving small amounts, the first two feeds that he had were 2ml an hour rather than 0.5ml on alternate hours. And he -- when the nurses aspirated the tube, they actually found some bile -- it says "light bile aspirates".

Now, bile can be very light, very light green or can be very dark green, and there is a kind of grading of this. So "light bile aspirate" I think I would note and I would watch, but I wouldn't pay too much attention to it.

Later on, at 21.30 that day, early on, the nurse looking after him has recorded that she'd aspirated 2ml of -- in the notes it says blood and bile, but when she gave evidence she said it was coffee grounds. Now, coffee grounds are altered blood and they are like you would see coffee grounds, they are dark brown. So if bile is mixed in with dark brown, I'm not quite sure how you would see that.

Clearly, blood, if it's red mixed with bile, would be very obvious to see, but in her evidence she said it was coffee grounds. So I'm not sure whether this was fresh or old blood that she aspirated. But regardless, the staff took that seriously and stopped any further feeds that day and they were not restarted until a day or so later, when they were started at half a millilitre alternate hours. And the staff were continuing to aspirate that tube and there was no more blood for the duration of [Baby Q]'s stay at the Countess of Chester, so no more blood was aspirated up that tube.

From there on, [Baby Q], on the 24th, was fed alternate hours. There were some aspirates, but I think they were not excessive in the scheme of things. It's not uncommon for babies to have some feed intolerance and I think that's probably what [Baby Q] had.

On the 24th there was no bile seen at all on that day and the feeds were returned -- the aspirates that they got were returned with the feed. But throughout this time, the abdomen was either described as being normal or full but soft.

Up until the time [Baby Q] deteriorated, the day prior to that he was given feeds at 3 o'clock, 5 o'clock and 7 o'clock in the morning. And then no other recording is made of milk administration that day.

JOHNSON: I'm sorry --

BOHIN: Have I gone on too far?

JOHNSON: I'm going to ask, just so we can follow what you're describing, Mr Murphy to put up tile 62, please.

BOHIN: It does make it easier.

JOHNSON: That's at page 11 in the hard copy because we're at the critical time in effect. So just so we can assimilate what you're describing with what is recorded.

This is the fluid balance chart which, as we can see from the left-hand -- under where it says "date", it says "25 June".

Somebody has written in manuscript, underneath the time 01.00, "01.30".

BOHIN: Yes.

JOHNSON: We see that Babiven was being given via the UVC as the main source of nutrition.

BOHIN: Yes.

JOHNSON: There were lipids as well in the second block of rows.

And further down, under two more fluid blocks, we have:

"Feeds. NGT/OGT. Bottle/breast. Please circle."

Which nobody has.

We see then that the reference to half of 1ml of expressed breast milk being given to [Baby Q] -- I think you said 3.00, 5.00 and 7.00 hours; is that right?

BOHIN: Yes.

JOHNSON: We see the corresponding aspirates under the output rows right at the bottom of the page, as Mr Murphy has now --

BOHIN: Yes.

JOHNSON: -- highlighted. So with that data in mind, can you just run through that part of your explanation again, please?

BOHIN: Yes. So feeds were given, as they had been before, at 0.5ml and at 3 o'clock 3ml of nasogastric aspirate had been obtained; the R denotes that that was returned.

At 5 o'clock, ordinarily there would have been a feed but there wasn't and I'm not sure of the reason for that.

JOHNSON: I think there is at 5 in the feeds --

BOHIN: I beg your pardon. I mean there's no aspirates, sorry.

The feed is given but there's no mention of any aspirate, that's left blank. So I don't know if it wasn't aspirated or whether nothing was obtained. But at 7 o'clock, a further 1.5ml of aspirate was obtained and that was returned.

The next feed would be due at 9 o'clock and obviously there's nothing in that column.

JOHNSON: Yes. If Mr Murphy wouldn't mind zooming out so we can see the full -- it's not brilliantly clear on the screen because of the size. Thank you.

So we see just by where there's a black --

BOHIN: Yes.

JOHNSON: -- round object, which is clearly or might be thought to be a photocopy artefact from where there would be a hole in the page where somebody's put it into a file, we see what may be the initials LL under the 8 o'clock column.

BOHIN: Yes.

JOHNSON: We see that LL has recorded the fluids going in as Babiven --

BOHIN: Yes.

JOHNSON: -- and the lipids.

BOHIN: Yes.

JOHNSON: There's then some ticks in the third block. Can you decipher what's written there or what that means for us?

BOHIN: (Pause). At the far left, it says "zeroed later". So that relates to something at 1 o'clock. Then I can't see what...

JOHNSON: No.

BOHIN: I can't -- oh.

JOHNSON: Something warm?

BOHIN: Something warm.

JOHNSON: Pink and warm, is it?

BOHIN: Yes, pink and warm. But that's in the fluid column.

That doesn't actually make any sense. I think it's, "Pink [tick], warm [tick]".

JOHNSON: Yes.

BOHIN: Yes.

JOHNSON: All right.

BOHIN: I don't think that helps with regard to the fluids.

JOHNSON: No, it's just in case anyone asked what it was, I thought we might as well deal with it with you if you could help. The words appear in the 7 o'clock column, the ticks appear in the 8 o'clock column.

BOHIN: Yes.

JOHNSON: Anyway. It's clear that LL, who we are assuming for these purposes is Lucy Letby, at 8 o'clock and 9 o'clock -- there are initials in the 8 o'clock column but not in the 9 o'clock column -- has recorded, at the very least, progress of the administration of Babiven and of the lipid.

BOHIN: Yes.

JOHNSON: Is that right?

BOHIN: Yes. Then after that, at 9.10, as I've recorded it, it was when [Baby Q] deteriorated, shortly after that, and the record shows his heart rate went up shortly before that, but the abdomen was still said to be soft and non-distended.

Thereafter, a variety of people have written about this event and it has been suggested that [Baby Q] vomited nasally and from the mouth, which I think is in the nursing record, he desaturated and became bradycardic. As we know, he then needed to be resuscitated.

Nurse Lappalainen said that she needed to bag intermittently for 3 minutes and that the bradycardia lasted on and off for around 3 minutes, and she found him to be mucousy. So I think she aspirated what she said was mucus, but prior to that there was a history of vomit. So those two things for me were different, a vomit and mucus are not the same thing.

JOHNSON: No. We have a number of sources of information, don't we?

BOHIN: Yes.

JOHNSON: We have the oral evidence of Nurse Lappalainen. We have the note made by Nurse Lappalainen at tile 101. If Mr Murphy would just help us with that, please, where there is reference to mucus, clear mucus, and then "clear fluid +++".

BOHIN: Yes.

JOHNSON: We have Lucy Letby's note at tile 102, which mentions vomit.

BOHIN: Yes.

JOHNSON: And we have [Dr A]'s discharge letter at tile 310, if we could go to that, please. Just scroll down. Keep going, please.

BOHIN: There it is, profuse vomit.

JOHNSON: Profuse vomit with desaturation on the morning of 25/6/16.

So it's a matter for the jury to determine of what they can be sure, but that's the evidence. Is there on the face of it, if the jury were to conclude that there was a lot of clear fluid, is there any obvious explanation from that in the context of [Baby Q]'s clinical condition as you assess it to have been?

BOHIN: No. I don't know where the +++ of clear fluid comes from given that at that time he had not had any feed since 7 o'clock, 2 hours previously, and then that was only a very tiny amount of milk and what was aspirated here was clear fluid, not milk. Therefore, I can't explain where the +++ of fluid would have come from.

In the scale of pluses, I think three is the maximum I've ever seen written down. So to me, although it's very subjective, that would indicate a lot of fluid, not just the odd millilitre or two. That would indicate a lot of fluid, +++.

JOHNSON: What about the air?

BOHIN: Well, there's no doubt that if you bag a baby with Neopuff, you will push some air into the gut as well as into the airway, which is what you're intending to do.

But Nurse Lappalainen bagged intermittently for 3 minutes and yet the air coming out was, again, ++. So a lot of air, and I don't think intermittent bagging for 3 minutes is likely to have caused sufficient air in the gut to cause [Baby Q] to collapse and become very mottled.

JOHNSON: Of course, the collapse had happened before the bagging in any event.

BOHIN: The collapse had happened before the bagging in any event, but I think not all of the air aspirated from the nasogastric tube was due to the Neopuff bagging. So the collapse occurred before the bagging, something had caused him to collapse and become mottled. It's not uncommon, obviously, for

babies to vomit. But what is uncommon is for babies to vomit, desaturate, become mottled and need resuscitation.

JOHNSON: Yes. Just going to the observation chart, so back to divider 22, please, and the record made at 09.00 hours, which of course, if it's accurate, is 10 minutes before the collapse.

BOHIN: Which page?

JOHNSON: It's page 24307 or the second page behind --

BOHIN: Yes, yes, yes.

JOHNSON: -- divider 22. Is there anything worth noting in the observation charts at just before this collapse?

BOHIN: Well, yes. At 8 o'clock the heart rate is within the normal range. At 9 o'clock it is 170, which is the upper limit of normal. Then the time it's recorded, at 10 o'clock, it's higher still. Then there's a commensurate rise in respiratory rate. To me those indicate that clearly something had changed and had distressed [Baby Q] such that he was having to increase his respiratory rate and there was a commensurate rise in heart rate. Something had gone on then because prior to that -- because as you can see the heart rate and the respiratory rate were completely stable and within the normal range.

JOHNSON: Yes.

BOHIN: This is an acute thing.

JOHNSON: In this context what do you mean by acute?

BOHIN: It's not something that's happened over the previous hours or days or many hours. It's something that has happened over -- well, minutes and up to an hour, but minutes to cause that change.

JOHNSON: So in seeking, from your perspective, to explain the clinical picture, and looking at your paragraph 7.16, what conclusion did you draw, Dr Bohin?

BOHIN: My conclusion was that [Baby Q] had been given air down his nasogastric tube, which had caused him to become distressed and caused the increase in heart rate and respiratory rate and distended his abdomen so much that effectively the diaphragm squashed his lungs, which caused him then to decompensate and become mottled and require -- desaturate and require the resuscitation.

JOHNSON: Was this acute event consistent with anything that you think can reasonably be explained by some naturally occurring illness or condition?

BOHIN: No. The team had considered necrotising enterocolitis, they'd considered infection prior to that, but he didn't have any of those things, so no, I can't think of anything naturally occurring that would account for that.

JOHNSON: Some time later, some time before 5 -- or it may be the 15th because I got them the wrong way round -- October 2021, you were asked specifically to address an issue that had been raised by Lucy Letby in interview, in which she had told the police that vomiting could cause babies to swallow air. What is your response to that suggestion?

BOHIN: Babies don't swallow air when they vomit. If you vomit, stuff is coming out, not going in.

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

Cross-examination by MR MYERS

MR MYERS: Dr Bohin, I would like to deal first with the question of the fluid. If I just briefly summarise the sources of evidence that have gone to describe the fluid and the vomit, we've heard there's the account of Mary Griffith orally, what she says she saw; she used the word vomit.

BOHIN: Yes.

MYERS: We've seen the notes on the apnoea chart by Minna Lappalainen and we've had her evidence. I'm not going to rehearse all of that now. The jury will consider that.

We've seen the note from Lucy Letby in the nursing notes and we've also seen what [Dr A] said in his discharge letter.

So far as that fluid is concerned, the amount of fluid a baby can produce isn't limited solely to what he or she has received by way of a trophic feed, is it?

BOHIN: No.

MYERS: We know that throughout this period, [Baby Q] was also on TPN, is that right, so there's fluid coming in that way?

BOHIN: Intravenously. TPN is intravenous.

MYERS: Yes, into the baby that way. Mucus production, for example, isn't dependent upon the amount of trophic feed a baby has had, is it, it's not going to be?

BOHIN: No.

MYERS: And if it's right that [Baby Q] did produce a lot of mucus, which is one of the explanations we've had, I think by Minna Lappalainen, the fact there was a very limited number of feeds doesn't mean he can't have produced a lot of mucus, if that's what she saw?

BOHIN: No, but babies that produce mucus, (a) it's not usually in large quantities, and mucus is produced quite frequently if babies are on a ventilator. This baby wasn't on a ventilator. So it would be unusual for them to produce large amounts of mucus, but in any case even if they did, which I think would be most unusual, it doesn't cause them to desaturate to the point where they become mottled and need resuscitation because they swallow it.

MYERS: Again, you question the mucus, we've got the evidence on that, Minna Lappalainen's evidence. If there's so much mucus in a baby's mouth or throat that he needs to have it removed or sucked out, that could actually interfere with breathing, couldn't it?

BOHIN: Yes, it could but I don't think that would be described as +++ then. Nurses will suction the oropharynx or nasopharynx if they think babies are becoming snuffly or it is obvious to them when they do their hourly observations that babies are developing mucus. He'd never had a problem with mucus up until that point, so I don't know why he would suddenly then produce +++ of mucus that caused him to become mottled and desaturate in the way he did.

MYERS: But you agree, whatever lies behind it, if it is mucus +++, and if it had to be removed by suction or by pulling it out, that could actually interfere with breathing, couldn't it?

BOHIN: If it was, yes, it could.

MYERS: On the subject of vomiting and swallowing air, a baby can actually swallow some air in a vomit or after a vomit or inhaling and swallowing air in that process; isn't that possible?

BOHIN: You can swallow air by breathing but you don't swallow air when you are vomiting because by the very nature of vomiting, stuff is coming out not going in.

MYERS: No --

BOHIN: But you have to breathe in between vomiting, yes.

MYERS: I'm not suggesting in the act of vomiting a baby's breathing in air at the same time, that's two different directions.

BOHIN: Exactly.

MYERS: But in the process of vomiting, or maybe immediately afterwards, a baby may suck in a lot of air and that could introduce more air into the baby; do you agree?

BOHIN: No.

MYERS: You say absolutely not, the vomiting --

BOHIN: I say that's breathing. I don't think you'd ingest any more air through normal respiration than you would -- after a vomit you carry on breathing normally, so I don't think you would ingest more air by breathing normally, no.

MYERS: Now when it comes to the air that was aspirated from [Baby Q], we know that that only happened after he'd been knee puffed. That's something we know, isn't it?

BOHIN: Yes.

MYERS: Up until that point, nowhere, in fact, have we seen any description of a distended abdomen anywhere, have we?

BOHIN: No.

MYERS: Not in the notes, not in the eyewitnesses?

BOHIN: No.

MYERS: Neopuffing can introduce air into the baby's abdomen, can't it?

BOHIN: Yes.

MYERS: You've listened to what Minna Lappalainen said about how it was done over a period of 3 minutes. You question whether -- you dispute -- you say that couldn't cause the air that was aspirated.

BOHIN: Well, from what Minna Lappalainen wrote, she said that Neopuff was given intermittently for 3 minutes, and in her evidence she said that bagging was stopped, the baby's heart

rate fell, so bagging was continued. So from her own oral evidence she said that bagging was intermittent and the whole episode was only 3 minutes, so that's not a huge amount of time, if he was bagged intermittently, for enough air to be accumulated within the abdomen to require +++. But in any case, he'd already collapsed by then.

MYERS: I'm just looking at whether there are separate -- sorry.

(Pause). That's not me.

MR JUSTICE GOSS: I think it's coming out of a speaker over there.

MR MYERS: I'll keep going and if the chimes strike, I'll pause at those points, Dr Bohin.

The amount of air -- what I was going to say is there's possibly two separate things: one is the vomit and what lies behind that, and the other -- this is what I'm exploring with you -- is the amount of air that was produced after the NGT was aspirated.

I have asked you about the vomit and now I am dealing with the air. So far as the Neopuffing is concerned, there's no way of knowing just how much air could have gone into [Baby Q] at that point is there?

BOHIN: No, it wasn't measured.

MYERS: No, and there's no way of knowing exactly how much air came out after the Neopuffing, is there?

BOHIN: No.

MYERS: So --

BOHIN: But he had collapsed by then, so something caused him to collapse.

MYERS: Yes, something may have caused him to collapse, then he was given the Neopuff, which is capable of putting in the air that was then taken from him, isn't it?

BOHIN: I don't think it accounts for all of the air. That was my opinion.

MYERS: I'll move on from that but that's the point I wanted to ask you about.

With regard to that event at 9.10, we've followed the clinical picture from the doctors who dealt with [Baby Q] and the nurses. He was stabilised after that took place, wasn't he?

BOHIN: Yes.

MYERS: And then moved to nursery 1?

BOHIN: Well, he was stabilised in that his saturations returned, but he required CPAP afterwards. So he certainly wasn't back to where he was before.

MYERS: No, but he required CPAP and was then stable on CPAP?

BOHIN: Yes.

MYERS: And largely during the day, until the early evening, his improvement was either stable or even improved slightly -- his position, sorry, was either stable or he improved.

BOHIN: I think he was stable.

MYERS: I'm not going to dispute with what you we say we see from the blood gas and what we have heard. We have had the evidence on that.

As we go into the evening of the 25th and then into the 26th, do you agree that, certainly by that point, we see features emerging which may be consistent with early stage NEC?

BOHIN: The parameters seen at that stage were completely non-specific, so it would fit with NEC but it would fit with infection and it would fit with feed intolerance, so it's certainly not diagnostic of NEC.

MYERS: No, but you know that many of the factors of NEC may be non-specific in themselves.

BOHIN: Yes.

MYERS: The bile -- to explain, I'm going back to 23 June for a moment, just following this through. We saw that there were 2ml of bile on 23 June.

BOHIN: Yes.

MYERS: That's described as bile -- I think the word blood is used on the notes, isn't it?

BOHIN: There were two episodes on the 23rd. There was one at 9 o'clock where there was 2ml of what was described as "light

bile", and then at 21.30, there was another 2ml that was described -- that was written in the notes as "bile/blood".

MYERS: If we have -- if it's possible to put up page 24311, we can see it there. I know we've seen it before but it helps to see it as I'm asking the questions.

As you've said, Dr Bohin, earlier on this day, 9 o'clock, there's 2ml of "light bile", it says.

BOHIN: Mm.

MYERS: If we just remind ourselves, that's the 09.00 reading on the right-hand side.

BOHIN: Yes.

MYERS: There we are, thank you, Mr Murphy.

That's on the 23rd. If we scroll down, we'll see the reference at 21.30 that evening and the note made at the time by Nurse Downes was that this is "2ml bile/blood".

BOHIN: Yes.

MYERS: It is right that when she gave evidence here, she elaborated and said coffee grounds, but certainly at the time it's "bile/blood", isn't it?

BOHIN: Yes.

MYERS: As a general point, do you agree that the staff would be correct to take that seriously because a bilious aspirate might indicate a serious gastrointestinal pathology?

BOHIN: Yes, but I also note she put a new nasogastric tube in at 22.30 and didn't note any bile or blood when she put that new tube in. But yes, it's right that you should note that and see how things develop. It may come to nothing but it may go on to suggest ongoing pathology.

MYERS: If further bile aspirates are produced, dark bile for example, running on from that, might that be a continuing matter of concern? That isn't what happened to [Baby Q], but out of interest would that be a continuing matter of concern?

BOHIN: It would depend over -- the time frame over which that occurred. So if you had sequential aspirates with bile in it then it's something that you would take more seriously than if you had intermittent very small quantities of bile. Half a millilitre here or there you would note but not necessarily act

upon. But if you were having 2ml or 3ml and it was increasing and the colour of the bile was becoming darker, then yes, you would take that more seriously.

MYERS: As it happens, production of bile may be an indicator of NEC, do you agree, dark bile?

BOHIN: Aspiration of bile in the nasogastric tube?

MYERS: Like this.

BOHIN: Well, bile is produced all the time and normally it goes into the gut and comes out in the stool. But bile in aspirates may be an indication of any gut pathology: not just NEC, it can be any problem with the gut.

MYERS: It may be. And with blood in, it would further support that there's a problem with the gut potentially?

BOHIN: That very much depends. Sometimes babies can, early on in their life, not in [Baby Q]'s case, it can be that they swallowed blood and that they've swallowed blood during the birth process but this was several days on so that blood would have gone. Also if you have gastric erosions, that can cause blood. NEC doesn't normally affect the stomach, so you don't normally get blood up the nasogastric tube for necrotising enterocolitis. But you can get it for other gut pathology.

MYERS: The aspirates or, rather, not digesting feeds may indicate or be consistent with NEC, do you agree, with NEC?

BOHIN: It's much more common that the child's just got a temporary food intolerance or that their gut hasn't started to work yet; that's the whole point of giving trophic feeds. But it can also -- feed intolerance can also be a feature of NEC.

MYERS: It can. We've heard a lot in this case about the importance not of taking isolated findings but looking at the constellation of findings, which is something that clinicians should do; is that right?

BOHIN: Yes, but you do it over a period of time, looking at the sequence.

MYERS: That's what I'd doing, precisely that, with you right now. So on 23 June we have bile marked here, 2ml of bile and blood; that's right, isn't it?

BOHIN: Yes.

MYERS: We have, as we go into 25 June, we looked at it moments ago on the feeding charts, aspirates being produced -- milk aspirates being produced and replaced, don't we?

BOHIN: Yes.

MYERS: Which may indicate that feeds are not being digested, as it happens?

BOHIN: Yes.

MYERS: Do you agree?

BOHIN: Yes.

MYERS: The deterioration on 25 June, the one we're looking at with this count, 9.10, may be connected to NEC in fact.

It could be, couldn't it, if that's evident in [Baby Q]?

BOHIN: I don't think it is connected to NEC, no. I think he had feed intolerance, as we can see by the aspirates that were aspirated, but I don't think at that stage there were any signs of necrotising enterocolitis.

MYERS: Then could the vomit be due to feed intolerance if that's the case?

BOHIN: He wasn't having feed, so at that time he hadn't had any feed so you wouldn't have vomit +++.

MYERS: He has had milk recycled during the course of the morning, hadn't he?

BOHIN: Not at the time he collapsed, no. He'd only been having 0.5ml. So 0.5ml and at 7 o'clock 1.5ml returned along with his feeds, so the total volume given at 7 o'clock was 2ml, so at almost 10 o'clock, to have vomit +++ -- that was clear, it wasn't milky, it was clear, so where did that clear fluid come from?

MYERS: I've asked you about mucus for example and we have dealt with that already and there's a dispute on the facts there.

BOHIN: Yes.

MYERS: Moving into the 26th and his condition that day, we see from the 10.25 ward round with [Dr A] -- it's page 24199, if you could put it up, please, just to remind ourselves. Just a couple of the entries here, but we will scroll to them, Dr Bohin.

If we look towards the top, this is the following day, 10.25, just maybe the first third or the first half of the form, however it works. Thank you, Mr Murphy.

We can see the reference at the bottom of the first section to:

"Bilious aspirates noted this morning."

Do you see that, Dr Bohin?

BOHIN: Yes, but in fact there was only one aspirate.

MYERS: Let's carry on then down to feeds just -- if we scroll down, please.

When we look at feeds, we can see there it's got:

"Bile: 0.5ml dark green bile."

(Inaudible) but it says "OG tube" but it says "0.5ml, dark green bile".

BOHIN: Yes.

MYERS: That is something that may be consistent with early stage NEC, isn't it?

BOHIN: It might be, but it's also consistent with an ileus, which what I think [Baby Q] had. At that time he was on very large doses of morphine, which affects the motility of your gut, so it would not be unusual to find bile there. So yes it is consistent with NEC but it's also consistent with other things.

MYERS: Scrolling down a little further, we've got next to where we've got O/C --

BOHIN: I think it's O/E, "on examination".

MYERS: Of course, on examination. Temperature -- it's got temperature -- is that 36.8?

BOHIN: "Up and down yesterday."

MYERS: Up and down. We've heard temperature instability is another one of the features that can be indicative of NEC, isn't it?

BOHIN: It can be, but if you look at the observation charts you can see that the nurses have changed the incubator temperature quite a lot over the course of [Baby Q]'s life, so there are periods when his temperature is very stable, there are periods

where he is under phototherapy, where he needs to have all his clothes taken off, so the incubator temperature is increased to stop him getting cold. And despite what [Dr A] says -- said yesterday, being under phototherapy does cause a change in the baby's temperature, so the nurses have to alter the incubator temperature accordingly. So where that's happening it's difficult to establish whether the -- what is perceived as temperature instability is a problem with the baby or as a result of the nurses changing the incubator temperature up and down.

MYERS: Do you agree there's a number of features, as we're going through, that are, when you look at them collectively, consistent with NEC as it happens?

BOHIN: Temperature instability is not diagnostic of NEC. You can get temperature instability that can be artefactual, environmental, like I have just explained. You can get it with infection, but it does not give you the diagnosis of necrotising enterocolitis.

MYERS: What I've said is a number of features, not just the temperature instability, Dr Bohin. There's a number of features, first of all, that could be relevant, aren't there?

BOHIN: There are a number of features that would make one think that a baby may have NEC but they are not diagnostic of NEC. The diagnosis of proven NEC is on X-ray findings that are very characteristic or for babies who are at the severe end of the spectrum and go on to require surgery and you get a histological diagnosis. So there are lots of times when we have, "Is this NEC?", "[Question mark] NEC", and babies get treated as a precaution. Those babies get treated on things like temperature instability and the things we've already mentioned but they don't necessarily add up to a diagnosis of NEC. It's always a presumptive or tentative diagnosis.

MYERS: And it may well be that if it's at an early stage and if a baby is treated conservatively, that will resolve the problem and it will cease to be a health concern; that's right, isn't it?

BOHIN: But then you have to question whether this was NEC in the first place and whether the baby would have got better anyway. The whole issue around the treatment of possible NEC is fraught with difficulty and making a diagnosis is, as I say, based on X-ray findings and surgical findings. Prior to that, you'd have to say this is a presumptive diagnosis and I don't think there's enough here to give a presumptive diagnosis of NEC.

MYERS: I'm not talking about a diagnosis, I'm talking about the fact it's consistent with early stage NEC, isn't it?

BOHIN: It's consistent with early stage NEC.

MYERS: And in fact the abdominal -- the loops or the loop felt by [Dr A] when he was palpating [Baby Q]'s stomach is something that could be consistent with that, isn't it?

BOHIN: It could be consistent with an ileus as well, which is not related to any underlying pathology.

MYERS: And the abdominal X-ray that was taken, again, is consistent with NEC, isn't it?

BOHIN: Yes, it's also consistent with a volvulus, it's also consistent with an ileus, which a -- a volvulus is very, very serious. An ileus is not, it just means that your tummy isn't working the same -- as anyone who has had abdominal surgery will realise, their tummy doesn't work for a while after they've had surgery, so it's also consistent with that, but it's not pathognomonic of NEC.

MYERS: No. We're looking at what could be here.

Could we go to page 24200, please, 24200 at the end of this section. 24200, I apologise. Where we've got impression, Dr Bohin:

"Probable NEC, Bell's stage 2."

That is an impression that is utterly reasonable on the circumstances that [Dr A] was dealing with, isn't it?

BOHIN: He says "probable NEC", I'd say "possible NEC", but it's absolutely reasonable for him to have carried out the actions that he did, yes.

MYERS: Then if it is treated in the appropriate way, which may be conservative, that can succeed in resolving that problem, can't it?

BOHIN: It can, but I would say that [Baby Q], I think, got better too quickly for that to be the case. So children that have mild NEC, the treatment is to give gut rest, so you don't feed them, usually for around 10 days, and to give three antibiotics empirically. And you rest their gut for 10 days before very slowly reintroducing feeds.

Now here he did have conservative treatment, but also he recovered, got off the ventilator, didn't have any more bilious

aspirates, didn't have any bloody aspirates, didn't have any bloody stools. His gut was completely fine within 24 hours and he was off the ventilator, so for me that isn't a baby that's got mild NEC.

MYERS: If he had, as you put it, bloody aspirates and bilious aspirates and the things we've seen, there was something wrong with him, wasn't there?

BOHIN: I think he had an ileus. He didn't have bloody aspirates. That was days and days before. That was several days before. I don't think that had anything to do with his collapse and I don't think that had anything to do with what happened after he was ventilated.

I think he had an ileus because he had been destabilised, he was on very large doses of morphine, which would account for what was seen once he was ventilated. I don't think he had NEC -- well, he didn't have NEC. You know, the Alder Hey surgeons sent him back as he didn't have NEC.

MYERS: Well, that's as conjectural as saying you can make a diagnosis of NEC, Dr Bohin. He may have had it, he may have been treated conservatively, he may have recovered and come back. That's entirely possible, isn't it?

BOHIN: If that's the case, he got better remarkably quickly for a baby with the early stages of NEC.

MR MYERS: Thank you, Dr Bohin.

Re-examination by MR JOHNSON

MR JOHNSON: There are two issues I would like to ask you about, doctor, arising out of those questions. One was the point about the mucus, which was noted by Minna Lappalainen. If Mr Murphy would help, please, can we go back to Lucy Letby's nursing notes at tile 102?

Can we expand the same section we looked at in the top left-hand corner of the notes and also have open, from the hard copy notes, the third page, page 3, which is J24307? Sorry, the second page.

The nursing note, as we can see, says:

"Written for care given from 8 o'clock."

BOHIN: Yes.

JOHNSON: "Emergency equipment checked, fluids calculated, [Baby Q] nursed in an incubator. Observations as charted. Abdomen soft and non-distended."

So if we go to the observations as charted, there's heart rate, respiration, temperature. As a matter of fact there's a missing section under the oxygen and saturations. We have the humidity and then we have Lucy Letby's initials at the bottom of the page.

There's no mention there 10 minutes before this event of any mucus, is there?

BOHIN: No.

JOHNSON: Is there any significance in that being absolutely nothing at 9 o'clock and then at 9.10 there being significant amount or not?

BOHIN: I think there is. Some babies can be labelled as mucousy babies. Up until this point, there'd been no suggestion at all that that could be ascribed to [Baby Q]. So a nurse taking hourly observations would look at his -- count his respiratory rate, but would also look at the rest of him, and if there'd been a suggestion of a lot of mucus, I think it would have been noted, not only then but previously.

JOHNSON: Yes. That's the first point. The second point is the one -- you were referred to the feeding chart and it was the one at page 5 in the hard copy. It's the chart from -- actually, it's not page 5, it's page 3B, J24311.

BOHIN: Yes.

JOHNSON: You were referred to the two aspirates at 09.00 hours and at 21.30 on 23 June 2016.

BOHIN: Yes.

JOHNSON: We will remember Tanya Downes' evidence relating to coffee grounds or something like that at 21.30.

BOHIN: Yes.

JOHNSON: In that context, when you were being asked questions a short time ago, you referred to the fact that there were no further aspirates and you pointed out that at 23.30, Tanya Downes made a note of "new NGT".

BOHIN: That's correct.

JOHNSON: There was no evidence from her about what she did then, but in order for a nurse to check that an NGT is in the correct place, what mechanical eventuality would follow?

BOHIN: They have to aspirate. They have to aspirate it and then note the pH, so that it is in the right place and it's not in the lungs. And they would also note if there was anything else that they aspirated at the same time when aspirating the fluid to check for pH. If there was blood or bile at that time then that would almost certainly have been noted, particularly as she'd previously mentioned blood and bile. It would be noteworthy, so she would have written it down.

JOHNSON: So are you inferring from that standard practice that in the absence of a note, you can necessarily infer that there was no bile at that stage?

BOHIN: Yes, because a nurse would not put a nasogastric tube in and not check it. They would absolutely check that it was in the right place because that's a safety measure.

So having aspirated that tube, if you then saw blood and bile, you would write it down. So the fact that she hasn't written it down, for me it means it wasn't there.

MR JOHNSON: Thank you very much. Does your Lordship have any questions?

MR JUSTICE GOSS: I don't, thank you very much.

Thank you very much, Dr Bohin. That completes your evidence and it's not anticipated you'll be required to give any further evidence. Thank you very much.

(The witness withdrew)

MR JOHNSON: My Lord, we have, of course, the evidence of Professor Arthurs to receive in due course, which we were due to hear on Tuesday.

MR JUSTICE GOSS: Yes, Tuesday of this week we didn't sit.

MR JOHNSON: Subject to that additional piece of evidence, the remaining evidence is just an interview summary, so I'll read that before the break, when we'll embark on the sequence.

MR JUSTICE GOSS: Yes, certainly. Please do read -- you will remember this procedure. Sometimes we didn't get interview summaries because they weren't agreed, do you remember, and you were told that that wasn't. But this is an agreed summary. Thank you very much.

Is there a copy for me by any chance?

MR JOHNSON: I am sure there is.

(Handed)

Summary of interview with LUCY LETBY re [Baby Q]

(read)

MR JOHNSON: Lucy Letby was first interviewed on 5 July 2018 and she remembered being the designated nurse for [Baby Q], who was in nursery 2, and another baby in nursery 1 on 25 June 2016.

When Lucy Letby came on duty, she recalled that [Baby Q] had a low temperature and was tachycardic.

He was handling well and well enough to be left in the care of another nurse. Lucy Letby thought that Mary Griffith had a baby in room 2 as well.

Lucy Letby said that she returned to nursery 2 after 9.10 hours to see [Baby Q] being attended to as he had vomited, was mottled and desaturated. Lucy Letby thought that Nurse Lappalainen was giving him Neopuff and that Nurse Griffith and a doctor may have been there too. Lucy Letby did not see the vomit but she was told that he had vomited clear fluids.

Regarding the aspiration of air ++, Lucy Letby could not remember if that was something she did or that somebody else did. Lucy Letby was asked about the air in [Baby Q]'s stomach and she suggested that babies sometimes gulp air when they vomit.

Lucy Letby was asked generally about alternatives for how air could get into a baby and she thought that it could be due to a blockage in the bowel.

After this event, [Baby Q] was transferred to nursery 1 and Lucy Letby had continued as his designated nurse in that nursery.

During the interview on 12 June 2019, Lucy Letby recalled asking Mary Griffith to watch [Baby Q] in nursery 2 whilst she, Lucy Letby, attended to another baby for whom she was caring in nursery 1 and thought that that child was named B. That's short for the name of the child.

Lucy Letby accepted that [Baby Q] collapsed within minutes of her leaving nursery 2. Lucy Letby accepted that [Baby Q] was stable when she left and she wouldn't have left him had that not

been the case. She denied deliberately leaving the room to blame the collapse on other staff and explained that the baby in nursery 1 was due cares. She denied administering air via [Baby Q]'s NGT or otherwise acting in a way to cause the collapse.

In the final interview on 11 November 2020, Lucy Letby denied giving [Baby Q] anything that would have caused him to be sick and she agreed that it was a coincidence that he had become unwell after she came on duty, having been stable overnight, and she indicated that premature babies could deteriorate at any time.

MR JUSTICE GOSS: Right. Thank you. That's a convenient point to have the break. A ten-minute break, please.

We'll then resume at about 11.55.

(11.45 am)

(A short break)

(11.55 am)

(In the absence of the jury)

MR JOHNSON: Before the jury comes in, what we are about to do is the post-indictment communications that between us we have agreed. There are 273 tiles. If I had to estimate when we'll finish if we started at midday, I'd say about 1.20.

MR JUSTICE GOSS: And that is then it for the day?

MR JOHNSON: Yes.

MR JUSTICE GOSS: I've organised to have a meeting at 1 o'clock, I'm sorry about that. We could have a shorter lunch, but it's fixed now and I can't change it because I can't communicate with them. But thank you for letting me know.

Thank you, Ms Clancy. Yes, the dates are right.

I'm incorporating everything on to one sheet of paper that will be distributed to everyone.

(In the presence of the jury)

MRS CLAIRE HOCKNELL (recalled)

Examination-in-chief by MR JOHNSON

MR JOHNSON: My Lord, I recall Mrs Claire Hocknell. She is in the witness box and for the sake of the recording, would you identify yourself, please?

HOCKNELL: Claire Hocknell.

JOHNSON: Thank you. What we are now going to deal with, Mrs Hocknell, is a sequence of messages, essentially, that passed between Lucy Letby and other people in the days after the event that the jury have just considered relating to [Baby Q].

HOCKNELL: Yes.

JOHNSON: It's presented in precisely the same way as we have seen in the sequences. There are no medical records in any of this, it's just essentially text or Facebook messages, is that right, with one or two events thrown in, just as markers?

HOCKNELL: Yes.

JOHNSON: The first such example of that situation is the fact that on Sunday, 26 June 2016, Lucy Letby had a day off.

HOCKNELL: Yes.

JOHNSON: From this point on, can I take the part of people other than Lucy Letby and you take her part, please? This is a message sent at 23.36 on Sunday 26 June by [Dr A] to Lucy Letby 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 Alder Hey [possibly, AH]. Yes, I may become a power nap convert."

Then there's other material that relates to an irrelevant third party.

Then he corrects "let" to "pry".

HOCKNELL: Yes. Lucy Letby replies:

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

JOHNSON: Then he replied at 23.53:

"Yes, they are. I think it's easy to bottle things up but it doesn't help sort anything out in the end. She is a lovely person and she cares about the babies and juniors/nurses. She has struggled this week, I think that's why I did the NNU ward round again today. No, the nursing part was fine. Don't think it was me. X-rays took a while to get. Transport refused. NWTs refused. NWTs half-agreed and then transport agreed. So much wasted time given that the PICU bed was organised in 5 minutes. Previous move to Alder Hey for treatment of sibling. Mother upset that it was the only option."

HOCKNELL: Ms Letby replied:

"Hmm. I've got a lot of time for her. You'll know all the babies inside out. It's really frustrating when that happens. Feel for the parents."

JOHNSON: Thank you. The clock went over midnight to Monday the 27th and there was a series of messages between 00.03 and 01.44 about work and about social issues -- of a social nature might be a better way to put it but nothing mentioning [Baby Q].

Then at 01.50:

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

HOCKNELL: Lucy Letby replied:

"Worrying about? It's blank."

JOHNSON: "Anything?"

HOCKNELL: "Oh no, just wondered."

JOHNSON: "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."

HOCKNELL: "Amy usually rings."

JOHNSON: "Worrying about things or checking on baby?"

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

JOHNSON: Then there's further messaging about work, but nothing to do with [Baby Q].

That day, Monday the 27th, was a day off for Lucy Letby. Then after a break of about 8 or 9 hours, the messaging resumed at tile 18 at 10.00 hours from [Dr A]:

"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 directors around this morning."

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

JOHNSON: "Got about 3 hours. Coffee is good. It was odd, he'd only been there about 14 hours. I think this is a sign of how Alder Hey is 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."

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

JOHNSON: Then at 12.46:

"Transfusion just called. What happened to J's FFP?"

HOCKNELL: "It was never given, discarded. I need to sign it out on Meditech tonight. I reckon there's going to be big meetings, etc, about what's gone on with the unit being closed, lack of staff, etc."

JOHNSON: This is [Nurse E] now.

HOCKNELL: [Nurse E], sorry.

JOHNSON: [Nurse E] responded:

"Yeah, Eirian came in this morning. Got no hello and haven't seen her in ages. Was asking why girls were saying unit short and staffing fine. Caroline B said that although can open today, have an MRI and something else going on, etc. Don't think she realises how horrific it gets as rarely when she's in. Very flippant and flits through."

HOCKNELL: "Bloody stupid with all that's happened. We were way over capacity and it's skill mix too."

"Dr G was asking who was in room when [Baby Q] vomited and who was allocated who as 4 ITU."

JOHNSON: "Was he?" asked [Nurse E].

HOCKNELL: "Yeah, not horribly. Checking that a room hadn't been left unattended (which it hadn't) due to lack of staff. I had ITU in 1 and 2, which he didn't think was good."

JOHNSON: "Caroline O was saying last night worried something infection-wise in unit with so many babies becoming sick."

Then in response to the other message:

"No it isn't, but isn't uncommon, is it?"

HOCKNELL: "Yes, I think it needs looking at. There was shit coming out of sink in 2 on Sat and the toilet overflowing."

JOHNSON: Then [Nurse E] replied:

"Disgusting. The second sink in nursery 1 still is inadequate to wash hands. I think Eirian has such a poor attitude now with staff."

HOCKNELL: Lucy Letby replied:

"I think the unit needs properly assessing. I don't think equipment gets cleaned properly. Should use Chlor-Clean or something and we haven't got the space, facilities, etc, to maintain hygiene."

JOHNSON: "No but as long as we don't drop key parts on to sterile field it's all good. Can't see how cleaning incs and stuff with soapy water is enough."

Then:

"How can you have to use Chlor-Clean on kids' ward for beds, etc, but more infection prone gets soapy water?"

HOCKNELL: Lucy Letby replied:

"Bloody stupid, isn't it? I'm going to do Datix about not having bicarb on unit or access to IO equipment. It's all getting silly. Can't clean bodily fluids with soapy water."

JOHNSON: "Yeah, think need to Datix everything now."

HOCKNELL: Lucy Letby replied:

"I know and our incs [I think it's incubators] get covered with nappy changing, fluids, bloods, etc."

JOHNSON: "Yep."

HOCKNELL: "I think we've got to cover ourselves as I don't think E shows much support."

JOHNSON: "Oh, and saw Yvonne F and asked about 405 as Debbie was apparently was going to come and discuss changes to course diff levels, etc. Said not heard anything and probably won't for a while. It's nearly July.

"Yeah, I think Eirian would happily shit on you at the moment."

HOCKNELL: "Great. Can see where that's going. Yeah, I hope I get time tonight just to focus on everything and do all the forms, etc.

"Hopefully Yvonne G will support us."

JOHNSON: And [Nurse E]:

"Was ridiculous you had to have two babies and expected to finish paperwork."

HOCKNELL: Lucy Letby replies:

"I know but again it's staffing. She needs to look at it.

"Poor [Baby O] was alone on a broken cold cot because Chris was in charge and doing resus with me but had been allocated him."

JOHNSON: And [Dr A] sent a further message at 13.58:

"J letter done. [Dr B] should check it this afternoon [a couple of emojis]. Clinic patients done. Time to leave. Did you get all of your jobs done?"

HOCKNELL: Lucy Letby replied to [Dr A]:

"Eirian has just phoned telling me not to come in tonight and do days instead. I asked if there was a problem and she said, no, just trying to protect me a bit and we can have a chat about it tomorrow but now I'm worried."

JOHNSON: Did she then sent a message to [Nurse E]?

HOCKNELL: Yes, a minute later:

"E just phoned telling me to do days this week and not go in tonight as trying to protect me."

JOHNSON: [Nurse E] responded:

"What's that mean?"

HOCKNELL: Lucy Letby replied to [Nurse E]:

"I don't know. Asked if there was a problem and she said no, just trying to protect me as had a difficult run just before holidays. Less people on nights, etc, and we can have a chat, etc, tomorrow.

"But I'm worried I'm in trouble or something."

JOHNSON: [Nurse E] responded:

"Don't worry. How can you be in trouble? You haven't done anything wrong.

"Just very unfortunate."

HOCKNELL: "I know but worrying in case they think I missed something or whatever. Why leave it until now to ring?"

JOHNSON: "It's very late, I agree.

"Maybe she's getting pressure from elsewhere."

HOCKNELL: "She said it's busy so more support for me on days and can look at the paperwork bits, etc. She was nice enough, I just worry. This job messes with your head."

JOHNSON: "Yeah, it does. Do you want me to come over after?"

Then [Dr A] responded:

"Please don't worry.

"I'm expecting the same conversation tomorrow."

HOCKNELL: Lucy Letby replied to [Nurse E]:

"Yeah maybe. Would that be okay?"

JOHNSON: "Yeah. Shall we say 19.30ish?"

And then [Dr A] sent a message saying:

"Ravi and the medical director met this morning and they then said they wouldn't accept [Baby N] back. As the medical lead for Thurs/Fri I'm expecting they'll want a chat."

HOCKNELL: Lucy Letby replied to [Nurse E]:

"Okay, thanks."

Then replied to [Dr A]:

"I can't do this job if it's going to be like this. My head is a mess. Why is she ringing at this time? There must be a problem."

JOHNSON: [Nurse E] responds:

"No worries. Can have a proper chat as not had the chance."

Were there then some following messages about work but not about a specific baby?

HOCKNELL: Yes. Lucy Letby replied to [Nurse E]:

"Thank you."

JOHNSON: [Dr A] then said:

"Lucy, you did nothing wrong at all. It's an odd time to ring but you've had a rough few days and a good manager would realise that."

HOCKNELL: Lucy Letby replied to [Nurse E]:

"It's late, isn't it?"

JOHNSON: "Yeah, very."

HOCKNELL: "Wish she'd done this earlier because I'd have just gone in and spoken to her."

JOHNSON: "Yeah, not been given an opportunity and naughty to leave till tomoz."

HOCKNELL: "Messses with your head a bit to be told that at this time. Would have sounded more reasonable if had done it earlier, which is why I wonder if it is coming from higher up as she usually finishes at 4.

"Anyway, we'll chat later."

JOHNSON: "Yeah. Try not to worry too much."

Then [Dr A]:

"There is no problem. I suspect my head is in about the same place. The management was appropriate and your recognition of an unwell baby was spot on. The care delivered was quick and accurate. I can't fault anything with your delivery of care to either baby last week. If there was anything, I would have said so. Eirian knows you. Has there ever been a reason for you not to trust her?"

HOCKNELL: Lucy Letby replied:

"I can't talk about this now."

JOHNSON: "Okay."

HOCKNELL: "Sorry, I just need a bit of time."

JOHNSON: Then 12 minutes later she sent a further message?

HOCKNELL: "Sorry, that was rude. Felt completely overwhelmed and panicked for a minute. We all worked tirelessly and did everything possible. I don't see how anyone can question that. E has always been very supportive."

JOHNSON: [Dr A]:

"No, it wasn't rude. It was unexpected and that's never nice. Okay now?"

HOCKNELL: "I'm having a meltdown ++ but think that's what I need to do.

"Anyway, I'll be okay. You have enough on your plate too."

JOHNSON: [Dr A]:

"When I said it was unexpected, I meant the phone call.

"Maybe a meltdown will help. You said your head is a mess. This could be the way to clear things."

Then [Nurse E] responded:

"At the end of the day there's been no common factors in any of it and a lot of other people involved."

HOCKNELL: Lucy Letby replied to [Nurse E]:

"I know. I think everyone worked tirelessly and don't see how any of that could be questioned. I imagine she may want to know why I had triplets back the next day and why I had [Baby Q] sat but there are reasons for that and wouldn't have prevented me from being part on resus."

JOHNSON: That's to [Nurse E] and this next one is from [Dr A]:

"There isn't anything to question. You've already done what anybody with neonatal knowledge would do: look at the situation, look [at] the intervention and look at the response. You didn't give any drugs that hasn't been checked or made by anyone else.

You didn't delay any treatment and your suggestions were all perfectly appropriate. There is nothing that could have been done differently."

Followed up by:

"E was a good manager when I was here last time. There isn't a high staff turnover, which suggests the unit is well run. She is most likely going to do what [Dr B] did with me last night and go through it too [it should be probably 'to'] check you're okay. There is nothing to be gained by not addressing how your staff have been hit by an event. You didn't look well Sat. Maybe that was noticed."

HOCKNELL: Lucy Letby replied to [Dr A]:

"No, you are right. I think she will maybe question why I had [Babies P & R] on Fri but there were reasons for that and even if I hadn't been looking after them, I would still have been involved with the resus, drugs, etc. Same as there is a reason I had to keep [Baby Q] on Sat. It's just hit me a bit as was an unexpected call. If she had phoned earlier I wouldn't have worried."

JOHNSON: "Yeah".

HOCKNELL: I think that's an incoming from [Nurse E].

JOHNSON: Sorry, yes.

HOCKNELL: Lucy Letby replies to [Nurse E]:

"Perhaps she waited so long to ring as was waiting to see if could find cover."

JOHNSON: [Nurse E] responded:

"If was that bothered, could always work herself!"

HOCKNELL: "That's true!"

JOHNSON: Is the next one an SMS message that's on the phone but was never actually sent to anyone?

HOCKNELL: Yes.

JOHNSON: So it's almost like a note on a phone but in the text part of the phone?

HOCKNELL: Yes:

"Death Datix x2. Datix. No bicarb delay in IO access. Sign out FFP on Meditech and pink chart. J charts obs. Fluids in sluice. Sign drugs. Sign Curosurf out. Traffic light drug compatibility. Inotropes and no policy for panc. Delay in people doing drugs."

JOHNSON: Tuesday, Wednesday and Thursday were days back at work for Lucy Letby, doing a long day shift; is that right?

HOCKNELL: Yes.

JOHNSON: And after the long day shift on 30 June, Thursday the 30th, [Dr A] sent a message to her saying:

"Did J tell you what was wrong earlier?"

HOCKNELL: Lucy Letby replied:

"Not really. We started talking but then people came into nursery and she dashed off."

JOHNSON: Then we come to messages that were -- about which [Dr A] was asked yesterday, so I'll deal with these slightly more slowly. At 23.55, [Dr A] to Lucy Letby:

"I'm not sure where the information has come from. It seems that on the SHO grapevine somebody at Liverpool Women's Hospital has said that one of the triplets was found to have a ruptured liver. J was upset that this may have been caused by her chest compressions."

HOCKNELL: Lucy Letby replied:

"Oh no, that's awful."

"No wonder she's upset. Were you able to reassure her?"

JOHNSON: Then 4 minutes later, but over into Friday, 1 July, [Dr A] responds:

"We spent 20 minutes in a cubicle going over everything. The CPR was all at the 5th rib space, between the nipples. The DuoDERM on [Baby P] was high. If there was anything, it will have been due to fluid volume causing liver distension."

Then:

"I'm not sure I believe it."

"It was a coroner's PM. It usually takes weeks to get any report."

HOCKNELL: Lucy Letby replied:

"It seems a bit like a rumour mill has gone into overdrive. The boys were only returned today. Can't see how info would be out that quick."

JOHNSON: "No, me neither."

HOCKNELL: "Not nice for J though. Can see how it would play on her mind."

JOHNSON: "This has come at the end of a seven-day run for her, not a good time."

HOCKNELL: "No. It's good that she felt able to tell you."

JOHNSON: "I'm good for a hug and a chat. I think I helped."

HOCKNELL: "She said she'd spoken and cried on you and Huw and was feeling better for it."

JOHNSON: That day, Friday 1 July, was a day off for Lucy Letby, as was the following day, Saturday the 2nd and Sunday the 3rd.

Monday the 4th and Tuesday the 5th were annual leave days and we come next to a message sent at 14.16 on Tuesday the 5th by [Nurse E] to Lucy Letby:

"I only found out yest about the business with J's UVC."

HOCKNELL: Lucy Letby replied:

"Really? I thought they were going to take it straight out. Did he still have it in?"

JOHNSON: "Yes."

Then she says:

"[Dr A] came in chatting to me at the start of last night's shift and said A needs L.L soon as UVC been in nearly 2 weeks and he said something about J's already being changed and I said it hadn't and he told me about the open port."

HOCKNELL: Lucy Letby replied to [Nurse E]:

"Jeez, well, that was on Thursday. [Dr A] didn't have time to look for access in the evening so had to label it and not use port overnight and they would sort it the next day. Abby new."

JOHNSON: From [Nurse E]:

"I handed over to Abby this morning and she said she knew nothing about it being changed and why would it be."

HOCKNELL: And Lucy Letby replied:

"Bloody hell. Thank goodness I did a Datix."

JOHNSON: "Did you? Good."

"Well, when that gets looked into they'll see it never got changed."

HOCKNELL: Lucy Letby replied:

"I told her about it that night. Yes, because thought it's a massive infection risk and risk of air embolism. Don't know how long it had been like that."

JOHNSON: Then two messages from [Nurse E] in very quick succession:

"He has been persistently tachycardic now and tachypnoeic. Feeds slow to increase as having few vomits, larger aspirates so asked for a review last night."

"Jess and Tony not bothered as CRP less than 1 on weekly bloods."

And was there then a continuing conversation regarding a UVC?

HOCKNELL: (No audible answer).

JOHNSON: Moving on to Wednesday, 6 July, shortly after midnight, [Dr A] sent a series of messages to Lucy Letby, starting at 00.54:

"You need to keep this to yourself: the meeting this afternoon looked at everything with [Babies O & P] from birth onwards."

"We reviewed everything: room, meds, medical reviews and actions. We looked at all documentation, MED and NUR."

"If you've any doubt about how good you are at your job, stop now."

"Documentation was perfect. Everything commented about the appropriateness of your request for a review of [Baby O] following vomit."

"Your documentation of the resus/incubation [it maybe should be intubation] drugs was faultless. There is absolutely nothing for you to worry about. Please don't.

"There are going to be some recommendations based on staffing/kit but there was no criticism of either resus.

"This is staying quiet until has been to execs. We're looking at [Baby R] care on Thur."

Then the final message in this sequence is at 01.06:

"E had nothing but good things to say about you."

HOCKNELL: Lucy Letby replied at 01.14:

"Okay. I really appreciate you telling me. It won't go any further. I was one member of a huge team effort, but you know I've been carrying the worry of the 'what if I wasn't enough'. It's reassuring to hear that it doesn't appear that anything could have been done differently or that I didn't act on or do something I should have. Thank you."

JOHNSON: "I was invited to attend because SB and [redacted] [that may be Stephen Brearey] thought it was good consultant preparation for me. I gave extra details of both resus as they were required.

"There were a few questions which were easy to answer but the constant theme was how well you and I dealt with [Baby O] deterioration and with [Baby P] resus. I felt proud for both of us."

HOCKNELL: Lucy Letby replied:

"That's good to hear. I'm glad you've had positive feedback too. You were fantastic. It was an awful situation but I wouldn't have wanted anyone else to be there. I now feel confident that we did absolutely everything and it's reassuring to know that the documentation reflects that."

JOHNSON: [Dr A] at 01.32:

"There was a liver capsule haemorrhage in [Baby O]. It is thought to be related to resus/disease process but doesn't explain the deterioration (not on first X-ray). It's not considered by SB and [redacted] to be significant.

"There will be an inquest, we may have to attend."

HOCKNELL: "Would he have died from that?"

JOHNSON: "I don't think so. He collapsed. The liver on first X-ray looked normal (done in nursery 2) and looked abnormal on second X-ray to confirm tube position. But the CPR was needed for something. It doesn't explain why liver changed appearance."

HOCKNELL: "Okay."

JOHNSON: "Thank you. I wouldn't have wanted anyone else but you to be looking after [Baby O] or [Baby P]. We do work well together!"

Then:

"[Baby Q] care is going to be reviewed on Thur as well because of acute deterioration."

HOCKNELL: "That makes sense."

JOHNSON: "They're looking at me because I was involved in all."

HOCKNELL: "Have they said that?"

JOHNSON: "Not in so many words. I document clearly and contemporaneously. It's difficult to pull my work apart but there were a couple of comments, which is fine as long as I get the chance to talk through the process."

HOCKNELL: "Okay. I imagine they will look at us both (as E has done with me for previous babies). If there are any concerns they will have to give you the opportunity to discuss it. I don't envisage anything being a major problem if they've gone through both today and nothing was said."

"And you weren't the only doctor involved."

JOHNSON: "I ran [Babies O & P] and was the only doctor involved with [Baby Q]."

HOCKNELL: "But [Dr B] was present at all times. [Baby Q] was different but you kept JG updated."

"Try not to worry about it unless anything is said. They will be covering all areas."

JOHNSON: "I know, I'm not worried."

HOCKNELL: "Good. Thank you for telling me."

JOHNSON: "I thought you ought to know. I was so sorry that you were upset when E called about that night when I knew you'd done a perfect job.

"Just had the email."

HOCKNELL: "I took it the wrong way, but it completely floored me. Was overwhelmed by it all.

"Eek!"

JOHNSON: "I think 'eek' sums it up perfectly."

HOCKNELL: "Scary but exciting."

JOHNSON: And sends an emoji with an emoji going back the other way. And a further one from Lucy Letby to [Dr A].

HOCKNELL: "Everything happens for a reason. It'll all work out. This is the start of a new beginning."

JOHNSON: Then that day, Wednesday the 6th, was Lucy Letby on annual leave and did the messaging resume just before midnight, at 23.13, with one from [Dr A]:

"As far as meetings go, I've plumbed new depths today. Big relief. I managed to hand it back without upsetting anybody"?

HOCKNELL: Lucy Letby replied:

"How come? You've escaped and everyone is happy. Result!"

JOHNSON: [Dr A]:

"The ceilidh is a good result. PTA meeting was just tedious. [Dr B] came to NNU in a bit of a flap between my LLs. She's going on holiday tomorrow and wanted to go through the notes to make a formal timeline. She was a bit fixated on the IO needles. I think the fact that you got a needlestick is making them question if it was displaced during the resus. She took an age. I had to tell her that I needed to go and pick T up. I've since had an email from SB which makes me understand what is going on. Will forward it to you. You might find it interesting."

HOCKNELL: Lucy Letby replied:

"Ah, okay. It hadn't penetrated the skin when I gave him to parents, etc, but not to say it hadn't dislodged. It was used for the last few drugs in the final round. Oh yes, send it me."

JOHNSON: "Which email address (secure one) should I send it to?"

HOCKNELL: "lletby@nhs.net."

JOHNSON: Is there then an email sent which reads as follows -- so [Dr A] copying Lucy Letby or forwarding to Lucy Letby an email sent from Dr Brearey on 7 July or the date on it --

HOCKNELL: It's 6 July.

JOHNSON: Sorry. On that it says the 7th on the screen, doesn't it? If you look on the screen, sorry.

HOCKNELL: Yes. I think that's an error.

JOHNSON: That should read the 6th on the screen, should it?

HOCKNELL: Yes --

JOHNSON: Okay.

HOCKNELL: -- at 12.21.

JOHNSON: Yes. Anyway, it reads:

"Hi [Dr A]. Having thought about the two cases we discussed yesterday, I think it is quite likely both will go to inquest and you are likely to be asked to give a statement. Can I suggest you prepare it now when everything is fresh in your mind? It can include things we discussed yesterday that might not be in the notes, particularly around [Baby P]'s initial arrest and who put IOs in and where and what went through them.

"If you need any help with the format, etc, please let me know. I have suggested the same to [Dr B] and will ask Huw and Tony to do the same. [Dr B] has the notes for both babies at the moment but I think is away on leave at the end of the week. If you do use the notes for reference after [Dr B], can I ask you don't take them off the hospital and don't keep them for too long. If you need to use any of the consultant offices, including mine, feel free. For your information also, I thought your record keeping was clearer and more comprehensive than everyone else's. Steve."

And [Dr A] sent a message saying:

"Okay, I've just sent it."

HOCKNELL: "Oh, okay.

"How do feel about it?"

I think "you" is supposed to be in the original message.

JOHNSON: "A bit upset.

"I've had a coroner's PM before which found a clear anatomical cause. The inquest was cancelled and after a serious case review in which everything was okay, it was put to rest.

"This is different. The meeting yesterday found no issue with management or drugs, etc, but doing this in a court is going to be uncomfortable."

HOCKNELL: "Why is it going to inquest?"

JOHNSON: "Unexplained cause x2."

HOCKNELL: "It's a bit of a worry if it's going that far. Do you think I'll be involved?"

JOHNSON: "Probably not. Your documentation will most likely be used in place of a statement. The questions will be about management and procedures."

HOCKNELL: "I don't know what to say. Feels like a bit of a blow considering everyone's hard work, etc."

JOHNSON: "I feel the same. Statement writing is a peculiar art form. Takes ages getting everything to flow properly.

"(Or maybe that's just me)."

HOCKNELL: "I imagine it's a lot of work.

"Accuracy of events, times, etc.

"Huw wasn't there, was he?"

JOHNSON: "I'd ignore that bit."

HOCKNELL: "Okay."

JOHNSON: "I know you won't say anything. This email has to stay between us. Is that okay?"

HOCKNELL: "Of course, 100%."

JOHNSON: "It's going to take a day to write each of the reports. They may never be asked for but I think they will be asked for in August."

HOCKNELL: "Worth doing ASAP and then you've got them."

JOHNSON: Did Lucy Letby then have 8 days off between Thursday the 7th and Thursday, 14 July?

HOCKNELL: Yes.

JOHNSON: I say off. The final day was a management day, I think; is that right?

HOCKNELL: Yes.

JOHNSON: Followed by a day off on Friday, 15 July.

HOCKNELL: Yes.

JOHNSON: Was there then an email from Yvonne Griffiths to all the nurses at the Countess of Chester Hospital, sent on Friday, 15 July at 11.16?

HOCKNELL: Yes.

JOHNSON: Reading as follows:

"Hi everyone. In preparation for the external review it has been decided that all members of staff need to undertake a period of clinical supervision. Due to our staffing issues, it has been difficult to determine how we undertake this process. We can only support one member of staff at a time, therefore we have decided that it would be useful to commence with staff who have been involved in many of the acute events, facilitating a supportive role to each individual. Therefore Lucy has agreed to undergo this supervision first, commencing on Monday, 18 July 2016. I appreciate that this process may be an added stress factor in an already emotive environment, but we need to ensure that we can assure a safe environment, in addition to safeguarding not only our babies but our staff. This is not meant to be a blame or a competency issue, but a way forward to ensure that our practice is safe. It will probably be developed into a competence-based programme to be undertaken every 2 to 3 years in line with our mandatory update training. Kindest regards, Eirian."

And then Eirian Lloyd-Powell's details are set out underneath.

Was that followed 4.5 hours later by a message sent by Lucy Letby to [Nurse E]?

HOCKNELL: "I've done a timeline of this year."

JOHNSON: "Fab."

"And how quite a few babies weren't compatible with life anyway.

"I wonder if midwives get this amount of stillbirths?"

HOCKNELL: "Yes, and some went off within hours/on handover."

JOHNSON: "Yep."

HOCKNELL: "Or were already acutely unwell when I took over."

JOHNSON: "Exactly."

HOCKNELL: "I put that when [Baby Q] went off no other staff able to care for him, etc."

JOHNSON: "Not like all behaving fantastically til right into shift.

"Yeah."

HOCKNELL: "Hoping to get as much info together as possible. If they have nothing or minimal on me, they'll look silly, not me."

JOHNSON: Did Lucy Letby then have 2 days off on Saturday, 16 July and Sunday, 17 July?

HOCKNELL: Yes.

JOHNSON: Followed by a management day on Monday the 18th?

HOCKNELL: Yes.

JOHNSON: On Tuesday the 19th did she start work in the -- what's called the Patient Experience Team?

HOCKNELL: Yes.

JOHNSON: We then skip a few weeks from Tuesday, 19 July to Monday, 8 August; is that right?

HOCKNELL: Yes.

JOHNSON: And we take up the narrative with a message sent by Lucy Letby to [Dr A].

HOCKNELL: Yes:

"Just bumped into Tony and had 20 Qs about the triplets, drugs, etc. He's been wanting to meet with me to discuss."

JOHNSON: "He's finished his last shift this morning and is trying to tidy everything up prior to leaving. I'm trying to sort out our meetings."

HOCKNELL: Lucy Letby replied:

"Said he got into some bother over the IO needlestick but okay now. Saw Jess too.

"How are you getting on?"

JOHNSON: Was there then a message from [Nurse E] to Lucy Letby, saying:

"OMG! Are you at desk or can you talk?"

HOCKNELL: Lucy Letby replied to [Nurse E]:

"Can talk."

JOHNSON: Then [Dr A] responded to Lucy Letby's question "How are you getting on?" with:

"Chief exec office said I don't need tho ['to' maybe] meet him. They've pushed me to see Mr Semple hopefully later. Ravi is on holiday. Meeting [redacted] tomorrow."

And then there's some emojis, which may or may not be bits of cake.

"Yet."

HOCKNELL: Lucy Letby replied to [Dr A]:

"They were questioning if the line had been functional on insertion as he put it in. We know it definitely didn't dislodge until after death. Working through the list then. No, the buffet commences at 13.00."

And a face emoji.

JOHNSON: Did she then respond to [Nurse E]'s last message?

HOCKNELL: Yes:

"Tony phoned. He's going to speak to Karen and insist on the review being no later than first week of September but said he definitely wouldn't advise pushing to get back into unit until it's taken place. Asked about social things and he said it's up to me but would advise not speaking with anyone in case any of them are involved with the review process. Thinks I should keep

head down and ride it out and can take further once over. Feel a bit like I'm being shoved in a corner and forgotten about by the trust. It's my life and career."

And a further message:

"He's not been given any information about the evidence he asked for, which is good. He's not sure what the external people are going to look at in relation to me but we are in the process now so have to ride it out."

JOHNSON: [Nurse E] responded:

"Okay. Well, just have to take his advice then, I suppose."

Followed by a sad-faced emoji.

HOCKNELL: Lucy Letby replied to [Nurse E]:

"Still can't believe this has happened.

"It's making me feel like I should hide away by saying not speak to anyone and going on for months, etc. I haven't done anything wrong."

JOHNSON: "Me neither.

"I know, it's all so ridiculous."

HOCKNELL: "I can't see where it will all end."

JOHNSON: "I'm sure this time after Christmas it'll all be a distant memory."

Was there then an email sent out again by Eirian Lloyd-Powell, dated 9 August at 14.19, and does that read:

"Hi all. There are currently opportunities for staff to apply for secondments throughout the trust. It has therefore come at an opportune time for us and we were able to facilitate this for Lucy. Lucy is currently seconded to the Risk and Patient Safety Office for a period of 3 months. Laura is currently seconded to the haemodialysis unit and will be returning in November 2016. Should anyone have an interest in other areas, please discuss this further during your appraisal or come to me directly. Kindest regards, Eirian."

Did Lucy Letby then send a message to [Nurse E] which seems to refer to that email?

HOCKNELL: Yes:

"OMG she sent an email about secondments."

JOHNSON: [Nurse E] responded with laughing emojis:

"Email is on fire."

HOCKNELL: "Bloody hell, fuming. I'm in email and it makes it sound like my choice."

JOHNSON: "Really?"

HOCKNELL: "Yeah, they've been able to facilitate me going for 3 months."

JOHNSON: Was Lucy Letby then on annual leave between Monday, 15 August and Monday, 29 August?

HOCKNELL: Yes.

JOHNSON: On 1 September, was there a review panel meeting involving Lucy Letby at 16.00 hours?

HOCKNELL: Yes.

JOHNSON: And the following Wednesday, 7 September, did Lucy Letby register a grievance?

HOCKNELL: Yes.

MR JOHNSON: Thank you.

I don't know whether -- there are no questions.

My Lord, we got through that slightly quicker than I anticipated. That concludes that part of the evidence.

MR JUSTICE GOSS: Yes. Is that as far as we can go today?

MR JOHNSON: It is.

Housekeeping

MR JUSTICE GOSS: Right. It's earlier than was expected, but I don't suppose you mind finishing early today.

The only problem is, although I have prepared a file with a sheet of paper with the dates on it, I haven't printed it out yet for you because I didn't have time.

If you would like to go to your room, just for a few minutes, and wait there, within about 5 minutes I will give you all a sheet of paper with the dates of the non-sitting days, in which I've included the bank holidays as well because in May there are three -- public holidays, not bank holidays, they used to be called bank holidays -- in May. So I've included all the dates when you're not sitting.

When we do resume a week on Monday, you will see I've put "not before 12.15", so you don't have to be here until 12.15, but that is a sitting day. The next day we are not. Then we're sitting again. All right?

I'm sorry you're going to be inconvenienced for 5 or so minutes, but at least then you can go.

We're going to have another substantial break in this case. It's very important that you, of course, abide by those obligations, of which you've been aware from the very outset, about not conducting any research about anyone or anything to do with this case or communicating with anyone about anything to do with this case.

So far as your employers are concerned, there's no reason why you can't tell an employer, if they ask, "What is this case that you're doing?" you can just say that it's the long case in Manchester going on and that's it, but obviously don't talk about any details of the case to anyone about it.

Have a break from it. You obviously can't put it all out of your mind, but try not to have it going round and round in your head, any of it. Have a refreshing break so when you come back, you will be refreshed to continue.

As I've said to you many times during the course of this trial, when all the evidence is complete, I will be giving you clear and simple written directions about your approach to the evidence in this case. You will decide, as you've been told numerous times, what the important facts are and the significance of any important facts. I will review the evidence sequentially so that you have it as a piece, so to speak, event by event, all put together.

You will have your own notes, you have all the materials on your iPads as well so that when you do come to retire to consider your verdicts, you'll be in a well-placed position, I hope, to make the necessary decisions in this case. All right?

I just say that to you so that you can have a break, have a holiday from it. Thank you very much indeed. So 5 or 10 minutes

maximum, I'll get it done as soon as possible and you'll have a sheet each with the dates on.

(In the absence of the jury)

MR JUSTICE GOSS: Does anyone want to go down and see the defendant?

MR MYERS: Well, obviously not immediately because we're waiting for your Lordship to give us the sheet of paper, but the intention is after lunchtime some of us will be with Ms Letby this afternoon, so we'd be grateful if that could be facilitated.

MR JUSTICE GOSS: Certainly. I'll also provide a sheet of paper for the escorting prison staff so they can get it into their records of days when transport will not be required. There was a query that was raised about a week on Monday, what time. I don't know whether you've addressed that with the escorting staff.

MR MYERS: Thank you, my Lord. We have and we'd be grateful if Ms Letby could be brought to the court at the usual time. We'll be here in the morning.

MR JUSTICE GOSS: Usual time a week on Monday then, even though you'll see that the court will not be sitting until 12.15 on that day.

MR MYERS: Thank you, my Lord.

(12.47 pm)

(The court adjourned until 12.15 pm on Monday, 17 April 2023)