

28 October 2022 (Day 18)
Baby C

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Friday, 28 October 2022

(10.00 am)

(In the absence of the jury)

Housekeeping

MR ASTBURY: (Inaudible: no audio feed from court) --jury. Can I just alert my Lord to the fact that the next witness, who's Sophie Ellis, has this morning asked for a particular measure and a statement is being taken, so we'll just need a short break after this witness, please, if that's convenient to the court.

MR JUSTICE GOSS: Certainly, yes.

MR ASTBURY: Thank you.

(In the presence of the jury)

MR ASTBURY: My Lord, I will recall (sic) Joanne Williams, please.

MRS JOANNE WILLIAMS (affirmed)

Examination-in-chief by MR ASTBURY

MR ASTBURY: Nurse Williams, you given evidence already in this case so we know that you were, you are, a band 6 neonatal practitioner and that in June of 2015, you were employed in that

capacity at the Countess of Chester Hospital in the neonatal unit.

WILLIAMS: Yes.

ASTBURY: I want to ask you, please, about a shift, a day shift, that you completed on Saturday, 13 June 2015. Do you recall that shift?

WILLIAMS: Yes, I do.

ASTBURY: Do you recall coming on duty that morning?

WILLIAMS: Yes.

ASTBURY: I know you have done this before, but you need to keep...

(Pause)

I do apologise.

MR MYERS: I'm absolutely sure we haven't seen Ms Williams before.

MR JUSTICE GOSS: No, I was a little puzzled, but I didn't want to say anything in case it was me that was wrong.

MR ASTBURY: I do apologise. If we start again.

MR JUSTICE GOSS: Let's start again. We haven't seen you before.

MR ASTBURY: I think we may have heard a statement read, that's why, and I apologise (overspeaking) --

MR JUSTICE GOSS: That's the point: we have heard evidence from you, but it was agreed evidence and that part of the statement or that statement was read, but we've now moved on.

MR ASTBURY: If I can use this opportunity as well to urge you, please, I know it's a little bit odd, I'm asking the questions, not very good questions so far, but if you can direct your answers, please, to the ladies and gentlemen on the jury, they're the most important, so they can hear you. There's also people behind the screen, so we need to keep your voice up, please, if at all possible.

Let's start again. Can we begin with your full name, please?

WILLIAMS: Joanne Williams.

ASTBURY: And your profession, please?

WILLIAMS: Neonatal practitioner.

ASTBURY: Am I right that you were employed in the Countess of Chester Hospital in June 2015?

WILLIAMS: Yes.

ASTBURY: What was your status during that particular time?

WILLIAMS: I was band 6.

ASTBURY: Thank you. We've heard a little bit about the various bands. Are there differences within even band 6 as a neonatal nurse?

WILLIAMS: Yes. Obviously as a newly qualified nurse you come in as a band 5 and then, as the progression in your career, band 6.

ASTBURY: So it's possible to progress even within band 6?

WILLIAMS: You can be a band 7.

ASTBURY: Okay.

MR JUSTICE GOSS: I think the question was: can you progress within band 6? You were band 5, you progress to band 6, but is there any difference between one band 6 nurse or neonatal practitioner and another?

WILLIAMS: It can be with qualifications.

MR JUSTICE GOSS: So you can get some additional qualifications?

WILLIAMS: Yes.

MR JUSTICE GOSS: And then you can go on to become band 7?

WILLIAMS: Yes.

MR ASTBURY: How long had you been a band 6 in 2015? Can you remember?

WILLIAMS: No (inaudible).

ASTBURY: Well, I want to ask you, please, more importantly about the events of that particular day. What time would your shift start on a day shift?

WILLIAMS: Half 7.

ASTBURY: And do you recall who you were allocated to look after that particular day?

WILLIAMS: Yes, [Baby C].

ASTBURY: Thank you. Again, if you can keep your voice up, please. I know it's difficult.

We've heard already a little bit about the process when a shift begins where the staff come together, there is a general huddle, I think we've heard it described as, and then a handover at the bedside for your specific baby.

WILLIAMS: Yes.

ASTBURY: Was that the process as you recall it on the morning of 13 June 2015?

WILLIAMS: From what I remember, yes.

ASTBURY: Do you recall, please, where [Baby C] was situated in the unit when you came on duty?

WILLIAMS: Yes. In nursery 1, the left-hand side, towards the sink, the bottom space, the intensive care space.

ASTBURY: We've seen some video footage of the unit and room 1 certainly has two doors right and left. Does that help you orientate you where he was?

WILLIAMS: The left-hand side.

ASTBURY: Okay. Do you recall whether there were any other babies in room 1 on that morning?

WILLIAMS: I don't. I don't recall.

ASTBURY: Okay. Do you recall whether the unit was busy that particular morning?

WILLIAMS: It doesn't particularly stand out that it was busy.

ASTBURY: We have the benefit of the notes that you would have completed during the course of your shift. And what I'd like to do, please, is to take you to those notes because I'm going to ask you some questions about events that happened during the course of that day shift involving [Baby C]. So if I can ask Mr Murphy, please, to go to tile number 69 on the relevant presentation.

Before we click into the notes on that particular day, had you cared for [Baby C] in the days before this particular shift?

WILLIAMS: Yes, I think -- I believe so.

ASTBURY: All right. What did you know of [Baby C] generally at the time that you came on duty that morning?

WILLIAMS: That he was a baby born at 30 weeks, he was a small baby, small for gestation, and that's...

ASTBURY: Okay. All right. Did you know something of the circumstances of his gestation and birth?

WILLIAMS: That antenatally there was absent end-diastolic flow.

ASTBURY: And we've heard that his weight, do you recall, what his weight was at the time he was born?

WILLIAMS: 800 grams.

ASTBURY: So let's go to your note then please, if we may. If we can click into it, Mr Murphy, and click behind it into the source material.

If we could enlarge the relevant section, thank you. It's quite a detailed note and we can see it was written in retrospect, am I right, if we look at the top line at 4.19 that afternoon. So the notes may cover most of the shift, certainly up to that point. Could we go through it bit by bit and if I pause and take you to something else please bear with me, but I'll use this I hope to assist:

"Care taken over at 8 o'clock."

That presumably would have been after this handover at the bedside or cot side that we've heard about?

WILLIAMS: Yes, that's correct.

ASTBURY: And you have noted:

"Emergency equipment and fluids checked."

Is that a routine for a nurse in your position?

WILLIAMS: Yes, it is.

ASTBURY: You indicate that he's nursed on -- I think that's nasal CPAP; is that right?

WILLIAMS: Yes, that's correct.

ASTBURY: Pressures between 4 and 5 centimetres in 23-26% oxygen?

WILLIAMS: Yes.

ASTBURY: We've heard air contains 21% oxygen, so does that level of 23 to 26 tell you anything about his condition at that point?

WILLIAMS: It was a minimal requirement of oxygen to maintain his saturations.

ASTBURY: Is that a good sign or a bad sign?

WILLIAMS: It's a good sign.

ASTBURY: "CBG taken at 9 am."

CBG, please?

WILLIAMS: Capillary blood gas.

ASTBURY: And it says:

"Very good."

What are you referring to there if it's not --

WILLIAMS: That it's in the normal parameters that we'd expect.

ASTBURY: Right, okay:

"However, [Baby C] very unsettled and fractious."

Can you tell us a little bit about that, please?

WILLIAMS: He was very unsettled in the morning. I remember him being very fractious, and that's not uncommon for a baby of his size necessarily. And he was -- he was unsettled. I've documented to say that he was unsettled.

ASTBURY: Okay. The next note is:

"After discussion with Registrar Ogden on the ward round, [Baby C] taken off CPAP while out having skin-to-skin with mummy."

Just tell us about that, please, if you remember.

WILLIAMS: Well, I know obviously skin-to-skin is extremely powerful for any baby because obviously being next to their mum or their dad -- and I think I go on to say how beneficial it was

for [Baby C] because he did calm down and was well, looked stable on his mum (inaudible).

ASTBURY: Is he able to stay on CPAP when he engages with skin-to-skin with mum?

WILLIAMS: You can take babies out to have skin-to-skin while on CPAP, but in this instance we'd taken him off CPAP and then I think I say further down in my notes that just maybe some facial oxygen if he required it.

ASTBURY: Let's carry on with your note then. You're quite right, it carries on:

"Taken off CPAP while out having skin-to-skin with mum. Calmed down straightaway while on mummy. Just required some facial O2 while out."

O2 is oxygen?

WILLIAMS: Oxygen.

ASTBURY: Thank you:

"No signs of increased work of breathing."

Just tell us a little bit about that, please. Is that something you'd have been looking out for?

WILLIAMS: Absolutely, always we make sure with the respiratory rates, any recession, that if the baby's working particularly harder, then that can be a sign that they obviously need respiratory support.

ASTBURY: So are we talking now of a period that [Baby C]'s been taken off his CPAP?

WILLIAMS: Yes.

ASTBURY: He's with mum?

WILLIAMS: Yes.

ASTBURY: And you're just keeping an eye on that to make sure that there's no deterioration?

WILLIAMS: Yes.

ASTBURY: All right:

"Weaned off for 2 hours. Again, discussed with reg and decided to try Optiflow in view of [Baby C] being so unsettled on CPAP."

So weaned off what for 2 hours, I suppose, is the first question?

WILLIAMS: Weaned off CPAP for 2 hours.

ASTBURY: And then another discussion with the registrar?

WILLIAMS: Yes.

ASTBURY: And Optiflow, please. What's the difference with Optiflow? What does that tell you about [Baby C]'s condition?

WILLIAMS: It's a less invasive respiratory support, Optiflow. So where CPAP has nasal prongs that are quite invasive and quite uncomfortable, Optiflow is less invasive, more comfortable for babies.

ASTBURY: Right:

"Optiflow commenced [or commenced Optiflow] at 13.00 hours with flow of 6 litres in 23-28% oxygen. Very settled this afternoon. Slight increase in respiratory rate but..."

"Respirations", is that?

WILLIAMS: Yes.

ASTBURY: "... remain between 60 to 70 per minute." Is that right?

WILLIAMS: Breaths per minute, yes.

ASTBURY: "Heart rate stable at 150 and temp within normal limits."

So what, if anything, as his designated nurse, do you take from those various observations?

WILLIAMS: That he was stable.

ASTBURY: "CBG taken after 2 hours. Satisfactory but not quite as good as previous CBG, but similar to CBGs during the night with pH 7.27 and PCO2 7.02."

Could you explain that to us please?

WILLIAMS: I've documented there to say that the capillary blood gas wasn't as good as it had been in the morning, obviously he'd

had 2 hours off nasal CPAP without any respiratory support, and then he had been commenced on Optiflow. So that was just something to be taken into consideration.

ASTBURY: Okay. Any alarm at that point?

WILLIAMS: No, because he said -- I've carried on and said, "Clinically remained stable".

ASTBURY: Okay:

"Shown to registrar and for repeat at 6 pm."

And then you have made the note:

"Clinically remains stable..."

WILLIAMS: Yes.

ASTBURY: "... but aware do not want to push [Baby C]."

Could you just explain that observation, please?

WILLIAMS: Again, with any baby, you would be making sure that you're looking at the work of breathing, making sure -- obviously because we had stepped him down to Optiflow, that he wasn't in any way struggling.

ASTBURY: "Bloods taken at 15.00 hours. Platelets improved slightly to 49 today. Still not for LP at present."

We heard yesterday about platelets and LP stands for lumbar puncture. Could you tell us anything about that entry that occurred to you at the time?

WILLIAMS: No, other than, obviously, a lumbar puncture is very invasive and so it would have been quite stressful for [Baby C], so it's just balancing out those risks.

ASTBURY: "Fluids increased to 120ml per kilogram per day. Lipid increased and 10% dextrose discontinued."

What's the significance of those entries, please?

WILLIAMS: Fluids were increased because he would have been day 4, so every day the fluids, in mls ml per kilo, goes up, it increases up to day 5 usually. The 10% dextrose stops. We use 10% dextrose as an extra if -- depending what day the baby is on fluids-wise. So with the increase of lipids, because it's day 4, the 10% dextrose wouldn't be needed.

ASTBURY: Just remind us, please, what lipids are in summary?

WILLIAMS: You have got your total parenteral nutrition, which is standard, but lipid is fat, so it supports you nutritionally for babies. And that is given via a central line; it can't be administered via a peripheral line, such as a cannula.

ASTBURY: So it's something that's additional to the TPN?

WILLIAMS: Absolutely, supports nutrition.

ASTBURY: Okay:

"Continues to have dark bile aspirates. Frequently this morning but improving this afternoon."

So tell us please about dark bile aspirates. We've heard what an aspirate is. What's the significance, or otherwise, of a dark bile?

WILLIAMS: It's not reassuring to have dark bile aspirates because obviously it could indicate conditions such as necrotising enterocolitis, NEC as it's known as, so that's obviously something to monitor.

ASTBURY: So you are aspirating the tube into his stomach, you're getting -- let me just -- dark bile aspirates --

WILLIAMS: Yes.

ASTBURY: -- of concern?

WILLIAMS: Yes, any aspirated dark bile would be a concern.

ASTBURY: Escalated to anybody, do you remember?

WILLIAMS: Yes, yes, the registrar.

ASTBURY: Who did you discuss that with?

WILLIAMS: The registrar and I believe I discussed it with Dr Gibbs.

ASTBURY: Who is Dr Gibbs, please?

WILLIAMS: The consultant paediatrician.

ASTBURY: Right. Was he on duty that day?

WILLIAMS: Yes.

ASTBURY: Right. Do you remember what view was taken, as far as you were concerned, on what treatment you were recommended as a consequence of escalating that to the registrar and Dr Gibbs?

WILLIAMS: Obviously, we would always escalate it to the medical staff and we wouldn't -- we would be concerned about feeding him. He would have been on a cautious feeding regime anyway and he was nil by mouth.

ASTBURY: Okay. Now:

"Passed NGT as [Baby C] pulled out."

Just explain that to us, please.

WILLIAMS: That's me passing a tube. He did have an orogastric tube, which is obviously in his mouth. I passed one down his nose. It's actually less -- it's more comforting for a baby because, as you can imagine, a tube in your mouth can be quite invasive so we passed a nasogastric tube.

ASTBURY: Do you remember roughly when that was during the course of your shift?

WILLIAMS: No. Um -- no.

ASTBURY: Okay. It goes on to say:

"Two OGTs this morning whilst upset."

WILLIAMS: Because he was fractious, so as you can imagine, he was lovely and feisty, so he would just pull them out, and they're quite easy to pull out from your mouth. All they need to do is use their little fingers and they're pulled out.

ASTBURY: Do you remember what sort of period of the shift those two events took place (overspeaking) --

WILLIAMS: I've said that they -- "Pulled out two OGs this morning", so in the morning.

ASTBURY: Was it after those two oral tubes that you decided to go for the nasal option?

WILLIAMS: I can't recall.

ASTBURY: You can't recall? All right.

"NGT on free drainage."

Why would an NGT be on free drainage, please?

WILLIAMS: Because if they're not being fed and, again, we use it in CPAP and we use it in Optiflow, if we think that the babies maybe are quite gaseous then we can leave it on free drainage to stop any accumulation of air.

ASTBURY: Okay.

WILLIAMS: And also to see any aspirate, bile aspirates coming back.

ASTBURY: We've been told how this tube enters either, in [Baby C]'s case, earlier in your shift orally --

WILLIAMS: Yes.

ASTBURY: -- or nasally --

WILLIAMS: Yes.

ASTBURY: -- and obviously that the tip is inside the baby. Just tell us a bit more about free drainage, what does that involve?

WILLIAMS: It can be -- we can use a little bag that we can have attached to it or we can use an open-ended syringe.

ASTBURY: Okay. If it's not on free drainage what's the situation with your end of the tube?

WILLIAMS: It would be -- it's a connector, so it's just connected off.

ASTBURY: Okay. So connected off means closed?

WILLIAMS: Closed, yes.

ASTBURY: Free drainage means presumably?

WILLIAMS: Open.

ASTBURY: All right, thanks. Just so we understand.

What's the purpose of leaving it on free drainage again?

WILLIAMS: Again, to reduce any air build-up that might be in the stomach or any aspirates.

ASTBURY: Okay. During the course of your handover that morning was anything brought to your attention that was concerning in the stomach?

WILLIAMS: I would have assumed that it would have been if there was concerns prior to because we get a comprehensive handover.

ASTBURY: That's just the type of thing, is it, that would be discussed on handover?

WILLIAMS: Absolutely.

ASTBURY: All right. So free drainage would allow, presumably, air to escape, but also I think you mentioned aspirates. You tell me what the effect of free drainage is on aspirates, please.

WILLIAMS: So -- well, with aspirates, obviously if you were in free drainage bag, which actually at this time potentially he wouldn't have had on -- I believe that it would be an open syringe hung in the incubator, which can let any air expel.

MR JUSTICE GOSS: You were indicating your left arm up there. Perhaps you could just explain this.

WILLIAMS: So when we have nursed babies on CPAP or Optiflow and we're concerned we want the baby to have free drainage, we attach a syringe, a 10ml syringe, and in the incubator we have what we call an incubator tree, and that can be hung on there and that can just obviously expel any air if we think there is an accumulation.

MR ASTBURY: So if I'm right, the syringe is actually attached to the end of the --

WILLIAMS: Tube.

ASTBURY: -- oral or nasal tube?

WILLIAMS: Yes.

ASTBURY: Obviously at the open end --

WILLIAMS: Yes.

ASTBURY: -- it's left open and any air can then escape that needs to escape?

WILLIAMS: Yes.

ASTBURY: And had [Baby C] had problems with air in his tummy the day before, that's just the type of thing you think would have been brought to your attention on the handover?

WILLIAMS: Yes.

ASTBURY: "Abdo full but soft."

What's the significance or not of that, please?

WILLIAMS: Because they're preterm babies, obviously we're all the time making checks to make sure what their abdomen appears to be. And in this case I've put that it appears full, but it's soft to touch on examination.

ASTBURY: Okay. What, if anything does, that tell you?

WILLIAMS: That it's quite normal for a baby, for [Baby C].

ASTBURY: Okay. It says:

"Slight shine to abdo but not veiny or over-distended."

That may well speak for itself, but just tell us a little bit what those issues mean.

WILLIAMS: So indications can be for what I said before, necrotising enterocolitis, NEC as it's called, NEC, what you're looking for is a shiny appearance, the abdomen can look veiny, distended, darkening. These are all signs that could be possible early signs of NEC.

ASTBURY: Right. "PU"?

WILLIAMS: Passed urine.

ASTBURY: "BNO"?

WILLIAMS: Bowels not opened.

ASTBURY: Then:

"If aspirates improve, start [trophic] feeds this evening as per Dr Gibbs."

So again, just explain to us, firstly, trophic feeds?

WILLIAMS: Trophic feeds are something that wouldn't be included in his 120ml per kg per day total. The idea is that small amounts are given to just start that digestion, to start the gut working, the bowel, and we have obviously guidelines to support that.

ASTBURY: Yes. Do you recall whether you did start trophic feeds on that shift or not?

WILLIAMS: No, I didn't.

ASTBURY: "Commenced IV ranitidine..."

WILLIAMS: Ranitidine.

ASTBURY: "... in view of aspirates."

Tell us about that, please.

WILLIAMS: So IV ranitidine, it neutralises acid in the stomach. So I think following a discussion with Dr Gibbs, who reviewed, had suggested that we could commence IV ranitidine to see if it reduces the bile, the dark-stained aspirates.

ASTBURY: "Remains on antibiotics, due at 6.30 with caffeine. Long line site appears satisfactory."

"I think we all now can follow those:

"Weighed today in incubator without CPAP and current weight 717 grams."

You put there, minus 84. Just what does that reflect, please?

WILLIAMS: That he lost weight, but all babies lose weight, up to 10% of their birth weight, within the first 2 weeks, so that's not unusual.

ASTBURY: I was about to ask you what you would make of that as a band 6 nurse, but that, on the face of it, didn't cause you any concern?

WILLIAMS: No.

ASTBURY: "But doctor is aware"?

WILLIAMS: Yes, we'd always inform the doctor.

ASTBURY: Should that say "CRUS carried out"?

WILLIAMS: It's a cranial ultrasound scan.

ASTBURY: Carried out by Dr Gibbs. What does "NAD" stand for?

WILLIAMS: Nothing abnormal detected.

ASTBURY: Thank you. If we can come out of that, please, and go to tile 83. We've got a brief summary there of the intensive care chart, but I'd like to go into that, please, if we may.

First of all, Mr Murphy, if we could go to the left-hand side of the form and the lower half, please, so the left bottom quadrant, if I can put it that way.

I think first of all we can see initials along the bottom of that particular form. Do you recognise your initials on there? It's a little bit fuzzy.

WILLIAMS: Yes.

ASTBURY: But you can? I'm interested, please, in the entries that are made -- are they your entries in freehand?

WILLIAMS: Yes.

ASTBURY: Can you just tell us, please, what they are?

WILLIAMS: So we use those boxes sometimes just to give an overall picture, sometimes especially if we're handling babies or anything significant, so I've said:

"Taken off CPAP for skin-to-skin with mummy. Commenced Optiflow."

And then a capillary blood gas along with a U&E and a full blood count.

ASTBURY: We've heard that handling babies can have a negative effect and it has to be something that you approach with caution.

WILLIAMS: Yes.

ASTBURY: Can you remember what, if any, effect being -- was he lifted out of his incubator for the skin-on-skin with mum?

WILLIAMS: Yes.

ASTBURY: And he stayed out for 2 hours?

WILLIAMS: Yes.

ASTBURY: Before he was presumably put back in his incubator?

WILLIAMS: Yes.

ASTBURY: Can you remember whether that handling had any adverse impact on [Baby C]?

WILLIAMS: No, he was really, really settled. He responded really well to skin-to-skin.

ASTBURY: Right. Just looking at those two entries, please, Mr Murphy, firstly, "Off CPAP for skin-to-skin", and then, "Commenced Optiflow". If we scroll up the form just to see the times of those entries, is that possible?

MR JUSTICE GOSS: If you look at it on the iPads, you can enlarge it all and you can see it very quickly.

MR ASTBURY: I think I know the times, but I think we need to --

MR JUSTICE GOSS: The witness should say.

MR ASTBURY: Yes. The jury are probably ahead of me.

(Pause)

MR JUSTICE GOSS: The difficulty is, on the big screen or bigger screens, that the quality of it is not good, you lose the definition, whereas on the pads, if you enlarge it, you can neatly fit the whole chart on to the screen and read the timings off.

MR ASTBURY: Okay. Mr Murphy is doing the process of lining them up.

So we can see, Nurse Williams, that the entry for "Taken off CPAP and skin-to-skin with mum", is that 11 am in the top of the box?

WILLIAMS: Yes.

ASTBURY: And does that, with the benefit of that note, accord with your recollection?

WILLIAMS: Yes.

ASTBURY: And "commencing Optiflow", is that deliberately written on the line?

WILLIAMS: It might have been that it's between half 12 and 1.

ASTBURY: Right. Thank you. But round about that time?

WILLIAMS: Yes.

ASTBURY: And then we can see reflected above, Optiflow and the type of ventilation thereafter?

WILLIAMS: Yes.

ASTBURY: Thank you. If we can go now to the right-hand side of that particular form, please, or record. We can see input and output columns on the right-hand side, Nurse Williams; is that right?

WILLIAMS: Yes.

ASTBURY: One of those columns is headed "NG asp and vomit."

Could you tell us what would be entered in that particular column, please?

WILLIAMS: So if a baby vomited or any aspirates you obtained.

ASTBURY: All right. So can we look at that column, please? If we can include the initials on the right, please, if that's possible. Thank you.

So juggling the matrix, we can see -- again, do you recognise your initials down the right-hand side?

WILLIAMS: Yes.

ASTBURY: So just concentrating, please, on any entries that you've made, I think the second entry down is yours. I think it says, "Black bile".

WILLIAMS: Yes.

ASTBURY: If we look at that, thank you. Would you enter the quantity of aspirate there if it was significant?

WILLIAMS: Yes. I don't... I don't know why.

ASTBURY: Okay. But if it's possible, I think reading across the form -- if Mr Murphy could move that a little bit to our left, please, we might be able to see the time of that aspirate. That, I think, is at 9 am; is that right?

WILLIAMS: Yes.

ASTBURY: Then there's another entry at 13.00 hours further down on the left?

WILLIAMS: Yes.

ASTBURY: And we can see there, that says:

"Dark bile 0.5ml."

What does the quantity 0.5ml tell you, if anything?

WILLIAMS: It was 0.5 of a ml.

ASTBURY: Relatively speaking?

WILLIAMS: Small.

ASTBURY: Small. Of concern?

WILLIAMS: Any dark aspirate is of concern.

ASTBURY: Would you have recorded on this form anything else that would be aspirated during the course of those events?

WILLIAMS: I wouldn't be going in every hour to aspirate the tube because again that's quite invasive and disturbing for [Baby C]. So obviously, it's been on free drainage because I've documented it has, and then I've gone and aspirated at regular intervals.

ASTBURY: If you'd aspirated anything in addition to dark bile, would that be entered on this form?

WILLIAMS: Yes.

ASTBURY: Okay. Obviously, there's no suggestion that there was any air being aspirated at this point.

WILLIAMS: I have not documented.

ASTBURY: No. And then the next entry, as far as you're concerned, is at 16.00. Again, 0.5ml of dark bile. Can you confirm that for me, please?

WILLIAMS: Yes.

ASTBURY: Thank you.

If we can go next, please, to tile 96. You mentioned that you were -- sorry, [Baby C] was prescribed ranitidine and that you administered it. I'll be corrected if I'm wrong, but there's our prescription; is that right?

WILLIAMS: Yes.

ASTBURY: Or order. If we go back to the tile, we can see the time that that was administered, 1 o'clock. I'll be corrected if I'm wrong, but I think that's the first entry of ranitidine being administered that day.

WILLIAMS: Without looking at medication charts.

ASTBURY: All right. Come out of that, please.

You can see to the left there your notes again appear, but of course we've been through that note in full because it was made at 4.19 and we've discussed the day generally, so forgive me if I just take you through some specific tiles now.

If we can go next, please, to 102. We can see there's a box -- we can see [Baby C]'s name near the top, we can see within the boxed area, near the top, your name. "Consultant SALM." Do you recognise who that might be?

WILLIAMS: Um... Dr Saladi.

ASTBURY: Right. And that is, as it says at the top, a pathology report on a blood test that you took; is that right?

WILLIAMS: Yes.

ASTBURY: Thank you. Come out again, please.

116, please, next. This is a note made a little bit later than we've just seen. If we can go into it, please.

I think it's a separate note made a little bit later in the day. It might be the note underneath, Mr Murphy. Thank you. There we go.

It indicates that:

"Mummy and daddy on the unit during the day, both have had skin-to-skin with [Baby C]. Pleased to see him more settled this afternoon."

I think we've heard that's consistent with your recollection now:

"Mummy expressing good amounts. Updated by myself and medical staff. Appear happy with plan of care."

So you'll have discussed the plan of care for [Baby C] with the parents and they were content?

WILLIAMS: Yes.

ASTBURY: Thank you. If we go back to our sequence of events, please.

If we go along, please, to 120. It's the note that we went to, but it's just in time order. If we can look at your other note,

we can see there this was made at 19.45, presumably just before you went off duty?

WILLIAMS: Yes.

ASTBURY: And if we can go into that, please.

It perhaps reflects the later part of your shift after you'd made the notes at 16.20. So we've read the lower one. If we just read into the record, please, the above:

"CBG..."

Remind us, sorry?

WILLIAMS: Capillary blood gas.

ASTBURY: "... at 18.00 showed improvement from previous CBG. However, lactate risen..."

Is that to 2.5mols per ml?

WILLIAMS: Millimoles.

ASTBURY: Sorry, and:

"SHO informed. Remains stable on Optiflow."

So having been on CPAP, having had some time off assistance altogether and having gone back on, is it fair to say Optiflow is a less intense and invasive form of ventilation?

WILLIAMS: Yes.

ASTBURY: He's remained stable on Optiflow. BP?

WILLIAMS: Blood pressure.

ASTBURY: That's stable:

"Aspirates reduced this evening."

And then:

"[Question mark] commence enteral feed tonight."

Just explain that to us, please?

WILLIAMS: "Query, query, commence."

ASTBURY: So because the aspirates are reducing, you mentioned before trophic feeds, and you are querying whether it's reached that stage or not yet?

WILLIAMS: Yes.

ASTBURY: Okay. You told us when we first embarked upon your evidence that [Baby C] was a very small baby. Did that influence how you regarded him during the course of that shift? Did it cause you any particular concern?

WILLIAMS: You'd always be cautious with a baby that size.

ASTBURY: Okay. How overall did you assess his progress during the course of your shift?

WILLIAMS: Yes.

ASTBURY: Yes?

WILLIAMS: I would have -- sorry, can you repeat the question?

ASTBURY: How overall would you assess his progress during the course of your shift?

WILLIAMS: He had -- as I think my notes reflect it, he had done well to swap down to Optiflow but he'd been -- benefitted from that time with his mum and dad.

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

(Pause)

MR JUSTICE GOSS: A new password is needed for one of the jurors.

(Pause)

MR JUSTICE GOSS: Mr Myers, about how long do you think your cross-examination is likely to last? I'm only thinking of timetabling.

MR MYERS: About 20 or 25 minutes. Twenty minutes.

MR JUSTICE GOSS: All right.

MR MYERS: It's always difficult to be absolutely precise. Between 20 minutes and half an hour, something like that.

MR JUSTICE GOSS: It's an estimate, it can be no more than an estimate. That'll probably fit in quite well.

(Pause)

Cross-examination by MR MYERS

MR MYERS: Ms Williams, I didn't catch if it's Ms Williams, Miss Williams or Mrs: Williams?

WILLIAMS: Mrs.

MYERS: Again, if you could please keep your voice up.

I think, would you agree, that you can never be complacent with a baby of the size that [Baby C] was?

WILLIAMS: Yes.

MYERS: You agree with that, yes?

And you've been through your observations and I'm going to go to them with you, but do you agree that however stable he appears to be at any particular moment, you still have to keep a very close watch on a baby like [Baby C]?

WILLIAMS: Yes.

MYERS: Because even if there are indicators of stability, change can happen quite rapidly, can't it?

WILLIAMS: Yes. Obviously it's making sure that -- that's why we carry out our observations and it can sometimes be only subtle.

MYERS: Yes, that's what I wanted --

WILLIAMS: Subtle signs.

MYERS: Yes, subtle signs, thank you.

I think your view was that a baby the size of [Baby C] in his condition, I think the way you expressed it was it could make you quite nervous. I don't mean that in a critical way, but nervous. Do you mean in the sense you have to be quite alert and just keep a close eye on what's happening?

WILLIAMS: Absolutely.

MYERS: I'm just going to go through the notes and ask you some questions about them and they're on slide 69, Mr Murphy, ladies and gentlemen, or page 1947 if you're looking at the J numbers.

MR JUSTICE GOSS: This was the first one you went through, the first part of the notes you went through. You're going to be asked some more questions about it.

MR MYERS: If we go to slide 69 and go behind that so we can see the notes on the screen. It's the main notes, the large part on the left-hand side, and then we can look at the other bit in a moment.

Of course, what you have here is a record of your observations and events during the shift with [Baby C]; is that right?

WILLIAMS: Yes.

MYERS: I suppose we have to keep in mind, in addition to this, things like the fact that he was a very premature little boy, wasn't he, in terms of gestation?

WILLIAMS: He was premature, yes.

MYERS: And he was also extremely low birth weight, wasn't he?

WILLIAMS: Yes, a low birth weight, yes.

MYERS: So whatever we're looking at here about your observations, they have to be seen in the context of the actual overall condition that [Baby C] was in, would you agree?

WILLIAMS: Yes.

MYERS: Because for instance, what may be a slight change in blood gas in a robust baby of 9 pounds in weight could mean something potentially different with a baby who is less than 800 grams potentially; do you agree?

WILLIAMS: Potentially.

MYERS: Yes. And can I check, Mrs Williams, at the time that you were looking after [Baby C] -- I think you've referred to this -- would you have been aware that in addition to his weight and his gestational age, there had been concerns about intrauterine growth retardation and reverse diastolic flow?

WILLIAMS: Yes.

MYERS: You're aware of that?

WILLIAMS: That had been handed over, yes.

MYERS: Would you have been able to, so far as you can remember, be aware that there had been quite a marked abdominal distension

or stomach distension the day before? Were you aware of that or would you have been aware of that?

WILLIAMS: It would have been handed over to me.

MYERS: So it's the sort of -- do you mean it's the sort of thing you'd have expected to be told?

WILLIAMS: Yes.

MYERS: I'm not asking or expecting you to remember anything that doesn't come automatically. It's a long time ago.

WILLIAMS: Yes.

MYERS: I'm just going to look at some of what's here, not everything, the things that I'd like to ask you about. Can we see, just a couple of lines down, it says:

"CBG taken at 09.00, very good. However, [Baby C] very unsettled and fractious."

The reason you've recorded "very unsettled and fractious" is they may be relevant observations. That's why you have put it there; is that correct?

WILLIAMS: Yes, they were the observations I made coming on shift.

MYERS: And how these things are interpreted depends on the overall circumstances, but it's a sign you note that a baby is unsettled and fractious? You're nodding. You have to say yes or no.

WILLIAMS: Yes.

MYERS: Thank you. You've described how [Baby C] was taken off CPAP for some skin-to-skin contact with his mum and that worked well, didn't it?

WILLIAMS: Yes.

MYERS: He needed a little oxygen while he was out with his mum; is that correct?

WILLIAMS: That's what I've documented.

MYERS: So some facial oxygen. So:

"Signs of increased work of breathing, weaned off for 2 hours. Again discussed with registrar and decided to try Optiflow in view of [Baby C] being so unsettled on CPAP."

Pausing there, I'd like you to explain this: that looks as if, and you correct me if this is wrong, the reason [Baby C] was taken off CPAP and put on Optiflow was because, as you said, Optiflow is slightly less invasive?

WILLIAMS: Yes.

MYERS: He still needed to be given respiratory support, didn't he?

WILLIAMS: Yes.

MYERS: Yes. You seem quite definite about that.

WILLIAMS: I think it was an acceptable step down from the nasal CPAP.

MYERS: Had [Baby C] been settled on CPAP then there would have been no reason to take him off CPAP?

WILLIAMS: Unless, obviously, his blood gases reflected otherwise.

MYERS: Yes. But what I'd like to make clear, the fact he moved from CPAP to Optiflow wasn't so much to do with overall improvements in condition, it's simply that he was uncomfortable on CPAP?

WILLIAMS: And he had good blood gases to reflect that, didn't he, that that -- that ability to be able to step down.

MYERS: To step down?

WILLIAMS: His respiratory support.

MYERS: Yes. In any event it says:

"In view of being unsettled on CPAP [you] commenced Optiflow"?

WILLIAMS: Yes.

MYERS: Is that the main reason for commencing Optiflow?

WILLIAMS: For being unsettled?

MYERS: Mm.

WILLIAMS: No. It can -- it's just based on the baby, individual cases.

MYERS: All right:

"Settled in the afternoon. Slight increase in respiratory rate."

Can you see you have put that there?

WILLIAMS: Yes.

MYERS: So that's something to watch?

WILLIAMS: Yes.

MYERS: Pausing there, this is whilst he's still on Optiflow, isn't it?

WILLIAMS: Yes.

MYERS: He remained on Optiflow, didn't he?

WILLIAMS: From 1 o'clock, yes.

MYERS: Optiflow, does that still work by blowing air into the baby?

WILLIAMS: It's not as a continuous positive airway pressure, which CPAP is.

MYERS: You mention later about him being on free drainage. Is that to ensure or to try to ensure that air doesn't build up inside the baby?

WILLIAMS: Yes.

MYERS: So does it follow that, even on Optiflow, as it happens, air could build up inside a baby?

WILLIAMS: Yes.

MYERS: We've heard about something called CPAP belly, is there an Optiflow belly?

WILLIAMS: Not as well-known, but it's air, yes.

MYERS: You'd said that he'd been taken off CPAP because he was unsettled and because you'd felt, after the skin-to-skin and the blood gas earlier, it was okay to reduce the level of support in that way; is that right?

WILLIAMS: To try it.

MYERS: To try it, yes. Just following it through, you've been very clear, you put the detail in and we've got here:

"CBG taken after it 2 hours, satisfactory but not quite as good as previous CBG."

WILLIAMS: Yes.

MYERS: So that's the blood gas, it's all right but it's not as good?

WILLIAMS: Yes.

MYERS: So you're being careful to document all the little changes we can see because he's such a little baby?

WILLIAMS: Yes, and it's important to be thorough on notes.

MYERS: It is. I think later on, just whilst we're dealing with blood gas, we'll come back to this section, but just so we have the picture with blood gas, could we just look at the right-hand side of your notes for the entry made a little later? Top right.

The blood gas at 18.00 you recorded showed improvement from that one but lactate had risen to 2.5mols, which is above the upper limit of what you aim for, isn't it?

WILLIAMS: Yes.

MYERS: So improvement but still not bang in the zone you'd like; is that correct?

WILLIAMS: It obviously -- it's all in relation to his previous ones --

MYERS: Yes.

WILLIAMS: -- but obviously I've documented and informed the doctors of that slight rise in lactate.

MYERS: That's the thing. It's all relative to the condition that he is in, isn't it?

WILLIAMS: It's just making sure that everybody's aware.

MYERS: Can we go back then to where we were, please, Mr Murphy.

You've got, right in the centre here:

"Shown to registrar [this is after the blood gas]. For repeat at 1800."

We've seen that:

"Clinically remains stable but aware do not want to push [Baby C]."

That was your assessment at this point, isn't it, Mrs Williams?

WILLIAMS: Yes.

MYERS: And that reflects your caution, clinically, in how to deal with [Baby C] at this point, doesn't it?

WILLIAMS: Yes, it's making sure that clinically we're doing individualised care and recognising that we are very aware of what is happening with [Baby C] and what he needs.

MYERS: When you say not to push [Baby C], what sort of thing do you mean would push [Baby C]?

WILLIAMS: Obviously, tire [Baby C].

MYERS: Tire him.

WILLIAMS: That's why we're always mindful with the LP, the lumbar puncture, not to be performing things.

MYERS: We're going to see later as we go on there's a question as to when feeds might start is [Baby C]. Is that the sort of thing to bear in terms of not pushing, that you don't give a baby like this feeds if there could be problems that the feeds could create?

WILLIAMS: Yes, but in this context I feel I've documented it in respiratory --

MYERS: You're thinking about respiratory there. It could apply to feeding, couldn't it?

WILLIAMS: Well, that's why he would be on a cautious feeding regime because of the risks that he's got.

MYERS: So it could apply to feeding then?

WILLIAMS: (Inaudible).

MYERS: I can't tell --

WILLIAMS: "Remained stable but aware do not want to push [Baby C]."

I said I feel I put that in the context of his respiratory, not for feeding.

MYERS: I know you have done that, Mrs Williams, but I'm just asking, could that apply to feeding as well?

WILLIAMS: Yes.

MYERS: Thank you. If we move on:

"Bloods taken at 15.00. Platelets improved slightly to 49 today."

But we've heard platelets, the aim would be for them to be about 100 to 150, something like that, wouldn't it?

WILLIAMS: Yes.

MYERS: And 49 is still pretty low, isn't it?

WILLIAMS: Yes.

MYERS: So in terms of signs that -- whether or not that's causing a problem in itself, it's not a good sign if they're that low, is it?

WILLIAMS: No.

MYERS: Then we've got:

"Continues to have dark bile aspirates."

And you've been quite clear that's always going to be a matter of concern, isn't it?

WILLIAMS: Yes.

MYERS: And we've seen from the charts that there'd been aspirates being produced during the day, hadn't there?

WILLIAMS: Yes.

MYERS: And we understand it had begun the day before.

Carrying on, we've got:

"NGT on free drainage."

So it's the next paragraph. You explained what that is:

"Abdo full but soft. Slight shine to abdo but not veiny or over-distended."

I'd just like us to be clear exactly what that means, why you have recorded it.

WILLIAMS: As previously said, what we would be looking for is any signs, early signs of NEC. So I have said that there is a slight shine, so that's something to be aware of. But however it's not veiny or distended, which are signs of necrotising enterocolitis.

MYERS: So there might be different stages the presentation might go through and that's what you're looking for?

WILLIAMS: Yes, and it can be different in different babies.

MR JUSTICE GOSS: Sorry, you said "which are signs of" and then you dropped your voice and I couldn't hear what you said.

WILLIAMS: Of NEC.

MR JUSTICE GOSS: Thank you. I thought it was, but I just wanted to check.

MR MYERS: And indeed, NEC, because of [Baby C]'s condition, is something that was on your mind but indeed there might be any number of abdominal or stomach complaints that could present themselves with a stomach distending? Do you agree?

WILLIAMS: Stomach distension can be masqueraded in other conditions, yes.

MYERS: That's right. You had NEC in mind because that was a particular concern with [Baby C], that's right, isn't it?

WILLIAMS: It's a concern for any preterm baby.

MYERS: Yes, it is. But there are other things, other problems, that could cause an abdomen to distend, aren't there?

WILLIAMS: Yes, but, however, NEC (overspeaking) --

MYERS: NEC is the one you're talking of.

[Baby C] had not received anything -- he'd been nil by mouth to this point; is that correct?

WILLIAMS: From my notes, yes.

MYERS: We know that there were fluids he was receiving?

WILLIAMS: Yes.

MYERS: Looking at the overall picture, after veiny or over-distended, you have got "BNO", which is bowels not opened, isn't it?

WILLIAMS: Yes.

MYERS: So that means that, even with the NGT on free drainage, so excess air could come out, his abdomen is still swelling as we go along, or has swollen a bit as we got along, hasn't it?

WILLIAMS: I've not -- I've said it's not over-distended, it just looks full.

MYERS: Just full. But nothing has yet passed through him and come out, has it?

WILLIAMS: On my shift. I don't know about if they'd had bowels open. We document on shifts --

MYERS: No, we haven't. So this is 3 days in?

WILLIAMS: Yes.

MYERS: And bowels still not open?

WILLIAMS: And he hadn't been fed.

MYERS: Yes, he hadn't been fed. Now, you have put it aspirates.

"If aspirates improve, can start trophic feeds this evening."

And by trophic, you explained, that means being fed with milk through the tube?

WILLIAMS: Yes, and it'd be expressed breast milk because mum had already started that process of expressing. And they would only be -- again, it would be referring to the cautious feeding guidelines that we have, which might be 0.5ml twelve-hourly.

MYERS: But that's dependent on the aspirates improving?

WILLIAMS: Yes, and the overall clinical picture.

MYERS: And the overall clinical picture. Because it may not be ideal to give him milk of whatever volume if there's a problem

developing in his abdomen as demonstrated by the aspirates; do you agree?

WILLIAMS: What's difficult is you have to clinically make that judgment, which the doctors would do, to make sure that obviously digestion and that his gut is preserved and that's -- sometimes they are given small amounts of trophic feed to make that gut start up.

MYERS: A lot of these matters turn sometimes on quite delicate issues of clinical judgment, don't they? You're nodding.

WILLIAMS: Yes, sorry, yes. And individual care.

MYERS: And individual care. We can just see the last entry here on this side:

"Weighed today in incubator without CPAP and current weight 717 grams."

So 84 grams lost?

WILLIAMS: Yes.

MYERS: As you said and as people may know, one expects a baby to lose some weight in the period soon after birth. In a baby whose starting point is 800 grams going down to 717 is of itself not good, is it?

WILLIAMS: It's expected to lose weight.

MYERS: But was there a -- it's expected to, but relative to the size of the baby in the first place it's quite a significant reduction, isn't it?

WILLIAMS: I think it all has to be taken into the context of different scales used when the baby was born. Obviously I've removed all the -- obviously CPAP but the baby would have lines, it had a long line, so...

MYERS: But there's a clinical balance here between -- you see, the desire to get feeds going in as against the situation with the aspirates, isn't there?

WILLIAMS: Yes. But that's why it's so important to have TPN and lipids for nutrition.

MYERS: Yes. I'm just going to ask you, if you look across to the right-hand side, and it's the last part of the note. If we can just enlarge the top right.

You have put -- just the last couple of lines on the top note:

"Remains stable on Optiflow. BP stable."

Is that blood pressure?

WILLIAMS: Yes.

MYERS: "Aspirates reduced this evening [question] commence enteral feed tonight."

Is that right?

WILLIAMS: "Query query."

MYERS: As in do we, should we --

WILLIAMS: Yes. That's on the radar. That would be the -- that's ideally the plan to commence feeds.

MYERS: And that depends, in your view, on the notes you're putting there, as to the situation, amongst other things, with the aspirate?

WILLIAMS: Yes. It's:

"[Query query] commence enteral feeds tonight depending on [Baby C]'s condition and medical" --

MR MYERS: All right. Thank you, Mrs Williams. That's what I wanted to ask.

Re-examination by MR ASTBURY

MR ASTBURY: My Lord, just one matter.

You were asked about taking [Baby C] off CPAP. Would you ever take a baby needing CPAP off CPAP simply because they were fractious?

WILLIAMS: No, not if they needed it.

ASTBURY: Would you take into account other features?

WILLIAMS: On the clinical picture of the baby.

ASTBURY: You mentioned, I think, to my learned friend one of them would be the various test results.

WILLIAMS: Yes.

ASTBURY: Presumably that it was safe to do so?

WILLIAMS: Blood gases.

ASTBURY: Yes. Would, for example, the fact that a baby had been handled without any deterioration for 2 hours be a factor in that decision?

WILLIAMS: The decision to take off...?

ASTBURY: To go from CPAP to Optiflow.

WILLIAMS: Well, obviously it supported the rationale for trying Optiflow because he'd managed so well for 2 hours off CPAP.

ASTBURY: Of course, apart from a little bit of oxygen, without any support?

WILLIAMS: A little bit of facial O2.

MR ASTBURY: Thank you, I have nothing further. Does my Lord have any questions?

MR JUSTICE GOSS: I don't, thank you very much. That completes your evidence at this stage. As you know, you'll be coming back later during the trial. But thank you very much for your evidence thus far.

Please do not talk to anyone about this case and, in particular, nothing about your evidence, the questions you've been asked and the answers that you've given. Only talk about it if you wish to when it's all over, the case. Thank you very much indeed.

If you just remain where you are, we'll actually take our break now. It's, give or take 10 minutes, not a bad time. It's a little bit early. We'll have a 15-minute break now because then we'll have a 1.5-hour session after that before lunch because we have to break off anyway.

So this is a longer break. Could you be ready, please, to come back into court for 11.30? Thank you very much indeed.

(In the absence of the jury)

MR JUSTICE GOSS: Mrs Williams, the court will empty now, I will leave the bench, and you'll be told when you can be brought out. Thank you very much.

(11.13 am)

(A short break)

(11.30 am)

MR JUSTICE GOSS: I have granted the application for this witness to have the special measure that is requested.

MR ASTBURY: Thank you.

(In the presence of the jury)

MR JUSTICE GOSS: Another witness with screens. Forget about the screens.

MS SOPHIE ELLIS (affirmed)

Examination-in-chief by MR ASTBURY

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

ELLIS: Yes, Sophie Ellis.

ASTBURY: Thank you. And your profession, please?

ELLIS: Transport nurse.

ASTBURY: I want to ask you some questions, please, Nurse Ellis, about events back in June 2015.

ELLIS: Yes.

ASTBURY: Before I do so, can I ask when you qualified as a nurse, please?

ELLIS: I qualified in September 2014.

ASTBURY: Thank you. We know that you were employed in June of 2015 at the Countess of Chester Hospital.

ELLIS: Yes.

ASTBURY: And what level nurse would you have been at that stage in your career?

ELLIS: I was a band 5 paediatric nurse.

ASTBURY: Thank you. Casting your mind back, please, to June 2015, do you recall a baby by the name of [Baby C]?

ELLIS: Yes.

ASTBURY: When did you, can you remember, first come across [Baby C] at the neonatal unit?

ELLIS: So from reading through my statement earlier today, I went through to his delivery, just to observe, purely from a learning point of view.

ASTBURY: So we know he was born on the afternoon of 10 June 2015.

ELLIS: Mm-hm.

ASTBURY: What role, if any, did you play during the course of his delivery?

ELLIS: Purely just observational, from memory.

ASTBURY: And what, from having been present at his delivery, did you know about him generally at that time at the unit?

ELLIS: I've got no recollection from the delivery.

ASTBURY: All right. I'm going to ask you in a moment specifically about your shift, your night shift, on 13 June into 14 June. Before I do, between his delivery and that night shift, did you have any interaction with [Baby C] on the unit then?

ELLIS: Not from memory, no.

ASTBURY: Let's move, then, please, to the evening of 13 June. Do you remember the shift you were on?

ELLIS: Yes, from my notes, yes.

ASTBURY: What time was that?

ELLIS: It started at 7.30 pm.

ASTBURY: When would you finish?

ELLIS: 8 am the following morning.

ASTBURY: We've heard that there would be, at the start of the shift, a handover process?

ELLIS: Yes.

ASTBURY: Where there would be a grouping together of the staff coming on duty and then a bespoke handover at the cot side of the individual baby for whom each nurse was allocated. Do you recall that?

ELLIS: Yes.

ASTBURY: We'll go to a document in a moment, but do you remember who you were allocated that particular evening?

ELLIS: I was allocated to look after [Baby C].

ASTBURY: And where was [Baby C]?

ELLIS: In nursery 1.

ASTBURY: Do you recall whether there were any other babies in nursery 1?

ELLIS: There was, but I couldn't remember who.

ASTBURY: Okay. Were you looking after [Baby C] on your own?

ELLIS: I was, but because I was junior at that time, I was being supported by one of the band 6s.

ASTBURY: And who was that?

ELLIS: Mel Taylor.

ASTBURY: Could we go, please, to the sequence of events chart. If we begin, please, at tile 134.

We don't need to go behind it, we've interrogated swipe data, Nurse Ellis, and we can see that you actually arrived on the unit at 7.24 that evening.

ELLIS: Mm-hm.

ASTBURY: Does that sound about right?

ELLIS: Yes.

ASTBURY: Good. Then if we go on, please, to tile 138. If we can click behind the tile, we have a record of the nursing shift handover. If we scroll down, we can see there a list of the staff. Consultants on duty at the top, Mr Gibbs. Further down, the registrar and the night SHO. The shift leader, and next designated nurse, that's of course in relation to [Baby C], we can see your name, Sophie Ellis, and the name of the two registered nursing staff on duty that night, Lucy Letby and Melanie Taylor, who you have just mentioned to us.

If we scroll down we can see the nursery nurses on nights. And we can see there the respective allocations of the other nurses

on duty and the nursery nurses. So the various babies in the unit at that time. Whether that jogs your memory or not, that is the agreed position.

Now, when you came on duty do you recall whereabouts [Baby C] was in the nursery?

ELLIS: Yes. He was directly in front of the entrance, or one of the entrances, into nursery 1. I don't know what bed space it was.

ASTBURY: Do you remember which of the two entrances it was?

ELLIS: It was the one closest to the nurses' station.

ASTBURY: You're indicating to the left.

ELLIS: Yes.

ASTBURY: So as you look at nursery 1, don't worry, we've seen there are two doors by way of entrance. You say he was opposite the door on the left?

ELLIS: Yes.

ASTBURY: That's your recollection? All right.

One of the things you would have acquainted yourself with when you came on duty was [Baby C]'s ventilation. Can you recall his ventilation at that stage?

ELLIS: He was on Optiflow.

ASTBURY: Okay. Optiflow, please, in comparison to CPAP, can you assist us with that?

ELLIS: It's slightly -- it's maybe a down step from CPAP.

ASTBURY: We've heard the word less invasive. Would that be --

ELLIS: Yes.

ASTBURY: -- an accurate way to describe it? All right.

Were you aware when he'd gone from CPAP to Optiflow?

ELLIS: From memory, I think it was the shift before I took over his care.

ASTBURY: That being the day shift of the 13th?

ELLIS: Yes.

ASTBURY: Okay. Was there any conversation when you came on duty about [Baby C]'s feeds and any change in his feeding regime?

ELLIS: From memory, I can't remember an exact conversation, but I do know it was a topic that was being discussed at some stage.

ASTBURY: Without remembering the exact words, it's not a memory test, but what was the tenor of what was intended, can you remember?

ELLIS: To hopefully start some feeds, some trophic feeds.

ASTBURY: And in a baby of that age and that prematurity, can that be interpreted in any way as a sign of progress or otherwise?

ELLIS: Yes.

ASTBURY: How?

ELLIS: It can be a good indication that they're well enough to start tolerating and introducing some feeds.

ASTBURY: Right.

MR JUSTICE GOSS: I think we're going over ground that's been established that doesn't need to be gone over again. It's in evidence. It's agreed. It's not being challenged. So just deal with new topics.

MR ASTBURY: It was just in the context of what the witness knew when she came on duty, I apologise. We'll go straight to her notes, which are at 139 in the presentation, please.

Now, we can go behind that, please. And hopefully we will see your nursing notes for the start of the shift, written in retrospect.

ELLIS: Mm-hm.

ASTBURY: I think at the end of the shift, but what you recorded for the start of the shift.

Can we go behind that, please, Mr Murphy? If we can enlarge in the usual way. It's not very clear, but we'll enlarge it so we can see it.

(Pause)

You recognise that as your note. I know there's no signature, but if we look across the top:

"Created 14 June, 08.46."

And your initials, SE, alongside.

ELLIS: Yes.

ASTBURY: So this note reflects the situation, certainly at the start when you took over?

"Cares taken over at 20.00."

ELLIS: Yes.

ASTBURY: "Safety checks completed and fluid requirements calculated."

You record that [Baby C] is being nursed on Optiflow, 6 litres in 25% O2.

ELLIS: Yes.

ASTBURY: "Observations satisfactory."

You then -- are these the observation you're talking about when you have HR150 to 157?

ELLIS: Yes.

ASTBURY: Is that what you're talking about?

ELLIS: Yes.

ASTBURY: So you repeat the observations that are satisfactory. Is that respiratory rate, 58 to 73?

ELLIS: Yes.

ASTBURY: In brackets, "Elevated at times"?

ELLIS: Yes.

ASTBURY: "... as previously been for past few days and temperature 37 to 37.1."

ELLIS: Yes.

ASTBURY: That's his temperature, his body temperature?

ELLIS: Yes, it is.

ASTBURY: If you can explain the next little bit:

"In inc, set at 32.5 with humidity of 75."

Can you just explain that briefly to us, please?

ELLIS: The incubator temperature was set at 32.5 degrees with the humidity of 75%.

ASTBURY: Thank you. The purpose of setting the incubator at 32.5 is?

ELLIS: It would just depend on what [Baby C]'s temperature was.

We would alter the temperature of the incubator based on the temperature of the baby.

ASTBURY: Okay. He's described as:

"Pink and well perfused. Active and alert."

ELLIS: Yes.

ASTBURY: "On 150ml per kg per day on day 4 due to birth weight of below a kilogram."

ELLIS: Yes.

ASTBURY: "Hourly amount on 5ml."

That says:

"0.5ml lipids and 4.5ml TPN. Infusing via long line."

ELLIS: Yes.

ASTBURY: So hourly amount on 5ml. Obviously they add up to 5 ml. Is that the combination of what he would be receiving each hour?

ELLIS: Yes.

ASTBURY: "Site satisfactory."

Site of what, please?

ELLIS: The long line.

ASTBURY: "To repeat gas", is that?

ELLIS: Yes.

ASTBURY: "... at 02.00 hours on 14 June"?

ELLIS: Yes.

ASTBURY: It says:

"Myself [that's you] asked Registrar Katherine Davis to start trophic feeds and she agreed."

ELLIS: Yes.

ASTBURY: "Started on 0.5ml, two-hourly."

That's 0.5ml of?

ELLIS: Expressed breast milk.

ASTBURY: Thank you. It says the first feed of 0.5ml was given at 23.00; yes?

ELLIS: Yes.

ASTBURY: "At around 23.15 [Baby C] had an apnoeic episode with prolonged brady and desat."

Could you explain that to us, please?

ELLIS: Yes. So I don't know whether this is in my notes, but the first desaturation that he had, I wasn't in the room, so I'd left the room and I heard that he'd had a desaturation because his monitor went off. So I re-entered the room.

ASTBURY: This is at 11.15?

ELLIS: Possibly.

ASTBURY: Okay. I'm going to come back to 11.15 in a minute because there's a couple of things I'd like just to ask you about before that stage. If we leave that note now, please, and we'll come back to it in a moment.

If we go, please, to 169, but don't go behind the tile straightaway, please.

I want to fast forward to 11 o'clock. Can you just tell us, please, what you can remember of the shift from that first period when you came on? You checked the observations, you did all your equipment checks. Do you remember what time, for

example, you had the conversation with Dr Davis about the trophic feeds?

ELLIS: I don't remember the exact time, whether it was maybe shortly before 11 o'clock. I can't remember the exact time, but from my statement, I gave him 0.5ml of EBM at 11 o'clock.

ASTBURY: Okay. Anything you can recall between coming on duty at 8 o'clock and that incident around 11 that you've started to describe in your notes?

ELLIS: Before 11 o'clock?

ASTBURY: Yes, so the period between 8 and 11 o'clock. Does anything stand out during the course of your care for [Baby C] over that period?

ELLIS: There was nothing particularly striking. He was doing well, he'd just come off his CPAP on to high flow. He was a feisty little baby. But yeah, he was doing well.

ASTBURY: What do you mean by feisty?

ELLIS: He was just very active.

ASTBURY: Okay. Could we go next, please to, 182, Mr Murphy, rather than opening 169 at this stage?

If we can go behind that note, please.

If we can look at that in the original, please. It's the bottom left, please, that entry in the bottom left.

This is another retrospective note?

ELLIS: Yes.

ASTBURY: It says:

"Had two times fleeting bradys, self-correcting, not needing any intervention, shortly before prolonged brady and apnoea requiring resus."

I think you started to tell us about an incident when you were out of the room.

ELLIS: Yes.

ASTBURY: Is this the incident that you were talking about or is this something different?

ELLIS: That's the incident.

ASTBURY: I'm sorry to cut across you. I just wanted to make sure we got this in the right order.

So tell us then about that first incident involving the two fleeting bradycardias, is that --

ELLIS: Yes.

ASTBURY: -- which were ultimately self-correcting.

ELLIS: I'm not sure when the first one was, but I know one of those fleeting or one of those bradycardias and desaturations -- once I'd -- I'd given [Baby C] his 0.5ml of milk, I don't know the exact time frame after that, it wasn't immediately afterwards -- again, I'm not quite sure of the exact time frame. I left the room and then shortly after me leaving the room, the monitor alarmed so I re-entered the room, and Lucy had said, "He's just had a brady and a desat", or something along those lines --

MR JUSTICE GOSS: Can we take this a little bit slower?

ELLIS: Sorry.

MR ASTBURY: So you were out of the room. Do you remember where you had gone?

ELLIS: I had literally just gone to the nursing station, which was just round the corner.

ASTBURY: Okay. You heard the alarm go off you told us?

ELLIS: Yes.

ASTBURY: All right. Anything significant in the alarm? Did it tell you anything in itself?

ELLIS: As in what type of alarm it was?

ASTBURY: Mm.

ELLIS: I can't remember the exact type of alarm, whether it was you know a lower level or a higher level.

ASTBURY: You guessed my next question. What are the levels, there are two?

ELLIS: Yes. There's a more -- for your more, not as -- your more maybe minor desaturations it wouldn't be -- it would just be a

lower level alarm. And then when it's a more dramatic desaturation, then it would alarm more frequently.

ASTBURY: So there's two levels, one more urgent than the other?

ELLIS: Yes. It's like a yellow and a red alarm.

ASTBURY: Did you say yellow and red?

ELLIS: A yellow and a red alarm.

ASTBURY: So you heard the alarm, you went into the nursery?

ELLIS: Yes.

ASTBURY: What did you see when you went into the nursery?

ELLIS: So I'd seen Lucy standing by the incubator.

ASTBURY: Yes? Can you say how long you'd been out of the room?

ELLIS: No. It wasn't long, but no, I don't know the exact time.

ASTBURY: Are you able to say how long there was between you going out of the room and you hearing the alarm?

ELLIS: Again, no, but it wasn't very long. Again, I don't know the exact time.

ASTBURY: So you left, you weren't out for very long, and not very long after you hear the alarm?

ELLIS: Yes.

ASTBURY: And you go back in. Tell us what you see when you go back in.

ELLIS: When I went back in the room I saw Lucy standing at the incubator.

ASTBURY: Right. Whose incubator?

ELLIS: [Baby C]'s.

ASTBURY: Right. What, if anything, did she say or do?

ELLIS: She said, "He's just had a brady and a desaturation", and I can't remember what she was doing at that time.

ASTBURY: Okay. What happened after you'd gone in and you'd found what you found?

ELLIS: So after that, the brady and the desat resolved quite quickly, so I then stayed in the nursery, and opposite where [Baby C] was, there was a computer, and I was sat at that computer -- and again, I don't know the exact time frame between the first desaturation and brady to the one that led to the resus --

ASTBURY: Can we break that down again? I'm sorry.

ELLIS: Sorry.

ASTBURY: Did anyone have to do anything -- that first incident with [Baby C], did anyone have to intervene, did anything happen with [Baby C]?

ELLIS: When I came into the room, no. I don't know whether anything was done prior to me getting in the room.

ASTBURY: Okay.

MR JUSTICE GOSS: So you didn't do anything and you didn't see anything being done to [Baby C]?

ELLIS: No.

MR ASTBURY: Did it require any intervention was probably the real question?

ELLIS: From memory I can't remember.

ASTBURY: Okay. So you go to the computer that's in the room?

ELLIS: Yes.

ASTBURY: Whereabouts in the room is the computer?

ELLIS: It was just in front of the bed space where [Baby C] was.

ASTBURY: Are we still talking in the left-hand side of nursery 1?

ELLIS: Yes.

ASTBURY: Where was it positioned in relation to the nursery?

ELLIS: It was facing -- it was against a wall and it was facing the wall. And then [Baby C] was behind.

ASTBURY: Okay. So from where you were at the computer, do we take it if [Baby C]'s behind you couldn't see him at that point?

ELLIS: I wouldn't have been able to see him. I don't know how I was sat, whether I was sat on the side or with my back completely to him.

ASTBURY: You couldn't see his incubator with what you were doing?

ELLIS: Not all of the time that I was sat there, no.

ASTBURY: Do you remember what you were doing at the station, nurses' station?

ELLIS: No.

ASTBURY: Was anyone else in the nursery still with you when you went to the computer?

ELLIS: Lucy was in there. I don't know about anybody else.

ASTBURY: Okay. So what happened when you were sitting at the computer?

ELLIS: So when I was sat at the computer, he then had a further desaturation and bradycardia and an apnoea, which he didn't resolve, so that's when we had to intervene.

ASTBURY: You're at the computer, you're close by. What did you see when you turned round that time?

ELLIS: When I turned round I would have seen that he was having a bradycardia and a desaturation. And then I was asked -- again, this is just from looking at my notes, I don't remember this -- [Nurse B] had asked me to go and put out a crash call.

ASTBURY: We'll come to your notes in a minute, I'm just keen to know what you can remember first. So when you turn round that second time, did you see anyone else in the room?

ELLIS: Lucy was stood at the incubator.

ASTBURY: Okay. Can you remember which side of the incubator, how close she was to the incubator?

ELLIS: It was -- so it would have been, looking from the computer, it was on the right-hand side.

ASTBURY: Okay. You told us about having given [Baby C] that first feed.

ELLIS: Yes.

ASTBURY: At what time?

ELLIS: 11.

ASTBURY: Okay. When you'd given him that feed, had you -- we have heard how it happens. Had you aspirated the tube before you fed him?

ELLIS: Yes.

ASTBURY: What had you found?

ELLIS: Some very light-green bile.

ASTBURY: Anything else?

ELLIS: No.

ASTBURY: How long after that feed can you say was that first bradycardia when you were out of the room and came in?

ELLIS: It wasn't immediately, but I don't know the exact time.

ASTBURY: Okay. So tell us then, on the occasion of the second bradycardia, what you did? Did you leave the computer?

ELLIS: Yes.

ASTBURY: What did you do?

ELLIS: So [Nurse B] asked me to go and put out the crash call, which I did, so I left the nursery to do that.

ASTBURY: Where was [Nurse B]?

ELLIS: I don't know where she was in the room, but she was in the room at that point.

ASTBURY: Right. Are you able to say when she'd come into the room?

ELLIS: No.

ASTBURY: So [Nurse B] asked you to go and put out a crash call?

ELLIS: Yes.

ASTBURY: And we've heard that's really summoning help from medical staff?

ELLIS: Yes.

ASTBURY: So presumably you had to leave the room to do that?

ELLIS: Yes.

ASTBURY: Do you know how long you were gone?

ELLIS: No, but not long.

ASTBURY: And did you come back to the room?

ELLIS: Yes.

ASTBURY: What did you find when you came back to the room?

ELLIS: When I re-entered the room, [Nurse B] was going to prepare the drugs, so [Nurse B] asked me to take over chest compressions.

ASTBURY: So presumably, they'd already started while you'd been out of the room?

ELLIS: Yes, [Nurse B] had started those, yes.

ASTBURY: Had they started before you left the room? I should be clear.

ELLIS: I don't know.

ASTBURY: Right. Who else was at the cot side when you came back?

ELLIS: Lucy. I don't know who else.

ASTBURY: Do you remember what Lucy was doing?

ELLIS: No.

ASTBURY: So [Nurse B] asked you to take over the chest compressions?

ELLIS: Yes.

ASTBURY: Did you do so?

ELLIS: Yes.

ASTBURY: How long do you think you carried out those chest compressions?

ELLIS: I don't know.

ASTBURY: Did others arrive?

ELLIS: The medical team arrived shortly after putting the crash call out.

ASTBURY: And who did that -- who comprised the medical team?

ELLIS: It was the registrar, so Katherine Davis. I don't know who else from memory. And Dr Gibbs would have arrived at some point.

ASTBURY: Did he arrive the same time or later, can you remember?

ELLIS: I don't know.

ASTBURY: All right. What, if anything, did Dr Davis do?

ELLIS: Again, from looking at my statement, she took over the airway. I don't know who had the airway at that time before she arrived. But yes, she took over the airway.

ASTBURY: Did anyone try to contact [Baby C]'s parents?

ELLIS: Yes. Again, from looking at my statement, I think one of the nursery nurses, possibly, rang up to the postnatal ward just to inform mum of what was going on.

ASTBURY: Did you stay with the chest compressions during the course of the resuscitation that followed?

ELLIS: No. So when mum entered the room, I just got upset. It was the first time I'd ever been involved in that situation and it was just completely overwhelming, it was very sudden, very unexpected, so yeah, I did get a little bit upset. Lucy was stood opposite me and said, "Do you want me to take over", I said yes and I left the room and I didn't re-enter the room after that.

ASTBURY: What did you do after that?

ELLIS: I just took a minute, just to sort myself out, and went to look after some of the babies in nursery 2.

ASTBURY: All right.

If we go back, please, to tile 184. If we can look at the notes, please.

If we can look at the note that's halfway up, please, on the left-hand side, just to complete that note which I came away from.

We can see there, just going back to the chronology of events, we've got:

"First feed of 0.5ml given at 11.00."

ELLIS: Yes.

ASTBURY: "At around 23.15, [Baby C] had an apnoeic episode with prolonged brady and desat. Crash call for neonatal team put out by myself."

ELLIS: Yes.

ASTBURY: That doesn't mention the first of the desats that you have told us about.

ELLIS: No.

ASTBURY: That would have been, would it, on what you told us, between 11.00 and 11.15?

ELLIS: Yes.

ASTBURY: "Resuscitation commenced. Resus drugs given as charted; please see medical notes."

And then:

"Care handed over to SN Mel Taylor."

ELLIS: Yes.

ASTBURY: You told us that Mel was there for you if you needed her that particular night?

ELLIS: Yes.

ASTBURY: All right. So when you say "care handed over to Mel Taylor", what would that involve?

ELLIS: So she took over the care for [Baby C] at that time.

ASTBURY: Okay. I think you told us that you didn't play any further part in [Baby C]'s resuscitation?

ELLIS: No.

ASTBURY: During that period between 8 o'clock and 11 o'clock, I've asked you if you recalled anything significant during the course of that period on your shift, specifically anything that concerned you about [Baby C]'s condition. Was there anything?

ELLIS: No. Not from memory, no.

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

Cross-examination by MR MYERS

MR MYERS: Miss Ellis, I have some questions to ask you, if you bear with me.

By the time of the events that you're describing to us, how long had you been working at the Countess of Chester Hospital for?

ELLIS: About 6 months.

MYERS: In fact, you started there in January of 2015, didn't you?

ELLIS: Yes.

MYERS: So maybe a bit less, maybe nearer 4 months in fact. Yes. Was that your first job after qualification?

ELLIS: No, that was my second job.

MYERS: So how long had you been qualified for?

ELLIS: When I started at Chester, it would have been... Um... About 4/5 months.

MYERS: All right. And you were a band 5 nurse?

ELLIS: Yes.

MYERS: Were you what we have heard is called qualified in specialism or specialty?

ELLIS: Not at that time.

MYERS: So you weren't intensive care trained?

ELLIS: No.

MYERS: Had you ever looked after a baby as small as [Baby C] before?

ELLIS: No.

MYERS: He was probably the smallest you'd ever seen?

ELLIS: At that time, yes.

MYERS: We've heard a little bit about the allocation of staff to particular rooms. How was it that someone, I'm not being rude when I say this, as inexperienced as you and wasn't QIS was put into nursery 1 to look after a baby like [Baby C]?

ELLIS: [Baby C] was very stable and I was being supported by Mel.

MYERS: Being supported by Mel Taylor?

ELLIS: Yes. Well, all the nursing staff, but Mel, you know, I think was at the start of her shift because Mel was in that room as well from memory, she was there to support me.

MYERS: She's a band 6?

ELLIS: Yes.

MYERS: Was Mel being present in that room, so far as you could tell, an important part of you being designated to [Baby C]?

ELLIS: Yes, I would say so.

MYERS: Because ordinarily, and this isn't to be rude at all, a nurse at your level would not have been looking after a baby like [Baby C] one-to-one with no one else?

ELLIS: You were very, very well supported at Chester for nursing staff, so it's difficult to say, really.

MYERS: You wouldn't be on your own looking after [Baby C], would you?

ELLIS: Possibly not.

MYERS: No.

ELLIS: But he was very stable.

MYERS: Yes. If you are looking after a baby in the intensive care room, can you leave them on their own, can you just go off and leave them?

ELLIS: I didn't leave him, there was a nurse in there. He was never on his own from recollection.

MYERS: There was a nurse in there?

ELLIS: Yes, it might not have been me, but there was a nurse --

MYERS: You haven't told us about that yet. So can I ask you, which nurse is in there if you went out and left him?

ELLIS: When I left him Lucy was in there.

MYERS: Anyone else?

ELLIS: I don't know.

MYERS: Tell us about Mel Taylor; was she in there?

ELLIS: Yes, possibly.

MYERS: We'll come to Lucy in a moment. Mel Taylor was the nurse working in that room with you wasn't she?

ELLIS: Yes.

MYERS: Before you started looking after [Baby C], did you go through all of his notes?

ELLIS: I can't remember.

MYERS: You can't. You told us how well he was doing. Did you take a look to see whether he'd had any ongoing issues?

ELLIS: I can't remember.

MYERS: Did you follow through what had happened with the aspirates that he was producing?

ELLIS: Yes. I asked and double-checked with the doctors whether they were happy for me to feed him.

MYERS: Did you read back through any of the ups and downs in the course of his history or can you not remember that?

ELLIS: I can't remember. The things like that would have been covered on handover.

MYERS: On handover.

Just so I can be quite clear, you have described two particular incidents after the feeding. The first one you say you fed him, you left the nursery, this is what you say, the alarm went off,

and you came back to find Lucy was there who said, "He's had a brady and a desaturation"?

ELLIS: Yes.

MYERS: Are you clear that's what she said?

ELLIS: From my statement, yes.

MYERS: Your statement's dated 18 January 2018, isn't it?

ELLIS: Yes.

MYERS: That's a statement you made after the police had had a witness interview with you; is that correct?

ELLIS: Yes.

MYERS: And it's in that statement that you talk about Lucy Letby being there when you came back, isn't it?

ELLIS: Yes.

MYERS: There's certainly nothing in the notes that indicates Lucy was present at any time, is there, at any time that you're describing now?

ELLIS: No, not from my medical notes.

MYERS: That's a detail, just to be clear, you gave to the police about 3 years later, isn't it?

ELLIS: Yes.

MYERS: At a time there was an investigation going on; yes?

ELLIS: Yes.

MYERS: And at a time that you knew Lucy Letby was being named; yes?

ELLIS: Yes.

MYERS: Yes. Let's carry on.

So the first incident is that. As it happens, the notes, we'll look at them in a minute, but we might be able to remember, they say the first incident was two fleeting bradys.

ELLIS: Yes.

MYERS: It might be a small thing but you said Lucy said, "He's had a brady and a desaturation".

ELLIS: Yes.

MYERS: How do you come to say two fleeting bradys if she said a brady?

ELLIS: He might have had one prior to that event possibly but again I can't remember.

MYERS: Can't remember?

ELLIS: Preterm babies are prone to having --

MYERS: Pardon?

ELLIS: Preterm babies can have bradycardias and desaturations.

MYERS: Then there's a second event some minutes later, you say, after you got back. I am just going through what you say at the moment, Miss Ellis.

And you say you're sitting at your computer and Lucy was there and there was a more serious desaturation and brady?

ELLIS: Yes.

MYERS: And where was Mel Taylor during all of that part of it?

ELLIS: I don't know.

MYERS: Can you help us with whether she was there?

ELLIS: I don't know whether she was there or not.

MYERS: Mm. One thing, do you agree, that you would not have done is to leave [Baby C] alone in intensive care at any time?

ELLIS: He wasn't on his own, he was with a more experienced nurse than me in the room.

MYERS: At the time that there was any collapse with [Baby C] I'm going to suggest to you that Mel Taylor was present. Do you agree or disagree?

ELLIS: I don't know.

MYERS: The first incident, as you describe it to us, doesn't involve Lucy Letby being there at all, does it, Miss Ellis? I am disagreeing with you if it is not clear.

ELLIS: Which episode is that, sorry?

MYERS: The one where you say there were two bradys and they were self-correcting.

ELLIS: Yes. So one of them -- I mention that he'd had two prior to the serious episode. I don't know where Lucy was in the first one. I don't know.

MYERS: Hang on, can you repeat that, please?

ELLIS: So prior to the significant apnoea where [Baby C] deteriorated, so there was -- I'd said in my notes that he had two prior to that episode. One of them Lucy was in the room. The first one I don't know where -- when that was.

MYERS: So are you saying the first one she was there, the second one she wasn't of those?

ELLIS: So she was there for the one prior to the serious one.

MYERS: That's what I thought you'd said and I'm making it clear to you, I'm suggesting to you she wasn't there at all at that point. You say she was.

ELLIS: She if was there -- when I re-entered the room, she was there, and then he picked himself back up. And then when I was in the room, when he deteriorated, the serious deterioration, she was possibly also there. But I don't know about the other episode that --

MYERS: Can we look at 1950, your notes there. Look at the first one, the large one. Down towards the last few lines, "First feed". Page 1950. It starts with:

"First feed at 0.5ml given at 23.00. At around 23.15 [Baby C] had an apnoeic episode with prolonged bradycardia and desaturation."

And it goes into the crash call; yes?

ELLIS: Yes.

MYERS: That's what you wrote then. Certainly at that point no reference to anything earlier, was there?

ELLIS: No.

MYERS: No. You write about what you're saying is the earlier incident, two bradys. We can see that at the bottom can't we --

ELLIS: Yes.

MYERS: -- 07.38?

ELLIS: Yes.

MYERS: And you've put that extra detail in; yes?

ELLIS: Yes.

MYERS: Out of interest, just so I can ask you, is, there any reason -- well, first of all, do you agree, the first note reads like one continuous chain of events? Do you agree?

ELLIS: Yes.

MYERS: It does look like it says there was a feed, then 15 minutes later an apnoeic episode and prolonged brady and desaturation; yes?

ELLIS: Yes.

MYERS: Now, you did that note at 8.46 that morning, so quite a few hours after this happened.

ELLIS: Yes.

MYERS: So why didn't you include the second event that you're telling -- sorry, the first event there?

ELLIS: Because I would have forgotten to write it. I'd written that at the end of a night shift and it was a traumatic shift so I wouldn't have remembered every single detail, so when I was next in, I added that in.

MYERS: And that's a couple of days later that appeared. Yes? And nothing there suggests that Lucy Letby was involved at any point in that or present, does it?

ELLIS: Not in those notes it doesn't, no.

MYERS: On the second incident, I'm going to suggest to you that, Miss Ellis, Lucy Letby wasn't there at the start of that incident. You say she was.

ELLIS: Mm-hm.

MYERS: Let me suggest to you what did happen. You can agree or disagree as you like. That second incident, I'm going to suggest

that Mel Taylor was in the room, the time when there was the collapse ultimately.

ELLIS: Was this the final collapse?

MYERS: Yes, you described two incidents.

ELLIS: Yes.

MYERS: This is the second one, which leads to the collapse.

MR JUSTICE GOSS: I think you have made it clear that it's not -- your case is that Ms Letby wasn't in the (overspeaking) --

MR MYERS: Not at that start of this --

MR JUSTICE GOSS: Not in relation (overspeaking) earlier one?

MR MYERS: Not present at the first and not present at the start of the second, whatever has happened.

MR JUSTICE GOSS: That's as I understood it, anyway.

Do you understand that?

ELLIS: Yes.

MR MYERS: On the second one, Mel Taylor was present; is that correct?

ELLIS: I don't know.

MYERS: You were there with Mel Taylor when it happened, isn't that what happened?

ELLIS: I was in the room. I don't know whether Mel Taylor was there or not.

MYERS: Mel Taylor went to assist [Baby C], do you remember that?

ELLIS: No.

MYERS: Do you remember helping Mel Taylor assisting [Baby C]?

ELLIS: No.

MYERS: Do you remember [Nurse B] coming in and joining you whilst that was happening?

ELLIS: I remember [Nurse B] being in there and asking me to put out a crash call.

MYERS: Well, you may -- I'm going to suggest to you that Lucy Letby came in some time after you and Mel were dealing with [Baby C], maybe just after [Nurse B].

ELLIS: I don't agree with that.

MYERS: You don't agree with that, do you?

However it has come about, Miss Ellis, you have placed her there when you came to speak to the police, several years later, at a time when she wasn't there at the time?

ELLIS: I don't agree with that.

MYERS: You disagree.

Just this after that: [Nurse B], during the resuscitation, was involved in what was taking place in [Baby C]'s care, wasn't she?

ELLIS: Yes.

MYERS: And she was involved in the resuscitation, wasn't she?

ELLIS: Yes.

MYERS: And even though she was doing that, she was able to take time to suggest to you that you leave the room; is that correct?

ELLIS: She asked me to put out the crash call, yes.

MYERS: She asked you to make the crash call?

ELLIS: Yes.

MYERS: Are you sure it wasn't Lucy Letby at any point who asked you to make the crash call?

ELLIS: I'm sure -- in my notes, in my statement it said it was [Nurse B].

MYERS: When you say "in my statement", you mean the statement to the police 3 years later?

ELLIS: Yes.

MYERS: I'm talking about the resuscitation now. During the resuscitation [Nurse B] suggested that you, is that correct, leave the room?

ELLIS: She asked me to put a crash call out and then I re-entered after I'd put it out.

MYERS: Yes. Did she not say that you seemed to be getting upset and you should leave the room at any point?

ELLIS: No, that wasn't [Nurse B] that said that, from memory.

MYERS: From memory.

ELLIS: I noticed that myself. And Lucy was stood opposite me. She also noticed that and she asked to take over chest compressions and that's when I left the room.

MR MYERS: Thank you, Miss Ellis.

Re-examination by MR ASTBURY

MR ASTBURY: Just one matter in re-examination, please.

Nurse Ellis, you were asked about whether you'd acquainted yourself with previous notes. Could I ask Mr Murphy, please, to take us to J2010. It appears a number of times in the sequence of events chart. If we could concentrate on the right-hand side of the document, please. You recognise this document?

ELLIS: Yes.

ASTBURY: If you look to the bottom right we have a series of initials. Do you recognise the initials?

ELLIS: Yes.

ASTBURY: Are they your entries?

ELLIS: The ones at the bottom from 8 o'clock?

ASTBURY: Yes.

ELLIS: Yes.

ASTBURY: I think it says "SE".

ELLIS: Yes.

ASTBURY: Okay. Thank you. At 10 o'clock we can see an aspiration of 0.5ml of dark bile?

ELLIS: Mm-hm.

ASTBURY: And as you indicated before, we can see at 11 o'clock, 0.5ml of green bile?

ELLIS: Yes.

ASTBURY: That document is a cumulative document, if I can put it that way, so in accessing that document and making those entries you would have certainly been able, would you, to read all the entries that preceded for that 24 hours?

ELLIS: Yes. From the previous shift?

ASTBURY: Yes. And would you have done that?

ELLIS: Possibly.

MR ASTBURY: Thank you. I have nothing further. Does my Lord have any questions?

MR JUSTICE GOSS: No, thank you. I was trying to get a page up. Thank you very much. I have no further questions.

Is this witness going to be required again? I haven't checked the list.

MR ASTBURY: Yes.

MR JUSTICE GOSS: So that completes your evidence for today, but you will have to come back later on in the trial. All right? Could you please not talk to anyone about this case, any of the evidence that you've given, any questions you've been asked?

ELLIS: Yes.

MR JUSTICE GOSS: Don't talk to anyone about anything to do with this case until it's all over, which is a long time away.

ELLIS: No problem.

MR JUSTICE GOSS: Thank you very much. If you just stay there, I'll ask other people to leave the court and then you can leave the courtroom. All right? Thank you.

Just a few minutes, please, members of the jury.

(In the absence of the jury)

MR JUSTICE GOSS: Will we be ready to proceed in a few minutes?

MR ASTBURY: Yes, the next witness has the same arrangements.

MR JUSTICE GOSS: The only people left in the lawyers are the case. There's no one else in the courtroom. Someone will come and escort you out of the courtroom. I'll leave the courtroom as well so you can go out.

(12.22 pm)

(A short break)

(12.27 pm)

(In the presence of the jury)

MR JUSTICE GOSS: Mr Driver, the witness has already taken the oath.

Do you understand, you're still subject to the oath you took?

Obviously you'll recognise this witness.

MISS MELANIE TAYLOR (recalled)

Examination-in-chief by MR DRIVER

MR DRIVER: Miss Taylor, I'm going to ask you some questions in relation to the baby [Baby C] today, as I'm sure you anticipate.

MR JUSTICE GOSS: I think we should just confirm, you are Melanie Taylor, for the benefit of the recording.

MR DRIVER: Of course, apologies.

MR JUSTICE GOSS: Known as Mel. We've heard you referred to as Mel.

TAYLOR: Yes.

MR DRIVER: Miss Taylor, you will recall that [Baby C] suffered a collapse late on 13 June 2015 whilst you were on duty within the unit, but before we focus upon those events, I'm going to ask you to consider some entries that you made in his notes on preceding days.

In that regard, please, Mr Murphy, could you please put up tile 23, which simply records, Miss Taylor, that there was a nursing handover for the care of [Baby C], approximately between 19.30 and 20.00 hours on 12 June 2015. Do you recall or, having seen

his notes, do you accept that that was a handover into your care at that point in time?

TAYLOR: I don't remember that far back. I know that I did look at the notes previously to giving my statement, but again that was quite a long time ago, so I don't remember.

DRIVER: I'm sure we all understand that and I'll take you to the notes and you will no doubt recognise your own initials and that might assist you.

So if we go to the next tile and then click on it and look behind it. I'm sorry, Mr Murphy, you misunderstood me. If we could go to tile 24, please -- my apologies -- and go to the underlying document.

If we go down to the initials section. Do you recognise your initials there?

TAYLOR: Yes.

DRIVER: Do they come in the fifth column after four YGs?

TAYLOR: Yes.

DRIVER: Does that help jog your memory that his care was transferred to you from your colleague, Yvonne Griffiths?

TAYLOR: Yes.

DRIVER: Does that make sense?

TAYLOR: Yes.

DRIVER: If we could look at this chart, please. Sorry, before we move on, we can see multiple entries which will confirm that you looked after him during that shift, which went approximately from 8 pm to 7/7.30 the next morning.

TAYLOR: Yes.

DRIVER: So if we look at the chart generally, we'll look at its component parts. If we look at your charting of his heart rate in that time period, so 20.00 hours to 07.00, so that bank of readings that you've noted. And generally speaking, using your nursing experience, how would you evaluate that data?

TAYLOR: The heart rate was stable and within normal limits for a baby of that gestational age.

DRIVER: Thank you. Could we scroll down and look at the next part, the respiration readings? Again, we can see -- I think Mr Murphy's going to help us and bring some times down to help us. Again, looking at the period when he was under your care from 20.00 hours to beyond 07.00, how would you describe those respiration data recordings?

TAYLOR: They look stable. There are sort of two entries that are very slightly elevated, but that wouldn't be out of the normal for a baby requiring -- I think he was on CPAP at the time, and it wouldn't be of any concern on its own like that.

DRIVER: Thank you. If we continue down the chart, please. Again, looking at those entries for which you were responsible, in the temperature section, how would you assess that collection of recordings?

TAYLOR: Again, stable and within normal limits, what we expect.

DRIVER: Thank you very much. The bottom section of the chart. With your assistance, if you could break it down into its component parts, please. Mr Murphy's brought down the time, the date and time, the frequency. The next row of entries, does it say "cooling infant"?

TAYLOR: That will be the temperature that the incubator was set at.

DRIVER: Again, pretty constant during your shift?

TAYLOR: Yes.

DRIVER: Humidity?

TAYLOR: Yes, that's the humidity that we put into the incubator because of his gestation, and it hasn't changed, we wouldn't change that.

DRIVER: Thank you. The next, "probe [ticks]"?

TAYLOR: The probe is where you just tick it to say that we've moved the saturation probe on to a different limb. So we've just ticked to say that's when we've moved it. And then below that is the cares, which is doing nappy cares, the mouth care, oral care, that kind of thing.

DRIVER: But pausing there, on cares, I think this is a word that we'll encounter again and again, is it a term of art that nurses use for looking after the baby?

TAYLOR: Yes. When we say cares, we generally mean changing the nappy, and it can sometimes include, depending on the baby, some sort of oral care as well, mouth care.

DRIVER: Thank you. "Position"?

TAYLOR: That's just what position he was laid in, whether it was on his back, on one of his sides or P stands for prone, which is on his tummy.

DRIVER: Thank you. The other entries towards the lower part of the page?

TAYLOR: So there are some bits on the side that say "Neoblu and eyes covered". I haven't documented that in any of my sections because that's the phototherapy and the eyes covered is the goggles which we put on when they're on phototherapy, but he'd already stopped that before my shift had started.

DRIVER: Thank you for that.

TAYLOR: The BP is the blood pressure. The mean is the mean blood pressure, which is generally what we look at when we look at a neonatal baby's blood pressure.

DRIVER: Thank you. That data, what does that inform you specifically in relation to [Baby C] at this point this time?

TAYLOR: That his blood pressure was stable.

DRIVER: Thank you very much.

Could we come out of this page then, please, Mr Murphy, and go to tile 40 very briefly.

Go behind this tile for a moment. There's a missing piece of data. I wonder whether you can help us. I wonder if we could click on to the underlying exhibit, please.

We'll come to the missing part shortly. It's just a gap in the data. But if we could focus on the left side of the page, please.

Do you recognise your initials in amongst those?

TAYLOR: Yes, it looks like the last four on the right-hand side are my initials.

DRIVER: Thank you. We get the corresponding times for those. It's the same date and the same times, they're just laid out a

bit differently on this form to the last. What is it that you are recording from about 20.00 hours to the end of that day?

TAYLOR: So this is looking at what kind of ventilation he's receiving, so you can see at the top he was on CPAP, and then a few rows down, a couple of rows down, is the PEEP, which is the peak (sic) end expenditure pressure. Then further down is the flow, which is the amount of air which is being given via the CPAP machine.

DRIVER: Thank you.

TAYLOR: Then the respiratory rate's been written again below that.

DRIVER: Yes.

TAYLOR: Then below that is the -- the SaO2 is how much oxygen we are administering via the CPAP and then below that is what his oxygen saturations are, which -- and below that is the humidifier, the CPAP is humidified, so that is the temperature of the humidifier.

DRIVER: I'm not going to ask you to go through each and every entry, but looking at them as a collection, what picture do they draw for you?

TAYLOR: I would say he's fairly stable, he was obviously needing CPAP, but his respiratory rate and his oxygen saturations were stable.

DRIVER: Thank you. I wonder whether we could look at the corresponding entries on the right side of the same document.

Here we have the fluid balance sheet, I believe.

TAYLOR: Yes.

DRIVER: And the time column is the first column on the left of our screen; is that right?

TAYLOR: Yes.

DRIVER: So we're interested in your entries from 20 to 24, from 8 pm to midnight, some of which are obscured, but they're your initials in the right column, aren't they?

TAYLOR: Yes.

DRIVER: And what do these entries inform you about the fluid balance sheet for [Baby C] in the final 4 hours of this date?

TAYLOR: So it's stating how much Babiven Start-up, which is a TPN, lipid and 10% dextrose are running through the UVC. That will be a set hourly rate that we would base on his weight. There's also his output there, which I can see is "dark bile" I've written and another vomit later on at 24.00 hours, which was a vomit of dark bile.

DRIVER: I'll come to the dark bile and the vomit in a moment. But leaving them aside, as for the other readings, what picture does that paint for you?

TAYLOR: That's just telling us how much fluids are going through per hour, so it looks like the UVC, there was no issues with the UVC, and they were running fine.

DRIVER: Thank you. Do you recall these events or is anything you can tell us wholly reliant on these notes?

TAYLOR: I don't remember that shift specifically, no.

DRIVER: Just looking at the data as best you can, and apologies for the page stamp of J2009 obscuring it, immediately below our numbering we can see, can we -- does it say "0.5ml dark bile?"

TAYLOR: Yes.

DRIVER: Thank you. Recorded at 21.00 hours alongside your initials?

TAYLOR: Yes.

DRIVER: In terms of quantity, is that a surprising amount in the circumstances?

TAYLOR: Um... It's... I wouldn't say it -- obviously, bile is always something that we want to be cautious of. We would make the doctors aware if we got some bile from an NGT. So that's what been aspirated from an NG tube. Amounts-wise, I mean, it's not a huge amount, but it is an amount of bile that we've -- that I've taken.

DRIVER: It certainly merited recording?

TAYLOR: Mm-hm.

DRIVER: So you did. I'm sure the jury are on to this now, but what is it about dark bile that rings the alarm bells and calls for noting and passing of information to doctors?

TAYLOR: So we would be worried about NEC in babies, so we're very cautious and we would do conservative treatment for NEC, which would be holding off feeds for a short time until that resolved.

DRIVER: Thank you. Moving down the page to the entry in the final hour of the day, where you have recorded the word "vomit" and if you could -- thank you, Mr Murphy -- help us with the lettering below "vomit".

TAYLOR: Mm-hm, yes. Dark bile again.

DRIVER: And dark bile again, yes, quite. This time no quantity recorded?

TAYLOR: No, because he's vomited, we can't measure that.

DRIVER: Understood. If we could then go, please, to page 2010.

We'll stay with this side of the page firstly to see... Thank you, Mr Murphy.

We can see your initials down our right column, predictably going to 07.00, so the back half of your shift. So just looking at the data to the left, as we look at it, does that record of the Babiven, the lipids and the 10% dextrose follow the same course as the previous page in terms?

TAYLOR: Yes, it looks like that was after my shift, however, that the dextrose stopped, but it's just that it's changed to a long line at this point.

DRIVER: Thank you. Looking to the right of the page, we can see there's an entry under the blood sugar column. It looks like 4.4 circled in the first hour of the day.

TAYLOR: Yes.

DRIVER: So is that -- it's under the output?

TAYLOR: Yes. That will be -- I will have taken a blood sugar, so that is the blood sugar level, which is normal.

DRIVER: So is that a test that you, the nurse, undertakes on equipment within room 1?

TAYLOR: It's usually us, yes. I mean, sometimes the doctors will do it, but it's usually a nurse. We have a machine called a blood glucose monitor, which we would take a little heel prick usually and test it via that -- or another alternative way to

measure it is via the gas machine if we're also taking a blood gas at the same time.

DRIVER: Thank you. It's done cot side, as it were, as opposed to going off to microbiology?

TAYLOR: Yes.

DRIVER: And the entries at 04 and 05? Let's do them in turn. At 04, NG under the column "NG aspirate/vomit", nil; yes?

TAYLOR: Yes.

DRIVER: Why have you recorded a nil reading?

TAYLOR: I will have actively gone to check if there's anything, so I will have aspirated the NG tube and got nothing back, and, yes, that's why I've recorded nil.

DRIVER: Thank you. Urine speaks for itself. An hour later, under the NG aspirate/vomit, 4.8ml/kg/hour.

TAYLOR: That is actually for the 4 o'clock reading, so the output I've measured, the output per kilogram per hour, so that's the 31ml, that's per hour per kilogram of his weight, how many mls he's passed.

DRIVER: Thank you. And should we then regard all that data together, effectively?

TAYLOR: Yes.

DRIVER: So you've aspirated the baby before he was fed?

TAYLOR: Yes. There's just not space, so I always tend to just write it underneath.

DRIVER: I'm sure we understand. Let's then look at the other side of this page for this same time period. So we're looking at the first 7 hours of the day. It's not perfect, at least not to my eyes, but we can still see [Baby C] is on CPAP; yes?

TAYLOR: Yes.

DRIVER: The digits below, do they indicate any significant change in the period of your shift?

TAYLOR: No.

DRIVER: The flow?

TAYLOR: No.

DRIVER: Mask or prongs? Any significance to the change at or around 3 am to 4 am?

TAYLOR: No. We would just do that routinely to change pressure areas to the nose so it's not sitting on the same pressure areas.

DRIVER: Understood. The total respirations measures?

TAYLOR: Again I'd say it stayed relatively stable. Slightly raised at 1, but a similar picture across the board.

DRIVER: Thank you. The lower data towards the bottom of the page?

TAYLOR: Is his oxygen, which has stayed sort of within reasonable limit and the oxygen saturations which have stayed within normal limits.

DRIVER: Thank you. So putting all that together for the period of your shift on the night going into the morning of 12 into 13 June 2015, what was the picture in relation to [Baby C], all things considered?

TAYLOR: He was a stable baby. He was obviously needing respiratory support but was stable on that. I think the major concern was some bile aspirates, but it's not unheard of in neonates and it's something we do encounter and we would act accordingly. It's not necessarily a major cause for concern.

DRIVER: Thank you.

Mr Murphy, could we go to tile number 41, please? If we could click on to Miss Taylor's notes. Let's go to the real thing at page J1945. The bottom right corner there. Thank you.

So "MT", you?

TAYLOR: Yes.

DRIVER: Records made at 03.13?

TAYLOR: Yes.

DRIVER: The middle of the shift. What does that inform the reader?

TAYLOR: So these -- this looks like our sort of -- we used to call them like our safety checks, so it's just documenting what

we've done within the shift. So it is just a tick, really, that you put to say you've done those. So it's just saying I've maintained the fluids, maintained the long line, maintained the IV infusion, and just looked at the care plan and revised that.

DRIVER: So it's a record of you having observed the protocols?

TAYLOR: Yes.

DRIVER: Let's look at all of the left side of that page then, please -- no, sorry, that's Yvonne Griffiths' note. Let's look at the bottom part of the left, which are your notes. Is this the narrative version of all that data that we've just looked at?

TAYLOR: Similar. The safety checks are already set in the computer so we can't necessarily change them. They are things that we put to each baby, what they need, whereas this is an evaluation of what's happened during the shift.

DRIVER: Thank you. On looking at the first paragraph, much of it is the data that we've already looked at, but if we just concentrate on the last two lines where having said, "Remains NBM", nil by mouth, you then give more of a report, as it were, as opposed to just numbers.

TAYLOR: Mm-hm.

DRIVER: You deem fit to report that:

"The tummy was soft, not distended, dark bile obtained from the OGT. Registrar Davies was aware. Continue nil by mouth and monitor."

Why, juxtaposed next to the "dark bile obtained from OGT" have you recorded "tummy soft, not distended"?

TAYLOR: So it goes back to the risk of NEC. It can potentially be a sign of NEC, so we would look out for other things that also correlate with a picture of NEC. So things like a distended abdomen, a hard abdomen, shiny, loopy. So if the tummy is soft and not distended and hard, then that's a good sign, that's what we would want.

DRIVER: Thank you. The notes made later on the shift at 05.27, is there anything in particular of note within that that you think the jury should consider?

TAYLOR: So the platelets were low, the doctors were aware.

DRIVER: Yes.

TAYLOR: I think the LP will have been done -- been due to a high CRP, but the baby has to be stable really -- well, not stable, you have to take considerations in and I think the fact that he was on CPAP, you would probably not want to jump into a baby on CPAP to do an LP because you have to curl them round and curl them quite tightly, which could, you know, affect their breathing.

I've said that the capillary blood gas overnight was satisfactory. Stayed the same. Yes, blood sugar's stable. So from what I've written, he's a stable baby.

DRIVER: Thank you. Tile number 46, please. And the page beneath.

So same shift. Towards the bottom of the page, I hope. Can we see any of your entries there?

TAYLOR: The one at 01.50 on 13/06.

DRIVER: Yes, it's about four up from the bottom.

TAYLOR: Mm-hm.

DRIVER: And the data you have recorded there in general terms, what does that inform the reader of?

TAYLOR: So the blood gas is stable. It stayed pretty similar to the previous ones. So you probably wouldn't make any changes respiratory wise at that point. You'd probably just continue what he was on, which was CPAP.

DRIVER: Thank you. Then if we go to tile 64, please. We won't go behind these tiles, but does this tile and the next tile record the medication that you were at least in part responsible for providing to this baby at this time? And then your shift ended and there was a handover at tile 69, please, Mr Murphy.

It records that at around that time, responsibility was transferred from you to your colleague, Joanne Williams.

Would that be a convenient moment?

MR JUSTICE GOSS: Yes, certainly. We're going to break off now. We're only sitting for a short period this afternoon. I don't know how much longer you're likely to be in chief.

MR DRIVER: Probably 15 minutes at most.

MR MYERS: Perhaps 30 to 35 minutes, my Lord.

MR JUSTICE GOSS: Do you remember I canvassed a slightly shorter lunch because we're going to finish no late than 2.45. Would you mind having just 45 minutes? Is that all right for everyone? We'll just have 45 minutes, start again at 1.45, and we will do 55 minutes or so then before we break off. Thank you very much. Please remember your obligations not to discuss the case or anything about it with anyone or conduct any research. Thank you.

You don't talk to anyone about it, thank you.

(1.01 pm)

(The short adjournment)

(1.43 pm)

(In the presence of the jury)

MR JUSTICE GOSS: Yes, Mr Driver.

MR DRIVER: Thank you.

Moving to a different shift now, and you can see from the screen we are at around 19.30 on Saturday, 13 June 2015. If we could just click behind that tile, please, Mr Murphy.

This presentation is derived from the information from the hospital and sets out who was on duty, in effect, that day. We can see that your name is there amongst the registered nursing staff, together with your named colleagues.

If we scroll down further, please, we see set out there the names and, in many cases, initials of babies who were on the unit at this time. I'm not expecting you to remember the name behind the initials, nor do we want it stated, but this informs us that you were the designated nurse for a baby whose initials are MRE. This is the shift during which [Baby C] had his fatal collapse. I'm sure you'll recall.

TAYLOR: Yes.

DRIVER: Do you recall that you were on duty in nursery room 1 --

TAYLOR: Yes.

DRIVER: -- on that night?

TAYLOR: Yes.

DRIVER: Together with Sophie Ellis?

TAYLOR: Yes.

DRIVER: Who was, we understand, junior to you in the sense that she was a band 5 nurse and you, you told us when you were last here, were at this point in time a band 6 nurse, although relatively newly promoted to that level; is that right?

TAYLOR: Yes.

DRIVER: At the time would you have been conscious of the fact that you were in nursery 1 with a junior colleague?

TAYLOR: No. Sophie was a very competent nurse and she was completely able to look after [Baby C]. I had no concerns because he had been stable. And I was there as support if she needed it, which -- you know, to call on if she needed any support. I had no concerns with her caring for him.

DRIVER: You just said that he had been stable. Was that a reference to your own observations on the earlier shift that we went through prior to lunch?

TAYLOR: Yes.

DRIVER: Do you happen to remember, in addition to [Baby C] and the baby whose initials are MRE, whether there were any other babies in nursery room 1 on this occasion or don't you recall?

TAYLOR: I don't recall.

DRIVER: Do you recall whether there were any other nurses stationed within nursery room 1 that night, designated to babies therein, other than you and Sophie or don't you recall?

TAYLOR: I don't recall.

DRIVER: Thank you. Do you have a direct memory of the circumstances of [Baby C]'s collapse?

TAYLOR: Yes, I do. There are obviously certain parts of it that I don't remember, but I also have a very clear memory of parts of it as well.

DRIVER: Where were you when you first became aware that there was a significant problem with baby [Baby C]?

TAYLOR: At the time of his -- when he started to deteriorate, I don't know where I was, whether I was in that nursery at the time or not.

DRIVER: Yes.

TAYLOR: But I do remember being next to the incubator and Lucy -- when I first approached the incubator, Lucy was already there. I don't know if anybody else was present at that time or not.

DRIVER: Right. What was it that first alerted you to the fact that there was or may have been a problem with [Baby C]?

TAYLOR: I don't remember at what point I realised he was starting to deteriorate. But I knew by the time I was at the incubator, next to him, we tried to do some ventilation breaths via the Neopuff and once that started, I knew that, you know, he was needing some...

DRIVER: Thank you. And if you could, please, as best you can, picture yourself at that incubator for the first time on being alerted to a problem. Who, if anyone else, was there?

TAYLOR: The only person I remember was Lucy Letby, but I think also Sophie was there as well.

DRIVER: What leads you to think that also Sophie was or might have been there?

TAYLOR: Because she was caring for her (sic) so I assume at some point, I don't know whether it was before me or after, she will have been there as well.

DRIVER: What's the first assistance or intervention that you recall yourself or either of your colleagues performing to address the problem?

TAYLOR: We tried, like I said, to give some ventilation breaths via the Neopuff. I can't remember who it was who was doing that. But I remember that. And struggling to get any chest movement while doing that.

DRIVER: So you can recall that the Neopuff, the bag as it's sometimes referred to, was applied?

TAYLOR: Yes.

DRIVER: And you do recall that it wasn't working as expected or desired?

TAYLOR: Yes.

DRIVER: What happened next?

TAYLOR: So Lucy suggested using a Guedel airway, which is a sort of plastic tube, if you are struggling with an airway, that you can pop into the mouth and into the throat. I never -- it was the first time I ever used one. I don't know whether I inserted it or Lucy, but I think it was Lucy.

DRIVER: Right. Does a Guedel device, does it provide the same effect as intubation?

TAYLOR: Not 100%, but it can just open the airway and make air entry easier.

DRIVER: Is it protocol that only doctors intubate but nurses are --

TAYLOR: Yes.

DRIVER: If the circumstances call for it, it's approved for nurses to use that device to open up the airways?

TAYLOR: Yes, we can use a Guedel airway. The only circumstance when a nurse can is (inaudible) is a nurse practitioner, which none of us were.

DRIVER: So the Guedel having been applied, did that achieve the aim?

TAYLOR: From recollection, I can't really 100% remember, but I think so.

DRIVER: You do think so?

TAYLOR: Yes. I think so, but I can't --

DRIVER: It opened the airways?

TAYLOR: I assume so because we did continue with it without -- I can't remember at what point, if it was immediately or...

DRIVER: Thank you. That's a Guedel to open the airways and then reapplication of the Neopuff?

TAYLOR: Yes.

DRIVER: What next?

TAYLOR: At some point -- well, we would have put a crash bleep out pretty quickly, which would alert the doctors to come to the unit.

DRIVER: Pausing there, so from your recollection, you were with nursing staff --

TAYLOR: Mm-hm.

DRIVER: -- around the incubator, but does it follow no doctors in the room at this point in time?

TAYLOR: No.

DRIVER: Hence the bleep?

TAYLOR: Yes. And in my statement I've written -- I don't remember this part, when they were started, but I've written that I think we, at some point, started chest compressions before the doctors were there as well.

DRIVER: Thank you for that. To continue with these events, who was the first doctor that you recall arriving at the scene?

TAYLOR: I think it was Dr Davis.

DRIVER: That's Dr Katherine Davis?

TAYLOR: Yes.

DRIVER: Thank you. Was Katherine Davis an on-call registrar at that point in time?

TAYLOR: She was the registrar on, yes.

DRIVER: Thank you. And did Katherine Davis take over or did the nurses continue to take the lead at this point?

TAYLOR: She will have taken over to a certain degree, obviously if -- because he was requiring breaths and chest compressions, it would have been more than one person that would have to be doing that anyway. So she will have had to have intubated the baby. I'm not sure how quickly that was, but I think from my statement it was relatively quickly.

DRIVER: Thank you. The jury know from information they've already considered that these resuscitative attempts, this process, was rather prolonged in this case. It went on for a very long time. Does that accord with your memory?

TAYLOR: Yes.

DRIVER: Did you play your part in doing what you could at various parts of this long process?

TAYLOR: Yes. I didn't start chest compressions. Somebody else was. I can't recall who was. But I did take over and I was doing chest compressions until the end.

DRIVER: Thank you. And we know, tragically, that it was futile and you would have recorded some of these events later. We'll go to your records to assist, please.

If we go behind tile 189 -- well, to tile 189, forgive me. So written in retrospect at 7.20. Pausing there, we know that the initial collapse was approaching midnight and we also know that [Baby C]'s time of death was recorded at 05.58. So a couple of hours later you were writing your notes, looking backwards on the event.

If we could look at Miss Taylor's notes, please. That time of 07.50 next to your MT initials is the time of the making of the note, is that right, thereabouts?

TAYLOR: Yes.

DRIVER: It records the following:

"Call to help as baby had brady/desat."

Is that literally accurate that you were called to help or don't you recall?

TAYLOR: I don't recall.

DRIVER: So:

"When arrived [the baby] he was apnoeic, had loss of colour. Neopuff. Not able to bag."

Is that what you mentioned earlier, there was no chest movement?

TAYLOR: Yes.

DRIVER: Hence the Guedel airway inserted?

TAYLOR: Yes.

DRIVER: Which was, to a degree, successful because chest movement was then gained. You told us about the crash call:

"No heart rate heard."

Does it follow that that was being monitored at the time?

TAYLOR: Yes.

DRIVER: "Started chest compressions."

From your evidence that may have been you, may have been one of your nursing colleagues at this point:

"Sadly, no improvement. Continued. Dr Davis arrived, the consultant [Dr Gibbs] called."

It is recorded there was intermittent gasping from [Baby C]:

"Resuscitation was continued. Dr Davis intubated the baby. Positive capnograph for carbon dioxide obtained."

So there was some exhaling --

TAYLOR: Yes.

DRIVER: -- recorded?

"Bagged via ETT."

TAYLOR: Yes.

DRIVER: So he had been intubated and Neopuff was used through that route:

"Good chest movement and air entry. Continued chest compressions [either you or one of your colleagues]. Emergency drugs administered..."

And we will look at them later but I am sure the jury are becoming familiar that there is a set protocol for the introduction of adrenaline and other drugs to try and promote a response --

TAYLOR: Yes.

DRIVER: -- from a patient in dire trouble?

"Notes made. Parents informed. Dr Gibbs present throughout."

Do you remember Dr Gibbs' presence?

TAYLOR: Yes.

DRIVER: Dr Gibbs directing the events?

TAYLOR: Yes.

DRIVER: "Upon his arrival, intermittent gasping recorded. Parents [as we know already] wanted the baby to be baptised and chest compressions and Neopuffing continued until the baptism was completed."

Then in an addendum to that note you record other events that took place after the resuscitation was terminated: the parents stayed with [Baby C], took him to a quiet room. He was still breathing -- or gasping, as it's recorded -- there was still a pulse:

"It was the clinical opinion of Dr Davis that this was a brainstem response following resuscitation and baby [Baby C] was given morphine for comfort."

TAYLOR: Yes.

DRIVER: Other family were there and you record, and I'm sure the jury can read, the remainder of those events.

Tile 191, please, onwards. We don't need to go to them. But onwards, it records the history of the medicines given to the baby to try and promote the resuscitation. And I think finally, Miss Taylor, you assisted in escorting baby [Baby C] to the mortuary?

TAYLOR: Yes.

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

Cross-examination by MR MYERS

MR MYERS: Miss Taylor, to start with this -- one moment, please.

(Pause)

You were asked some questions about dark bile aspirates. Do you remember being asked about that?

TAYLOR: Yes.

MYERS: You concluded what you said about it by saying this -- and I've got a record of it here, talking about [Baby C]:

"He was a stable baby."

You say -- or said:

"He was obviously needing respiratory support but was stable on that. I think the major concern was some bile aspirates, but it's not unheard of in neonates and it's something we do encounter and we would act accordingly. It's not necessarily a major cause for concern."

Looking at that, you said:

"I think the major concern was some bile aspirates. It's not necessarily a major cause for concern."

Is it a concern or isn't it, Miss Taylor?

TAYLOR: It's not something that we would be initially very worried about, but it's something that we would take into consideration because of the potential of what could be, which it not necessarily is, but if a baby has NEC they can get very poorly, so we always act very, very cautiously when we find any bile. So it is a concern but I wasn't necessarily concerned that he was unstable, if that makes sense.

MYERS: On the aspirates, it's always a concern if a baby produces dark bile aspirates, isn't it?

TAYLOR: It would be. You would have to definitely acknowledge that and --

MYERS: Yes. So it's not right to say it isn't necessarily a major cause of concern, is it?

TAYLOR: Um, I think... You have to look at again the bigger picture and you have to consider what it could possibly be and that would be a concern if it was NEC, so we would always act on that and take that as an important consideration.

MYERS: When you're talking about NEC, one of the reasons that NEC is a concern -- is it, because -- well, it's always a concern, isn't it, with premature babies?

TAYLOR: Yes. But we do encounter it in premature babies and I think, like I said, we always have to make sure that we are aware of it and we act accordingly, but we wouldn't feed a baby -- it would be a concern if we were to continue feeding and continue -- we would have to act appropriately. But if baby is well and has bile aspirates and there's no other signs of NEC, we would treat conservatively and just monitor.

MYERS: There are other abdominal issues apart from NEC that could be a concern, aren't there?

TAYLOR: So you would look at whether a baby's abdomen is distended or shiny or hard.

MYERS: I mean there could be other problems behind dark bile aspirates than NEC couldn't there.

TAYLOR: Potentially, yes.

MYERS: Potentially, yes. And some of them might require a more immediate response than just waiting to see, mightn't they?

TAYLOR: I think that's probably something that a medical doctor would probably -- like I said, it would always be flagged up with the medical team, so if they felt it was something else, that's probably more in their realms. But we would always be cautious, yes.

MYERS: This had gone on, the dark bile aspirates for over 24 hours, hadn't it?

TAYLOR: Yes.

MYERS: There is no room for error with a little baby like [Baby C] is there?

TAYLOR: No. And he didn't receive any enteral feeds while he was still having the dark brown bile aspirates.

MYERS: There's no room for any complacency, is there, with a baby like this in intensive care?

TAYLOR: No, no.

MYERS: And nothing should be done that could increase the risk, should it?

TAYLOR: No.

MYERS: When you've got a baby as small as [Baby C] in his position, there are always inherent risks, aren't there?

TAYLOR: Yes.

MYERS: Sophie -- that's the aspirates.

Sophie Ellis was a relatively recently qualified band 5, wasn't she?

TAYLOR: Yes.

MYERS: She had no what's called QIS, no qualified in specialty training, had she?

TAYLOR: I believe not at the time.

MYERS: Which means she shouldn't really, certainly on her own, be looking after intensive care babies, should she?

TAYLOR: I think you do get -- you do have a foundation training in neonatal care and you would look after a baby on CPAP and it's also -- you know, new nurses have to gain experience as well. I was supervising her and she was completely competent to look after that baby.

MYERS: This could only really properly, safely, work if she was under the supervision of someone like you, couldn't it?

TAYLOR: Yes, she wouldn't have been left alone to care for that baby.

MYERS: And that would mean you being in the same nursery as her throughout the shift, wouldn't it?

TAYLOR: Yes.

MYERS: I think when you gave your evidence, and correct me if I'm wrong, you said you weren't sure if you did have a baby in nursery 1 or not.

TAYLOR: No, I did have a baby in nursery 1.

MYERS: You did, didn't you?

TAYLOR: Yes.

MYERS: And part of Sophie Ellis being there and able to be there was that the two of you would be in nursery 1. That's how that was going to work, wasn't it?

TAYLOR: Yes .

MYERS: And that was because, without you being there -- you being there meant there was someone else to be with her to give assistance if or when required?

TAYLOR: Yes.

MYERS: It was a very busy shift, wasn't it?

TAYLOR: Yes.

MYERS: I'm going to move straight to what you say about the collapse that happened. You've told us that you're not sure if you were there or not when it happened. That's what you have just said in your evidence.

TAYLOR: In the room.

MYERS: In the room. You say that when you first approached the incubator, Lucy Letby was already there.

TAYLOR: Yes.

MYERS: You don't remember if anyone else was present?

TAYLOR: No, I don't remember.

MYERS: You said the only person you remember was Lucy?

TAYLOR: Yes.

MYERS: You say you think Sophie was there too.

TAYLOR: Yes.

MYERS: You're less sure about that?

TAYLOR: Yes.

MYERS: In fact, you went on to say that you assumed she was there?

TAYLOR: Yes.

MYERS: And you say that it was Lucy who suggested you use a Guedel airway and that she inserted it?

TAYLOR: Yes.

MYERS: So it really is, from your account there, that Lucy was already there, you assist her, no one else present that you can remember, maybe Sophie?

TAYLOR: Yes.

MYERS: Right. Now, I'm going to suggest this to you, Miss Taylor, and you tell us what you say about this. That you were in the nursery when this collapse happened; do you agree with that or not?

TAYLOR: I honestly can't recall whether I was or not.

MYERS: That it was Sophie Ellis who called you to help her?

TAYLOR: It may have been her that called, I can't recall.

MYERS: You have just said -- you have told us that the only person you remember is Lucy Letby.

TAYLOR: Yes, that is the only person, but I can't recall who called me over.

MYERS: Okay. I'm going to suggest to you that after -- that Lucy Letby was not there at the start of this incident; do you agree or disagree?

TAYLOR: I disagree.

MYERS: Right. I suggest the only people at the start of this were you and Sophie Ellis; do you agree or disagree?

TAYLOR: I disagree.

MYERS: I suggest that when you began to attend to baby [Baby C], [Nurse B] came in; is that correct?

TAYLOR: I don't remember.

MYERS: And that probably some time around about then, or just after, Lucy Letby came in at that point. You'll disagree with that?

TAYLOR: Yes.

MYERS: Right.

You made a statement to the police, didn't you, in these proceedings in February 2018?

TAYLOR: Yes.

MYERS: And that was after the police had interviewed you; yes?

TAYLOR: Yes.

MYERS: I'm going to go over with you what you said about this with the police because I'm going to suggest to you that things have changed. You've read that statement before coming into court, haven't you?

TAYLOR: Yes.

MYERS: You told the police that when [Baby C] collapsed, you only mention one collapse, don't you, in that statement?

TAYLOR: Yes.

MYERS: "I'm pretty sure I was in nursery 1 already."

Yes? That's what you said to the police when they interviewed you, isn't it? In fact, perhaps could we put up the statements, page 962, so that Miss Taylor can see these. This is for the witness, his Lordship and the barristers, please, Mr Murphy. Again, that's not to be rude, ladies and gentlemen, but you understand.

So you'll be able to see this, it's page 962.

In fact, perhaps we could go to page 961 first, Mr Murphy, so we can be quite clear what's on the front of this statement.

You recognise this is a copy, a typed copy, of your witness statement, Miss Taylor?

TAYLOR: Yes.

MYERS: And it's got your name, your occupation. It says:

"This statement, consisting of four pages each signed by me, is true to the best of my knowledge and belief, and I make it knowing that if it is tendered in evidence I will be liable to prosecution if I wilfully stated in it anything which I know to be false or do not believe to be true."

I can't see it here, but this is a statement you will have read and signed and dated --

TAYLOR: Yes.

MYERS: -- after the interviews with the police? Let's go to the next page, 962. We can scroll down, please, so we can see the next paragraph, so Miss Taylor can, thank you very much.

The first thing it says is:

"When [Baby C] collapsed I am pretty sure I was in nursery 1 already. I think I was feeding another baby."

Yes?

TAYLOR: Yes.

MYERS: You told the jury, and you repeated it when I asked you, that you didn't know if you were there or not.

TAYLOR: Yes, and my memory has deteriorated since this statement.

MYERS: Right. So do you agree that you were in nursery 1 already when he deteriorated?

TAYLOR: I do now that I've read this again.

MYERS: You read this before coming into court, didn't you?

TAYLOR: I know. I don't remember every single detail. I've only just read it again this morning.

MYERS: You even give the detail in the statement you think you were feeding another baby; yes? Then you say:

"I remember being called over by Sophie at about 23.30."

That's what you said, isn't it?

TAYLOR: Yes.

MYERS: Now, I've asked you about it and you said the only person you really remember in there was Lucy Letby.

TAYLOR: Yes, but obviously at the time I remembered that Sophie was there as well.

MYERS: You don't just remember it, you remember being called over by Sophie.

TAYLOR: Yes.

MYERS: You don't mention Lucy Letby anywhere in here, do you? You can read the paragraph to yourself if you like before we read on.

(Pause)

You don't mention her anywhere do you?

TAYLOR: No, but she was there.

MYERS: You told the jury when you first approached the incubator Lucy Letby was already there. There's nothing about Lucy Letby at the incubator at all, is there?

TAYLOR: There isn't, no.

MYERS: You told the jury in your evidence:

"I don't remember if anyone else was present."

That's what you said at first:

"I don't remember if anyone else was present."

What you said to the police after saying you were in the nursery was:

"I remember being called over by Sophie at about 23.30."

TAYLOR: Yes. So at that time I did remember. And I have read this this morning. This is the first time I've seen it in a long time and I don't recall everything that I've written in this.

MYERS: These are quite important details, aren't they?

TAYLOR: They are.

MYERS: It's an incident that you will remember graphically, won't you, and what you have done in your evidence here is to say it was Lucy Letby who was there, who called you over, and what it says in the statement is that Sophie is there and that Sophie called you over?

TAYLOR: I didn't say that Lucy called me over. I remember Lucy was there. I haven't mentioned it in my witness statement, no, but also I likely wasn't asked whether Lucy was there. At the time I remembered Sophie calling me over, so I've mentioned that, but obviously now I didn't remember but now showing me that I do remember that Sophie called me over, because I've written it. But I can remember that Lucy was there.

MYERS: And this morning you told the jury you didn't remember if anyone else was present apart from Lucy.

TAYLOR: No, but now reading this, I obviously (overspeaking) --

MYERS: How on earth did you forget Sophie Ellis was there calling you over?

TAYLOR: In that moment, I obviously remembered this. It's years have passed since this has happened.

MYERS: You went on to say to the jury:

"The only person I remember was Lucy Letby."

TAYLOR: Yes.

MYERS: And yet the person who don't mention when you give this description of the collapse is Lucy Letby when you spoke to the police.

TAYLOR: True.

MYERS: True. You said to the jury:

"I think Sophie Ellis was there too."

TAYLOR: Yes.

MYERS: But you give quite particular details in your statement to the police about what Sophie Ellis did, didn't you like calling you over?

TAYLOR: Yes.

MYERS: And you go on to say:

"I attended his, cot using a Neopuff device to try and assist his breathing, but got no response or improvement. I could see there was no chest movement so the air was not getting through [Baby C]'s airway. As a result, we passed a Guedel airway."

TAYLOR: (Inaudible).

MYERS: The only person you mention by the time you say, "We passed a Guedel airway", is you and Sophie. That's who you're referring to when you talk to the police, isn't it?

TAYLOR: Yes.

MYERS: Yet you've said to the jury -- you have given an account of how Lucy Letby is meant to have inserted the airway, haven't you?

TAYLOR: Yes, I haven't changed my mind about who was there. Obviously I've written this and Sophie -- I've said that Sophie's called me over, which she obviously did because I said that at the time. I haven't mentioned Lucy but I'm telling you now, when I approached the incubator, I approached it from -- if you're looking at the incubator the left side and she was standing on the opposite side and she was the one who suggested putting in the Guedel airway.

MYERS: You told the jury -- this morning you said you think Lucy inserted it.

TAYLOR: Yes, I can't be 100% sure about that, but...

MYERS: You told the police that it's you and Sophie that inserted it.

TAYLOR: Then maybe I did, I can't remember who inserted it.

MYERS: You have put Lucy Letby right in the centre of this in your evidence to the jury in a way that you didn't do when you made your statement to the police, haven't you?

TAYLOR: Um... I don't really know what to say. I'm just saying what I remembered.

MYERS: Is that just a mistake?

TAYLOR: What's a mistake?

MYERS: That you just got confused. Is that the reason it's come about like this?

TAYLOR: No, not at all. I gave this statement a few years ago and I remember Sophie calling me over, but it's not a mistake because I remember being surprised how cool she was at the time and very calm --

MYERS: I repeat to you what I put to you on behalf of Ms Letby, Miss Taylor, that it was you and Sophie Ellis who were in the nursery. You're saying at the minute that Lucy Letby was there, aren't you?

TAYLOR: Yes.

MYERS: But when you spoke to the police in 2018, you told them it was you and Sophie that was there, didn't you?

TAYLOR: Yes, I haven't mentioned Lucy at all --

MYERS: No.

TAYLOR: -- but it's not that -- I haven't said she was not there either. And I remember Sophie calling me over -- in my witness statement and I've put that. You know, trying to talk when you're giving your witness statement is -- it's not straightforward, it's not easy, and I said, you know, at the time what I've thought needed to be said and I said that I was called over by Sophie. You know, maybe there wasn't follow-up questions to say, "Was Lucy there?" because it's not there because I just haven't mentioned her but I can tell you that I -- she was there.

MYERS: This statement came at the end of an interview process with the police didn't it? They spoke to you?

TAYLOR: Yes.

MYERS: They went away, in response to what you said in interview, and produced this statement, didn't they?

TAYLOR: Yes.

MYERS: Which you then had the time you wanted to read before you signed it?

TAYLOR: Yes.

MYERS: If you'd have wanted to say, "Ah, you've forgotten to put in what want to say about Lucy Letby", you could have done, couldn't you?

TAYLOR: But I didn't think -- you know, at the time I didn't think it was necessary to put that in. I don't -- I don't know what to tell you. What I've said there is true.

MYERS: This was an investigation into Lucy Letby, wasn't it?

TAYLOR: Yes.

MYERS: And you were interviewed with that in mind?

TAYLOR: Yes.

MYERS: So the police interview you in relation to Lucy Letby and you're telling the jury you just forgot to mention then what you said to them this morning?

TAYLOR: I can't tell you what my thought process was going through it. But I can tell you that I have told you what I know.

MR MYERS: I have no further questions, Miss Taylor.

MR DRIVER: I have no re-examination.

Does your Lordship have any questions for Miss Taylor?

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

MR DRIVER: I think that might be a good time to conclude the evidence.

MR JUSTICE GOSS: I think we're going to -- yes, because we're going to have to have another interruption in any event. It's a little bit earlier, but there we are.

This witness will be returning later in the trial?

MR DRIVER: I anticipate so.

MR JUSTICE GOSS: So that's it for today and at this stage, but the likelihood is that you will be coming back to give further evidence later in the trial. You must not talk to anyone about anything to do with this case, the evidence you've given or the questions you've been asked, all right? Please just remain there. Thank you very much.

Members of the jury, could you be ready, please, to take your seats at 10.30 on Monday morning? You, of course, are now having another weekend break. At any break it's essential that you abide by the rules and your responsibilities as jurors. So I'm saying it again, but I'm just saying it in order to emphasise to you. You may think it's tedious, it's certainly repetitious, but you'd be surprised how often -- not often, but how occasionally people, despite hearing this, don't follow the instructions. So it's important to have on the record that you've all been reminded of your responsibilities. I'm not suggesting you won't adhere to them, but it is vitally important. You'll appreciate the further along we go, the more important it is that the trial is progressing. Thank you very much indeed. Just leave everything that needs to be left, take with you that which is yours, and be ready, please, for 10.30.

(In the absence of the jury)

MR JUSTICE GOSS: If everyone could leave court now, please. Thank you.

(2.24 pm)

(The hearing adjourned until 10.30 am on Monday, 31 October 2022)