8 March 2023
Baby O

CONTENTS

Wednesday, 8 March 2023
(10.30 am)

(In the absence of the jury)

Housekeeping

MR JUSTICE GOSS: Just before the jury is brought in, I'm going to visit the issue of sitting days from now on because it's clear that there's another day after Easter in fact when we won't be able to sit for good reason.

Not as a result of me, but it is a very good reason.

I'll schedule the sitting days and non-sitting days, rather.

MR JOHNSON: Thank you. One of the first pieces of evidence that the court will receive this morning is the heavily edited interview of [Father of Babies O, P & R], who is the father of [Baby O] and [Baby P], as I will do my best to refer to them, although all the paperwork is in the name [Surname of Babies O, P & R] for reasons that your Lordship will appreciate.

There are two versions of the transcript. One is the version with all the red lines through it, which we thought wouldn't be terribly helpful to your Lordship.

The other is the version with all the crossed out bits removed, which has been done at short notice and may be slightly imperfect but is probably better than the alternative.

MR JUSTICE GOSS: Well, I'll follow it closely.

MR JOHNSON: If there is any doubt about it, we have emailed the redacted version with the redactions in it so they can be checked.

MR JUSTICE GOSS: Thank you very much. I'm sure they'll be spotted as we go through it. Not highlighted as such, but so people are aware of it. We can sort it out afterwards if there are any corrections. Thank you very much indeed. Jury in, please.

(In the presence of the jury)

MR JUSTICE GOSS: Sorry about the slight delay, members of the jury, there were some technical issues. Also I'm going to provide you with a written list of non-sitting days because we have got some days that we are not going to be sitting that I have already told you about. I'm going to give you an actual written list so you've got a paper record, which will be much easier for you. I'll do that later today before the end of today. Thank you.

MR DRIVER: May it please your Lordship.

Members of the jury, might I begin by inviting your attention to jury bundle 1 and the indictment behind divider 1.

As you are well aware, we yesterday completed the evidence in relation to count 19, or the vast majority of it, I should say, more accurately. We now turn, at page 7 of the indictment, to count 20 and, in turn, count 21.

Count 20 is an allegation of murder, the date is 23 June 2016, and it relates to the death of [Baby O], also known as [Baby O].

If we turn the page to look at count 21, we'll see a further allegation of murder, dated 24 June 2016, in relation to the death of [Baby P], also known as [Baby P].

Members of the jury, you know from material you've already seen that the practice and protocols within the hospital is to refer and record all details of the babies against the mother's surname. Hence it is that you'll look at a lot of material where the boys are referred to as [Baby O] or [Baby P], but they are the same boys, baby boys, of course.

For your information, we will present the evidence of the treating doctors and nurses in relation to [Baby O] and then call the evidence of the experts in that regard before, we anticipate next week, turning to count 21, calling the evidence of the treating clinicians and nurses in relation to [Baby P] before calling the experts in relation to count 21. So that's the timetable.

MR JUSTICE GOSS: Thank you very much. I'm sure you all understand that. If you don't, it'll all become very apparent to you as the evidence is adduced.

Witness statement of [Mother of Babies O, P & R] (read)

MR DRIVER: We begin the calling of the evidence by the reading of the statement of [Mother of Babies O, P & R]:

"I am [Mother of Babies O, P & R], the mother of triplets, [Baby R], [Baby P] and [Baby O]." This is a statement dated 16 November 2017, I should have said:

"In early January 2016, I became aware that I was pregnant. I went to my doctor, who arranged for my first scan about three weeks later. I was about 12 weeks pregnant. The scan was conducted by a nurse called Julia at the Countess of Chester Hospital and seemed to take a bit longer than normal.

"[Father of Babies O, P & R] [and earlier in her statement she establishes that she resides with her partner [Father of Babies O, P & R]] noticed that there was more than one baby in there.

Julia confirmed that there were three babies. She went out and got a specialist who came in; I think her name was Jill. She confirmed there were three babies. They gave us leaflets explaining about multiple births and asked us to come back the following day.

"The next day we went back to the hospital and a consultant, Jim McCormack, scanned me again. He confirmed that there was only one placenta and that therefore the triplets would be identical. He explained that we would need to go to the Liverpool Women's Hospital and have another scan with a specialist there.

"The following day, we went to the Liverpool Women's Hospital and the specialist there confirmed that there was indeed only one placenta. She also explained that there was an 80% chance of twin-to-twin transfusion, which means that the smallest baby may suffer as the two bigger babies would feed more than the smaller baby, leaving it, the smaller baby, short of food.

"She mentioned that one of the babies was smaller than the other two. She said that she would have another scan in a couple of weeks to see if the twin-to-twin transfusion was in fact happening.

"We went back to the Liverpool Women's Hospital 2 weeks later and I was scanned by one of the consultants there, Dr Fazia Piez(?). She said that everything appeared okay. She explained how unusual it was that triplets were conceived naturally and that my triplets were identical because there was only one placenta.

"She was happy for us to continue with monitoring the pregnancy at the Countess of Chester Hospital.

We would continue to see Jim McCormack and if he detected any problem, we would be referred back to the Liverpool Women's Hospital.

"We were then scanned every 2 weeks and things progressed really well. I kept asking if [Father of Babies O, P & R] and I could have a look around the neonatal unit, but Jim McCormack said that if we delivered it would be unlikely that we would stay at Chester as there wouldn't be enough beds for three neonatal babies all at once.

He said that we could end up at Birmingham, Manchester or Bristol. Both Jim and Jill assured us that we would only stay at Chester if there was sufficient space for all three babies and adequate staffing to care for them.

"I had routine steroid injections at 23 weeks. That was just in case the babies were born prematurely and would help in their lung development. At 30 weeks I had what I would describe as tightenings, not major pains.

"At 33 weeks and 2 days I went into labour in the early hours of 21 June 2016. I attended the Countess of Chester later that morning and went into the assessment area. My contractions were getting really close.

"Two doctors came in, one was a young blonde lady and the other was a man with glasses. They were surgeons. They assessed me and decided that I should go for a C-section. I went down to the theatre at about 2 pm. The boys were born at 2.23 pm, 2.24 pm and 2.25 pm.

"In theatre I was only shown [Baby R]. I didn't see the other boys until about 7 pm that evening. There was no specific reason for this, it was just busy in there.

[Father of Babies O, P & R] and I had pre-named the boys, so as they came out, we knew which one was which. Due to the fact that they were identical, we decided to name them in order that they came out.

"The medical staff tagged the babies as soon as they came out. [Father of Babies O, P & R] left the theatre with the babies and went to the neonatal unit where he was introduced to the boys. They were born at good weights. [Baby P] was 4 pounds and 9 ounces. [Baby O] was 4 pounds and 7 ounces. [Baby R] was 4 pounds and 2 ounces.

"In recovery, I was brought three pictures of the babies with their names and weights on. I didn't see all the boys together until about 7 pm. The spinal anaesthetic had to wear off. I had to be able to get up and walk to get into a wheelchair to go down to the neonatal unit.

"I was taken to see all the boys, I held [Baby O] first, then [Baby P], then [Baby R].

"On the neonatal unit, there didn't appear to be any routine with regards to washing hands or general cleanliness. All the rooms were open and anyone could walk into any room. All the boys were in the same room, the large room, marked nursery 1.

"I stayed in the unit until about 10 pm. [Father of Babies O, P & R] had left earlier to rush home for our eldest boy. Someone from the maternity came down and took me back to the ward. A consultant, [Dr A], brain scanned all three of the boys and he was happy with the results.

"The next morning, the 22nd, we went down to the unit. [Baby P] and [Baby O] were in nursery 2, [Baby R] was still in nursery 1. [Dr B] was in nursery 1 making notes.

We were told that [Baby P] and [Baby O] were doing well. I did ask on numerous occasions for help to express my milk, but nobody ever helped me. It was only after [Baby O] passed away that a nurse called Lucy gave me a leaflet about expressing milk.

"That afternoon, we had visitors: my mum and sister, and [Father of Babies O, P & R]'s mum and sister. We took each visitor down separately. It seemed that every time we went down to the unit, the boys were moved. There was a big board in the unit which you would look at to see where they were. We probably spent 10 minutes with each visitor taking pictures. Everything seemed okay that day.

Everybody said how well-behaved they were and that they were doing well and they were on donor milk.

"For the rest of the day, I spent a lot of time on the ward trying to recover from my delivery. I was constantly being reassured that they were doing well and that I needed to get myself right.

"The following day, the 23rd, I was up in the ward, I was still struggling to walk. [Father of Babies O, P & R] took his dad down to see the boys. About 10 to 15 minutes after [Father of Babies O, P & R] and his dad had gone down, [Father of Babies O, P & R] and [Dr A] came into the ward and [Dr A] said that [Baby O]'s stomach had swollen and that he was needing a little bit of help to breathe so they had put a tube down his throat.

"He remained very calm and didn't seem panicked. He said it was normal and there was nothing to worry about.

He told me that I could stay up on the ward or, if I felt I needed, I could go down to the neonatal unit.

Naturally, I got into my wheelchair and went down to the unit. By the time we got down there it was a scene of chaos.

"Upon our arrival downstairs, [Baby O] was back in nursery 1 and lots of medical staff were rushing around.

[Dr A] was there and [Dr B] was also there.

I remember the nurse, Lucy, was there all the time.

Lucy seemed to be looking after two of the boys, but I can't remember who, and she was there both days, the 23rd and the 24th.

"[Baby O]'s cot was now flat. All the plastic sides from the incubator were down and there was a team around him. I sat outside nursery 1 in my wheelchair. Lucy was running around sorting out stuff for the doctors.

She was going into the room marked 'sterile store' on the plan. That appeared to be where all the medical stores were kept.

"The staff seemed to be in a state of panic and it didn't appear controlled at all. I just sat outside the nursery. I couldn't bring myself to go closer, plus I was in a wheelchair. [Father of Babies O, P & R] was closer to what was going on in the nursery. [Baby O] kept arresting and he changed colour, which I saw later with [Baby P]. He was swollen all over his body. The doctors were struggling to get injections into [Baby O]'s veins,

so eventually they injected straight into the bone in his shins. My mum, [Grandmother of Babies O, P & R], was also in the room with [Father of Babies O, P & R].

"At some point another doctor called Steve arrived.

He was tall and he had been called from somewhere else.

I think he was one of the main doctors. He told me that things weren't looking good for [Baby O] and that if he did manage to survive, he would likely have brain damage, so it might be best if he didn't survive.

"This went on all afternoon and eventually [Baby O] passed away. This was about 5 pm. At that time [Baby P] and [Baby R] were both in nursery 2. This whole episode had come like a bolt out of the blue. On the face of it, everything seemed to be going so well with the triplets.

It was never explained to us how this sudden downturn in [Baby O]'s health happened.

"As a family, we were naturally devastated. With hindsight, there were a number of things that we found unusual. Before the boys were born, we were told that there would be one nurse looking after one baby. We didn't expect a student nurse to be part of the team caring for our babies from time to time. I cannot remember her name, but she was a student at Chester University. She wore the lilac-coloured uniform that students wore. She had quite an involvement in their care.

"We kept seeking reassurance that the other two boys were okay and the staff said they were fine. During that afternoon, we were totally focused on [Baby O], but staff insisted that the other boys were okay and to concentrate on [Baby O].

"Once [Baby O] passed away, he was given to me. We went to the family room and a lady with blonde hair and glasses came to see us. I think she was a bereavement nurse. She explained that we could bathe and dress [Baby O], she gave us a camera to take pictures. We were provided with a Moses basket to put him in. [Dr B] came in and spoke to me, saying she was very sorry. She was quite upset.

"Our family came to the hospital. All of the family held [Baby O].

"At about 11 pm once everybody had left, the staff said that we could take [Baby O] upstairs to the ward.

They had moved all my stuff into a single room so that [Father of Babies O, P & R] could stay with me and so we could have [Baby O] with us. Before we went up to the ward with [Baby O], we checked on the other two boys. There was a nurse called Sophie looking after them. She helped us get [Baby P] and [Baby R] out of their incubators so we could take photographs of them with [Baby O].

"[Father of Babies O, P & R] and I then went up to my room and [Baby O] came with us. I didn't sleep at all that night. One of the midwives kept popping in to check we were all right. At one point I asked her to call the neonatal unit and check that [Baby P] and [Baby R] were okay. She came back and said they were both fine and not to worry.

"The following morning at about 6 am [that's 24 June 2016], we were both awake and decided to go down to the neonatal unit to check on the boys. We spoke with Sophie, the nurse, who had been on duty with the boys overnight, and she said they had been little angels. She explained that they had fed well and a number of additional tests had been done overnight, including blood cultures, which were all negative. They were even increasing [Baby P]'s food intake.

"We stayed with the babies quite a while and then went back upstairs. Upstairs on the ward, we had some breakfast, showered and tried to relax a little.

A couple of hours had gone by and I was in the bathroom when I heard voices in the room. I left the bathroom and there was an older midwife in the room. She said that [Baby P] was really poorly and we needed to go to the neonatal unit immediately. I was devastated. A couple of hours earlier, he had been fine.

"I jumped into a wheelchair and we got into the lift to go down to the neonatal unit. [Father of Babies O, P & R]'s dad was in the lift. He came down to the unit with us and he was allowed to come in with us. I also called my mum to tell her it was happening again.

"When we got down to the neonatal unit, [Baby P] was in nursery 2, [Baby R] was in the same nursery. It was like déjà vu. Everybody was running around again, it looked chaotic. [Dr A], [Dr B] and Lucy, the nurse, were all there again.

"This time there was a younger female doctor there who was about 30 years old with long brown hair, which was up. I think she was training to be a consultant.

[Baby R] was pushed to the back of the nursery by the staff.

There was also a male neonatal nurse looking after [Baby R], so he was in and out of the nursery a lot. He was constantly reassuring us that [Baby R] was okay. [Baby R] had an extra monitor on him. Nursery 2 was crowded with people.

"Due to the amount of people in nursery 2 and the fact I was in a wheelchair, I sat outside in the corridor for long periods of time whilst the medical staff worked on [Baby P].

At one point the younger female doctor was sitting at a small computer desk outside nursery 2, Googling how to do what looked like a relatively simple medical procedure: inserting a line into the chest. They needed to perform this procedure because [Baby P]'s lungs had collapsed during CPR. Naturally, this alarmed me. She was relaying this information to [Dr A] and [Dr B].

The consultant, Steve, came down as well. There were a number of X-rays being taken. At some point they told [Father of Babies O, P & R] that they were looking to transfer [Baby P] to the Liverpool Women's Hospital. The main thrust of what was going on appeared to be trying to stabilise [Baby P] but he kept collapsing. [Dr B] was coughing and spluttering into her hands, then going outside for a smoke. I never saw her wash her hands, which I think is unacceptable.

"Steve, the consultant, told my mum and I that things were looking a lot more hopeful with [Baby P] than they had done with [Baby O]. [Baby P] looked very similar to [Baby O] with his discolouration and his prominent veins, but his stomach wasn't swollen like [Baby O]'s.

"[Baby P]'s treatment continued for hours. At one point, my mum took me down to the lounge so I could have a break and get my breath back. At some point the transport team arrived. It was headed by a youngish male consultant from Arrowe Park Hospital called Dr Oliver Rackham. The reaction from the staff was incredible to watch. This guy just took over. He quickly reviewed the notes, asked what had been done, and then ordered various things to be done. The staff just did what he said. Steve the consultant was still there and even he took a back seat to this new consultant.

"We immediately felt reassured upon his arrival.

He was calm, whereas everyone else seemed panicked.

Eventually, he decided that [Baby P] shouldn't be resuscitated anymore. When [Baby P] passed away at around 4 pm, Dr Rackham brought [Baby P] over to me and was so apologetic. He said he

couldn't believe what had happened. He stayed with me for some time.

"It was then that [Father of Babies O, P & R] and I begged him to take [Baby R] with him. We reasoned that he had originally planned to take one baby, so why couldn't he take another one? Eventually, he agreed to take [Baby R]. The nurse with him was excellent as well. She explained everything to us about what was happening with [Baby R] and what would happen during his transportation to the Liverpool Women's Hospital.

"She explained that we shouldn't follow the transport team ambulance just in case they had to stop and we would panic, so she told us to sort ourselves out and finish our time with [Baby P]. We could follow on when we were ready.

"When they arrived at Liverpool Women's Hospital, the nurse sent me a text to let me know they were there safely. I then had to discharge myself from the Countess of Chester Hospital in order to follow [Baby R] to Liverpool.

"I asked the Countess to transfer my care to Liverpool Women's Hospital and they refused, which at the time was the last thing I needed. A doctor checked my stitches, then I discharged myself. Before I left, we asked for a memory box to be put together for [Baby P] like we had done for [Baby O].

"We then travelled over to Liverpool after picking up some clothes from home. When we arrived at the Women's Hospital we were shown around and all of the machinery by the babies was explained. The alarms, which seemed to be going off all the time, were explained and you were just made to feel at ease. None of this had happened at Chester. The two hospitals were as different as night and day.

"Upon his arrival, [Baby R] had lots of tests and scans.

Everything seemed okay. We asked about [Baby R] and they said he was perfectly fine, in fact they said he was the only baby in intensive care at Liverpool Women's Hospital who didn't need to be there. They said he could stay and he could stay there as long as they didn't need the bed. He stayed at Liverpool for a total of three and a half weeks. Liverpool Women's Hospital arranged for [Baby O] and [Baby P] to be brought over, so all three boys could be under the same roof.

"Looking back at the care the boys had at the Countess and the staff involved on the days the boys passed away, I can say the following. I was surprised that there wasn't one-to-one nursing for the boys as had been discussed prior to their birth. For example, when [Baby R] and [Baby P] were in nursery 2 it

appeared that a student nurse was stationed permanently in that room and she would feed the boys.

"Lucy, the main nurse, would pop in every now and then, just to check how they were doing and see if the student nurse was okay. After [Baby P] passed away, Lucy was extremely upset and emotional. She was in pieces and almost as upset as we were. She brought [Baby O] and [Baby P] down to see us in a cooling Moses basket before we left for Liverpool. She dressed [Baby P] for me and took pictures of both boys. She was in floods of tears.

"[Dr B] also came in to speak to us after [Baby P] had passed away and she was upset." That, my Lord, concludes the relevant parts of the statement of [Mother of Babies O, P & R].

MR JUSTICE GOSS: Yes, thank you.

Witness statement of [Grandmother of Babies O, P & R] (read)

MR DRIVER: Next, page 12 of your Lordship's bundle, a statement of [Grandmother of Babies O, P & R], dated 26 July 2018. She states:

"I am [Grandmother of Babies O, P & R], the mother of [Mother of Babies O, P & R].

[Mother of Babies O, P & R] was aware that she was pregnant in the January of 2016 to her long-term partner [Father of Babies O, P & R]. At that time their care was under the Countess of Chester Hospital.

"I recall that the consultant was a Dr Jim McCormack and that the care was of a high standard. After the first scan, it was discovered that [Mother of Babies O, P & R] and [Father of Babies O, P & R] were expecting triplets. It was a unique experience for the hospital as they were conceived naturally and they were all going to be identical.

"As time got nearer, [Mother of Babies O, P & R] was informed that there were only two cots available at the Countess and, as a result, the hospital may have to seek an alternative hospital. [Mother of Babies O, P & R] went into labour on or around 21 June 2016 and was eventually admitted to the Countess of Chester Hospital.

"I recall receiving a message that all the triplet boys had been delivered successfully via a caesarean section. I didn't visit on the delivery day, but do recall calling into the hospital along with my other daughter, [redacted], the following day on the 22nd. We went straight into the neonatal unit where we saw both nursing staff and [Mother of Babies O, P & R]. I was aware

that the boys had already been given the names of [Baby O], [Baby P] and [Baby R] and that they were all identical in every way. In fact, you couldn't tell them apart unless you checked their hospital tags.

"All of the boys were doing well with no complications. I recall that they were all good weights, around 4 pounds each. Each child had their own incubators with different coloured blankets on each.

I think they were red, blue and yellow blankets. There were hospital staff present but I was too busy admiring the triplets to take any notice.

"All was well up until Thursday, 23 June 2016 when I arrived a phone call from [Father of Babies O, P & R] around 16.30 hours informing me that something was wrong with [Baby O] and could I visit and provide support for [Mother of Babies O, P & R]. At the time I wasn't told what exactly was wrong.

"I immediately left work and travelled directly to the hospital, arriving at the neonatal unit before 17.00 hours. When I arrived, [Baby O] was being baptised.

Both [Mother of Babies O, P & R] and [Father of Babies O, P & R] were hysterical and at a loss as to what had happened to [Baby O]. It was the hospital chaplain that was conducting the baptism. I immediately knew that things were not looking good.

"Present at that time was a [Dr B] and a nurse, Lucy. I now know that her surname is Letby." Then she describes Lucy Letby's physical appearance and then says:

"I recall she was very softly spoken when conversing with the family. I think that was the first time that I had met both [Dr B] and Nurse Lucy.

"[Baby O] continued to deteriorate and one of the staff present was asked to page a Dr John Gibbs. He was a tall gentleman from paediatrics. The doctor arrived almost immediately and it was apparent that he was a senior figure amongst the staff.

"The doctor asked Nurse Lucy how many shots of adrenaline had [Baby O] been administered and she replied, 'I'm not sure, three or four'. I could tell that the doctor wasn't impressed at this answer and said something along the lines of, 'Well, what was it, three or four?'

"I could see that Nurse Lucy, when being asked the question, was referring to a scrap piece of paper that she was holding in her

hand. I assumed that the nurse hadn't had time to correctly update [Baby O]'s chart.

Dr Gibbs, together with [Dr B], continued to try and resuscitate [Baby O] until around 17.40 hours when he was pronounced deceased.

"Nurse Lucy was just present in the unit, but I can't be sure exactly what she was doing. I remember thanking her for her assistance during the ordeal.

I recall consoling both [Mother of Babies O, P & R] and [Father of Babies O, P & R], having left the neonatal room. I can't comment on what happened with [Baby O] as I was too preoccupied with caring for the grieving parents. I didn't leave the hospital until around 21.30 hours. I think we spent most of our time in the family/relatives' room. I did manage to hold [Baby O] but I can't recall exactly where that event took place.

"At around 10 am the following morning, Friday, 24 June 2016, I received a phone call from [Mother of Babies O, P & R], stating that, 'It was happening again', and that, '[Baby P] was going the same way like [Baby O]'. I was at home when I received that awful call. Along with [redacted], we headed off to the Countess, arriving an hour later at 11.

"[Baby P] was in a different room to where [Baby O] had passed and there were multiple people around his incubator. I think [Dr B] may have been present but I can't be sure. There was possibly a [Dr A] present as well, I think he was the registrar. Also present was a Stephen Brearey. I think he was the consultant radiologist. Dr Brearey checked [Baby P]'s heart and I recall that there was a significant improvement in [Baby P]'s condition. I went and fetched some food for [Mother of Babies O, P & R], thinking that [Baby P] was in safe hands.

"[Baby P] was fine for an hour or two, but then took a dramatic turn for the worse. Another clinician arrived, female, and I could sense that the medical staff were perplexed about the whole situation. Outside of the room where [Baby P] was situated was a desktop computer and I recall the female clinician utilised the computer and searched for a procedure involving an insertion into the left side of the chest. I was a little surprised at this as I assumed that the staff knew what they were doing, but was happy that they were possibly just confirming the procedure.

"Around 15.00 hours that same day, I was informed that [Baby P]'s health had again deteriorated and that provisions were to be made to transfer him to the Liverpool Women's Hospital. There

was a delay with this due to logistical reasons. [Baby P] unfortunately passed away around 16.00 hours that day.

"At some point the transport team arrived. It was headed by a young male consultant from Arrowe Park Hospital called Dr Oliver Rackham. He immediately took control of [Baby R]'s care as it was decided that as the team were already present that they would take [Baby R] to Liverpool. At that point we didn't know whether it was a congenital condition that the boys had developed prior to birth.

"I recall that after [Baby R] had left, [Mother of Babies O, P & R] was taken to the maternity ward where we spoke to a nurse called Hannah, who informed us if [Mother of Babies O, P & R] wanted to go with [Baby R], she would have to discharge herself from their care.

"[Dr B] did visit us after Nurse Hannah had left the room and stated that there would be post-mortems for both [Baby O] and [Baby P] in an attempt to establish a cause of death. I do know that both [Dr B] and Dr Brearey were visibly upset at the deaths of both [Baby O] and [Baby P].

From that point we had no further dealings with the Countess of Chester Hospital." My Lord, the next evidence to be put before the jury comes from the father of the boys, [Father of Babies O, P & R].

As your Lordship knows, his statement was recorded both visually and as an audio recording, and it has been edited, by agreement, so that the relevant parts can be played to the jury. The editing process is inevitably an imperfect one, so at times the jury will see the replay jump for a second or two, but that's just part of the editing process, I am afraid. It was a very long interview; it's been reduced to something in the region of 15 minutes or thereabouts.

MR JUSTICE GOSS: All right. I don't know whether you understood all that, but it is now common procedure, common practice in many cases, for potential witnesses to be interviewed when they give an account to the police of events that they have witnessed in all sorts of cases and then, in appropriate circumstances, the recording of that interview or parts of the interview can be played as that witness's evidence in the case.

You'll appreciate the good sense of it as (a) it's closer to the event, still not that close in this particular case, but closer to the event and (b) it avoids the witness having to repeat what has already been said.

This is just, as with a witness whose statement is read to you, agreed evidence, so there is no dispute about what appears in this interview and it has been significantly edited down to 15 minutes from hours, which obviously is appropriate, so you're only hearing the material part of the interview. Nothing is being kept from you. Both sides accept that this is the relevant material in relation to the issues in this case.

So that will be played to you as agreed evidence.

You don't attach any significance to the fact that this witness's evidence is being played. You will hear it, receive it and consider it in exactly the same way as any other agreed evidence. Do you understand that? I'm sure you would.

The significance of it, as with any of the agreed evidence, and you've heard a lot of agreed evidence read to you, the significance of it, the importance of it to the decisions you have to make is entirely for you. All right?

MR DRIVER: For the record, this is an interview that took place on 16 December 2019.

MR JUSTICE GOSS: There you are.

MR DRIVER: I'll ask Mr Murphy to play it. Thank you.

Video of interview of [Father of Babies O, P & R] (played)

"Question: Could you just introduce yourself.

"Answer: Yes, [Father of Babies O, P & R].

"Question: Your date of birth, [Father of Babies O, P & R]?

"Answer: [redacted].

"Question: There'll be a master copy of this anyway and at some point I'll explain what happens to -- you understand why you're here today?

"Answer: (Inaudible).

"Question: We're going to go through the events of what you can remember from the neonatal unit in the Countess of Chester back in 2016. Just to give you an idea where we're going today, you know as well as I do we took a statement, which initially was an audio interview from [Mother of Babies O, P & R], your partner, that's [Mother of Babies O, P & R].

I'm led to believe, although it wasn't myself, a couple of years ago, [Mother of Babies O, P & R] was audio interviewed by a DC Andy Roberts. Do you recall that?

"Answer: Yes.

"Question: And I'm led to believe you were present.

Can you remember that?

"Answer: Yes.

"Question: And is it fair to say, [Father of Babies O, P & R], that you were privy to all that information and what was discussed during that time. And since that time a statement was taken, your handwritten statement?

"Answer: Yes.

"Question: Is it true to say that not only have I been through that with you, but you've seen the contents of [Mother of Babies O, P & R]'s statement and, correct me if I'm wrong, you agree with that in its entirety?

"Answer: Yes.

"Question: I'm not expecting you to remember exactly what was in there. So if we go back to 2016 (inaudible: distorted) the boys were all born on --

"Answer: 21 June.

"Question: And by my reckoning that's a Tuesday.

And you mentioned earlier that you were informed that they were all fit and well?

"Answer: Yeah. No problems.

"Question: Can you remember anyone in particular telling you that?

"Answer: I can't. I couldn't say for certain, no.

"Question: (Inaudible: distorted) Tuesday. We'll call the 22nd a Wednesday. I assume at some point on day 1 you've gone home for a bit of a respite from there?

"Answer: Yes.

"Question: You didn't stay at the hospital?

"Answer: No (inaudible: distorted).

"Question: So if we go to the Thursday now, which is 23 June. Do you recall that particular day? I know this is a tough day.

"Answer: (Inaudible: distorted) again... I really don't. I can't -- I just can't put my finger on the start or the end (inaudible: distorted) mess I've ever seen.

"Question: All right. Tell me about the mess, the bits of the mess that you can remember.

"Answer: I don't know whether -- I think we'd been down to see [Baby O] and (inaudible: distorted) seem them all, but they were all okay and I think we had come back up and we hadn't been back up long and I think we got a phone call or a nurse come in with a message saying (inaudible: distorted) back down ASAP.

"Question: Do you remember who that was?

"Answer: No, just a nurse from, like, [Mother of Babies O, P & R]'s ward, the ward she was on had come in with a message saying -- she wasn't from downstairs.

"Question: Can you remember exactly what she informed you and who it was about?

"Answer: She just said, 'I've been asked to tell you to go back downstairs, there's something going on'.

And that's all she said. She didn't give us any bad information or any good information, but obviously straightaway we both panicked. And when we both got down there it was already like pandemonium.

"Question: Do you recall which of the boys was having the issue?

"Answer: It was [Baby O].

"Question: Do you remember what they told you what [Baby O]'s issue was?

"Answer: No, not 100%. I think -- I think we got told it was something to do with stomach swelling but again I'm not sure whether they said that straight from the off, I'm not sure they just said, oh we don't know what's going on, we'll try our best. I really can't recall it.

"Question: Clearly you've mentioned that stomach swelling.

"Answer: Yeah.

"Question: So somewhere revolving around that incident, you clearly remember somebody mentioning --

"Answer: Yeah.

"Question: -- (overspeaking) swelling related to [Baby O]?

"Answer: Yes. The stomach was definitely swollen at one point.

"Question: But you can't remember anyone giving you a reason why?

"Answer: No, no. There was also another point where all his veins...

"Question: Take your time.

"Answer: You could see -- they were all bright, bright blue, bright blue... all over. Going different colours (inaudible: distorted) it sort of like, looked like a really, really bad prickly heat. And that got worse and then it went down again so it was literally like there was --you could see something -- it was through his veins.

"Question: Where was [Baby O] at that point?

"Answer: He was in the middle of the room where I was holding [Baby P](inaudible) he was there. At that point, I think the other two -- I think [Baby R] and [Baby P], had gone to the other room, room 2. I think [Baby O] was on his own in this room. I don't think there was any other babies. I might be wrong --

"Question: Are we still in the big room (overspeaking) --

"Answer: Yeah.

"Question: So you recall somebody mentioned [Baby O]'s stomach and you gave us that description of how his skin had changed colour and it had done back.

Can you remember exactly what the medical staff were doing?

"Answer: Not a lot, really. There was something wrong with the temperature, his temperature's (inaudible) temperature at one point. I don't know whether he was going too cold or too hot but they put basically a plastic bag over him, it was like a sheet thing. I don't know whether it was to warm him up or cool him

down but it was to do (inaudible: distorted) he was either getting too hot or too cold. And um...

I can remember lines being put in. I can remember all different kinds of drugs being put in. I suppose at one point it was just like they were trying anything. And then that was Lucy and I don't know whether it was others as well, but [Dr B] was there.

"Question: Okay. Can you remember in particular who was hands on with [Baby O] around that time?

"Answer: I'm not 110%, it was [Dr B] and Lucy pretty much the main ones. I'd like to say 100% certain but... I still I'm trying to picture their faces. Like I say, it wasn't just them, there was loads of people, you know, there was people rushing in and out passing things.

"Question: As you would under those circumstances?

"Answer: Yeah.

"Question: (Inaudible: distorted) you mentioned there was IV drips, there was medication?

"Answer: Yeah.

"Question: Do you know exactly what was intravenously given to [Baby O]?

"Answer: No. No. The names? I wouldn't have a clue.

"Question: Did you witness [Baby O]'s --

"Answer: Yeah, I seen it, yeah. The most easiest thing to describe it was like ET, it was just like a pot belly.

"Question: At no point from the birth to that point had you seen (overspeaking) --

"Answer: No.

"Question: -- distended like that?

"Answer: Not at all.

"Question: You saw it clearly enough to cause --

"Answer: And I think it had gone down as well, I don't think it stayed up, I think it had gone down as well. And then that started happening, with the veins and that, and then towards the end that's where then they put that bag...

"Question: I know it's difficult. How long did this ordeal go on for?

"Answer: Oh [Baby O]? You know...

"Question: Can you remember time-wise how long we're talking?

"Answer: It must have been (inaudible: distorted)

with him half an hour it seemed (inaudible).

"Question: So at some point, sadly, [Baby O] passed away?

"Answer: Yeah.

"Question: And obviously there must been some conversations between you, the family and maybe the lead doctor or one of the doctors. Can you remember what that conversation revolved around?

"Answer: There was [Dr B] doing all the talking, which again always led me to the impression that she was the boss there. She said they didn't have any explanation for us. There was no -- nothing she could say. She wouldn't give us a reason why he'd passed away. She just -- I remember [Dr B], she was quite upset. She was just (inaudible) we could do, tried everything we could and we haven't got the answers for you right now, but we're going to get to the bottom of this. And then it was only 24 hours later, it was exactly the same again. You know, it had all started the same and, you know, it was all like very similar to how [Baby O] went, apart from I can't remember [Baby P] going all different colours in the veins and that. I can't remember his stomach swelling but they were saying it was fairly similar to how [Baby O] went.

"Question: On that Thursday, is there anything else that you can recall that may or may not assist us with our investigation?

"Answer: Apart from (inaudible) literally.

"Question: Totally unforeseen. So far as you're aware --

"Answer: He'd been feeding and...

"Question: So 24 June, which is now a Friday, the following day, and I think we discussed, I think your words, it almost mirrored the previous day's events?

"Answer: Yeah.

"Question: So this is Friday, 24 June now. What can you remember about that particular day?

"Answer: I'm not sure. Me and [Mother of Babies O, P & R] had already been down to see the boys. We would have before my dad come, because I think my dad come about 10ish maybe. It was quite early so we would have already gone down, we would have checked on him. We got told that they were fine, you know, no problems and, you know, we'll spend a bit of time there. Then when my dad come it was already happening because I can remember my dad getting out of the way, and meeting him and me saying to him, 'It's happening again', and them saying, 'What do you mean?' and i said, 'With [Baby P]' (inaudible) go down there and then when we got down there, again it was just like -- just like pandemonium, it was absolutely mental -- and it was worse than the day before. I don't know whether it was because what happened the day before they thought, bloody hell, we can't let this happen again, and as soon as they (inaudible) more people on hand and then more people coming down from other places and then he seems to help the situation and he went again and he come back down again. I don't know how many times he come down but he had to come down more than once.

"Question: When you say 'he', who are you referring to?

"Answer: This is the guy (inaudible).

"Question: We mentioned before about the ET belly type.

"Answer: Yeah.

"Question: And you mentioned again that was with [Baby O].

"Answer: Yeah (overspeaking). [Baby P] was -- I'm pretty sure there was none of that.

"Question: Or certainly not that you can remember?

"Answer: No. The only discomfort I can really remember with him is just like the struggle you could see within him, you could see him struggling, but I can't remember seeing his belly swell or...

"Question: For -- what reason did the medical staff tell you was wrong with [Baby P]?

"Answer: I don't think we got any reason, no. We really didn't.

"Question: I mean, at what point do you think that transport team arrived? Was it quite late on, did you say?

"Answer: It must have been going into early evening because the transport team got there, they fought with [Baby P] for not long, maybe 10/15 minutes. It wasn't long after they arrived that [Baby P] actually passed away and they couldn't do no more. So then while we were there, we both -- they had to take [Baby R] because they was already coming for someone and we said there's, no way he's staying in this hospital, you know, you've got to take him out or otherwise we'll take him ourselves, and obviously he was too small to be coming home. So he agreed to take [Baby R] over. And then -- it must have been early on because I remember (inaudible) broad daylight when we were sat in the room. I can remember the sun beaming through the windows.

"Question: This is the summer months, isn't it, June?

"Answer: Yeah, yeah. I can remember being broad daylight. [Mother of Babies O, P & R] had to discharge herself. The hospital wouldn't discharge her and they wouldn't transfer her care over to Liverpool Women's, so [Mother of Babies O, P & R] had to discharge herself.

"Question: So was [Baby R] transferred on that day then (overspeaking) --

"Answer: Yeah. And then I'm pretty sure, 120%, I'm pretty sure that Lucy Letby that wheeled the two boys down to us in the cold box because it was obviously a frozen box for them to lay on, obviously. And I was sure it was her, 110% it was her that brought them down to the room before they left and again said how sorry she was, she was very tearful and upset. And I'm pretty certain that Lucy Letby dressed the pair of them -- I'm pretty certain she got them dressed up because we picked out little matching outfits.

"Question: Forgive me, did you mention a memory box? Did you say something about a memory box (overspeaking)?

"Answer: Yeah. So again, that was Lucy's job. I'm pretty much 110% sure that was her that done the boxes for us, it was her idea. She went out of her way to get a little SD memory card, those little square things about that big (indicating) that goes in a camera, so we had a (inaudible) memory to take plenty of pictures with [Baby O] the first night that he went.

"Question: In relation to then [Baby R], moving on, because [Baby R] went to the Royal --

"Answer: Yes, he was taken to -- [Baby R], who had been put in the high security intensive care room, to be watched by high dependency, but about when we got there, straightaway when got there we got told that there's no need for him to be in there,

he was perfectly fine, nothing wrong with him at all, he was healthy as they come. So I think he was in Liverpool Women's for 11 days before he was discharged. He wasn't there that long.

"Question: During those 11 days was there any medical complications with [Baby R]?

"Answer: No, not complications, just loads of tests. They done loads of tests, like, just to see if anything was there, like. No, there was no complications at all. He left with a small hole in his heart, which he had to have a couple of follow-ups at Alder Hey Children's, but that ended up just being nothing like --

"Question: I'll finish the interview, [Father of Babies O, P & R], unless there's anything else that you wish to say.

"Answer: No. I wish I could and I wish I just knew more to be honest.

"Question: That's it."

(End of video recording)

MR JUSTICE GOSS: Thank you.

MR DRIVER: That concludes this chapter of the evidence.

I know it's a little earlier than usual, but might it be appropriate to take the break before we move to the sequence?

MR JUSTICE GOSS: Yes. That interview in fact lasted 1 hour and 40 minutes, I've looked at the timings. You could tell where it had been edited just to remove irrelevant material. Thank you.

It is a bit earlier than normal but we'll have our ten-minute break now, thank you very much.

(11.38 am)

(A short break)

(11.50 am)

MR JOHNSON: Kate Tyndall, please.

MRS KATE TYNDALL (recalled)

Examination-in-chief by MR JOHNSON

MR JOHNSON: Welcome back, Mrs Tyndall. For the sake of the recording, would you confirm your identity, please?

TYNDALL: Kate Tyndall, intelligence analyst.

JOHNSON: Thank you very much. We're going to move to the sequence of events in the case of [Baby O] first, please. This, of course, is, as the jury know, count 20. It adopts the same format as every other one we have seen essentially, doesn't it?

TYNDALL: Yes.

JOHNSON: At tile 1, have you recorded the fact that the first born of the [Surname of Babies O, P & R] triplets was [Baby P]?

TYNDALL: Yes.

JOHNSON: They are, of course, all in this sequence named [Surname of Babies O, P & R] because of the naming convention at the hospital?

TYNDALL: Yes, that's what's on the medical records.

JOHNSON: Thank you. [Baby P] was born at 14.23 on 21 June.

Tile 2. Was [Baby O] born a minute later at 14.24?

TYNDALL: Yes.

JOHNSON: Just so that the jury have some idea of the condition in which he was born, if we could go behind the tile, please. We see there the Apgar scores, which by now I'm sure need no explanation.

TYNDALL: Yes.

JOHNSON: Thank you.

MR JUSTICE GOSS: "Good condition." It refers to "good condition".

MR JOHNSON: It does.

Tile 3 records the birth of the third child, [Baby R].

TYNDALL: Yes.

JOHNSON: Tile 4 then contains [Dr D]'s clinical notes relating to [Baby O]?

TYNDALL: Yes, to his birth, yes.

JOHNSON: We're not going to go to it, but she records the fact that he cried immediately at less than 10 seconds of age?

TYNDALL: Yes.

JOHNSON: And passed urine at the time of birth?

TYNDALL: Yes.

JOHNSON: He had good tone and a heart rate over 100 a minute?

TYNDALL: Yes.

JOHNSON: Tile 5, 29 minutes after birth, [Baby O] was admitted to the neonatal unit?

TYNDALL: Yes.

JOHNSON: At tile 6 we have the corresponding medical note, clinical note, of [Dr D] relating to that admission?

TYNDALL: Yes.

JOHNSON: At tile 7, there's no name against it, but there's a record in the clinical notes of a discussion with [Father of Babies O, P & R]?

TYNDALL: Yes, it's on the admission form at the neonatal unit.

JOHNSON: Yes. At tile 8 we then have the corresponding nursing note relating to a conversation between Kate Bissell, who was the nurse responsible at the time, her conversation with both [Dr D] and [Father of Babies O, P & R]?

TYNDALL: Yes.

JOHNSON: At tile 9 do we then have, timed at 17.03, Kate Bissell's record of the birth and the condition and other observations of [Baby O] at the time of his birth?

TYNDALL: Yes.

JOHNSON: Thank you. At tile 10 is there then, in effect, a gap in the record, which you have put in because there's nothing particularly remarkable between that time, 17.03 hours, and 13.00 hours the following day, 22 June?

TYNDALL: Yes.

JOHNSON: We'll pick up the medical records at tile 13, but meanwhile was there a Facebook message sent by [Dr A] to Lucy Letby --

TYNDALL: Yes.

JOHNSON: -- at 17.08? So what I would like to do, if we can, is to adopt the same system as we had before. I'll deal with the messages other than Lucy Letby and if you would deal with Lucy Letby's messages.

It starts with [Dr A]:

"Messenger is being silly or my phone needs updating. The 'what happened' was from a few hours ago about the chunk out of elbow. Messenger/phone just inserted at the top of this one." Then there's an emoji:

"I know it's not like me, is it? Chaos this morning and triplets this afternoon. What a day! Looks like I've got the house to myself until 8ish, everybody out with clubs/meetings. Left early and time to myself."

TYNDALL: Yes. And then Lucy Letby replies:

"Oh okay, technical difficulties! You get flung up in the air and all sorts on the inflatable, caught my elbow on the handle and left some of it behind. The triplets delivered? Wow, how did you manage to finish early and actually leave the building? Aw, that's perfect. Enjoy."

JOHNSON: As a matter of record, was Lucy Letby abroad in Ibiza at this time?

TYNDALL: Yes. Yes, I think so.

JOHNSON: So the inflatable, it needs no explanation from me, but that's the context of that message?

TYNDALL: Yes.

JOHNSON: Thank you. At tile 13, do you then put a marker in, as before, to denote the fact that the medical records or the detail of the medical records is inserted from this point, namely 13.00 hours on 22 June?

TYNDALL: Yes.

JOHNSON: At that time [Baby O]'s designated nurse was Samantha O'Brien?

TYNDALL: Yes.

JOHNSON: Tile 15 shows us that she was responsible for noting his vital signs on the chart?

TYNDALL: Yes.

JOHNSON: At tile 16 is the neonatal fluid balance chart which was recording an infusion of 10% dextrose?

TYNDALL: Yes, and some donor-expressed breast milk feeds.

JOHNSON: Yes, thank you. So the combination we've seen in many other cases.

At tile 17, the intensive care chart?

TYNDALL: Yes.

JOHNSON: So that's the three, the standard three, at 13.00 hours?

TYNDALL: Yes.

JOHNSON: Do we have the same source of data, an hour later, at tiles 18 through to 20 at 14.00 hours?

TYNDALL: Yes.

JOHNSON: Do we then have, at tile 21, a message sent by the nursery nurse, Jennifer Jones-Key, to Lucy Letby, dated at 14.10 -- timed at 14.10 I should say?

TYNDALL: Yes.

JOHNSON: Saying:

"The triplets have delivered. [Nurse D] texted [asked] as me to work tonight or Friday. When you back in?"

TYNDALL: Yes. Then Lucy Letby replies:

"Yeah, I heard. Days tomorrow/Friday/Sat."

JOHNSON: Did Jennifer Jones-Key respond almost immediately:

"Hope you get some rest today"?

TYNDALL: Yes. And then Lucy Letby replies with:

"Yep, probably be back in with a bang lol."

JOHNSON: At tile 25, 2 minutes later, did Jennifer Jones-Key respond:

"Probably lol. You'll be fine though, you don't mind being busy. I'm annoyed they're trying to get us in when trying to get rid of us, so I've said no"?

TYNDALL: Yes. Then there's an immediate reply:

"I do. Yeah, can completely understand that plus unfair to keep asking when you're on annual leave."

JOHNSON: Thank you. Going back to [Baby O], at tile 27 was there then a blood gas, which was filled in on the standard record which is behind that tile?

TYNDALL: Yes.

JOHNSON: Then we go back to a couple of messages, first a continuation -- or both are the continuation of that message. The first from Jennifer Jones-Key to Lucy Letby saying:

"I'm just ignoring now."

TYNDALL: Yes.

JOHNSON: Did that elicit a response?

TYNDALL: Yes, a minute later, just with a thumbs-up emoji.

JOHNSON: Thank you. Tiles 30 and 31, both timed at 15.00 hours, are they the vital signs together with the neonatal fluid balance chart data?

TYNDALL: Yes.

JOHNSON: As before, [Baby O] being fed by a mixture of 10% dextrose together with donor-expressed breast milk?

TYNDALL: Yes.

JOHNSON: An hour later, at tile 32, is there further reference to the dextrose infusion?

TYNDALL: Yes.

JOHNSON: Which includes -- if we just click on that, this is filled in by Caroline Bennion, and we can see there it gives the detail of the infusion but then says:

"Puffy. Discussed with registrar."

TYNDALL: Yes.

JOHNSON: Thank you. Moving on to tiles 33 through to 35, please, do we have prescriptions for sodium chloride, benzylpenicillin and sucrose?

TYNDALL: Yes.

JOHNSON: Followed at 17.00 hours, tiles 36 to 37, by the observation chart recording vital signs together with a further entry on the fluid balance chart?

TYNDALL: Yes.

JOHNSON: In amongst that data on the fluid balance chart if we could just look at that, please. Do we see at the bottom of what you have transposed from the original that [Baby O] had both passed urine and opened -- it says "Bowels opened/colour" and then it says "bowels not opened"?

TYNDALL: Yes, so the heading of the column is "Bowels opened/colour" and then (inaudible: coughing).

JOHNSON: Thank you. At tile 38, 11 minutes later, 17.11, was a sample taken to the path lab --

TYNDALL: Yes.

JOHNSON: -- which showed a CRP level of 1?

TYNDALL: Yes.

JOHNSON: Then at tile 39, at 17.13, was there a message from [Dr A] to Lucy Letby?

TYNDALL: Yes.

JOHNSON: Did it read:

"How was the flight? Unpacked as well. It's the only way (washing machine on?). Day has been rubbish.

Lots of unnecessary stress for NNU and too much work to fit into one day. I may have overfilled the unit (again). SHOs have all been fed and watered and the babies are generally okay, so maybe not as bad as I'm thinking!"

TYNDALL: Yes. Lucy Letby replies 5 minutes later:

"Glad it's over but flight was and airport was fine thinks (on 2nd load of washing). Oh, that's not good.

Back to earth with a bump for me tomorrow then. You seem to be quite good at acquiring babies to fill our empty cots. Good work reg, but I'm guessing you've not been fed and watered? [as read]"

JOHNSON: At tile 41, did [Dr A] respond:

"It's a skill I've had for years. To be fair, there wasn't a social admission. Yes, you might be a bit busy. Oh you're right, I made sure they went first.

Just realised when I last ate (oops)"?

TYNDALL: Yes.

JOHNSON: Was this then followed by a series of social and work messages which have no direct relevance to this case between the times 17.35 and 20.47?

TYNDALL: Yes.

JOHNSON: At tile 43, timed at 18.00 hours, were [Baby O]'s vital signs recorded by Yvonne Farmer?

TYNDALL: Yes.

JOHNSON: Together with at 44, the data on the neonatal fluid balance chart?

TYNDALL: Yes.

JOHNSON: And at 45, timed at 18.15, is there a record of Babiven, the Start-up type of Babiven or the start of that being administered to [Baby O]?

TYNDALL: Yes.

JOHNSON: Shortly afterwards, at tiles 46 and 47, timed at 18.27, are there prescriptions for caffeine and sodium chloride?

TYNDALL: Yes.

JOHNSON: Then at 48, is there a nursing note made by Samantha O'Brien?

TYNDALL: Yes.

JOHNSON: Could you take us through that, please?

TYNDALL: Yes.

"Care taken over at 08.00 hours. Emergency equipment checked and in working order. Alarm limits checked and set correctly. Philips monitor in situ.

Baby nursed on N CPAP. Pressures 5 to 6 centimetres.

Flow 8.5 litres. Maintaining saturations in air, no signs of increased work of breathing. Pressure relief given to nasal area. Intact. DuoDERM in situ. CBG carried out this am at 10.45. Good result (see gas chart). Commenced on Optiflow at 11.00 hours, 6 litres in air. CBG carried out after Optiflow commencement.

Very good result so flow weaned to 5 litres.

Respiratory rate remains stable. Baby nursed in incubator. Axillary temp within normal limits."

JOHNSON: Thank you. That does continue to the next tile, but just before we move on to that, CBG in this context is, of course, capillary blood gas?

TYNDALL: Yes.

JOHNSON: Can we move on to the next one?

TYNDALL: "Fluid requirements checked and correct. 60ml/kg/day.

Nil by mouth at start of shift. 10% dextrose infusing via peripheral cannula in left hand. Site became puffy throughout day. Flushed well, therefore observed VIP 1.

Re-cannulated at 18.00 hours and Babiven Start-up commenced by Senior Nurse Y Farmer and C Bennion.

Fluids increased to 75ml/kg/day as per baby's age.

Feeds of donor-expressed breast milk also commenced at 13.00 hours, currently having 4ml two-hourly via NGT.

Babiven amount amended accordingly. Abdomen is soft and non-distended. Bowels not yet opened. Passing urine.

Benzylpenicillin and IV caffeine given as prescribed by Senior Nurse Caroline Bennion using ANTT."

JOHNSON: Then is there a record at tile 50 of contact with [Father of Babies O, P & R] and [Mother of Babies O, P & R], saying:

"Parents have visited several times today. Mummy had cuddles with [Baby O] earlier on today. MMR status checked for (inaudible)."

TYNDALL: Yes.

JOHNSON: At 19.00 hours, tiles 51 and 52, do we have the vital signs and neonatal fluid balance chart data recorded?

TYNDALL: Yes.

JOHNSON: Then a further addendum nursing note made, is that right --

TYNDALL: Yes.

JOHNSON: -- concerning a blood gas test?

TYNDALL: Yes.

JOHNSON: Then at tile 54, at the time we've seen in all the other cases, pretty much, the shift handover between 19.30 hours and 20.00 hours?

TYNDALL: Yes.

JOHNSON: At 55 and 56, do we have the vital signs and the fluid balance chart data at 20.00 hours?

TYNDALL: Yes.

JOHNSON: Followed by further messaging between Lucy Letby and [Dr A], starting at tile 57, with a summary of the fact that between 17.35 and 20.47 there was general social type messaging with no direct relevance?

TYNDALL: Yes.

JOHNSON: Then at 58, at 20.52, a message from Lucy Letby to [Dr A]?

TYNDALL: It reads:

"Have you not eaten today then? They had an egg station at the hotel. Yep, just got a few bits for lunch although maybe I won't have time to eat.

Definitely missing tapas and the sun."

JOHNSON: Tiles 59 and 60 are vital signs and fluid balance chart data?

TYNDALL: Yes.

JOHNSON: Followed by [Dr A]'s response, tile 61, timed at 21.03, reading:

"I'm not entirely sure I had anything apart from a cereal bar before the triplets yesterday. I'd go mad if someone told me that in a clinic. Oops. Should be okay. The vented are stable. There were a couple on CPAP and 4/5 on Optiflow. You should manage breaks as they're all in and have plans. Closed to pretty much everything. I find switching back to normal after a holiday hard. Egg station sounds interesting.

Boiled, poached, that sort of thing?"

TYNDALL: Yes.

JOHNSON: Is that followed by Lucy Letby's response, 8 minutes later?

TYNDALL: Yes. Quite a lot of the message is of a social nature that's not relevant, but the bits that are are:

"What gestation are the trips? I don't minds being busy anyway. Are you on the NNU tomorrow?"

JOHNSON: Did [Dr A] respond at tile 63 initially with some social information, but then followed by, presumably in answer to the question, "What gestation are the triplets?":

"33 plus 5. 3x Optiflow. Down to do a clinic AM and NNU PM but that seems silly. I've done NNU all week. Will try and ditch the clinic in the name of patient continuity. If I get away with that I may try selling fridges to Eskimos."

TYNDALL: Yes.

JOHNSON: Is that followed by Lucy Letby's response 4 minutes later at tile 64?

TYNDALL: Yes. The part that's relevant is:

"Well, you definitely need to ditch the clinic and talk to the Eskimos."

JOHNSON: Then followed by further social messaging between 21.43 and 21.52?

TYNDALL: Yes.

JOHNSON: Then at 21.59, which is tile 66, [Dr A]'s question:

"Do you get any choice where you are tomorrow?"

TYNDALL: Yes.

JOHNSON: At 67, timed at 22.00 hours, is there data recorded on the fluid balance chart by Sophie Ellis?

TYNDALL: Yes.

JOHNSON: Followed by Lucy Letby's response to the question, "Do you get any choice where you are tomorrow?"

TYNDALL: Yes, that reads:

"I'll [keep] an eye on you. No, not with this new handover. Shift leader of night shift allocates for the day shift and vice versa. If you're on for a run of shifts you tend to stick with same babies."

JOHNSON: I think the message actually says, and it's an easy mistake to make:

"I'll keep an on you (sic)."

TYNDALL: Sorry, inserting my own interpretation.

JOHNSON: Is that followed by a further message?

TYNDALL: Yes. That reads:

"Depends on skill mix, though only Bernie and I are ITU trained band 5s, so find myself in 1 quite a bit."

JOHNSON: At 22.13, tile 70, [Dr A] poses the question:

"How did it used to work? Did you have to haggle? 3 and 4, everybody very slowly establishing feeds or waiting for weight gain. I just thought you liked the ITU side of things, but it does make sense now because you did the IWH course. Do you have any more courses to go on? Actually managed to heel prick without a Vaseline incident today but failed (not sure how) with chest leads."

TYNDALL: I think that's LWH for Liverpool Women's Hospital.

JOHNSON: That's my eyesight. Quite right, Liverpool Women's Hospital.

TYNDALL: Lucy Letby then responds with:

"It was a 'put your hand up and haggle' set-up. All sat in resource room and would decide amongst selves who would be in charge and who was looking after who, but took too long and sometimes unfair workload, et cetera, so now all pre-allocated. I like the variety but feel most at home with ITU and the girls know that. I'm quite happy to be in 1, so works out well most of the time. Just the enhanced practitioner course to cannulate and do art gases, et cetera, but have to be a band 6 for that. Ha ha, I still don't know how that small amount of Vaseline escaped everywhere. Were you wearing an apron? Oh, that's a big fail! Couldn't get them to stick or trace?"

JOHNSON: And [Dr A] responded at 22.33:

"That seems a bit better as long as the allocation is okay. I like it when you're in ITU, everything feels safe and well-organised. Are there any band 6 opportunities coming up? I think you'd enjoy the cannulation. It's one of the most rewarding/frustrating things to do. I thought I was safe, baby in an incubator. They stuck on okay and gave RR and HR, but the HR trace was a solid block." That's respiratory rate and heart rate, presumably?

TYNDALL: Presumably, yes.

JOHNSON: Tile 73?

TYNDALL: Lucy Letby then replies with:

"That's nice to hear. Huw often says that too. See what happens tomorrow. Between us Eirian has said if Laura doesn't come back then her job will be available and as Bernie doesn't want to be a 6 and I am the only one who could apply, she seemed to have me in mind but I think I'm happy as I am for now. We'll see. Not sure I'm ready for the frustrations of!! Ah, you need to go on into the settings bit and change the waveform/add the filter on."

JOHNSON: Thank you. At tiles 74 and 75, both timed at 23.00 hours, do we have vital signs and the neonatal fluid balance chart data recorded?

TYNDALL: Yes.

JOHNSON: Followed at tile 76 at precisely the same time, a record of the removal of an electrocardiogram, is that right --

TYNDALL: Yes.

JOHNSON: -- or ECG, recorded by Sophie Ellis together with the fact that [Baby O] was given sucrose as pain management?

TYNDALL: Yes.

JOHNSON: And 2 minutes later, at tile 77, was there a further message from [Dr A] saying:

"That's nice to know about the number 6 though [that maybe band 6], isn't it? If you didn't want it now, could you defer? Okay. I thought it was that I'd messed up putting the stickers on as they wouldn't stick very well."

TYNDALL: Then the reply to that is:

"Yes, good to know and worth thinking about. And yes, I'm sure she would let me defer. She is looking at the senior band 5s being second in charge anyway to extend our role without losing us as 5s. Will see what happens. No, happens quite a bit, but it's usually because the filter needs adding."

JOHNSON: That's followed by?

TYNDALL: "Everyone??"

JOHNSON: Yes. Did there then follow social messaging?

TYNDALL: Yes.

JOHNSON: And then [Dr A] at tile 81 timed at 23.12:

"If Eirian is willing to extend the number 5 role she must want you to get the experience. It would also make you superior to external applicants."

TYNDALL: Yes. And the reply:

"Maybe it's caught up with them?" I presume that's part of the previous message thread. And the:

"Yes, that's true."

JOHNSON: Did there then follow further social messaging at tile 83, which continued through to 00.16 on Thursday, 23 June?

TYNDALL: Yes.

JOHNSON: At midnight there's a fluid balance chart reading recorded by Sophie Ellis?

TYNDALL: Yes.

JOHNSON: Then at tiles 85 and 86, the fluid balance chart together with the vital signs --

TYNDALL: Yes.

JOHNSON: -- at 01.00? Then the same pair of data at 87 and 88 at 02.00?

TYNDALL: Yes.

JOHNSON: At 89, is there a further note made by Sophie Ellis concerning [Baby O]?

TYNDALL: Yes.

JOHNSON: Would you talk us through that so that we have an idea of how he was getting on at this stage?

TYNDALL: "Cares taken over for night shift at 20.00. Safety checks completed and fluid requirements calculated.

Nursed in incubator with Philips monitoring. Incubator temperature reduced accordingly due to temperature of 37.3. To recheck hourly as appropriate. All other observations stable. Pink, warm and well perfused. On Optiflow at 5 litres in air. Saturations in 90s and no increased work of breathing. On 75ml/kg/day. TPN infusing via peripheral cannula in right hand. VIP 0.

Enteral feeds 2x12 by NGT. Increasing 2ml/two to four-hourly, TPN reduced appropriately. Tolerating feeds well. Part-digested milk aspirates. Half of feed volume four-hourly. Abdo full but soft. Has passed urine and passed meconium."

JOHNSON: Was there then a record made by Sophie Ellis that there'd been no contact by the boys' parents overnight?

TYNDALL: Yes.

JOHNSON: That's made at 02.31. Then at both 3 am, 03.00 and 05.00 hours, at tiles 91 through to 94, do we have the pairing of vital signs data together with the neonatal fluid balance chart data?

TYNDALL: Yes.

JOHNSON: Moving through the morning then, at tile 95, timed at 05.30 by Sophie Ellis, was [Baby O]'s cannula removed?

TYNDALL: Yes.

JOHNSON: Then 2 minutes later, tile 96, the data from a blood gas test?

TYNDALL: Yes.

JOHNSON: At tile 97, further notes of Sophie Ellis relating to that blood gas test and its results?

TYNDALL: Yes.

JOHNSON: And the fact that [Baby O] was weaned to 4 litres on Optiflow at 06.30 hours?

TYNDALL: Yes.

JOHNSON: At tile 98 if we can go to this, please. The total parenteral nutrition was stopped as [Baby O] had reached full feeds of donor-expressed breast milk, which he was tolerating well, the quantities. Antibiotics stopped as there had been two CRP readings of under 10, and the blood cultures were negative at 36 hours and his cannula was removed.

At tiles 99 and 100, timed at 07.00 hours, do we have vital signs and the neonatal fluid balance chart data recorded by Vicky Blamire?

TYNDALL: Yes.

JOHNSON: And then is there a series of swipe data records relating to [Nurse C], Melanie Taylor and Samantha O'Brien at about shift handover time?

TYNDALL: Yes.

JOHNSON: Ending this night shift with tile 105, a nursing note made by Sophie Ellis at 07.32, and could you read that for us, please?

TYNDALL: Yes:

"Abdo looks full, slightly loopy. Appeared uncomfortable after feed. Registrar Mayberry reviewed.

Abdo soft, does not appear in any discomfort on examination. Has had bowels open. To continue to feed but to monitor."

JOHNSON: Do we then come to the shift on which [Baby O] died?

TYNDALL: Yes.

JOHNSON: This is Thursday, 23 June 2016. The time of this tile, as always, 07.30 to 08.00 hours?

TYNDALL: Yes.

JOHNSON: If we click on it, please, Mr Murphy. Thank you. Do we see there that paediatrician of the week was [Dr B]?

TYNDALL: Yes.

JOHNSON: Dr Gibbs was on call?

TYNDALL: Yes.

JOHNSON: Stephen Brearey is marked as "role unknown" because -- is that because he didn't fit obviously with any of the either paediatrician of the week or on-call consultant roles but was present from the records that we will see?

TYNDALL: Yes.

JOHNSON: Other medical staff were Drs Bhowmik, [Dr A], Ukoh, Cooke and Barrett?

TYNDALL: Yes.

JOHNSON: All of whom we have encountered in the records before.

So far as the nursing staff were concerned, was the shift leader Melanie Taylor?

TYNDALL: Yes.

JOHNSON: Was [Baby O]'s designated nurse Lucy Letby?

TYNDALL: Yes.

JOHNSON: With the other registered nurses, Samantha O'Brien, Christopher Booth and Yvonne Griffiths?

TYNDALL: Yes.

JOHNSON: Was Yvonne Farmer working in a practice development role on this particular shift?

TYNDALL: Yes.

JOHNSON: As was a student nurse, Rebecca Morgan?

TYNDALL: Yes.

JOHNSON: Additionally, a nursery nurse was working, Janet Cox?

TYNDALL: Yes.

JOHNSON: If we could move down the page, please, to the population distribution. We see most importantly from the point of view of this review in nursery 2 were the three [Surname of Babies O, P & R] triplets.

TYNDALL: Two. Two are there.

JOHNSON: Sorry, yes. I beg your pardon. It's because there were three of them, that's why.

TYNDALL: Yes.

JOHNSON: My mouth and brain weren't engaged. We see that Lucy Letby was responsible for all three?

TYNDALL: She was responsible for [Baby P], [Baby O] and another baby.

JOHNSON: Sorry, [Baby O] Dennis, I beg your pardon. [Baby R], who was the youngest of the triplets, was in nursery 1?

TYNDALL: Yes.

JOHNSON: Being looked after by Samantha O'Brien?

TYNDALL: Yes.

JOHNSON: She had another charge in that nursery where there were two other babies, one of whom was [Baby Q], who is the final baby on the indictment?

TYNDALL: Yes.

JOHNSON: In nursery 3, there were three children being looked after by [Nurse C] and Melanie Taylor?

TYNDALL: Yes.

JOHNSON: And in nursery 4, two children, also being looked after by [Nurse C]?

TYNDALL: Yes.

JOHNSON: Moving on to tiles 107 and 108, is that swipe data for Yvonne Griffiths and Yvonne Farmer?

TYNDALL: Yes.

JOHNSON: Do we then come, at tile 109, timed at 08.00 hours, to the first nursing note made by Lucy Letby relating to [Baby O]?

TYNDALL: Yes, it was written in retrospect but it's about his condition when she takes over his care.

JOHNSON: Could you read that for us, please?

TYNDALL: "Written for care given from 08.00 onwards. Emergency equipment checked. Fluids calculated. [Baby O] nursed in an incubator. Observations within normal range.

Remained on Optiflow, 4 litres in air. Nil increased work of breathing. 2x12 feeds. Donor-expressed breast milk via NG tube. Minimal milk aspirates obtained.

Abdomen appeared full but soft and non-distended. Smear of meconium present at anus. Active and alert."

JOHNSON: Thank you. At tile 110, did Lucy Letby then send a message to [Nurse E]?

TYNDALL: Yes. It reads:

"It's busy but no vents anymore. I've got triplets in 2, all okay. But got a student and first day.

Two-hourly feeds, et cetera, no time to do anything and Yvonne F in but said I can show her sound, et cetera [as read]."

JOHNSON: And [Nurse E] responded:

"What? That's ridiculous. When are you meant to get time to do a proper induction?"

TYNDALL: Yes.

JOHNSON: Did there then follow some social messaging?

TYNDALL: Yes.

JOHNSON: Followed at tile 113, timed at 08.28, door swipe data relating to Christopher Booth?

TYNDALL: Yes.

JOHNSON: And then at 08.30 hours, tiles 114 to 115, the record of [Baby O]'s vital signs together with the donor-expressed breast milk on the neonatal fluid balance chart recorded by the student, Rebecca Morgan?

TYNDALL: Yes.

JOHNSON: At tile 116, timed at 08.389, what did Lucy Letby send to [Nurse E]?

TYNDALL: "No idea. She's nice enough but bit hard going to start from scratch with everything when got 3 babies I don't know and two-hourly, et cetera. Ah well."

JOHNSON: Then?

TYNDALL: Another message that says:

"I know!"

JOHNSON: Are there then some further social messages for the next just under an hour, 57 minutes, between 08.39 and 09.36?

TYNDALL: Between Lucy Letby and [Nurse E], carrying on that conversation.

JOHNSON: And then [Dr A] at 08.41 sent an unhappy face emoji with the word "clinic" to Lucy Letby?

TYNDALL: Yes.

JOHNSON: Is there then some door swipe data at 09.05, tile 120, showing the entrance of Lucy Letby from the maternity labour ward to the neonatal unit?

TYNDALL: Yes.

JOHNSON: Thank you. Do we come next, at tile 121, to a clinical note made by Dr Cooke?

TYNDALL: Yes.

JOHNSON: Can we just go to that, please, to keep us up to date with how [Baby O] was getting on at this stage.

Amongst other things, does that record his gestation and birth weight and the fact that there were no nursing concerns, observations normal?

TYNDALL: Yes.

JOHNSON: It is of course longer than that, but we'll deal with it in toto during the evidence.

At tile 122, did Dr Cooke then record her plan?

TYNDALL: Yes.

JOHNSON: Which included:

"Continue weaning Optiflow. Continue establishing feeds. Vitamins prescribed. NIPE when fit for examination. And review cranial ultrasound scan."

TYNDALL: Yes.

JOHNSON: Do we then go back to the messaging between [Dr A] and Lucy Letby? The first at 123 is presumably the response to the unhappy face and the word "clinic" from [Dr A]?

TYNDALL: Yes. It reads, "Boo".

JOHNSON: And he replied:

"I thought something similar." With a winky emoji?

TYNDALL: Yes. Then Lucy Letby responds with:

"At least you are stooped by inc."

JOHNSON: And then there's a correction?

TYNDALL: Yes, that says "aren't", and then follows that with another message that says:

"Are you here this afternoon?"

JOHNSON: Followed by [Dr A] responding:

"True. Yes, back after the clinic."

TYNDALL: Yes. And then the response to that is, "Have fun". And another response:

"My student is glued to me."

JOHNSON: He responded:

"Oh, could be a challenge." Then:

"This is what many mornings is looking like." And then presumably corrects the "many" to "my". So it should read:

"This is what my morning is looking like."

TYNDALL: Yes. The response from Lucy Letby is:

"How exciting!"

JOHNSON: He responded:

"No, it's a load of..."

TYNDALL: And she responds with:

"Now, now, [Dr A]." And then:

"Bit rubbish that you couldn't stay on NNU."

JOHNSON: He responded:

"It's okay. Tony would have had a whole day of clinic otherwise. Clearly fridge sales may be low." Presumably that's a reference back to trying to sell fridges to Eskimos.

TYNDALL: Yes. She responds with:

"Hmm, the Eskimos won't be happy."

JOHNSON: Tile 41 records that, at 9.50, Lucy Letby entered the neonatal unit?

TYNDALL: Yes.

JOHNSON: She then sent a message 5 minutes later to [Dr A] at tile 142?

TYNDALL: It that reads:

"I lost my handover sheet. Found it in the donor milk freezer. Clearly I should still be in Ibiza."

JOHNSON: Then at 143, 4 minutes later, he responded:

"Oh, can't remember where I left the lunch. In the freezer? Archers' deficiency."

TYNDALL: Yes.

JOHNSON: Is there then further door swipe data showing Lucy Letby coming back into the neonatal unit at 09.59?

TYNDALL: Yes.

JOHNSON: Then at tile 145, timed at 10.02, [Dr A]'s message:

"I dropped some sweets off to keep everyone going.

Thought thirsty might be like yesterday." And the "thirsty" in that context, as shown by the next message, should have read "today". So the message should read:

"I dropped some sweets off to keep everyone going.

Thought today might be like yesterday."

TYNDALL: Yes. Lucy Letby replies:

"Least it was in a confidential place. Ah, wondered where they appeared from."

JOHNSON: And he then asked the question:

"Student still with you?"

TYNDALL: To which she responds:

"No, she's doing some feeds and chatting to a mum." Then a further response:

"I've forgotten my sandwich. Can I go home?" And:

"Still in holiday mode."

JOHNSON: He responded, that is [Dr A], at 152:

"There's a cheese roll you're welcome to." And no doubt in response to the question, "Can I go home?":

"Probably not. Would you like me to write you a note? 'Lucy can't stay at work today because...'"

TYNDALL: And then Lucy Letby's response is:

"Yes, please! And write yourself one too to escape clinic."

JOHNSON: At 10.30, tiles 156 and 157, do we have vital signs and the fluid balance chart, which in this case was donor-expressed breast milk data recorded?

TYNDALL: Yes.

JOHNSON: Amongst that data, if we could just click on it, please, do we see that there are trace aspirates?

TYNDALL: Yes.

JOHNSON: Going back to [Dr A]'s messages then at 158, 10.36:

"[Do] you want me to pick something up for your lunch? Clinic should be done in an hour."

TYNDALL: Yes. The response from Lucy Letby is:

"Tapas?" Followed by:

"It's okay, thanks, I've got a few bits with me."

JOHNSON: And he responded about 20 minutes later:

"I suspect tapas might be a bit difficult. No problem." Do we then have further door swipe data at 168, timed at 11.58, showing the entrance of Lucy Letby into the maternity neonatal entrance doors?

TYNDALL: Yes.

JOHNSON: Followed at 163, timed at 12.06, by some -- a prescription for vitamins for [Baby O]?

TYNDALL: Yes.

JOHNSON: And at 12.09, the record -- that record updated on the computer?

TYNDALL: Yes.

JOHNSON: At 165, did [Dr A] review the cranial ultrasound on [Baby O] on behalf of [Dr B]?

TYNDALL: Yes.

JOHNSON: Saying:

"Normal appearances. No evidence of haemorrhage or dilations"?

TYNDALL: Yes.

JOHNSON: At 12.30, tiles 166 and 167, the vital signs and milk feeds being recorded?

TYNDALL: Yes.

JOHNSON: And again, can we go to that, please? Do we see:

"Output: aspirates (trace)."

TYNDALL: Yes.

JOHNSON: Thank you. At tile 168, and this is 45 minutes after that fluid balance chart reading of trace aspirates, do we have clinical notes made by [Dr A]?

TYNDALL: Yes.

JOHNSON: Just so that the jury has an idea of what was going on at this stage, can we go to [Dr A]'s note, please, or to your transposition of his note?

"[Baby O] vomited and had a distended abdomen."

TYNDALL: Yes.

JOHNSON: Then he records:

"Asked to see patient re vomiting and abdominal distension. Day 3, 75ml/kg/day donor-expressed by nasogastric tube = 13ml." Then a 2 followed by:

"[Is that a no?] trace aspirate. No bile. One vomit post-feed, no blood PO/PR. Small meconium plug at anus." Then his examination is recorded. The fact that [Baby O] had active bowel sounds in all quadrants and his impression, that this was unlikely to be a case of NEC.

Then:

"Most likely distension secondary to PMec..." Which may be passing meconium, we'll have to get him to interpret it:

"... 1x so far." Then his plan?

TYNDALL: Yes.

JOHNSON: Thank you. At 169, timed at exactly the same time or relating to the same time and indeed the time inserted into the note by Lucy Letby, do we have Lucy Letby's note of that examination and those events?

TYNDALL: Yes.

JOHNSON: Would you just read to us what she recorded, please?

TYNDALL: Yes:

"Reviewed by Reg [Dr A] at 13.15. [Baby O] had vomited undigested milk. Tachycardic and abdomen distended. Nasogastric tube placed on free drainage, septic screen carried out. Blood gas poor as charted.

10ml/kilogram saline bolus given as prescribed along with antibiotics. Placed nil by mouth and abdominal X-ray performed. Observations returned to normal."

JOHNSON: Just on the issue of tachycardia and by reference to any of these charts that you've got, ladies and gentlemen, the yellow line appears at 180, doesn't it, for a high heart rate?

TYNDALL: Does it?

JOHNSON: Right, sorry.

TYNDALL: I can't see the...

JOHNSON: Registrar [Dr A]'s recorded 160 to 170. Nurse Letby has recorded "tachycardic"?

MR JUSTICE GOSS: You've just waved paper charts.

MR JOHNSON: We haven't got them for this one yet, I'm afraid.

MR JUSTICE GOSS: I was going to say.

MR JOHNSON: All these charts are the same in terms of the borders.

MR JUSTICE GOSS: All right. Sorry, I misunderstood what you were saying because you waved them on the charts you've got.

MR JOHNSON: I did. Unfortunately, for reasons that I won't bore your Lordship with --

MR JUSTICE GOSS: It doesn't matter. I just didn't want you to think we'd got them and we hadn't got them.

MR JOHNSON: No. At 170 do we have a blood gas record completed by Lucy Letby?

TYNDALL: Yes.

JOHNSON: Timed at 13.20?

TYNDALL: Yes.

JOHNSON: There appear to be two separate tiles with that information, a blood gas record or it may be a lab sample, the second one, at tile 171.

TYNDALL: Yes. It's just recorded on a different form and the one on 172 is an electronic printout of the blood gas from the machine I assume.

JOHNSON: That's the till roll type printout that we've seen before?

TYNDALL: Yes.

JOHNSON: At 173, was there a record made in the observation chart by Lucy Letby at 13.30?

TYNDALL: Yes.

JOHNSON: Followed at 174 and 175 by the ordering and recording of the results of a blood culture?

TYNDALL: Yes.

JOHNSON: Dealing with 175, please, if we could click on that, do we see, "No bacterial growth after 5 days' intubation", there recorded?

TYNDALL: Yes.

JOHNSON: Followed at 176, 14.03, by door swipe entry data for Dr Cooke?

TYNDALL: Yes.

JOHNSON: Then two messages at 177 and 178. The first to [Nurse E], the second to [Dr A] from Lucy Letby?

TYNDALL: Yes. The one to [Nurse E] reads:

"How's it going? Have you got some sun?" And the one to [Dr A] reads:

"Don't think you are supposed to eat!"

JOHNSON: Followed by further door swipe data, this time for Lucy Letby at 14.08, recording her entrance back into the neonatal unit?

TYNDALL: Yes.

JOHNSON: Then at 180, the results of a blood sample sent to the lab for analysis?

TYNDALL: Yes.

JOHNSON: At 181, social messaging between [Nurse E] and Lucy Letby timed at 4.15?

TYNDALL: Yes.

JOHNSON: And then at 182, at 4.18, an outgoing message from Lucy Letby to [Nurse E]?

TYNDALL: Yes, it reads:

"It's busy." Which is actually a response to the previous response where [Nurse E] does ask her, "How's your day?"

JOHNSON: I beg your pardon, I missed that.

At 183, did [Dr A] then send a message to Lucy Letby, saying:

"Doesn't look like it, does it? Cannula in. Sorry, may have dripped a little on his sheet! You might have to teach me how to change an inc."

TYNDALL: Yes.

JOHNSON: Did Lucy Letby respond?

TYNDALL: Yes, with:

"Watch and learn." And then:

"Go and eat your cheese roll."

JOHNSON: Did there then follow messages of a social nature between [Nurse E] and Lucy Letby between 14.20 and 14.30?

TYNDALL: Yes.

JOHNSON: At 187, 14.30, observations taken by Lucy Letby?

TYNDALL: Yes.

JOHNSON: Followed by some door swipe data relating to the movements of Dr Brearey?

TYNDALL: Yes.

JOHNSON: Then at 190, did [Dr A] send Lucy Letby a message saying:

"Done." With a little knife and fork emoji?

TYNDALL: Yes.

JOHNSON: And then at 191 and 192, both timed at 14.39, two prescriptions, one for sodium chloride and the second for cefotaxime?

TYNDALL: Yes.

JOHNSON: More door swipe data for Lucy Letby at 193, timed at 14.39?

TYNDALL: Yes, entering the neonatal unit.

JOHNSON: Thank you. Then the sodium chloride and cefotaxime entered into the computer system at 14.40?

TYNDALL: Yes.

JOHNSON: Do we then have a further nursing note made by Lucy Letby relating to the sodium chloride, the saline?

TYNDALL: Yes. It's written in retrospect.

JOHNSON: Yes. Could you read us through that, please?

TYNDALL: "10ml/kg saline bolus given as prescribed along with antibiotics. Placed nil by mouth and abdominal X-ray performed. Observations returned to normal."

JOHNSON: Do we then have an X-ray report from the radiologist Dr Wright?

TYNDALL: Yes.

JOHNSON: Click on that, please:

"Indication [so the reason for the X-ray]: possible onset of sepsis." Then the report:

"NG tube in satisfactory position within the gastric body. Normal cardiac size and cardiothymic contour.

Slightly increased lung density bilaterally, consistent with mild RDS." I can't remember what it stands for.

TYNDALL: Respiratory distress syndrome.

JOHNSON: Thank you:

"Moderate gaseous distension of bowel loops throughout the abdomen. No free peritoneal air to indicate perforation or intramural gas to indicate NEC.

The appearance is non-specific but NEC or mid-gut volvulus cannot be excluded. I note an improved appearance on a subsequent image of the same date." So if we could just look at the image itself, please. There's no time and date. Scroll down, please, Mr Murphy, just to make the obvious point that unusually this is an image that doesn't have the time and date printed on it.

TYNDALL: No. So I've placed it in the sequence where it fits with the nursing notes that have been written but obviously we don't know definitely what time that was taken.

JOHNSON: Thank you. At 198, do we then have a tile marking the first "event" relating to [Baby O]?

TYNDALL: Yes.

JOHNSON: And this is given a little more context by [Dr A]'s note at tile 199?

TYNDALL: Yes.

JOHNSON: If we can go to that, please. Could you take us through what [Dr A] recorded, please?

TYNDALL: So he recorded:

"Called to see [Baby O] at around 14.40.

Desaturation, bradycardia and mottled. Bagged up and transferred to nursery 1." I'm not quite sure what -- I think that's "with" and then I couldn't read what followed those words:

"Neopuff requirement in 100% oxygen. Heart rate 80 to 90. SpO2, 50 to 60. Increased to 100% oxygen with an increase in PIP to 28 centimetres. H2O and PEEP 6 via Neopuff circuit. IV cefotaxime 50 micrograms per kilogram. And 10ml/kg 0.9% sodium chloride bolus already given. Further 10ml/kg fluid bolus given."

JOHNSON: Thank you. Is that information relating to the saline recorded in the infusion prescription chart at tile 200?

TYNDALL: Yes.

JOHNSON: At 201 do we have the corresponding note made by Lucy Letby?

TYNDALL: Yes.

JOHNSON: Could you take us through that, please?

TYNDALL: She's written:

"Approximately 14.40, [Baby O] had a profound desaturation to 30s followed by bradycardia. Mottled ++ and abdomen red and distended. Transferred to nursery 1 and Neopuff ventilation commenced. Perfusion poor."

JOHNSON: Thank you. At 202, do you record the fact of [Baby O] being moved from nursery 2 to nursery 1?

TYNDALL: Yes.

JOHNSON: At 203, timed at 14.46, is there some door swipe entry relating to the shift leader, Melanie Taylor?

TYNDALL: Yes.

JOHNSON: Then at 204, is there a record timed at 14.50 made by [Nurse C] and [Dr A] of the intubation of [Baby O]?

TYNDALL: Yes. This is a checklist sheet, so there are a number of other members of staff mentioned on the sheet as being present. It's just that [Nurse C] and [Dr A] have signed that particular piece of paperwork.

JOHNSON: Thank you. So that's [Baby O] being intubated at 14.50.

At 205, 15.03, is the fact of the intubation recorded by [Dr A] in the medical notes?

TYNDALL: Yes.

JOHNSON: If we just go to that, please, just to your transcription of it. Does he there record the medication that was administered, the fact it was an intubation at the first attempt, and there had been good colour change on the capnograph and good bilateral air entry on auscultation?

TYNDALL: Yes.

JOHNSON: At 206 do we have a corresponding note made by Dr Brearey relating to that same event?

TYNDALL: Yes.

JOHNSON: And if we go to his, please. At the end of the note he records some additional data. Can you just deal with that for us, please?

TYNDALL: He records:

"Small discoloured [query] purpuric rash on right chest wall."

JOHNSON: Thank you. At 207, do we have Lucy Letby's short note relating to the intubation?

TYNDALL: Yes. She just records:

"Intubated with drugs at 15.03 and placed on ventilator. Stable."

JOHNSON: Then from tiles 208 to 212 do we have a collection of door swipe data over the time period 15.11 to 15.44, relating to Dr Cooke, Dr Brearey, Christopher Booth and [Nurse C]?

TYNDALL: Yes.

JOHNSON: Then at tile 213, do we have what's recorded here as the second event relating to [Baby O]?

TYNDALL: Yes.

JOHNSON: That is timed or put in at that particular point presumably because of what we see on the next tile, 214?

TYNDALL: Yes. There's a bleep data entry at 15.49.

JOHNSON: Is that followed almost immediately by door swipe data relating to movements of [Dr B] between tiles 215 and 217?

TYNDALL: Yes.

JOHNSON: Then at 218 by [Dr B]'s note, which she has timed relating to events at 15.50, albeit made retrospectively at 18.15?

TYNDALL: Yes.

JOHNSON: Can we just look at that, please? Does that first of all record the fact that it's a retrospective note and then say:

"Was with [Dr A] who was updating me about [Baby O]'s condition. Had been intubated at about 3 pm when his fast bleep went off. Arrived to find [Baby O] was being bagged, desaturated at 35 with bradycardia.

Good air entry on auscultation. Sats not improving, hence ETT removed and re-intubated by [Dr A] with size 3 at first attempt"?

TYNDALL: Yes.

JOHNSON: Thank you. Then a corresponding note made by [Dr A] at tile 219, timed 1 minute later?

TYNDALL: Yes.

JOHNSON: And at 220, Lucy Letby's note, also timed 1 minute later?

TYNDALL: Yes.

JOHNSON: Let's just look at how she recorded these events, please. Could you read that for us?

TYNDALL: She records:

"Doctors crash called 15.51 due to desaturation to 30s with bradycardia. Chest movement and air entry observed. Minimal improvement. Re-intubated."

JOHNSON: At 221 at 15.54 was [Baby O] given a bolus of morphine by [Dr A]?

TYNDALL: Yes.

JOHNSON: That bolus was recorded in the very next tile, 222, on the neonatal infusion prescription chart?

TYNDALL: Yes.

JOHNSON: This was running at 1ml per hour; is that right?

TYNDALL: Yes. We've got the prescription details, but there's no start time or nursing signature recorded.

JOHNSON: No. Let's just look at the entry if we can. Go to the document, please, Mr Murphy. Thank you.

So this is -- is it the first or the second one of those?

TYNDALL: I think I've... I'm just looking. I think I've transcribed both of them because... unable to put -- normally, there's a start time but that's not been filled in in this case, so I've linked it to the clinical notes saying that morphine was given at 15.54.

JOHNSON: Thank you. If we just scroll -- we can see, I think that's Dr Cooke's signature, but if we just scroll across we won't see -- can we see the full page, please, Mr Murphy? Thank you. Just go down as well.

So the administration time started, finished, and doctors' and nurses' signatures haven't been completed, as you've observed?

TYNDALL: Yes.

JOHNSON: Thank you. At tile 223, do we have some further notes of [Dr A], timed at 16.01, concerning the extubation and re-intubation of [Baby O]?

TYNDALL: Yes.

JOHNSON: At tile 224, timed at 16.15, [Dr A] recorded the bradycardia and desaturation, the heart rate of 60, the oxygen saturation, SpO2 of 50%, then:

"Hand ventilated using Neopuff circuit"?

TYNDALL: Yes.

JOHNSON: And similar data recorded in the very next tile, 225, by [Dr B]?

TYNDALL: Yes.

JOHNSON: [Dr B]'s entry to the part of the hospital at least, recorded at 16.17 by the swipe data?

TYNDALL: Yes.

JOHNSON: Then at 227, timed at 16.19, we have "chest compressions started" recorded on the neonatal unit resuscitation record?

TYNDALL: Yes.

JOHNSON: That corresponds to [Dr A]'s clinical notes at tile 228?

TYNDALL: Yes.

JOHNSON: And also to Lucy Letby's note at 229, which, with Mr Murphy's help, we'll just have a quick look at, please.

TYNDALL: So it's recorded in the nursing notes:

"CPR commenced 16.19 and medications/fluids given as documented. Further venous access obtained (x2 peripheral). IV fluids 10% glucose 150ml per kg.

Morphine 14 micrograms per kg per hour. Capillary refill 4 seconds."

MR JOHNSON: Thank you. So that's at 16.19.

My Lord, we're going into a fairly fast-moving sequence towards an important event, so --

MR JUSTICE GOSS: Right. That's a good moment to break off.

Thank you very much.

2 o'clock then, please, members of the jury.

(12.59 pm)

(The short adjournment)

(2.00 pm)

MR JOHNSON: Mrs Tyndall, I believe we'd got to tile 230.

TYNDALL: Yes.

JOHNSON: This is a neonatal infusion prescription chart showing the administration of morphine sulphate; is that right?

TYNDALL: Yes.

JOHNSON: In all likelihood, it's either the same or the other one from the unsigned chart that we saw before?

TYNDALL: Yes. It's the same one.

JOHNSON: Tile 231 is [Dr A]'s timed entry in the clinical notes of the first dose of adrenaline given to [Baby O] at 16.22; is that right?

TYNDALL: Yes.

JOHNSON: With the corresponding -- 232 in effect is another record of the same thing?

TYNDALL: Yes, that's the prescription, handwritten prescription.

JOHNSON: Yes. Tile 233 is the second dose of adrenaline with a corresponding prescription at 234?

TYNDALL: Yes.

JOHNSON: We then have [Dr B]'s swipe data at 235?

TYNDALL: Yes.

JOHNSON: At tile 236, a prescription for sodium bicarbonate --

TYNDALL: Yes.

JOHNSON: -- timed at 16.30 and observations, apparently timed by Lucy Letby at 16.30?

TYNDALL: Yes.

JOHNSON: At the same time, [Dr B]'s clinical notes at 238?

TYNDALL: Yes.

JOHNSON: Recording the administration of external compressions and adrenaline to [Baby O]?

TYNDALL: Yes.

JOHNSON: Together with [Dr A]'s note, at 239, of the administration of the sodium bicarbonate?

TYNDALL: Yes.

JOHNSON: And the re-establishment of spontaneous circulation?

TYNDALL: Yes.

JOHNSON: At tiles 240 and 241, do we have door swipe data for Dr Brearey?

TYNDALL: Yes.

JOHNSON: At 242, the record of the administration of gentamicin, the antibiotic, or the prescription of gentamicin?

TYNDALL: Yes, it was being prescribed because again there's no time given or nurse's initials on the form.

JOHNSON: At 243 we have Dr Brearey's clinical notes concerning him being called back because [Baby O] had collapsed --

TYNDALL: Yes.

JOHNSON: -- and what happened?

TYNDALL: Yes.

JOHNSON: Which includes a reference to that dose of gentamicin which you have put in just before his note?

TYNDALL: Yes.

JOHNSON: At 244, [Dr B]'s notes of what happened when Dr Brearey arrived?

TYNDALL: Yes.

JOHNSON: And at 245, timed at 16.46, so we're moving on about 10 minutes or 15 minutes from the collapse of [Baby O], some door swipe data for Lucy Letby?

TYNDALL: Yes.

JOHNSON: At 246, timed at 16.46 and 16.49, a further report from the radiologist, Dr Wright?

TYNDALL: Yes. There's two X-rays taken at those times.

JOHNSON: Thank you. I'm not going to go into these in detail at the moment, but the end of Dr Wright's report reads that:

"The bowel is considerably less distended by comparison with the previous image earlier in the day."

TYNDALL: Yes.

JOHNSON: So these are the films, in effect, that are referred to in the earlier note when Dr Wright says that she noted that later the bowel wasn't as distended?

TYNDALL: Yes.

JOHNSON: At 247, clinical notes of [Dr A] concerning the administration of a bolus of sodium chloride at 16.47?

TYNDALL: Yes.

JOHNSON: Followed by the prescription for that at 248?

TYNDALL: Yes.

JOHNSON: Door swipe data at 249 for Samantha O'Brien, one of the nurses?

TYNDALL: Yes.

JOHNSON: Then at 17.00 hours, tile 250, a dopamine infusion was started?

TYNDALL: Yes.

JOHNSON: That is signed for by Lucy Letby and Samantha O'Brien in the succeeding tile, 251?

TYNDALL: Yes.

JOHNSON: At 252 we have a further note made by Lucy Letby later at 20.35, but which appears to relate to this time?

TYNDALL: Yes.

JOHNSON: If we could just go to that, please, Mr Murphy. Could you read to us what she noted?

TYNDALL: "Placed back on to ventilator. Dopamine commenced.

Half sodium bicarbonate correction given. Flecks of blood from NG tube. Discolouration to abdomen. Unable to obtain heel prick blood gas due to poor perfusion.

Mean BP maintained but on downward trend. Blood sugar 14 micromoles."

JOHNSON: At 20.53, observations timed at 17.00 hours?

TYNDALL: Yes.

JOHNSON: That should have been 253, I beg your pardon.

At 254, 17.05 hours, a pathology sample taken?

TYNDALL: Yes, for a blood cross-match.

JOHNSON: Thank you. At 255, Dr Brearey's note concerning the starting of the dopamine?

TYNDALL: Yes.

JOHNSON: And the administration of sodium bicarbonate, I think?

TYNDALL: Yes.

JOHNSON: Yes, sodium bicarbonate.

At 256 and 257, Dr Gibbs arrived --

TYNDALL: Yes.

JOHNSON: -- according to the door swipe data at 17.07?

TYNDALL: That's him going through maternity. It's him moving through the unit not, obviously, when he actually comes into the unit.

JOHNSON: We then have a prescription for the adrenaline at 258?

TYNDALL: Yes.

JOHNSON: Followed at 259, timed at 17.10, a note concerning a blood transfusion signed by Lucy Letby and Melanie Taylor?

TYNDALL: Yes. It's saying it wasn't administered it was discarded.

JOHNSON: Yes. 260, more door swipe data for Dr Gibbs, timed at 17.14?

TYNDALL: Yes.

JOHNSON: And then into the neonatal unit at 261?

TYNDALL: Yes, at 17.14.

JOHNSON: More prescriptions then, 262 and 263, for adrenaline and sodium bicarbonate respectively, signed by [Dr A], timed at 17.14?

TYNDALL: Yes.

JOHNSON: At 264, an unsigned and unattributable note on the neonatal infusion prescription chart relating to dextrose, sodium chloride; is that right?

TYNDALL: Yes, there's a number of prescriptions on there, but again there's no details recorded under the date, time or name of persons given.

JOHNSON: Yes. At 265, on the neonatal infusion prescription chart, the sodium chloride, a 14ml infusion --

TYNDALL: Yes.

JOHNSON: -- prescribed by Dr Cooke? At 266, Dr Brearey's retrospective notes relating to the time, 17.15, concerning a desaturation and chest compressions?

TYNDALL: Yes.

JOHNSON: And the fact that [Baby O] was baptised at about that time and his heart rate dropped below 60?

TYNDALL: Yes.

JOHNSON: Thus requiring the start of the chest compressions?

TYNDALL: Yes.

JOHNSON: Lucy Letby made a similar note of that event at 267 at that time?

TYNDALL: Yes.

JOHNSON: And then on the neonatal unit resuscitation record at 268 is also a record of chest compressions having started?

TYNDALL: Yes.

JOHNSON: We then have a series of medications prescribed between 269 and, down to the bottom of the page that you have in front of you, 278 for sodium chloride, dopamine, adrenaline, sodium bicarbonate, an infusion of sodium chloride and the like between 17.17 and 17.30 hours?

TYNDALL: Yes.

JOHNSON: At 277, just before the end of that sequence, timed at 17.30, are [Dr B]'s notes relating to the use of what's called an intraosseous needle; is that right?

TYNDALL: Yes.

JOHNSON: We'll be hearing more about that in due course from the medics. And the final prescription is sodium bicarbonate at 17.30, written by [Dr A]?

TYNDALL: Yes.

JOHNSON: At 280 at 17.36, there's a record of that intraosseous access that we've seen referred to a couple of tiles earlier?

TYNDALL: Yes.

JOHNSON: This is, just for the information the jury, what was described by the parents as a needle into the shinbone.

At tile 281, swipe data for [Nurse C] at 17.40?

TYNDALL: Yes.

JOHNSON: And we then get to more adrenaline at 282, timed at 17.41, a prescription for adrenaline to be given intravenously?

TYNDALL: Yes.

JOHNSON: Followed at 283 by Dr Brearey's notes recording the fact that six doses of adrenaline were given every 4 minutes.

That's what he's written. It could be interpreted in two ways. We'll let him deal with that in due course.

There is a corresponding note from Lucy Letby in the nursing notes at 284 --

TYNDALL: Yes.

JOHNSON: -- is that right?

TYNDALL: Yes.

JOHNSON: At 285, some door swipe data for [Nurse C] timed at 17.43?

TYNDALL: Yes.

JOHNSON: At 286, the same time, Dr Brearey's notes relating to interventions he was initiating to try to save [Baby O]?

TYNDALL: Yes.

JOHNSON: Sorry, [Baby O].

TYNDALL: Yes.

JOHNSON: Then at 17.43, a blood gas record and corresponding printout, which has been completed by Lucy Letby?

TYNDALL: Yes.

JOHNSON: Between 17.43 and 17.47, [Baby O] died?

TYNDALL: Yes. Time of death is given as 17.47.

JOHNSON: That's the time recorded in the notes by [Dr B]?

TYNDALL: Yes.

JOHNSON: That's given some context at 291 by Dr Brearey, who, if we just look at what he wrote, please. He records that:

"After 30 minutes of resuscitation, the futility of resuscitation was explained to [Baby O]'s parents. They and the medical team agreed to stop CPR. [Baby O] was passed to his mum."

TYNDALL: Yes.

JOHNSON: There is a corresponding note of that event in the nursing notes made by Lucy Letby --

TYNDALL: Yes.

JOHNSON: -- at 292?

TYNDALL: Yes.

JOHNSON: Ten minutes later is the next entry, at 293, which is door swipe data for [Dr B], as is 294?

TYNDALL: Yes.

JOHNSON: Door swipe data for Lucy Letby at 295, timed at 17.59?

TYNDALL: Yes.

JOHNSON: Followed by further data for [Dr B] at 17.59?

TYNDALL: Yes.

JOHNSON: There was then an event relating to [Baby P] at 18.00 hours, tile 297?

TYNDALL: Yes.

JOHNSON: We will deal with that separately.

TYNDALL: Yes.

JOHNSON: At 298, timed at 18.00 hours, that was the time that Dr Brearey made his retrospective notes covering events up to that time since 15.03?

TYNDALL: Yes.

JOHNSON: We then have five lines, 299 to 303, concerning door swipe data for [Dr B] and Samantha O'Brien?

TYNDALL: Yes.

JOHNSON: At 304, the neonatal infusion prescription chart noted up by Lucy Letby, timed at 18.15?

TYNDALL: Yes.

JOHNSON: At 305, the time that [Dr B] made her clinical notes at 18.15?

TYNDALL: Yes.

JOHNSON: We then have a series of tiles between 306 and 316 which are predominantly door swipe data and a record of the times at which [Dr A] and [Dr B] made their notes --

TYNDALL: Yes.

JOHNSON: -- interspersed with two entries at 312 and 313 concerning a blood culture that had been taken from [Baby O]?

TYNDALL: Yes.

JOHNSON: If we pause at 313, please, and click on that, please, Mr Murphy.

After five days' incubation, that revealed nothing untoward?

TYNDALL: Yes.

JOHNSON: Thank you. At 317 and 318, door swipe data concerning Lucy Letby timed at 19.29 and 19.30?

TYNDALL: Yes.

JOHNSON: At 319, at the same time, [Dr B]'s leaving of a message with the coroner?

TYNDALL: Yes.

JOHNSON: At 320, that was the time -- 20.35 is the time at which Lucy Letby made her nursing notes retrospectively, dealing with events from 08.00 that morning onwards?

TYNDALL: Yes.

JOHNSON: At 321, at 20.51, we have nursing notes made by Lucy Letby concerning her contact with the parents of [Baby O]?

TYNDALL: Yes.

JOHNSON: Let me just deal with that, please. Could you tell us what she wrote?

TYNDALL: "Parents visited [Baby O] this morning with sibling.

Pleased with progress. Daddy was updated on need for ventilation and saw [Baby O] on unit. Reg [Dr A] updated mum on post-natal ward. Parents kept fully updated on events throughout the afternoon. Were present for some of the resuscitation and maternal grandmother present for support. Baptism offered and accepted. Parents in agreement to discontinue resuscitation and held [Baby O] as he passed away. Time alone given. Photographs taken on mobile. Aware of need to keep lines/ET tube in at present. [Baby O] taken to family room to be with parents. Cooling cot set up. Parents wish to spend time with siblings [Baby P] and [[Baby R]] this evening. This is being arranged. Care handed over to Staff Nurse Percival-Calderbank."

JOHNSON: It says there "redacted for name of third triplet", but that was [Baby R]?

TYNDALL: Yes.

JOHNSON: At 322, [Dr A] sent Lucy Letby a message at 20.54 saying:

"Are you okay?"

TYNDALL: Yes.

JOHNSON: At 323, Lucy Letby was updating the nursing notes recording the fact that [Baby O]'s serum bilirubin level had been above the treatment line and therefore phototherapy had been started for a short period prior to the resuscitation?

TYNDALL: Yes.

JOHNSON: We then get into a series of messages between Lucy Letby and [Dr A] and Lucy Letby and [Nurse E]?

TYNDALL: Yes.

JOHNSON: So with an eye on who the correspondents are, can we start with you telling us what Lucy Letby sent to [Dr A] first of all?

TYNDALL: She sends two messages. The first one reads:

"Think so, just finishing my notes. Can't wait to get home." Followed with a message that says:

"How are you?"

JOHNSON: Then 7 minutes later she sent a message to [Nurse E]?

TYNDALL: That says:

"Lost a triplet today. Been shit."

JOHNSON: [Dr A] responded:

"Are you still going to vote? Had a moment in the car, bit better now."

TYNDALL: Yes and then Lucy Letby replies with:

"No, can't face that." And another message that reads:

"Just walking home. Parents very grateful for everything. Nice to have some fresh air."

JOHNSON: [Dr A] then wrote:

"Your notes must have taken a long time. Had you documented anything from this morning?"

TYNDALL: To which she responds:

"Only a little. Had the other 2 to write on as well and sorting out the FFP, et cetera. Left signing for drugs until tomorrow."

JOHNSON: Then did [Nurse E] respond to the earlier message that had said, "Lost a triplet, been shit", by saying:

"Fucking hell, what happened?"

TYNDALL: Yes. Then Lucy Letby carries on with the conversation with [Dr A]:

"Can't think straight so took a while."

JOHNSON: In answer to "What happened?", she sent a message to [Nurse E]?

TYNDALL: Saying:

"Blew up abdomen. Think it's sepsis." Followed by:

"Went very suddenly. IO access and abdominal drain."

JOHNSON: Yes. [Nurse E] responded:

"How many weeks?"

TYNDALL: To which Lucy Letby replied, "33".

JOHNSON: [Nurse E] said:

"Assuming they all seemed stable if had all 3?"

TYNDALL: The reply is:

"Yeah, they were all fine. This one still on Optiflow but weaning and all fully fed 2x12."

JOHNSON: [Nurse E], "Jesus"?

TYNDALL: The response to that was:

"Had big tummy overnight but just ballooned after lunch and went from there."

JOHNSON: "Big hugs", said [Nurse E]?

TYNDALL: Yes.

JOHNSON: Then [Dr A] sent a message:

"Did you have your lunch? Your break was only a few minutes."

TYNDALL: And Lucy Letby replies with:

"I ate something." And then replies to [Nurse E] saying:

"Thanks, just walking home."

JOHNSON: Did [Nurse E] then send an emoji?

TYNDALL: Yes.

JOHNSON: Followed by:

"They treating all of them with more antibiotics then? Or think just that one?"

TYNDALL: Then Lucy Letby responds with:

"Yeah, other 2 have been re-screened and gases etc just in case as not really sure what caused collapse." And then a further message saying:

"I want to be in Ibiza."

JOHNSON: Did [Nurse E] say:

"Poor parents"?

TYNDALL: Yes. Then the response was:

"Unit busy though, which doesn't help. No bedrooms so sat in living room."

JOHNSON: Did [Nurse E] write:

"Shit return from holidays and student's first day too." And:

"She child branch?"

TYNDALL: And Lucy Letby responds:

"Yeah, from Alder Hey Children's Hospital. Very good. Been fantastic help." And:

"Just gets on with everything."

JOHNSON: Then [Nurse E] wrote:

"Didn't realise get them from there now too."

TYNDALL: And Lucy Letby responds with:

"It's her elective." And:

"Diversity thing."

JOHNSON: And [Nurse E] responded:

"How long?"

TYNDALL: And Lucy Letby replies:

"Four weeks."

JOHNSON: "Who are were you on with", asks [Nurse E].

And did Susan Letby, Lucy Letby's mum, send a message saying, "Love you", at 21.20?

TYNDALL: Yes. Then Lucy Letby responds to [Nurse E]'s message, "Who were you on with?", with:

"Mel in charge, [Nurse C], Chris and Sam. Then [Dr A], Kath, [Dr B], Steve and Dr Gibbs." And then sends a message back to her mum:

"Love you too."

JOHNSON: So [Nurse E] said:

"Lots of consultants then?"

TYNDALL: Yes.

JOHNSON: "No band 4?"

TYNDALL: And Lucy Letby replies with:

"Yeah, it's [Dr B]'s week but Steve passing unit when kicked off and Dr Gibbs on for tonight so come." And then "no".

JOHNSON: So that's the band 4 answer, presumably?

TYNDALL: Presumably and then corrects -- I presume that's correcting the end of that message with:

"Came to help."

JOHNSON: That's Dr Gibbs came to help?

TYNDALL: Yes.

JOHNSON: Then [Nurse E] wrote:

"Bet you don't want to go in tomorrow."

TYNDALL: Yes, to which Lucy Letby replies:

"I do and I don't. Think it's good to go back and talk about it, et cetera, but tired." And:

"Hard when parents still on unit."

JOHNSON: [Nurse E] said, "Yes".

TYNDALL: Then Lucy Letby replies:

"We had a debrief straight after which was good."

JOHNSON: "Cool", says [Nurse E].

TYNDALL: And Lucy Letby replies:

"Anyway, enough about me. Nice evening."

JOHNSON: And did [Nurse E] respond:

"Just making the most of still being off, chilling with boys, trying not think about going back to work, gone too fast"?

TYNDALL: Yes. And then the response to that is:

"Oops, here's me twittering on. Sorry not what you need when off."

JOHNSON: [Nurse E] responded:

"No, don't be daft."

TYNDALL: And Lucy Letby replies with, "Gone way too quick".

JOHNSON: [Nurse E]:

"Bloody tragic news. We don't have any luck with 33 to 34-weekers."

TYNDALL: And Lucy Letby replies with:

"Awful. No, not a good gestation."

JOHNSON: [Nurse E]:

"Scary to think nearly of age will be on TC."

TYNDALL: And Lucy Letby replies:

"That's true and how well this baby was initially."

JOHNSON: Presumably in that context, TC is transitional care?

TYNDALL: I presume so, yes.

JOHNSON: [Nurse E] responds:

"Never seem b able to tell do u?"

TYNDALL: Yes. And Lucy Letby replies:

"No, deteriorate so quick."

JOHNSON: [Nurse E]:

"Assuming these were triplets in diary for next week?"

TYNDALL: And the response is:

"Yeah." Followed by:

"Sophie had them last night. In a right state tonight." And then another message saying:

"Placenta accreta has delivered, but baby okay."

JOHNSON: And [Nurse E] sent three messages in succession saying:

"Was she?" That's presumably a response to "Sophie had them tonight". Then:

"All good." Presumably because the placenta accreta had delivered. And:

"Baby okay. Hope other two have an easier ride now for parents' sake."

TYNDALL: Yes. Then Lucy Letby responds with:

"Yeah, worried she's missed something."

JOHNSON: Then is that a smiley emoji from [Dr A] to Lucy Letby?

TYNDALL: Yes.

JOHNSON: Then the messages from Lucy Letby to [Nurse E] carry on?

TYNDALL: Yes, I think that should be a WhatsApp message, not a Facebook, sorry. That says:

"Home at last." And then another one saying:

"Fingers crossed. Worry as identical."

JOHNSON: [Nurse E] responded:

"Wow, identical triplets. Didn't know that even happened."

TYNDALL: And the response was:

"Yeah, and natural conception."

JOHNSON: "Gosh", said [Nurse E].

TYNDALL: Lucy Letby replies:

"Got a 4-year-old whose birthday is day before."

JOHNSON: "Blimey", said [Nurse E], "How old parents?"

TYNDALL: "Not sure but would say 20s."

JOHNSON: Then [Dr A] responded:

"Phew. Not the first day back you were expecting.

I was glad you were there. Everything felt safe.

Thank you for looking out for me."

TYNDALL: Then Lucy Letby responds with:

"No, but it happens. Don't need to thank me. I'm pleased you were there, think we work well together." And:

"Sorry for my loss of composure moment."

JOHNSON: [Dr A]:

"I was trying to say thanks for checking I was okay.

Failing at multi-tasking just now. We do work well together. I'm glad you could talk to me and I hope I helped."

TYNDALL: And the response from Lucy Letby was:

"That's okay. Didn't want you collapsing mid-resus."

"Yes, you did ++. Good to talk it through otherwise carry it round. What are you multi-tasking at?" And then sends a message to Susan Letby:

"Off to bed. Sorry not very chatty, just tired.

All okay. Night night."

JOHNSON: And her mum responded:

"No worries, I understand. Down to earth with a bump after a lovely holiday."

TYNDALL: Lucy Letby replies with:

"Yep. It's just as well I love my job."

JOHNSON: And Susan Letby sent a message saying:

"Night, God bless."

TYNDALL: Yes.

JOHNSON: At 425, did [Dr A] send a message saying:

"There are very few things that a hug can't fix"?

TYNDALL: Yes.

JOHNSON: Followed by:

"I think the debrief was good. We didn't come up with anything missed ore delayed. Maybe it is better to do it straightaway rather than wait." And then:

"Children."

TYNDALL: Then Lucy Letby replies with:

"This is true. Yes, prefer them after when all together and still fresh. Steve was very good today.

Get them to bed."

JOHNSON: [Dr A]:

"We're about 2 minutes away from the Riot Act.

I could not do with messing-around time. How grumpy does that sound? I'm shocked."

TYNDALL: Lucy Letby responds:

"It's not grumpy. Last thing you need after today.

Has she been out?"

JOHNSON: At 433, some social messages between 22.16 and 22.50?

TYNDALL: Yes.

JOHNSON: Followed by a message from Lucy Letby at 22.51?

TYNDALL: "One of those days!"

JOHNSON: [Dr A] responded:

"Yes, and hopefully tomorrow will be better." And a further message:

"On long day for Friday, Saturday, Sunday, so will have to do the 30 ward round tomorrow and then back to NNU on Saturday."

TYNDALL: Yes. And then Lucy Letby replies:

"Let's hope so." And:

"Ah, okay. How do you decide who goes where?"

JOHNSON: And [Dr A] at 440 responded at 23.10:

"It's a fixed rolling rota. You haggle for your slot before starting but everyone works the same pattern. Tony always does weekend nights after my weekday ones. Huw comes after Tony etc. The long day person always does 30 and CAU during the day and then picks up NNU in the evening. The daytime jobs are a bit flexible depending on leave. [Dr D] coordinates clinics and how many foot 30/36." And then the "foot" is corrected so it should read:

"... and how many for 30/36."

TYNDALL: Yes. Then Lucy Letby replies with:

"Okay." And:

"So how will you be on NNU Saturday/Sunday if long day?"

JOHNSON: [Dr A] at 23.17, tile 444:

"There's only one registrar and one consultant at the weekends. Sat equals reg on NNU for the ward round. Sunday is the consultant [ward round]. It's done like that so there are two consultant ward rounds per week. It's a CQC thing, I think." CQC is the Care Quality Commission?

TYNDALL: Yes.

JOHNSON: 445?

TYNDALL: Yes, there's just a number of messages between Lucy Letby and [Dr A] about work but no specific mention of [Baby O] or the day's shift.

JOHNSON: Then just as the clock went over midnight, tile 446, at 00.01, did [Dr A] sends a message to Lucy Letby saying:

"Sounds like it was worth it. You looked very relaxed this morning."

TYNDALL: Yes, to which she responds:

"Did I?" And:

"All downhill from there."

JOHNSON: He says, "I didn't say that".

TYNDALL: Yes. She responds with:

"Well apparently I snapped at Mel and was rude."

JOHNSON: "When?"

TYNDALL: "When I asked if someone could speak to parents about [query] baptism. I said it in a snappy way, apparently, and Mel thought I was being a bit bossy." Then the following message:

"We spoke about it before we left and I apologised (didn't realise I'd been rude). All okay."

JOHNSON: [Dr A]:

"I think I'd call that being proactive before it's too late."

TYNDALL: The response was:

"Well, that was my intention but maybe didn't come across like that."

JOHNSON: [Dr A]:

"I wouldn't have thought you did at all. In the heat of a resus people hear and perceive things and time differently. Are you okay about it now?"

TYNDALL: The response:

"Yes, fine. I've got broad shoulders. Main thing is the parents had their wishes carried out. Just don't like coming across like that to people."

JOHNSON: He said:

"Do you think you snapped?"

TYNDALL: And she replied:

"I think I said it quite directly but not that I snapped. Doesn't matter anyway. Mel was fine and said she'd found it stressful being in charge."

JOHNSON: [Dr A] at 00.27, tile 461:

"I may be a little biased but I don't think it possible that you could snap."

TYNDALL: She responds with:

"Hmm. I'm not no for snapping, usually quite the opposite. Didn't have my hair in a bun either." Then she corrects the first message with "I'm not known".

JOHNSON: So, "I'm not known for snapping?"

TYNDALL: Yes.

JOHNSON: Then some further social messaging between 00.30 and 01.07?

TYNDALL: Yes.

JOHNSON: And then [Dr A] resumed at tile 466 at 01.11 with:

"Thanks for keeping me company again. Sleep well."

TYNDALL: Yes. And then the response was:

"Don't be daft. It's a two-way thing and what friends are for." And:

"You had me blubbering. Night."

JOHNSON: Then [Dr A] at 01.16:

"Oh no. How guilty do I feel? Goodnight."

TYNDALL: "Guilty? I mean you had to see me blubbering at work."

JOHNSON: "Oops, my mistake. I thought I'd tipped you over at the end of a bad day. Blubbering at work is normal for someone who cares about the babies and families they look after. You didn't see me at the Hoole roundabout."

TYNDALL: Then Lucy Letby responds with:

"No, no, I'm fully composed. Thank you. A good cry is what's needed sometimes."

JOHNSON: And then, "Goodnight", said [Dr A].

We move on a few hours to 06.10; is that right?

TYNDALL: Yes.

JOHNSON: And there is a nursing note made by Kathryn Percival-Ward relating to contact that she had with [Baby O]'s parents; is that right?

TYNDALL: Yes, because care was handed over to her after the resus was discontinued.

JOHNSON: Yes. So that's at 06.10. Continuing on Friday, 24 June, tile 476, 09.40, was there then a further event relating to [Baby P]?

TYNDALL: Yes.

JOHNSON: At tile 477, at 14.25, [Dr B] made a note of having spoken to the coroner's officer about [Baby O]?

TYNDALL: Yes.

JOHNSON: And then 1 hour and 35 minutes later, at tile 478, [Baby P] died?

TYNDALL: Yes.

JOHNSON: At tile 479, the following Saturday morning, at 09.10, there was an event concerning [Baby Q] --

TYNDALL: Yes.

JOHNSON: -- which is the final count on this indictment?

TYNDALL: Yes.

JOHNSON: We will come to that in due course.

Moving on a couple of days then to 480, Monday, 27 June at 10.55. [Dr A] sent Lucy Letby a Facebook message:

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

TYNDALL: Yes. Lucy Letby replies with:

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

JOHNSON: Is [Initial of Baby Q] [Baby Q] in this context?

TYNDALL: I believe so.

JOHNSON: That's [Baby Q]. At 482, 11.02, [Dr A] sent the message:

"Got about 3 hours. Coffee is good. It was odd.

He's only been there for 14 hours. I think this is a sign of how AH it's going to be."

TYNDALL: I presume that means Alder Hey.

JOHNSON: "How Alder Hey is going to be", possibly. Anyway:

"They are so short of beds that they can only accommodate emergency patients. It's not good holistic care and it's rubbish for his parents."

TYNDALL: Yes. Lucy Letby replies with:

"It's a lot of upheaval and stress for baby and family."

JOHNSON: Is there then further exchanges of social messaging between 11.04 and 11.18?

TYNDALL: Yes.

JOHNSON: And at tile 485 Lucy Letby asks the question of [Dr A]:

"Who is consultant this week?"

TYNDALL: Yes.

JOHNSON: [Dr A] responded:

"Saladi. Right, drugs are done. I've been through the resus form. All of the fluid and infusions were prescribed by Kath and are on a kardex in the notes with green sheets for morphine and dopamine. Adrenaline and bicarb are on a new kardex, just needs signing."

TYNDALL: Yes. Then Lucy Letby replies with:

"Great. Thank you. Will sit down with Chris tonight and do it. Just remembered I've got to take that paperwork into occupational health today."

JOHNSON: And [Dr A] at tile 490 at 11.33 hours:

"When you're signing, could you look at the adrenaline for 17.41? There's no volume on the resus corn [may be that should be 'form' as we'll see in a moment] and above it is written '10 or in'. It's prescribed as IV on the kardex. If you think it was IO [intraosseous], could you change it for me? Thanks." Then "you" and "form". So he's correcting the typos in that message.

Just to put this in context, is this a reference back to regularising the paperwork surrounding the resuscitation?

TYNDALL: I presume so, yes. We saw that some of the prescriptions don't appear to be signed.

JOHNSON: And then, as if to confirm what I've just said, [Dr A] then wrote:

"Typing is atrocious today!"

TYNDALL: Yes. And then Lucy Letby responds:

"I'll look into it. I think it was given IO."

JOHNSON: Then [Dr A]:

"Transfusion just called. What happened to [Initial of Baby O]'s FFP?"

TYNDALL: And Lucy Letby replies with:

"It was never given, discarded. I need to sign it out on Meditech tonight."

JOHNSON: Is that a reference to what you were telling us earlier, the fact that the blood transfusion was never actually given?

TYNDALL: Yes.

JOHNSON: [Dr A] then wrote:

"[Initial of Baby O] letter done. [Initial of Dr B] should check it this afternoon.

Clinic patients done." And then the remainder was social messaging?

TYNDALL: Yes.

JOHNSON: On Wednesday, 29 June, 08.36, was a Datix form submitted?

TYNDALL: Yes.

JOHNSON: If we just go to that, please. No doubt the detail of this can be dealt with in due course if necessary, but this is a report made by Eirian Powell; is that right?

TYNDALL: Yes.

JOHNSON: The employee involved, Lucy Letby. The incident date, the 23rd, time 17.47, which is of course the date and time of [Baby O]'s death. The incident described as, "A sudden collapse of triplet 2". Action taken, "Full resuscitation". Underneath that, under the heading "Situation":

"One of the spontaneous triplets born at 33+2, triplet 2, by elective C-section, day 3 of life, suddenly and unexpectedly collapsed. Despite all attempts, resuscitation unsuccessful."

TYNDALL: Yes.

JOHNSON: Then a further form on the next tile. This is on the next day, Thursday 30 June; is that right?

TYNDALL: Yes.

JOHNSON: This is Lucy Letby's Datix form; is that right?

TYNDALL: Yes.

JOHNSON: Can we just have a look at that and could you deal with this one please?

TYNDALL: So this is referring to the incident time at 15.00 on 23/6. The description reads:

"Infant had sudden acute collapse requiring resuscitation. Peripheral access lost. Intraosseous access required. Resources not available on unit.

Action taken: staff obtained equipment from children's ward. Delay in this happening due to staff being needed for infant care needs. LP needle utilised as time delay in obtaining. Incident investigation: 25/7/2016.

Reviewed at NNIRG." I'm not sure what that means.

JOHNSON: No. Then SB, who's Stephen Brearey presumably?

TYNDALL: Presumably.

JOHNSON: So he can translate this for us.

TYNDALL: Okay. Do you want me to carry on?

JOHNSON: Yes, please, so we can put it this context.

TYNDALL: "SB wishes amendment to incident form. Patient did not lose peripheral access. Intraosseous access required for blood samples only. Group discussed incident.

Resources for intraosseous access are not routinely kept on NNU. However, there has been a recent increase in usage, therefore ward manager EP [which I presume is Eirian Powell] has ordered one from the Resus Council and is awaiting delivery."

JOHNSON: Thank you. So that was 30 June.

On the anniversary of [Baby O]'s death, we will see that Lucy Letby searched on Facebook for "[Surname of Babies O, P & R]".

TYNDALL: Yes.

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

MR MYERS: No, thank you.

MR JOHNSON: Thank you very much. Unless your Lordship has any questions.

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

(The witness withdrew)

MR JOHNSON: My Lord, we're going to deal with the neonatal review after the sequence relating to [Baby P].

MR JUSTICE GOSS: Yes.

MR JOHNSON: Because it really covers both the cases.

MR JUSTICE GOSS: Thank you.

MR DRIVER: My Lord, may I read two short statements and then with the court's leave we'll call the witness Sophie Ellis for whom some reconfiguration of the witness box will be required.

MR JUSTICE GOSS: Certainly. We'll have a break then.

Witness statement of [Dr D] (read)

MR DRIVER: Thank you.

The first of the two statements to be read is at page 17 of your Lordship's bundle. It's a statement made by [Dr D], who of course gave evidence to this court last week. This statement is dated 4 September 2018 and it reads as follows:

"On 21 June 2016, I was the registrar on call for the day and I was working a long day. My shift started at 08.30 hours and finished at 21.00 hours. As a team, we were well aware of the [Surname of Babies O, P & R] triplets and had known about their impending arrival for 2 or 3 weeks beforehand.

"On 21 June, a decision had been made by the obstetric team that the mother would have a caesarean section to deliver the triplets. I believe that I was based on the paediatric ward during the daytime hours, but as the babies were triplets and also preterm, we needed a number of staff to go to theatre to tend to the delivery.

"I went to theatre along with two other senior registrars, [Dr A] and a Dr Swadi Upadrasta(?).

We also had a member of nursing staff each as well.

We were all senior registrars, although my two colleagues were a year more senior to me and we were quite confident with staffing.

"In total, there were three doctors, three nurses and three Resuscitaires. Dr Jayaram, who was the consultant, was also around as well and made it clear that he was there if we needed him. We were all allocated a baby each and this was so we could focus on one triplet and avoid confusion between the three of them." The next part of this statement, my Lord, corresponds to the entry on our carousel at, I believe, tiles 4 and 6 that Mrs Tyndall touched upon during her evidence before lunch. So returning to [Dr D]'s statement, she says:

"My baby was triplet 2, [Baby O], and I was stood at a Resuscitaire with a member of nursing staff.

We checked our equipment to make sure it was all working correctly. This included the oxygen and Neopuff mask.

We then waited for the babies to be delivered and they were brought over.

"I recall that when [Baby O] was born, for a triplet that I might expect to be quite small being born at 33 weeks, he was actually quite a good size. I recall [Baby O] cried immediately, which was also good. Usually, we would assess their breathing, colour, whether they were moving and their heart rate. [Baby O]'s heart rate was absolutely fine and we use a scoring system of whether it is over 100, less than 100 or less than 60.

[Baby O] was over 100. He was crying and making good respiratory efforts.

"We applied a stats monitor to his right hand, but his oxygen levels were just on the lower side, often they come up when babies are crying, but as they were slow we applied some oxygen and CPAP. We applied this through the Resuscitaire. [Baby O]'s oxygen levels came up nicely.

"We managed to wean the oxygen levels within a few minutes to 30% to 40%. [Baby O] was stable and nice and warm. He was wearing a hat and had towels around him.

We then transferred him next door to the neonatal unit for ongoing care.

"As we passed through the theatre, there is a door so I was able to show [Baby O] to his father and congratulate both parents. Once in the neonatal unit, I believe that [Baby O]'s incubator was the first one on the right-hand side, next to the door as you enter room number 1.

"There was a senior house officer who was on call for the unit during the day and she would also assist with the admissions and any documentation. I believe the SHO was Dr Anya Cripps and she would help doing the drugs prescribing. I cannulated [Baby O] so that he could have blood tests taken, start fluids and commence antibiotics.

"[Baby O] also received some vitamin K and a blood gas that showed a mild respiratory acidosis and he was left on CPAP with a plan for an X-ray, which he later had.

"The triplets' mum was not able to come through to the neonatal unit but dad did so. I updated him whilst at [Baby O]'s cot side. I explained that [Baby O] was doing really well and that it was routine that he was receiving CPAP and antibiotics.

"Although my shift finished at 21.00 hours that day, we usually have a handover on the paediatric ward at about 20.30 hours. I handed over to Dr Huw Mayberry and in my professional opinion as three triplets, the [Surname of Babies O, P & R]'s birth weights were good and they all came out in reasonable condition. I think one of the other triplets needed respiratory support, but one did not require any.

"I felt positive and it was a good day. The triplets were stable and they needed minimal respiratory support and they were definitely progressing well.

"On 22 June, I was working another long day shift and on a Wednesday it's usually the consultant of the week that tended to do that ward round on the neonatal unit. Often, the registrar that was working the long day would lead the ward round on the paediatric unit rather than go to the neonatal unit. Therefore I had a brief involvement with the neonatal unit and this would only have been from the evening handover. My only recollection was that I sited a replacement cannula on [Baby P] for the purpose of intravenous fluids.

"I cannot remember any issues being highlighted to me and I cannot confirm who the triplets' designated nurse was. I do recall [Baby P] being in room 2 but I am unsure which of his brothers were in the room with him.

"I did not work 23 June as this was my rest day prior to starting nights on 24 June. The first knowledge of the death of the two [Surname of Babies O, P & R] triplets was when I started my night shift on 24 June and I received a handover." That concludes [Dr D]'s statement.

Witness statement of KATE BISSELL (read)

MR DRIVER: The next statement to be read is overleaf, my Lord, at page 22 of the reading bundle, a statement by a senior band 6 nurse by the name of Kate Bissell, dated 12 January 2018. The relevant parts of which begin at page 25 of our reading bundle and, if my note is correct, correspond to the entries at tiles 8 and 9 of the carousel. This brief paragraph reads as follows:

"On 21 June 2016 I was involved with [Baby O]'s care from delivery. [Baby O] was one of triplets. I went into theatre and remember thinking they were good sized triplets and mum had done well to get to 33 weeks.

I went in for delivery with [Dr A]. He was the registrar on shift. [Dr D], another registrar, was also on duty. They were there to receive the babies.

"We had three Resuscitaires ready, one for each triplet. All three babies were generally okay and born in good condition. I took [Baby O] through to nursery 1.

He was generally well. He needed a little respiratory assistance (CPAP), which would be expected for a baby of that gestation. He was cannulated and put on intravenous fluids and antibiotics pending the results of his blood tests and septic screening, which, once again, would be standard for a baby of that gestation.

He was also given vitamin K intramuscularly.

"He remained stable for that shift. Belinda Simcock took over the other two babies [the names are given, which we know to be [Baby R] and [Baby P]] into nursery 1 and she looked after them for the rest of the shift. The triplets did well for that shift and were all stable.

"I looked after [Baby O] all of that shift. I didn't look after him again." With your Lordship's leave, could we kindly pause there?

MR JUSTICE GOSS: Yes, certainly.

MR DRIVER: And call nurse Sophie Ellis.

MR JUSTICE GOSS: It was quite cool in here this morning, temperature-wise, and someone's turned the heating up now. Is it a bit too hot for some of you? No? Well, I think to be honest -- I think it can stop blowing hot air in at the moment or wherever it comes from. It's certainly quite warm this afternoon. It won't chill down to what it was like this morning, I can assure you of that. So a ten-minute break then, please.

(2.55 pm)

(A short break)

(3.05 pm)

(No audio feed from court)

(3.06 pm)

MR DRIVER: One moment. A technical issue, which has been addressed already. The audio feed to the stenographer... Mr Worthington confirms it's back on.

MS SOPHIE ELLIS (recalled)

Examination-in-chief by MR DRIVER

MR DRIVER: When did you begin working at the Countess of Chester?

ELLIS: I started in January 2015.

DRIVER: So you'd been there for something in the region of 18 months or so --

ELLIS: Yes.

DRIVER: -- by the midsummer of 2016? If I could direct your attention to the screen and our tile 54 which informs us that there was a handover of responsibility to you at some point between 19.30 and 20.00 hours, ie the night shift on 22 June 2016?

ELLIS: Yes.

DRIVER: From memory, before we look at any of the documents, can you recall who it was that you were looking after on that shift?

ELLIS: It was [Baby O] and [Baby P], from memory.

DRIVER: And the jury have learnt this morning that [Baby O] and [Baby P] were part of a set of triplets?

ELLIS: Yes.

DRIVER: And they had come into the world on the afternoon of 21 June 2016. Can you recall who it was that you took over the responsibility from?

ELLIS: Just from looking at the screen and from reading my statement, it was Sam O'Brien.

DRIVER: Thank you. Now, we will of course look at your entries on charts made during the course of the shift and we'll consider your nursing notes. But before we do so, do you have an actual recollection of this shift and your responsibility for the boys overnight?

ELLIS: I have some recollection. I remember when -- towards the end of that night shift when I got [Baby O] reviewed because he had quite a full abdomen, but that's all I remember from that shift.

DRIVER: We'll come to that in due course. Do you remember who it was who reviewed [Baby O] at your request?

ELLIS: Again, from my statement that I made it was Huw Mayberry.

DRIVER: We'll come to that as we go through the events chronologically, if we may. If we could click on to the next tile and consider the document beneath it, paper copies of which will be provided tomorrow, my Lord.

If we could just use the screen for this afternoon.

If we look at the bottom of the page, do you see your initials?

ELLIS: Yes.

DRIVER: Do they begin above the tagged words "as per frequency"?

ELLIS: Sorry, say that again?

DRIVER: Do they begin where the cursor points now?

ELLIS: Yes.

DRIVER: Thank you. If at any point you want to tell us -- take our attention to a document, there's a mouse on the witness box there and you control that and you can control that cursor.

ELLIS: Okay.

DRIVER: So we can see a bank of your initials there, I think six in total. If we look up the page we will see that they correspond, unsurprisingly, to that night shift that you were working.

ELLIS: Yes.

DRIVER: If you'd like to refresh your memory from the content of this observation chart before answering my questions as to -- generally speaking, how did baby [Baby O] fare that night under your care?

ELLIS: So how was he in general?

DRIVER: Yes.

ELLIS: From memory he was very, very stable that night. There was nothing overly concerning. The only thing that I raised was, like I mentioned before, that he had a full abdomen in the morning.

DRIVER: Thank you. So if we look at the heart rate for the period through which you were completing the observations and annotating this chart, we can see that there appears to be some movement, all of which is in the white zone of the chart, which we understand is the parameters of normal readings?

ELLIS: Yes.

DRIVER: The respiration is up and down a little perhaps.

ELLIS: Mm-hm.

DRIVER: Do we see that at some point under your watch, it dipped into the lower part of these parameters?

ELLIS: Yes.

DRIVER: Do you recollect this and what, if any, significance did you attach to those variations in rates of respiration?

ELLIS: Sorry, I'm just trying to...

DRIVER: Of course, take your time.

ELLIS: I don't know whether at 2 o'clock, whether that was -- whether I actually did a heart rate and respiratory rate or whether I just did temperature because the temperature was in the yellow at...

DRIVER: You're pointing your finger at the screen, but if you take the mouse, you can direct our attention to where you're concentrating.

ELLIS: Here (indicating), because at 11 o'clock I put they were on two-hourly obs, but because at that time the temperature was in the yellow, so a little bit high, I repeated it again after an hour. But it looks like I probably only repeated the... So yeah -- sorry. At 11 o'clock I did a full set of obs. At 1 o'clock I also did a full set of obs but the only thing that was slightly in the yellow was the temperature so I only repeated the temperature after an hour. I didn't do the other set of obs, it was just the temperature because that was the only thing that was high --

DRIVER: Yes.

ELLIS: -- which again was just very slightly high.

DRIVER: It would seem so. Is this something unexpected in the first days of life?

ELLIS: No, not necessarily. It could be an environmental factor, it looks like I weaned down the incubator temperature as well. It's something that we do also quite frequently.

DRIVER: Right. So that's just really fine-tuning the immediate environment to meet the baby's particular needs?

ELLIS: Yes.

DRIVER: Thank you.

MR JUSTICE GOSS: Is that where the arrows are above the...

Go down to the bottom below the lowest band of yellow, the arrow there.

ELLIS: Yes. It looks like I just put an arrow just to say that I've turned the temperature of the incubator down.

MR DRIVER: Thank you. Whilst we're on this page, did you record [Baby O]'s sats readings?

ELLIS: I did. Like I say, for that set of obs, I didn't, it was just the temperature. But for the other sets of observations I did.

DRIVER: And generally speaking, what was the quality of his saturation readings?

ELLIS: From looking at this observations chart, they were very good and what we would like, so 97% and above, which is good. Very good.

DRIVER: We see the word "air" written underneath the digits.

ELLIS: Yes.

DRIVER: What does that inform us of?

ELLIS: That they're not requiring any additional oxygen.

DRIVER: And the endorsement immediately below those we've just looked at further down the page, does that say Optiflow?

ELLIS: Optiflow, yes.

DRIVER: Decode that for us.

ELLIS: So it's a form of respiratory support. It's a high flow support and he was on 5 litres with humidified gases, which were at 37 degrees.

DRIVER: And what level or extent of support was that?

ELLIS: I'd probably say quite average for a baby that requires high flow support.

DRIVER: Thank you. Could we go to the next -- is there anything else that you've endorsed on that chart that you think merits our attention before I move on?

ELLIS: No.

DRIVER: I'm grateful. If we move to the next chart under the next tile at tile 56. I'll allow you to recognise your own initials and your own contribution to this document.

Do you see your initials?

ELLIS: Yes.

DRIVER: Are they towards the bottom of the page?

ELLIS: Yes, it looks likes they're from 8 o'clock. That is my signature, I think, and my initials for the subsequent signatures.

DRIVER: Thank you. What have you recorded on the fluid balance chart there?

ELLIS: I recorded what pressure the fluids were running at, what rate they were running at per hour and the total volume which he'd gone through and what the VIP score is, so what the site of the cannula or the long line looked like. We monitor this every hour just to make sure that the line is still functioning as it should be.

DRIVER: Tell us something about [Baby O]'s feeding regime during that first part of your shift.

ELLIS: So it looks like his feeds have increased gradually throughout the day, so he had a 6ml feed at 7 o'clock and then we increased this to 8ml at 9 o'clock and we stayed the same for his 11 o'clock feed. So it looks like he was on slow increments throughout the shift.

DRIVER: So quantity of feed increasing by, your words, slow increments?

ELLIS: Yes.

DRIVER: What about the frequency of the feeds?

ELLIS: They were every 2 hours.

DRIVER: Does this document tell you, remind you of the method of feed, the route?

ELLIS: Could you scroll to the top? Or can I do that?

DRIVER: I think Mr Murphy needs to do the scrolling but you can do the pointing.

ELLIS: However, if you scroll just back down, it says, to the right, that the pH was 3.5, which would suggest that it was an NG feed.

DRIVER: So explain to us why the fact that you've recorded a pH reading reminds you that it was an NG feed rather than a bottle feed?

ELLIS: Because we like to test -- we always test to make sure that the tube is in the right place prior to a feed, so if it's an acidic aspirate then that would suggest that the NG is in the stomach.

DRIVER: And does the note that you have made confirm that you were satisfied that the NG tube was in the right place?

ELLIS: Yes, a pH of 3.5 is fine.

DRIVER: Thank you. So we know that you made these observations and provided these feeds and made the corresponding notes contemporaneously as you went through the hours of your night shift?

ELLIS: Mm-hm.

DRIVER: Did you from time to time summarise what had occurred in your nursing notes?

ELLIS: Hopefully, yes.

DRIVER: What's your practice? Are you the sort of nurse who writes everything at once retrospectively or are you the sort of nurse who tries to record things as best you can as they happen?

ELLIS: It just depends what's going on. If I can record them at the time and straight after events have occurred I will, but sometimes you do have to write them respectively, depending on what else is going on.

DRIVER: Let's look at tile 89, please, or more accurately your nursing note behind tile 89. Towards the left, Mr Murphy:

"Cares taken over for night shift at 20.00." So that's you informing the reader that you were the night shift designated nurse, in effect?

ELLIS: Yes.

DRIVER: We're familiar with the contents of the next couple of sentences, which confirm that all necessary checks of systems and monitors and the like were done.

ELLIS: Yes.

DRIVER: And you satisfied yourself that all was well technically speaking.

ELLIS: Mm-hm.

DRIVER: You noted, did you, as you've just illustrated with the charts, that the temperature was reduced --

ELLIS: Mm-hm.

DRIVER: -- on the monitors?

ELLIS: Yes.

DRIVER: Was that done, as you told us, in order to bring his body temperature down?

ELLIS: Yes.

DRIVER: It having been a little raised?

ELLIS: Yes.

DRIVER: Did you do a note to self, as it were, to recheck what hourly, to recheck what?

ELLIS: The temperature.

DRIVER: The temperature. Is that what you did?

ELLIS: Yes.

DRIVER: In your summary, that aside, all other observations stable?

ELLIS: Mm-hm.

DRIVER: I assume the next words describe [Baby O]?

ELLIS: Yes.

DRIVER: "Pink, warm and well perfused. On Optiflow [as you've told us] at 5 litres in air. Saturations in the 90s." Which was a good indicator, you have told us. And then the final part of that sentence, do you see where it says:

"Saturations in 90s and..."?

ELLIS: "No increased work of breathing."

DRIVER: Which is?

ELLIS: Reassuring.

DRIVER: And a reference to his respiration?

ELLIS: Yes, sorry, yes.

DRIVER: Thank you:

"On 75ml per kilogram per day." That's the feeding regime that you've already referred to; is that right?

ELLIS: Yes.

DRIVER: Thank you. And tell us about the next sentence, please.

ELLIS: TPN is total parenteral nutrition, which is a form of IV nutrition. And that was infusing via his peripheral cannula, which he had in his right hand with a VIP score of zero, which shows that it seemed to be functioning okay.

DRIVER: Good. So he was receiving TPN through a cannula and then is that in addition to enteral feeds --

ELLIS: Mm-hm.

DRIVER: -- 2 x 12. Is that two-hourly feeds throughout the day --

ELLIS: Yes.

DRIVER: -- by the NGT, which you have already confirmed? And they were increasing incrementally?

ELLIS: Yes.

DRIVER: And because the feeds were -- the enteral feeds were being increased, did you correspondingly reduce the TPN?

ELLIS: Yes.

DRIVER: So one trades off the other as it were; yes?

ELLIS: Mm-hm.

DRIVER: How was he doing with his feeds?

ELLIS: It says he was tolerating them well. I was just obtaining partly digested milk aspirates, which was under half of the feed volume four-hourly, which was reassuring and showed that he was tolerating his feeds.

DRIVER: Could you remind us of that process, please, by which you, the nurse, obtained part-digested milk aspirates? What did you get and why did you do it?

ELLIS: So you attach -- as in the process of how I obtain an aspirate?

DRIVER: Yes, please.

ELLIS: You attach the syringe on to the end of the NG tube, you pull back on the syringe, and then you should be able to obtain an aspirate that way. Once you've got that aspirate, you would then test it on the pH strip to make sure it's acidic.

DRIVER: Would this be done prior to a feed?

ELLIS: Yes.

DRIVER: Thank you. The final two sentences, could you expand on them and explain their significance to us?

ELLIS: Mm-hm. So the abdomen was full but soft. So sometimes babies do have full abdomens but upon examination if it's soft that's reassuring. And he has weed and passed meconium, so it's also reassuring that he is also pooing to show that his bowels are working okay.

DRIVER: You've told us about the input, this is the output?

ELLIS: Yes.

DRIVER: And the indicators are that all is working as desired?

ELLIS: Yes.

DRIVER: Thank you. If you could read to yourself the next note, please:

"Noted at 06.41..."

ELLIS: Mm-hm. (Pause). I've read that.

DRIVER: Thank you. Does this remind you of the request that you told us you made of the registrar?

ELLIS: Mm-hm. I think the one that I mentioned before was a different occasion. I just informed him of what the blood gas result was and then, following that, as a result of that, we weaned his high flow down to 4 litres because it was a good gas.

DRIVER: That's my mistake, I'm probably getting ahead of myself.

At 06.41 does your record suggest that you shared information to Registrar Huw Mayberry?

ELLIS: Yes.

DRIVER: What was the nature of the information that you shared with Dr Mayberry at this point?

ELLIS: It was the result of the blood gas which was taken at 05.32. I informed him of what the results of that was.

DRIVER: Dr Mayberry will give evidence to the jury tomorrow about the detail, but in general, what was your combined view as to the nature of those blood gas results?

ELLIS: From what I've written down there, it was a good gas.

DRIVER: Thank you. If Mr Murphy could take us just below that paragraph. A little later, at 07.32, tell us what this event is.

ELLIS: I've put there that the abdomen looked full and it was slightly loopy and that [Baby O] appeared uncomfortable after I'd given his feed, I'd informed Dr Mayberry and his abdomen -- he reviewed him as abdomen was soft. He didn't appear in any discomfort on examination, he'd had his bowels open, and the plan was to continue to feed him but just to monitor him.

DRIVER: Thank you. Was that a cause of concern?

ELLIS: You have to sometimes take in the bigger picture.

Sometimes babies do have full abdomens. It looks like he was examined, you take into account other factors.

So not a huge concern, no, but possibly something just to keep an eye on.

DRIVER: Certainly something about which you sought a second opinion, as it were?

ELLIS: Yes.

DRIVER: But as a consequence of that review, was the regime or the approach to [Baby O] altered or varied in any way?

ELLIS: No, it was to continue, I think, just as we were doing, but just to monitor him for any further changes.

DRIVER: If I could ask Mr Murphy to take us back one tile to 53, which I anticipate will be another fluid chart. Yes, indeed. The last one took us to midnight as I recall.

I anticipate this will take us into the morning.

If you could seek out the initials, please. Have you initialled that to the left of our page as we look at it?

ELLIS: Yes.

DRIVER: Does that correspond to the times 01.00 to 06.00, now 05.00 hours?

ELLIS: Yes.

DRIVER: And what do your entries on this page tell us?

ELLIS: So the 1 o'clock entry says that he was still on some TPN and that he had a donor EBM feed via his NG tube at 10ml. The aspirate was part-digested milk.

At 2 o'clock, I'd come down, reduced the rate of his TPN slightly, but he didn't have a feed at 2 o'clock because he wasn't due one.

At 3 o'clock I'd gone up on his feed again, so I'd come down on his TPN further. Again, it was still donor EBM at 12ml. And I got a pH of 3.5, which was part-digested milk.

At 4 o'clock there was no entry. Then at 5 o'clock, again donor EBM via the NG tube at 12ml. And I got a pH of 4, which was part-digested milk. I'd also changed his nappy. I think that says BNO.

DRIVER: Would you mind using the mouse so we can see what it is you're looking at?

ELLIS: Yes.

DRIVER: Thank you very much.

ELLIS: At 5 o'clock, here (indicating), I'd changed his nappy.

I think that maybe says BNO, which is bowels not open, at that time when I changed his nappy, but that could be that I've maybe just made an error and crossed the N out, and that he had passed urine.

DRIVER: The entry the witness was unsure about alongside the bowels, I wonder whether we could blow that up, please, and

magnify that so could Nurse Ellis can get a look at her own endorsement.

ELLIS: It looks like BNO. Whether that was at the start of the night when I changed his nappy or possibly in the day shift, but I'd have to look at the charts just to be certain of that.

DRIVER: Is what we've just looked at here the detail that you summarised in your nursing notes?

ELLIS: Yes.

DRIVER: And in terms of the increased feed, the incremental increase of feed, is that progress -- would that be at an extent that you determine or somebody else determines?

ELLIS: Um... If you're confident to do that -- again, I was, you know, I had worked on the unit for a year and a half, so I might have just asked maybe just the nurse in charge and said, "Are you happy for me to maybe increase it by 2ml?" It could have been decided on the ward round in the morning that that was the plan, just increase as tolerated. So yeah, it's sometimes a team decision.

DRIVER: Thank you. Although you described earlier how the extent -- the amount of feed was increased incrementally, it would be wrong, would it, to interpret those words to suggest that with each feed it went up on a step-by-step basis?

ELLIS: Not necessarily with each feed. I think I've put in my notes that it was kind of two -- two four-hourly, so either with every feed or every alternate feed.

DRIVER: Does this chart here or the entries alongside the word "amount" show us that it was a 10ml and then three 12ml feeds?

ELLIS: Yes, it does, yes.

DRIVER: Thank you. If we could go, please, to tile 76, which is a different sort of entry. It's a neonatal pain management record chart. If we look behind that to see what it is that you recorded at 23.00 and 05.30 in fact.

Is that your signature for both entries?

ELLIS: Yes.

DRIVER: Thank you. What were you recording on this chart?

ELLIS: So at 11 o'clock I removed his ECG dots and I gave him some sucrose as pain management for that. He scored zero on pain pre me taking them off and post me taking them off.

And then at 5.30, I removed a cannula as it was no longer required. I gave him some sucrose from that but he had a pain score of zero pre and post.

DRIVER: Taking those in stages, the removal of the ECG: what was on, what was taken off, why was it on and why did you take it off?

ELLIS: Again, purely from looking at this chart, it would suggest that I took his ECG dots off because he no longer needed continuous monitoring. I would imagine he would have still been on continuous saturation monitoring, which you can see the heart rate on through that. But yeah, I would imagine he no longer needed that monitoring, that's why I took it off.

MR JUSTICE GOSS: ECG, is that electrocardiogram. Is that when they put tabs on you and check your heart rate?

ELLIS: Yes, so for [Baby O] and for most of out neonatal patients, it's just three dots.

MR DRIVER: That's a method of constantly monitoring a neonate's heart rate?

ELLIS: Yes.

DRIVER: But there clearly was another method in place because you continued to --

ELLIS: Yes, you can still see that on the saturations monitor as well.

DRIVER: Thank you. At 05.30, you removed a cannula, you told us a minute ago, that's because he no longer needed it?

ELLIS: Mm-hm.

DRIVER: What use had it been put to and why was it no longer needed?

ELLIS: So he had his TPN through that cannula and previously he would have had his antibiotics as well, potentially, through the same one or possibly through another one.

I'm not sure how many types of access he had.

DRIVER: Let's look at tile 89, please. If we can click on and look at an entry made by you referring to 02.19.

I think it will tell us that antibiotics were stopped.

ELLIS: The 06.41?

DRIVER: Yes.

ELLIS: Yes. Antibiotics were stopped as both CRPs were less than 10 and his blood cultures were negative at 36 hours.

DRIVER: So that was the process you touched on earlier. There were blood gases taken, considered, and because it was all sound, antibiotics were --

ELLIS: Yes. You take into account the blood results and then also what the patient looks like clinically, but you know, taking all that into account would suggest that everything was okay, and that's why we stopped the antibiotics.

DRIVER: Thank you. Did you also wean [Baby O]'s Optiflow down during the course of the night; do you recall?

ELLIS: Yes, at 6.30.

DRIVER: Thank you. Why was that?

ELLIS: Because his blood gas was showing that he was managing well, his CO2 was 5.31 and his pH was 7.3, which suggest he was managing well on 5 litres.

DRIVER: Thank you. Having considered the detail of your notes made contemporaneously and the various summaries that you made on the basis of those detailed contemporaneous notes, what was the picture during the shift and at the point of your handover the following morning?

ELLIS: So based on those notes, he had a very stable night.

He was a little bit warm but we'd acted on that and turned down his incubator temperature. He'd managed to get up to full feeds, which was good. He had a positive blood gas, his antibiotics were stopped, which were all positive things. And then it was just noticed at 7.30 that he had a full abdomen, which was reviewed. There was no imminent concern from that, so we continued as we were. So yes, overall he had a positive night.

DRIVER: And at tile 105, please, Mr Murphy. That will be the same entry that we just looked at. Does this tell us, just getting a view of the chronology, that your shift ended -- it's

okay, Mr Murphy, sorry, my mistake. If we go back just to the carousel itself.

You handed the baby over to the next shift on our carousel at 106 at some point between 07.30 and 08.00 that morning?

ELLIS: Yes.

DRIVER: Were you next in work the following night shift?

ELLIS: Yes, I was.

DRIVER: At which point, I anticipate, you discovered that [Baby O] had passed away whilst you were off duty?

ELLIS: Yes.

DRIVER: Thank you. How did you discover [Baby O] had passed away?

ELLIS: So Lucy had met me just before I came on to the unit, so she was kind of stood somewhere in the corridor before I entered the unit. I don't know whether she told me then before we got on to the unit or she just came to meet me and then told me on the unit, I can't remember, but yes.

DRIVER: During that night shift did you have responsibility for looking after both [Baby P] and [Baby R]?

ELLIS: Yes.

MR DRIVER: My Lord, Nurse Ellis will be invited to return next week to assist us with that. Could you remain there and answer any questions that are asked of you?

Cross-examination by MR MYERS

MR MYERS: Ms Ellis, just following through how long you'd been working at the Countess of Chester, we covered this before briefly, but would you have been 2 years qualified by this time?

ELLIS: So I qualified in September 2014, so not quite 2 years, but near enough.

MYERS: On this shift you were on nursery 2 looking after two of the triplets?

ELLIS: Yes.

MYERS: [Baby P] and [Baby O]?

ELLIS: Yes.

MYERS: In summary, before we look at the documents, on your shift we see the feeds with [Baby O] progressed to the point that he was just on to enteral feeds; is that right?

ELLIS: Yes.

MYERS: And enteral feeds is when the milk is being given through the nasogastric tube?

ELLIS: Yes.

MYERS: I'm going to have a look at that with you and then just ask you some questions about it.

So if we start, please, at tile 16. Again, if you want to use the cursor at all to point anything out, please feel free to do so.

If we have a look at the course of how this went, did you say your first signature -- which one do you say is your first signature if we look down the right-hand side?

ELLIS: So my first signature is at 8 o'clock.

MYERS: So 20.00 we've got on the left. And by that point -- at this point, [Baby O] was on both TPN and enteral feeds; is that right?

ELLIS: Yes.

MYERS: The TPN feeds, if we just look up towards the top of the columns, just so we can follow it, where it says 10% -- looks like "dex", that records what's going on with the TPN, does it?

ELLIS: It looks like he was on 10% dextrose and then from that note at the top, it says that he maybe went on to Babiven, which is a form of TPN, at 6 o'clock.

MYERS: So at 18.00, where we've got items this that column, that's the Babiven going in?

ELLIS: Can we scroll back down just to see...? Let's have a look.

MYERS: You see it says "new cannula" down at 18.00 as well.

ELLIS: (Pause). Yes. If I've put he was on TPN, he would have been on TPN.

MYERS: All right.

ELLIS: I maybe just wrote it in the wrong column.

MYERS: And then if we keep -- as it appears now, we can just see up at the top, almost chopped off, the initials -- the letters DEBM.

ELLIS: Yes.

MYERS: Can you see about the third column along?

ELLIS: Yes.

MYERS: And underneath that, does it say "feed"?

ELLIS: Yes.

MYERS: And that means we can look down and see, when we go underneath that column, how much he's getting at each enteral feed and then a running total of what it is; is that right?

ELLIS: That's right, yes.

MYERS: So let's go down now to where you start, Ms Ellis, at 20.00. Just focus on the bottom half of the chart now.

ELLIS: Yes.

MYERS: At 21.00, he was given a feed, is this of 8ml of expressed breast milk?

ELLIS: Yes.

MYERS: Through the NGT, which took him to 22ml of expressed breast milk at that point that he'd had?

ELLIS: Yes.

MYERS: And then we can just see at 23.00, another 8ml, so a total of 30ml of expressed breast milk by that point?

ELLIS: Yes.

MYERS: I am going to -- scroll down to look at the end of this, please, just to make sure we've got all the feeds. I'm going to return to this chart in a moment, but I would just like to follow the feeds and then I have some questions about aspirates.

So we can carry on with the feeds on the fluids chart, which is at tile 88 please Mr Murphy.

It's a different layout, but in fact this still records what's happening with TPN and with the enteral breast milk feed, doesn't it?

ELLIS: Yes.

MYERS: The top -- underneath the identity details, the top row has the TPN, hasn't it, where it says "fluid"?

ELLIS: Yes.

MYERS: And then we can see the enteral feeds where it's got DEBM two or three rows below that?

ELLIS: Yes.

MYERS: Following the feeding regime, we can see at 01.00 it was another 10ml?

ELLIS: Mm-hm.

MYERS: Then you start again, do you, from zero for this 24-hour period on the running total?

ELLIS: Yes. We did at Chester, yes.

MYERS: So we've got 10, then 12 at 03.00 up to 22?

ELLIS: Yes.

MYERS: 12 more at 05.00 --

ELLIS: Yes.

MYERS: -- up to 34? And 12 at 07.00 up to 46?

ELLIS: Yes.

MYERS: We can see it carries on into the next shift with up to 13?

ELLIS: Yes.

MYERS: Is that in any way quite a rapid provision of expressed breast milk to a baby like [Baby O]?

ELLIS: No.

MYERS: Is that standard?

ELLIS: Um... I would say so. He was a decent weight, he was 2 kilograms, he was a 33-weeker. I can't remember the exact feeding policy that they had at Chester, but it was a gradual increase. Obviously, if he was showing signs that he wasn't tolerating that then we wouldn't increase it. He would either stay as he was or we would decrease it and then go back up on his TPN.

MYERS: What would be the signs of not tolerating feeds? What sort of things do you look for?

ELLIS: Large aspirates, vomiting, sometimes bradys and desats maybe.

MYERS: Right. I'm going to turn to aspirates, actually, but with large aspirates, if he's not digesting half his feed, is that a fair amount not to be digested?

ELLIS: So different places have different ways of how much feed they would aspirate. Again, I can't remember exactly how we used to do it at Chester, but yeah, different places have different ways of assessing tolerance, essentially.

MYERS: From your experience -- if we just look at your note actually at tile 89, please, Ms Ellis. Just if you look at the first entry, which had been made at 20.19, just towards the end of it we've got:

"Enteral feeds 2x12 by NGT."

ELLIS: Yes.

MYERS: "Increasing 2ml two to four-hourly."

ELLIS: Yes.

MYERS: "TPN reduced appropriately. Tolerating feeds well.

Part-digested milk aspirates, under half of feed volume four-hourly. Abdo full but soft."

ELLIS: Yes.

MYERS: So if there's half of the feed being taken back, does that suggest that it's under half -- under half, does that suggest there's any issue at all? Sorry, under half: does that suggest there is any issue?

ELLIS: You'd have to take into account the bigger picture.

Obviously that's something we did at Chester. If we were getting under half of the feed volume four-hourly then that would suggest that he was tolerating his feeds well. But yeah, like I say, having worked elsewhere, different places do different things.

MYERS: Right. Could we go back then to the care chart at tile 16? Just some questions about the aspirates. If we can scroll down so we can look at the section where you dealt with it.

If we look at the 23.00 entry, we can see you've marked the pHs. It's actually 3.5, isn't it?

ELLIS: Yes.

MYERS: And he has passed urine and -- is that meconium?

ELLIS: Yes.

MYERS: That's the first substance to pass out of the baby, isn't it?

ELLIS: Yes.

MYERS: Where you've been dealing with it, there's no actual figure recorded here for any amount aspirated?

ELLIS: No.

MYERS: Is that standard practice not to record the aspirate or is it better to record it?

ELLIS: We wouldn't necessarily put an aspirate volume down every feed from memory. We would hopefully write down what the aspirate looked like, whether it was milky or if there was any other concerning features. But we wouldn't always do, you know, a full aspirate with every feed from what I remember.

MYERS: Is the ideal situation for all the feed to pass through the baby?

ELLIS: No. They wouldn't digest it all within a two-hour period.

MYERS: So when we look at the entry at 23.00 there, do we take it from your note, that first note, that there would have been partially digested milk aspirated at the same time as you measured the pH?

ELLIS: If it was a concerning aspirate I would have written it on there. But I haven't, so...

MYERS: But in all probability there would have been milk, some milk, aspirated?

ELLIS: Yes, of course, yes.

MYERS: And even with milk aspirated, the stomach pH can still be acidic, can't it?

ELLIS: Yes.

MYERS: Which we see here at 3.5?

ELLIS: Sorry, say that again?

MYERS: Even with milk being aspirated, the stomach content still comes up as acidic?

ELLIS: Yes, yes.

MYERS: And as we know, 3.5 is acidic?

ELLIS: Mm-hm.

MYERS: That's so you know the tip of the tube is in the stomach?

ELLIS: Yes.

MYERS: Let's move on then, on the same topic, to the next chart, which is at tile 88, please. I'm going to look just at the column where we've got the expressed breast milk and the output row under it -- sorry, the rows, the bottom two rows.

As it happens, on output here, you have marked in -- is that "partially digest milk"?

ELLIS: Yes.

MYERS: That's at 01.00. At 03.00, you've marked:

"pH 3.5. Partially digested milk."

ELLIS: Yes.

MYERS: Is there any reason why you've written "partially digested milk" here but there wasn't a note to that effect on the earlier part of the shift?

ELLIS: No, I can't answer that.

MYERS: Does it reflect the fact there was any concern as to the fact there was partially digested milk?

ELLIS: No. That's a reassuring feature that it was part-digested.

MYERS: Why is that reassuring, just so we can understand?

ELLIS: Because it shows that he is tolerating some of his feeds and is able to absorb it and digest it -- sorry, I should say he's able to digest his feeds and that it's acidic, that it's in his tummy.

MYERS: So able to digest as opposed to all of the feed coming back out, is that what you mean?

ELLIS: Sometimes by the appearance of the feed you can see that it's part-digested rather than it just be pure milk that you've put in. It kind of looks a bit gloopy, if that makes sense.

MYERS: And looking at what that second entry along, as we'd seen at 23.00, there's an acidic pH, 3.5?

ELLIS: Yes.

MYERS: Along with the partly digested milk?

ELLIS: Yes.

MYERS: The partially digested milk?

ELLIS: Yes.

MYERS: Thank you. Throughout this period, Ms Ellis, [Baby O] was on Optiflow; is that correct?

ELLIS: Yes.

MYERS: The next thing I'd like to ask you before we come to your note is something on the blood gas chart. That's at 23667. I'll get the tile number. Tile 96, please.

Just looking at the entry for the shift -- is the shift where we see 23/6 at 05.32, the third one up, is that your shift?

ELLIS: Yes.

MYERS: So is that your initials there?

ELLIS: Yes.

MYERS: That's a venous sample; is that correct?

ELLIS: Yes, it looks like it.

MYERS: The only one I'm going to identify, if we go from left to right, is lactate, if you look at that, at 2.3.

Do you see that?

ELLIS: Yes.

MYERS: That's a little high for lactate, isn't it?

ELLIS: Very, very slightly.

MYERS: All right.

ELLIS: Very.

MYERS: Let's come to the notes then, please. So that's at tile 89. Let's have a look there.

We're going to look at the detail of some of the entries. But is it right that you informed the registrar on two occasions during the course of the shift of matters that you had noted?

ELLIS: Yes.

MYERS: And you'd informed the registrar if there was anything that was of any possible concern; is that correct?

ELLIS: Yes.

MYERS: And if there's nothing that concerns you, you wouldn't bother the registrar?

ELLIS: No. Well, I think with the blood gas, I took a blood gas and I just wanted to let them know what the result was. I would have let them know regardless of whether it was fine or not just so they're aware of it in case they saw something that maybe I didn't.

MYERS: The doctors were busy that night, weren't they?

ELLIS: They were, yes.

MYERS: And you would know that?

ELLIS: Yes.

MYERS: So if you have taken the time to inform them of something, it's something that you considered a doctor needed to know?

ELLIS: Mm... I just want to run it past them just so they were aware of it, not necessarily because of anything concerning, but just so they knew what the result was.

MYERS: But you don't run every result past a doctor, do you?

ELLIS: I'd only worked there are a year and a half so I would always just double-check with somebody, just to make sure they were happy with it as well as I was.

MYERS: Would you double-check even if it was something that was of no concern whatsoever?

ELLIS: With a blood gas I would always run it past a doctor at that stage, yes.

MYERS: Not because the lactate was a little bit raised?

ELLIS: No. Even if it wasn't slightly -- very, very slightly raised, I would still have just popped under their nose so they could see what it was. I still do that now.

MYERS: The first part of the note, the top part, we don't need to go up to it, but it's made at 2.19 in the morning.

You can have a look if you want but it's 02.19, the first part of the note.

ELLIS: Yes.

MYERS: I've already taken you to part of the end of that note.

But you record this as well don't you:

"Abdo full but soft"?

ELLIS: Yes.

MYERS: Is that because one of the things you do is to test the abdomen with your hands, just to palpate it and see what condition the abdomen is in?

ELLIS: Yes.

MYERS: 06.41, this is the first reference, isn't it, when I said there were two, to you informing the registrar of matters that he may wish to see --

ELLIS: Yes.

MYERS: -- or consider?

ELLIS: Yes.

MYERS: We can see that just two lines up from the bottom of that entry where it's got the blood gas reading followed by "Reg Mayberry informed"?

ELLIS: Mm-hm.

MYERS: And you say that's because you would, as a matter of course, always inform the registrar of the blood gas reading?

ELLIS: Yes, or a medic, not necessarily the reg but an SHO.

Also he was on high flow, so because his gas was good, his CO2 was okay, would they want to change the high flow potentially.

MYERS: Would he have come to the unit or do you just inform him, I don't know, by a call or go and look for him and tell him?

ELLIS: I can't remember on this occasion whether he came to the unit or not. If he wasn't on the unit, I would have bleeped him and let him know what the results were of the --

MYERS: Would you make any reference to the fact that the abdomen had been full at an earlier part of that evening, that sort of thing?

ELLIS: No, because it was of no concern at that point.

MYERS: No concern at that point?

ELLIS: Babies do have full abdomens sometimes.

MYERS: If we move forward to 7.32, the next entry down, it says:

"Abdo looks full, slightly loopy, appeared uncomfortable after feed." That's a bit more of a concern, isn't it?

ELLIS: Yeah, little bit.

MYERS: It says, "Reg Mayberry reviewed".

ELLIS: Mm-hm.

MYERS: Was he reviewing anyway or did you ask him to review?

ELLIS: From memory I asked him to review.

MYERS: Why did you ask him to review?

ELLIS: Because his abdomen was loopy as well as full and he was slightly uncomfortable after his feeds as well.

MYERS: Was there ever any concern that he may be getting too much by way of enteral feed, that the acceleration was too great?

ELLIS: Potentially if he was slightly uncomfortable it might suggest he's struggling to tolerate that, so yes, potentially.

MYERS: The decision was to continue to feed but to monitor?

ELLIS: Yes.

MYERS: This is coming towards the ends of your shift in fact, isn't it, at this point?

ELLIS: It is, yes.

MYERS: It may seem obvious to you, so forgive me for asking, but why do you have to continue to monitor?

ELLIS: Just in case there's any further changes. It might be that it's just one feed that they may be slightly uncomfortable with. So yes, we wouldn't necessarily change anything just based on that. We'd have to just keep an eye on it, see how he was going, whether there were any further changes, did he continue to be uncomfortable. And if that was the case then we would possibly change something that we were doing.

MYERS: By monitoring, you are looking for what may only be a small sign, for instance, but a small sign that there may be an issue of some sort?

ELLIS: Potentially. Whether that was that he was uncomfortable -- purely just uncomfortable and it was too much for him, so we just needed to cut back slightly, or whether there was something else going on.

MYERS: Could we go to tile 55, which is the observations chart, which you had a look at a little earlier. I just have some questions on this if you could help us, please, Ms Ellis.

Your shift takes us from, it may not be your writing all the way, from 20.00 -- all the times don't follow on. Is it up to 07 in fact?

ELLIS: I recorded -- my writing was from 9 o'clock. That looks like my writing also at 7 o'clock and the timings at the top.

MYERS: We can actually just check the initials at the bottom, so maybe with Mr Murphy's assistance we can do that to confirm.

ELLIS: So it looks like the entry at -- I think that's 7 o'clock.

MYERS: Right. In the morning?

ELLIS: Yes. From memory, that was Vicky Blamire, one of our nursery nurses. She fed [Baby O] for me at his last feed, so she would have done the 7 o'clock obs as well.

MYERS: So you are from 9 to 7 on this chart as far as you can tell? Do you want to go back up to the top and have a look? The easiest thing -- there we are. We've followed it up the column with the cursor.

ELLIS: I'm from 9 to 5 is what I wrote the obs in at.

MYERS: All right. 21.00 to 05.00?

ELLIS: Yes.

MYERS: Just looking at the observations then, there's a period which is drawn to our attention when you were giving evidence to start with.

ELLIS: Yes.

MYERS: From about, it looks like, 23.00 through to 02.00, where the temperature is just into the yellow, isn't it?

ELLIS: Yes.

MYERS: And is it the case that when one of these readings has remained in the yellow for more than a couple of entries, it's appropriate practice to escalate it to a more senior nurse or a doctor?

ELLIS: Potentially. You'd probably take into account other things as well, but yeah, potentially.

MYERS: If we look at the same point, respirations, as it happens, we can see this in particular at 02.00, are a little on the low side, aren't they? Take your time to look at 02.00.

ELLIS: Yes. I think that was the one that I mentioned at the start. So because his observations were okay, his heart rate was fine, his respiratory rate was fine, I think it's just how I've kind of done the line. So I didn't do, I don't think, a heart rate and a respiratory rate at that time, I just did the

temperature because it was only the temperature that was in the yellow.

MYERS: All right. You said also that so far as the temperature is concerned, that isn't necessarily unexpected in the first day or so of life?

ELLIS: Sometimes it can happen. Sometimes it's an environmental cause. Sometimes it's a cause of something else.

MYERS: The point is, you have to watch closely just to see what the direction of travel is?

ELLIS: Yes.

MYERS: And then if we look as it goes through your shift, it actually continues beyond your shift, but we see respirations and heart rate in fact steadily rising, don't we? If you just take time to have a look. You see heart rate is at, on your shift, its lowest at about 23.00, isn't it?

ELLIS: Yes.

MYERS: And likewise, respirations are at their lowest, where you've recorded them, at 02.00, aren't they?

ELLIS: Yes.

MYERS: Then both of those together, in fact, then begin to rise during your shift, don't they?

ELLIS: Yes. Respiratory rate doesn't slightly rise on my shift. Heart rate does slightly.

MYERS: Heart rate does. Respiratory round about 07.00, which is when Vicky Blamire dealt with it, has risen then, hasn't it?

ELLIS: It's still very acceptable.

MYERS: Oh yes.

ELLIS: Because it will vary.

MYERS: And then it rises later on into the next shift, doesn't it?

ELLIS: Mm-hm, mm-hm. But still stable.

MYERS: The last entry we had at 07.15 was a description of the abdomen as being -- in fact it was 07.32 -- "full and slightly loopy".

ELLIS: Mm-hm.

MYERS: Handover then took place soon after that?

ELLIS: Mm-hm.

MYERS: So as to the condition of the abdomen, or how it went from there, that's not something you make any record of?

ELLIS: Sorry?

MYERS: It's not something you'd be making any record of after 7.30 because handover takes place?

ELLIS: Not if the care was then taken over. If I was maybe still there, or the handover was late for whatever reason, then I could have documented something, but because I was no longer caring for [Baby O] I handed that care over to another nurse, then they would document from there.

MYERS: All right. So that's how he was at the time you handed over?

ELLIS: Yes.

MR MYERS: Thank you.

Re-examination by MR DRIVER

MR DRIVER: Ms Ellis, you were asked questions by both of us, actually, about how long you'd been working at the Countess of Chester at the time of these events. What have you been doing in the almost 7 years since then?

ELLIS: I went to work at Leeds General Infirmary, which was a level 3 tertiary centre, and then -- since then I now work for a transport service, so I'm a -- the transport service for Yorkshire and Humber, neonatal and paediatric. So we're a critical care transport, so we move babies around Yorkshire and Humber from DGHs to tertiary centres and also further afield as well.

DRIVER: You were asked questions about your --

MR JUSTICE GOSS: Sorry, whilst you're doing that, when did you go to the LGI from the Countess of Chester?

ELLIS: July 2017, I worked between there and St James's.

MR DRIVER: You were asked questions about your management of [Baby O]'s feeding regime and the amount of feed he was receiving during your shift. I don't know, but in case it was being implied that there may have been some naivety in your approach to that, if you were at his cot side now, 7 years on, would you approach his feeding regime any differently?

ELLIS: Not necessarily. It would depend on what the policies were for the hospitals. Like I said before, different hospitals have different ways of doing things, so I would have adhered to their policies. We had certain feeding regimes at Leeds, which we would go by.

Depending on what the gestation of the baby was, depending on what the weight of the baby was would determine what type of milk they were started on and how quickly we would increase on their feeds. So yes, not necessarily, no.

DRIVER: And your management of his feeding regime on this shift, was that within or without the policy of Chester as you understood it?

ELLIS: I'd have to look, re-look at the policy, but I'd like to think I was quite conscientious, so, you know, I'd go off what I was advised to do.

DRIVER: Did you at any point, having reminded yourself of your notes made at the time, record aspirating "not digested milk" as opposed to "part digested milk"?

ELLIS: From looking at my notes, no, I don't think I did.

DRIVER: What's the difference?

ELLIS: "Part digested" would suggest that he is able to partly digest his milk. If it was fresh milk it might suggest that he's maybe struggling a little bit more to digest it, particularly -- although if we're increasing upon his feeds, he's going to probably take a little bit longer to digest that milk, so, you know, you might potentially get a little bit of fresh milk as well.

DRIVER: And where you recorded in your notes that you'd aspirated less than half of the amount previously fed --

ELLIS: Did I document in my note? I'd put in my notes that -- yeah, I did say that, didn't I, in my notes?

DRIVER: You mentioned the word "augmentation", did you?

ELLIS: No.

DRIVER: No?

ELLIS: No.

DRIVER: What policy were you reflecting when you made those notes?

ELLIS: Augmentation? I didn't say anything about augmentation, I don't think.

DRIVER: It must be my mistake, forgive me. Could you please look at tile 167, please. We can look at the signatures at the bottom. I think you confirmed earlier that there were some of your signatures there; is that correct?

ELLIS: Yes.

DRIVER: And you took us through -- remember, we zoomed in on the aspirates and the bowel movements and the urine?

ELLIS: Mm-hm.

DRIVER: Just considering the entries in the next shift, as to aspirates do you see against the time 08.30?

ELLIS: Yes.

DRIVER: What was the amount of aspirate recorded there?

ELLIS: A trace.

DRIVER: What does that mean to a --

ELLIS: A very small amount.

DRIVER: And at 10.30?

ELLIS: A trace again, so a very small amount.

DRIVER: And at 12.30?

ELLIS: A trace again, a very small amount.

DRIVER: Now, is that consistent or inconsistent with the baby having been overfed milk?

ELLIS: No, it shows that he's tolerating it well.

DRIVER: You were taken -- separate topic: you were taken to variations in his rate of respiration. Remember looking at the

observation chart and you said that although there were variations it was still towards the lower part of the expected parameters?

ELLIS: Yes.

DRIVER: Is there any relationship between a baby's respiration rate and whether he or she is awake or asleep?

ELLIS: Yes.

DRIVER: What's the relationship?

ELLIS: Sometimes if they're in a really deep sleep, like we would, their respirations would be lower, potentially, and if they're awake, wide awake, or they're active then their breathing might be a little bit faster.

MR DRIVER: Thank you.

Does your Lordship have any questions?

MR JUSTICE GOSS: When you say "like we would", do you mean like adults?

ELLIS: Yes. Sorry.

MR JUSTICE GOSS: No, no, it's just to ensure that I'd understood correctly. No, I don't have any questions, thank you very much. You will be coming back, apparently.

ELLIS: Next week, yes.

MR JUSTICE GOSS: Next week. All right. Thank you very much. We'll break off there.

MR DRIVER: Quite. There are a few pages to read. They can easily be read first thing tomorrow.

MR JUSTICE GOSS: Yes. I think the temperature's remained exactly the same as it was before, which has pleased some and displeased others. All right. You all know the saying: you can't please everyone all the time.

10.30 tomorrow morning then, please, members of the jury. There do seem to be some sort of weather warnings going out at the moment now. Obviously, do your best to get in. If we do have a lot of snow overnight and transport becomes very difficult, then so be it, we understand that. But if you are able to make it, please do make it. All right? If you can't or if you're going to be delayed, just ring in, as I know you do sometimes if you're

encountering difficulties. Carry on as normal, in other words. Thank you.

(In the absence of the jury)

MR JUSTICE GOSS: I have printed off 20 copies of the non-sitting day sheets, but they've -- blame the messenger. All right. Thank you. If everyone could leave the court apart from counsel, then the witness could leave the court in due course.

(4.15 pm)

(The court adjourned until 10.30 am on Thursday, 9 March 2023)