

2 March 2023

Baby N

CONTENTS

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

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

MRS CLAIRE HOCKNELL (recalled)

Examination-in-chief by MR JOHNSON

MRS KATE TYNDALL (recalled)

Examination-in-chief by MR JOHNSON

DR JENNIFER LOUGHNANE (sworn)

Examination-in-chief by MR ASTBURY

Cross-examination by MR MYERS

Re-examination by MR ASTBURY

Questions from THE JUDGE

Witness statement of DR SUDESHNA BHOWMIK (read)

Witness statement of MS CAROLINE OAKLEY (read)

Additional witness statement of MS CAROLINE OAKLEY (read)

Witness statement of MS MELANIE TAYLOR (read)

Witness statement of MS SOPHIE ELLIS (read)

Witness statement of MR CHRISTOPHER BOOTH (read)

Witness statement of MS VALERIE THOMAS (read)

MRS CLAIRE HOCKNELL (recalled)

Examination-in-chief by MR JOHNSON

Thursday, 2 March 2023

(10.30 am)

(In the presence of the jury)

MR JUSTICE GOSS: Mr Astbury.

MR ASTBURY: My Lord, as the jury know we're moving on to another baby this morning, a baby by the name of [Baby N]. If I could invite everybody, please, to go to their jury bundle number 1, behind divider 1, please. If I can invite everyone please to turn to page 6.

(10.31 am)

(No audio feed from court)

(10.33 am)

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

MR ASTBURY: -- in her statement she says this:

"I am the mum of [Baby N] who was born at 1.42 pm on 2 June 2016 at the Countess of Chester Hospital. I am in a relationship with [Father of Baby N], who is [Baby N]'s dad.

"It was a normal pregnancy up to about 24 weeks when the hospital identified he wasn't growing properly, so we were going for weekly scans to check his growth.

"I think it was at our 32-week scan when they booked me in for a caesarean section because they needed him to come out as soon as possible in case the placenta failed.

"We were booked in for 2 June 2016. Because he [being [Baby N]] had haemophilia, he needed to have a few extra people in theatre in case of a bleed during his delivery. He was born at 33 weeks and didn't have any bleeds during the caesarean. He was small, only 3 pounds, 11 ounces, and he was quite jaundiced and he went straight into the neonatal unit. He went ahead of us and I didn't get to visit him until about 10 pm on the night of 2 June.

"One of the midwives took me down and when we got there, [Baby N] was in the first room to the left of the intensive care room, called nursery 2. Nobody was with him when we got there and I wasn't introduced to anyone at that time.

"As far as we were concerned, he was only in the unit purely because of his prematurity and it wasn't until day 13, 15 June, that we were made aware of any problems. There weren't any major issues prior to that, just keeping his temperature stable and initiating feeding. His temperature had dropped and they were trying to raise it. He had a feeding tube in and they were trying to establish a feeding routine. It all seemed fairly normal and we visited [Baby N] daily.

"They were working with Alder Hey on a plan in case [Baby N] had a bleed while he was so young. He had been brain scanned and there were no bleeds.

"During those first 13 days I remember a nurse called Catherine and there were other nurses too that I remember: one called Lucy

and a foreign lady whose name began with M, possibly Minna. I remember Lucy and Catherine looked after [Baby N] quite a bit and another nurse who was from Liverpool called Bernie.

"On the 12th day, 14 June, we were told by a consultant he was able to go home the next day. [Baby N] was in nursery 4 by that point. I was due to go and collect him on 15 June.

"Around 8 am on that day I had a phone call from [Baby N]'s dad, [Father of Baby N], to say there'd been an issue at the hospital and that [Baby N] had had a bleed and was unwell but it was nothing to worry about. I rang the hospital to clarify whether I needed to take a car seat in with me and was told by a lady called Grace to go into the neonatal unit as soon as possible.

"I got there around 9 am and [Father of Baby N] got dropped off from work and we met there. I saw lots of people when I got there. [Baby N] was in intensive care and had never been there before. I remember Lucy was there and the lady I think was called Minna. It was a very emotional time when I went in that morning and the consultants were just trying to keep him stable.

"We were told they had tried to intubate him between 4 am and 8 am and that he'd had a bleed when they were trying. They carried on trying whilst we were there. An anaesthetist tried and couldn't do it. Dr Saladi was also unsuccessful so it was a long-drawn-out process during the day, during which time he had another two collapses.

"When I say collapses, I mean where his heart went really low and they gave him CPR. We were told to go out and get some fresh air in between his two collapses. Whilst we were out, he had his second collapse.

"When we got to the evening and he had his second collapse, I think it was actually Alder Hey staff who were there and who got the tube in. Lucy was our main point of contact through the day because she was tending to [Baby N] in between the consultants being with him.

"We'd had [Baby N] baptised during the day and that was recommended to us by Lucy. It was a spur of the moment thing that we agreed to do as we thought anything might help. We saw the priest in the morning and came back in the evening, when the Alder Hey staff were there, and baptised [Baby N].

"We had been in touch with the haematology nurses from Alder Hey beforehand and so the transfer team brought with them the factor VIII medicine that [Baby N] needed as Chester did not have any in stock, even though they knew he was a haemophiliac before he was born. Chester only had my factor VIII from my caesarean, as

I am also a haemophiliac, and they had to use that to give to [Baby N]. The staff that came from Alder Hey was a massive team and included a nurse called Cathy who was also a haematology nurse. There were also the doctors from intensive care and an ear, nose and throat doctor. Lucy stayed on past the end of her shift until [Baby N] left for Alder Hey.

"[Baby N] went initially to intensive care when he arrived at Alder Hey where they stabilised him. He was already intubated and they told us he was okay. He was only in intensive care for a couple of days."

My Lord, that completes the relevant parts of [Mother of Baby N]'s statement.

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

MR ASTBURY: If I could move next, please, to the statement of [Father of Baby N] dated 14 November 2019. [Father of Baby N] says the following:

"My partner is [Mother of Baby N] and we have a son together, [Baby N], who I call [Baby N]. [Baby N] was born at the Countess of Chester Hospital on 2 June 2016. [Mother of Baby N] is a haemophilia carrier, so in pregnancy she needed to have extra factor [as he puts it]. We knew when [Baby N] was born that he would have haemophilia and potentially need factor after his birth.

"When [Mother of Baby N] was pregnant with [Baby N] she went for a scan appointment. I was self-employed at the time so I couldn't go to all the scans with her. I'm not sure of the date but after one particular appointment [Mother of Baby N] told me they were concerned that [Baby N] appeared to have stopped growing. As a result, [Mother of Baby N] had to have steroids to bring [Baby N]'s lungs on.

"Because of the concerns about [Baby N]'s growth they decided that [Mother of Baby N] should have a caesarean several weeks early. The caesarean went ahead as planned on 2 June 2016 and I was in the room when [Baby N] was born at around 2 pm. When [Baby N] was born he only weighed 3 pounds, 11 ounces. We found out later that day that the Countess of Chester did not have any factor in the hospital. We were surprised they had not arranged to have some available knowing that [Mother of Baby N] was booked in for a caesarean that day and that [Baby N] would be born with haemophilia. Fortunately, there were no issues with this on the day. It was a little scary when he was first born as he needed a little oxygen, but he was fine and there were no other issues.

"After his birth, [Baby N] was taken to the neonatal unit. [Baby N] stayed in the neonatal unit at the Countess of Chester Hospital for 13 or 14 days. Until the last day the only issues he had were his bilirubin levels. This is to do with the liver. A couple of times when I went to see him he was on light therapy for this.

"Since [Baby N] was born, [Mother of Baby N] and I went to see [Baby N] in the neonatal unit every day. [Mother of Baby N] stayed in hospital for about a week after the caesarean. Once [Mother of Baby N] came home we went in to see [Baby N] every day.

"As time went on, [Baby N] moved from the first room to the second room next door and then the third room next to the second. The day before [Baby N] took ill, he'd been in the third room. On the day [Baby N] was due to come home from the Countess of Chester Hospital, I am not sure of the day or date, but [Baby N] was 13 or 14 days old, I was at work. I then received a phone call from [Baby N]'s nurse, Lucy. Lucy said that [Baby N] had been a bit unwell in the night and she said he's okay now.

"I told Lucy that [Mother of Baby N] would be in in a bit to see him as usual and that was that. She didn't give me any other information. I did not get the impression that he was still unwell or that we needed to be concerned. About 10 minutes later, [Mother of Baby N] rang me. We needed to go to the hospital.

"It was about 9 am when we arrived at the neonatal unit. [Baby N] was in the ITU room and Lucy was in the room with him. He was in the far right corner. Lucy was by his bed; I think she was either checking the monitor or doing his cares, changing him. She was stood on the opposite side of the bed to the monitor but in and around the area of the cot. There were no other staff in the room at that time.

"There was no urgency. When we arrived Lucy just said, 'Hi, he's been a bit unwell in the night'. When I say [Baby N], I felt shocked looking at him as his skin was bluish in colour. This bluish colour was all over his body. I think he was only wearing a nappy. He had dry blood around his lips and around the outside of his mouth on his skin. His lips were not fully covered in blood but loads of blood was spattered over them like he'd coughed. The blood was dry, so it was a dark, reddy-brown colour. I know [Baby N] was not wearing an oxygen mask or anything over his mouth as I clearly remember seeing the blood.

"He may have been on oxygen via tubes in his nostrils, but I can't remember. I remember feeling confused and thinking, what's wrong with him, as his stats on the monitor were normal and he

seemed stable. His stats remained stable while we were in the room, they did not dip.

"I think Dr Saladi may have been in and out of the room but no one told us what happened or why.

"After [Baby N] had been stable for a couple of hours, [Mother of Baby N] and I decided to nip out for some food as neither of us had eaten that day, it was about 11 am or 12 noon or even a bit later. We were probably gone 20 to 25 minutes in total when we got back to the main doors into the neonatal unit, the parents whose baby was also in ITU were sat outside the unit. We were buzzed into the neonatal unit and we walked in. I noticed that all the blinds were down in the ITU room. They'd previously been up.

"Someone came from the nurses' desk to speak to us. They said [Baby N] was really unwell and that we could see a priest. I sat outside the door to the ITU for a bit, I was scared. [Mother of Baby N] went into the ITU.

"A priest then came and we went around the side and into the back room, the family room where you can stay overnight. We then went back round to ITU. [Mother of Baby N] went in and I waited outside.

"[Baby N] then seemed to stabilise for a bit and I went into the ITU room with [Mother of Baby N]. I couldn't say for how long. [Mother of Baby N] had been feeling unwell all day so as [Baby N] was stable, they said we could get a doctor to see [Mother of Baby N]. We went through the doors to the maternity unit and [Mother of Baby N] saw a doctor. It might have been Dr Saladi, I'm not sure. I think I waited outside the room while they examined [Mother of Baby N]. Someone then came into the maternity unit and said something similar to, 'You'd better come, he's bad again, he's really ill this time'.

"I'm not sure how long we'd been in the maternity unit when she came to get us. We ran up the corridor to the ITU. When we arrived they were doing resuscitation on [Baby N]. There were a lot of people in there seeing to [Baby N]. I'm not sure who as I didn't go in at that point, but [Mother of Baby N] went in.

"After about 5 minutes I went in. I had my back to the cot because I couldn't watch them doing resuscitation on [Baby N]. There were two anaesthetists in there. One of them was explaining how they had tried to get a breathing tube in and they couldn't get it in. There was a woman in a green cardigan; I think she was the doctor. There were also people from Alder Hey Children's Hospital in there, although they might have arrived slightly after.

"There was a woman from Alder Hey and a fellow from Alder Hey. The fellow eventually got the breathing tube in [Baby N]. I don't know his name but I've seen him in Alder Hey since and when I saw him, I couldn't thank him enough for that.

"After the breathing tube was fitted, [Baby N] stabilised a bit. When I say stabilised he wasn't having CPR, he seemed okay, he'd calmed down. I'm not sure if he was sedated. We then went to speak to a haemophilia nurse, Cathy, in another room. Cathy had come over in a taxi from Alder Hey with some factor. After we'd spoken to Cathy we went back to the ITU.

"When we were back in the ITU, the NWTs team, which is the transport team, came in. They had a blue capsule which was to transport [Baby N] into Alder Hey. The transfer of [Baby N] to the NWTs, the transport team, seemed to last forever. It actually took a couple of hours to put him in their capsule. He had tubes coming off him. By the time they were ready to transfer it was quite late in the day, about 11 pm. Just before we left the Countess of Chester Hospital, we were sat outside ITU on chairs. There were a lot of people in the ITU room seeing to [Baby N] so we were staying out of their way. Lucy then came up to us and told us she had stayed on late, past the end of her shift, she said to [Mother of Baby N], 'I hope he's all right', and gave [Mother of Baby N] a hug. She might have given [Mother of Baby N] a kiss, I'm not sure. [Baby N] was then taken to Alder Hey by the NWTs team in an ambulance and we followed behind the ambulance.

"When we arrived at Alder Hey we sat in a side room for a couple of hours while they were setting him up. By the time they'd done this, it was the early hours of the morning. They let us stay in a side room on the ward just down the corridor from [Baby N]. [Baby N] stayed at Alder Hey Hospital for about 2 weeks. He was downgraded from ITU to HDU and then came home.

"Once at home, [Baby N] was having little twitches. We didn't think anything of it at first, but then started having little spasms. On one occasion he was struggling to breathe. We were not taking any chances so we phoned an ambulance. We were taken to the main accident and emergency unit at the Countess of Chester Hospital.

"Someone from Alder Hey, a paediatrician, came to the Countess to see [Baby N]. [Baby N] was then transferred back to Alder Hey again by the NWTs. We did not receive a diagnosis as to what was wrong with him. [Baby N] was stable whilst he was in Alder Hey. He just did nothing but improve again. He was there for about 1 or 2 weeks and they said he could come home."

My Lord, that concludes the statement of [Father of Baby N].

MR JUSTICE GOSS: Thank you.

MR JOHNSON: My Lord, we're going to move on to the first of two sequences of events for [Baby N]. Just so that the jury understands the way (inaudible: no microphone) one sequence and a neonatal unit review for count 17, then we'll do the other two counts because they happened on the same day on the same shift in a single consequence (inaudible: no microphone) evidence (inaudible: no microphone) sequence (inaudible: no microphone) between those we will have the evidence of (inaudible: no microphone) sequence (inaudible: no microphone).

MR JUSTICE GOSS: All right.

MRS CLAIRE HOCKNELL (recalled)

Examination-in-chief by MR JOHNSON

MR JOHNSON: Welcome back, Mrs Hocknell. Would you, for the sake the recording, please, confirm your identity?

HOCKNELL: Claire Hocknell.

JOHNSON: Thank you. Are you responsible for the preparation for a sequence of events presentation concerning the events of 3 June, in fact the 2nd into 3 June 2016, which corresponds to count 17 in the indictment?

HOCKNELL: Yes.

JOHNSON: Thank you. If we start, then, please, at tile 1. Does this record that on 2 June, prior to the birth of [Baby N], there are some obstetric medical notes concerning [Mother of Baby N], who is the mother of [Baby N]?

HOCKNELL: Yes.

JOHNSON: At tile 2, is that some material that was downloaded from Lucy Letby's Facebook account time at 11.48 showing that she then connected with [Dr A] on Facebook Messenger?

HOCKNELL: Yes, that's correct.

JOHNSON: Count 3 at 11.49, a minute later, did [Dr A] send Lucy Letby a message?

HOCKNELL: Yes:

"Hi Lucy. Are you working Sunday or next week? I need a favour. More like an opinion on something and wondered if you'd mind? No problem if you can't! [Dr A]."

JOHNSON: Thank you. Did Lucy Letby respond 4 minutes later?

HOCKNELL: Yes:

"Hi [Dr A]. I'm on nights at the moment, on days next Wednesday, Friday and Sat if that helps."

JOHNSON: Thank you. Can we go to tile 6 next, please, and could you tell us what [Dr A] next sent to Lucy Letby?

HOCKNELL: "Sorry if I disturbed you. I'm in Wednesday and Friday on normal days. Thanks."

JOHNSON: Then back to count 5 -- tile 5, sorry.

HOCKNELL: "No, not at all. Okay see you next week."

JOHNSON: Those messages are produced, not obviously, in the wrong order, so to speak, in the sequence. Is that because that's how they appear in the download from the phone?

HOCKNELL: Yes, that's a direct representation of how they appear in the download, but as per the conversation, it appears that they may because slide 5 and slide 6 are both at 11.56 and indeed they may appear out of sequence.

JOHNSON: Does that lead us to the point that you don't --

HOCKNELL: I don't manipulate it.

JOHNSON: You don't manipulate the data at all, you simply produce what the --

HOCKNELL: Yes, factually as it appears.

JOHNSON: Thank you very much. That will be left as it is because that is the way the data is produced, but as a matter of fact, those two messages appear to be the wrong way round?

HOCKNELL: Yes.

JOHNSON: All right. Did Lucy Letby then respond, at tile 7, 10 minutes later at 12.06?

HOCKNELL: Yes:

"Hope I can help."

JOHNSON: Is tile 8 a record of [Baby N]'s birth at 13.42?

HOCKNELL: Yes.

JOHNSON: That same day, he was 34 plus 4 weeks' gestation, born by elective C-section, weighing 1.67 kilograms. Apgar scores recorded as 9 and 9 at 1 and 5 minutes respectively?

HOCKNELL: Yes.

JOHNSON: Thank you. At tile 9, was he admitted to the NNU at 14.00 hours?

HOCKNELL: Yes.

JOHNSON: Underneath that tile, have you recorded his observations?

HOCKNELL: Yes.

JOHNSON: The jury will be given that material in hard copy in due course. At tile 10, is there a nursing note written by Caroline Oakley?

HOCKNELL: Yes.

JOHNSON: I would like to deal with most of this material as we go through because there are very few live witnesses for this particular incident, so if we can go behind that, please, and if you would talk us through what appears in the nursing notes.

HOCKNELL: "Admitted 14.00 due to prematurity and intrauterine growth restriction. [Query] clotting disorder. Cord bloods taken as requested. Baby weighs 1.67kg. Colour: pink. Respiratory rate: 64 breaths per minute, apex 144 and temperature 36.7."

JOHNSON: Thank you. Do we then at tile 11 have a record made of [Baby N]'s heart, respiratory and -- heart rate, respiratory rate and temperature --

HOCKNELL: Yes.

JOHNSON: -- together with the cot temperature? At tile 12 were some swabs taken to screen for MRSA?

HOCKNELL: Yes.

JOHNSON: Then at tile 13 were some bloods collected, which were ultimately reported on by the lab?

HOCKNELL: Yes.

JOHNSON: Thank you. At tile 14, is there a record of some donor breast milk being attributed to [Baby N] at 14.45 hours?

HOCKNELL: Yes.

JOHNSON: Then at tile 15, at 14.50, are there some clinical notes of Dr Ukoh?

HOCKNELL: Yes.

JOHNSON: Thank you. For the same reasons as before, I'd like to deal with what these actually say, please. Could you take us through what Dr Ukoh recorded?

HOCKNELL: "Male infant admitted on to neonatal intensive care unit today from labour ward theatre with..."

I think that's an element of notes I wasn't able to decipher.

JOHNSON: It may be "clotting problems" in this context.

HOCKNELL: "Birth weight 1.670 kilos. (1) Prematurity: 34 plus 4. (2) Intrauterine growth restriction. Again, 1.67 kilos. (3) Maternal carrier of haemophilia, baseline factor VIII, 23%. Low level factor VIII. Maternal risk factors for sepsis. Prom fever. Apgars 9 at 1 minute, 9 at 5 minutes. Had antenatal dextrose x2 doses on 17 May and 18 May 2016. Last scan was 31 May 2016, 34 plus 1. Established foetal weight 1.542. Positive EFD. Elective caesarean section for intrauterine growth restriction. 34.4 baby boy. Cried immediately. Required no active resuscitation. Mother: [Mother of Baby N], 28 years.

"Plan: admit to the neonatal intensive care unit. Cord blood sent for APTT/factor VIII. Not for IM vitamin K for now until haemophilia status known. [Query] oral vitamin K, but prem baby. If continues grunting/respiratory distress, partial septic screen plus IV antibiotics."

JOHNSON: Thank you. Is that then followed by some observations, which included Dr Ukoh's own examination where he recorded:

"Small baby plus facial acrocyanosis, intermittently grunting ++. Grunting, res mild (overspeaking) plus" --

HOCKNELL: "[Respiratory] mild. [Subcostal] and [intercostal] recession."

JOHNSON: Thank you:

"Transmitted upper airway noises."

And then some other observations, including a capillary refill time of less than 2 seconds, centrally soft abdomen...

HOCKNELL: "Non-tender."

JOHNSON: "... non-tender. Tender nil mass. Diagram in notes. Both testes descended."

HOCKNELL: Yes.

MR JUSTICE GOSS: When you said -- I haven't looked at the note, does it say -- you said "established weight".

Does it just say "est" --

HOCKNELL: "Est", estimated.

MR JUSTICE GOSS: I was going to say.

HOCKNELL: Sorry.

MR JUSTICE GOSS: You can't establish a weight when it's --

HOCKNELL: Estimated, yes.

MR JOHNSON: Thank you. Anyway, going on to 16, please. At 3 pm, were [Baby N]'s vital signs recorded on the chart that we've seen many times?

HOCKNELL: Yes.

JOHNSON: At 17, there are some more bloods reported, received, which were ultimately reported upon?

HOCKNELL: Yes.

JOHNSON: At 18, a further record of some expressed breast milk in the neonatal feeding chart?

HOCKNELL: Yes.

JOHNSON: At 19, 15.10, on an apnoea/bradycardia/fit chart, was it there recorded:

"Crying, dropped sats, 60% oxygen via Neopuff"?

HOCKNELL: Yes.

JOHNSON: And ultimately, that desaturation went down to 67 and lasted for a minute, as recorded by Caroline Oakley?

HOCKNELL: Yes.

JOHNSON: Thank you. At tile 20, do we then have some nursing notes also made by Caroline Oakley at 15.30?

HOCKNELL: Yes.

JOHNSON: Just to deal with those, please, take us through what they say.

HOCKNELL: So carrying on:

"Transferred to hot cot at 38.5 degrees. Dressed and nursed supine. Allowed to rest. Sounds very mucousy. Grunting intermittently. Saturations 93 to 100% in air. Temperature 36.4 when rechecked at 15.00. Hot cot increased to 39 (maximum temperature). Dropped saturations to 67% when upset. Temperature being recorded and required 60% oxygen to recover. OG tube passed and donor-expressed breast milk 9ml two-hourly commenced. Reviewed by Dr Ukoh. Awaiting blood results before giving vitamin K."

JOHNSON: OG is orogastric --

HOCKNELL: Yes.

JOHNSON: So it's nasogastric tube or orogastric depending whether it goes in through the nose or the mouth.

Tile 21 is the observations at 16.00 hours?

HOCKNELL: Yes.

JOHNSON: Then at 22 is some further clinical notes made by Dr Ukoh, which record the fact that he had discussed [Baby N] with the paediatric consultant haematologist at Alder Hey, Dr Caswell, who had agreed that [Baby N] was not for an intramuscular injection. That's a reference back to what he'd written earlier about vitamin K:

"But if [something] APTT, can give."

HOCKNELL: Yes.

JOHNSON: At tile 23, 16.55, Dr Ukoh's record of having contacted Dr Caswell, who had advised a cranial ultrasound, to update them in Liverpool tomorrow with the results, to avoid giving

intramuscular injections, and that Alder Hey will advise further when they were updated the next day.

HOCKNELL: Yes.

JOHNSON: Tile 24. At 17.00 hours, do we have further observations taken by Nurse Oakley?

HOCKNELL: Yes.

JOHNSON: Then at tile 25 her notes, written later, retrospectively, but covering this time and covering the desaturation; is that right?

HOCKNELL: Yes.

JOHNSON: Could we read those, please?

HOCKNELL: "Desat x1 to 67% on handling and upset. Oxygen with effect. See chart. Reviewed by Dr Ukoh at 17.00. Decision made to screen and nil by mouth. IV fluids/vitamin K IV as prescribed as still grunting. Temperature just 36.5 on hot cot at 39 degrees. Cannula sited left hand, first attempt. Bloods taken and gas. Bilirubin and glucose on gas machine."

JOHNSON: At tile 26 do we have the results of that blood gas?

HOCKNELL: Yes.

JOHNSON: Tile 27 at 17.30, further notes by Dr Ukoh. Do they record that [Baby N] was almost 4 hours old, that Dr Ukoh was reviewing him, that [Baby N] was still grunting intermittently, and does he then record [Baby N]'s temperature, saturations, respiratory rate and heart rate and set out his plan?

HOCKNELL: Yes.

JOHNSON: And the plan was for:

"(1) A partial septic screen, full blood count, CRP, approximate blood cultures, blood gas. (2) Intravenous benzylpenicillin and gentamicin. (3) Oral vitamin K rather than intramuscular in view of blood results, but reduced factor VIII and increased APTT in view of screening. [And] obtained intravenous access for intravenous vitamin K."

And then he planned a chest X-ray and:

"Give intravenous fluids at 60ml per kilo per day of 10% dextrose."

And finally to update [Baby N]'s parents?

HOCKNELL: That's correct.

JOHNSON: At tile 28, is there an untimed record in the intravenous fluid chart, essentially putting [Baby N] nil by mouth?

HOCKNELL: That's correct.

JOHNSON: At tile 29, was the dextrose infusion started --

HOCKNELL: Yes.

JOHNSON: -- at 17.30? That fact was also recorded on the neonatal fluid balance chart at the same time at tile 30?

HOCKNELL: Yes.

JOHNSON: Tile 31. Was that fact also recorded in the nursing notes by Caroline Oakley?

HOCKNELL: Yes.

JOHNSON: And then at tile 32, some blood was collected at 17.38?

HOCKNELL: Yes.

JOHNSON: At tile 33, 18.00 hours, vital signs recorded on the chart?

HOCKNELL: Yes.

JOHNSON: Tile 34, at 18.00 hours, a record of the continuing glucose infusion?

HOCKNELL: Yes.

JOHNSON: Tile 35, a prescription for gentamicin at 18.00 hours?

HOCKNELL: Yes.

JOHNSON: Together with a record of that fact and the prescription of vitamin K in the nursing note made by Caroline Oakley?

HOCKNELL: That's correct, yes.

JOHNSON: At tile 37, timed at 18.03, is there an X-ray report?

HOCKNELL: Yes.

JOHNSON: Because he was grunting, [Baby N] was screened?

HOCKNELL: Yes.

JOHNSON: And of the chest it was said there was:

"Moderate consolidation in both lower lobes, which makes assessment of the heart size difficult. The appearances are consistent with infection. The tip of the nasogastric tube is projected over the body of the stomach."

HOCKNELL: Yes.

JOHNSON: Then between tiles 38 and 42, do we have several prescriptions recorded relating to sucrose, gentamicin, benzylpenicillin, sodium chloride and phytomenadione?

HOCKNELL: Yes.

JOHNSON: At tile 43, is there a nursing note timed at 18.15, recording [Baby N]'s glucose, blood glucose at 4.6, his blood gas as satisfactory, bilirubin level was above the line, and he was transferred to an incubator and Neoblu was commenced at 18.15?

HOCKNELL: Yes.

JOHNSON: Tile 44, a minute later, was a blood sample received by the lab?

HOCKNELL: Yes.

JOHNSON: Which was later reported upon?

HOCKNELL: Yes.

JOHNSON: Insofar as those results are relevant, they will be referred to in due course by the experts.

At tile 45, timed at 18.47, did Nurse Oakley record that:

"Grunting is now intermittent. Respiratory rate 60. Temperature 36.7. Colour: pink. Feels warmer and is more settled. Cares attended to. Small passed urine. Bowels not opened"?

HOCKNELL: That's correct, yes.

JOHNSON: Could you deal with the next two tiles, please, which are fairly contemporaneous nursing notes made first about family

communication and subsequently about a discussion with a paediatric haematologist?

HOCKNELL: Yes:

"Dad has visited baby on unit and updated by SR Simcock. She has also visited mum on CLS [central labour suite] and updated her. Photo given.

"Discussion with paediatric haematologist, Dr Ukoh. Baby is affected with haemophilia. Advises head scan tomorrow and avoid intramuscular injections. Dr Ukoh to update parents. Chest X-ray taken. S/B Dr Brearey. Very hazy. Advises repeat tomorrow."

JOHNSON: Thank you. That may be "seen by Dr Brearey" possibly.

Anyway, we've got the X-ray report from the radiologist.

At 48 were [Baby N]'s vital signs recorded at 19.00 hours?

HOCKNELL: Yes.

JOHNSON: Was there a contemporaneous entry made on the neonatal fluid balance chart at tile 49 relating to the dextrose infusion?

HOCKNELL: Yes.

JOHNSON: Do we then have two tiles, 50 and 51, relating to the arrival of people for the night shift. 51 relates to Lucy Letby, whose passage through the neonatal unit entrance doors was recorded at 19.30?

HOCKNELL: Yes.

JOHNSON: Does that take us neatly to the handover itself and the list of staff?

HOCKNELL: Yes.

JOHNSON: Thank you. If we can start at 52 with who was on that Thursday night, please.

HOCKNELL: The paediatrician of the week, which may have been in the day staff, was [Dr C]. The on-call consultant was Stephen Brearey. For the registrar and junior doctors, Jennifer Loughnane was the night registrar, Dr Ukoh was the specialist registrar and Patrick Tomlinson was the night senior house officer.

JOHNSON: Thank you. Moving on to the nursing staff, please.

HOCKNELL: The shift leader was Melanie Taylor. [Baby N]'s designated nurse was Christopher Booth. Also on duty was Lucy Letby and Sophie Ellis as registered nurses.

The nursery nurse was Valerie Thomas.

JOHNSON: Thank you. Moving on to the next tile, do we have the population distribution representation?

HOCKNELL: Yes.

JOHNSON: Do we see that Lucy Letby actually was in -- had two children in nursery 4?

HOCKNELL: Yes.

JOHNSON: So far as the other nurseries were concerned, moving up the list, so to speak, starting at 3, two children in there whose designated nurse was Sophie Ellis?

HOCKNELL: That's correct.

JOHNSON: In 2, a single child whose designated nurse was Sophie Ellis?

HOCKNELL: Yes.

JOHNSON: And then in nursery 1, two children, one of whom was [Baby N]?

HOCKNELL: Yes.

JOHNSON: And both those children's designated nurse was Christopher Booth?

HOCKNELL: Yes.

JOHNSON: Were there three other children -- two children in transitional care who were being cared for or supervised by Valerie Thomas, the nursery nurse?

HOCKNELL: Yes.

JOHNSON: And was there another child, AC, whose details appear in the bottom right-hand corner, who was rooming in with her parents but for whom the designated nurse was Lucy Letby?

HOCKNELL: Yes.

JOHNSON: Thank you. Do we then come to some text messages or WhatsApp messages, starting with a message sent by Lucy Letby to [Nurse E] at 19.33?

HOCKNELL: Yes:

"Are you home?"

JOHNSON: And did [Nurse E] respond:

"Yep, back and relaxing, ta. You okay?"

HOCKNELL: Lucy Letby replied:

"Good good. Windscreen okay then? Yes, thanks. Looking forward to going home."

JOHNSON: Did [Nurse E] respond:

"I bet. You not in handover?"

And she also responded:

"Yeah, windscreen made it back."

And then at 19.46, a further message:

"Need to try some of these."

And it's what appears to be a website for the best beer gardens in Liverpool.

HOCKNELL: Yes.

JOHNSON: At 60, did the door swipe data record the entrance of Dr Ukoh at 19.42 hours?

HOCKNELL: Yes.

JOHNSON: Did Lucy Letby respond to those recent messages from [Nurse E], starting at tile 61, at 19.58.49?

HOCKNELL: Yes:

"Caroline had gone home so I had paper handover lol."

And then says:

"Oh, they look good! Then head to see Victoria."

JOHNSON: [Nurse E] responded, "Ahhh", and then, "Yeah".

Is there then a nursing note made by Christopher Booth, who of course was the designated nurse for [Baby N], a note being made at 20.00 hours?

HOCKNELL: Yes.

JOHNSON: This is a note made, as we can see from the tile, at the end of the shift or towards the end of the shift.

If we click on it, does it say:

"Care taken over approximately 20.00 hours. Cot space checked including fluids, alarm limits and emergency equipment. Self-ventilating in air. Oxygen saturations predominantly in mid-90s to 100%"?

HOCKNELL: Yes.

JOHNSON: At tile 66, did Nurse Booth record [Baby N]'s vital signs?

HOCKNELL: Yes.

JOHNSON: And at tile 67, also at 20.00 hours, he recorded the relevant readings in the fluid balance chart concerning the dextrose infusion?

HOCKNELL: Yes.

JOHNSON: Next, did Lucy Letby, at 20.00 hours, send a message to [Nurse E]?

HOCKNELL: Yes.

JOHNSON: Just wait for it to come up on the screen so people can keep up.

HOCKNELL: "We've got a baby with haemophilia."

JOHNSON: Did [Nurse E] respond within seconds, "How many weeks"?

HOCKNELL: Yes and Lucy Letby replies, "34".

JOHNSON: Did [Nurse E] respond, "Oh"?

HOCKNELL: Yes. And Lucy Letby replies:

"Everyone bit panicked by seems of things although baby appears fine [as read]."

JOHNSON: Did [Nurse E] respond, "Male"?

HOCKNELL: Yes, and she replies, "Yeah".

JOHNSON: [Nurse E], "Factor VIII"?

HOCKNELL: Yes. Lucy Letby replies:

"Not sure. I only know what's on handover sheet as doctor, et cetera, all in with him doing head scan, et cetera."

And a further message:

"Oh and had weird FB message from [Dr A] earlier."

JOHNSON: Did [Nurse E] then respond:

"Lad with haemophilia when worked community with Leighton(?) on placement [as read]"?

HOCKNELL: Lucy Letby replies:

"Ah, okay. I'll have to Google it later lol. I don't know much about it."

JOHNSON: [Nurse E] responded:

"Have to be careful with cannula/heel pricks et cetera."

HOCKNELL: Yes.

JOHNSON: And then:

"Give factor VIII or factor IX. I think it is dependent on which clotting factor deficiency is."

HOCKNELL: Yes.

JOHNSON: So all those messages are within about 5 or 6 minutes?

HOCKNELL: Yes.

JOHNSON: And the text conversation continued with [Nurse E] saying:

"Have as infusion for rest of life."

HOCKNELL: And Lucy Letby replies, "Wow".

JOHNSON: Then [Nurse E] responded:

"Nearly always make."

And then:

"Male."

So it looks like make should have read "male":

"Nearly always male."

Then:

"We were going out supervising parents starting to give the boy his prevention injections themselves."

Said [Nurse E]. Then:

"Wonder if knew antenatally. Must have done. Supposed to know now. Sure boy we went to had it through portacatch."

And that was obviously an autocorrect because she then puts:

"[Asterisk] cath, Jesus."

HOCKNELL: Yes. Lucy Letby replies:

"Complex condition. Yeah, 50-50 chance antenatally."

JOHNSON: There was a response to that message about 7 minutes later, but in between times at tile 92 do we have Dr Ukoh's clinical notes saying that there had been a plain chest X-ray, an increase in haziness of the right plus costodiaphragmatic angle and cranial scan, nil obvious IVH."

Which is a haemorrhage in the brain, isn't it? So no brain haemorrhage?

HOCKNELL: That's correct.

JOHNSON: Did [Nurse E] then at tile 93, timed at 20.18, respond:

"How's Z?"

Is that one of the children in the unit at the time, do you know?

HOCKNELL: I'd have to double check. I think so, yes. Yes.

JOHNSON: I think there was a baby in nursery 2 with the initials ZP, so it may be a reference to --

HOCKNELL: Possibly, yes. It's not a redacted message, so it is as it is in the text.

JOHNSON: Yes. Did Lucy Letby respond giving us a clue as to who was being talked about probably?

HOCKNELL: Yes:

"Great in cot. Alternate [bottle] and NG."

Nasogastric.

JOHNSON: And [Nurse E] responded, "Aw" and then, "J better?"

HOCKNELL: Lucy Letby replies:

"FFS. Mel asking me how to make up 12.5%."

JOHNSON: [Nurse E] replies:

"What? Does she not know where policy is?"

HOCKNELL: Lucy Letby then replies:

"No, I've passed her folder but now asking it can run via cannula. She needs to look herself!"

"J is still great on monitor but hoping to stop over weekend."

JOHNSON: And then:

"Is she in charge? Other J gone?"

Said [Nurse E].

HOCKNELL: Lucy Letby replies:

"Yeah, in charge."

And then in response to "other J gone":

"No, J slow with feed but getting there."

JOHNSON: And then [Nurse E] responded:

"Oh, that's first J I meant, ha ha."

So it may be even they were confused about who they were talking about, but there we are.

Tile 106 next, please.

HOCKNELL: Lucy Letby replies:

"Oh, ha ha, I was talking about J."

JOHNSON: Are then there are some social messages --

HOCKNELL: Yes.

JOHNSON: -- following that a tiles 107 and 108?

HOCKNELL: Yes.

JOHNSON: Then at tile 109 did the door swipe data record the arrival of Valerie Thomas into the neonatal unit?

HOCKNELL: Yes.

JOHNSON: And at 110, at 20.38 hours, the arrival of Dr Loughnane, who was the registrar into ward 30, into the maternity ward?

HOCKNELL: Yes.

JOHNSON: At tile 111, timed at 20.38, did Lucy Letby repeat a message she had sent earlier to [Nurse E]?

HOCKNELL: Yes:

"Had strange message from [Dr A] earlier..."

JOHNSON: And did [Nurse E] respond:

"Did you? Saying what?"

HOCKNELL: Yes.

JOHNSON: "Go commando?"

And then lots of laughing emojis.

HOCKNELL: Yes. And Lucy Letby replies with laughing emojis. And then:

"Asking me when I was working next week as wants to talk to me about something. Has a favour to ask."

JOHNSON: Did [Nurse E] then send a message:

"Think he likes you too."

"Hmm, did you not ask what it was?"

HOCKNELL: "No, just said when I was working and he said wants my opinion on something. Hmm."

JOHNSON: And [Nurse E] responded, "Hmm"?

HOCKNELL: Lucy Letby replied:

"Do you think he's being odd?"

JOHNSON: And did [Nurse E] respond:

"Thought as flirty as you"?

HOCKNELL: Yes.

JOHNSON: Does the door swipe data then record the entrance of Valerie Thomas into the NNU?

HOCKNELL: Yes.

JOHNSON: And in response to the accusation of flirtiness, what did Lucy Letby respond?

HOCKNELL: "Shut up!"

JOHNSON: [Nurse E] said, "What?"

HOCKNELL: Lucy Letby replies:

"I don't flirt with him!"

JOHNSON: "Okay", at tile 127, replied [Nurse E].

Do we then have, at tile 128, door swipe data from Dr Ukoh concerning his passage into the maternity ward --

HOCKNELL: Yes.

JOHNSON: -- at 20.45, followed by a text message from Lucy Letby to [Nurse E]?

HOCKNELL: Yes:

"Certainly don't fancy him, ha ha. Just nice guy."

JOHNSON: And did [Nurse E] then send, "Okay"?

HOCKNELL: Yes.

JOHNSON: Do we then go to further door swipe data relating to Valerie Thomas, followed at tile 132 by the 21.00 hours vital signs record completed by Christopher Booth for [Baby N] together with the neonatal fluid balance chart --

HOCKNELL: Yes.

JOHNSON: -- at tile 133?

HOCKNELL: Yes.

JOHNSON: At tile 134, did the text conversation continue between Lucy Letby and [Nurse E] covering the time 21.07 to 21.34?

HOCKNELL: Yes.

JOHNSON: At about the same time, tile 135, was there messaging between Lucy Letby and Jennifer Jones-Key?

HOCKNELL: Yes.

JOHNSON: At tile 136, door swipe data for Dr Ukoh at 21.28, going into the maternity ward?

HOCKNELL: Yes.

JOHNSON: Some door swipe data at tile 137, timed at 21.28, for Melanie Taylor, passing from the labour ward to the neonatal unit?

HOCKNELL: Yes.

JOHNSON: Then at tile 138, timed at 21.28.51, [Nurse E] sent a message to Lucy Letby:

"How come so short?"

Then:

"[Nurse B] still off clinical?"

HOCKNELL: Yes. Lucy Letby replies:

"No. Janet off sick. Yeah, [Nurse B] in office."

JOHNSON: Then [Nurse E] sent a message:

"What's up Janet? Bloody hell, be no one left."

HOCKNELL: Lucy Letby replies:

"Stress, Jen reckons."

JOHNSON: And then did [Nurse E] respond, "Oh"?

HOCKNELL: Yes.

JOHNSON: There was then at tiles 146 and 147, timed at 22.00 hours, the vital signs and the neonatal fluid balance chart entries recorded by Christopher Booth for [Baby N]?

HOCKNELL: Yes.

JOHNSON: Followed by at tile 148, further text messaging between Lucy Letby and [Nurse E], which isn't relevant to any child or any of the issues?

HOCKNELL: That's correct.

JOHNSON: At tile 149, at 22.07 did Lucy Letby send a further text to [Nurse E]?

HOCKNELL: Yes:

"G on 30. Doctor saying she didn't have a cleft, it's a neurological aspiration. Waiting for a PEG."

JOHNSON: Yes. Did [Nurse E] responded:

"Oh, how long she been on 30"?

HOCKNELL: Lucy Letby replies, "Just tonight".

JOHNSON: "Thought CRUS she was okay."

So that's a reference to a cranial ultrasound scan?

HOCKNELL: Yes.

JOHNSON: Thank you.

HOCKNELL: Lucy Letby replies:

"Yeah, it was, but think done MRI, et cetera, and think it's a swallowing issue. Jenny the reg told us last night."

JOHNSON: That's Dr Loughnane who we're going to hear from in a while.

Did [Nurse E] then respond, "Interesting"?

HOCKNELL: Yes. And Lucy Letby replied:

"Long time finding out though."

JOHNSON: Did [Nurse E] reply, "Very"?

Then at tiles 158 to 160 is there some further door swipe data relating to Valerie Thomas, Dr Loughnane and Christopher Booth?

HOCKNELL: Yes.

JOHNSON: Followed by at tile 161, timed at 22.55, Dr Loughnane's clinical notes for [Baby N]?

HOCKNELL: Yes.

JOHNSON: And because she's coming, we'll leave her to deal with those if we may.

Tile 162, 23.00 hours, the fluid balance chart was completed by Melanie Taylor?

HOCKNELL: Yes.

JOHNSON: Tiles 163 and 164, further door swipe data, first for Dr Loughnane and then for Nurse Sophie Ellis. Followed at midnight by the observations and fluid balance charts at tiles 165 and 166.

Then at tile 167, door swipe data recording, at 00.05, Lucy Letby passing into the neonatal -- through the neonatal entrance doors?

HOCKNELL: Yes.

JOHNSON: Same location at tile 168, different person and different time, Dr Loughnane going through the same entrance?

HOCKNELL: Yes.

JOHNSON: Tiles 169 and 170, the fluid balance chart and the observations for [Baby N] recorded by Christopher Booth?

HOCKNELL: Yes.

JOHNSON: Just to put that into context, that is shortly before [Baby N] desaturated?

HOCKNELL: Yes.

JOHNSON: If we go to 172, we will see Christopher Booth's note of what happened. Does it read:

"One episode whilst I was on my break whereby Infant [Surname of Baby N] was crying ++ and not settling. He became dusky in colour, desaturating to 40s. Responded to facial oxygen within 1 to 2 minutes. Crying subsided within approximately 30 minutes and colour returned to normal. Pink. Dr Loughnane aware of this episode."

HOCKNELL: Yes.

JOHNSON: Do we see that, indeed, Dr Loughnane went into the neonatal unit at 01.07?

HOCKNELL: Yes, from the swipe data.

JOHNSON: At tile 174, we see her clinical notes relating to the same incident, which we will leave for her to deal with.

Then at tiles 175 and 176, do we see the door fob data recording the entrance of Lucy Letby at 01.15, followed at tile 176, 01.20, Dr Loughnane moving to the maternity ward?

HOCKNELL: Yes.

JOHNSON: Tiles 177 and 178, both 02.00 hours, are the observations and neonatal fluid balance chart?

HOCKNELL: Yes.

JOHNSON: Tile 179 is a blood gas?

HOCKNELL: Yes.

JOHNSON: Tile 180, a record of the fact of a blood gas being taken in the nursing notes?

HOCKNELL: Yes.

JOHNSON: At tiles and 182, the observation and neonatal fluid balance chart entries at 03.00 hours?

HOCKNELL: Yes.

JOHNSON: Followed an hour later at tiles 183 and 184?

HOCKNELL: That's correct.

JOHNSON: And an hour later again at 05.00 hours at tile 185 for the neonatal fluid balance chart, I think it is; is that right?

HOCKNELL: Yes.

JOHNSON: Is there some door swipe data at tile 186 recording an entrance of Lucy Letby at 05.40 hours?

HOCKNELL: Yes.

JOHNSON: Followed by observations and the neonatal fluid balance chart at 06.00 hours at tiles 187 and 188?

HOCKNELL: That's correct.

JOHNSON: Tiles 189 and 190, do they record prescriptions for benzylpenicillin and sodium chloride?

HOCKNELL: Yes.

JOHNSON: At tile 191, at 06.13, was a nursing note update made by Christopher Booth?

HOCKNELL: Yes.

JOHNSON: Could you take us through what he'd recorded, please?

HOCKNELL: "No further episodes observed. Oxygen saturations have been consistently mid-90s to 100% since. Self-ventilating in air. Respiratory rate has been approximately 50 to 70. Minimal recession evident only in view of earlier episode. Infant remains nil by mouth. 10% dextrose infusing via peripheral cannula. Site satisfactory. Patent on flushing. IV penicillin administered as prescribed. Axilla temperature within normal limits. Cranial USS performed by paediatric registrar last evening."

JOHNSON: At 07.00, tile 192, do we have the fluid balance chart record?

HOCKNELL: Yes.

JOHNSON: Followed by, at tile 193 and 194, the record of administration of the drugs that had been prescribed at tiles 189 and 190?

HOCKNELL: Yes.

JOHNSON: At tile 195 was a shift handover at which time Ashleigh Hudson became [Baby N]'s designated nurse; is that right?

HOCKNELL: Yes, that's right.

JOHNSON: Did she make a record at tile 196 retrospectively covering this time?

HOCKNELL: Yes.

JOHNSON: If we click on it, please, Mr Murphy. Does that read:

"Written for care taken over at 08.00 hours. Emergency equipment, alarm limits and fluids checked. Nursed in an incubator with Philips monitor in situ. Self-ventilating in air. Tachypnoeic on handover. Unsettled."

HOCKNELL: Yes.

JOHNSON: Then did she record the relevant data on the observation and fluid balance charts at tiles 197 and 198 at 08.00 hours?

HOCKNELL: Yes.

JOHNSON: Do we then return to some WhatsApp messaging?

HOCKNELL: Yes.

JOHNSON: At tile 199, you record the fact that there was some social messaging between [Nurse E] and Lucy Letby?

HOCKNELL: Yes.

JOHNSON: Followed by similar material at tile 200 at 08.06?

HOCKNELL: Yes.

JOHNSON: Then followed at 08.15, tile 201, [Nurse E] sending the message: Woohoo, you're done. What time back off to Hereford?"

HOCKNELL: Lucy Letby replies:

"Been busy! By 4. See how I feel."

JOHNSON: "How come?", asked [Nurse E].

HOCKNELL: Lucy Letby replied:

"Crash section, 34 weeks twins. 1 messed about a [query] syndrome and found the other apnoeic in cot at 7, so on fluids etc. Then got a term baby vomiting bile."

JOHNSON: At tile 205, a grimacing emoji sent by [Nurse E]?

HOCKNELL: Yes. And Lucy Letby replies:

"All fun and games, lol. Mel all over the show though."

JOHNSON: [Nurse E] responded:

"Great! Who was other 6?"

HOCKNELL: Lucy Letby replied, "Chris".

JOHNSON: [Nurse E] responded:

"Stopped feeling sick?"

HOCKNELL: Lucy Letby replies:

"Yeah, think so. Sophie saw her arse when Mel asked me to go to delivery with her, was muttering about having NLS, et cetera."

JOHNSON: That's Sophie Ellis and Melanie Taylor presumably?

HOCKNELL: Yes.

JOHNSON: Did [Nurse E] respond:

"Eek, didn't think normally went to 34 plus. What did Mel say to her?"

HOCKNELL: Lucy Letby replies:

"No, but crash section as prolonged brady on both so Mel went and asked me to go too, as Patrick inexperienced, if needed anything."

JOHNSON: Did [Nurse E] respond, "Ah okay"?

HOCKNELL: Yes, and Lucy Letby replied:

"Mel just said I was free and could support Patrick."

JOHNSON: And [Nurse E] replied:

"Cool. In terms of that, Sophie would have been inexperienced too so no point."

HOCKNELL: Lucy Letby replied:

"Mel was like, I'll go with Jenny for twin 1 and you and Patrick take 2. Lol. Yeah, that's it."

JOHNSON: Then [Nurse E] responded:

"Ha ha, I bet Mel was."

HOCKNELL: Lucy Letby replied:

"Was like, cheers, ha ha. Glad to be off. Survived my nights though."

JOHNSON: Did [Nurse E] send a message saying:

"Working together next Monday, aren't we? A week on Monday."

Then:

"Well done you."

HOCKNELL: Yes.

JOHNSON: And did there then follow some social messaging between 08.34 and 08.41 at tile 226?

HOCKNELL: Yes.

JOHNSON: Followed at tile 227 by the fluid balance chart data at 09.00 hours?

HOCKNELL: Yes.

JOHNSON: And then at tiles 228 and 229, the same sort of data together with the vital signs at 10.00 hours?

HOCKNELL: Yes.

JOHNSON: At tile 230, Ashleigh Hudson recorded a blood gas record?

HOCKNELL: That's correct.

JOHNSON: Then at tile 231, do we have Dr Bhowmik's clinical notes concerning her examination of [Baby N]?

HOCKNELL: Yes.

JOHNSON: If we click on that, please, Mr Murphy. Could you take us through what Dr Bhowmik recorded, please?

HOCKNELL: "Day 2. 34 plus 4. Corrected to 34 plus 4. Birth weight 1.67kg. Problems: (1) Prematurity. (2) Intrauterine growth restriction. (3) Maternal haemophilia carrier. (4) Deranged clotting with low factor VIII, 3%."

Then there's some --

JOHNSON: Some figures, which the medics can deal with if they're relevant.

HOCKNELL: "(5) Respiratory distress. [Query] TTN [query] sepsis. (6) Jaundice within first 24 hours. Photo prescription.

"Plan: start enteral feeds at 50%. Increase if tolerated. Repeat CRP. Discussion with Alder Hey Children's Hospital haematology. Continue photo prescription. Repeat SBR this evening. Needs GP plus DAT."

JOHNSON: Okay. Did she then record the standard types of observations:

"Ventilation, self-ventilating in air, respiratory rate, 60 down to 50. Sats 100% in air. Desats to 40% with colour change for about a 1 minute and 10 seconds, then settled thereafter."

Then the gas levels followed by the feeding regime, the antibiotic regime and her examination, saying that [Baby N] was:

"Pink, well perfused, normal heart sounds, capillary refill time under 2 seconds, both femoral pulses felt. Mild sternal recession. Respiratory rate 60. No nasal flaring or grunting. Abdomen soft, no masses. No bruising."

HOCKNELL: Yes.

JOHNSON: At 11.00 hours, tile 232, do we have the fluid balance chart data completed by Nurse Hudson?

HOCKNELL: Yes.

JOHNSON: Then at 233, Dr Bhowmik's record at 11.40 hours of her conversation with the paediatric haematology consultant, Dr Caswell, at Alder Hey together with his advice?

HOCKNELL: Yes.

JOHNSON: At 234, at 12.00 hours, and at tile 235, do we have the observations recorded of [Baby N]'s vital signs together with the neonatal fluid balance chart?

HOCKNELL: Yes.

JOHNSON: Further fluid balance chart data at tile 236?

HOCKNELL: Yes.

JOHNSON: At 13.00 hours. And then at tile 237, some notes made by a pharmacist --

HOCKNELL: Yes.

JOHNSON: -- is that right, concerning a dose of vitamin K to be given to [Baby N].

HOCKNELL: Yes.

JOHNSON: At tiles 238 and 239, do we have observations together with the fluid balance chart data recorded by Ashleigh Hudson at 14.00 hours?

HOCKNELL: Yes.

JOHNSON: Fluid balance chart data an hour later at tile 240?

HOCKNELL: Yes.

JOHNSON: Yet a further hour later at 16.00 hours, tiles 241 and 241, the observation chart and fluid balance data?

HOCKNELL: Yes.

JOHNSON: Blood gases at tile 243 taken at 16.15?

HOCKNELL: That's correct.

JOHNSON: At tile 244, a prescription for sucrose timed at 16.30?

HOCKNELL: Yes.

JOHNSON: It may well be that coincides with the taking of the bloods for the blood gas or the pathology ample which appears on the next tile, 245, which is a request for a bilirubin and CRP count.

HOCKNELL: Yes.

JOHNSON: Tile 246, a fluid balance chart timed at 17.00 hours?

HOCKNELL: That's correct.

JOHNSON: Tiles 247 and 248, fluid balance together with vital signs?

HOCKNELL: Correct.

JOHNSON: Tile 249, a nursing note made retrospectively covering the time 18.00 hours --

HOCKNELL: Yes.

JOHNSON: -- made by Ashleigh Hudson? Could you tell us what she recorded, please?

HOCKNELL: "One slightly mucky looking aspirate at 18.00 hours. Not bilious. Returned. Shown to senior neonatal practitioner Kate Calderbank."

JOHNSON: Thank you. Was that followed at tile 250 by the collection of a blood sample for pathology?

HOCKNELL: Yes.

JOHNSON: And the relevant results of that sample appear beneath the tile and can be explained to us, if necessary, by the experts.

At tile 251 did Dr Katarzyna Cooke, at 18.34 hours, record her clinical notes, setting out the blood test results?

HOCKNELL: Yes.

JOHNSON: And her plan to take further blood cultures to check the serum bilirubin level --

HOCKNELL: Yes.

JOHNSON: -- amongst other things? At tile 252, at 19.00 hours, the neonatal fluid balance chart recording the rate and amount, total amount of dextrose administered to [Baby N]?

HOCKNELL: Yes.

JOHNSON: Then at tiles 253 and 254, prescriptions for benzylicillin and sodium chloride?

HOCKNELL: Yes.

JOHNSON: At tile 255, is there a nursing note update? Is this the actual time that the total note was made by Ashleigh Hudson?

HOCKNELL: Yes.

JOHNSON: And as before, you have chopped it up where it's obvious which times the parts of the note refer to and put it at the appropriate stage of the chronology?

HOCKNELL: Yes, this is the remainder of the summary.

JOHNSON: This is the balance of the summary. Could you deal with the balance, please?

HOCKNELL: "Respirations settled for the rest of the day, 40 to 65 breaths per minute. Saturations at 97% and above. No desaturations witnessed. Sternal recession witnessed at times. Heart rate 130 to 145 when settled, warm and well perfused. Temperature 36.9 to 37.3. Incubator temperature reduced accordingly. Fluids increased from 60ml/kilogram to 75ml/kilogram/day. Donor-expressed breast milk commenced via NGT. 50% of daily intake. To be increased as tolerated. Given 4ml two-hourly. Increased to 6ml two-hourly. Tolerating this well. No vomits. Abdomen soft and non-distended. Minimal aspirates obtained. Aspirates clear with tiny old blood specks. Peripheral cannula in left hand. VIP 0. Phototherapy remains in situ. Under single light. SBR has dropped. Currently 40, below treatment line. To be checked at midnight. Repeat CRP2, group and Coombs done. Passed urine. Bowels opened. Paeds have liaised with Alder Hey Children's Hospital. Please refer to clinical notes."

JOHNSON: At tile 256 was there then the nursing shift handover between 19.30 and 20.00 hours?

HOCKNELL: Yes.

JOHNSON: Again, the designated nurse was Christopher Booth, and at tile 257 did he record in the nursing note:

"Care taken over approximately 19.45. Cot space checked, including emergency equipment, alarm limits and fluids. Settled at the time of handover. Self-ventilating in air and maintaining oxygen saturations high 90s to 100%"?

HOCKNELL: Yes.

JOHNSON: At tiles 258 and 259 do we have the fluid balance chart and observation chart data recorded by Nurse Booth?

HOCKNELL: Yes.

JOHNSON: At tile 260, timed at 20.11, do we go back to Ashleigh Hudson and her family communication note entry?

HOCKNELL: Yes.

JOHNSON: Could you take us through that, please?

HOCKNELL: "Both parents updated on current condition and plan of care. Mum very anxious. Worried about baby being in the incubator. Explained need for it, to keep warm and make observation easier. Paeds have updated mum on liaison with Alder Hey Children's Hospital. Encouraged to handle baby in incubator."

Assisted with cares today. Had two cuddles. Discussed expressing. Mum said she will talk with midwife."

JOHNSON: Thank you. At tile 261, timed at 21.00 hours, was the neonatal fluid balance chart recorded by Nurse Booth?

HOCKNELL: Yes.

JOHNSON: Is that followed at tile 262, timed at 21.21, by a message sent to Sophie Ellis by Lucy Letby?

HOCKNELL: Yes:

"Hey Soph. Just wondered how the twins are. Hope you have a good night and enjoy your takeout."

JOHNSON: Did Sophie Ellis respond within a minute saying:

"Hey. They're okay. Both nil by mouth and on fluids but self-ventilating in air. Thank you, we've just ordered. Enjoy home."

HOCKNELL: Yes.

JOHNSON: At tiles 264 and 265 do we have vital signs and the fluid balance chart data completed --

HOCKNELL: Yes.

JOHNSON: -- at 22.00 hours? Then the same fluid balance chart completed an hour later at tile 266?

HOCKNELL: Yes.

JOHNSON: Then at tile 267, just before midnight at 23.58, a blood gas?

HOCKNELL: Yes.

JOHNSON: With that fact recorded in the nursing notes by Christopher Booth at the same time?

HOCKNELL: Yes.

JOHNSON: At tile 269 and 270, the observation chart and neonatal fluid balance chart data completed at midnight?

HOCKNELL: Yes.

JOHNSON: Half an hour later, at tile 271, did Nurse Booth record:

"Bilirubin 60 to 70 [I don't know if that's micromoles per litre] below treatment threshold, therefore phototherapy stopped approximately 00.30."

HOCKNELL: Yes.

JOHNSON: That's picomoles.

Sorry, back to tile 272. At 01.00, the fluid balance chart data is recorded by somebody who didn't sign it?

HOCKNELL: Correct.

JOHNSON: And then at tile 273, the observation chart at 02.00 hours, together with the neonatal fluid balance chart data --

HOCKNELL: Yes.

JOHNSON: -- signed by Christopher Booth?

HOCKNELL: Yes.

JOHNSON: As we've seen this pattern before, an hour later, tile 275, 03.00 hours, the fluid balance chart data recorded by Nurse Booth?

HOCKNELL: Yes.

JOHNSON: Then we get to the final tile of this sequence at tile 276, 03.01, and could you just take us through what Nurse Booth there recorded, please?

HOCKNELL: "No significant desaturations, bradycardias or apnoeic episodes observed overnight. Two-hourly enteral feeds increased to 8ml donor-expressed breast milk and well tolerated. IV fluids reduced accordingly. Peripheral IV cannula site appears satisfactory. No redness/inflammation. Axilla temperature within normal limits."

MR JOHNSON: Thank you. We're going to move on to the review, but as my voice is so soporific, perhaps we can have a break?

MR JUSTICE GOSS: We'll have a break, yes.

MR JOHNSON: The other thing, my Lord, if we could petition for a slightly longer break because there are a few things we need to sort out to make the remainder of the morning run smoothly.

MR JUSTICE GOSS: Certainly. How long do you want?

MR JOHNSON: 15 minutes, please.

MR JUSTICE GOSS: We'll resume then at 12.10, which is just over 15 minutes.

MR JOHNSON: Thank you.

(11.53 am)

(A short break)

(12.13 pm)

MR JOHNSON: My Lord, we understood that there were no questions for Mrs Hocknell.

MR JUSTICE GOSS: Thank you, Mr Myers. Right.

MR JOHNSON: So we'll ask for Kate Tyndall, please.

MRS KATE TYNDALL (recalled)

Examination-in-chief by MR JOHNSON

MR JOHNSON: Could you identify yourself for the sake of the record, please?

TYNDALL: I'm Kate Tyndall, intelligence analyst.

JOHNSON: Thank you. In front of you on the desk there is a neonatal review, which we just need to distribute to the jury before I start questioning you about it. The black file. You know the drill, ladies and gentlemen, you don't need me to tell you.

(Handed)

Mrs Tyndall, just looking at the front sheet then, please, this follows a familiar layout. It bears [Baby N]'s name and event 19. If anyone wants to write on there, it's count 17, of course. The same conventions apply to this document as have applied to the others; is that right?

TYNDALL: Yes, that's right.

JOHNSON: So if we move on immediately to page 2 of 6, we see precisely the same information that we saw in the sequence of events chart as to the layout of the -- the locations of the population and their respective designated nurses at the start of this particular shift --

TYNDALL: Yes.

JOHNSON: -- on 2 June?

TYNDALL: Yes.

JOHNSON: So moving on to page 3 then, please, we see towards the bottom of the page, at line 36, the black line which denotes the event in respect of which the allegation is made?

TYNDALL: Yes.

JOHNSON: Above the line, in blue font, the nursing notes concerning -- the records concerning Lucy Letby?

TYNDALL: Yes.

JOHNSON: The corresponding initials of the babies, from which, by reference to the chart, we can see where they were. We also see in yellow, or against that familiar yellow shading, all the entries relating to [Baby N]?

TYNDALL: Yes.

JOHNSON: Thank you. On the second page, obviously a familiar layout of the same sort of material?

TYNDALL: Yes.

JOHNSON: Then on the final page, lots of entries in blue between 05.00 and 07.56, all of which relate to Lucy Letby and children other than [Baby N]?

TYNDALL: Yes.

JOHNSON: So that gives us -- if ever a question comes up as to what's going on at a particular time, this is where we find the answer?

TYNDALL: Yes, correct.

MR MYERS: I should add, if there is an answer.

MR JOHNSON: If there is an answer, yes, of course.

Does your Lordship have any questions?

MR JUSTICE GOSS: No, I don't, thank you very much.

(The witness withdrew)

MR JOHNSON: Thank you very much.

Just before we move on, my Lord, can I hand out the printed versions of the observation chart, please.

MR JUSTICE GOSS: Yes.

MR JOHNSON: Jury bundle 2, divider 17, please.

(Pause)

So what we have, just for your information, ladies and gentlemen -- the first two pages, which are 19310 and 19311, are the observation charts. At 19323 is the blood gas. 19344 is the feeding chart.

We have the fluid balance charts as the final two documents, 19345 and (inaudible: coughing).

I'm going to hand over to Mr Astbury, please, my Lord.

MR ASTBURY: My Lord, I call Jennifer Loughnane, please.

DR JENNIFER LOUGHNANE (sworn)

Examination-in-chief by MR ASTBURY

MR ASTBURY: Could we start with your full name, please?

LOUGHNANE: Yes, Jennifer Catherine (inaudible) Loughnane.

ASTBURY: Thank you. It is very polite of you to address me directly, but if you could try and direct your voice to the back of the room, I would be very grateful. If you pull the microphone forward a little more, it won't amplify your voice, but it records it.

Can we start with your profession, please?

LOUGHNANE: So I am a consultant paediatrician at the Countess of Chester.

ASTBURY: Thank you. Did you qualify as a doctor in 2009?

LOUGHNANE: Yes.

ASTBURY: Did you start your paediatric training in 2011?

LOUGHNANE: Yes.

ASTBURY: As part of that training, were you employed at the Countess of Chester Hospital on a full-time basis as a registrar between March and September of 2016?

LOUGHNANE: I'd been employed by the lead employer, which is based at St Helens, but I was on rotation at the Countess of Chester during that time.

ASTBURY: Thank you. You've been asked to come along and assist today with your recollections of a night shift that you worked during that period on Thursday, 2 June into Friday, 3 June 2016 --

LOUGHNANE: Yes.

ASTBURY: -- and in particular, a baby you treated called [Baby N].

LOUGHNANE: Yes.

ASTBURY: Do you have any recollection independently of [Baby N]?

LOUGHNANE: No. I have no recollections of that night shift.

I recollect [Baby N] coming back into A&E when I was on a night shift a month or so later.

ASTBURY: Right, okay. We've heard a little bit about that, but for now if we can concentrate on that shift, please. In preparing your statement for today, did you have the benefit of looking at the notes that you made at the time?

LOUGHNANE: Yes, I did.

ASTBURY: I'm going to ask you, as we go through, to look at your notes. They'll appear on a screen slightly to your right there in an attempt to assist. What would your night shift, from recollection, have involved on the 2nd into 3 June?

LOUGHNANE: Usually, we would hand over at 8.30, hand over takes until probably 9 o'clock. And during a night shift you'd cover the paediatric ward, any admissions to the paediatric ward, any babies on the neonatal unit, and then you might also get called to the labour ward if there was any deliveries you needed to attend, the post-natal ward if there was any concerns on the post-natal ward, and A&E. If there was anybody unwell in A&E we would see them in A&E. If not, they'd come over to the children's ward.

ASTBURY: Thank you. Do you remember which other doctors were on duty with you that night?

LOUGHNANE: I'm afraid I don't.

ASTBURY: If we can assist, if I can ask Mr Murphy to go to tile 52, please. If we could look behind that, please.

We've listed those on duty that particular night in the neonatal unit.

LOUGHNANE: Okay.

ASTBURY: If it jogs your memory, please say so. But we have the relevant consultant in the first box, perhaps more importantly for you you're recorded as the "registrar (night)"?

LOUGHNANE: Yes.

ASTBURY: There's also a specialist registrar on duty, Dr Ukoh?

LOUGHNANE: So the registrar and the SPR, that's the same grade. So I think Tony Ukoh might have been on the day shift because his writing was on the notes for the day. I was on the night, and the night SHO was Patrick Tomlinson.

ASTBURY: Would there be an overlap between you as you came on and duty and he finished?

LOUGHNANE: So we'd have had handover at 8.30.

ASTBURY: Thank you. The night SHO is a Patrick Tomlinson?

LOUGHNANE: Yes.

ASTBURY: And we can see the nursing staff: Melanie Taylor, the shift leader; [Baby N]'s designated nurse, Christopher Booth; and also Lucy Letby and Sophie Ellis.

Are they names you recognise?

LOUGHNANE: Yes.

ASTBURY: Are they nurses that you're familiar with?

LOUGHNANE: Um... Yes. I don't recall Sophie Ellis, but I recall the rest of the nurses.

ASTBURY: Thank you. We also have a nursery nurse Valerie Thomas at the bottom of the screen.

Did you, at 10.55, carry out a routine review of baby [Baby N]?

LOUGHNANE: I don't recall that, but from my notes that would appear to be the case.

ASTBURY: In that case can we go to tile 161, please. We can look at the note itself. You recognise the handwriting, doctor?

LOUGHNANE: Yes.

ASTBURY: Good. I don't know whether you just want to have a moment to remind yourself of the content of the note before I ask you any questions.

(Pause)

Scroll down a little, please, Mr Murphy.

(Pause)

Effectively, I'm going to ask you to go through this, but read it all before we make a start, if that's okay.

LOUGHNANE: Yes.

(Pause)

ASTBURY: I want to concentrate for now on your note at 22.55, please, if we can go back to the top of the page.

We can see the time and date on the left hand top corner. "ST5", is that, in your handwriting?

LOUGHNANE: That's when I was a trainee, yes.

ASTBURY: Is that "night review" --

LOUGHNANE: Yes.

ASTBURY: -- that abbreviation? All right. We're becoming familiar with it but is the practice, firstly, to note the baby's history?

LOUGHNANE: Yes. A bit of a background.

ASTBURY: And we can see there the age, 34 plus 4.

LOUGHNANE: Yes.

ASTBURY: So still day 1 of [Baby N]'s life?

LOUGHNANE: Yes, he'd just been born that day.

ASTBURY: So he's about 12 hours or so old at this point?

LOUGHNANE: Mm-hm.

ASTBURY: IUGR, just tell us what that stands for, please?

LOUGHNANE: Intrauterine growth restriction. So there's been concerns that the baby's not been growing as well as they might have expected during the pregnancy.

ASTBURY: And do you recall [Baby N] to be a small baby at this time?

LOUGHNANE: I have no recollection.

ASTBURY: You have noted his weight at 1.67 kilograms.

LOUGHNANE: Yes. That would be on the smaller side for a 34 plus --

ASTBURY: Bearing in mind his gestation?

LOUGHNANE: Yes.

ASTBURY: Thank you. You have noted that:

"Mum, maternal carrier of haemophilia."

Is that "A"?

LOUGHNANE: Yes.

ASTBURY: Then there's a circle and "RF". What does that mean, please?

LOUGHNANE: No risk factors for sepsis.

ASTBURY: Thank you. Is that "steroids x2"?

LOUGHNANE: Yes. Often preterm babies are given steroids to try and help their lung development, so he's had a full course of steroids.

ASTBURY: Is that "elective C-section"?

LOUGHNANE: Yes. From reading through [Baby N]'s notes in preparation for today, I think it was an elective section because there were concerns due to growth.

ASTBURY: And, "Screened due to grunting", is that?

LOUGHNANE: Yes, "Grunting at 4 hours".

ASTBURY: Okay. So screening is a process whereby checks are made for the presence of infection?

LOUGHNANE: Yes, so we would routinely do that if there's two risk factors for sepsis. He didn't have any risk factors for sepsis. Some babies after an elective section will grunt because they've got a bit of extra fluid on their lungs, so we normally give them 4 hours to see if they settle, but if they're still grunting at 4 hours, we tend to screen and treat for infection.

ASTBURY: We've heard before the treatment starts straightaway as a precaution rather than waiting for the results to come through --

LOUGHNANE: Yes.

ASTBURY: -- whether they be positive or negative --

LOUGHNANE: Yes.

ASTBURY: -- get on with it straightaway?

LOUGHNANE: If you decide to screen, yes.

ASTBURY: Okay. "Self-ventilating in air"?

LOUGHNANE: Mm-hm.

ASTBURY: So no breathing assistance at all required for [Baby N]?

LOUGHNANE: No.

ASTBURY: Is that "respiratory rate 60"?

LOUGHNANE: Yes.

ASTBURY: And a saturation level of 96%?

LOUGHNANE: Yes.

ASTBURY: Is that "RA"?

LOUGHNANE: "In room air."

ASTBURY: Room air, okay. Does that tell you anything about the baby's condition?

LOUGHNANE: Yes. So the -- I mean a respiratory rate of 60 is on the upper limit of normal for a newborn baby. But he's in air, his sats are good, he's not needing any extra support.

ASTBURY: I know I've asked to you keep your voice up, but feel free to use the screen. It's a bit closer, if that helps. We really don't mind.

MR JUSTICE GOSS: It's entirely up to you. Good eyesight.

If you can see it there it's good because it means you're speaking to the jury. If you can't see something clearly, do look at the screen in front of you.

LOUGHNANE: Okay.

MR ASTBURY: So that's a diagram, we think, of the lungs; is that right?

LOUGHNANE: Yes, just to say I couldn't hear anything on his lungs, they're clear. And he's got no (overspeaking) --

ASTBURY: What have you written next to the diagram?

LOUGHNANE: "No grunting." Grunting is an expiratory noise that babies make when they're working hard with breathing and sometimes it can be a sign of infection or working hard.

ASTBURY: Is that the grunting you were referring to a moment ago when you said because it was there at 4 hours, a screen was decided upon?

LOUGHNANE: Yes.

ASTBURY: But that --

LOUGHNANE: That was before my shift.

ASTBURY: Okay. It had stopped when you examined him?

LOUGHNANE: Yes, he wasn't grunting at that time.

ASTBURY: Is that also "zero distress"?

LOUGHNANE: Yes, no distress.

ASTBURY: Is that all well and good with ventilation?

LOUGHNANE: Yes. So we're looking for any signs of increased work of breathing which he didn't have.

ASTBURY: Is that CVS?

LOUGHNANE: Yes, cardiovascular system.

ASTBURY: Thank you. Heart rate 140?

LOUGHNANE: So that's normal.

ASTBURY: Is that the femoral arteries being checked with two ticks (overspeaking) --

LOUGHNANE: Yes, the routine cardiac examination was normal.

ASTBURY: You've noted there that he has been screened. Is that because of grunting rather than because he is grunting?

LOUGHNANE: Yes, that was the reason for his screen.

ASTBURY: And the CRP is less than 1 --

LOUGHNANE: Yes (overspeaking) infection marker.

ASTBURY: -- even though (overspeaking) two antibiotics upon which he has been commenced?

LOUGHNANE: Yes, which are the standard first line antibiotics.

ASTBURY: Next you have the feeding regime.

LOUGHNANE: Yes, so 60ml per kilogram per day of 10% dextrose.

That's standard first line IV fluids.

ASTBURY: Thank you. Is that "haem" (overspeaking) --

LOUGHNANE: Yes, which I think I've spelt incorrectly.

ASTBURY: Tell us what you have noted, please.

LOUGHNANE: I think prior to my shift it had already been discussed because there were concerns that mum could be a carrier for haemophilia, so there'd been an antenatal plan put in place to check the cord bloods for [Baby N]. So they'd been checked and had low factor VIII and a raised APTT, which had suggested that he had been -- he was an affected child with haemophilia. So that had been discussed with one of the haematologists at Alder Hey, I think in the daytime shift. But because of that, usually we'd give vitamin K -- all newborn babies are given it to try and prevent haemorrhagic disease of the newborn. Usually that's given as an injection into the muscle, but if you're concerned about haemophilia, you wouldn't

inject into a muscle, so he'd not had it as a muscle (sic), he's had it orally.

ASTBURY: We have mentioned haemophilia a couple of times. So we are clear, in a very short summary, just tell us what haemophilia is, please?

LOUGHNANE: It's a genetic condition that tends to happen in boys which affects their clotting, so they are more prone to bleeding.

ASTBURY: Thank you, when you talk about clotting -- factor VIII, is that a clotting agent?

LOUGHNANE: That's one of your clotting factors, yes.

ASTBURY: That's low?

LOUGHNANE: Yes.

ASTBURY: And what's APTT, please?

LOUGHNANE: Your activated prothrombin time. So when you send a clotting investigation, it's working out how long it takes to clot.

ASTBURY: Is that an increased APTT?

LOUGHNANE: Yes, so it's raised. So I think when it had been discussed with the haematologist at Alder Hey in the day those results had suggested that he was affected with haemophilia.

ASTBURY: Thank you. You then put on the other side of the page -- is that "early jaundice"?

LOUGHNANE: Yes. So M for metabolic. Jaundice is a physiological process, but you wouldn't always expect it in the first 24 hours. Sometimes that can be a sign of infection or blood group incompatibilities. "Under PT" means under phototherapy and the "DCT negative" means there wasn't a reaction between his and mum's blood group.

ASTBURY: Then neuro. We heard before there was a head scan -- and does that N stand for normal?

LOUGHNANE: Yes.

ASTBURY: Then:

"On examination, pink and well perfused."

LOUGHNANE: Yes.

ASTBURY: Is that what you'd hope to see?

LOUGHNANE: Yes.

ASTBURY: Just dealing with the history and your examination, any concerns with [Baby N] at that stage --

LOUGHNANE: No.

ASTBURY: -- aside from his obvious haemophilia?

LOUGHNANE: No.

ASTBURY: The plan, is that:

"Repeat gas and [is it] bilirubin at 2 am"?

LOUGHNANE: Yes.

ASTBURY: "Continue antibiotics"?

LOUGHNANE: Mm-hm.

ASTBURY: "If gas [is that again] normal..."

LOUGHNANE: Yes.

ASTBURY: "... consider starting enteral feeds"?

LOUGHNANE: Yes.

ASTBURY: So start on milk?

LOUGHNANE: Yes.

ASTBURY: We've seen -- we can see on the screen that shortly after at 1.10, you saw [Baby N] again?

LOUGHNANE: Mm-hm.

ASTBURY: How did you come to see [Baby N] again, please?

LOUGHNANE: I don't remember.

ASTBURY: Okay.

LOUGHNANE: So sometimes we're crash called, but I don't think crash called (sic) because I've not written crash called. And sometimes we're bleeped to see them if we're in a different part

of the hospital. It might be sometimes you would be on the neonatal unit already and somebody had asked you to see them but I haven't documented that, so I don't know.

ASTBURY: If we look, please, briefly at tile 173, Mr Murphy.

We have the benefit of the swipe data that was recorded at the entrance door to the neonatal unit. It would appear in comparison to your note that at 01.07 you went into the neonatal unit from the labour ward.

LOUGHNANE: Okay.

ASTBURY: If we go back to your note again, please, perhaps now at 174, Mr Murphy, a little later in the timeline, we can see there in fact your note starts, "Asked to see".

LOUGHNANE: Yes.

ASTBURY: Does that at least assist with why you came to look at [Baby N]?

LOUGHNANE: Yes, presumably I was bleeped if I'd gone from the labour ward to the neonatal unit.

ASTBURY: You have then, have you, noted three aspects?

LOUGHNANE: I think they were the reasons that -- I don't remember, this is what I would assume from my usual practice of note writing. The reason I was asked to see him was because he'd had a desaturation, so his oxygen levels had dropped, he was unsettled, and had some increased work of breathing.

ASTBURY: All right. Okay. And then --

LOUGHNANE: I think this is still what somebody's told me, he had got upset, he looked mottled and dusky, and his sats had dropped to 40%, so they had put him in 100% oxygen.

ASTBURY: Okay. Do you remember who asked you to see him?

LOUGHNANE: I'm sorry, I don't.

ASTBURY: Do you remember who was there when you examined him?

LOUGHNANE: I am sorry, I don't.

ASTBURY: Don't apologise. It's a long time ago. I just wonder perhaps seeing the names on the list had jogged your memory --

LOUGHNANE: No, sorry.

ASTBURY: -- but you have no recollection? Okay.

MR JUSTICE GOSS: Do you know whether you were asked by a clinical colleague, in other words another doctor, or whether it was by a nurse? Can you even remember?

LOUGHNANE: Most likely a nurse but I don't remember (overspeaking) --

MR JUSTICE GOSS: You just can't say one way or the other?

LOUGHNANE: Yes, it's over 6 years ago, isn't it?

MR ASTBURY: Yes. Do you remember whereabouts you examined [Baby N], which room he would have been in?

LOUGHNANE: No.

ASTBURY: We have your next note which is "On my arrival"?

LOUGHNANE: I have written that on my arrival he was in 40% oxygen, he was screaming. So sternal recession is a mark of increased work of breathing, which is the middle of your chest is dipping in. But at that point the trace wasn't picking up very well on the sats probe but he looked pink. So you'd expect, if your saturations have dropped to a significant amount, that you wouldn't look pink, you'd look dusky or blue, so it sounded like he was recovering.

ASTBURY: If we go back up a little bit to your note, what does a desaturation of 40% tell you as a paediatric doctor?

LOUGHNANE: So that's quite a significant desaturation.

ASTBURY: Okay. In what way is it significant?

LOUGHNANE: So a lot of babies will desaturate, have the odd desat, usually in the 80s and stuff, but I was told that he'd dropped his sats to 40.

ASTBURY: Okay. And you were also told, as you indicated, that he'd been mottled and dusky, which is what you would have expected to be the case?

LOUGHNANE: Yes. But by the time I arrived, he was looking pink, so he's recovered from --

ASTBURY: Okay. You told us earlier he was self-ventilating in air.

LOUGHNANE: Yes.

ASTBURY: How would that 40% of O2 been delivered?

LOUGHNANE: Like I say, I don't recall this event. I suspect, because he'd been grunting, he was probably in an incubator, so you can have incubator oxygen, because it would be hard to say that it was 40% via a face mask, which is what you tend to give to give 100% oxygen. But sorry, I don't remember.

ASTBURY: If you don't remember, you don't remember. You've noted the word "screaming".

LOUGHNANE: Mm-hm.

ASTBURY: Is that significant in any way?

LOUGHNANE: So sometimes when you're very upset and crying a lot, your sats probe doesn't always pick up very well, if there's a lot of movement. On reflection, when I read through the notes again, "screaming" is not a word I tend to write that often in notes, it tends to be "unsettled" or "crying", so I suspect he was particularly upset.

ASTBURY: Why is it not a word you write in your notes very often?

LOUGHNANE: I don't... I think... Now when I look back and I think, oh, the baby's screaming... I don't know.

ASTBURY: You have told us that you're now a consultant paediatrician. Is that an unusual note for you to have made?

LOUGHNANE: I don't recall writing "screaming" very often in neonatal notes, so I presume that means he was particularly upset or particularly distressed, crying.

ASTBURY: Okay. But you have no direct recollection?

LOUGHNANE: I've got no direct recollection.

ASTBURY: Sternal recession, what does that, if anything, tell you?

LOUGHNANE: That he was working a bit harder with his breathing but sometimes (inaudible) screaming you have got quite worked up.

ASTBURY: And "poor trace", what does that mean, please?

LOUGHNANE: So the sats probe is what's picking up your oxygen levels, but sometimes if you're really upset and moving around a lot, it doesn't always pick up very well, so I just don't think that -- I've not written if there was a number picking up, but sometimes if the trace is poor it doesn't pick up or sometimes it gives you a number that (overspeaking) --

ASTBURY: That's at the stage you're there?

LOUGHNANE: Yes, that's at the stage I'm there.

ASTBURY: All right. If we scroll down, please. Is that "attempted to settle"?

LOUGHNANE: Yes.

ASTBURY: Whose responsibility would that have been?

LOUGHNANE: I don't remember. I don't recall it.

ASTBURY: Is that the type of thing you'd do --

LOUGHNANE: I suspect we were probably there and probably just trying to settle him to see if that sats trace picks up again.

ASTBURY: You then put that you were crash bleeped away?

LOUGHNANE: Yes.

ASTBURY: And "on return"?

LOUGHNANE: Yes.

ASTBURY: So do we take it from that that you came back to [Baby N] when you'd dealt with whatever it was that caused you to be taken away?

LOUGHNANE: Yes. Unfortunately I've documented a time.

ASTBURY: Well, if we look, please, at tile 176. We have that swipe data again, which shows you going to the maternity ward at 01.20.

LOUGHNANE: Yes.

ASTBURY: Is that consistent with your recollection of the time frame?

LOUGHNANE: I don't have a recollection, but it fits with my notes.

ASTBURY: All right. I am sorry to ask Mr Murphy to skip about, but if we can go back to 174, please. Just look at your note when you did come back. "On return"?

LOUGHNANE: Yes.

ASTBURY: Does that say, "Self-ventilating in air again"?

LOUGHNANE: Yes, sats are 100%.

ASTBURY: And sats back to 100%?

LOUGHNANE: Yes.

ASTBURY: He was asleep?

LOUGHNANE: Yes.

ASTBURY: Is that, "Work of breathing had improved"?

LOUGHNANE: Yes.

ASTBURY: So in the time that you had been away, had there been a change in his condition?

LOUGHNANE: Yes. He's settled again and looks back to normal, back to how he was previously.

ASTBURY: And your plan is simply to continue to observe and the gas -- is that the blood gas that was planned at 2 am?

LOUGHNANE: Yes. So I suspect it was probably for the bilirubin and how long he'd been on phototherapy, we were planning bloods at 2 and doing the gas at the same time. If he'd not already been on antibiotics, for a profound desat we probably would have screened him, but we had already screened him and he was already on antibiotics.

ASTBURY: Okay. So I think that was the blood gas that you were envisaging at 22.55 as well as in your earlier note, so it was continued, as you are, in effect. If we just look at that blood test result it's behind 179, please.

MR JUSTICE GOSS: To state the obvious as well, that note would imply that it was before 2 o'clock that you were back there making that note.

LOUGHNANE: Yes, that's true.

MR JUSTICE GOSS: But you just can't say when?

MR ASTBURY: If we look at the record behind, please. The second entry down, we've gone from the 2nd into 3 June, and we can see in fact that at 2.04, pretty well on the dot, we have a set of capillary blood readings.

LOUGHNANE: Mm-hm.

ASTBURY: Anything there that stands out or that we should have our attention drawn to, doctor?

LOUGHNANE: So the initial gas was at 17.15 (inaudible) his grunting. The pH is at a just acceptable level for a baby of his gestation, with a slightly respiratory component. But then obviously clinically he's -- the grunting settled and he's settled. The lactate is 2.6 -- so a lactate above 2 is normal and that's a venous sample, that looks fine. The gas at 2, the pH is better, so that had come up to like a normal gas for a baby of his gestation. The sugar's fine. The lactate is raised, it's 4.5, but that's a capillary sample.

ASTBURY: We note that the first one, is that a venous sample, the first one?

LOUGHNANE: Yes. Sometimes when you do a capillary sample, you squeeze, and that can sometimes make the lactate go up a little bit. Obviously I haven't documented anything to record that gas. Usually, most of the time -- I can't say this definitely happened but usually what would happen is the nurse that's done the gas would bleep you with the gas result. And from reading through the notes in preparation, it looks like -- I don't know if it was my decision. The decision was to not feed him based on that until the morning and see what the next gas was.

ASTBURY: Okay. I suppose there are two aspects to the question I asked you. Firstly, is there anything individually that stands out on the 02.04 and you have taken us through that? And secondly, in comparison to the 17.15 reading, is there anything that stands out there? Is there an improvement, a deterioration or much the same?

LOUGHNANE: So on the whole the gas is better, the only -- so the concern would be that the lactate's gone up. So that -- sometimes lactate -- a high lactate can be a marker of a sort of generalised poor tissue perfusion or sometimes, like I say, in capillary samples it can be a squeezed sample.

ASTBURY: And I think having checked your notes, you didn't have any more interaction with [Baby N] for the remainder of your shift?

LOUGHNANE: No.

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

Cross-examination by MR MYERS

MR MYERS: Dr Loughnane, the night that you were working you described to us your duties covered a number of different parts of the hospital; is that correct?

LOUGHNANE: Yes.

MYERS: You covered the neonatal unit, obviously?

LOUGHNANE: Yes.

MYERS: The paediatric ward?

LOUGHNANE: Mm-hm.

MYERS: The labour ward?

LOUGHNANE: Mm-hm.

MYERS: The post-natal ward?

LOUGHNANE: Mm-hm.

MYERS: And any accident and emergency that came within paediatrics; is that right?

LOUGHNANE: That were referred for paediatrics.

MYERS: That were referred to paediatrics, all right. And in terms of on the ground, was there you and the senior house officer present for that, the SHO?

LOUGHNANE: Yes. But that would be standard staffing across most district general hospitals.

MYERS: Is it because of covering different areas that, once you were satisfied [Baby N] was settled, you then were able to return back to the other unit to deal with what you were dealing with there?

LOUGHNANE: I have no recollection of the night shift, so I don't know.

MYERS: I'll stick to the notes then, we can go to those and if you could help us.

When you went to see [Baby N], would you have looked at the other -- the clinical notes before the notes that you went on to make, his history and the clinical notes?

LOUGHNANE: Yes.

MYERS: I just want to look at one or two entries in those, then we'll come to your notes. Just dealing with the question of the grunting, could we put up tile 15, please?

This is a note, Dr Loughnane, for 14.50, so still quite soon after [Baby N] had been born on 2 June. All I'd like to identify, if we scroll down, please, to the second page -- pausing there, "OE" is "on examination"; is that right?

LOUGHNANE: These aren't my notes, but yes, on examination, yes.

MYERS: It's a small baby plus --

LOUGHNANE: Mm-hm.

MYERS: I'm not sure, is that derocyanosis?

LOUGHNANE: I think it's acrocyanosis, which is a blue-y tinge around the mouth and sometimes -- well, I have put facial, but around the mouth.

MYERS: Then:

"Intermittently grunting ++"

That means quite a lot of intermittent grunting?

LOUGHNANE: Like I say, these aren't my notes, so I couldn't really comment.

MYERS: You've explained --

LOUGHNANE: I would say -- at times he's grunting a lot would be how I would interpret it.

MYERS: If we go two down:

"Mild SC + IC recession."

Is that mild subcostal and intercostal recession?

LOUGHNANE: That's how I would read it to be.

MYERS: Does that mean the signs of the chest working during respiration --

LOUGHNANE: Yes (overspeaking) --

MYERS: -- as you look at the chest?

LOUGHNANE: Yes.

MYERS: And when it says, "Transmitted upper airway noises", does that mean someone's listened to -- going up into the upper airways and they can hear sounds?

LOUGHNANE: Sometimes if somebody's a little bit snuffly, then when you listen to the chest you can hear those snuffly noises that you can hear -- upper airway noises, you can hear those transmitted into the chest, so you hear it on the chest, but it's noises from the upper respiratory airways.

MYERS: Thank you. I'm just going to go to a nursing note.

Would you have read any nursing notes or not?

LOUGHNANE: I probably routinely wouldn't have read the nursing notes. Well, I might have done, I don't know.

MYERS: I'd like to look at something there. There are one or two points I would like to ask you from a medical -- a doctor's perspective. If we could go to tile 220 next please. Ladies and gentlemen, these all featured in the tiles in the sequence of events.

MR JUSTICE GOSS: I don't think you want 220.

MR MYERS: No, I don't. Tile 20, I suspect. Thank you.

That's it.

If we go behind that, please. I'm going to scroll down so you can see it a little better, down to the lower right-hand part of the screen. This is where we've got the typed entries.

We know CO is Nurse Caroline Oakley, who was looking after [Baby N] during the day. This is a note -- the first was made at 15.30. If we read down about six lines can you see:

"Grunting intermittently. Saturations 93% to 100% in air."

It gives the temperature?

LOUGHNANE: Yes.

MYERS: A reference to the hot cot. It then says this:

"Dropped saturations to 67% when upset."

LOUGHNANE: Mm-hm.

MYERS: In fact, if we look, whilst we're still on this page, at the note below that made at 18.47, which may or may not be covering the same territory, but it repeats maybe:

"Desaturation x1 to 67 matters on handling and upset."

LOUGHNANE: Mm-hm.

MYERS: All right. We're going to come to [Baby N] in a moment, but can it happen if a baby is very upset they can -- can they desaturate?

LOUGHNANE: Yes, like I say, sometimes it's hard to know whether -- if they're upset and they're desaturating or whether it's the sats probe not picking up. It's hard to...

MYERS: I'm going to come to that because in your notes for [Baby N] you make a reference to the sats probe, don't you?

LOUGHNANE: Yes.

MYERS: But perhaps just pausing there so we can follow what you are describing, when you say "sats probe not picking up", do you mean if a baby is upset and agitated, the probe that's recording, for instance, the oxygen might not be contacting them properly because of their movement and their agitation?

LOUGHNANE: So he -- [Baby N] will have been on a monitor and on the monitor there's, you know, different numbers with the heart rate, the respiratory rate and then the sats, saturations, and then there's a trace. So we like the trace to sort of give a nice waveform. Obviously I wasn't there any of this so I don't know what the waveform was like for any of those, but I know that I have written when I was there there wasn't a good waveform and I haven't written any numbers, which just makes me think sometimes they just don't pick up at all -- the sats just weren't picking up because the trace wasn't good.

MYERS: Does that mean you'll get a lower saturation reading if it is not picking up?

LOUGHNANE: It can do or sometimes it just doesn't give you a number.

MYERS: So if I want to understand, do you mean it may convey the impression that the oxygen is lower than it actually is because it's not picking up?

LOUGHNANE: It can do.

MYERS: Right. Like a false desaturation, is that, sometimes called?

LOUGHNANE: I don't know because I would have thought that the nurse, Caroline, would have said -- I would have thought she wouldn't have documented it if it wasn't happening when it was a poor trace.

MYERS: Well, we'll come to the [Baby N] one in a moment. But in any event it's possible, is it, then for there to be a correlation between an apparent desaturation and the baby being upset?

LOUGHNANE: Yes.

MYERS: Right. I won't ask you any more. I just wanted to ask you from a medical point of view those two things. I'm not going to ask you what lay behind what we see there.

Could we go to tile 43, please, which actually follows what we've just looked at. If we open that, please. Expand the top left, if we could, please.

We can see there this is carrying on from the note that we'd seen before at 18.47. Can you see two lines down, it's got the time 18.15 written with regard to various events? Can you see that, Dr Loughnane, the second line down of the entry:

"Gas satisfactory, bilirubin above the line"?

LOUGHNANE: Yes.

MYERS: "Transfer to incubator"?

LOUGHNANE: Mm-hm.

MYERS: And:

"Neoblu commenced at 18.15. Grunting is now intermittent, respiratory rate 60."

If that is in any kind of order, there's still some sort of grunting but only intermittent now by that time?

LOUGHNANE: Yes.

MYERS: All right. Then having looked at that I would like to come to your notes, please, which, if we look at tile 161 -- if we can go into the notes, please.

The notes start, as we see, at 22.55 on the 2nd.

LOUGHNANE: Yes.

MYERS: I'm just going to go straight down to the diagram of the lungs where you've put "zero grunting distress".

LOUGHNANE: Yes.

MYERS: So at this point when you performed an examination --

LOUGHNANE: Yes.

MYERS: -- there was no grunting?

LOUGHNANE: No.

MYERS: Right. When you perform an examination, you are having a good look at the baby generally, aren't you?

LOUGHNANE: Mm-hm.

MYERS: In your statement to the police, if I could just remind you, you'd said [Baby N] was "quite complicated". That was the way you described it in introducing him.

LOUGHNANE: I think they were -- in my statement they were asking why I'd gone -- why I'd done that review. So I think my practice would always be if there was a new baby on the neonatal unit -- you know, we don't often see babies with -- where there's concerns about haemophilia, so my routine practice would always be to try and do a bit of a review at the start of the night, if I can, just to try and know -- if I'm called to review them later in the night then you know where they are at that point.

MYERS: Haemophilia was something unusual for the unit?

LOUGHNANE: Yes.

MYERS: And you're making sure you had a good examination of him, given what he presented?

LOUGHNANE: Yes, and that he had been grunting and been screened earlier in the day.

MYERS: If we move to the note you make timed at 01.10 over the next page. We've seen from the swipe data that you came on to the unit in fact about 01.07 --

LOUGHNANE: Yes.

MYERS: -- something like that. And we've seen what it was that you tell us had been reported to you, which is what we have in the first part. But what you can tell us about starts with where we have "on my arrival"; is that correct? If we go down that page we can see "on my arrival".

LOUGHNANE: Yes.

MYERS: That relates to what you actually saw and recorded for yourself, doesn't it?

LOUGHNANE: Yes.

MYERS: On your arrival, [Baby N] was -- you've described it as screaming --

LOUGHNANE: Mm-hm.

MYERS: -- and he was pink --

LOUGHNANE: Yes.

MYERS: -- which in your assessment suggested that if there had been a desaturation, he certainly appeared to be recovering from that at that point?

LOUGHNANE: Yes.

MYERS: You also describe the poor trace on the sats probe; I was asking about that a couple of minutes ago.

Now we're talking about [Baby N]. Can you explain to us what the potential relevance of that was when you come to make this in the notes, why you have put it there?

LOUGHNANE: So obviously I've been told when I've arrived, or when I've been bleeped, that his sats are down to 40%. His sats have gone down to 40, they've put him in 100% oxygen. When I've arrived he's in -- his oxygen's come down. But at that point, I haven't written those numbers on the monitor, sometimes no numbers come up on the monitor. What I have said is that the trace -- we're not getting an accurate trace on the sats probe but he looks pink. So given he was pink, I'd expect his sats to be high 80s or 90s.

MYERS: Would you have examined him physically on this occasion yourself?

LOUGHNANE: I suspect I've come -- by the fact that I've written the time 01.10 I've probably come -- I've probably looked at him, he's probably... I don't remember the event. I'd imagine that I would have looked at him and observed him. I haven't written that I've re-listened, but I don't know if that's by the time I've written and started to look that he -- that I got crash called away.

I don't remember.

MYERS: All right. In any event, you've made a note of any findings or any observations you could make?

LOUGHNANE: Mm-hm.

MYERS: And no other physical signs of any disturbance that you could identify?

LOUGHNANE: Like I say, I don't remember the event but not that I've documented.

MYERS: Certainly nothing you've documented, and this is a baby who you said to us you had paid certainly close attention to on that first examination because he was a rather unusual case for the Countess of Chester?

LOUGHNANE: Well, I think anywhere.

MYERS: Yes.

LOUGHNANE: You know, we don't see that many babies with haemophilia.

MYERS: And certainly no sign of any fresh blood anywhere when you saw him?

LOUGHNANE: No, I'd have documented that.

MYERS: You'd have documented that.

LOUGHNANE: I would have thought I would have documented that.

MYERS: We've seen from the swipe data you had left round about 01.20 that morning.

LOUGHNANE: Uh-huh.

MYERS: So you were there for about 13 minutes; is that correct?

About 13?

LOUGHNANE: Yes.

MYERS: By the time you went, was [Baby N] beginning to settle from what you can remember?

LOUGHNANE: I don't remember.

MYERS: You don't remember, all right. But in the time that you were there, he appeared to be pink and certainly recovering from whatever had happened?

LOUGHNANE: Mm-hm.

MYERS: Right. Just one matter finally, please, Dr Loughnane.

It's the blood gas readings we saw that were at tile 179, so could we go there, please, and behind that.

If we look at the readings at 02.04 on the morning of 3 June, so the second line down. As you've pointed out, it's a capillary sample?

LOUGHNANE: Yes.

MYERS: That could explain why the lactate is a little high?

LOUGHNANE: Mm-hm.

MYERS: But apart from that, if you look across that line, in fact at 02.04 those are all good readings?

LOUGHNANE: Mm-hm.

MYERS: And absolutely no cause for concern from anything that you see there?

LOUGHNANE: No.

MR MYERS: Thank you, Dr Loughnane.

MR ASTBURY: My Lord, one matter arising. I know it's late, but if I could deal with it now, it might save the doctor returning.

MR JUSTICE GOSS: Certainly.

Re-examination by MR ASTBURY

MR ASTBURY: Can we go back to tile 176, please, Mr Murphy?

Sorry, not 176, I want the note. It's a different tile.

161. If we scroll down to the 01.10 entry on the second page and just the section to start with where it says "on my arrival". That 40% recording, is that the sats as you saw it or is that the oxygen that he was receiving?

LOUGHNANE: I don't remember. I assume that it was the oxygen he was receiving. But like I say, you wouldn't have been able to give that through a face mask. So whether he was in incubator oxygen -- I don't know exactly how long it took me to get there from the bleep. I don't know. I'd be surprised -- if I've done a writing error it wouldn't be 40% sats. I can't say for definite, but I'd be surprised if his sats were -- he wouldn't be pink if his sats had actually been 40%. And obviously, I left, so I can't have been -- I've been crash called.

I wouldn't have left if I'd been really worried and thought his sats were 40.

ASTBURY: So you don't think that's a recording of sats when you had a concern about the trace on the sats probe?

LOUGHNANE: I don't think so, but I can't 100% say that.

ASTBURY: All right. Would there be any, if you can recall, any physical actions related to the screaming that might have affected the security of the sats probe?

LOUGHNANE: Sorry?

ASTBURY: Were there any associated physical features of [Baby N] associated with the screaming that might have affected the security of that sats probe or can you not remember?

LOUGHNANE: I don't think I understand the question.

ASTBURY: Were there any movements accompanying his screaming that might have had an impact?

LOUGHNANE: I don't remember, but I'd have thought if I'd said somebody's really screaming, you'd have thought they were...

ASTBURY: If the nurse had any doubts about the accuracy of that figure that you were told about -- if we move up to the paragraph above that, 40% sats, if a nurse had concerns about that, would you have noted it if that have been down to the sats probe?

LOUGHNANE: I think so, and then usually the nurses document what they've seen.

ASTBURY: And if it was the sats probe, would that explain why, according to what you were told, [Baby N] looked at that time mottled and dusky? Could the sats probe have had any impact?

LOUGHNANE: Oh no. No, it sounds like something's definitely happened there if he's mottled and dusky and has low sats.

MR ASTBURY: Thank you. I have no further questions. Does my Lord have any?

Questions from THE JUDGE

MR JUSTICE GOSS: Just remind us, please: a sats probe is attached to where?

LOUGHNANE: So it's either hand or foot.

MR ASTBURY: I think we had a video which showed --

MR JUSTICE GOSS: We did but it's a long time ago and I think most people may be familiar with -- well, if you've been in hospital and you've had one put on you.

But that's where it is. It's likely to be on a finger or on a toe?

LOUGHNANE: Yes, or on the wrist, the hand of a baby.

MR JUSTICE GOSS: Thank you. All right. I have no further questions, Dr Loughnane. Thank you very much for coming and giving your evidence to us. You won't be required again, so thank you, you're free to go. Don't talk to anyone about this case until it's all over, please.

(The witness withdrew)

MR JUSTICE GOSS: 2.10 then, please, members of the jury.

Thank you very much.

(In the absence of the jury)

MR ASTBURY: My Lord, I know my Lord has an idea of where we expected to be this afternoon as far as the second sequence of events chart. There are two special measures applications that have arisen in the last few days. I wonder whether this afternoon might be an appropriate time, particularly in respect of one who's expected tomorrow.

MR JUSTICE GOSS: Oh yes, certainly. We'll deal with those this afternoon.

MR ASTBURY: Thank you.

MR JUSTICE GOSS: We have to finish certainly no later than 4.15 this afternoon.

MR ASTBURY: We'll break at an appropriate time for that to be completed before my Lord rises.

MR JUSTICE GOSS: Of course, yes. I'll just leave it to you. We're going to be starting at 2.10. We'll see.

If it's going to be more convenient just to do one session with the jury and then send the jury away slightly earlier and then do the special measures, I don't know how long the special measures --

MR ASTBURY: No, and in fairness, the defence haven't seen the statements yet.

MR JUSTICE GOSS: Don't worry if we finish a little before the normal time then. Thank you very much.

(1.12 pm)

(The short adjournment)

(2.10 pm)

(In the absence of the jury)

MR JUSTICE GOSS: I have two witness statements here in relation to the applications for special measures.

MR ASTBURY: Thank you.

MR JUSTICE GOSS: I haven't looked at the DCS for the application, but I assume they've been uploaded on to the DCS.

MR ASTBURY: They are there.

MR JUSTICE GOSS: Right. We'll see where we get to this afternoon then with the other material that you're proposing to adduce.

MR ASTBURY: I'm told it may not take too long. I don't think there is anticipated to be any objection from the defence in respect of the special measures applications.

MR JUSTICE GOSS: Right. Then I've been handed one more statement to be read, I think.

MR ASTBURY: Yes, it was missed out of the original bundle, I'm sorry.

MR JUSTICE GOSS: That's fine. Thank you.

(In the presence of the jury)

Witness statement of DR SUDESHNA BHOWMIK (read)

MR ASTBURY: My Lord, some more statements to read, please, by way of evidence, beginning with Dr Sudeshna Bhowmik.

In a statement dated 15 July 2020, Dr Bhowmik says this:

"Further to my previous statement, I would like to add the following in relation to my involvement with the care of baby [Baby N].

"I was one of the daytime paediatric registrars covering the neonatal unit at the Countess of Chester Hospital on 2 February 2016. I attended the delivery of [Baby N]. I do not have any direct recollection of this and I am basing my statement on the clinical notes. My designation at the time was ST8, which is specialty registrar year 8 in paediatrics."

My Lord, there are a number of tiles which could be referred to during the course of these statements.

I have selected but a few. They're all there and they've been gone through already by my learned friend Mr Johnson. Unless anybody wants me to, I will not go to them.

MR JUSTICE GOSS: Mr Myers, if you wish there to be any direct reference to any of them, would you indicate to Mr Astbury?

MR MYERS: I will. We should be all right to deal with it this way, but I'm grateful for the indication, thank you.

MR ASTBURY: "A review of the maternal notes shows that [Baby N]'s antenatal anomaly scans had been normal and there were no risk factors for sepsis (for example premature rupture of membranes, maternal sepsis or fever or maternal group B streptococcus).

"Mum had received two doses of antenatal steroids to help with maturation of baby's lungs in case of an anticipated preterm baby. There had been concerns about intrauterine growth restriction on growth scans. Mum was known to be a carrier of

haemophilia A and there was pre-emptive advice from the consultant haematologist about checking the baby's cord blood for APTT (a test to check clotting status) and also factor VIII (the clotting factor that is low in haemophilia A).

"According to the notes, paediatric senior house officer Dr Vikash Jankee and myself met with parents on the labour ward (inaudible: coughing) delivery around 9.50 am. We explained to the parents that we would be present at the delivery due to prematurity, would provide any respiratory support needed, and discussed the possibility of some babies needing resuscitation.

"We discussed that baby would be admitted to the neonatal unit for observation, respiratory support and feeding support as needed, and explained that due to his prematurity it may take time to establish on breast or bottle feeds and there is a possibility of needing a nasogastric tube for feeding initially. Consent was taken for the use of donor-expressed breast milk.

"We explained about [Baby N] being low birth weight and preterm and would need an incubator for temperature control. We offered the parents a tour of the neonatal unit.

"[Baby N] was born on 2 June 2016 at 13.42 at 34 weeks and 4 days' gestation by elective caesarean section. His birth weight was low at 1.67 kilograms. He cried immediately and had good Apgar scores of 9 out of 10 at 1 minute and 9 at 5 minutes.

"He was brought to the neonatal unit and initial observations on admission were satisfactory. I then handed over to my colleague, a locum paediatric registrar, who assessed the baby at 14.50. According to my colleague's notes, at about 1 hour of age [Baby N] was found to have some intermittent grunting, increased work of breathing, cool peripheries, and some transmitted upper airway sounds. This is not unusual in babies born by caesarean section due to excess fluid on the lungs. The usual practice is to observe for 4 hours to see if these symptoms settle down before considering a sepsis screen.

"The baby's cord blood was sent for clotting investigations as per haematology advice and intramuscular vitamin K was withheld in case of increased bleeding or bruising with injection until the results were back, as advised by Dr Mark Caswell, consultant paediatric haematologist at Alder Hey.

"I next saw [Baby N] on the ward round the next morning, that is 3 June 2016, at 11 am."

This note is behind tile 231 if anyone wants to make a note:

"[Baby N] had been eventually screened for sepsis the previous day due to persistence of the intermittent grunting beyond 4 hours of age as per local neonatal guidelines and was now on antibiotics with a differential diagnosis of either TTN or possible sepsis.

"He had also been kept nil by mouth on intravenous fluids in view of his respiratory distress to prevent choking or aspiration. On the ward round he was breathing without any support in room air and had oxygen saturations of 100%. I noted that he had had an episode overnight at around 1.10 am when his oxygen saturations had dropped to 40% along with colour change and duskiness (and was reviewed by my colleague Dr Loughnane soon after) but had settled thereafter and did not need supplemental oxygen for very long. His blood gas in the morning was satisfactory. On examination he had mild sternal recession (indrawing of the sternum or breastbone during breathing, a common sign of increased work of breathing in newborn babies, especially those born prematurely) and a respiratory rate of 60 per minute with no nasal flaring or grunting, which are other signs of respiratory distress in babies.

"The rest of his examination was unremarkable and he was pink, well perfused, with normal heart sounds and femoral pulses, normal abdominal exam, normal anterior fontanelle, and no bruising. Overall, he seemed to be doing well from a respiratory point of view. I was therefore happy for him to have some enteral feeds, (they are milk feeds through a bottle or nasogastric tube if not interested in the bottle) at 50% of his required daily rate and to slowly increase as tolerated.

"He was to continue with antibiotics at least until the blood culture results came back at 36 hours and I requested a blood test for repeat CRP (C-reactive protein), an infection marker.

"[Baby N] had also developed jaundice in the first 24 hours of life and was receiving phototherapy treatment for this. It was planned to continue this and repeat bilirubin levels for jaundice in the evening.

"His clotting tests from the day before were abnormal, suggestive of a diagnosis of haemophilia A, and I therefore made a plan to discuss again with the haematology team at Alder Hey Children's Hospital for further advice (this was subsequently done by my locum colleague). His cranial ultrasound scan (to look for obvious bleeds in the brain) from the previous day was normal. I did not have any further input in [Baby N]'s care."

Witness statement of MS CAROLINE OAKLEY (read)

MR ASTBURY: My Lord, the next statement at page 17 is from Caroline Oakley. In a statement dated 20 March 2019 she says this:

"I have been asked about my involvement with the care of [Baby N] and in particular the day shift of Thursday, 2 June 2016.

"I do not remember this particular shift and I have reviewed a copy of his medical notes to assist with this interview. [Baby N] was born at 13.42 hours on this day by an elective caesarean section. He was transferred to the neonatal unit at 14.00 hours and it was at this time I took over the responsibility for his care.

"He had been admitted due to being premature, 34 plus 4 weeks, and intrauterine growth restriction. I was also aware that his mother was a carrier of haemophilia.

"On his arrival, [Baby N] was taken to nursery 1, he was pink in colour, he had a respiratory rate of 64 and his temperature was 36.7 degrees. [Baby N] was dressed and placed in a hot cot, which was set at 38.5 degrees. [Baby N] was initially grunting intermittently, which is not unusual for a preterm baby whose lungs are not fully formed. His saturations were between 93% and 100% in air.

"At 15.00 hours his temperature had dropped to 36.4 degrees and the hot cot temperature was increased to 39 degrees."

My Lord, that record can be found on the observations chart, the yellow and white chart that we're familiar with, and it is in jury bundle 2 and it is at tile 16 if anyone want to look at the general progress of [Baby N] through the day:

"Tube feeds were commenced with 9ml of donor-expressed breast milk given every 2 hours. Whilst having his temperature recorded, [Baby N] became upset and his saturations dropped to 67%. He required 60% oxygen to recover and he was reviewed by Dr Ukoh. A decision was made to screen his bloods for infection and at 18.00 hours he was started on antibiotics and nil by mouth."

That nursing note is behind tile 20 and the jury were shown it by my learned friend Mr Myers this morning with Dr Loughnane:

"His bilirubin levels were high and at 18.15 hours he was transferred to the incubator and commenced on phototherapy. In summary, [Baby N] was presenting quite typically for a 34-week premature baby and I was not overly concerned for him when I handed over his care to Nurse Booth at 20.00 hours that evening."

Additional witness statement of MS CAROLINE OAKLEY (read)

MR ASTBURY: My Lord, the next page in my Lord's bundle is a short additional statement from Caroline Oakley dated 8 October 2021. In it she says:

"I provide this statement in relation to the ongoing police investigation relating to the NNU at the Countess of Chester Hospital. Prior to providing this statement, I have had the opportunity to access the medical notes relating to baby [Baby N].

"As stated in my previous statement, dated 20 March 2019, relating to the care of baby [Baby N], I do not recall the day in question, being 2 June 2016. I can only provide my account from the information recorded within the medical notes as before.

"Further to my last statement, on now being asked about the nasogastric tube, on reviewing the nursing notes again I can see that I have updated the records in relation to the insertion and maintenance of the nasogastric tube between 15.30 and 18.51 hours that day.

"In summary, on reviewing the notes, I can confirm that there is nothing to suggest that the NGT has been changed or physically removed once I have originally inserted it and I have only routinely completed the checklist during my shift to confirm that I have managed the care plan. There is also no indication to suggest that there are any difficulties with placement of the tube. If this had been the case it would normally have been documented within the associated medical notes."

Witness statement of MS MELANIE TAYLOR (read)

MR ASTBURY: I'm going to move on to page 21 in the bundle and Melanie Taylor, please.

In a statement dated 23 April 2019, Melanie Taylor states this:

"I have been asked about my involvement with the care of [Baby N] and, in particular, the night shift of Thursday, 2 June through to the morning of Friday, 3 June 2016.

"I do vaguely remember [Baby N] by his name. However, I do not remember this particular shift and I have reviewed a copy of [Baby N]'s medical notes to assist with this interview.

"I can confirm that I was on duty as the shift team leader but I do not recall if I was caring for any babies as well. I can see from the notes that Chris Booth was the designated nurse for

[Baby N]. I am aware from the notes that [Baby N] suffered a collapse in the early hours of the morning whilst Chris was on his break. I do not remember who had taken over the care for [Baby N] at this time. There are no rules regarding who takes over the care during break times. I simply do not remember this collapse occurring or responding to it."

Witness statement of MS SOPHIE ELLIS (read)

MR ASTBURY: Next, my Lord, page 22 is Sophie Ellis. In a statement dated 26 March 2019, she says:

"I have been asked about my involvement in the care of [Baby N] and, in particular, the night shift of Thursday, 2 June 2016 through to Friday, 3 June 2016.

"I have a vague memory of [Baby N] as he suffered from haemophilia. It is unusual to have a baby on the unit with this condition. I have no memory of this shift and I have reviewed the care notes for [Baby N] to assist with this interview.

"I can confirm that I was on duty this night but I do not remember which nursery I was working in or the names of the babies I was caring for. I have been informed, and I am aware from reading the notes, that [Baby N] suffered a collapse during the early hours of 3 June in nursery 1. I do not recall this happening and I had no involvement in the care for [Baby N] following this episode.

"I am aware that Nurse Christopher Booth was the designated nurse for [Baby N] during this shift and that this collapse had occurred whilst he was on a break. I do not know who had taken over the care at this time. I can confirm from reviewing the notes for [Baby N] that I countersigned for the administration of antibiotics. I do not remember doing this."

Witness statement of MR CHRISTOPHER BOOTH (read)

MR ASTBURY: If I could ask my Lord, please, to go next to page 24 of the bundle, the additional document and the statement of Christopher Booth, please, dated 3 October 2018. He says this:

"I have been asked about my involvement in the care of [Baby N] and, in particular, the night shift of Thursday, 2 June through to Friday, 3 June 2016.

"I have had the opportunity to review the care notes for [Baby N] to assist with preparing this statement. I do remember [Baby N] as he suffered from haemophilia, which is unusual for a neonate. However, my memory of this particular shift is limited.

"[Baby N] had been born earlier that day and I took over from Nurse Caroline Oakley, who had cared for him during the day. I do not remember the handover or what was said. I was on duty with Melanie Taylor, who was the nurse in charge, Lucy Letby, Sophie Ellis and either one or two nursery nurses, but I am not sure who that was.

"I am almost certain that I was caring for [Baby N] in nursery 1, but I do not remember if other babies or other members of staff were in nursery 1 during this shift or not. When I took over the care of [Baby N], he was stable, self-ventilating in air, and his oxygen saturations were almost 100%. He had no increased work of breathing and no abnormalities at all with his basic observations. He was nil by mouth and had an intravenous fluid drip attached.

"I do not remember the exact time but it was probably on the hour in the early part of the morning that I went for my normal one-hour meal break. It was on the hour as [Baby N] did not require feeding and was stable.

"When I went on my break, I had no concerns at all for [Baby N]. I handed the care over to another nurse but I do not remember who this was. The likelihood is that if another member of staff was working in nursery 1 then that person will have taken over the care. I will not have gone on my break without arranging replacement care first.

"When I returned from my break an hour later, I was surprised to be informed that whilst I'd been away [Baby N] had become very unsettled, had been crying and fractious and also suffered a profound desaturation. The situation had been managed by other members of staff in my absence. I was not called back from my break.

"When I returned [Baby N] had calmed down and his oxygen levels had recovered and [Baby N] remained stable for the rest of the shift."

Nurse Booth's notes appear at tiles 172 and 191 if anyone wants to revisit those.

Witness statement of MS VALERIE THOMAS (read)

MR ASTBURY: My Lord, finally from the bundle, please, page 23, a statement from Valerie Thomas. In her statement dated 3 April 2019 she says:

"I have been asked about my involvement with the care of [Baby N] and, in particular, the night shift which I worked on Thursday, 2 June through to the morning of Friday, 3 June 2016.

"I do not remember [Baby N] and although I can confirm that I was working this shift, I don't remember it. I have reviewed a copy of [Baby N]'s medical notes to assist with this interview. I do not remember exactly where I was working or the names of the babies that I was caring for. However, as a nursery nurse it was likely that I was working in nursery 3 or 4.

"I can see from the notes Chris Booth was the designated nurse for [Baby N]. I am aware from the notes that [Baby N] suffered a collapse in the early hours of the morning whilst Chris was on his break. I do not know who had taken over the care for [Baby N] at this time or who the first nurse was to react to this incident. I do not remember the collapse occurring and it is very unlikely that I would have been involved with any subsequent care for [Baby N].

"It's not unusual for a baby to suffer an episode on the unit and for other members of staff not to be aware, especially if it is busy."

My Lord, that's the evidence at this stage in respect of event 1 on 3 June 2016.

MR JUSTICE GOSS: Yes, thank you.

MR JOHNSON: Claire Hocknell, please.

MRS CLAIRE HOCKNELL (recalled)

Examination-in-chief by MR JOHNSON

MR JOHNSON: We're moving to counts 18 and 19 now, ladies and gentlemen.

Just for the sake of the recording, Mrs Hocknell, would you identify yourself, please?

HOCKNELL: Claire Hocknell.

JOHNSON: Thank you. There is a sequence for counts 18 and 19; is that right?

HOCKNELL: Yes.

JOHNSON: We're going to deal with that now, if we may. The events in question took place on the day shift on Wednesday, 15 June; is that right?

HOCKNELL: It's the end of the night shift.

JOHNSON: I beg your pardon, yes.

Can we start at tile 1. You summarise the fact there that [Baby N] had received care in the neonatal unit at the Countess of Chester from 14.00 hours on the 2nd, and you refer us back to the sequence of events that we've just looked at; is that right?

HOCKNELL: Yes.

JOHNSON: Thereafter, the medical records that follow provide a detailed account from midnight on the 14th; is that right?

HOCKNELL: That's correct, yes.

JOHNSON: Then tile 3 takes up the narrative from 00.30 on the night shift of 14 June?

HOCKNELL: Yes.

JOHNSON: There is there a feeding chart; is that right?

HOCKNELL: Yes.

JOHNSON: I don't think we need to go to the details, but tile 4 tells us that at 01.40 hours there is a clinical note made by Dr Katarzyna Cooke.

HOCKNELL: Yes.

JOHNSON: And tile 5, at 03.45, is an observation chart together with, at tile 6, a neonatal unit feeding chart at 03.45?

HOCKNELL: Yes.

JOHNSON: At tile 7 there is a clinical note made by Dr Andrew Henton concerning an examination of [Baby N]?

HOCKNELL: Yes.

JOHNSON: That's not timed, but from its context, have you placed it there between 03.45 and 06.10?

HOCKNELL: Yes.

JOHNSON: Thank you. The fact there isn't a time may be explicable by the fact that Dr Henton appears to be very newly qualified.

HOCKNELL: Yes.

JOHNSON: Anyway, whether or not that is the explanation, tile 8 is a nursing update made by the overnight nurse who was Abigail Jeffels.

HOCKNELL: Yes.

JOHNSON: That records the fact that she had taken over care of [Baby N] from 19.30 hours, that she'd performed the necessary checks, his temperature and observations were stable, he was feeding on demand from a bottle. He continued on the BiliBlanket. However, his serum bilirubin was reducing and his weekly bloods had been sent off for analysis; is that right?

HOCKNELL: Yes.

JOHNSON: Other observations are that he had passed urine, his bowels had opened and his abdomen was soft?

HOCKNELL: Yes.

JOHNSON: We then come to the nursing shift handover on the day shift on 14 June 2016?

HOCKNELL: Yes.

JOHNSON: So this is tile 9. Do we see there that [Baby N]'s designated nurse was Lucy Letby?

HOCKNELL: Yes.

JOHNSON: At tile 10, is there a record made by Lucy Letby of the fact that [Baby N] had taken 45ml of expressed breast milk via a bottle?

HOCKNELL: Yes.

JOHNSON: That he'd passed urine?

HOCKNELL: Yes.

JOHNSON: His bowels had opened a small amount and it then says "N/B x2". Do you know what that means?

HOCKNELL: No.

JOHNSON: All right. Let's just look at what Lucy Letby has written on the requisite -- the applicable sheet. Which entry are we looking at here, 07.40 is it?

HOCKNELL: About the third one down.

JOHNSON: Yes. It says "N/B x2" and it's been ticked anyway?

HOCKNELL: Yes.

JOHNSON: So whatever that refers to, there's a tick?

HOCKNELL: Yes.

JOHNSON: It appears that the right-hand edge of the document has been cut off. Is that how it appears in the saved records as we have received them?

HOCKNELL: I expect so.

JOHNSON: Yes, all right. Moving on to tile 11, is there then a text message from [Nurse E] to Lucy Letby timed at 07.46, saying:

"Gone to see S before school. See you later"?

HOCKNELL: Yes.

JOHNSON: And the name S, that begins S, has been redacted from the message?

HOCKNELL: Yes.

JOHNSON: Then at 12, still on Tuesday, 14 June at 08.00 hours, is there a note made by Lucy Letby saying:

"Written for care given from 08.00 hours to present. Emergency equipment checked. Fluids calculated. Infant nursed in a cot. Temperature maintained."

HOCKNELL: Yes.

JOHNSON: At tile 13 did Lucy Letby then send a WhatsApp message to [Nurse E]?

HOCKNELL: Yes:

"No worries. Just finished doing Abby's work lol."

JOHNSON: And a response from [Nurse E], sort of a screaming emoji?

HOCKNELL: I think it's Lucy Letby.

JOHNSON: I beg your pardon. And then [Nurse E] responds:

"What?!"

HOCKNELL: Yes. Lucy Letby replies:

"[Surname of Baby N] had woken at 7 apparently, but had only got as far as [I think it's warming] milk. Bottle not done, etc, needs bloods. Had left H crying without cares from feed at 7 as thought dad might have come in at 8."

JOHNSON: This is presumably a reference to Abby's work and we know that Nurse Jeffels, who'd been looking after [Baby N], was Abigail Jeffels; is that right?

HOCKNELL: Yes.

JOHNSON: So [Nurse E], as I said, replied, "What?", and then said:

"She was sat by desk for ages."

HOCKNELL: Lucy Letby replies:

"Just got straight and H's bottle left dirty."

JOHNSON: Thank you. Then there's an angry emoji; is that right --

HOCKNELL: Yes.

JOHNSON: -- a frowning emoji?

Then tile 21, a prescription for sucrose at 11.00 hours?

HOCKNELL: Yes.

JOHNSON: Tile 22, 11.30 hours, the standard vital signs monitored and recorded?

HOCKNELL: Yes.

JOHNSON: Tile 23, 11.50 hours, the feeding chart recording -- just look at this, please, it's a record made by Lucy Letby, tile 23.

This is 11.50 this time. We know what EBM means.

Do you know what PTB stands for?

HOCKNELL: No.

JOHNSON: We won't guess then. Amount is, "1300 down 30", it says. That's how it's recorded. Route, "bottle"

appears to be the...

"Passed urine, small [and bowels open]."

A dash under "N/B x2". Then can you see what it says?

HOCKNELL: "Cares plus feed mummy."

Then I can't quite...

JOHNSON: And what, sorry?

HOCKNELL: I've put "1 NC". It might be "1 NG", I don't know.

JOHNSON: Tile 24 next, at 12.30. That's a record of [Baby N]'s observations at that time; is that right?

HOCKNELL: Yes.

JOHNSON: Thank you. I'm not going to go to this every time, but if we just look at it once so we get an idea of where he was during this general period of time. If we scroll down, please. It's essentially a temperature check, isn't it, at this stage of time?

HOCKNELL: Yes.

JOHNSON: Together with the temperature of the cot and a few other bits and bobs noted from time to time?

HOCKNELL: Yes, the phototherapy, I think.

JOHNSON: So it's not actually heart rate or respiratory rate at this stage?

HOCKNELL: No.

JOHNSON: Thank you. Let's go back, please, on to tile 25 next.

Do we come to a further note made by Lucy Letby at 14.14?

HOCKNELL: Yes.

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

HOCKNELL: "Demand feeding expressed breast milk via own bottle, completing more than required volumes. Put to breast. Good latch. Bottle top-up. Urine passed. Bowels opened. Initially nursed on a BiliBlanket. Repeat SBR this morning. On downward

trend but not yet less than 50. Below treatment line but otherwise ready for home. Discussion with mum and Registrar [Dr D]. Overhead Neoblu commenced and infant placed in incubator. Eye protection in place."

MR JUSTICE GOSS: I think it should be:

"... but not yet more than 50 below treatment line."

HOCKNELL: Oh.

MR JOHNSON: So other than the bilirubin issue, ready to go home?

HOCKNELL: Yes.

JOHNSON: The next tile, please, tile 26. Here, does Lucy Letby note family -- make a family communication note?

HOCKNELL: Yes.

JOHNSON: Recording:

"Mummy visiting this morning. Carried out cares and feed. Put infant to breast. Discussed feeding at home. Mum aware will need term formula if she is not able to meet his requirements. Milk supply is improving. Seen by infant feeding team with regards to hiring a breast pump. Mum will think about it. Discussed vitamins and need for resus demo prior to discharge. Aims to return later. Aware that once jaundice treatment discontinued, infant will be ready for home. Have asked mum to registrar infant with a GP."

HOCKNELL: Yes.

JOHNSON: Then at 27 do we have a prescription for DaliVit, vitamins?

HOCKNELL: Yes.

JOHNSON: Administered by Lucy Letby and Ashleigh Hudson?

HOCKNELL: Yes.

JOHNSON: At 28, at 17.00 hours, observations, such as they were, being recorded at that stage were recorded?

HOCKNELL: Yes.

JOHNSON: Tile 29, 17.15, the feeding chart recorded that [Baby N] had taken 60ml from a bottle?

HOCKNELL: Yes.

JOHNSON: He had passed urine but his bowels had not opened.

At tile 30, 19.15, a nursing note made by Lucy Letby recording the fact that [Baby N] remained under phototherapy, was feeding on demand, his temperature was maintained, he was for repeat serum bilirubin test and calcium -- it says "this tonight", but that may be a --

HOCKNELL: Yes.

JOHNSON: There may be a typo in there somewhere.

At 31 Lucy Letby made a report of [Baby N]'s mother and siblings visiting.

HOCKNELL: Yes.

JOHNSON: Then at 32, 33, 34 and 35, we have a series of door swipe entry data relating to the arrivals of Belinda Simcock, Lisa Walker, Kathryn Percival-Ward and [Nurse E].

HOCKNELL: Yes.

JOHNSON: Just to remind us all, Kathryn Percival-Ward now known as Kathryn Percival-Calderbank?

HOCKNELL: Yes.

JOHNSON: We then come to the shift handover, please. Do we see that those people whose arrivals we have just noted are all there working as part of the nursing staff? The addition is Jennifer Jones-Key, who may have shoulder surfed someone on the way in. And the medical staff are Dr Saladi, who was on call, the registrar was [Dr A] and the SHO was Katarzyna Cooke?

HOCKNELL: Yes.

JOHNSON: So far as where people were, is that recorded on tile 37?

HOCKNELL: Yes.

JOHNSON: Is it not loading? All right. Don't worry. It doesn't matter. We can deal with it this way. We'll make sure that the system works in due course, but just so that the jury knows, [Baby N] was in nursery 3, wasn't he?

HOCKNELL: Yes.

JOHNSON: All right. Tile 38 then, please, next. Is this Jennifer Jones-Key's note of the initial part of the shift?

HOCKNELL: Yes.

JOHNSON: It's a retrospective note made at 05.51 the following morning, getting towards the end of the shift.

If we just click on it, please. Does that record that at the start of the shift, [Baby N] was being nursed in an incubator with eye protection in situ, he was demand bottle feeding on expressed breast milk and taking good amounts?

HOCKNELL: Yes.

JOHNSON: Thank you. Do we then have door swipe data for the arrivals of Doctors [Dr A] and Cooke at 20.37 in tiles 39 and 40 respectively?

HOCKNELL: Yes, to different areas.

JOHNSON: Sorry, I beg your pardon, yes. [Dr A] is into the neonatal unit, Dr Cooke into the maternity ward?

HOCKNELL: Yes.

JOHNSON: Tile 41, is that a nursing note made in relation to a repeat of the serum bilirubin test?

HOCKNELL: Yes.

JOHNSON: Then at tile 42, at the same time, such data that was being monitored at that stage, which didn't include the heart rate and respiratory rate, were recorded; is that right?

HOCKNELL: Yes.

JOHNSON: I think we saw on the chart that at this stage the heart rate and the respiratory rate weren't being recorded.

HOCKNELL: No.

JOHNSON: Okay. Then at 43 do we have the feeding chart at 21.00 hours recording the fact that [Baby N] took 60ml of expressed breast milk?

HOCKNELL: Yes.

JOHNSON: We then come to a series of WhatsApp messages passing between [Nurse E] and Lucy Letby starting at tile 44 with a message sent by [Nurse E] at 21.16 saying:

"Bloody hell, Kate W and Jenny in a right nark."

Followed by a Facebook message sent by [Dr A] to Lucy Letby saying:

"Am I right in thinking you'll have done 6 long days in the last 8? No wonder you're tired."

HOCKNELL: Yes.

JOHNSON: Did Lucy Letby respond first to [Nurse E]?

HOCKNELL: Yes. She replied:

"Great."

JOHNSON: And then did [Dr A] follow up his previous message with:

"Hope you get better sleep tonight."

HOCKNELL: Yes, and Lucy Letby replies to [Dr A]:

"I hope I didn't offend you before and you got another snooze. Yep, 6 in 8. My own doing though, as holiday is during days off rather than AL [which is annual leave]. Thank you. I'm having problems with my thyroid, which doesn't help. Just having some cereal and watching Corrie."

JOHNSON: Did [Nurse E] then send a message saying:

"Got a cob on because I put my requests into August requests and said not fair that a lot of people haven't and people who always put in requests have. Said not my fault I'm quick off the mark."

HOCKNELL: Yes and Lucy Letby replied:

"Jen said similar to me. Get on it then. Ha ha, think only me and you and two others had written on the blank sheet for September."

Lucy Letby then replied:

"Did you get what [you] wanted?"

JOHNSON: Yes. And [Nurse E] responded with three messages in quick succession:

"Oh, and Kate W just been slagging off Doreen, could overhear her in equipment room, and saying seeing as already been shark attack in them waters [as read]."

"Yeah".

"Oh, and August off duty am talking about too."

HOCKNELL: Lucy Letby replied:

"Good job I'm not there. It's her funeral tomorrow."

JOHNSON: [Nurse E] saying:

"Ah, I see. Well, that's been out long enough for people to sort."

Is that then followed by a series of messages about work or of a social nature which aren't relevant to any of the issues or potential issues in this case?

HOCKNELL: Yes.

JOHNSON: Thank you. At tile 58 did [Dr A] then send Lucy Letby a response to her previous query in the following terms:

"No, you didn't offend at all. Had a bit of an epic fail trying to discuss who calls a sick day. I think I should learn to pick my timing better. Bonus that you didn't use any annual leave for your break. Are you going to Torbay again this year? Let me know if I can do anything endocrine to help, as well as coffee, cake and computers. I know my way round TFTs if you need any help?"

Did [Nurse E] then send a message saying:

"(Inaudible) was saying other day it would need to be trained"?

HOCKNELL: Lucy Letby replies to [Nurse E]:

"Caroline said would need to be 2 people and would cross if came to it."

JOHNSON: [Nurse E] said laugh out loud.

HOCKNELL: Lucy Letby then replies to [Nurse E]:

"Had lovely run of shifts in E."

And then I think that's a follow-up 3, meaning she'd had a lovely run of shifts in 3.

JOHNSON: Yes. We saw of course that [Baby N] was in 3 at this stage. [Nurse E] then responded:

"Have you? Hopefully in there again tomorrow then."

Then a further message saying:

"Jen slagging Amy off now too."

HOCKNELL: Lucy Letby sends some messages in reply:

"Yeah, nice babies and parents. My G mum grown on me. Oh god, get Love Island on and shut the door."

JOHNSON: Did [Nurse E] respond:

"Think William's mum going to be up and down feeding. Amy might come round Thursday evening for a drink too"?

HOCKNELL: Yes.

JOHNSON: Do we then go back to the conversation between Lucy Letby and [Dr A]?

HOCKNELL: Yes, Lucy Letby replies:

"Pick the timings of your hypos or your epic fails? Yep, we are off to Torquay 2 July. My parents go 3 times a year."

JOHNSON: Then presumably in response to the:

"Let me know if I can do anything endocrine to help, as well as coffee cake and computers."

Does Lucy Letby respond?

HOCKNELL: "Thanks, a man of many talents! I've been hypothyroid since I was 11. Having blips last 12 months. Just increased dose again so see if that does the trick. Last time it was increased I was overtreated and had tremors, et cetera. GP thinks thyroid's own function is declining with age. Does that sound reasonable?"

JOHNSON: There's then a message that she sends to [Nurse E]?

HOCKNELL: "About mum, not Amy lol."

JOHNSON: Does [Nurse E] respond:

"Have loaded it up. May watch it now."

That's maybe in response to "get Love Island on".

Tile 76, at 22.54 does the swipe data record Jennifer Jones-Key going into the neonatal unit?

HOCKNELL: Yes.

JOHNSON: And do we then move on to 01.00 hours at tile 77 with Jennifer Jones-Key's recording of such elements of the vital signs as were being recorded at that stage relating to [Baby N]?

HOCKNELL: I think so, yes.

JOHNSON: Thank you. Tile 78. Do we then have one of Jennifer Jones-Key's nursing notes?

HOCKNELL: Yes.

JOHNSON: Can you help us with that, please?

HOCKNELL: "Baby very unsettled early part of night. I noticed that just after 01.00 feed baby looked very pale, mottled and veiny. Abdomen slightly bigger. Seen by NNU Nurse Belinda Simcock. Advised to place baby on saturation monitor."

JOHNSON: Thank you. If Mr Murphy would just help us go back to tile 77, please, just to put that into -- because it picks up on the point that we noted before, I think.

Thank you.

If we look across the top axis, the time, we see 21.00 hours on the 14th, presumably --

HOCKNELL: Yes.

JOHNSON: -- yes. There were no records being maintained of heart rate or respirations, just temperature and the other bits and bobs further down the table.

Just going back to the top, please, Mr Murphy. We see the observations of the heart rate and the respiratory rate starts at 01.00 hours.

HOCKNELL: Yes.

JOHNSON: Thank you. So moving on to tile 79, please, is there a blood gas record at 01.27 hours?

HOCKNELL: Yes.

JOHNSON: Followed at tile 80 at 01.45 by [Dr A]'s medical note?

HOCKNELL: Yes.

JOHNSON: We'll be hearing from [Dr A] in due course, but in a nutshell he was asked to review [Baby N] at this stage; is that right?

HOCKNELL: Yes.

JOHNSON: Thank you. At tile 81, is there a corresponding note made by the designated nurse Jennifer Jones-Key concerning that review by [Dr A]?

HOCKNELL: Yes.

JOHNSON: Followed again, at tile 82, at 03.25 by blood being sent for analysis?

HOCKNELL: Yes.

JOHNSON: And then at tile 83, a blood gas record at 03.41?

HOCKNELL: Yes.

JOHNSON: At tile 84, a further review by [Dr A]?

HOCKNELL: Yes.

JOHNSON: Then at tile 85 a recording of the fact that that was the time that pathology collected blood and that 5 days later, no bacterial growth had been detected in the sample?

HOCKNELL: That's correct, yes.

JOHNSON: I think some of that information -- there's more detailed information concerning that particular blood sample at tile 86; is that right?

HOCKNELL: I think so, yes.

JOHNSON: We'll leave that for the medics to interpret for us.

But if we move on to tile 87, do we have a nursing note made by the designated nurse, Jennifer Jones-Key, relating to [Dr A]'s review that he'd noted at 03.45?

HOCKNELL: Yes.

JOHNSON: Thank you. The next three tiles, 88, 89 and 90, timed at the earliest at 04.30, at the latest 04.45, do they concern the prescription of sucrose, cefotaxime and sodium chloride?

HOCKNELL: Yes.

JOHNSON: At tile 91 do we have the full record of the vital signs on the chart?

HOCKNELL: Yes.

JOHNSON: Then do we have, at tile 92, a message sent by Lucy Letby to [Nurse E] saying:

"Awake already"?

HOCKNELL: Yes.

JOHNSON: Followed by [Nurse E] responding:

"I wouldn't come in!"?

HOCKNELL: Yes. Lucy Letby replies:

"Oh, why?"

JOHNSON: Thank you. Then 95 through to 97, does that concern the update on the computer relating to the three prescriptions that had been written at 04.30 to 04.45?

HOCKNELL: Yes.

JOHNSON: Thank you. At 98 was there a further review of [Baby N] by [Dr A]?

HOCKNELL: Yes.

JOHNSON: That's at 05.15. Was that followed at tile 99 by a dose of 17ml of sodium chloride being given intravenously to [Baby N]?

HOCKNELL: Yes.

JOHNSON: Then the answer at tile 100 to Lucy Letby's question as to why she shouldn't come in came from [Nurse E], saying:

"Five admissions, 1 vent."

HOCKNELL: Lucy Letby replied:

"OMG."

JOHNSON: [Nurse E] then replied almost immediately:

"All kicks off on last shift and only three trained. Baby [Surname of Baby N] screened. Looks like shit."

And then laugh out loud. And did Lucy Letby respond?

HOCKNELL: Yes:

"Really? Oh no. Who's the vent?"

JOHNSON: Do we then have, at 109, at 05.30 a prescription for IV fluids, being 10% glucose, to run at the rate of 10.6ml per hour?

HOCKNELL: Yes.

JOHNSON: That prescription also appears at tile 110 at the same time in the fluid balance chart?

HOCKNELL: Yes.

JOHNSON: Along with the information that [Baby N] had passed urine and his bowels had opened. Is that then followed 21 minutes later at tile 111 by a further update made by Jennifer Jones-Key?

HOCKNELL: Yes.

JOHNSON: Just to give a flavour of what was going on, and if we look at it, can you help us with the essence of what she recorded, please?

HOCKNELL: "Baby looked worse this morning and cap refill 3 seconds. Reviewed again by paed. Placed into 25% ambient O2 and nil by mouth. 10% dextrose commenced on 150ml per kilogram. Cannula site satisfactory. Passed urine. Bowels opened. No contact from parents."

JOHNSON: Then at tile 112 did [Dr A] send Lucy Letby a message in the following terms:

"What a chaotic 7 hours. Sorry, I may have filled the neonatal intensive care unit. Hypo timing has always been an issue. Probably not going to alter that much, although it's much better than years ago. Epic fail timing, clearly I chose poorly. Yes, thyroid function can change with age amongst other things. If you can't find a workable dose there's always the option to block your own thyroid with carbimazole and establish an

effective thyroxine dose. Have a good breakfast: I think your day may be busy."

Did Lucy Letby respond to that 3 minutes later?

HOCKNELL: Yes:

"[Dr A], what have you been doing? Is it mad? Okay, didn't know that was an option. I'm trying alternate day doses at the moment so hopefully that will resolve things. Hope you've had plenty of..."

And coffee emojis.

JOHNSON: Yes. At 114, did Nurse Jones-Key fill in the neonatal fluid balance chart?

HOCKNELL: Yes.

JOHNSON: And then at 115, timed at 06.02, did [Dr A] respond to Lucy Letby in the following terms:

"I was given juice (with a suction catheter straw) whilst I was scrubbed for UVC number 2. We haven't had any time to stop so far. Hopefully it will be calmer when you come in. Alternating doses often works. Hopefully it will for you."

HOCKNELL: Lucy Letby replied:

"Oh, fun night then! Hope your pump/sensor is playing ball?"

JOHNSON: Thank you. And then did Jennifer Jones-Key at 06.03 put into the nursing notes:

"No contact from parents"?

HOCKNELL: Yes.

JOHNSON: And at 118, at 06.04, did Lucy Letby send a further message to [Dr A]?

HOCKNELL: Yes:

"Wonder if I'll find my way back into 1 today then."

JOHNSON: Did [Dr A] respond at 06.19, tile 119, saying:

"Everything is working so far, I'm aiming for normal glucose at handover! Have had a couple of 'just checking you're all right' phone calls from Dr Saladi. How embarrassing. I wonder who else

knows about yesterday. Maybe 1. Nobody terribly unwell. 1x vent."

HOCKNELL: Lucy Letby then replied:

"Fingers crossed. I didn't hear anyone mention it yesterday and I've not said anything so hopefully not many. That's good."

Five minutes later she then asks [Dr A]:

"What was your BM yesterday?"

JOHNSON: That's blood sugar in this context?

HOCKNELL: Yes.

JOHNSON: And then [Nurse E] at 6.25, tile 122, sent Lucy Letby a message saying:

"New term baby born flat after diamorph."

HOCKNELL: Yes. Lucy Letby replies to her:

"Hopefully quick turn around then."

JOHNSON: And [Nurse E]:

"I was only one that got break as went early. Serves them right as they all wanted late."

HOCKNELL: Lucy Letby replied:

"Ha ha yeah. I've started going 12 sometimes on nights."

JOHNSON: Is that followed by an emoji?

HOCKNELL: Yes.

JOHNSON: And then [Nurse E] responded:

"Yeah, I've been about half 12 both nights."

HOCKNELL: Lucy Letby replies:

"Good plan."

JOHNSON: At 129 and 130, first [Dr A] going into the neonatal unit and then Dr Katarzyna Cooke going into the maternity ward?

HOCKNELL: Yes.

JOHNSON: Did [Dr A], 12 minutes later, tile 131, send a message to Lucy Letby saying:

"In the car, 2.4."

HOCKNELL: Yes.

JOHNSON: Did the door swipe data then record him going into the maternity ward at 06.51?

HOCKNELL: Yes.

JOHNSON: And at tiles 133 to 134, are they charts both timed at 07.00 hours, recording first [Baby N]'s vital signs and, secondly, the fluid balance chart recording the total volume and rate of the dextrose infusion?

HOCKNELL: Yes.

JOHNSON: Thank you. Did [Nurse E] then, at tile 135, at 07.08, send a WhatsApp message to Lucy Letby saying:

"Minna's in charge"?

HOCKNELL: Yes.

JOHNSON: And 2 minutes later, did the door swipe data record Lucy Letby going into the neonatal entrance doors?

HOCKNELL: Yes.

JOHNSON: Followed by at 07.12 into the neonatal unit?

HOCKNELL: Yes.

JOHNSON: Or the ward to the neonatal unit. Followed at the same time by a message from Lucy Letby to [Dr A]?

HOCKNELL: Yes:

"No repeat today. I've escaped being in 1, back in 3."

JOHNSON: Is there then some door swipe data at 07.14 recording a movement of [Nurse E] who had been working that night shift?

HOCKNELL: Yes.

JOHNSON: Then at 140, we see that the first event of collapse relating to [Baby N] on this day?

HOCKNELL: Yes.

MR JUSTICE GOSS: I think we'll have a break there, Mr Johnson.

MR JOHNSON: Yes, thank you.

MR JUSTICE GOSS: It's been an hour. We'll just have a ten-minute break then.

(In the absence of the jury)

MR JUSTICE GOSS: These special measures directions applications, we'll just deal with those at the end, but if they're not going to be controversial, I'll just read the material more carefully now in the break.

MR ASTBURY: My Lord, it is now all on DCS towards the end of section Q, beginning at document Q151. There are hard copies.

MR JUSTICE GOSS: Thank you very much. I'll look at that in the 10-minute break then.

(3.15 pm)

(A short break)

(3.25 pm)

MR JUSTICE GOSS: Mr Johnson, we'll do about another 20 minutes of this and then we'll break off. You choose an appropriate moment.

MR JOHNSON: I will.

MR JUSTICE GOSS: Between quarter to and ten to. Thank you.

(In the presence of the jury)

MR JUSTICE GOSS: Just so that you know, members of the jury, this is hard work going through these sequence of events charts, so we're going to do about another 20 minutes this afternoon. There are some other issues that I then have to address that don't concern you, so you'll be going home in about 20 minutes -- or leaving the court in 20 minutes. Then we'll continue tomorrow morning with the sequence of events.

MR JOHNSON: Thank you, my Lord.

Mrs Hocknell, resuming at tile 141, please, is there then a nursing note recorded by Jennifer Jones-Key, saying that:

"At 07.15 baby crying and dropped saturations. Seen by NNU Nurse Lucy"?

HOCKNELL: Yes.

JOHNSON: Given what we say is the significance of this, could we just go to the note itself, please?

Can you remember where it is on this rather illegible page?

HOCKNELL: The bottom left.

JOHNSON: Yes. It's the addendum to 08.19 by "JJ Jones, Jennifer".

HOCKNELL: Yes.

JOHNSON: Jennifer Jones-Key. Thank you.

Back to the carousel, please. At 142, is there a record of [Dr A]'s entrance to the neonatal unit?

HOCKNELL: Yes.

JOHNSON: Then at 143, his notes of the review, which he will deal with in due course?

HOCKNELL: Yes.

JOHNSON: At 144, a retrospective note made by Jennifer Jones-Key recording the fact that [Baby N] had to be given 100% oxygen by [Dr A]?

HOCKNELL: Yes.

JOHNSON: At 145, a record or a note made by [Dr A] of transferring [Baby N] to nursery 1?

HOCKNELL: Yes.

JOHNSON: And a corresponding note at 146 made by Dr Saladi?

HOCKNELL: Yes.

JOHNSON: At 147, is there a nursing note made by Jennifer Jones-Key concerning the re-siting of the NG tube?

HOCKNELL: Yes.

JOHNSON: And again, if we can just go to this, please, just to your version of it rather than the rather illegible original, does that record that:

"NG was re-sited in the right nostril with an acid reaction. At handover baby dropped saturations again and required Neopuff. Care handed over to NNU Nurse Lucy"?

HOCKNELL: Yes.

JOHNSON: At tiles 148 and 149, is there some door swipe data relating to the movements of Vicky Blamire, the nursery nurse?

HOCKNELL: Yes.

JOHNSON: Then at 150 do we come to the nursing handover because that is the point at which the clock ticks over to 7.30?

HOCKNELL: Yes.

JOHNSON: Let's deal with this note, please, which is in the next tile, 151. Did Lucy Letby make this note at 13.53?

HOCKNELL: Yes:

"Written for care given from 07.30 to present. Emergency equipment checked. Fluids calculated. Infant transferred to nursery 1 on handover. Mottled. Desaturating requiring Neopuff and oxygen. Capillary refill 3 to 4 seconds. Cold to touch."

JOHNSON: At tiles 152 and 153 is there door swipe data relates to Nurses [Nurse B] and Lappalainen?

HOCKNELL: Yes.

JOHNSON: At tile 154, a blood gas result at 07.38 --

HOCKNELL: Yes.

JOHNSON: -- recorded by Lucy Letby?

HOCKNELL: Yes.

JOHNSON: At tiles 155 and 156, two prescriptions, the first for morphine, the second for sodium chloride at 08.00 hours?

HOCKNELL: Yes.

JOHNSON: At 08.00, [Dr A] made a note of the fact he'd given intubation drugs, namely morphine, to [Baby N]?

HOCKNELL: Yes.

JOHNSON: Followed by a prescription for atropine?

HOCKNELL: Yes.

JOHNSON: And a corresponding note made by [Dr A] at tile 159?

HOCKNELL: Yes.

JOHNSON: And then a further prescription for suxamethonium, with a corresponding note by [Dr A] at tile 161, timed at 08.06?

HOCKNELL: Yes.

JOHNSON: Lucy Letby made a corresponding nursing note at tile 162 saying:

"Decision made to intubate. Drugs given as prescribed."

HOCKNELL: Yes.

JOHNSON: Thank you. At tile 163 is there then [Dr A]'s clinical note concerning his intubation attempt?

HOCKNELL: Yes.

JOHNSON: At tile 164, is the timing that Nurse Jennifer Jones-Key made her notes that refer to events of the night; is that right?

HOCKNELL: Yes.

JOHNSON: Or some of them.

HOCKNELL: It's the append(?) record at 08.19 regarding the 07.15 and 030 (sic) events.

JOHNSON: Yes. So the collapse seen by Nurse Lucy, that one?

HOCKNELL: Yes.

JOHNSON: At tiles 165 and 166, door swipe data for Dr Saladi at 08.36?

HOCKNELL: Yes.

JOHNSON: Followed by Dr Saladi's clinical notes concerning his attempts to intubate [Baby N]?

HOCKNELL: I think it relates to the three intubation attempts.

Whether it's his attempts at that point, I'm not sure.

JOHNSON: Thank you. At tile 168, a further clinical note made by [Dr A]?

HOCKNELL: Yes.

JOHNSON: At tile 169, Lucy Letby's note. If we go to that and you could be so kind as to tell us what she recorded?

HOCKNELL: "Parents were contacted by Senior Nurse Butterworth during intubation. Both mobile phones switched off and no answer on landline. Message left. Call returned shortly after and parents were asked to attend."

JOHNSON: Thank you. Is there then, at tile 170, timed at 08.40, a prescription or a record made of an intravenous infusion of sodium chloride?

HOCKNELL: Yes.

JOHNSON: Thank you. At tile 171, did Lucy Letby make a further entry in the nursing notes relating to the time of the intubation, which, if we just look at your transcription of it, reads:

"Unable to intubate. Fresh blood noted in mouth and yielded via suction ++. Commenced on biphasic, mean pressure 6, flow 8L. Back-up rate of 30 breaths per minute. Requiring 30% oxygen to maintain saturations. Observations as charted."

HOCKNELL: Yes.

JOHNSON: At tiles 172 and 173 we have the vital signs and fluids recorded at 09.00?

HOCKNELL: Yes.

JOHNSON: The corresponding intensive care chart record made at the same time at tile 174?

HOCKNELL: Yes.

JOHNSON: Then also the neonatal fluid balance chart at the same time at tile 175?

HOCKNELL: Yes. I think these two charts, one ceases and then the other one starts to be used, it's transferred to the ITU chart.

JOHNSON: Yes. It's the handover, in effect, from the more simplistic record to the more detailed record when a child is in the intensive care unit?

HOCKNELL: Yes.

JOHNSON: We've seen it many times. At tile 176 is there a radiologist's report from Dr Wright?

HOCKNELL: Yes.

JOHNSON: At tile 177, Lucy Letby's note of the fact that the chest X-ray had been performed?

HOCKNELL: Yes.

JOHNSON: At tile 178, Dr Ukoh's record of his clinical notes, which were made on the ward round at 09.45 that morning?

HOCKNELL: Yes.

JOHNSON: At tile 179, a blood gas completed by Lucy Letby?

HOCKNELL: Yes.

JOHNSON: Then Lucy Letby sent [Nurse E] a message; is that right?

HOCKNELL: Yes:

"Thanks for staying to help. Much appreciated."

JOHNSON: At tiles 181, 182 and 183, do we have three sets of charts filled in with data relevant to [Baby N] by Lucy Letby?

HOCKNELL: Yes.

JOHNSON: Those include, as a matter of interest, at tile 182 her record that 1ml of fresh blood was aspirated?

HOCKNELL: Yes.

JOHNSON: At tile 184 do we have Dr Ukoh's clinical notes concerning his contact with the consultant at Alder Hey with -- his particular specialty was haematology?

HOCKNELL: Yes.

JOHNSON: That's timed at 10 o'clock, as is the following tile, 185, which is Dr Saladi's note concerning his examination of [Baby N]?

HOCKNELL: Yes.

JOHNSON: At tile 186 there was an X-ray review on the ward round carried out at 10.05 by Dr Henton, who was the very junior doctor, and the consultant, Dr Saladi?

HOCKNELL: Yes.

JOHNSON: Followed by, at tile 187, results in relation to clotting factors -- sorry, I'll start again.

Followed at tile 187, timed at 10.17, by the collection of a blood sample, which was to be tested for clotting factor?

HOCKNELL: Yes.

JOHNSON: Followed in turn, at tile 188, by the notes from the grand round, this being a Wednesday?

HOCKNELL: Yes.

JOHNSON: And then followed again in turn at tile 189 by a blood gas, the results of which were recorded by Lucy Letby?

HOCKNELL: Yes.

JOHNSON: Seven minutes later, the door swipe data suggests that she was passing in through the doors of the neonatal unit entrance?

HOCKNELL: Yes.

JOHNSON: At tile 191, [Dr A] sent a Facebook message to Lucy Letby asking:

"Is he okay?"

HOCKNELL: Yes.

JOHNSON: At tiles 192, 193 and 194, do we have the charts that we have seen so many times before, filled in on the hour at 11.00 hours by Lucy Letby?

HOCKNELL: Yes.

JOHNSON: Then at tile 195, is there a blood transfusion form/checklist completed by Lucy Letby and Yvonne Griffiths?

HOCKNELL: Yes.

JOHNSON: At the same time, tile 196, a clinical note made by Dr Ukoh to repeat the factor VIII levels and associated tests?

HOCKNELL: Yes.

JOHNSON: Tile 197, also at 11.00 hours, Lucy Letby recorded, if we click on it, please, Mr Murphy:

"Factor VIII given as requested by Alder Hey Children's Hospital at 11.00 via peripheral line. Small amount of fresh blood orally and 1ml obtained from NG tube. Nil further bleeding."

HOCKNELL: Yes.

JOHNSON: We then have at tile 198 the results of the pathology lab's testing for factor VIII --

HOCKNELL: Yes.

JOHNSON: -- and associated data.

At tile 199, did Lucy Letby respond to [Dr A]'s message that he had sent her at 191, asking is he okay?

HOCKNELL: Yes:

"Small amounts of blood from mouth and 1ml from nasogastric tube. Looks like pulmonary bleed on X-ray. Given factor VIII. Wait and see. Apnoeas have improved and gases good. Colour and perfusion still not great. If deteriorates will try to intubate."

There's a further message later on, about 15 minutes later:

"Sorry if I was off during intubation. Bernie winds me up faffing, et cetera. I like things to be tidy and calm (well, as much as possible!)."

JOHNSON: Thank you. Do we then have at the same time as that message was being sent, a clinical note made by Dr Ukoh concerning his contact that he'd made in an effort to obtain more factor VIII?

HOCKNELL: Yes.

JOHNSON: Then at tile 202, 11.50 hours, the path lab collected a further blood sample for analysis; is that right?

HOCKNELL: Yes.

JOHNSON: And you have recorded there what the results of that analysis were.

HOCKNELL: Yes.

JOHNSON: Tiles 203 to 206 are four separate records made of the giving of the drugs that we have seen earlier prescribed to [Baby N] at 8 o'clock when attempts were being made to intubate him?

HOCKNELL: Yes.

JOHNSON: At tiles 207, 208 and 209, do we have three sets of data filled in on the charts that we see so often on the hour, every hour, this time at midday?

HOCKNELL: Yes.

JOHNSON: At tile 210, timed at 12.34, some more door swipe data recording the entrance of Lucy Letby into the neonatal entrance?

HOCKNELL: Yes.

JOHNSON: Followed at tiles 211 to 213 by the three sets of data recorded on the manuscript charts at 13.00 hours?

HOCKNELL: Yes.

JOHNSON: So do we then come to [Dr A]'s response to Lucy Letby's update sent to him about [Baby N]'s condition and her apology saying, "Sorry if I was off during intubation, Bernie winds me up", et cetera?

HOCKNELL: Yes.

JOHNSON: Could you tell us what he said to her, please?

HOCKNELL: "No, you were perfectly fine with me. I couldn't tell who you were annoyed with, but the look on your face when taking wrappers off the top of the intubation trolley was priceless. I thought you were wanting to just get on with it in case there was another desat. Has the factor VIII stopped the bleeding?"

JOHNSON: Did [Nurse E] then respond to a message that Lucy Letby had sent her earlier?

HOCKNELL: Yes.

JOHNSON: Did she say:

"No worries. How is it?"

HOCKNELL: Yes.

JOHNSON: Is that followed by, at 13.16, door swipe data showing the entrance of Lucy Letby into the neonatal unit?

HOCKNELL: Yes.

JOHNSON: At 13.17, did Lucy Letby respond to [Nurse E]'s question, "No worries, how is it"?

HOCKNELL: Yes, she said:

"Mad but getting straight. [Nurse B] went for her scan, then Yvonne and Jean gone to Liz dad funeral. Minna not too pleased with it, not ideal staffing. Baby G okay, bled a bit more but had factor VIII now and seems okay."

And another message:

"Are you okay?"

JOHNSON: Did [Nurse E] respond:

"Didn't know about Liz's dad, that's sad. Glad Baby G looking better. Not good bleeding with his haemophilia. So is [Nurse B] having all her AN appointments in work time? I know you're entitled, but she's only in 3 days a week."

HOCKNELL: Yes.

JOHNSON: Did she follow that up with:

"I've got a banging headache and feel like I've been living in a desert"?

HOCKNELL: Yes.

JOHNSON: Do we then have several entries relating to the prescription and administration of cefotaxime and sodium chloride between 13.21 and 13.30?

HOCKNELL: Yes.

JOHNSON: Followed by, at tile 225, Dr Henton's clinical notes relating to some blood tests, apparently, by the look of it?

HOCKNELL: Yes.

JOHNSON: Then followed thereafter by some more text messaging, which perhaps you could start with at tile 226 and I'll do the other side of the conversation, if I may.

HOCKNELL: Lucy Letby replied to [Nurse E]:

"No, bit [worried] about him this morning. Looks that way! With shift work should be able to go on days men really [as read]."

"Oh no".

JOHNSON: Did [Nurse E] respond at tile 228, 13.45 hours:

"Just remembered my yogurt is in the fridge, so have it if get chance or it will end up in bin"?

HOCKNELL: At 13.50, Lucy Letby then replies to [Dr A]:

"Oops. I kept clearing the trolley and she was making more mess and then she [spilt] half the sux putting it into a different syringe when didn't need to. Wanted to get it done ASAP. Oh well, I've got my hair in a bun today, it's only fitting that I was Serious Lucy. Yes, no more bleeding thankfully. He's quiet but okay."

JOHNSON: That is shown on the screen as being to [Nurse E], but that in fact is an error, isn't it, on the screen?

HOCKNELL: Yes.

JOHNSON: So we'll have that corrected, my Lord.

MR JUSTICE GOSS: It's clearly a response to the earlier one from [Dr A].

MR JOHNSON: Yes, absolutely.

At 2.30, I think she then responded:

"Ha ha, cheers."

And [Nurse E] sent two messages in quick succession saying:

"Don't say I never give you anything!"

Presumably referring back to the yogurt. Then:

"Baby G's parents been in."

HOCKNELL: Yes.

MR JOHNSON: My Lord, we are just leading up to the immediate prequel to the next event. If we're going to have a break, this might be the better place.

MR JUSTICE GOSS: I think that'll do for this afternoon for the jury. We'll continue at 10.30 tomorrow morning.

Thank you very much.

(In the absence of the jury)

MR JUSTICE GOSS: I've read all the paperwork. There are, in respect of one of the witnesses, two applications.

MR ASTBURY: Yes. [Dr D], an application for screens, and also an application for reporting -- a reporting condition. The first may be less controversial than the second. Can I concentrate on the second? It's a very detailed statement, [Dr D] giving background to her personal circumstances.

MR JUSTICE GOSS: Yes. Just let me ask Mr Myers.

Do you have any observations in relation to either of the applications?

MR MYERS: We don't, my Lord, no.

MR JUSTICE GOSS: Thank you very much. Well, I'll deal with the application for a screen first of all because that seems to me to be quite straightforward.

I'm satisfied on the material that has been presented by and on behalf of this particular witness that it is appropriate that she be granted the special measures direction that she has requested, namely that she be screened when giving her evidence.

MR ASTBURY: Thank you. Moving on to the second part of her application, we're conscious there's a careful balance to be struck. We have given it careful consideration and we respectfully submit that (inaudible: no microphone) striking that balance (inaudible: no microphone) given the particular combination of personal circumstances and very, dare I say, understandable concerns about press reporting, that this is a case that falls just in favour of allowing, please, this application.

MR JUSTICE GOSS: Yes, without ventilating the matters in public, it's a constellation of issues. It is just not a simple issue, there's quite a long background in relation to --

MR ASTBURY: I don't want to ventilate them in court.

MR JUSTICE GOSS: And very responsibly, Mr Myers has not sought to make any submissions in relation to it. And although I appreciate it is a significant order that is being sought in this case, which is effectively providing anonymity for the purposes of general reporting of the identity of this witness, I am satisfied that it is appropriate for the reasons that have been given earlier in relation to other witnesses that such an order should be made. Of course the witness will be identified in court.

MR ASTBURY: Yes.

MR JUSTICE GOSS: So her identity will be known to those in court and the jury will be unaware of the fact that there is going to be any reporting restriction as such of her identity. But I'm satisfied it is appropriate the order should be made.

MR ASTBURY: Thank you. That leaves the second application or second witness.

MR JUSTICE GOSS: I should say that obviously the position of the person at the material time can be reported.

MR ASTBURY: Yes.

MR JUSTICE GOSS: So it's just the name, essentially --

MR ASTBURY: Yes.

MR JUSTICE GOSS: -- that cannot be reported.

MR ASTBURY: Yes. It will be in the same terms.

MR JUSTICE GOSS: Yes. The media have behaved very responsibly in relation to the orders that have been made.

MR ASTBURY: We're frequently asked for reminders and we always give them, so everybody is aware.

MR JUSTICE GOSS: Thank you very much.

MR ASTBURY: Moving on to the second application, it's simply screens.

MR JUSTICE GOSS: Yes. Again, I have read the material in relation to that and this particular witness.

Mr Myers has nothing that --

MR MYERS: Nothing to add, my Lord.

MR JUSTICE GOSS: On the basis of the material that's provided there, it's appropriate that this witness should be granted the special measures direction that she has sought, namely that she can give her evidence screened from others in court, no issue in relation to her identity?

MR ASTBURY: No.

MR JUSTICE GOSS: So just a screens direction?

MR ASTBURY: It won't stand out to the jury at all as anything --

MR JUSTICE GOSS: No, it will be not quite a majority of those concerned but a significant proportion of those.

She will just fall into that category and I have absolutely no doubt that the jury are obeying the direction that I've given them, and that I will repeat in due course, no significance whatsoever is to be attached to the fact that some witnesses are screened and others are not. I'm sure they won't attach any significance to it.

MR ASTBURY: Just on the subject of special measures, may I respectfully remind my Lord that we have another special measure on Monday morning, which is Dr Mayberry appearing by video link. The effect of it, the practical effect, is he has to be the first witness given the time difference. So a little disruptive in that we want to maintain the chronology where it's important, so he will be first thing on Monday.

MR JUSTICE GOSS: At 10.30?

MR ASTBURY: At 10.30. 11 hours is the difference, so even that's quite late for him. But also, we anticipate he will be called in a subsequent case, so the same will apply. I just flag that while we're on the subject of special measures.

MR JUSTICE GOSS: That's very helpful, thank you very much, to remind everyone. We will come back to that at the end of tomorrow's hearing so that the jury know that it is important a link is going to be established at 10.30 on Monday morning to Australia. The jury have been very conscientious and, absent any good reason, they've all been here in good time. The only absences have been for good reason, personal circumstances.

Anything else, Mr Johnson, Mr Myers? No? Do you wish to go and --

MR MYERS: Yes, we would like to be able to see Ms Letby, please. Thank you.

MR JUSTICE GOSS: Thank you very much, officer. Someone will be down very shortly -- or some people will be down very shortly.

(3.56 pm)

(The court adjourned until 10.30 am on Friday, 3 March 2023)