

3 March 2023

Baby N

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Friday, 3 March 2023

(10.30 am)

(In the presence of the jury)

MR JUSTICE GOSS: Mr Johnson.

MRS CLAIRE HOCKNELL (continued)

Examination-in-chief by MR JOHNSON (continued)

MR JOHNSON: My Lord.

Welcome back, Mrs Hocknell. We've reached tile 233 and we are, in time terms, about half an hour before [Baby N]'s second collapse on the day shift of 15 June, if you count the first collapse at 7.15 in the morning -- if you count the collapse at 7.15 in the morning as the first.

Anyway. This is a nursing note made by Lucy Letby, is that correct, timed at 13.53?

HOCKNELL: Yes.

JOHNSON: Is this the actual time that Lucy Letby was making notes?

HOCKNELL: It's the update made on the computer, yes.

JOHNSON: If we click on your transposition of the original, we see here that the note in total covers events at 07.30, after 08.06, after 08.40, 09.08 and at 11.00 hours. So those notes were all made at this time; is that right?

HOCKNELL: Yes.

JOHNSON: So otherwise, what you have produced here is non-specific; is that right?

HOCKNELL: That's the remainder of the summary, yes.

JOHNSON: Yes. Could you read us through what Lucy Letby wrote, please?

HOCKNELL: "Has remained cool throughout the day. Incubator temperature increased. [Respiratory] low, between 18 to 23 breaths per minute and shallow. Varying oxygen requirement of air to 40%. Mean cuff BP maintained. Initially tachycardic, now resolved. Perfusion and colour initially poor. 10ml/kilogram saline bolus given as prescribed. Remains pale/mottled but improved from earlier in shift. Nil by mouth. IV fluids (10% glucose) via peripheral line. Antibiotics given as prescribed. Blood gases good, as charted. Infant stiff on handling and extending upper limbs, back arching. Settled in between episodes. Remains quiet. Urine not passed. Bowels opened: small green stool. Abdomen appears distended, soft to touch."

JOHNSON: Thank you. So she was making that note, as you have recorded, at 13.53. Could we just look at the note itself, actually, so that we can be clear? And just get the time off the top.

This note is being made between 13.53 and 14.10; is that right?

HOCKNELL: Yes.

JOHNSON: If we move to the next tile, 234, does it follow that these texts are being sent while she's updating the nursing notes on the computer?

HOCKNELL: Yes.

JOHNSON: All right. So at 234, could you tell us what she sent to [Nurse E], please?

HOCKNELL: "Lol. I'll have 2 yogurts for tea, ha ha."

Then a further message:

"Yeah, came not long after you left and both stayed since."

That's in relation to the parents, I think.

JOHNSON: Yes. Then did [Nurse E] respond:

"Hopefully will keep phones on in future."

HOCKNELL: Yes.

JOHNSON: Then, at 237, did she make a note timed at 14.00 hours on the observation chart concerning [Baby N]'s heart, respiratory and temperature rates?

HOCKNELL: Yes.

JOHNSON: That too, if the timing was correct, would be whilst the nursing notes are open?

HOCKNELL: Yes.

JOHNSON: Ditto so far as the intensive care chart is concerned at tile 238?

HOCKNELL: Yes.

JOHNSON: And also the intensive care chart environmental checks data at tile 239?

HOCKNELL: Yes.

JOHNSON: Tile 240, again, comes while those nursing notes are open. Can you tell us what she sent to [Nurse E], please?

HOCKNELL: "Yeah, spoken to them about it. Mum left it upstairs or something and no signal, dad out driving to work."

JOHNSON: Then at 241 we have a further note that she makes concerning [parents of Baby N]; is that right?

HOCKNELL: Yes.

JOHNSON: Could you talk us through that, please?

HOCKNELL: "Parents have been present since. Both understandably upset. Support given and fully updated by myself, Consultant Saladi and medical team. Aware of support needed and plan of care. Mummy expressing, milk frozen."

JOHNSON: Did she then receive a message from [Dr A] on Facebook Messenger, timed at 14.32?

HOCKNELL: Yes.

JOHNSON: Does this read:

"It sounds like Serious Lucy did well to keep calm. I don't like faffing when there's a job to do either. Poor little thing is probably tired: he was handled lots overnight. Hope he can have a rest while the factor VIII settles the bleed."

There's material relating to a third party which isn't relevant followed by:

"Only a few hours to go and it's holiday time for you. Do you think you'll manage to hand over quickly?"

HOCKNELL: Yes.

JOHNSON: Was there then a further incident involving a collapse for [Baby N]?

HOCKNELL: Yes.

JOHNSON: So that's marked by tile 243. If we go to 244, we see what Lucy Letby wrote about it; is that right?

HOCKNELL: Yes.

JOHNSON: Did she write -- this is a note made later at 18.30, isn't it?

HOCKNELL: Yes.

JOHNSON: Did she write:

"Approx 14.50 infant became apnoeic with desaturation to 44%. Heart rate 90 beats per minute. Fresh blood noted from mouth and 3ml blood aspirated from NG tube. Neopuff commenced and doctors crash called. Events documented in medical notes"?

HOCKNELL: Yes.

JOHNSON: The doctor concerned was a Dr Huw Mayberry from whom the jury will be hearing on Monday. Did he make a clinical note relating to his attendance as a result of a crash call?

HOCKNELL: Yes.

JOHNSON: That's tile 245. At 246, did Dr Mayberry note what he encountered when he arrived?

HOCKNELL: Yes.

JOHNSON: At 247, timed at 14.50, albeit it was a retrospective note made at 16.30, did Dr Saladi make a note concerning this event?

HOCKNELL: Yes.

JOHNSON: Thank you. At tiles 248 and 249 do we have two bleeps, fast bleeps, to alert medical staff to attend at the neonatal unit, timed at 14.56 and 14.59?

HOCKNELL: Yes, one for the neonatal registrar and one for Dr Saladi.

JOHNSON: Thank you. At 250, do we have some notes made by [Dr D] --

HOCKNELL: Yes.

JOHNSON: -- from whom the jury will be hearing this morning, so I'll leave that for her to deal with, timed at 15.00 hours? I think she was the registrar; is that right?

HOCKNELL: Yes.

JOHNSON: Then at 251, is there a note in the intensive care fluid requirements chart made by [Nurse B]?

HOCKNELL: Yes.

JOHNSON: At 252 was there a blood gas timed at 15.11?

HOCKNELL: Yes, also made by [Nurse B].

MR JUSTICE GOSS: You're speaking very, very softly.

I could see you were struggling yesterday a bit. Have you got plenty of water there?

HOCKNELL: Yes, thank you.

MR JUSTICE GOSS: Thank you.

HOCKNELL: Yes, the blood gas record is also made by [Nurse B].

MR JOHNSON: Thank you. Then we have similar medications noted at 253, 254 and 255, as had been noted at about 8 o'clock that

morning, relating to elective intubation, is that right, for morphine, atropine and suxamethonium.

HOCKNELL: I think those are dated for this event.

JOHNSON: Oh, I know, but they're similar medications?

HOCKNELL: Similar medications, yes.

JOHNSON: So a repeat of the same sort of medications?

HOCKNELL: Yes.

JOHNSON: Tile 256, part of Dr Saladi's retrospective note concerning the planning of an elective intubation, which was unsuccessful?

HOCKNELL: Yes.

JOHNSON: At 257, Lucy Letby's own note concerning this event.

I would like to deal with that, please.

HOCKNELL: "Unable to obtain secure airway. Registrars [Dr D] and Mayberry, Consultants Brearey and Saladi unable to insert ET tube."

JOHNSON: Thank you. Do we then have, at 258, Dr Mayberry's clinical note concerning an unsuccessful intubation?

HOCKNELL: Yes.

JOHNSON: Followed by, going up the medical hierarchy, so to speak, the registrar [Dr D]'s note in similar terms and also recording the fact that Doctors Saladi and Brearey had been unsuccessful?

HOCKNELL: Yes.

JOHNSON: At 260, is there a pharmacist's note --

HOCKNELL: Yes.

JOHNSON: -- concerning the antibiotic cefotaxime --

HOCKNELL: Yes.

JOHNSON: -- and indeed, factor VIII?

HOCKNELL: Yes.

JOHNSON: At 261 is there a note made by Dr Saladi concerning the placement of a laryngeal airway by Dr Brearey?

HOCKNELL: Yes.

JOHNSON: And then do we have, at 262, the first time we've seen this in this trial, a note made by some anaesthetists, who had been called to try to intubate [Baby N]?

HOCKNELL: Yes.

JOHNSON: That's Doctors Campbell and Jameson?

HOCKNELL: Yes.

JOHNSON: That's timed at 15.50.

At 263, is there a note on the fluid chart that is unattributed which records the 10% dextrose which was presumably being administered throughout this time?

HOCKNELL: Yes.

JOHNSON: Tile 264, also timed at 16.00 hours, the intensive care chart contains the usual data?

HOCKNELL: Yes.

JOHNSON: This one signed or initialled by Lucy Letby?

HOCKNELL: Yes.

JOHNSON: Then at 265, timed at 16.06, some swipe data recording the entrance of Lucy Letby into the neonatal unit?

HOCKNELL: Yes.

JOHNSON: Tile 266, timed at 16.15, observations charted by Lucy Letby?

HOCKNELL: Yes.

JOHNSON: Tile 267, Dr Saladi's notes concerning his discussion with one of his counterparts at the Liverpool Women's Hospital?

HOCKNELL: Yes.

JOHNSON: And also recording the fact that [parents of Baby N] were in the room and were regularly updated with clinical care?

HOCKNELL: Yes.

JOHNSON: At 268, a note made by [Dr D] concerning an unsuccessful attempt to contact the anaesthetists?

HOCKNELL: Yes.

JOHNSON: At 269 to 271, do we have the record made of the administration of those three drugs, morphine, atropine and suxamethonium, that we'd seen earlier --

HOCKNELL: Yes.

JOHNSON: -- a few minutes ago, all timed between 16.40 and 16.48?

HOCKNELL: Yes.

JOHNSON: Do we then have two tiles, 272 and 273, untimed, but recording, first, the administration of the morphine and the suxamethonium and, secondly, the fact that the anaesthetists were having difficulty passing an ET tube?

HOCKNELL: Yes.

JOHNSON: At 274, untimed but covering these events, do we then come to Lucy Letby's nursing note?

HOCKNELL: Yes.

JOHNSON: I would like to deal with that, please. Does that say:

"Assistance gained from anaesthetic team x2 consultants. Also unable to secure ET tube. Intubation drugs given as prescribed. I-Gel airway inserted and infant ventilated via this. Secured with ties with vent hat. Nursed on CMV 18/4, rate 40 breaths per minute, inspiratory time 0.4. Oxygen variable. Currently requiring 50%. Blood gas good"?

HOCKNELL: Yes.

JOHNSON: At 275, is there a further note made by [Dr D] --

HOCKNELL: Yes.

JOHNSON: -- concerning a communication with Alder Hey Children's Hospital?

HOCKNELL: Yes.

JOHNSON: At 276, timed at 16.55, is the time that the anaesthetists made their retrospective notes that we've already dealt with?

HOCKNELL: Yes.

MR JUSTICE GOSS: Sorry, we're not keeping up with this.

We're still on 274.

Thank you.

MR JOHNSON: I'm sorry, I took my eye off the screen.

Tile 276 is the time at which the anaesthetists made their notes concerning their efforts to intubate [Baby N]?

HOCKNELL: Yes.

JOHNSON: Thank you. We then have three entries, all timed at 17.00 hours, between tiles 277 and 279. The first is the time at which Dr Mayberry made his notes, the second and the third are notes or data recorded by Lucy Letby concerning [Baby N]'s vital signs and his dextrose infusion.

HOCKNELL: Yes.

JOHNSON: At 280 we have the third of what I have been calling, from time to time, the standard three, which is the NICU intensive care chart environmental checks, also completed by Lucy Letby, timed at 17.00 hours?

HOCKNELL: Yes.

JOHNSON: We come next to an outgoing message sent by Lucy Letby to [Dr A]. To put this into context, [Dr A] had sent her a message at 14.32 saying:

"It sounds like Serious Lucy did well to keep calm. Poor little thing, probably tired, he was handled overnight. Hope he can have a rest while the factor VIII settles the bleed."

Her response to that was what, please?

HOCKNELL: "I'll still be here. He's poorly, bled again and became apnoeic. Steve, Murthy, Huw, [Dr D] and 2x anaesthetic consultants failed to intubate, so got an I-Gel in and awaiting NWTs with an ENT doctor. Sat having a quiet moment and want to cry. Just mad with so many people and lack of space, et cetera."

JOHNSON: Did she follow that a minute later?

HOCKNELL: "Difficult times for you. Not sure what the answer is."

JOHNSON: Then?

HOCKNELL: "OMG it's mad."

To [Nurse E], that is.

JOHNSON: Yes. Then [Nurse E] responded:

"What else has happened? Hoping it's just a clothing [that may be clotting] issue or something."

And Lucy Letby responded to her at tile 286, please?

HOCKNELL: "Can't say much, just having quick toilet stop. Had anaesthetics and x4 consultants as can't get a tube. Waiting for NWTs with ENT specialist. [Query] trachy. Got I-Gel in."

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

HOCKNELL: Yes.

JOHNSON: We then have at 288, timed at 17.35, a record of dexamethasone, followed at 17.45, tile 289, by a blood gas record?

HOCKNELL: Yes.

JOHNSON: Then [Dr A]'s response to the message or messages that he had received from Lucy Letby. This is tile 290, timed at 17.49.

HOCKNELL: Yes.

JOHNSON: Did he respond:

"Oh Lucy, poor little thing and you. It's it [that may be 'is it'] still chest or has he bled elsewhere? Huw [that's Dr Mayberry] texted to say there was swelling. Not sure if that's caused this or the result of attempts. Are you okay? Have a cry, you'll feel better for it I'm sure. You're welcome to take my car home if you're too tired to walk. I'll sort out picking it up in the morning. So sorry you had a rubbish day at the end of your long run. Holiday well and truly deserved."

And do we come next to clinical notes made by Dr Gibbs at 17.50, he will be coming to give evidence about that, followed by a further note made at 18.00 hours?

HOCKNELL: Yes.

JOHNSON: We come next to the standard three at 293 through to 295, all timed at 18.00 hours and all recorded by Lucy Letby; is that right?

HOCKNELL: Yes.

JOHNSON: Thank you. Then at 296, a long note made by Dr Saladi concerning a telephone call that he had received from one of the consultants at Alder Hey?

HOCKNELL: Yes.

JOHNSON: Setting out in effect what the options were and those included transferring [Baby N] to Alder Hey --

HOCKNELL: Yes.

JOHNSON: -- in Liverpool? Thank you.

Did Lucy Letby then, at 18.19, send a response to [Dr A]'s Facebook message that had been sent at 17.49?

HOCKNELL: Yes.

JOHNSON: So this is 30 minutes later.

HOCKNELL: "Blood from NG and mouth. Anaesthetics said severe epiglottitis [query] abnormal anatomy. Given dex. There was talk of a trachy but 2 doctors coming from Alder Hey Children's Hospital to assess shortly. Loads of input from different people, etc, so only just getting a clear plan. I'm okay. Just feel like I've been running round all day and not really achieved anything positive for him. Plus anaesthetic team were a bit rude and Minna and Bernie have been stressing, which doesn't help, along with being tired. Almost finished though. Don't want to cry in front of people here, maybe when I'm home! That's very kind re the but should be okay [it means about the car]. Have you managed to switch off at all and sleep?"

JOHNSON: Does she then send a message almost straightaway to [Nurse E]?

HOCKNELL: "Losing the will."

JOHNSON: And did [Nurse E] respond, "NWTs arrived"?

HOCKNELL: Yes. And Lucy Letby replied:

"No, two consultants from Alder Hey Children's Hospital coming in car then will call for ambulance if needed as not sure long they will be, et cetera."

JOHNSON: And [Nurse E] sends, "Poor little man".

HOCKNELL: Yes.

JOHNSON: Do we come next to tile 302, which is a nursing update made by Lucy Letby, some of which, the note that is, relates to events earlier which you have inserted at earlier stages in the chronology?

HOCKNELL: Yes.

JOHNSON: So far as the balance is concerned, would you help us with what the note said, please?

HOCKNELL: "Infant has had periods of apnoea during the morning requiring stimulation and increased oxygen/PEEP. Improving by afternoon. Observations stable, remains cool so incubator temperature increased. X2 sodium chloride boluses given due to poor colour and perfusion. Mottled ++. Capillary refill remains 3 seconds. Colour has improved but remains pale with mottling to lower limbs. Infant quiet. Discussed sedation/pain relief and advised none required to number of previous drugs given and those that may be required. Dexamethasone given as requested by anaesthetic team via peripheral line (1st line flushing but leaking, 2nd line obtained). Fluids continue as previously. Urine not passed. SBR remains below treatment line. CUSS carried out, NAD. Posture remains stiff and hypertonic. Medical team liaising with Alder Hey Children's Hospital re securing an airway. Awaiting arrival of ENT doctors who will assess infant. Factor VIII brought to unit by specialist nurse at Alder Hey Children's Hospital."

JOHNSON: Thank you. Then was that followed immediately by a family communication update note --

HOCKNELL: Yes.

JOHNSON: -- at tile 303?

HOCKNELL: "Parents present throughout the day and fully updated. Wished to be present for intubation attempts. Aware of need for airway and the different treatment plans that may happen, along with transfer to Alder Hey Children's Hospital. Upset but understand. Daddy has gone to collect items from home. Parents encouraged to sit with infant and to name him. Haemophilia. Nurse Cathy Benfield has visited the parents, number 07 [there's a telephone number], should we wish to contact her."

JOHNSON: That may be "haemophilia nurse, Cathy Benfield".

HOCKNELL: Yes.

JOHNSON: At tile 304, is that one of the ENT registrars' notes?

HOCKNELL: Yes.

JOHNSON: At tile 305, timed at 18.36, did Lucy Letby send a message to her mum?

HOCKNELL: Yes:

"Will be late off as got a sick baby and waiting for transport team to take to Alder Hey. Love you."

JOHNSON: Then, at 306, did the door swipe data record Lucy Letby coming into the neonatal unit entrance?

HOCKNELL: Yes.

JOHNSON: Then at 307 did Susan Letby respond to Lucy:

"Okay, love you too."

HOCKNELL: Yes.

JOHNSON: Was that followed at 308, timed at 18.41, by further door swipe data recording the passage of Lucy Letby through to the -- from the labour ward to the neonatal unit?

HOCKNELL: Yes.

JOHNSON: We then have a message from [Dr A] to Lucy Letby, timed at 18.49 in the following terms:

"No, not really."

Then some private content relating to a third party who's not relevant:

"Your day sounds as though it's been horrible. Do you know when NWTs are coming or are they waiting for Alder Hey ENT first? I've never heard of epiglottitis in a baby. Odd then that his CRP was less than 1. The blood was obscuring my view of the cords. Sounds like there was an inflammatory thing going on which got worse. Poor you. Are you going to be okay? I'm sure he's had the best care possible today and that you will have done everything you can for him. Are you doing anything nice before you go on holiday? Torbay in a few weeks' time. You're

not having to do a long run of shifts to get the time off for that, are you? Take care."

Is that then followed by Lucy Letby's response at tile 310?

HOCKNELL: Yes:

"Surgeons/anaesthetic team coming [query] setting up CLS theatre for trachy if needed. All going on. NWTs coming about half 8. I'll be fine. You've had rubbish sleep then... Seeing [Nurse E] tomorrow night as it's her birthday. Otherwise just sorting stuff at home ready for hols. No, Torquay is a proper booked holiday. Off for nearly 2 weeks."

JOHNSON: Did [Nurse E] then send a message at 311 timed at 19.00 hours saying, "You're nearly there"?

HOCKNELL: Yes.

JOHNSON: At 19.00 hours, at tiles 312 to 314, do we have the standard three sets of data completed?

HOCKNELL: Yes.

JOHNSON: Followed at 315 by one of the ENT doctors' notes; is that right?

HOCKNELL: Yes.

JOHNSON: That records the fact that the Alder Hey team had arrived at about 17.00 hours and had got the camera and the scopes for transfer?

HOCKNELL: Yes, at 19.00 hours, sorry.

JOHNSON: Thank you. At 316, do we have Lucy Letby's note recording the fact that the medical team from Alder Hey, being ENT and anaesthetics specialties, had arrived at approximately 19.00 hours?

HOCKNELL: Yes.

JOHNSON: Then at 317 do we have a further note from [Dr D] timed at 19.15?

HOCKNELL: Yes.

JOHNSON: We'll leave her to deal with that and move on to tile 318. Is that a further note by Lucy recording the fact that she had assessed or [Baby N] had been assessed and a decision made

to attempt intubation in CLS theatre and advance to tracheostomy if required. Equipment and medications sourced."

And his, that is [Baby N]'s, observations were stable?

HOCKNELL: Yes.

JOHNSON: At 319, have you put in a tile to record the fact that there was a shift handover between 19.30 and 20.00 hours and the designated nurse became Belinda Simcock or Belinda Williamson?

HOCKNELL: Yes.

JOHNSON: Thank you. Do we then have four tiles, 320 to 323, recording various medications, midazolam, rocuronium, times 2, and sodium chloride, which we now know would have been a flush?

HOCKNELL: Yes.

JOHNSON: At 324, did Belinda Simcock, at 19.30, record the fact that she'd taken over the care of [Baby N]?

HOCKNELL: Yes, in her retrospective notes.

JOHNSON: Yes. And at this handover was there a further collapse?

HOCKNELL: Yes.

JOHNSON: Does tile 326 record that, at 19.40, [Baby N] desaturated to 80, to 50, and then to 40?

HOCKNELL: Yes.

JOHNSON: Is there a corresponding nursing note made by Lucy Letby at tile 327?

HOCKNELL: Yes.

JOHNSON: If we just click on it, please. Does this record at 19.40:

"Profound desaturation (to 30s) with colour loss, stiff and back arching. Became bradycardic. Neopuff in 100% oxygen commenced via I-Gel airway. Mottled ++. Doctors present."

HOCKNELL: Yes.

JOHNSON: In the next tile do we have the corresponding note made by Belinda Simcock?

HOCKNELL: Yes.

JOHNSON: Does that record:

"While receiving handover infant deteriorated. Please see Registrar [Dr D]'s medical entry and my handwritten notes for resuscitation details."

HOCKNELL: Yes.

JOHNSON: Thank you. Tile 329 next, also timed at 19.40. Is that [Dr D]'s clinical notes relating to this event?

HOCKNELL: Yes.

JOHNSON: Followed at the same time, at tile 330, by Dr Gibbs' note?

HOCKNELL: Yes.

JOHNSON: At 331, timed at 19.45, a handwritten note from Belinda Simcock that reads, "Hand venting"?

HOCKNELL: Yes.

JOHNSON: At 332, timed at 19.47, was [Baby N] given adrenaline?

HOCKNELL: Yes.

JOHNSON: Was that fact recorded by Belinda Simcock in a handwritten note at tile 333 timed at 19.47?

HOCKNELL: Yes.

JOHNSON: Did [Dr D] make a similar note at tile 334?

HOCKNELL: Yes.

JOHNSON: At tile 335, a minute later at 19.48, did Belinda Simcock record the fact that [Baby N] had to be given chest compressions?

HOCKNELL: Yes.

JOHNSON: At tile 336, do we then come to Lucy Letby's note?

HOCKNELL: Yes.

JOHNSON: If we could click on it please, could you take us through what she recorded?

HOCKNELL: "Resuscitation commenced as documented. Drugs and fluids checked by myself and Senior Nurse Simcock. Care handed over. All events took place on NNU prior to moving to CLS theatres."

JOHNSON: Then at 337, did Lucy Letby make a note about [Baby N]'s mum?

HOCKNELL: Yes:

"Mummy feeling unwell. Seen on CLS by midwives. Called back to unit with dad when [Baby N] became unwell. Did not wish to be present for resus but kept fully informed."

JOHNSON: 338. Do we have, timed at 19.50, a note of adrenaline?

HOCKNELL: Yes.

JOHNSON: That fact also noted in [Dr D]'s clinical notes at tile 339?

HOCKNELL: Yes.

JOHNSON: And in Belinda Simcock's at 340?

HOCKNELL: Yes.

JOHNSON: Together with, at 341, the fact that [Baby N] was having to be hand vented, his heart rate was 52, and his oxygen saturations were 45%?

HOCKNELL: Yes.

JOHNSON: At 342, 343 and 344, do we have various notes of a further bolus of adrenaline being given at 19.53?

HOCKNELL: Yes.

JOHNSON: Do we then have, at 345, timed at the same time, [Dr D]'s notes recording Dr Potter's successful attempt to intubate [Baby N]?

HOCKNELL: Yes.

JOHNSON: Followed at 346 by Belinda Simcock's note of that same event?

HOCKNELL: Yes.

JOHNSON: Then one of the ENT doctors making a similar note at tile 347?

HOCKNELL: Yes.

JOHNSON: At 348, is there a note of a further adrenaline dose being given to [Baby N] at 19.55?

HOCKNELL: Yes.

JOHNSON: It's Belinda Simcock's notes. She also records at tile 349 chest compressions and the administration of sodium bicarbonate.

HOCKNELL: Yes.

JOHNSON: At 350, [Dr D] also notes the chest compressions?

HOCKNELL: Yes.

JOHNSON: And at 351, we have the formal record of the administration of adrenaline --

HOCKNELL: Yes.

JOHNSON: -- noted by [Dr D] at tile 352 --

HOCKNELL: Yes.

JOHNSON: -- followed by the formal record of the sodium bicarbonate?

HOCKNELL: Yes.

JOHNSON: Which in turn at 354, tile 354, is recorded in [Dr D]'s notes as well?

HOCKNELL: Yes.

JOHNSON: Do we then have a further dose of adrenaline given to [Baby N] at tile 355?

HOCKNELL: Yes.

JOHNSON: That's the formal record. We have Belinda Simcock's note of that at tile 356 and [Dr D]'s corresponding note at tile 357?

HOCKNELL: Yes.

JOHNSON: Do we then have the standard three charts completed at 20.00 hours between 358 and 360?

HOCKNELL: Yes.

JOHNSON: At 361, also timed at 20.00 hours, is there a record of a saline bolus of 20ml being given intravenously to [Baby N]?

HOCKNELL: Yes.

JOHNSON: Followed by [Dr D]'s note and Belinda Simcock's corresponding note at tiles 362 and 363 respectively?

HOCKNELL: Yes.

JOHNSON: Whether this is the same or a different -- it appears to be a second 20ml bolus at tiles 364 and 365 and 366 in the same order as we saw before?

HOCKNELL: Yes.

JOHNSON: Followed a couple of minutes later at 20.07, tile 367, by the administration of 50ml of glucose with added adrenaline --

HOCKNELL: Yes.

JOHNSON: -- by the look of it, to be run at 2ml per hour intravenously?

HOCKNELL: Yes.

JOHNSON: At tile 368, do we have a record on the intensive care chart of the commencement of that adrenaline infusion?

HOCKNELL: Yes.

JOHNSON: Recorded by Belinda Simcock at 20.07?

HOCKNELL: Yes.

JOHNSON: Also in other notes by her at tile 369?

HOCKNELL: Yes.

JOHNSON: And in the nursing notes at tile 370?

HOCKNELL: Yes.

JOHNSON: So the same event recorded in different media?

HOCKNELL: Yes.

JOHNSON: At 371, the record of the adrenaline prescription, is that, at 20.09?

HOCKNELL: Yes.

JOHNSON: Followed by [Dr D]'s notes for this infusion at tile 372?

HOCKNELL: Yes. I think it might be a bolus and then an infusion.

JOHNSON: Yes, okay. Well, she can tell us precisely what it is.

At 373, is there a record made by Belinda Simcock, timed at 20.09, of adrenaline, full dose and flush, compressions?

HOCKNELL: Yes.

JOHNSON: Meanwhile, at 374, timed at 20.10 hours, did [Dr A] send Lucy Letby a message?

HOCKNELL: Yes.

JOHNSON: Could you tell us what he sent, please?

HOCKNELL: "Oh what an end of to a rubbish day. I haven't been back to Torbay for a few years, must be nearly three, since I was selling mum and dad's house in Paignton. I'm always surprised by how little it changes when I go back. Happy memories. I used to love Cockington in the summer. It always looked so pretty when the flowers were out. Have you handed over yet?"

JOHNSON: At tile 375, [Dr D] recorded the fact that:

"Compressions until (due to heart rate being between 50 and 60 beats per minute) [as read]."

And then just to clarify what that means possibly, Belinda Simcock at 376 records that it was at 20.10 hours that compressions ceased?

HOCKNELL: Yes.

JOHNSON: At 377 do we have a note from Dr Gibbs dealing with some of these events, which he will deal with in due course?

HOCKNELL: Yes.

JOHNSON: And at 378 do we have a blood gas timed at 20.14 hours?

HOCKNELL: Yes.

JOHNSON: At 379, is there a record of sodium bicarbonate?

HOCKNELL: Yes.

JOHNSON: Which is then also recorded at 380 and 381 by Belinda Simcock and [Dr D] in their respective notes?

HOCKNELL: Yes.

JOHNSON: At 20.18 hours, is there a record of two different dextrose infusions, one of 10%, to which was to be added morphine, and the other to which the drug midazolam was to be added?

HOCKNELL: Yes.

JOHNSON: The morphine and the midazolam, are they also recorded on the intensive care chart at tiles 384 and 385 by Belinda Simcock?

HOCKNELL: Yes.

JOHNSON: Then at tile 386 do we have Belinda Simcock's nursing notes relating to this?

HOCKNELL: Yes.

JOHNSON: Just to put into context what we've just looked at in the last few tiles, we'll just look at her note if we can, please. Could you read it for us?

HOCKNELL: "20.18 hours, midazolam infusion commenced at 1ml/hour and morphine infusion commenced at 1ml/hour via PIVC in left foot. Site patent. Nil redness or swelling at site observed."

JOHNSON: Thank you. In the clinical notes, in her capacity as scribe, did Belinda Simcock note:

"Set up midazolam and morphine commenced, attempt at surgical line"?

HOCKNELL: Yes.

JOHNSON: A similar note made by [Dr D] at tile 388?

HOCKNELL: Yes.

JOHNSON: Then at 389, a further note from the ENT specialist; is that right?

HOCKNELL: Yes.

JOHNSON: Then Lucy Letby sent [Dr A], timed at 20.23, a text or a Facebook message?

HOCKNELL: Yes, "Full resus".

JOHNSON: Then the door swipe data records her coming into the neonatal unit at about the same time?

HOCKNELL: Yes.

JOHNSON: Then at 392, a retrospective note made by Belinda Simcock recording the fact that [Baby N] had been given some factor VIII?

HOCKNELL: Yes.

JOHNSON: At 393, timed at 20.25, is there on the blood transfusion/therapy chart, a note made of, "Advate factor VIII, 85 units"?

HOCKNELL: Yes.

JOHNSON: Then at 394, just to give a bit of sense to that, do we have [Dr D]'s note recording:

"Factor VIII, second dose of 85 units given at 20.25 at the time of central line access attempt by Dr Potter"?

HOCKNELL: Yes.

JOHNSON: Then we have a further note relating to that factor VIII at 395, and at 396 we have a note made by Belinda Simcock concerning the hand venting of [Baby N].

HOCKNELL: Yes.

JOHNSON: Then at 397, is there a nursing note made by Belinda Simcock?

HOCKNELL: Yes.

JOHNSON: Can we click on it, please? Does it say:

"Infant passed urine at approximately 20.28. Bowels not open. Abdomen distended but soft to touch"?

HOCKNELL: Yes.

JOHNSON: Then do we have two pieces of door swipe data entry at 398 and 399 both concerning the entrance of Lucy Letby into the neonatal unit, the first timed at 20.30, the second at 20.32?

HOCKNELL: Yes.

JOHNSON: At tile 400, is there a clinical note made by [Dr D] timed at 20.35?

HOCKNELL: Yes.

JOHNSON: Then at 401, 20.38.09, did Lucy Letby send a WhatsApp to [Nurse E] saying, "Full resus" --

HOCKNELL: Yes.

JOHNSON: -- with an emoji.

At 402, did Belinda Simcock make a note timed at 20.40 of the arrival of the NWTs team, that's the transport team?

HOCKNELL: Yes.

JOHNSON: At 403, did Lucy Letby, in the nursing notes, make a note of the arrival of the NWTs team as well?

HOCKNELL: Yes.

JOHNSON: Could you read to us what Lucy Letby wrote?

HOCKNELL: "NWTs team arrived 20.40. Medical care led by intensivist from Alder Hey Children's Hospital and Consultant Gibbs."

JOHNSON: At 404, did she also make a note concerning conversations with [Baby N]'s parents?

HOCKNELL: Yes:

"Baptism offered and accepted. Carried out by J Kingsley at 20.40. Offered for additional family members to come for support but declined at present time. Parents sitting outside nursery. Support given."

JOHNSON: Do we then come to [Nurse E]'s response to Lucy Letby's text or WhatsApp message sent, which had said, "Full resus", and [Nurse E] responded:

"He's had? How is he now?"

HOCKNELL: Yes.

JOHNSON: Did [Dr A] then respond:

"Look on the top shelf, right-hand side. For the walk home, you're still welcome to the car."

HOCKNELL: Yes.

JOHNSON: At 20.45, tile 407, is there a record of [Baby N]'s baptism?

HOCKNELL: Yes.

JOHNSON: At tile 408, at the same time, a record in a different format of the same event?

HOCKNELL: Yes.

JOHNSON: At 409, a record of a central line being inserted between 20.45 and 21.00 hours?

HOCKNELL: Yes.

JOHNSON: Then at 410, we have the time marked, and indeed at 411, in the nursing notes that we've just read a few moments ago?

HOCKNELL: Yes.

JOHNSON: At 412, did Lucy Letby make a note at 20.57 of the fact that [Baby N]'s parents had been offered a bedroom on the unit?

HOCKNELL: Yes.

JOHNSON: Then at 413 to 415 do we have the standard three sets of data recorded on the hour at 21.00 hours?

HOCKNELL: 413 and 414, two of the three.

JOHNSON: I beg your pardon, you're quite right. At 415 I think there's some further clinical notes; is that right?

HOCKNELL: Yes, some scribe notes from Belinda Simcock, yes.

JOHNSON: Thank you. Are there then some further nursing notes made at 21.00 hours, between tiles 416 and 418, by Belinda Simcock?

HOCKNELL: Yes.

JOHNSON: Followed by a further note made by her at the same time at tile 419?

HOCKNELL: Yes.

JOHNSON: At 420, some further clinical notes by [Dr D], made at 21.05?

HOCKNELL: Yes.

JOHNSON: Then a radiologist's report for an X-ray taken at 21.07?

HOCKNELL: Yes.

JOHNSON: We can come to the detail in due course if it's relevant. But it concerns primarily the position of the line that had been inserted and the NG tube?

HOCKNELL: Yes.

JOHNSON: At 422, a blood gas result?

HOCKNELL: Yes.

JOHNSON: Then the messaging resumes at 423, sent by Lucy Letby to [Nurse E] at 21.12?

HOCKNELL: Yes:

"Unstable airway. Were about to take for trachy and collapsed."

JOHNSON: [Nurse E]:

"Bless him. Parents there? They still going to take him?"

There's then a blood gas result that interrupts the flow of the messaging?

HOCKNELL: Yes.

JOHNSON: But does Lucy Letby respond at tile 426, timed at 21.21?

HOCKNELL: Yes:

"Yeah, they are here. Had him christened. Named him [Baby N]. Got an ET now. Have done CVP lines and NWTs here."

And a further message:

"I'm just about to head off."

JOHNSON: Do we then have prescriptions for cefotaxime, sodium chloride, and corresponding updates on the computer between tiles 428 and 431?

HOCKNELL: Yes.

JOHNSON: Thank you. At tile 432, timed at 21.30, did [Nurse E] respond to Lucy Letby, "Just gone to bed"?

HOCKNELL: Yes, then Lucy Letby replies:

"Lines in neck."

"Hope you okay. Sleep well".

JOHNSON: Did [Nurse E] then respond:

"Ah, not heard it called that"?

HOCKNELL: Lucy Letby replied:

"They've done a cut-down in neck. Least improving now and got 5 million people here."

JOHNSON: Does [Nurse E] say:

"Like a PICC line? Oh dear."

HOCKNELL: Yes. Lucy Letby replied:

"Yeah, it's stitched in. Had more factor VIII prior."

JOHNSON: Then some messaging about work and social messaging, but not relevant to this case, between Lucy Letby, [Nurse E] and Lorna Fisher?

HOCKNELL: Yes.

JOHNSON: Then at 422 on the intensive care chart is the administration of midazolam recorded together with a transfer over to the transport team?

HOCKNELL: Yes.

JOHNSON: There's a corresponding nursing note entry made at 443 by Belinda Simcock together with, in the next tile, 444, a record of morphine having been administered?

HOCKNELL: Transferred to the transport team.

JOHNSON: And transferred to the transport team, yes, thank you.

At 445, did Bernadette Butterworth send a message to Lucy Letby saying:

"Hi Lucy, hope you're okay. Are you home now, how did little guy get on?"

HOCKNELL: Yes.

JOHNSON: Do we then, at 22.00 hours, have [Baby N]'s vital signs recorded together with an entry in the intensive care chart?

HOCKNELL: Yes.

JOHNSON: At 448 through to 451, are there several nursing notes made at 22.00 hours by Belinda Simcock --

HOCKNELL: Yes.

JOHNSON: -- concerning the line that had been inserted into [Baby N], [Baby N]'s blood pressure and a temperature reading.

HOCKNELL: Yes.

JOHNSON: At 452, timed at 22.05, did Dr Gibbs make a note concerning the resuscitation --

HOCKNELL: Yes.

JOHNSON: -- and subsequent events?

HOCKNELL: Yes.

JOHNSON: Did Lucy Letby then send a message to Bernadette Butterworth at tile 453, timed at 22.05?

HOCKNELL: Yes:

"Hi. Yes home vol [as read]."

Then a further message 2 minutes later:

"Hi. Yes, home about half 9, thanks. Can't remember what you were there for, but he's okay. Got a tube in and stabilised. They put central lines in neck and NWTs were there so hoping to move fairly soon. Baptised him and named him [Baby N]. Thanks for all your help. Hope you are okay."

JOHNSON: Taking up on the message she'd received from [Dr A] at tile 455, timed at 22.11, did Lucy Letby respond?

HOCKNELL: "Cockington is gorgeous. We always go there for afternoon tea. Dad was offered a job in Paignton many moons ago. Could have been a very different childhood growing up by the sea. Looking forward to going back. Hope little man is okay and your night isn't too stressful. On the home straight now at least."

Then a further message:

"You are a sweetie, [Dr A], thank you."

JOHNSON: Bernadette Butterworth then responds at 22.12, tile 457:

"So glad they've named him. Hope he makes it. My friend works in ITU, said they were waiting for him to come out over. Make sure you have a good rest. You done really well today. Don't know how you stayed standing. Take care, Lucy. Enjoy your holiday. Speak soon."

HOCKNELL: Yes, and Lucy Letby replied to Bernadette Butterworth:

"Fingers crossed everything being done for him. Quite impressed at how quickly they got a team of so many together etc. Aw, thanks, but we all worked well as a team. You guys had fair amount going on too. Holiday time now. See you soon."

JOHNSON: And the response from Bernadette Butterworth:

"Yes, very impressive. Sleep well, Lucy."

Is that followed at 460 by a record of an infusion -- sorry, a bolus, a 17ml bolus, of sodium chloride given to [Baby N]?

HOCKNELL: Yes.

JOHNSON: And then [Dr A], at 461, sent a message in response to Lucy Letby timed at 22.22:

"Last gas was good, still doing art [which may be arterial] line."

Did he then send a further message saying:

"Chocolate makes bad days a little bit better. Hope you liked it."

HOCKNELL: Yes.

JOHNSON: At 463, is there a record made at 22.25 by Belinda Simcock of "adrenaline transferred" on the intensive care chart?

HOCKNELL: Yes.

JOHNSON: The corresponding entry in the nursing notes at 464?

HOCKNELL: Yes.

JOHNSON: And then Lucy Letby's response to [Dr A] at 465 timed at 22.27?

HOCKNELL: "That's true. Just a shame I don't usually eat chocolate, but on this occasion... I've also ended up with a collection of yogurts that I've not managed to eat."

JOHNSON: Did Belinda Simcock then, at tile 466, timed at 22.40, make a further note, which included the handover or the transfer of [Baby N] to the NWTs incubator and ventilator?

HOCKNELL: Yes.

JOHNSON: Did Lucy Letby then send a further or send a message to Jennifer Jones-Key, who of course had been the nurse who'd looked after [Baby N] on the night shift --

HOCKNELL: For the 14th into the 15th.

JOHNSON: Yes, thank you.

HOCKNELL: "Hope you're okay and tonight is better. You did well to act so quickly on [Baby N]."

JOHNSON: At 468, did Jennifer Jones-Key respond:

"It's okay. But [Baby N] still here. I don't feel I did enough but thank you"?

HOCKNELL: Lucy Letby replied:

"At least he has everyone there. Impressed at how quick they got a team together, etc. Of course you did. I didn't notice anything yesterday. You acted on what you saw and got him screened, etc. If hadn't been put back on monitor imagine what could have happened at handover."

JOHNSON: Thank you. At 23.00 hours is there a nursing note made by Belinda Simcock together with two of the standard three?

HOCKNELL: Yes.

JOHNSON: Then a message from [Dr A] at 473, timed 23.00 hours, saying:

"It was well deserved today. How come so many yogurts?"

HOCKNELL: Yes. Lucy Letby replied:

"I took three in on Monday and have only eaten 1, then [Nurse E] left me hers from last night that I haven't had chance to eat."

JOHNSON: He responded:

"They usually keep for a bit, don't they? Are you okay?"

HOCKNELL: Lucy Letby replied:

"Yes. Won't need to eat them all at once! Yes, thank you, just glad he's okay. Quite impressed they got everyone together so quickly. What do you think caused his bleed? Hopefully I'll sleep well tonight and can enjoy getting ready for hols. Are you okay?"

JOHNSON: At 477 is there a blood gas timed at 23.09?

HOCKNELL: Yes.

JOHNSON: Then tile 478, timed at 23.20, records the formal transfer of [Baby N] from the Countess to the transport team?

HOCKNELL: Yes.

JOHNSON: That fact recorded by Belinda Simcock in the succeeding tile, 479?

HOCKNELL: Yes.

JOHNSON: Then there is a note made by Belinda Simcock of her contact with [Baby N]'s parents?

HOCKNELL: Yes.

JOHNSON: Do we then come to a message sent by Jennifer Jones-Key at tile 481, timed at 23.20, saying:

"Yeah, lots of people here. They're trying to leave shortly. That's true but scary"?

HOCKNELL: Lucy Letby replied:

"Good. You did well, as always."

JOHNSON: Then at 483, 23.26:

"[Baby N] just gone."

And then:

"Thanks you and look after yourself [as read]."

HOCKNELL: Yes. Lucy Letby replied:

"Will do, thanks. Holiday time."

JOHNSON: At 487, 23.31 hours, did [Dr A] send Lucy Letby a message saying:

"He's just left the building"?

HOCKNELL: Yes.

JOHNSON: That was followed by Jennifer Jones-Key sending a message at tile 488:

"No worries, yeah, enjoy."

Then [Dr A] again at 23.27:

"I think there will be a haemangioma or collection. If it was epiglottitis his CRP should have been higher because he was starting to become unwell. Glad to hear that his cranial ultrasound scan didn't show any bleeds. I'd be surprised if you didn't sleep well after so many long days."

Then:

"I'm not sure."

Did Lucy Letby respond to those messages from [Dr A] at line 491?

HOCKNELL: Yes:

"Glad he got off safely."

JOHNSON: Then did [Dr A] send a message at 492:

"My night is complete! Just been handed a three-week-old for a cuddle. Who am I to refuse?"

HOCKNELL: Lucy Letby replied:

"Aw, baby cuddles make everything seem better."

JOHNSON: At 494 did Lucy Letby then perform a Facebook search for [Dr A]?

HOCKNELL: Yes.

JOHNSON: At 495, did she then send him a message about a minute later?

HOCKNELL: Yes:

"Have you offered to change the cot sheets too?"

JOHNSON: Did he respond:

"No, do you think I ought to?"

HOCKNELL: Yes.

JOHNSON: Do we then have further two nursing note updates? These are simply the times that notes that have already appeared in the chronology were actually made; is that right?

HOCKNELL: Yes.

JOHNSON: That's tiles 497 and 498. Then the final three tiles for this sequence, we've now moved on to Friday, 17 June. Did [Dr A] send Lucy Letby a message at 01.03, saying:

"Just spoke to PICU. Off inotropes. Cranial ultrasound is normal. Still vented. Factor VIII increased to TDS. Unsure why he became unwell. Micro all negative. They're optimistic he will be okay."

HOCKNELL: Lucy Letby replied:

"That's brilliant news. Thanks for letting me know."

JOHNSON: Ten days later, was [Baby N] discharged from Alder Hey Hospital?

HOCKNELL: Yes.

MR JOHNSON: Thank you.

My Lord, that may be the best moment for a break unless you would like me to deal with the neonatal review.

MR JUSTICE GOSS: How long will the neonatal review take?

MR JOHNSON: They usually take 5 to 10 minutes.

MR JUSTICE GOSS: Shall we do the neonatal review and then take the break?

MR JOHNSON: Unless there are any questions.

MR MYERS: There are no questions.

(The witness withdrew)

MR JOHNSON: Could we have Kate Tyndall then, please?

MRS KATE TYNDALL (recalled)

Examination-in-chief by MR JOHNSON

MR JOHNSON: Mrs Tyndall, this sequence concerns primarily the events of the day shift on 15 June 2016. The front sheet says event 20 and it covers, of course, counts 18 and 19. Does it follow the same conventions as earlier?

TYNDALL: Yes.

JOHNSON: Thank you. Do we see at page 2 the population distribution graphic showing where people were?

TYNDALL: Yes.

JOHNSON: Thank you. We note that at the beginning of the shift [Baby N] was in nursery 3?

TYNDALL: Yes, this is the beginning of the night shift.

JOHNSON: Yes, it is, as it indeed says at the top, at the start of the night shift. Also at the end of the night shift, depending on the view you take of when [Baby N] was actually transferred.

TYNDALL: Yes.

JOHNSON: We'll come to that in a moment, won't we, I think?

TYNDALL: Yes.

JOHNSON: All right. Of course, Lucy Letby wasn't working that night shift, she'd worked the previous day shift and was working the day shift again on 15 June but, going to page 3, please, do we see there the various entries relating to [Baby N]?

TYNDALL: Yes.

JOHNSON: Some are completed by Jennifer Jones-Key, who was his designated nurse?

TYNDALL: Yes.

JOHNSON: Others by [Nurse E] or Belinda Williamson or indeed [Dr A] or yet further, Kathryn Percival-Ward, now known as Kathryn Percival-Calderbank?

TYNDALL: Yes.

JOHNSON: Moving on to page 4, the line has gone in at 7.30, as being the changeover. We know from the evidence that Lucy Letby was actually there at the point [Baby N] collapsed at line 82. Do we see, as you've already at least hinted at, in the lower part of that page we have the population distribution at the end of the shift together with the designated nurses and at the commencement of the day shift on which Lucy Letby was working?

TYNDALL: Yes.

JOHNSON: And if we concentrate on the day shift distribution in the bottom part of the page, do we see that [Baby N] had been moved to nursery 1 and that his designated nurse was Lucy Letby?

TYNDALL: Yes.

JOHNSON: So moving on, do we see that with the exception of the nursing note made retrospectively by Jennifer Jones-Key at line 113 and the three notes made by [Dr A] and one by Dr Ukoh, all the [Baby N] notes or entries correspond to Lucy Letby?

TYNDALL: Yes.

JOHNSON: We also see, as a matter of note, that Lucy Letby has made entries concerning the child OG?

TYNDALL: Yes.

JOHNSON: I don't think they're initials we've come by before.

Just going back to page 4, we can see that that particular child was also in nursery 1?

TYNDALL: Yes.

JOHNSON: At page 6 of 13, does that present, generally speaking, a similar picture in that, with the exception of medical entries, all the other entries, which are nursing entries, correspond to Lucy Letby?

TYNDALL: Yes.

JOHNSON: Thank you. Page 7 of 13 next, please. A similar picture to that which we've summarised on previous pages?

TYNDALL: Correct.

JOHNSON: Thank you. Page 8., a slight departure now because we see that Lucy Letby's name appears against the initials of some of the other children other than [Baby N].

The children concerned are WR and AH. Is that right, first of all?

TYNDALL: AW and AH, I think.

JOHNSON: Are you on page 8 of 13?

MR JUSTICE GOSS: Yes, lines 293 and 294.

TYNDALL: Yes. AW and then AH further down.

MR JOHNSON: But WR is also --

TYNDALL: And WR at the top. So three babies.

MR JUSTICE GOSS: You said WR and AH. In between --

TYNDALL: There's AW.

MR JUSTICE GOSS: That's what the witness was pointing out.

MR JOHNSON: It's always me that's wrong, I know that, my Lord. It was the omission of WR that was perplexing me.

All right.

We see that AW was in nursery 1?

TYNDALL: Yes.

JOHNSON: WR, location unconfirmed?

TYNDALL: Yes.

JOHNSON: And AH was in nursery 3?

TYNDALL: Yes.

JOHNSON: All right. Just concentrating for a second on the position of [Baby N] though, we see that so far as the nursing entries are concerned at least, they all correspond to Lucy Letby, albeit there are rather more medical entries, at least following his further collapse at line 318?

TYNDALL: Yes.

JOHNSON: At page 9 of 13, there is the blood gas at 336 that was recorded by [Nurse B] that we had picked up in the sequence of events. But other than the pharmacy and medical entries, do we see that pretty much all the notes relate to Lucy Letby?

TYNDALL: Yes.

JOHNSON: Thank you.

At page 10 of 13, a very similar picture to that which we've seen on the preceding pages?

TYNDALL: Yes.

JOHNSON: Page 11 of 13. Almost at the top of the page, line 455 records the collapse at the handover from the day shift to the night shift?

TYNDALL: Yes.

JOHNSON: Thereafter, because of the handover, we see that the nursing entries transfer to Belinda Williamson from Lucy Letby?

TYNDALL: Yes.

JOHNSON: Thank you. That's a picture that continues over on to the penultimate page, page 12 of 13, the exception being there that the nursing entries are in between 20.40 hours and 20.57 because that's the times -- the predominant reason is that's the times that the actual entries were made?

TYNDALL: Yes.

JOHNSON: The final page gives us the position so far as the population distribution was concerned at the end of the shift?

TYNDALL: Yes.

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

MR MYERS: No, thank you.

MR JOHNSON: My Lord, just before we -- the witness can leave.

MR JUSTICE GOSS: Thank you very much.

(The witness withdrew)

MR JOHNSON: Before we finish and because of the reconfiguration of the court that's required, can we just distribute some more documents, please?

MR JUSTICE GOSS: Yes.

MR JOHNSON: These are to go in jury bundle 2, please, ladies and gentlemen (handed), divider 18, albeit they relate to both count 18 and count 19. So I don't know what system you've got going as individuals when documents cover two counts, either (inaudible: distorted) or write on it "See behind divider 18".

MR JUSTICE GOSS: Thank you very much. Got all those in?

This break will be at least 10 minutes. It may be slightly longer because I have just been alerted to some technical issues in relation to links to other places, so it may be 10 to 15 minutes, this break. I hope it won't be much longer than 12 minutes or so. Thank you.

(11.49 am)

(A short break)

(12.05 pm)

MR JUSTICE GOSS: I'll just read this note out before we proceed with the next witness for the benefit of counsel. I've had a note from the jury indicating that some of the medications and drugs being mentioned aren't included in the glossary. Could we have an updated glossary, please? I'll leave that with you.

MR ASTBURY: Thank you.

MR JUSTICE GOSS: So the answer is yes you can and it will be provided.

MRS JENNIFER JONES-KEY (sworn)

Examination-in-chief by MR ASTBURY

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

JONES-KEY: Jennifer Jones-Key.

ASTBURY: Thank you. If you can bring the microphone a little closer to you, please. It won't amplify your voice, but it'll record it. If I can ask you to make sure you keep your voice up, even though you're sitting down, we would all be very grateful. Your occupation, please?

JONES-KEY: Nursery nurse.

ASTBURY: Were you employed in that capacity at the Countess of Chester Hospital in June of 2016?

JONES-KEY: I was, yes.

ASTBURY: You have come along to assist today with your knowledge of a baby by the name of [Baby N]; is that right?

JONES-KEY: Yes.

ASTBURY: And in particular a night shift which you worked from 7.30 on 14 June until 8 am or thereabouts on Wednesday, 15 June 2016.

JONES-KEY: Yes.

ASTBURY: Do you have any independent recollection of that particular shift and [Baby N]?

JONES-KEY: Certain stuff but not everything.

ASTBURY: Have you had the opportunity to look at your notes in preparation for today?

JONES-KEY: I have, yes.

ASTBURY: Okay. In order to assist you, there's a screen to your right, on to which I'm going to put some documents up as we go along, so I hope they do help. If I can ask initially, please, for tile 36 to be put on the screen, please, and what lies behind.

This is a list, if it assists you, of the people who were on duty that night shift. If you want to cast your eye over it, I would imagine, but correct me if I'm wrong, you would remember the nursing staff more than the doctors?

JONES-KEY: Yes.

ASTBURY: All right. If we go next, please, to tile 37. Do you need that enlarging a little bit?

JONES-KEY: Yes, please.

ASTBURY: If we could have it a little larger, please, Mr Murphy if that's possible. It's a representation, nurse, of the unit with each baby and nurse, their allocations set out in the boxes. I'm not sure if we can enlarge it.

There we go, thank you.

So in the middle in the green we can see a basic layout of the neonatal unit and the four rooms that we have heard about, the four nurseries?

JONES-KEY: Yes.

ASTBURY: If I can ask you to look at the bottom left box, we can see, at 7.30, yourself in nursery 3 together with Lisa Walker, and you were allocated [Baby N] as his designated nurse; is that correct?

JONES-KEY: Yes.

ASTBURY: Thank you. We can see the other nurses that were on duty: Lisa Walker also with babies in nursery 4, Belinda Williamson, as she now is, in nursery 1 and your colleague [Nurse E] in nursery 2.

When you took over as [Baby N]'s designated nurse, do you recall who you took over from?

JONES-KEY: I don't, no, sorry.

ASTBURY: When you checked the notes in your preparation for your statement, did you confirm the name Lucy Letby?

JONES-KEY: I can, yes.

ASTBURY: Thank you. When you took over from Lucy Letby, were there any concerns as [Baby N]'s condition at that point?

JONES-KEY: No, there wasn't.

ASTBURY: Do you happen to remember how [Baby N] was being nursed?

JONES-KEY: I think he'd just gone into a cot and he was demand feeding.

ASTBURY: Do you remember what he was being fed?

JONES-KEY: I don't, sorry.

ASTBURY: It's okay. Perhaps to assist you, we could look at the start of the note that you made for your shift, which is at tile 38. It's a fairly substantial note, but we're going to zoom in. It's mainly to the left, thank you.

So if we begin at the top, created on 15 June at 05.51. We've heard that often notes are written in retrospect because shifts are busy and babies come first?

JONES-KEY: Yes.

ASTBURY: Okay. We can see there that you started the note at 05.51. They are your initials, JJ, for the system?

JONES-KEY: Yes.

ASTBURY: And you finished the note at 06.02. It reads:

"At start of shift baby nursed in incubator with eye protection in situ."

Why would [Baby N] have eye protection?

JONES-KEY: He'd have been under a phototherapy light so it's just to cover his eyes from the light.

ASTBURY: We've heard that's a treatment for jaundice?

JONES-KEY: Yes.

ASTBURY: That explains your next line:

"SBR..."

That's a bilirubin count?

JONES-KEY: It is, yes.

ASTBURY: "... repeated at 9 am. Result 150. Lights stopped. For repeat in the morning."

So at 9 o'clock, you were able to cease that treatment; is that right?

JONES-KEY: I was, yes.

ASTBURY: "Baby demanding bottle feeding on expressed breast milk."

Do you recall that now?

JONES-KEY: I do, from reading that, yes.

ASTBURY: "Taking good amounts on own bottles. Baby very unsettled early part of the night."

Do you remember anything about why he was unsettled in the early part of the night?

JONES-KEY: Nothing particular comes to mind.

ASTBURY: What do you think you mean by "the early part of the night"?

JONES-KEY: That's normally when we've taken over handover up to about 12 o'clock.

ASTBURY: And do the notes suggest he was unsettled when at first you took over?

JONES-KEY: Yes.

ASTBURY: How did he do thereafter, do you recall?

JONES-KEY: I think it was around 1 o'clock he started deteriorating a little bit. So he became a bit mottled, which is a blanching rash all down the body.

ASTBURY: Before we get to 1 o'clock could I ask Mr Murphy to put tile 43 up, please. This is [Baby N]'s feeding chart which I'll ask you to have a look at, please. Do you recognise your handwriting (overspeaking) --

JONES-KEY: I do, yes.

ASTBURY: I think I know which it is, but can you just tell us?

JONES-KEY: 9 o'clock.

ASTBURY: Thank you. So it's the bottom entry, is it?

JONES-KEY: Yes.

ASTBURY: So we've moved on to -- we're still on 14 June, it's 9 o'clock, expressed breast milk, 60ml, is that right?

JONES-KEY: It is, yes.

ASTBURY: Given by bottle; yes?

JONES-KEY: Yes.

ASTBURY: That would be -- he's passed urine. Is that bowels not opened?

JONES-KEY: It is, yes.

ASTBURY: And just to clear something up from yesterday I think, N/B, is that a name band? Is that an abbreviation for name band?

JONES-KEY: It is, yes.

ASTBURY: So you have to confirm that the baby (overspeaking) --

JONES-KEY: They have to have two name bands on.

ASTBURY: In your comment box is that "demanded"?

JONES-KEY: Yes. So he's demanded a feed early.

ASTBURY: So a little unsettled at the start of shift. 9 o'clock, he is demanding a feed and takes the feed of 60ml.

Would you have noted if he'd not taken it all?

JONES-KEY: Yes, I would have put a comment on the box to say he'd not taken it well.

ASTBURY: Does the fact he was demanding a feed and took all 60ml, does that tell you anything about the baby at 9 o'clock?

JONES-KEY: It just says that he's a well baby and was hungry.

ASTBURY: All right. You started to tell us about 1 o'clock -- I'm sorry, I interrupted and cut across. Tell us again what happened at 1 o'clock.

JONES-KEY: I think he started to look a bit more mottled, which is a rash down the belly, and was more unsettled than the start of the shift.

ASTBURY: What did you do in those circumstances?

JONES-KEY: I can't remember.

ASTBURY: Would you normally bring it to someone's attention?

JONES-KEY: Yes, I'd have normally told the shift leader.

ASTBURY: We know that the shift leader on that particular shift was Belinda Williamson?

JONES-KEY: Yes.

ASTBURY: Do you think you told Belinda Williamson?

JONES-KEY: I would have done, yes.

ASTBURY: Okay. And was there a change, do you recall -- whoever you told, was there a change at that stage in [Baby N]'s monitoring?

JONES-KEY: I can't remember.

ASTBURY: Let's have a look, please, at tile 42. Look at the document behind, please. We know this is an observation chart.

JONES-KEY: It is, yes.

ASTBURY: If we look across the top to the right we can see "15 June" in the date row. If we look down, it looks like, please correct me if I'm wrong, from 1 o'clock you started to monitor heart rate?

JONES-KEY: Yes.

ASTBURY: And where would you get that particular reading from?

JONES-KEY: We'd have placed him back on to a saturation monitor.

ASTBURY: Thank you. You're also monitoring, as we scroll down, his respirations, so no need to do them up until then, but because of what you saw, some additional attention given --

JONES-KEY: Yes.

ASTBURY: -- to [Baby N]? Thank you.

So from 1 o'clock onwards, do you recall how [Baby N] fared for the rest of the shift thereafter?

JONES-KEY: He started to deteriorate from 1 o'clock. I'm not sure about times but he did start to have a few desaturations, which is when we would have commenced full monitoring, to keep an eye on him, and he would have had a septic screen and antibiotics.

ASTBURY: Shall can we have a look at your note again. Maybe that's the best way. 78, please, Mr Murphy. Quite right:

"I noticed that, just after 01.00 feed, baby looked very pale."

So he was fed -- there isn't a feed on the feeding sheet at --

JONES-KEY: It wouldn't have been on that one, it should have been the one after.

ASTBURY: So he'd just fed. Started to look pale mottled and veiny. His abdomen slightly bigger. Seen by NNU Nurse Belinda Simcock as she was then, and advised, as you rightly said, to place on saturation monitor:

"Reviewed by paed.s."

Would that be the doctors (overspeaking) --

JONES-KEY: That was [Dr A], yes.

ASTBURY: Thank you:

"To be watched for an hour. After 30 minutes noted to be having desaturations to low 80s. No intervention required but quite frequent."

Just tell us why there would be no intervention?

JONES-KEY: That means he would have corrected himself, he would have come up before we'd gone in to --

ASTBURY: All right. We've also heard that sometimes it's enough just to tickle the feet or give the baby a shake?

JONES-KEY: That's correct.

ASTBURY: "Rest of observations within range."

Which we just looked at:

"Reviewed by [Dr A] and for septic screen. Cannula inserted into right hand. Bloods taken for CRP, blood culture and..."

I think that's full blood count; is that right?

JONES-KEY: It is, yes.

ASTBURY: Okay. Is that, "IM CF given by NNU nurse"?

JONES-KEY: That's IM cefotaxime given; that's an antibiotic.

ASTBURY: Started on antibiotics and as you're a nursery nurse it's an NNU nurse that comes --

JONES-KEY: I can't give any medication.

ASTBURY: -- and does that? Okay:

"Baby looked worse this morning and cap refill was 3 seconds."

We've heard that's a process where you press your finger on the baby and count how long until the colour recovers; is that correct?

JONES-KEY: Yes.

ASTBURY: "Reviewed again by paed. Placed into 25% Oxygen ambient [is that] and nil by mouth"?

JONES-KEY: That's when the oxygen's going round the incubator.

ASTBURY: So we've heard about various forms of ventilation.

Is that simply gas being blown into the incubator itself?

JONES-KEY: It is, yes.

ASTBURY: Thank you:

"10% dextrose commenced [on that particular rate]. Cannula site satisfactory. Passed urine, bowels open."

At 06.02 you have noted that at that stage there hadn't been contact from the parents?

JONES-KEY: Yes, that's correct.

ASTBURY: Thank you. Just look -- you mentioned blood gases so if we can just look at the blood gases, please, at tile 79.

If we can scroll down, I think you're pretty well in the middle with the darker script; is that right?

JONES-KEY: That's correct.

ASTBURY: Are they your initials?

JONES-KEY: Yes.

ASTBURY: We can see bloods at 01.27 and 03.41, both capillary samples. You may be asked some questions about those but you simply observe [Baby N] was self-ventilating in air?

JONES-KEY: I don't interpret blood gases; I can just take them.

ASTBURY: All right. Your note spoke of him going on to glucose.

JONES-KEY: Yes.

ASTBURY: -- sorry, a dextrose infusion. Did he go -- was he placed nil by mouth at that stage?

JONES-KEY: He was, yes.

ASTBURY: That was following [Dr A]'s septic screen, was it?

JONES-KEY: Yes.

ASTBURY: If we can just look at the infusion chart, please, at tile 110.

Do you recognise the handwriting on the chart there to the left?

JONES-KEY: I do, yes.

ASTBURY: Is that yours?

JONES-KEY: It is, yes.

ASTBURY: So it looks like, please correct me if I'm wrong, that infusion started at 5 am?

JONES-KEY: I think it was 5.30. I think I've wrote underneath 5.30.

ASTBURY: Yes, I'm glad you did correct me. Putting again together that sort of timeline, you've got the two blood tests and the glucose starting at 5.30?

JONES-KEY: Yes.

ASTBURY: Between 5.30 and handover, or just before handover, how was [Baby N] after that?

JONES-KEY: He'd settled down once we commenced the fluids but from about 7 o'clock onwards he was having more desaturations.

ASTBURY: Do you remember when the desaturations started?

JONES-KEY: I don't, sorry.

ASTBURY: Do you remember any of the desaturations in particular?

JONES-KEY: Only when he had a big one at about quarter past 7.

ASTBURY: Okay. So he had a big one about quarter past 7. Do I infer from what you said there'd been some before or after that?

JONES-KEY: Yes, I don't think they needed much intervention though.

ASTBURY: Are we talking about the self-correcting ones that you mentioned to us a little earlier in your evidence?

JONES-KEY: Yes.

ASTBURY: Tell us about the big one at 7.15?

JONES-KEY: I don't remember it in full detail. I remember Lucy looking over and he'd gone a bit pale because his monitor had gone off. I think we then started Neopuffing.

ASTBURY: Which room was this in?

JONES-KEY: Nursery 3.

ASTBURY: So we know [Baby N] started in nursery 3 from the plan that we saw. Even though he had been placed nil by mouth, no decision to move him at that stage?

JONES-KEY: No, we wouldn't have moved him because he'd settled down a bit.

ASTBURY: So not sufficiently poorly to have to move?

JONES-KEY: No, because he didn't require any respiratory effort.

ASTBURY: And of course you continued to be his designated nurse, there was no escalation to one of the NNU nurses?

JONES-KEY: No, Belinda Simcock was aware of what I was doing.

ASTBURY: So it's in room 3 and it's about quarter past 7. Do you remember what you were doing at the time?

JONES-KEY: I don't have a distinct memory. I just think I was feeding a baby.

ASTBURY: Okay. We saw the other -- perhaps if we could go back to the tile with the plan of the room on, tile 37, please. Use that. If we could enlarge it again, please.

So one other baby in nursery 3 on the shift, unless someone else had been brought in. Do you remember anyone else coming in during the course of the night being added?

JONES-KEY: I don't remember.

ASTBURY: So you think you were feeding the other baby in the room?

JONES-KEY: I think so.

ASTBURY: Okay. Looking at our plan, perhaps we could zoom in a little bit on nursery 3, please.

Not very scientific, but do you remember looking at the nursery where [Baby N] had been in his incubator?

JONES-KEY: I wouldn't remember where he was.

ASTBURY: Do you remember where you were when the baby, I should say, you were feeding was when this happened?

JONES-KEY: No.

ASTBURY: All right. How were you feeding the baby?

JONES-KEY: I don't remember.

ASTBURY: We've heard there can be bottle, there can be the nasogastric tube where it's put in and it drips through by way of gravity. Do you remember which one it was?

JONES-KEY: No.

ASTBURY: What makes you think you were feeding a baby?

JONES-KEY: Just because I know I was in the room at the time and I would have gone over to the monitor had I not been doing anything.

ASTBURY: Okay. So you're feeding the baby. Tell us what happens next, please.

JONES-KEY: I think the monitor went off, so Lucy went over to see and he looked quite pale and I think had kind of stopped breathing. She got the Neopuff and I went over to help.

ASTBURY: It's 07.15, do we take it from that that Lucy was there at that stage?

JONES-KEY: Yes.

ASTBURY: Do you remember when she'd come in?

JONES-KEY: I think it was about 10 past, quarter past 7.

ASTBURY: And do you remember what she was doing or where she was when this happened?

JONES-KEY: She'd just come in to say hello.

ASTBURY: When you heard the alarm go off, did you look over towards [Baby N]?

JONES-KEY: I did, yes.

ASTBURY: And do you remember where Nurse Letby was at that point?

JONES-KEY: No.

ASTBURY: You don't. Was she in the room?

JONES-KEY: Yes.

ASTBURY: Okay. Was anything said?

JONES-KEY: I can't remember.

ASTBURY: Do you remember which alarm it was that was sounding?

JONES-KEY: I don't, no.

ASTBURY: When you looked over, did you notice anything about [Baby N]?

JONES-KEY: I can't remember.

ASTBURY: Let's have a look at your note of this incident, please, before we go too much further. Tile 141, please.

I think it's probably towards the bottom left of our screen, if I recall rightly, Mr Murphy.

So your note at the time says:

"At 07.15 baby crying and dropped saturations. Seen by NNU Nurse Lucy."

Does that remind you of the sequence of events?

JONES-KEY: Some, not all.

ASTBURY: You haven't mentioned the alarm in there. What do you mean by "seen by Lucy"?

JONES-KEY: She would have seen the monitor so she would have seen the drop on the saturation monitor.

ASTBURY: Presumably you'd heard the alarm by then?

JONES-KEY: I would have thought so, yes.

ASTBURY: When you -- just before we go any further, that's a note made at 08.19; is that right?

JONES-KEY: It is, yes.

ASTBURY: I've asked you where Lucy was in the room. Had there been any conversation with you -- between the two of you before this particular incident?

JONES-KEY: I don't know.

ASTBURY: No? All right. Do you remember why she had come into the room?

JONES-KEY: Just to say hello because we were friends.

ASTBURY: Had she said hello by that point?

JONES-KEY: I think so.

ASTBURY: Had you been feeding the baby when first she came in, do you remember?

JONES-KEY: I don't remember.

ASTBURY: You can't remember what you did. So the alarm goes off, you look over, you see that [Baby N] is, as you've noted there, mottled all over his body and blue; is that right?

JONES-KEY: Yes.

ASTBURY: And cold to the touch?

JONES-KEY: Yes.

ASTBURY: So when you saw that, where were you when saw that?

JONES-KEY: I'd have gone to his cot then.

ASTBURY: When you got to his cot do you remember where Lucy Letby was?

JONES-KEY: I think she was next to me.

ASTBURY: Who got there first; can you recall?

JONES-KEY: Lucy was there first.

ASTBURY: Do you remember her moving across the nursery to get there?

JONES-KEY: I don't remember.

ASTBURY: Alarms go off. Did either of you say anything when you saw, in particular, the colour that [Baby N] had gone?

JONES-KEY: I don't remember the conversation.

ASTBURY: None at all? Do you remember what happened next?

JONES-KEY: I know we Neopuffed and then we decided to transfer the baby to nursery 1, which is ITU.

ASTBURY: So bearing in mind that [Baby N] had stayed in nursery 3 through the night, was it considered there'd been a significant change at that point?

JONES-KEY: Yes.

ASTBURY: What was that? Just cast your mind back if you can.

JONES-KEY: Just because he needed Neopuffing, so he would have required respiratory support.

ASTBURY: And this was the first time it had gone that far?

JONES-KEY: Yes.

ASTBURY: You put there:

"Decision made to transfer to nursery 1. NG re-sited in right nostril."

Is that the NGT, the nasogastric tube?

JONES-KEY: Yes. We'd have put one in to empty his tummy.

ASTBURY: I beg your pardon?

JONES-KEY: We'd have put one in to empty his tummy.

ASTBURY: Right. Do you remember when that was done?

JONES-KEY: I don't.

ASTBURY: No? It says "with acid reaction". Just explain that to us.

JONES-KEY: We just have to test it to make sure we got a pH reaction, so the tube's in the right place.

ASTBURY: So at that point the tube's gone in?

JONES-KEY: Yes.

ASTBURY: Someone's -- do you remember who it was aspirated the tube?

JONES-KEY: It was me.

ASTBURY: Is that what you would hope to find, the acid in the aspirate?

JONES-KEY: Yes.

ASTBURY: So it was in the right place?

JONES-KEY: Yes.

ASTBURY: There's a large file in front of you, I'm just going to ask you if you can go near the back of that, the very last tabbed document, please.

Ladies and gentlemen of the jury, these are the NNU reviews if anyone wants to follow this. I know it's a bit bulky, but it's the NNU review for this particular occasion.

If everyone's got the last one, please, if I can ask you -- have you got that last tab?

JONES-KEY: The green one?

ASTBURY: That's it, yes. Go to the second page, thank you.

Again, you'll remember that we've got our layout of the unit at the start. If we then, please, turn to page 4 of 13, we should see some rows at the top of the page and a couple of plans below. Yes? Everyone got that?

The top box shows the population of the NNU at the end of the night shift. Do you see that? If you look at the plan, not the one at the bottom of the page, the one in the middle of the page, it looks very similar to the one we looked at on the screen, but this one actually represents what happened -- how things were at the end of the shift. If we look into nursery 3, it looks like it's got busier for you.

JONES-KEY: Yes.

ASTBURY: We can see there that, admitted at 21.00 hours and 02.00 hours respectively, are babies AH and AS; can you see that?

JONES-KEY: Yes.

ASTBURY: Does that assist you with who you may have been feeding?

Does that ring any bells?

JONES-KEY: It does not at all, no.

MR JUSTICE GOSS: Do you actually remember more babies coming in that night --

JONES-KEY: I don't, no.

MR JUSTICE GOSS: -- and you having two more babies to be responsible for?

JONES-KEY: I can remember being busy, but I can't remember looking after any of the babies.

MR ASTBURY: If we look in the columns above, to help you and see if it jogs your memory, we can see on lines 78 and 79, this has the date and the time of the entry in the medical records, then the initial of the baby whose medical records it comes from, and then the document, what happened, and then it has the nurse or the member of staff who was responsible.

Hopefully, if we read across on line 78, we can see that from the observation chart of a baby with the initials AH -- pausing there, that's the baby admitted at 9 o'clock, 9 pm on your shift.

JONES-KEY: Yes.

ASTBURY: You are taking observations; can you see?

JONES-KEY: Yes.

ASTBURY: And then if we go down again at 7 o'clock, from the neonatal fluid balance chart, there's an entry made on the chart at 7 o'clock.

JONES-KEY: Yes.

ASTBURY: What type of thing would go on the neonatal fluid balance chart?

JONES-KEY: Just the amount of fluid going through, what volume had gone through, if the cannula was okay.

ASTBURY: Okay. All right. And would that total volume of fluid include any feed, any milk that the baby was receiving?

JONES-KEY: Yes.

ASTBURY: So looking at that, might it have been AH that you were feeding at that particular time?

JONES-KEY: It could have been, yes.

ASTBURY: Okay. Your observations and feeds started about 7 o'clock by the look of it; would that be right?

JONES-KEY: Yes.

ASTBURY: And you think that Lucy came in when?

JONES-KEY: 7.15.

ASTBURY: I think you said earlier the incident happened at 7.15.

JONES-KEY: Maybe 7.10.

ASTBURY: All right. Go back to your note, please, at 141.

We can see, as I commented before, your note is made at 08.19 so that's about an hour after the desaturation, the significant desaturation you told us about.

JONES-KEY: Yes.

ASTBURY: Would you have stayed on beyond 7.30 as a result of what happened?

JONES-KEY: I would have done, yes.

ASTBURY: So remind us, please, we have been told, it's my fault, remind us where you would be sitting to complete this particular note?

JONES-KEY: I probably would just have been by the reception desk.

ASTBURY: Are there various computers this can be done on or just one?

JONES-KEY: No, there's various computers.

ASTBURY: You have to log in and then you have access to the system?

JONES-KEY: Yes.

ASTBURY: And would the note have waited pretty well until last -- once the baby was stable and --

JONES-KEY: Yes.

ASTBURY: -- dealt with? Okay. So can we assume that by 8.19 your responsibilities for [Baby N] had finished?

JONES-KEY: It had, yes.

ASTBURY: All right. You told us about the desaturation at 7.15.

It says here:

"At handover baby dropped saturations again."

Do you remember that event?

JONES-KEY: I don't remember.

ASTBURY: You don't remember it at all?

JONES-KEY: No, sorry.

ASTBURY: Okay. All right. But that's over and above the 7.15 that you have told us about as best you can now remember?

JONES-KEY: Yes.

ASTBURY: "Needed Neopuff again."

And then you put that note about handing over. So would it have been while he was still in your care?

JONES-KEY: I would have been handing over to Lucy at the time.

ASTBURY: Okay. Did you have any more contact with [Baby N] after you'd handed over to Lucy?

JONES-KEY: No.

MR ASTBURY: Thank you. I have no more questions but if you can wait there, please.

Cross-examination by MR MYERS

MR MYERS: Mrs Jones-Key, you said that, was it, Lucy Letby was a colleague at this time; is that right?

JONES-KEY: Yes.

MYERS: She was also quite a good friend of yours at this time, wasn't she?

JONES-KEY: Yes.

MYERS: And you'd known her as a capable and a hard-working nurse, hadn't you?

JONES-KEY: Yes.

MYERS: From your knowledge of her at that time, what you saw was someone who gave a high level of care to the babies she looked after?

JONES-KEY: Yes, definitely.

MYERS: I'm going to go through the events that you have just described and ask you to help with some of the details.

If we take this from the handover on 14 June, from Lucy Letby, from that point [Baby N] was stable and he seemed to be doing well, didn't he?

JONES-KEY: Yes.

MYERS: And there were no concerns about him, were there?

JONES-KEY: No.

MYERS: We've seen your note and we'll take another look again in a little bit. You've said he was a little unsettled after handover through to midnight?

JONES-KEY: Yes.

MYERS: That wasn't any significant concern, was it?

JONES-KEY: No.

MYERS: And as you've described to us, and as we've seen, at 9 o'clock that evening he took a full feed from the bottle, didn't he?

JONES-KEY: Yes.

MYERS: I think in your experience that suggested he was a well baby and hungry?

JONES-KEY: Yes.

MYERS: We'll put the note up so that you can refer to it if it helps, Mrs Jones-Key, as we go along. Feel free to.

The note is at tile 38, please.

If we look about five lines down, can you see that it says:

"I noticed that just after 01.00 feed, baby looked very pale, mottled and veiny. Abdomen slightly bigger"?

JONES-KEY: Yes.

MYERS: So is that the time at which there first appeared to be a deterioration in [Baby N]'s condition?

JONES-KEY: Yes, it was.

MYERS: All right. So he'd been fine for the 5 hours after you'd taken over from Ms Letby?

JONES-KEY: Yes.

MYERS: About 1 o'clock, he deteriorates. And actually, just in summary, that remained the case throughout the rest of the shift, didn't it?

JONES-KEY: Yes.

MYERS: And his condition didn't seem to get any better, did it?

JONES-KEY: No.

MYERS: So when we start at 1 o'clock, he then looked pale, mottled and veiny. Does veiny mean you could see the veins on his body?

JONES-KEY: Yes, they just come up a bit more blue.

MYERS: And his abdomen had got bigger?

JONES-KEY: Yes.

MYERS: It was after that, was it, we can see here, that Belinda Simcock advised to place him on a saturation monitor?

JONES-KEY: It was, yes.

MYERS: And that's so you can keep a closer eye on what's going on, isn't it?

JONES-KEY: Yes.

MYERS: I'm just looking at what comes next in the note, Mrs Jones-Key. It says:

"After 30 minutes, noted to be having desaturations to the low 80s."

Is that a series of desaturations over a period of time?

JONES-KEY: Yes, it would just have been continuous.

MYERS: Continuous. And you've documented:

"No intervention required but quite frequent."

JONES-KEY: Yes.

MYERS: Can I just ask you about "no intervention required".

Is that because if a baby's starting to desaturate to the low 80s, to some extent you wait to see what happens?

JONES-KEY: We do, yes.

MYERS: I think it was said to you that you might tickle their feet or something like that just to see what reaction you get?

JONES-KEY: We tend to give them 30 seconds and then if they've not responded we would tickle their feet.

MYERS: Right. But at that point, it's certainly not a medical emergency, is it?

JONES-KEY: No.

MYERS: That went on for some time, did it?

JONES-KEY: I think he settled after 1 for a little while.

MYERS: All right. But was it kind of up and down as you went along throughout the night?

JONES-KEY: Yes.

MYERS: But mostly bit by bit down, wasn't it?

JONES-KEY: Just fleeting.

MYERS: Pardon?

JONES-KEY: Fleeting.

MYERS: Fleeting?

JONES-KEY: So they would drop down and then come straight back up.

MYERS: Right. There did come a point when he was reviewed by the registrar, [Dr A], didn't there?

JONES-KEY: Yes.

MYERS: I'm not going to go through [Dr A]'s notes with you; that's for [Dr A]. Did he continue at points to be mottled during the evening?

JONES-KEY: Yes.

MYERS: And through into the morning, didn't he?

JONES-KEY: Yes.

MYERS: And by 5.30 in the morning, he'd been made nil by mouth; is that correct?

JONES-KEY: Yes.

MYERS: Which could be regarded as a significant deterioration, a marker of a significant deterioration in his condition, couldn't it?

JONES-KEY: Yes.

MYERS: Do you recall whether there was any discussion or consideration about whether he should be moved to nursery 1?

JONES-KEY: Not at that point.

MYERS: Whose decision would it be for that to happen?

JONES-KEY: The nurse in charge and the doctor.

MYERS: Yes. Not your decision?

JONES-KEY: I could raise my concerns if --

MYERS: Right. But it wouldn't be up to you to decide if he moved?

JONES-KEY: No.

MR JUSTICE GOSS: When you say the nurse in charge, do you mean the shift leader?

JONES-KEY: Yes. Sorry, yes.

MR MYERS: Is that Belinda Simcock, as she was then?

JONES-KEY: Yes.

MYERS: As we get towards the end of the shift, as we get to about 7 o'clock in the morning, your recollection is that there were further desaturations that commenced round about then?

JONES-KEY: Yes.

MYERS: There's a big one that happened that we've just talked about, but before that there was a series of smaller ones; is that right?

JONES-KEY: Yes.

MYERS: If we get to the period then where the bigger desaturation happens, you were in nursery 3, you're clear about that?

JONES-KEY: Yes.

MYERS: I think you said right at the start of your evidence that when you cast your mind back to this, you can remember some things but not everything?

JONES-KEY: Yes.

MYERS: So does that mean there's some parts of this that do stick in your mind, but other parts where you need the nursing notes to help?

JONES-KEY: Yes.

MYERS: What you have said, what your recollection was, is that at the time that [Baby N] had this desaturation, you had been feeding a baby?

JONES-KEY: Yes.

MYERS: Do you actually have any independent recollection of which baby it was you were feeding?

JONES-KEY: No.

MYERS: Nurse Letby, Lucy Letby, had come in, by your recollection, round about 7.10 or 7.15?

JONES-KEY: Yes.

MYERS: So this is only a matter of minutes, in fact, before this deterioration, isn't it?

JONES-KEY: Yes.

MYERS: And your recollection is, as you described it to us fresh, was that the monitor went off and Lucy Letby went over?

JONES-KEY: Yes.

MYERS: And is that what you can recall when you cast your mind back to it?

JONES-KEY: Yes.

MYERS: You said you were friends. She was going to be taking over the care of [Baby N] anyway, wasn't she?

JONES-KEY: I don't know if she was. She'd just come in to have a conversation.

MYERS: You didn't know what her duties were going to be?

JONES-KEY: No.

MYERS: But she did come over to have a conversation?

JONES-KEY: Yes.

MYERS: Nothing odd about that. She had just come on in advance of the handover?

JONES-KEY: Yes.

MYERS: And so was she chatting with you at the time the alarm went off, as far as you can remember?

JONES-KEY: I think so.

MYERS: Right. Do you recall, was she just standing in the doorway?

JONES-KEY: I don't know.

MYERS: You don't know where she was. But what you do recall is a monitor going off; that's correct?

JONES-KEY: Yes.

MYERS: And then Lucy Letby going over to it?

JONES-KEY: Yes.

MYERS: And then you following Lucy Letby?

JONES-KEY: Yes.

MYERS: Which might be because you were finishing with the baby that you'd been feeding?

JONES-KEY: And I'd have to replace it into the cot.

MYERS: And then when you discovered what condition [Baby N] was in, Lucy Letby shouted for help?

JONES-KEY: Yes.

MYERS: And then [Baby N] began to receive the assistance that he needed?

JONES-KEY: Yes.

MYERS: Whilst you were caring for him, was he moved to nursery 1?

JONES-KEY: After that incident at 7.15, yes.

MYERS: So after that incident at 7.30. And we still have your note here, so I'm going to look down at the lower entry.

If we scroll down, please.

About four lines down, after it has described that desaturation, can you see it says, three lines up from the bottom:

"Nursery 1. NG re-sited in right nostril with acid reaction. At handover, baby dropped saturations again and required Neopuff"?

JONES-KEY: Yes.

MYERS: So I want to just ask you, the nasogastric tube being re-sited, is that something that happened in nursery 1?

JONES-KEY: Yes, it was.

MYERS: Did you do that or --

JONES-KEY: Yes.

MYERS: You dealt with that. Did that involve it being taken out and then put back in again?

JONES-KEY: No, it'd just have been put back in because he didn't have one in.

MYERS: Oh, he didn't have one in. So that was put in by you some time before the handover took place?

JONES-KEY: Yes.

MYERS: And handover formally, is that at 8 o'clock?

JONES-KEY: It would have probably been around 7.30.

MYERS: Around 7.30?

JONES-KEY: Because Lucy didn't go into handover.

MYERS: Right. In any event, certainly before 8.19 because that's the time of the note?

JONES-KEY: Yes.

MYERS: So if we imagine 7.15 is the desaturation. [Baby N] then moves to nursery 1. Then some time after that move to nursery 1 and handover happening, you re-sited the nasogastric tube?

JONES-KEY: Yes.

MR MYERS: Thank you very much, Mrs Jones-Key.

Re-examination by MR ASTBURY

MR ASTBURY: One matter arising, you mentioned that Lucy didn't go into handover. What do you recall Lucy doing?

JONES-KEY: Helping with [Baby N].

ASTBURY: She stayed with [Baby N]?

JONES-KEY: Yes.

MR ASTBURY: Thank you. Nothing further, thank you, my Lord.

MR JUSTICE GOSS: That completes your evidence. Thank you very much for coming and giving evidence.

MR ASTBURY: I don't think we'll see this witness again.

MR JUSTICE GOSS: Have you been told you --

JONES-KEY: No, this was the only one.

MR JUSTICE GOSS: This was the only one you believed -- yes, all right. I'll say what I say to everyone in your situation: just in case, for some unexpected reason, you are required to come and give further evidence, please don't talk to anyone about anything to do with this case until it's all over.

JONES-KEY: Okay.

MR JUSTICE GOSS: All right? Thank you very much indeed.

In the meantime would you just stay where you are?

I think the most efficient way of dealing with this is to take our lunch break now. By the time we've emptied the court and changed the witnesses over, it's going to be 1 o'clock. We'll do that now and we'll start again at 1.55 if that's not inconvenient to everyone. Thank you very much. You've got just over the hour for lunch.

(In the absence of the jury)

MR JUSTICE GOSS: If everyone else could leave court, please, and then I'll rise.

(12.53 pm)

(The short adjournment)

(1.55 pm)

(In the presence of the jury)

MRS KATHRYN PERCIVAL-CALDERBANK (recalled)

Examination-in-chief by MR DRIVER

MR JUSTICE GOSS: Mr Driver.

MR DRIVER: My Lord.

Could you state your full name for the record, please?

PERCIVAL-CALDERBANK: My name is Kathryn Lesley Percival-Calderbank.

DRIVER: You've already given evidence at this trial and I'm sure you understand you remain bound by the oath or affirmation that you took on the last occasion.

PERCIVAL-CALDERBANK: Yes.

DRIVER: I would like to ask you questions about the 14th and 15 June 2016 and a baby who was in the neonatal unit at Chester during that, and other shifts, by the name of [Baby N].

You made a witness statement on 5 June 2020. Is it right that prior to the making of that statement, you took the opportunity of reminding yourself of some of the nursing notes entered about [Baby N] on that or those dates?

PERCIVAL-CALDERBANK: Yes, that's correct.

DRIVER: Thank you. Have you, before coming to court today, had the opportunity to remind yourself of the content of your witness statement?

PERCIVAL-CALDERBANK: Yes, I have.

DRIVER: Thank you. Were you on duty on the night of Tuesday the 14th into the morning of Wednesday, 15 June 2016?

PERCIVAL-CALDERBANK: Yes, I was a shift leader on the shift that night.

DRIVER: As shift leader, did you or did you not have a patient, a baby, designated to you as your specific care?

PERCIVAL-CALDERBANK: I think I must have done, yes.

DRIVER: I wonder whether we could go to tile 37, please, Mr Murphy.

You'll remember our presentation from last time, I'm sure. So this is a representation of our understanding of the population of the neonatal unit at the start of the night shift. Looking at that, it doesn't appear that you were allocated any particular baby to care for.

Do you actually remember whether you (overspeaking) --

PERCIVAL-CALDERBANK: I don't, no, unfortunately.

DRIVER: I have been asked to ask you to keep your voice up. The screens don't help, they tend to muffle, so if you could project your voice towards the jury, I'm sure we will all hear you well enough.

Leaving aside the contents of any notes that you've looked at to refresh your memory, do you actually remember -- do you have an independent memory of the baby [Baby N]?

PERCIVAL-CALDERBANK: Yes, I have some recollection of him, yes.

DRIVER: Is there anything in particular that causes [Baby N] to stick in your memory?

PERCIVAL-CALDERBANK: He was a baby that had a condition of haemophilia.

DRIVER: Thank you. So that's the baby himself. What about the shift I'm about to ask you questions about? Do you have an independent memory of the shift and the events of the shift?

PERCIVAL-CALDERBANK: Going by my nursing notes and what I've written at my statement, yes.

DRIVER: I'm very grateful. We can see from the diagram on the screen that he, [Baby N], was in nursery 3 during this shift and that the nurse Jennifer Jones-Key was designated responsibility for him. Does that accord with your memory?

PERCIVAL-CALDERBANK: Yes, that's correct.

DRIVER: In general terms, at this point in time, how was [Baby N], what stage of development and care was he at?

PERCIVAL-CALDERBANK: As I was told on the handover that he'd been fairly stable during the day, he was in an incubator. He was on bottle feeds when he required it, such as responsive or demand, taking mum's own milk. And he was under phototherapy at the time.

DRIVER: Was he in an incubator because he was under phototherapy?

PERCIVAL-CALDERBANK: Yes, because of the lights that we needed to use for it.

DRIVER: Thank you. But that aside, did he have any specific needs that needed particularly catering for?

PERCIVAL-CALDERBANK: Not as far as I was aware at that time.

DRIVER: Thank you. Did there come a point in the shift when Jennifer Jones-Key sought out you and your colleague Belinda Simcock for some assistance?

PERCIVAL-CALDERBANK: Yes, there was.

DRIVER: Can you recall at about when in the shift that was?

PERCIVAL-CALDERBANK: I think on my statement I've put round about 1 o'clock.

DRIVER: Thank you. We know from other documents we've looked at that 1 o'clock was a feeding point for [Baby N] --

PERCIVAL-CALDERBANK: Yes.

DRIVER: -- in his schedule of feeds. Was it during or at the feed that Nurse Jones-Key sought you out, can you recall?

PERCIVAL-CALDERBANK: I can't remember, no.

DRIVER: Can you remember what information was imparted to you at about that time?

PERCIVAL-CALDERBANK: That she was not happy with him, that he had -- during the shift he had become unsettled in the early part of the shift and during that time he was starting to have -- he just seemed to, I think... He wasn't seeming himself.

DRIVER: Right. Is that another way of expressing unsettled?

PERCIVAL-CALDERBANK: It was, but I think he was more -- she felt that he -- I can't remember what term she used, but she wasn't happy with him.

DRIVER: Thank you. If we go to tile 78, please, Mr Murphy.

Further up that page, the large paragraph, thank you very much.

Nurse Jones-Key records at 1 o'clock, 01.00, at about the time of that feed, the baby looked pale, mottled and veiny, abdomen slightly bigger. She recorded that your colleague, Nurse Belinda Simcock, as she then was, gave certain advice. As you recall it, were you, together with Nurse Simcock, asked for some guidance?

PERCIVAL-CALDERBANK: I can't remember whether I was. I think I was informed about it and that -- and what Nurse Simcock had advised and I agreed with her.

DRIVER: Thank you. Faced with this development, what, if anything, did you as the nursing staff leadership do at that point?

PERCIVAL-CALDERBANK: We advised to get the doctors to see the baby at the time --

DRIVER: Thank you.

PERCIVAL-CALDERBANK: -- to review it.

DRIVER: Mr Murphy, could you go to tile 80, please?

Do you recall which particular doctor or doctors undertook that review?

PERCIVAL-CALDERBANK: I believe it was [Dr A].

DRIVER: Thank you. So at about 1 am, Nurse Jones-Key shared the information and if we click behind here, we'll see at 01.45, as you recall, [Dr A] noted that he was asked to see patient, et cetera.

PERCIVAL-CALDERBANK: Yes.

DRIVER: Does that accord with your memory?

PERCIVAL-CALDERBANK: Yes.

DRIVER: In short, was the upshot of this examination an instruction from [Dr A] that the baby should be kept under close observation?

PERCIVAL-CALDERBANK: Yes, that's correct.

DRIVER: (Inaudible: no microphone).

PERCIVAL-CALDERBANK: Yes.

DRIVER: -- and report back any developments?

PERCIVAL-CALDERBANK: Yes.

DRIVER: And were there any developments?

PERCIVAL-CALDERBANK: Within that half hour after him seeing, he started to have desaturations, which were shown on the saturation monitor. He then -- I think he was starting to get more and more of them, so we were unhappy with him, so we asked the doctors back again to review him.

DRIVER: Thank you. Can you recall about how long passed before the doctors returned?

PERCIVAL-CALDERBANK: I can't remember, unfortunately.

DRIVER: Thank you. If we go to about 05.30 on the carousel, please, Mr Murphy.

Did there come a time when [Dr A] was recalled to review [Baby N]'s condition?

PERCIVAL-CALDERBANK: Yes, there was.

DRIVER: If we click on to the next page without going to the note itself, Mr Murphy. We can see that there was a review undertaken by [Dr A] at this point in time and a series of observations recorded by him, which he will tell us about in due course. But in short, was [Baby N] at this point placed nil by mouth?

PERCIVAL-CALDERBANK: He was placed nil by mouth and a cannula was inserted.

He was given an infusion of dextrose, or glucose, 10% to help him. I believe he was also prescribed cefotaxime, which he was given by the nursing staff. He was also, I think at this time, in some ambient incubator oxygen round about 25%. I think that's what I've wrote on my statement.

DRIVER: Thank you. So nutrition now received intravenously and some moderate assistance with respiration?

PERCIVAL-CALDERBANK: Yes.

DRIVER: Is that a fair summary?

PERCIVAL-CALDERBANK: Yes.

DRIVER: Thank you very much. Moving through, please, the morning, did the situation develop further over the next few hours?

PERCIVAL-CALDERBANK: He had been fairly settled, then round about, I think it was, 7/7.15, there was a call for some assistance because he had a further desaturation and was very unsettled.

DRIVER: Thank you. You said that he had been fairly settled.

Is that from the point in time after [Dr A]'s review at 5.15 or thereabouts?

PERCIVAL-CALDERBANK: I think so, yes.

DRIVER: 7.15 is approaching handover time --

PERCIVAL-CALDERBANK: Yes.

DRIVER: -- approaching the end of the shift? Do you recall what you were doing when you first became aware of this later significant desaturation?

PERCIVAL-CALDERBANK: I think at the time I was on the computer at the desk opposite the nurseries.

DRIVER: Yes. Do you recall what you were doing at the computer?

PERCIVAL-CALDERBANK: I might have been doing the list for allocation or updating something. I cannot recall properly what.

DRIVER: The list for allocation, I'm not suggesting that is what you were doing, but can you explain what that process is to us?

PERCIVAL-CALDERBANK: We have a list with the babies' names and a short thing of what their conditions -- and if there are any changes that have been happening overnight that we can give to the next lot of nursing staff and then usually there's an allocation of where the staff -- we put the staff for that shift.

DRIVER: So a process of (inaudible: no audio feed from court) the needs for the babies and then allocating the nurses to the baby or babies?

PERCIVAL-CALDERBANK: Yes.

DRIVER: Do you recall at the point that you became aware of [Baby N]'s desaturation whether or not any of the day shift had arrived?

PERCIVAL-CALDERBANK: Yes. Nurse Lucy Letby had arrived earlier and she had gone into the room where [Baby N] was, because she'd had him the previous day, to see how he was.

DRIVER: (Inaudible) matter of record that [Baby N] had been allocated to Nurse Lucy Letby the previous day.

PERCIVAL-CALDERBANK: Yes.

DRIVER: Can you tell us whether or not at this point in time the allocation process (inaudible)?

PERCIVAL-CALDERBANK: Yes, I believe it had been.

DRIVER: Were you the person who made that decision?

PERCIVAL-CALDERBANK: Yes, I had.

DRIVER: Had you by that stage communicated it to the day shift?

PERCIVAL-CALDERBANK: Erm, not -- well, I might have done because if Lucy had come in and said, "I'm just going to see how [Baby N] is", and I said, "Oh, I've allocated [Baby N] to you because you've had him previously".

DRIVER: (Inaudible) elsewhere but when you began that last answer I think you started with the words "it could have been" and then you went on to repeat a conversation.

Is that a conversation that you recall taking place?

PERCIVAL-CALDERBANK: I'm not exactly sure but it might have done, yes.

DRIVER: Do you remember seeing Lucy Letby?

PERCIVAL-CALDERBANK: Yes, I do.

DRIVER: Do you remember talking to Lucy Letby?

PERCIVAL-CALDERBANK: Yes.

DRIVER: Can you remember the subject matter of that conversation?

PERCIVAL-CALDERBANK: Not completely, no.

DRIVER: Where did it take place?

PERCIVAL-CALDERBANK: I was sitting at the desk and she was in front of the desk.

DRIVER: When that conversation came to an end, what happened next?

PERCIVAL-CALDERBANK: She had gone into the nursery to see --

DRIVER: (Overspeaking) --

PERCIVAL-CALDERBANK: -- nursery 3 where [Baby N] was.

DRIVER: (Inaudible) to look back several years now, but are you able to say or (inaudible) how long passed between Lucy Letby

speaking to you (inaudible) nursery 3 and then you becoming aware of [Baby N] --

PERCIVAL-CALDERBANK: I don't know how long between because I was probably also sorting out other things and, if the day staff were starting to come in, I would have been getting ready to do a handover to the next shift leader.

MR JUSTICE GOSS: I'm just wondering -- there's a lot of rumbling. Is the microphone a bit too close? Yes?

Could you adjust it, please?

(Pause)

MR DRIVER: I think I've contributed. I'm between two microphones and neither is picking my questions up very well, I understand.

Tell us about how you became aware of a development.

PERCIVAL-CALDERBANK: I don't know whether it was somebody shouting that he'd become unwell or they needed assistance in the room.

I'm not completely sure how I was called, but I remember that he was -- he... He had become unsettled and we thought -- and [Dr A], I think, had been called also or he was on the unit at the time, I'm not really sure, to review him. And at the process(?) we decided to move him out of nursery 3 into nursery 1 because we were unhappy with him and felt he needed further assistance.

DRIVER: Thank you. In terms of the sequence of events at the point in time where the decision was made to move [Baby N] from nursery 3 to nursery 1, had handover taken place yet?

PERCIVAL-CALDERBANK: Not at this time, no.

DRIVER: Did you personally participate in the physical transfer of [Baby N]?

PERCIVAL-CALDERBANK: As far as I am aware, I did, yes -- either by moving a drip stand or helping move the incubator into the room.

DRIVER: Thank you. Having assisted with the transfer, did you continue to assist those providing care to [Baby N]?

PERCIVAL-CALDERBANK: No, there was enough people around who then went and helped. So I was then able to go to handover once I was happy that they were happy with whatever was going on, and I was able to take the handover with the next shift leader.

DRIVER: Thank you. And did you have any further involvement with [Baby N]?

PERCIVAL-CALDERBANK: Not as far as I'm aware, no.

MR DRIVER: Thank you. Could you remain there and answer any questions?

MR MYERS: My Lord, we have no questions.

MR JUSTICE GOSS: Thank you.

Thank you very much, that completes your evidence.

You will be coming back again, you were aware of that --

PERCIVAL-CALDERBANK: Yes, I am.

MR JUSTICE GOSS: -- to give evidence in relation to another baby, so please don't talk to anyone about anything to do with this case, any of the babies, anything that you know about. All right?

PERCIVAL-CALDERBANK: Yes.

MR JUSTICE GOSS: Just remain where you are, please, and we'll facilitate your being able to leave the courtroom.

(Pause)

[DR D] (sworn)

Examination-in-chief by MR DRIVER

MR DRIVER: May I invite you to state your full name for the recording, please?

DR D: Yes, it's [Dr D].

DRIVER: [Dr D], could I ask you to project your answers to the jury if you don't mind. Could you tell us your current occupation?

DR D: I'm a consultant paediatrician.

DRIVER: Thank you. As you anticipate, we're going to ask you questions about events in June 2016. Could you inform the jury as to your particular occupation back then?

DR D: I was a trainee paediatrician. I was ST7 clinical, so a registrar.

DRIVER: As we understand, that's an experienced registrar?

DR D: Yes.

DRIVER: And were you -- may I invite you to add a few decibels.

DR D: Sorry.

DRIVER: Thank you very much. I'll raise my voice too.

So were you working at the Countess of Chester doing a long day shift on 15 June 2016?

DR D: Yes, I was.

DRIVER: And what does a long day shift entail?

DR D: So at that the particular hospital it was working from 8.30 in the morning to 9 o'clock in the evening. On that particular day I think I'd been covering the paediatric ward for the daytime and then both the paediatric and neonatal units after 4.30.

DRIVER: A long day shift?

DR D: A long day shift.

DRIVER: Do you recall a patient at Chester by the name of [Baby N]?

DR D: I do remember because actually some of the circumstances in that evening were quite unusual in the fact that we had the visiting team from Alder Hey, so I remember in that instance, but it obviously was a long time ago now, so kind of the ins and outs -- but I do remember the name, the patient.

DRIVER: We know that you made a witness statement on 23 November 2018, prior to which you were able to refresh your memory from the clinical notes. Can you confirm that before coming to court today, you've had the opportunity to further refresh your memory from the clinical notes and your witness statement?

DR D: I have.

DRIVER: Thank you. In what circumstances did you first become involved in the treatment of [Baby N]?

DR D: So from my memory and from the notes, I remember I was on the paediatric ward and I remember the crash bleep going off to the neonatal unit and it was around 3 o'clock in the afternoon. So our handover is about 4.30, so I kind of thought, I need to be involved, so I might as well go now. And I was kind of in a position where I wasn't in the middle of anything else, so I went over just to see if I could help.

DRIVER: Would you like a drink of water?

DR D: Yes, please.

DRIVER: The monitor to your right -- we're going to consider your clinical notes and a chronology of events on that to assist you as best we can. If I could invite Mr Murphy to put tile 250 up, please. Leave it there for the moment. It records in our chronology that there was a fast bleep and then, within a minute or so, you appeared to have responded at 15.00 hours on this day.

So was that the sort of communication that's sometimes referred to as a crash bleep?

DR D: Yes.

DRIVER: And did you go from the paediatric ward to nursery number 1?

DR D: Nursery 1 -- as far as I remember, it was nursery 1, straight ahead when you came in through the doors.

DRIVER: If I was to ask you the details, would you be able to help us or would you prefer to go to your clinical notes?

DR D: The clinical notes would be good, please.

DRIVER: Mr Murphy, if we can click behind then.

We've looked at this sort of document many a time during this trial, [Dr D]. We understand that the time and date on the left column records the time of writing --

DR D: Yes.

DRIVER: -- which was some hours after the event. Is that because of how much you have to do --

DR D: Absolutely.

DRIVER: -- from here on in?

DR D: Absolutely. It was a very -- I remember it being a very busy time, obviously, trying to stabilise the baby.

DRIVER: Of course, we understand. You attended at approximately 15.00 hours following a crash call. So was the crash call for you or did you intercept somebody else's?

DR D: I can't remember. My feeling is I intercepted someone else's, but I can't remember that.

DRIVER: You'll be very familiar with your own note-making processes. What we're about to consider now, are these events that you observed and recorded or do they include things narrated to you from those who were already at the scene?

DR D: A mixture of both. So the first entry is --

DRIVER: There will be a mouse there and you can control the cursor. So if you can --

DR D: That just kind of sets the scene of when I attended.

DRIVER: Yes.

DR D: Then obviously --

MR JUSTICE GOSS: If we go to the beginning:

"Attended NNU at around 15.00, following crash call to Dr Saladi to attend NNU."

DR D: That means I intercepted, so his crash bleep went off and I was next to him and I went with him.

MR DRIVER: Does it follow that you and Dr Saladi are shoulder to shoulder?

DR D: From what I remember.

DRIVER: Not literally, but attending together I should have said. The next line, the sudden drop in saturations and apnoea, is that something you observed or something you were informed of?

DR D: Informed of.

DRIVER: Thank you. In consequence, what did you and your colleagues do?

DR D: So the attempt is to stabilise the airway and breathing.

In this case with oxygen, with bag and mask, but then the ultimate aim to intubate and ventilate and get a secure airway for this patient.

DRIVER: So secure in these circumstances, did that need escalation up to intubation?

DR D: Yes.

DRIVER: You have noted Dr Mulberry -- I think it might have been Mayberry, we'll hear from Dr Mayberry on Monday. Is this the sequence of events? Dr Mayberry attempted to intubate?

DR D: Yes.

DRIVER: But failed?

DR D: From what I remember, yes.

DRIVER: Dr Saladi did, he try next?

DR D: Yes.

DRIVER: But also unsuccessful. And then did you --

DR D: Then I attempted.

DRIVER: Could you read the words next to "myself"?

DR D: Yes:

"Cords seen but very anterior and obstructed by red swelling inferior to the epiglottis."

DRIVER: Let's take that in stages. What does, in this context, "very anterior" mean?

DR D: Anterior is -- it means at the front, so if you have the epiglottis, then they were high up --

DRIVER: Right.

DR D: -- so closer to the front surface.

DRIVER: So the cords were visible, you visualised the cords?

DR D: Yes.

DRIVER: Which, could you confirm, is a prerequisite to intubation?

DR D: Yes.

DRIVER: Because that's --

DR D: Yes, that's where you aim for.

DRIVER: Thank you. So the fact that they were very anterior, does that tend to obstruct intubation or is that just something you can --

DR D: No, it can make it more difficult.

DRIVER: It can make it more difficult, more tricky. So they were very anterior. Can you read the next part to us?

DR D: "... and obstructed by red swelling inferior to the epiglottis."

DRIVER: Could you break down that part of the sentence for us?

DR D: I felt that when you were looking for the vocal cords, the epiglottis is what is the kind of -- it goes in front of the vocal cords to stop you having food or secretions go down that way and I felt there was a swelling just at the bottom of that.

DRIVER: This is a sentence of two parts. Are these distinct presentations?

DR D: From my notes, yes, and that was making it difficult to intubate.

DRIVER: So there were two problems; is that fair?

DR D: Yes.

DRIVER: Are they connected problems or are they distinct problems?

DR D: Distinct problems.

DRIVER: The fact that the cords are very anterior, is that just the way some people are?

DR D: Yes.

DRIVER: It just happens to be the way he is shaped?

DR D: Yes.

DRIVER: The second part, "Obstructed by red swelling inferior to the epiglottis", what was your assessment of that?

DR D: That it was there and, because of the patient's history we knew that he was a haemophiliac, just to be careful whether it -- you know, I wasn't able to say what it was, but just to be aware of it and that's what I saw.

DRIVER: Thank you. Did that combination of factors frustrate you in your attempt to intubate, you just couldn't (overspeaking) --

DR D: Just couldn't do it. And, you know, I was the third person at that time. And also you don't want to pursue something that you're not able to do when we could oxygenate and ventilate a different way.

DRIVER: And that's the objective?

DR D: At that moment, yes.

DRIVER: Thank you. Does the note inform us that after you, Dr Brearey --

DR D: Yes.

DRIVER: Do you recall when Dr Brearey arrived?

DR D: I don't.

DRIVER: Did he arrive with you and Dr Saladi or independent to you?

DR D: I do not remember, I'm sorry.

DRIVER: Thank you:

"Dr Brearey, unsuccessful."

DR D: Yes.

DRIVER: Do we read into that "at intubation"?

DR D: At intubation.

DRIVER: And therefore the anaesthetic team were contacted. Was that the in-house, the Chester anaesthetic --

DR D: In-house at Chester.

DRIVER: Thank you.

"See note", is that directing us, the reader, to --

DR D: The anaesthetic notes.

DRIVER: The anaesthetic notes, which we will do. So they were unsuccessful in your shorthand. And so Alder Hey were contacted?

DR D: Yes.

DRIVER: Could you continue through the note?

DR D: "LMA [so laryngeal mask airway] was inserted and capnograph positive."

The capnograph is the carbon dioxide monitor, which goes on the top of the tube, and if that changes colour, then you know that you are ventilating and it's expired carbon dioxide that comes out.

DRIVER: And that objective was achieved?

DR D: Yes.

DRIVER: Can you help us better understand an LMA?

DR D: A laryngeal mask airway. It's a bit different to an endotracheal tube in the fact that it sits -- it doesn't go into the bronchus, it sits a bit higher up.

DRIVER: Right. Tell me if I am wrong, and I probably am, is it something of sort of a halfway house --

DR D: A halfway house, I'd say, yes.

DRIVER: -- between Neopuffing --

DR D: Yes.

DRIVER: We see the names of some other doctors. Who are they?

DR D: So Dr Potter was an anaesthetist from Alder Hey, from the paediatric intensive care. Dr Lakin was a consultant from the intensive care unit at Alder Hey.

Then there was a ENT consultant as well that came from Alder Hey.

DRIVER: So that's a third person but your note doesn't include that person's name --

DR D: In addition, yes.

DRIVER: -- in addition to Potter and Lakin?

DR D: Yes.

DRIVER: Thank you. So quite a long list of medics there. Do you recall whether there were any nursing staff present?

DR D: My only memory is, from looking at the -- at this time, the kind of... from my notes and I do remember Lucy Letby being there.

DRIVER: And she was somebody you knew prior to this event?

DR D: Yes, I'd worked there in Chester for a lot of my training.

DRIVER: Thank you. Let's orientate ourselves as to time. We had you attenders at 15.00 hours and within a few lines we now have Alder Hey attending at 19.15. Was all that time devoted to the care of [Baby N]?

DR D: Yes, from what I remember. I -- certainly at the time of doing this statement back in 2018, I don't remember leaving. I may have done just to check on things, on the paediatric ward, but I don't remember leaving.

DRIVER: Do you recall any conversation with any person at around [Baby N]'s cot side at any point in this time period?

DR D: Could you clarify what you mean by -- with anyone or...?

DRIVER: Obviously, words would be exchanged, but is there anything that you specifically recall being said?

DR D: I mean, with the care of [Baby N], there was an awful lot going on, lots of conversations with different specialties to try and coordinate the care, because what we want -- what we didn't have was a secure airway and if you haven't got kind of A and B then you can't really move on to C because B you need. So I remember lots of -- trying to work out the best way of coordinating that, and with the team from Alder Hey coming, which is a very unusual -- I've never known that before -- trying to coordinate whether it'd be best to try and set up an area in the labour ward to potentially do a surgical procedure to get an airway or whether we did that in the neonatal unit -- obviously there were other babies around. I remember lots of discussion around that.

DRIVER: Do you recall any conversation with Lucy Letby at and about the Alder Hey team?

DR D: I remember, and I do remember this, it struck me at the time, that she seemed quite agitated when they arrived.

I don't(?) think I reference that in my statement.

I did feel that she approached me a few times and said, "Who are these people? Who are these people?" That's all I remember.

DRIVER: Would it be right to characterise this as a medical emergency?

DR D: Yes.

DRIVER: Plainly in itself it is a stressful --

DR D: Absolutely.

DRIVER: -- situation?

DR D: Absolutely, and everyone responds differently to emergencies.

DRIVER: But could you please expand upon what you mean when you say, in your assessment, she was agitated?

DR D: From working alongside the nurses and doctors at Chester for several times in the past, I felt that it was out of character from what I'd experienced previously in a medical emergency.

DRIVER: Leaving aside the Alder Hey team, do you remember Lucy Letby saying anything else to you that you particularly recall from these events?

DR D: I remember her asking me or saying, "You seem quiet tonight", but thinking back, it's now a long time ago, so those recollections are mainly from my statement that I made in 2018.

DRIVER: I understand. Are you able to assist as to the context in which she asked whether you were okay and commented that you seemed quiet tonight?

DR D: At the time I didn't know exactly why she had asked me that. I thought I was just getting on with the job in hand. At the time I wondered whether -- I had just come back from a period of sick leave and I wondered whether she was referencing to that or not, I don't know.

DRIVER: Are you able to recall, do you feel that you had been unusually quiet that night?

DR D: I don't think so.

DRIVER: You didn't think so?

DR D: No, I didn't.

DRIVER: Let's return to the clinical note. We have Alder Hey, if I may attach that label to them, down the page.

They've arrived. At 19.40, so 35 minutes or so after Alder Hey had arrived, you record what? Decode that for us.

DR D: So:

"At 19.40, a desat [so desaturation] 80 to 50 to 40% with associated brady [so bradycardia] to 50 to 60 per minute."

So from that oxygen saturations went to 80% to 50% to 40% and there was an associated slowing of the heart rate to 50 to 60 beats per minute.

DRIVER: Breaking those two sets of data down, how significant or otherwise are the desat data?

DR D: They're significant and it's a desaturation that is enough to have an effect on the cardiovascular system, so an associated decrease pulse rate.

DRIVER: As a matter of degree, how significant and how profound an effect on the vascular cardio (sic)?

DR D: It's significant, it needs intervention immediately.

DRIVER: We can see your record of intervention. "Hand bagged", is that the same as Neopuff?

DR D: Yes.

DRIVER: Thank you. There was already intravenous access available to the medics?

DR D: Yes.

DRIVER: It says, "Resus led by Dr Lakin and Dr Potter".

DR D: Yes.

DRIVER: Resus?

DR D: So resuscitation, so the intervention to stabilise both the oxygen saturations and the heart rate.

DRIVER: That note then speaks of intubation.

DR D: Yes.

DRIVER: Is that part of the resus or was the resus here an independent process?

DR D: No, it's all part of the process, so it would be concentrating on an ABC approach, so airway, breathing, which was being done by the Neopuffing or hand bagging, and then an attempt was made to intubate by Dr Potter, who was the paediatric anaesthetist from Alder Hey.

DRIVER: Thank you. We can see, according to your note, that between the hours of 19.47 and 20.09, it would seem that [Baby N] was given six doses of adrenaline; is that right?

DR D: Yes, six doses.

DRIVER: We read that together with the next line, that there were:

"Compressions (CPR) between 19.55 and 20.10 hours."

DR D: Yes.

DRIVER: So this is all part of the resus. How would you describe that response?

DR D: Um... It's prolonged. But the compressions were going on. We usually start chest compressions when the pulse is less than 60. So if the pulse rate is just between 50 and 60, it's to kind of help boost the circulation and then re-oxygenate. So it's prolonged, but he never kind of lost output completely.

DRIVER: No. How serious was the jeopardy that [Baby N] faced here?

DR D: Serious.

DRIVER: Move down your note, please. We then see a note recording the introduction of sodium bicarbonate at 19.55 and 20.15 hours. What was the purpose of that?

DR D: It's to help regulate the acid-base balance of the blood. So when you are in an arrest situation or you're seriously unwell, then you can become very acidotic so it's to help counterbalance that.

DRIVER: How eventually did [Baby N] respond to the adrenaline infusion?

DR D: His heart rate stabilised and increased to between 150 and 160 beats per minute, and then his oxygenation was back to -- well, 100%, although he was requiring a lot of oxygen, 100%, you know, to help with that.

DRIVER: Thank you. Although this entry isn't timed, should we read this into the time parameters that you gave us in the earlier part of your note?

DR D: Yes.

DRIVER: Thank you. Then you continued over the page to part of your retrospective note made at 21.05, where a saline bolus was given at 20.00 and 20.05, how a morphine infusion was commenced at 20.18, which under my reading at least appears to be immediately post the crisis.

DR D: Yes.

DRIVER: What was the purpose of that?

DR D: So for maintaining kind of stability, so if -- it's to help with pain relief but also to help with a bit of sedation.

DRIVER: Thank you. Are you able to tell us how [Baby N] was immediately post-resus, if I might use the shorthand?

DR D: I don't remember.

DRIVER: Thank you. We can see that there were X-rays required and reviewed by the Alder Hey colleagues; is that right?

DR D: Yes.

DRIVER: If we keep going down, we see, next to your signature, I hope, that because of his underlying haemophilia, factor VIII was given; is that right?

DR D: That's correct.

MR DRIVER: His parents were present throughout. Give me one moment, [Dr D].

My Lord, all of that appears, as the court well appreciates, on different tiles from the chronology, but there's nothing additional other than the completion of the medical and administrative exercise of recording adrenaline and the like. So unless anybody particularly wants me to, I don't intend to take [Dr D] through our carousel. All the contents are here on these two notes. This single two-page note, I should say.

Thank you. Could you remain there and answer any further questions?

Cross-examination by MR MYERS

MR MYERS: [Dr D], intubation can sometimes be a difficult procedure with a neonate, can't it?

DR D: It can.

MYERS: Yes. And there's the potential for trauma of some type sometimes to be caused to a baby during intubation, isn't there?

DR D: That's correct.

MYERS: By trauma, what I mean is maybe swelling. That can happen, can't it?

DR D: It can.

MYERS: And sometimes there could even be bleeding, can't there?

DR D: There can.

MYERS: We'll hear more about haemophilia a little bit later so I'm not going to ask you lots of questions about haemophilia, but with a baby that has haemophilia there's bound to be concern about any increased risk of, for instance, bleeding; do you agree?

DR D: Yes.

MYERS: [Baby N], on 15 October 2016, underwent a series of intubations, didn't he, or attempted intubations?

DR D: October? Sorry?

MYERS: My fault, June.

DR D: In June he did.

MYERS: Yes. We'll have a look at the notes that we've just looked at with you. If I can ask to put up tile 421, the first part of that tile, please, Mr Murphy.

As you've described to us, you went to the neonatal unit round about 3 o'clock in the afternoon, didn't you?

DR D: Mm.

MYERS: Were you aware when you went there that [Dr A] had attempted to intubate [Baby N] earlier that day?

DR D: We would have been handed that over in the morning.

MYERS: Just so -- you're giving a snapshot of what happens from 3 o'clock onwards, but just to keep on track, we'll hear more evidence about this at a later stage. But earlier that morning, [Dr A] had made three attempts to intubate [Baby N]. That's some hours before this.

If we go through what happened after you arrived, the first person you're aware of being involved in intubating or attempting to intubate [Baby N] is Dr Mayberry. When you say "attempt" on this, do you mean attempted once or made a number of intubation attempts?

DR D: I can't recall from memory.

MYERS: Because a doctor may attempt it once and think, I'd better leave it, or a doctor may have several attempts; is that correct?

DR D: It is. It depends who else is around at the time in order to have as minimal (sic) goes as possible.

MYERS: That's right. Because all the time you want to create -- reduce the risk of any trauma or instability to the baby, don't you?

DR D: Yes.

MYERS: Dr Mayberry had attempted and hadn't succeeded. And Dr Saladi, who was one of the consultants at the Countess of Chester Hospital, he attempted to as well, he couldn't do it. Were you there with Dr Saladi when he was attempting this?

DR D: From my recollection, yes.

MYERS: Then you attempted it. When you attempted it, since it's something you were involved with, do you recall whether it was one attempt or a number of attempts?

DR D: I can't remember exactly.

MYERS: You've described, and we can see here, how the cords and the area around the epiglottis presented themselves.

Could you see that in the course of the intubation?

DR D: Yes.

MYERS: And you use a device to look into the throat, don't you?

DR D: Yes, a laryngoscope.

MYERS: Just so we can follow, that's how you could see what was going on there?

DR D: Yes.

MYERS: If I understand this correctly, the way the cords appeared in front of the epiglottis may well just be the way that [Baby N]'s cords were structured?

DR D: Could be, yes.

MYERS: Right. And as for the red swelling, that's something you could see?

DR D: Mm-hm.

MYERS: That's something which in fact could quite possibly be the consequence of previous attempts to intubate, isn't it?

DR D: Potentially. I don't know the exact cause, but potentially.

MYERS: Potentially. You'd got there at about 3 o'clock. Is all of this going on over the hours that follow from 3 o'clock?

DR D: Yes. Those were the initial things that happened.

MYERS: The initial things. I'm going to carry on going through this. Just so that we can understand, reduced to a piece of paper, there it is. This is actually hours of activity on that unit, isn't it?

DR D: It is.

MYERS: And there would have been nursing staff around you assisting; is that correct? I know you're nodding, but you need to say yes or no.

DR D: Yes.

MYERS: Do you recall whether, for example, Dr Saladi stayed or did he come and then go and leave you there?

DR D: I can't remember without -- from looking at my notes, I can't remember.

MYERS: Right. Dr Brearey, one of the senior consultants on the unit, attended, didn't he?

DR D: Yes.

MYERS: And he didn't succeed in intubation?

DR D: No.

MYERS: And then where you've put, "Anaesthetic team contacted", were they contacted because it was hoped that anaesthetists would have a particular expertise in inserting tubes into people's throats?

DR D: They were, as the next line, but that would be very unusual that we'd need to ask the anaesthetic team to come.

MYERS: Is it Dr Campbell who headed that?

DR D: I would need to look at the notes.

MYERS: All right. We might get that somewhere else. I won't ask you to try to recall that, [Dr D].

So we can be quite clear, after Dr Brearey, then anaesthetic team, or one of them, attempted to intubate [Baby N]?

DR D: Yes.

MYERS: They were unsuccessful?

DR D: Yes.

MYERS: So this is a series of attempted intubations on this baby; that's correct, isn't it?

DR D: It is.

MYERS: If we look down to the team from Alder Hey, they are bracketed, aren't they, Dr Potter, Dr Lakin and the ENT consultant?

DR D: Yes.

MYERS: Are they the Alder Hey surgical team who arrived?

DR D: So Dr Potter is one of the anaesthetists.

MYERS: Yes.

DR D: Dr Lakin is one of the intensive care consultants. And then a ENT consultant.

MYERS: Did they attend as a particular team to care for [Baby N]?

DR D: They did because of the -- not being able to establish an airway, which is the most important thing in your ABC. They came to assist with that, to think about potentially a surgical airway, so a tracheostomy.

MYERS: Yes. If we look at the note, is that where we see where it's got:

"All arrived around 19.15 to give assistance for intubation"?

DR D: Yes.

MYERS: It says, "plus 1..."

DR D: Plus/minus.

MYERS: "... tracheostomy"?

DR D: Yes.

MYERS: And the tracheostomy is a procedure to go in through the front of the trachea for an airway?

DR D: It is.

MYERS: Which would be a very unusual procedure, certainly in the Countess of Chester Hospital with a neonate, wouldn't it?

DR D: Yes.

MYERS: Which is why you had the Alder Hey surgeons coming?

DR D: Yes.

MYERS: As it happens, Dr Potter did succeed in intubating [Baby N], didn't he?

DR D: Yes.

MYERS: And in fact he did that at the first attempt, didn't he?

DR D: Yes.

MYERS: You've described to us something that you've noticed when the Alder Hey team turned up, which was Nurse Letby seemed

agitated by that. That's an impression you formed at the time; is that correct?

DR D: Yes.

MYERS: She'd been part of a team who'd been there during the day looking after [Baby N], hadn't she?

DR D: Yes.

MYERS: With a lot of people coming and going?

DR D: Yes.

MYERS: And would you agree these are stressful situations, however professional people are; is that right?

DR D: Yes.

MYERS: You're all professionals but they take it out of you, don't they?

DR D: Yes.

MYERS: And it was unusual for a team, a surgical team like the Alder Hey team, to turn up as they did, wasn't it?

DR D: Yes.

MYERS: But you said you'd never known that before. So I think you said to the jury:

"A stressful situation, everyone responds differently."

That's right, isn't it?

DR D: Yes.

MYERS: It seemed to you she was stirred and agitated by their arrival and wondered what was going on at that point?

DR D: Yes.

MYERS: And you said also she was asking if you were being a bit quiet --

DR D: Yes.

MYERS: -- although you didn't think you were?

DR D: Exactly.

MYERS: But that's an impression she had of you?

DR D: Mm.

MYERS: So you form impressions and they can be accurate or not accurate; do you agree?

DR D: Yes.

MYERS: Can I just come down a little bit. It says:

"At 19.40 desaturation."

If we look at that part, please, [Dr D]. Did that happen -- that happened after the Alder Hey team arrived from the look at this note; is that right?

DR D: Yes.

MYERS: They were there when that happened?

DR D: Yes.

MYERS: So that happened in the midst of everybody gathering in that room in fact, didn't it?

DR D: Yes.

MYERS: And [Baby N] had been under a lot of treatment for quite a long time by that point, hadn't he?

DR D: Yes.

MYERS: In any event, his airway was secured and he was stabilised --

DR D: Yes.

MYERS: -- eventually?

DR D: Yes.

MYERS: Then, is it later that evening, he was transferred, in fact, to Alder Hey?

DR D: He was. That was after my shift had finished.

MR MYERS: After your shift had finished, all right.

Thank you, [Dr D].

Re-examination by MR DRIVER

MR DRIVER: One topic, [Dr D]. You were asked to confirm that [Baby N] had haemophilia and you confirmed that with haemophilia there is a risk of bleeding. Does the risk of bleeding attach to all haemophiliacs to the same extent or is it a matter of degree or don't you know?

DR D: I'm unable to answer. I don't know the exact answer.

My understanding is that there is a degree.

MR DRIVER: Thank you. Does your Lordship have any questions for the doctor?

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

MR DRIVER: [Dr D] will be returning again at a later date.

MR JUSTICE GOSS: Were you aware of that?

DR D: No.

MR JUSTICE GOSS: Right. You will obviously be notified in good time as to when you are asked to come back. But in the meantime, please don't talk to anyone about anything to do with this case, your evidence, any of the babies, any of the circumstances. Wait until the case is all over if you want to talk to anyone about it, but not before. All right?

DR D: Yes.

MR JUSTICE GOSS: Thank you very much. If you just wait there, I'm going to enquire of counsel what the plan is for the rest of this afternoon.

MR DRIVER: Thank you, my Lord. As I believe the court knows, the next witness to give evidence directly to the jury is Dr Mayberry, who is now practising in Australia.

MR JUSTICE GOSS: He's in Australia, so we can't contact him?

MR DRIVER: He is 11 hours ahead of us and would not welcome contact at this time of day.

MR JUSTICE GOSS: Or night to him.

MR DRIVER: So we have scheduled him for 10.30 precisely on Monday morning. With the court's leave, we would prefer to maintain the chronology of the evidence.

MR JUSTICE GOSS: Yes. It would make sense whilst we're dealing with this particular topic.

All right. It's a bit of an earlier finish today, but as you've heard, please be here -- you've been, if I may say so, exceptional in being here promptly every day when you've been here, but as you'll appreciate Monday is a particularly important day because we have to link up to Australia to start at 10.30. All right?

So remember your responsibilities as jurors in this case: no communication by any means with anyone about anything to do with this case except when you're all together in a private place and each one is able to hear anything any other member of the jury says. And no research into anything to do with this case whatsoever or into anyone to do with this case. All right?

10.30 on Monday morning, please.

(In the absence of the jury)

MR JUSTICE GOSS: Will you want to go down?

MR MYERS: We will, if we could. Thank you, my Lord.

MR JUSTICE GOSS: Right, thank you very much. If you just stay where you are, I am going to rise now. The court is going to be closed, but you stay there until someone says you can leave the courtroom. Thank you very much.

(3.03 pm)

(The court adjourned until 10.30 am on Monday, 6 March 2023)