

4 November 2022
Baby D

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Housekeeping

Friday, 4 November 2022
(10.30 am)

(In the presence of the jury)

MR JUSTICE GOSS: Yes, Mr Johnson.

MR JOHNSON: Thank you, my Lord. It might be best if we can deal with the paperwork first before calling Mrs Hocknell to deal with it, my Lord.

MR JUSTICE GOSS: Yes.

MR JOHNSON: I think the jury have been given the neonatal review schedule for [Baby D]'s case, which needs to go into the white folder, please. It doesn't need me to explain that the treasury tag needs to be removed.

(Pause)

Could I call Claire Hocknell, please, or recall Claire Hocknell.

MRS CLAIRE HOCKNELL (recalled)

Examination-in-chief by MR JOHNSON

MR JOHNSON: Would you just identify yourself for the sake of the recording, please?

HOCKNELL: My name's Claire Hocknell, I'm an intelligence analyst on this case.

JOHNSON: Thank you. Mrs Hocknell, were you responsible for the production of the neonatal review schedule for the case of [Baby D]?

HOCKNELL: No, that's one of my colleagues.

JOHNSON: But have you made yourself familiar with its contents?

HOCKNELL: I have, yes.

JOHNSON: And you're in a position to deal with any queries that may arise?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Does it follow the same conventions as were adopted in the previous cases?

HOCKNELL: Yes. Terms of reference were set.

JOHNSON: And they're set out, I think, on the front sheet; is that right?

HOCKNELL: That's correct, yes.

JOHNSON: Unless your Lordship thinks it's necessary to deal with them again, I don't propose to deal with those again.

Thank you.

So can we turn then, please, to page 2 of 6. We see that as before, each line is individually and sequentially numbered, starting at line 1 and, at the end of the document, running to line 300.

HOCKNELL: That's correct, yes.

JOHNSON: Do we see that as before, any event that is linked by the records to Lucy Letby is recorded in blue?

HOCKNELL: That's correct, yes.

JOHNSON: Do we see that events linked to [Baby D] appear on a yellowish background?

HOCKNELL: That's correct, yes.

JOHNSON: And that all the other children, with the exception of [Baby B], who the jury have heard evidence about already, are referred to by their initials?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. So do we see between lines 1 to 7 a series of record references relating to documents in the [Baby D] sequence of events presentation?

HOCKNELL: That's correct, yes.

JOHNSON: Do we see that between 8 pm and 8.15, Lucy Letby was dealing with the children MRE and FI?

HOCKNELL: Yes, that's correct.

JOHNSON: We see the trio of documents that we saw in the sequence of events between lines 12 and 14 relating to [Baby D]?

HOCKNELL: Yes.

JOHNSON: And we then see that Lucy Letby, in lines 15 and then 17 through to 19, was dealing with three different children, JE --

HOCKNELL: Yes.

JOHNSON: -- FI and MRE?

HOCKNELL: Yes.

JOHNSON: Then at 21.10 through to 21.30, there is a series of e-prescription records and other charts dealing with [Baby D]?

HOCKNELL: Yes, that's correct.

JOHNSON: They're all items that we picked up on the way through the sequence of events, aren't they?

HOCKNELL: Yes, they are.

JOHNSON: Thank you. At between 21.30 and 21.23 (sic), we see records made by Lucy Letby in the notes of the same three children as we saw before?

HOCKNELL: Yes, that's correct.

JOHNSON: Do we then see three further records for [Baby D] between 34 and 36 at 22.30?

HOCKNELL: Yes, we do.

JOHNSON: Further notes made on two of the three children we've seen before by Lucy Letby between 22.30 and 22.55?

HOCKNELL: That's correct.

JOHNSON: A reference to a chart at line 45 at 23.00 hours for [Baby D]?

HOCKNELL: That's correct.

JOHNSON: Other records for the same three other children made by Lucy Letby at 23.00 hours or timed at 23.00 hours?

HOCKNELL: Yes, that's correct.

JOHNSON: Two documents referred to at lines 56 and 57 for [Baby D] recorded by Caroline Oakley?

HOCKNELL: Yes, that's correct.

JOHNSON: And then at the bottom of the page, between lines 61 and 66, of those six lines, five are references to records made by Lucy Letby?

HOCKNELL: That's correct.

JOHNSON: Either with or without Kathryn Percival-Ward?

HOCKNELL: Yes.

JOHNSON: I think there is a fourth child there, EB, who is not referred to previously to that on that page; is that right?

HOCKNELL: Yes, that's correct.

JOHNSON: Thank you. Moving over to page 2, the records for EB, as dealt with by Lucy Letby, appear at the top of the page in the top three lines --

HOCKNELL: Yes.

JOHNSON: -- at 23.47?

Lines 72, 75 and 77 are all records relating to [Baby D] at or just before midnight?

HOCKNELL: That's correct.

JOHNSON: At midnight itself, lines 80 to 81 concern the child MRE and observations made by Lucy Letby?

HOCKNELL: That's correct, yes.

JOHNSON: Lines 91 to 92, [Baby D], observations made by Caroline Oakley?

HOCKNELL: That's correct.

JOHNSON: We then see entries in the records of JE and MRE at 00.30, 00.45 and 01.00 hours made by Lucy Letby between lines 93 and 108?

HOCKNELL: That's correct.

JOHNSON: Thank you.

Do we then have, I think, eight lines in yellow background recording entries on [Baby D]'s records between lines 113 and 121, covering the time 1.05 to 1.30 am?

HOCKNELL: That's correct, yes.

JOHNSON: And do we see that of those lines, two, as we saw in the sequence of events, concern entries relating to Lucy Letby at lines 116 and 120?

HOCKNELL: Yes. I think the one at 120 is actually written by Caroline Oakley, but the context of that note relates to Lucy Letby and Kathryn Percival-Ward.

MR JUSTICE GOSS: Sorry, you're going to have to keep your voice up. You're looking down.

HOCKNELL: I'll explain again.

MR JUSTICE GOSS: Start that again. We can see the three names, Lucy Letby, Kathryn Percival-Ward and Caroline Oakley there.

HOCKNELL: Yes. The record is made by Caroline Oakley but the content of that note, which is in the sequence of events for [Baby D], concerns the actions of Lucy Letby and Kathryn Percival-Ward, which is why they've been included in there.

MR JOHNSON: According to a note made by the designated nurse, Caroline Oakley, she wasn't involved, but because she was the designated nurse she made the note and it was matters carried out by Lucy Letby and Kathryn Percival-Ward?

HOCKNELL: That's correct, yes.

JOHNSON: Just for your Lordship's reference, line 119 corresponds to tile 206. It might be worth just noting that, ladies and gentlemen, if you're looking for this in the sequence

of events, that's where you'll find it. I'll give you the references to the black lines as we go through.

MR JUSTICE GOSS: Obviously, as with any document, you can write on these. I, for example, have written in relation to 120 against the name of Caroline Oakley "made note but not involved". So if you then write tile 206 against 119, you've got an easy reference.

Thank you.

MR JOHNSON: Thank you my Lord.

Following on from those, do we see at 1.30 Lucy Letby made a record in the notes of JE?

HOCKNELL: That's correct, yes.

JOHNSON: Is this, as a matter of interest, the same JE as we've seen in previous sequences?

HOCKNELL: Yes, that's correct.

JOHNSON: The same child, thank you.

Over the page then, on to page 4 of 6, further entries in the records of JE made by Lucy Letby between lines 126 and 133, at 1.35 in the morning to 1.45?

HOCKNELL: That's correct, yes.

JOHNSON: Those entries are split by line 130, which is Dr Brunton's notes relating to [Baby D]'s first collapse?

HOCKNELL: That's correct, yes.

JOHNSON: Thereafter, further records relating to [Baby D] between lines 134 and 136, made by Doctors Brunton, Boothroyd and Newby?

HOCKNELL: That's correct, yes.

JOHNSON: At lines 139 to 140 and thereafter, from 142 to 145, in an 18-minute period starting at 2 o'clock, do we have five entries made in two children's records by Lucy Letby?

HOCKNELL: I think there's six entries, but yes.

JOHNSON: Six, I beg your pardon, quite right. Just testing.

At lines 146 to 148 there are three further entries in [Baby D]'s records made -- one anonymously but two by Caroline Oakley?

HOCKNELL: That's correct.

JOHNSON: At lines 149 and 150, in JE's records, Lucy Letby makes entries?

HOCKNELL: That's correct.

JOHNSON: Then we see between 154 and 162, which is a time frame of about 9 minutes between 2.35 and 2.44, we have several entries in [Baby D]'s records, five of which involved Lucy Letby?

HOCKNELL: That's correct, yes.

JOHNSON: We then see that at line 163, the approximate time of [Baby D]'s second event, which corresponds, I believe, to the sequence of events tile 233.

At the same time, is there a nursing note made by Caroline Oakley at line 164 in [Baby D]'s records?

HOCKNELL: That's correct, yes.

JOHNSON: Also at 3 o'clock, in MRE's records, line 166, a record made by Lucy Letby?

HOCKNELL: That's correct, yes.

JOHNSON: At 3.15, line 171, in [Baby D]'s records, does Dr Brunton make a note?

HOCKNELL: That's correct, yes.

JOHNSON: And then do we see at line 174, at 3.20 in the morning, an infusion was started by Lucy Letby and Caroline Oakley for [Baby D]?

HOCKNELL: That's correct, yes.

JOHNSON: Followed by some records timed 10 minutes later by Caroline Oakley, the designated nurse?

HOCKNELL: That's correct, yes.

JOHNSON: Which correspond in time, in other words 3.30, to an entry made by Lucy Letby in the records of JE?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. At line 185, which corresponds to tile 250 in the sequence of events, do we have a marker for the third event relating to [Baby D]?

HOCKNELL: That's correct, yes.

JOHNSON: And that corresponds with a nursing note which mentions Lucy Letby, made by Caroline Oakley, at line 186?

HOCKNELL: That's correct, yes.

JOHNSON: At line 188, is there, in the bottom line on this page, a further note made by Caroline Oakley in relation to [Baby D]?

HOCKNELL: That's correct, yes.

JOHNSON: And then over the page, we have two fairly solid blocks of records relating to [Baby D], starting at line 189, ending at line 211, most of which were made -- in fact I think exclusively were made by the doctors, Dr Brunton and Dr Newby?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Do we then see the final black marker in this particular document, which marks the time that [Baby D] died, at 4.25 in the morning?

HOCKNELL: That's correct, yes.

JOHNSON: Does that correspond to tile 275 in the sequence of events?

HOCKNELL: I think you'd have to take -- I'd have to take your word for that.

JOHNSON: You can have the document if you want. All right, thanks.

So that's recorded at 4.25. Do we see at 4.30 -- that's the time put on observations for the children JE and MRE?

HOCKNELL: That's correct, yes.

JOHNSON: As there are also timed entries at 4.45 at lines 220 and 221 for the same children by Lucy Letby?

HOCKNELL: That's correct, yes.

JOHNSON: The lines 219, 222 and 223, I believe relate to the time of the notes being made by Doctors Brunton, Newby and Nurse Caroline Oakley?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Thereafter, do we see notes being made -- for the balance of the page, notes being made on other children's records who were within the unit?

HOCKNELL: That's correct, yes.

JOHNSON: And marked in blue, of course, are those made by Lucy Letby for other children between 05.00 hours and 05.30 hours?

HOCKNELL: That's correct, yes.

JOHNSON: Thank you. Then to the final page, please, Mrs Hocknell. We can see at lines 262 and 270 the timing of notes made by Caroline Oakley, first concerning communications she had with [Parents of Baby D]?

HOCKNELL: That's correct, yes.

JOHNSON: And secondly, the time of the update that she made on the computer relating to [Baby D]'s case?

HOCKNELL: That's correct, yes.

JOHNSON: Those two entries are interspersed with two made by Lucy Letby at 6 am in the notes of the child MRE?

HOCKNELL: That's correct, yes.

JOHNSON: She made notes in the records of the child JE at lines 276 and 277 at 6.30 that morning?

HOCKNELL: That's correct.

JOHNSON: Back to making notes for MRE at 07.00 hours?

HOCKNELL: That's correct, yes.

JOHNSON: Then for the children EH, GC and JE between 07.01 hours and 07.30 hours that morning?

HOCKNELL: That's correct, yes.

MR JOHNSON: Thank you very much.

I don't know whether there are any questions for you. Wait there, please, for some questions.

Cross-examination by MR MYERS

MR MYERS: I just want to look at one area briefly, Mrs Hocknell, if we may, please. What I'll do is, if we could work with the paper copy of the NN review, I just want to pick out of couple of entries from that. If we can put up on the screens, Mr Murphy, slide 168, which just shows who has been designated to which baby in which nursery. So if we've got the NNU review in front of us, and we open up behind -- that's it with the plan there, so we can cross-refer.

I just want to go through several entries just to see something if you could help us, please. Amongst the items you have been asked to look at are occasions when Lucy Letby and Caroline Oakley are seen to give medication to [Baby D]?

HOCKNELL: That's correct, yes.

MYERS: All right. I wonder if we could start, please, at line 33 on the neonatal review. If we look at line 33, we can see an entry for 22.23, for medication given involving Lucy Letby and Caroline Oakley and the child is designated with the initials FI.

HOCKNELL: That's correct, yes.

MYERS: If we look down or across at the plan, we can see that FI is a baby who, it appears, is designated to Lucy Letby that evening?

HOCKNELL: Yes, that's correct, at the start of the shift.

MYERS: Thank you, at the start. So that's the two of them doing medication for the baby designated to Lucy Letby; is that correct?

HOCKNELL: Yes.

MYERS: If we go down the page, I'm not looking at every example of this, could we look at lines 64 and 65, please? If we go down to 64 and 65 can we see Lucy Letby and Nurse Kathryn Percival-Ward giving medication to a baby designated EB?

HOCKNELL: That's correct, yes.

MYERS: And EB, we can see, is a baby that was designated to Kathryn Percival-Ward in nursery 4?

HOCKNELL: That's correct, yes.

MYERS: Just go over the page, please. Can we go to line 102?

On line 102, we can see, can we, Lucy Letby and Caroline Oakley involved in giving Babiven and lipids to a child designated MRE at 00.45?

HOCKNELL: That's correct, yes.

MYERS: That's Caroline Oakley and Lucy Letby dealing with a child who was designated, from what we have, to Lucy Letby at the start of the shift?

HOCKNELL: That's correct, yes.

MYERS: In nursery 1?

HOCKNELL: Yes.

MYERS: Which is the same nursery as the nursery [Baby D] was in?

HOCKNELL: That's correct, yes.

MYERS: Thank you. If we just come a little further down, please, to line 125. Can we see Lucy Letby and Caroline Oakley now involved in giving medication to a child with the initials JE?

HOCKNELL: That's correct, yes.

MYERS: And JE is a child designated to Lucy Letby in nursery 1?

HOCKNELL: That's correct, yes.

MYERS: In fact, I won't go through it in the same way, over the page, lines 126 and 127 involve the same nurses giving medication to the same child again?

HOCKNELL: Yes, that's right.

MYERS: Then if we come down the page to lines 155 and 156, we can see Caroline Oakley and Lucy Letby giving medication to [Baby D] at 02.39?

HOCKNELL: That's correct.

MYERS: And [Baby D], as we know, is a baby who is in nursery 1, designated to Caroline Oakley?

HOCKNELL: That's correct, yes.

MYERS: Just following that through, line 159, again Lucy Letby and Caroline Oakley starting an infusion with [Baby D]?

HOCKNELL: Yes.

MYERS: And I think we have this, but that's actually -- the paperwork for that is included at slide 251.

If we just go down next, please, to line 174.

We can see at 3.20, Lucy Letby and Caroline Oakley again with an infusion starting for [Baby D].

HOCKNELL: Yes, that's correct.

MYERS: For those keeping a record of what is where, I think that's on slide 203, but I'm sure we'll see that again.

Sorry, thank you. It was slide 203 for line 159, ladies and gentlemen. Slide 251 for line 174, my mistake, I'm sorry.

Actually, if we just go towards the end of the neonatal review, please, Mrs Hocknell and ladies and gentlemen, to line 287, we can see, can we, that at 7.01 on the morning of 22 June 2015, Lucy Letby and Caroline Oakley are giving medication to the child designated EH?

HOCKNELL: That's correct, yes.

MYERS: I'm not sure whether EH has come in overnight or whether it's a change in initials from what we have on the screen, but...

HOCKNELL: I'd have to check that.

MYERS: Anyway, it's a child we've got down as EH.

Then the final one I'm going to ask you to just draw out from this review, at line 292, we can see Caroline Oakley and Lucy Letby involved in giving medication to a child with the initials GC at 7.11 that morning?

HOCKNELL: That's correct, yes.

MYERS: GC is a baby in nursery 2 that had been designated to Caroline Oakley at the start of the shift?

HOCKNELL: That's correct, yes.

MR MYERS: Thank you, Mrs Hocknell.

Re-examination by MR JOHNSON

MR JOHNSON: Just going back, I'll deal with this formally at a later stage, I think on the screen we've got -- I don't know if you know this or not, Mrs Hocknell. If you don't, please say so. But I think so far as the child FI is concerned, that needs an alteration, doesn't it, that particular -- do you know about that?

HOCKNELL: I think that's been corrected.

JOHNSON: It has been corrected but not on this digital version?

HOCKNELL: Right.

MR JOHNSON: Well, okay, I don't think you know the details.

I'll deal with it with Mrs Tyndall when she returns next week.

MR JUSTICE GOSS: So in relation to the slide that's up, that needs to be replaced?

MR JOHNSON: It does, but I can tell you what -- I don't think it's controversial. Let me just show Mr Myers.

MR MYERS: It doesn't change the exercise.

MR JOHNSON: Just so the jury knows, and this was spotted yesterday, it's what I said about something having to be corrected, the child FI was -- Lucy Letby was looking after him from the beginning of the shift until 10.45 and then it changed to [Nurse C]. But we need to make that clear on the slide so that there's no mistake.

MR JUSTICE GOSS: Yes.

MR JOHNSON: It doesn't make any difference to the exercise that Mr Myers has just completed.

MR JUSTICE GOSS: And the child EH?

MR JOHNSON: I don't think we know the answer to that one, but we are checking.

MR JUSTICE GOSS: Right.

MR JOHNSON: From the evidence the jury has heard, they know that children arrive unexpectedly sometimes.

MR JUSTICE GOSS: Yes. Babies come when they want to come or they are brought into the world, if it's surgery.

MR JOHNSON: I wonder whether the witness can be released for now, please, my Lord.

MR JUSTICE GOSS: Certainly. Thank you very much.

(The witness withdrew)

MR JOHNSON: We need a 5-minute break just to move the furniture, please.

MR JUSTICE GOSS: Right.

This is just for the screens?

MR JOHNSON: Yes.

MR JUSTICE GOSS: I'll say this again because I haven't said it for some time, but I'm obliged to keep reminding you: attach no significance to screens. As I said, and anticipated would be the case, you just become used to it and you ignore them. I'm sure you do. You should ignore them, their presence.

(11.02 am)

(A short break)

(11.12 am)

MR DRIVER: My Lord, before we formally call the witness Caroline Oakley, there was a question left unanswered just before the break in relation to the baby with the initials EH. The question is now answered. We'll evidence it formally, but while it's in our minds, it seems that the baby EH was admitted into the unit at 05.45 am on 22 June. We'll formalise that in due course.

MR JUSTICE GOSS: Thank you very much.

MR DRIVER: May I call Caroline Oakley, please.

MRS CAROLINE OAKLEY (sworn)

Examination-in-chief by MR DRIVER

MR DRIVER: Would you prefer to be addressed as Ms, Miss or Mrs Oakley?

OAKLEY: Mrs.

DRIVER: Mrs Oakley, could you state your full name for the record, please?

MR JUSTICE GOSS: I'm sorry, could you just pause for a moment? I think that the loop system isn't working, so that the defendant cannot hear through the headphones.

(Pause)

MR MYERS: It appears not to be working, my Lord.

MR JUSTICE GOSS: Well, there are two possible solutions.

Either we try and get them working or everyone has to keep their voices up. All right?

OAKLEY: Okay.

MR JUSTICE GOSS: We'll just see if...

(Pause)

MR MYERS: If we keep our voices up as much as we can for the time being, my Lord.

MR JUSTICE GOSS: Yes. Natural voice and if you imagine that you're trying to speak to the back row of the jury there.

OAKLEY: Okay.

MR JUSTICE GOSS: If you work on that basis then everyone will be able to hear what you're saying. If you speak very softly, I'll either have to ask you to repeat what you have said, I'm afraid, more loudly until everyone can hear it or I don't know what we'll do, we'll have to try and find a technological solution.

MR DRIVER: Of course.

MR JUSTICE GOSS: All right? It's not helped by the screen, obviously, it makes it more difficult for people to hear. Okay, voice up.

OAKLEY: Right.

MR JUSTICE GOSS: Thank you.

MR DRIVER: Mrs Oakley, we understand that, as of 2015, you were employed as a senior neonatal nurse at the Countess of Chester Hospital; is that right?

OAKLEY: That's right. That's correct.

DRIVER: Thank you. A senior neonatal nurse is sometimes referred to as a band 6 nurse; is that correct?

OAKLEY: That's correct.

DRIVER: In your capacity as a band 6 senior neonatal nurse, did you at times act as a shift leader?

OAKLEY: I did.

DRIVER: I'm focusing upon then rather than now. In your capacity as a shift leader, did that make you part of the managerial structure or not?

OAKLEY: Managerial as in looking after the people on a shift, the team on a shift, but not as in a managerial working with managers of the hospital, if that makes sense.

DRIVER: Thank you. I think you know that you are here today to give evidence in relation to events surrounding a baby and a patient at the hospital by the name of [Baby D].

OAKLEY: Yes.

DRIVER: And you had direct involvement with baby [Baby D] on a single shift; is that right?

OAKLEY: That's correct.

DRIVER: And that shift was the night shift going from the 21st into 22 June 2015?

OAKLEY: Yes.

DRIVER: Could you confirm that you were [Baby D]'s designated nurse --

OAKLEY: I was her designated nurse, yes.

DRIVER: -- during that shift?

Mrs Oakley, we are going to put some information on the screen. You've got a screen to your right there.

If I just introduce you to the system by inviting a colleague, Mr Murphy, to put up tile 161, please.

To familiarise you as much as anything, Mrs Oakley, it is just to show you how facts are represented on this screen. This particular tile shows the swipe data records for the unit tend

to evidence that you came into the unit at about 19.23 that Sunday evening.

OAKLEY: Yes.

DRIVER: And that would accord, wouldn't it, with you anticipating starting your night shift soon --

OAKLEY: At 7.30, yes.

DRIVER: -- at 7.30? And the jury have already heard from other colleagues of yours, the system about the exchange of information about patients and about the huddle and the transfer --

OAKLEY: Okay.

DRIVER: -- and all of that.

MR JUSTICE GOSS: Handovers.

OAKLEY: Yes.

MR DRIVER: Handovers is the term of art.

If we could look, please, at tile 168. Before we click on to it, was the handover, as far as you can recall, in relation to [Baby D] a transfer of responsibility from your colleague Kate Bissell?

OAKLEY: That's correct.

DRIVER: To you?

OAKLEY: Yes.

DRIVER: You recall that?

OAKLEY: Yes.

DRIVER: Mrs Oakley, I'm going to in the next -- immediate future take you through to a number of documents. I wonder whether you could confirm when we reach them whether you have an actual memory of the events or whether you're utterly reliant upon the records that you made at the time, if there is a distinction.

If we could click behind the handover. This diagram informs us of something of the layout of the unit, which babies were in which nursery, and which nurses were designated the responsibility for the babies, and you'll see that other than

[Baby D], for all of the other babies in the unit at this time we're going to refer to them by their initials.

OAKLEY: Okay.

DRIVER: And this, taken from records, suggests that, as you've confirmed, you were [Baby D]'s designated nurse. But if we look further down to the box that leads from nursery 2, we can see that you also had responsibility for a baby in nursery 2.

OAKLEY: Okay. I have no recollection of that.

DRIVER: No recollection? Thank you for confirming that. If we go back to nursery 1 and the box attached to it, we can see that in addition to you working in nursery 1, looking after [Baby D], your colleague Lucy Letby was also a designated nurse within that room with responsibility for two babies.

OAKLEY: Yes, and I don't recollect that either.

DRIVER: You don't recollect that. Thank you for that.

Can we please go to tile 207? Behind this tile, Mrs Oakley, will be notes -- well, firstly, there is a summary of some notes that you would have made during the course of your shift and behind that are the actual notes. So we'll go straight to the actual notes, please, Mr Murphy.

If we could, please, look to the right of the page.

Just to familiarise yourself or remind yourself of this document, the likes of which I'm sure you're very familiar with, is it nurses' practice to record observations and specific cares and treatments and examinations like they gave for the babies contemporaneously on the corresponding chart and then towards the end of the shift, or when you have the opportunity, to collate all that information and to condense it into a narrative --

OAKLEY: Yes, that's correct, yes.

DRIVER: Thank you. So as was the practice, looking at the top line, at 04.46, about quarter to 5 in the morning, you recorded here retrospectively, looking backwards, the care, the attention, that you'd given to baby [Baby D] from 8 pm, effectively, when you --

OAKLEY: Yes.

DRIVER: -- you took over responsibility. And if we just look -- we'll break this up into parts. If we just look at the first couple of hours of your involvement with the baby.

So you wrote in retrospect that care was given from 20.00 hours onwards. The handover was taken. That's the transfer of responsibility?

OAKLEY: That's right, yes.

DRIVER: With an update. As is the protocol, you undertook a check of all the equipment, the alarms and the fluids --

OAKLEY: That's correct.

DRIVER: -- to satisfy yourself all was satisfactory:

"UVC in situ for sampling only as low lying."

So UVC?

OAKLEY: Is umbilical venous catheter.

DRIVER: And it was within the baby?

OAKLEY: That's in the baby's umbilicus, yes. So it's in a vein, but it was obviously not in too far so it was only to be used for sampling and I didn't sample from that, I don't sample from UVCs. So the doctors were doing that.

DRIVER: Right, okay. So that's if the doctors required any checks?

OAKLEY: Any bloods, they would take it from the line.

DRIVER: Thank you. Next note says:

"x2..."

Does that mean times 2?

OAKLEY: Times 2, yes.

DRIVER: "... peripheral lines in situ in the baby's hands."

OAKLEY: Yes.

DRIVER: You record:

"Lower limbs dusky and feet bruised. Doctors aware."

OAKLEY: Yes.

DRIVER: Can you expand upon that observation?

OAKLEY: Well, she was quite newborn and sometimes it takes a while for the circulation to get going, but I was just noting that they weren't pink yet, they were a little bit dusky. Her feet were a little bit bruised, but she might have been sampled with heel pricks, which might have made them bruised as well. So it's an observation, just in case anything changes. It wasn't anything I was unduly worried about, but just because they weren't pink, as ideally they would be.

DRIVER: Thank you for that. Might I just remind you to address your answers not to me but to the jury.

OAKLEY: Sorry.

DRIVER: But thank you. And those facts had been conveyed to the doctors?

OAKLEY: Yes.

DRIVER: You noted that her feet were cool to slightly warm. So would that be literally just touching the baby's feet and just getting a feel for it?

OAKLEY: Yes, touching them. They feel -- obviously they weren't pink, so they weren't completely well perfused yet, but she was newborn so it's not unusual and she was a little bit poorly. So her circulation wasn't 100% brilliant at that point. So her feet were cool but then sometimes they were a little bit warmer so that's okay and her observations were perfectly fine.

DRIVER: Thank you. She was being nursed on -- should that read "NCAP"?

OAKLEY: It should have another P in it, nasal CPAP.

DRIVER: We know about that. Antibiotics had been given as prescribed by doctors?

OAKLEY: That would be by the nurses.

DRIVER: Prescribed by nurses?

OAKLEY: Prescribed by the doctors, given by the nurses.

DRIVER: Thank you. You recorded that the baby was reviewed by Dr Brunton. Would you have received from Dr Brunton any observations, any comments that he would have made during his

review or would that be just in utter isolation by the doctors? Would the information be shared with you, the designated nurse?

OAKLEY: Yes, he would have shared any actions that he wanted to be taken for [Baby D]. He would have shared those with me, which I think I've documented there.

DRIVER: So what follows are your notes of the information (overspeaking) he was sharing with you?

OAKLEY: Yes.

DRIVER: So the plan was:

"To commence feeds and increase feeds as tolerated"; yes?

OAKLEY: That's correct.

DRIVER: Expressed breast milk?

OAKLEY: Yes.

DRIVER: "Consented to donor-expressed breast milk."

So that's consent from one or both of the parents?

OAKLEY: Parents, yes.

DRIVER: Dr Brunton took blood gas from the UVC. That's a sample that you were referring to earlier?

OAKLEY: Yes.

DRIVER: And gases taken at 23.52 and at 01.14 were deemed satisfactory?

OAKLEY: That's correct.

DRIVER: Her bilirubin level was below the treatment line. So again, does that mean satisfactory, not requiring --

OAKLEY: Satisfactory, didn't require phototherapy treatment.

DRIVER: And repeat CRP of 6, I think -- can you explain that to us?

OAKLEY: So CRP is the C-reactive protein, that's the protein in the blood that can indicate infection and that was a repeat so that was the one after 18 to 24 hours and the result was 6, which is absolutely fine. Anything less than 10 is deemed normal.

DRIVER: Right. So the word "repeat" here indicates that it's at least a second sample taken?

OAKLEY: Yes.

DRIVER: It's not the first sample taken. Thank you.

So pausing there, that's the period in effect from 8 pm at the start of your shift on the Sunday to 1.30 am overnight --

OAKLEY: Yes.

DRIVER: -- going into 22 June?

And having summarised it in that way in your notes, stepping back and looking at them, in even greater summary how would you describe [Baby D]'s condition in those five and a half hours or so of the first phase of your shift?

OAKLEY: I remember -- I remember being very happy with her.

I -- I -- obviously she did require some nursing care, she would have been classed as an intensive care patient just because she had the line in her umbilicus and because she was requiring a little bit of breathing support, but she was breathing for herself, so it's only a little bit of assistance. And I remember being happy with her.

DRIVER: Right. In terms of her stability or otherwise, how would you describe that?

OAKLEY: Stable.

DRIVER: Thank you. So that's your summary. For completeness, if we just look at the contemporaneous records you made, which have been summarised there, and if we could go, please, Mr Murphy, to tile 169. If we go behind it.

To assist us, Mrs Oakley, the contents of your entries on to the charts have been considered and summarised on this page, these aren't your notes.

OAKLEY: Right.

DRIVER: If we look at your actual notes, please. We can see this observation chart. If we just check where Mrs Oakley's initials can be found. Thank you. We can see that the first column is signed by, it looks like a KB, and we spoke of Mrs Bissell?

OAKLEY: Kate Bissell.

DRIVER: Yes, who was the prior designated nurse. And then from the second column onwards, are they your initials?

OAKLEY: Yes.

DRIVER: If we go back to the top of the page, I'm sure you'll anticipate that they correspond to entries made on the half hour from 20.30 from, 8.30 onwards.

OAKLEY: That's correct, yes.

DRIVER: So they would reflect your hourly observations of the baby designated to you?

OAKLEY: Yes.

DRIVER: Thank you. Let's look at them, just again for this time period, from 8.30 to 1.30. So we can see it goes 20, 21, 22, 23, midnight, and over into the next day.

In terms of heart rate there appear to be two movements, really, on the chart in this time period.

What appears to be a relatively, or comparatively at least, sort of gentle descent -- Mr Myers is quite right, I am giving evidence here and I shouldn't.

How would you describe the first five or so entries that you made? What do they reflect?

OAKLEY: So for me, from 7.30 to 00.30, they were all completely normal. So running from like about 125 to 140, 145. So that was all completely normal. Everything in the white is normal and in the yellow is considered to be like a warning sign to keep an eye on.

So even though it had peaked up at quarter past 1 to 170/75, but it's still not in the yellow so it had gone up there. Whether she'd been awake or she'd had a nappy change, I don't know, but yeah, that had peaked up at some point. She could have been handled. Then it's come back down at 2.30 to completely normal and the same at 3.30. So the heart rate is fine, just that one jump, but still within normal parameters.

DRIVER: Thank you. If we look at the next set of entries for respirations. Again, could you track --

OAKLEY: Yes. They were all -- it looks like they're a little bit up and down, but they're fairly good. So she's running at sort of about 60, which is the upper end of what we'd considered

ideal, but she's not gone to 65 into -- she's not gone into the yellow, so that's fine.

Obviously she's on the breathing support, she is a respiratory baby. So that's fine.

Then they're down to like 50s and even to the 40s, and then when her heart rate goes up, her breathing rate does go up, it corresponds with that. Although the heart rate comes down at 2.30, her breathing is still a little bit up at 65 but it's not gone into the yellow.

So still sort of the upper end of normal. And then back down to well within normal at 3.30.

DRIVER: Thank you. And the next band of data?

OAKLEY: Is her temperature, which has been done -- I think that's 8.30 and then it probably wasn't done for a while, actually. Half 12. When they're on observations -- I think there should be probably another chart.

DRIVER: Yes, we'll look at another chart.

OAKLEY: But they are all completely normal, no high temperature, completely normal.

DRIVER: Thank you. Is that the sort of data that you relied upon to inform the summary that we've already looked at?

OAKLEY: Yes.

DRIVER: Let's look at another chart then, please, to go to our tile 170 and the underlying information.

This is a page divided into two distinct halves; is that right?

OAKLEY: That's right, yes. It's got like -- the first side is the breathing side and the second side is like the administration of all the fluids and milk, if she's having milk.

DRIVER: Let's look at the left side and identify Mrs Oakley's initials if we can.

Are they, from the centre to the right, a series of Kate Bissell's and then we get to you?

OAKLEY: That's right, yes.

DRIVER: Thank you. So we can go upwards and see what it is that Mrs Oakley recorded in this section.

So this data, is it different to the graph of respirations that you just took us through a few minutes ago or is it part of it?

OAKLEY: It's part of it in that it sort of depicts what she was having from her nasal CPAP, so that will depict how many breaths she was on, how much oxygen she was on, and it has got the respiratory... I can't really see that properly now.

DRIVER: Let's go down the page and magnify it. So we know we're looking to the right side of this page. If we could look, please, at the first four sections, four bands.

That's very helpful, thank you.

So what do these inform us of?

OAKLEY: This just tells me -- so it was obviously 8.30. That's the type of ventilation she was on, so that's the CPAP.

DRIVER: Yes.

OAKLEY: And then the PEEP is the pressure that we're giving her for the CPAP.

DRIVER: Yes.

OAKLEY: So how much pressure she needs. It usually is around 5.

DRIVER: Pausing there, Mrs Oakley, we can see the digits that you've recorded in there towards the right of the page.

Do you attach or should anybody attach any significance to those numbers, the direction of travel?

OAKLEY: The doctors, when they put the baby on CPAP, they'll say, try and maintain the pressure of whatever, it's usually between 4 and 6, and you do that by your flow, so you have flows a little bit further down.

DRIVER: That's the 8 and 8.5s?

OAKLEY: Yes, so you can use that flow to help you maintain the right pressure to give her the right support to help with the breathing. So that was all okay. Her pressures were fine and the flow was within parameters as well.

DRIVER: Thank you. If we could scroll downwards, please. Next entries, your side of the page, as it were, are at total respirations; is that right?

OAKLEY: That's right, yes.

DRIVER: Is that measured per minute?

OAKLEY: Yes, that's per minute, and that was what was on the other chart as well. So that's hourly observations again, just duplicated really, but all within normal range. There's none above 65, so -- there's a 69, but that wasn't for me, I think I started at 50 or 60. So all within normal range.

DRIVER: What about the endorsement just to the very right next to the number 44?

OAKLEY: That says they've increased the fluids up to 75 milligrams. I don't know if that's my writing.

DRIVER: All right. Further down the page, what does this tell us, the series of -- they are letter As?

OAKLEY: The A is just saying she didn't require any oxygen, she is just doing all her own breathing and she is breathing in room air.

DRIVER: Pausing there, how does that compare with the state of the earlier records made by, we assume, Kate Bissell earlier in the day?

OAKLEY: For Kate Bissell as well, [Baby D] had just been in air all day, not needed any oxygen.

DRIVER: Right. The earlier entries on 34 and 33, where there are numbers as opposed to the word air or the letter A, what does that inform us?

OAKLEY: That tells us how much oxygen she's having. So she was in like 34, 33, 29. So all sort of acceptable amounts.

Anything above 40% would probably be a little bit more erring for caution then and just sort of being aware that it's a little bit borderline.

DRIVER: Thank you. (Inaudible) there are more entries there, it's air or A?

OAKLEY: Yes.

DRIVER: Thank you. Next below?

OAKLEY: So that just shows that she is breathing beautifully in air and she is saturating, her oxygen blood saturations of oxygen are 100% and that's the highest they can be.

DRIVER: The next data? Does it say "humidifier temp"?

OAKLEY: The flow of air to make it more comfortable for [Baby D] is humidified, so we record the temperature of the humidifier, which should be around between 37 and 38, which it is.

DRIVER: Thank you. And the letters below?

OAKLEY: That shows the method of giving the CPAP to her, so they can either be little prongs up the nose or she can have like a mask which goes over her nose.

DRIVER: So M for mask P for prongs?

OAKLEY: Yes, that's just to give her a bit of a break. Prongs up the nose can sometimes start to push, so you put the mask over and it gives the nostrils a rest.

DRIVER: Thank you. If we look down the page, Mr Murphy.

On the top of our screen we've got our masks and prongs that we just looked at. Beneath we see, and I'm sure everyone is doing what I'm doing, I'm tilting my head and trying to read up the page. We'll have it rotated.

MR JUSTICE GOSS: I think we can see it. It's masks when you came on shift from 8 o'clock onwards, from 20.00, 8 pm: mask, mask, mask, mask and then prongs at midnight.

MR DRIVER: My Lord, with respect, below that, and Mr Murphy has rotated to show us -- in fact, I think that's a Kate Bissell entry rather than --

OAKLEY: Yes. She's just like put a little bit in to explain what she's done at that time.

DRIVER: Thank you. So that's the left side of that page. If we could look at the entries to the right of the page.

This is the intensive care chart. What in general terms is this intended to record?

OAKLEY: This basically includes the input and the output for the baby. So all the fluids that go in. So some of it is -- whether it's IV intravenous or oral. And then there's a section for output where we record anything that's come from a nasogastric tube, when we change nappies, whether they're wet or dirty, and there's also a column there for if we prick her foot or she has blood gas and we do her blood sugar via that.

DRIVER: Let's go down the page to your entries because we can see KB initials at the part of the page we're looking at, which tells us it's Mrs Bissell.

Then at 20.30, we see CO, you; yes?

OAKLEY: Okay.

DRIVER: Unfortunately, some of it is obscured by this page stamp. But from your familiarity with the document and its layout and from the digits that you wrote on to it, what does this inform the reader of?

OAKLEY: So the first -- could you just go up to the top a minute?

DRIVER: The top of the page?

OAKLEY: Yes, just so I can see that first... I think that's the pressure. Yes, can I just see that?

Yes, so pressure. Okay, that's fine. So the first column is like the pressure, so the intravenous fluids are given through a machine and we keep -- every hour we read the pressure that the machine is having to push the fluids through. That gives us an idea whether the line -- and this was in her hands, I'm sure, so it just gives us an idea whether the pressures are okay. If they're going up a lot it indicates that maybe her line is not starting to work very well. These pressures all seem to have been running pretty much 50s, 40s, so that's fine.

Then the next column is the total amount of fluid that's been administered to her. So you look at the pump, it'll tell you how much fluid has gone through each hour, so we record that. Then the next one is the VIP score, which is -- I can't think -- visual information phlebitis. It's a score we look at to see whether there's any redness on the line, where the line is, does the hand look soft, is it red, any swelling.

And the nought indicates that line is completely fine, so the fluids are going in completely fine.

DRIVER: Thank you. So this is called a balance chart, so we have the input that you've just taken us through, and then the other side of the balance, the output. What is it that you've recorded in relation to [Baby D] under the output?

OAKLEY: It doesn't look like she's had a nappy change. But I have obviously aspirated her nasogastric tube and I can see that there's a minimal aspirates. There's like 1ml and I put a D there, which shows that I've discarded it, I've not put it back

down. It was a pH of 3, which showed it's acidic, so the nasogastric tube is in her stomach, it's in the correct place.

DRIVER: You aspirated 1ml of --

OAKLEY: It looks like I've put "(inaudible) 1ml". I think it might have said above what it was, whether it was clear or not I can't actually see. But I put:

"Minimal aspirate, 1ml, discarded, pH 3."

DRIVER: Thank you. And looking down the page, an entry that --

OAKLEY: So 4ml. I think that says "mucky/clear".

DRIVER: Yes.

OAKLEY: PH 2 maybe. So obviously, that aspirate was mostly probably clear, but had little bits of like darker bits in I'm presuming.

DRIVER: In terms of time, does that correspond to 30 minutes past midnight?

OAKLEY: So that's 11.30, yes. It could have been just -- or 12.30. It's sort of more like half 12, I think.

DRIVER: Thank you. Having aspirated that which you've described there, what, if any, significance would you have attached to that?

OAKLEY: Minimal, really, because it's just -- she wasn't being fed, so sometimes they can have little bits of, like, gastric contents apart from -- mostly clear. So it was nothing that I was worried about.

DRIVER: Thank you. Let's move away from this page then, please, and if we can go to our tile 171. Click, please, to the nurse's chart itself, which is the same as we've just looked at. so we can move on, please, to tile 203.

This is a neonatal infusion prescription chart.

What is this used for, Mrs Oakley?

OAKLEY: So here, the doctors prescribe the intravenous fluids that they want the baby to have and the route -- the fluid they want the baby to have, the route they want the baby to have it, and then it gets prescribed and then two nurses check it and usually the nurse that's looking after the baby will administer.

DRIVER: Thank you. Let's look at the record of the provision of this to the baby, to [Baby D]. We can see some entries.

The bottom two are dated 21 and 22 June. The first of those two is timed at -- is it 01.25?

OAKLEY: That's correct, yes.

DRIVER: Does it contain your signature?

OAKLEY: That's my signature, yes.

DRIVER: Yours is together with?

OAKLEY: Lucy Letby.

DRIVER: What do those signatures and the time and date record?

OAKLEY: That shows that Lucy and I checked the fluid that was to be given together, but obviously we don't both administer it, actually connect it to the baby. So I was looking after [Baby D], so I would presume that I connected the fluid.

DRIVER: Thank you. Does the order of the names on this form mean anything or not?

OAKLEY: No, nothing.

DRIVER: Thank you. We can see that that event is recorded as having taken place at 01.25?

OAKLEY: That's correct, yes.

DRIVER: And so far we've focused upon the data that you recorded in the time period 8 pm to about this time.

OAKLEY: Yes.

DRIVER: And if we could, please, return to Mrs Oakley's nursing notes, which are behind several tiles, including tile 228. So if we click on again. We've already looked at part of this document. Click below, please, Mr Murphy, and magnify that part again on the right.

If we look a little higher to 01.30, that's as far as we got with your summary earlier when you told the jury about this repeat CRP being at 6.

OAKLEY: Yes.

DRIVER: Your entry here, written retrospectively, records that at 01.30 you were:

"Called to nursery by SN Percival-Ward and SN Letby, [Baby D] had desaturated to 70s."

Pausing there, that's your record?

OAKLEY: Yes.

DRIVER: Made, we know, at 04.46. Do you, independent of the record, remember this event?

OAKLEY: I... I remember I was on my break at 1 o'clock -- we have an hourly (sic) break, so 1 o'clock to 2 o'clock, that was my break. So I remember being in the resus room where we had our breaks and then obviously half an hour -- I'd been gone half an hour and had been called back because she was poorly.

DRIVER: Pausing there, the last document we looked at with your signature on seemed to be timed at 01.25.

OAKLEY: Mm.

DRIVER: How does that accord with your memory, are you able to explain or not?

OAKLEY: I'm not, no.

DRIVER: So you told the jury that the break would be between 1 and 2?

OAKLEY: Yes.

DRIVER: Do you remember -- tell us what you remember about the events that you've summarised in that way.

OAKLEY: To the best of my knowledge, I remember being on my break. I remember looking after [Baby D]. I remember being happy with her. I remember going on my break and I remember getting called back and I was, like, what are they calling me back for?

DRIVER: Could you expand upon that? What do you mean by that?

OAKLEY: I just -- well, I'd only been gone half an hour and I was happy with her before I left and I just wondered what was happening.

DRIVER: Thank you. The note says you were called to the nursery by Ms Percival-Ward and Ms Letby.

OAKLEY: That's right, yes.

DRIVER: Do you recall the calling?

OAKLEY: I remember being called back because I remember coming out of the room and coming into the nursery and saying, "What's happening?"

DRIVER: Thereafter, you've made a record of the events that immediately followed:

"[Baby D] desaturated to 70s, required oral suction, as was bubbly and had lost colour."

In nurses' terms, what does bubbly mean in this context?

OAKLEY: So at her mouth she would have had like, just like bubbly secretions, like saliva, but obviously bubbling, like some bubbles, as if she's like just got fluid in her mouth maybe or she's coughed or... It's hard to say.

DRIVER: So bubbly is a reference to saliva --

OAKLEY: Yes.

DRIVER: -- around the mouth area?

OAKLEY: Yes.

DRIVER: Thank you.

Next note says:

"Discolourations to skin observed; trunk/legs/arms/chin."

Do you remember that which you've described in this note?

OAKLEY: Yes. I don't remember specifically the exact rash, but I remember it was -- I hadn't seen it before, it was dark, it was unusual, and the rash struck me.

DRIVER: Pausing there, and looking at what you've just said in part, you said you hadn't seen it before. Could you expand upon that?

OAKLEY: Um... Just... I hadn't seen that rash before on a baby I've looked after.

DRIVER: On any baby?

OAKLEY: To the best of my knowledge in my years of neonates, no.

DRIVER: And as of 2015, how many years of neonatal experience had you had?

OAKLEY: Over 20.

DRIVER: Hence you've just called it unusual?

OAKLEY: Yes.

DRIVER: Are you able from memory to describe it any further?

OAKLEY: No. No, I just remember it was unusual, I had not seen it before, and I probably struggled to describe it, really. I think I've put discolourations -- I remember it as like a deep red/brown, different than mottling, different than what I've seen before.

DRIVER: When you say different to mottling, can you assist the jury as to the distinction?

OAKLEY: Well, sometimes when a baby's poorly, they lose their colour, they can look -- they can just look generally white, but like they have just like little -- it's hard to show but they just have like a mottled appearance all over, really. Whereas this was just like a rash specifically in those places. It wasn't like the whole body.

DRIVER: So the distinction is based on where the rash was observed?

OAKLEY: Yes.

DRIVER: Is that the extent of the distinction between this and mottling or not?

OAKLEY: I just know -- it was just different than what I'd seen before. That's what stayed with me.

DRIVER: Moving on, forgive me if this is an invitation for you to state the obvious, but are they the locations at which you observed the mottling: the trunks, the legs, the arms, the baby's chin?

OAKLEY: Yes.

DRIVER: "Dr Brunton called to review [Baby D]."

And you note:

"Saturation 100% [and] oxygen weaned to air."

Can you explain that to us?

OAKLEY: So obviously, when I got called back, I can't remember who was doing what with [Baby D] at that point, but she had dropped her oxygen -- her saturations to 70%.

DRIVER: Yes.

OAKLEY: And obviously they should be over 90. So she was obviously given -- I presume they turned the oxygen up via a CPAP machine because the CPAP machine, you've got a dial and you can change the amount of oxygen. She had been in air. So we've obviously turned her oxygen up.

And she has responded because obviously we've called Dr Brunton and then when he's arrived, the oxygen levels, saturations, are back up to 100% and we've been able to reduce the oxygen back down to air.

DRIVER: Thank you. So under the summary -- at the point that you returned to the baby, her saturation levels had fallen into the 70s, but at a point after Dr Brunton arrived to review, through whatever process, the saturation levels returned to 100%?

OAKLEY: Yes.

DRIVER: Thank you:

"Observations satisfactory."

Is that your note, is that your observations?

OAKLEY: I'm presuming so, without looking at the charts. So she's on a monitor anyway, so we would have only had to look at the monitor above her to know that obviously she was back within her heart rate and her respiratory rate would have been back within normal parameters for me to write that.

DRIVER: "Dr Newby called..."

I'll just inform the jury, is this right, I'm sure it's not controversial, Dr Brunton was the registrar?

OAKLEY: That's correct.

DRIVER: Dr Newby, the consultant?

OAKLEY: Yes.

DRIVER: "Dr Newby called in to review."

Does that mean she was called into the hospital to review --

OAKLEY: Yes.

DRIVER: -- or into the unit?

OAKLEY: Into the hospital. I think she's just stayed on the accommodation adjacent, which is actually on the hospital grounds.

DRIVER: Thank you. So does what follows thereafter, after the semicolon, reflect what was done after Dr Newby's, the consultant, review?

OAKLEY: That's correct, yes.

DRIVER: The fluids were increased. Then are these medications given?

OAKLEY: Another antibiotic was introduced, cefotaxime.

DRIVER: Cefotaxime was commenced. It hadn't been previously given to the baby, but began at this stage?

OAKLEY: That's correct, yes.

DRIVER: Benzylpenicillin was already being provided to [Baby D]?

OAKLEY: Yes.

DRIVER: But the levels were increased at this point?

OAKLEY: Yes.

DRIVER: What does that mean, "to TDS"?

OAKLEY: From twice a day to three times a day.

DRIVER: Understood. Next:

"An Na infusion commenced..."

OAKLEY: That's sodium infusion.

DRIVER: "... as Na 127."

You tell me, what does that mean? We can take them all together.

OAKLEY: The sodium is 127, so it's a little bit low, it should be above 130.

DRIVER: To compensate for that --

OAKLEY: They've added sodium into a drip.

DRIVER: Understood:

"Saline bolus as prescribed. Discolourations resolved."

OAKLEY: That's correct.

DRIVER: Is that on the basis of your observations of the baby?

OAKLEY: Well, I've wrote this, haven't I, so that's my observation, yes.

DRIVER: So the unusual rash that you'd noted and described as best you can recall earlier was present when you went back to [Baby D] at about 1.30?

OAKLEY: Yes.

DRIVER: At some point after Dr Newby had examined the baby and made certain instructions that you'd observed, the rash had resolved?

OAKLEY: It had resolved, yes.

DRIVER: Does this record the fact that an abdominal X-ray was taken?

OAKLEY: That's right, yes.

DRIVER: The expression of satisfaction, would that be an assessment you made of the X-ray or one of the medics?

OAKLEY: The medics.

DRIVER: Thank you. You continue supportive treatment. What does that mean?

OAKLEY: That's just continue with plan, so carry on with what we've been doing, the CPAP and the fluids --

DRIVER: Thank you.

OAKLEY: -- and antibiotics.

DRIVER: "Maintain the UVC."

OAKLEY: So that's the umbilical venous line that they're using to take the bloods from, to carry on using that, not to take it out.

DRIVER: Thank you. And it was decided, was it, to speak to the parents later?

OAKLEY: Yes.

DRIVER: So what does that mean in this context?

OAKLEY: [Baby D] had had an episode, but she responded very quickly and everything was back to normal parameters within, I would say, about an hour, roughly. And we've made some changes, and because she was very stable again, and the doctors were busy, we decided to let the parents rest and we would inform them in the morning.

DRIVER: "Repeat gas good."

Could you expand upon that for us?

OAKLEY: So that would have been Dr Brunton, he would have taken the gas from the umbilical line, and that just shows that her -- all the bloods, respiratory bloods that we put in an analyser, the blood you take goes in an analyser, and that shows the pH, CO2, oxygen, everything was satisfactory, normal.

DRIVER: Thank you. So that's your summary of the period 01.30 to 03.00 on the 22nd.

Before we look at some of the underlying data, I did show you a chart a short while ago and some of your endorsement on that chart was obscured by a page stamp.

Do you remember that?

OAKLEY: Yes.

DRIVER: I've received a note to the effect that we've got a copy without the page number stamp, so we can just put that up, please, Mr Murphy. J2285.

You'll recall where the red page stamp was in the bottom right-hand corner. Now removed. These are notes, you told us, about two aspirates that you took.

OAKLEY: Yes, I can't see what's below that -- is it like 80?

Is that...

MR JUSTICE GOSS: Can we just go back to the one higher up first just to confirm what it appears to say as to the volume?

OAKLEY: So...

(Pause)

MR JUSTICE GOSS: We've lost it now.

MR DRIVER: We're looking at the bottom half of our screen to the right.

OAKLEY: Where I put "air plus"?

DRIVER: Yes?

OAKLEY: Okay. So "air plus" indicates that when I've aspirated the nasogastric tube that there's a moderate amount of air there. We don't like measure the millilitres as such, but air plus, maybe 5, 10, 5ml, but minimal fluid coming from her stomach. I put 1ml, which I've discarded, and as I say, it was the pH of 3, which shows it was acidic, so it shows that the nasogastric tube is in the right place.

DRIVER: So the quantity is 1 millilitre, which you describe as minimal --

OAKLEY: Yes.

DRIVER: -- in this context? And the entry below as best you can.

OAKLEY: Is 4ml and I think I put "mucky/clear" with a pH of 3, so it's definitely still in the right place. There's a bit more fluid there, but she had started feeds, hadn't she, so that's not surprising.

DRIVER: So on reading this original version of the note without our obscuring stamp, your final endorsement there is pH 3?

OAKLEY: Yes.

DRIVER: I think when you looked at it last time you thought that might be a pH of 2.

OAKLEY: No, it's a 3 again.

DRIVER: And what's the distinction?

OAKLEY: Three is just -- is a parameter, there's a pH bottle full of sticks, you test the aspirate, and it's like 0 to 6. So below 6 shows it's acidic and the stomach is an acidic

environment. So that shows the nasogastric tube was up the nose and it was sat in the stomach because it was detecting acid.

DRIVER: In short, that is to inform the reader that the tube is in the right place?

OAKLEY: Yes.

DRIVER: The desired place?

OAKLEY: Yes.

DRIVER: Thank you. So let's go back then, and we'll do this more quickly, to the data that you recorded for that period, 01.30 to 3 am. If we could look again, please, at the observation chart. If we go to tile 220, please, Mr Murphy.

We've looked at this already, but now I'm inviting your focus on the latter period of your observations because we've just seen how you summarised her event, her desaturation to the 70s at about 01.30, and the doctors coming and the developments thereafter.

What, if anything, do your corresponding notes for heart rate and respirations in that time period after 1.30 for the remainder of the chart -- what do they -- what are they capable of informing you of?

OAKLEY: Basically it shows that at like 1.15, her heart rate had gone up, her breathing had gone up. By 2.30, her heart rate was back to normal. Her breathing was still up a little. And at 3.30, her breathing was back to normal.

DRIVER: Having considered that data, how would you summarise [Baby D]'s condition post the event at 1.30 and post the interventions that you've summarised earlier?

OAKLEY: Stable.

DRIVER: Could we please go to the chart that lies behind the next tile, please, Mr Murphy?

You've seen it summarised and looked at it. I'm not sure we've looked at this previously. Lets look at what you've entered here on the neonatal unit fluid balance chart. We can see timed entries at 01.30, 02.30, 03.30.

Taking them in order, the 01.30, that's your signature at the side, isn't it?

OAKLEY: It is, yes.

DRIVER: Thank you. So oral at 01.30, NBM, nil by mouth?

OAKLEY: Correct.

DRIVER: So doctor's orders, as it were?

OAKLEY: Yes.

DRIVER: Next entry under "asp/vomit".

OAKLEY: Oral secretions -- it looks like oral secretions.

DRIVER: Yes.

OAKLEY: I'm not sure what... I'm not sure what that bit is under it. So oral secretions.

DRIVER: Yes. So oral secretions --

OAKLEY: Oh, plus plus.

DRIVER: Plus plus.

OAKLEY: That just shows it was quite a lot.

DRIVER: The next entry, is it separate to the one we just looked at or a continuation of it?

OAKLEY: That's a continuation and I put:

"6ml milky discarded."

DRIVER: Right. And discarded just describes what you did with it?

OAKLEY: Yes.

DRIVER: Threw it away?

OAKLEY: Threw it away, yes.

DRIVER: Next entry, "Total vol inf".

OAKLEY: That's 6.4, so that shows the amount of 10% dextrose that she'd received.

DRIVER: Yes. Pressure?

OAKLEY: Pressure. Pressure for the fluid to go through the machine, 50.

DRIVER: That's pressure which is introduced into the baby?

OAKLEY: Introduced into the baby, yes, is 50. I put 0 for the VIP score, so that shows I was completely happy with the cannula in her hand.

DRIVER: Thank you. Let's keep sliding across, please. We see half of the VIP score column to the left of our screen now, so let's move next to the IV fluid. Hepsal, is that your writing or not?

OAKLEY: Yes, I've put 0.2. Can we just go back a little bit?

DRIVER: To the left?

OAKLEY: To the left, yes. Because I have put "query puffy". So obviously I've put nought but I've also put query puffy because sometimes it can be very misleading, whether it's just the baby's a little bit generally oedematous while they're poorly --

DRIVER: Oedematous meaning?

OAKLEY: Just that they're a little bit swollen, a little bit puffy. Sometimes the lines can look a little bit puffy, so if you flush them with a little bit of saline that shows whether the line is absolutely fine or whether it is starting to not work. So I haven't been 100% and I've flushed it and I've said it's flushed well, so I was happy with that cannula.

DRIVER: Right. So you had a doubt, so you undertook a test?

OAKLEY: Yes.

DRIVER: And you've recorded the result of it.

Let's carry on then going from left to right.

OAKLEY: That's the Hepsal 0.29.

DRIVER: What does Hepsal mean?

OAKLEY: Hepsal is the fluid that goes through the umbilical catheter, so that's a mixture of heparin and saline.

DRIVER: Right. And the fact that its total volume infusion is 0.29?

OAKLEY: Yes.

DRIVER: What, if any, significance is that?

OAKLEY: It usually runs at half a ml to a ml an hour, I would have to see the prescription chart from the doctors.

DRIVER: Let's move across then:

"Site check."

Site of what?

OAKLEY: The site of the umbilical catheter. You'd have to look at the doctor's notes because then I have put that that has gone off. The VIP score's nought, stopped...

DRIVER: We'll deal with this with a doctor in due course then.

Anything else of significance on that line for you?

OAKLEY: Um... I can't exactly read what time that is, 01 something. She's had suction, abdominal X-ray and a bolus.

DRIVER: Thank you. We can zoom out, as it were, and look at your next...

OAKLEY: It looks like I've put "pp LL" there.

DRIVER: What does that mean?

OAKLEY: Like sort of signed for Lucy Letby, "pp LL".

DRIVER: Why would you have signed for Lucy?

OAKLEY: I'm presuming she must have done one of those activities for me, the suction or... I'm not sure.

DRIVER: Thank you. Let's just go back to the left, so we can see the timing of that. That's at 01.30. Let's look again to where your signature and pp -- please. Could we look at the whole of the page, please, so we can -- that's what I was asking for, thank you very much.

For the avoidance of any doubt, the "pp LL", is that restricted to the gastric tube change column entry or is applicable to all of the entries?

OAKLEY: I think it's to the -- to like the suction or something, the 01.05, because I've put like a little line there, suction and "pp LL", because obviously -- I think that's when I was on my break and called back.

DRIVER: Right. You say 01.05. Let's look there --

OAKLEY: And obviously I wasn't there at that point.

DRIVER: But is that your writing?

OAKLEY: Yes.

DRIVER: And are you able to help us with regard to the third digit there, please?

OAKLEY: To which exactly, sorry?

DRIVER: You see the letters AXR?

OAKLEY: Yes.

DRIVER: There appear to be four digits above AXR?

OAKLEY: It's 01, looks like maybe 01.05.

DRIVER: Thank you.

OAKLEY: So I presume I've roughly estimated -- I was on my break, I've been called back and I filled the charts in retrospectively from what I've been told the girls have done while I've not been there.

DRIVER: Let's look at the whole page again, please, Mr Murphy.

We'll now look at the next set of entries that appear to be timed at 02.30, again with your initials at the far right. Less entries on this. The first, am I right, are underneath the column heading "IV fluid", 10% dextrose?

OAKLEY: Yes, that's 18ml of dextrose had been infused. That's the running total.

DRIVER: Yes.

OAKLEY: And the pressure is 37 and I'm still happy with the cannula, so I put a nought for the VIP score.

DRIVER: That's the cannula in the right hand checked again?

OAKLEY: Yes.

DRIVER: Happy?

OAKLEY: And I'm happy with it.

DRIVER: Next, the UVC, Hepsal.

OAKLEY: So I put 0.62, so it looks like it was turned back on at 02.10.

DRIVER: These digits, are they part of the site check entry or are they linked to the 0.62?

OAKLEY: Linked to the 0.62.

DRIVER: Thank you. And taken together, what does this entry inform us of?

OAKLEY: So that shows me, I don't remember, but obviously the Hepsal via the umbilical catheter was infusing -- I'm presuming this is when the doctors were there. It's been turned off at that time and then, obviously, they were happy with it and it's been turned back on at 2.10.

DRIVER: VIP score zero for the UVC site check; yes?

OAKLEY: Yes.

DRIVER: You've indicated more than once it represents satisfaction on your part?

OAKLEY: Satisfaction, yes.

DRIVER: And gastric tube change?

OAKLEY: So the only thing with the gastric tube is up at the top and that shows that -- it's just saying that an NG tube was passed on the 20th --

DRIVER: Yes.

OAKLEY: -- and it was on the right side, so it's in the right nostril and it was passed to 22 centimetres.

DRIVER: Thank you. We'll come to the next entry again later because we're now moving into the period from 3 am onwards. If we go to your nursing note, please.

Mr Murphy, several places. Let's go to tile 228, please. Click on the nursing notes, parts of which we've read in detail already. That's where we got to last time. Let's rejoin your narrative at 03.00:

"[Baby D] crying and desaturated again to 70s."

Before we study the detail, do you recall this part of the sequence of events?

OAKLEY: Not really, no. Maybe very, very vaguely, but I don't know if that's from reading my note, my meds text(?) [Meditech] notes during this -- during what's been going on.

DRIVER: Thank you. But these were the notes you recorded at 04.46, I think. Maybe later.

OAKLEY: Yes.

DRIVER: Yes, 04.46:

"[Baby D] crying and desaturated again to 70s."

It speaks for itself:

"Commenced on 100% oxygen..."

Is that?

OAKLEY: Yes.

DRIVER: "... via CPAP. Picked up well."

OAKLEY: Yes.

DRIVER: "Skin discoloured again but less than previously."

OAKLEY: That's correct, yes.

DRIVER: Now, do you recall this or are your memories limited to that which you recorded in this note?

OAKLEY: I'd say my memories are limited to what's in my notes now.

DRIVER: We won't invite you to expand upon it then:

"Dr Brunton called to review."

And consequently:

"[Baby D] taken off CPAP. Further fluid bolus and gas, 1 hour. Cares attended to."

Does that record that [Baby D] passed quite a bit of urine?

OAKLEY: It does, yes.

DRIVER: And meconium?

OAKLEY: Yes.

DRIVER: Next:

"Observations satisfactory and [Baby D] settled and handling well."

OAKLEY: Yes.

DRIVER: We have looked at the observation charts more than once, which go to about this point in time.

OAKLEY: Yes.

DRIVER: I don't think there's any profit for anybody in us returning to them.

If we could please look at what medications and the like were provided to [Baby D] in this period. If we could go to tile 237, please. The heading there is "Neonatal infusion prescription chart". It bears your name and that of Lucy Letby.

Let's click behind. There's a description of what was given to the baby and we can look at the originating document. We've already looked at it for an earlier part of the shift. We're now looking at an entry that appears to be timed, am I right, at 03.20, on the 22nd?

OAKLEY: That's correct, yes.

DRIVER: Your signature in addition to Ms Letby's?

OAKLEY: Yes.

DRIVER: Recording that Dr Brunton --

OAKLEY: Yes.

DRIVER: -- has prescribed and what did Dr Brunton prescribe?

OAKLEY: He prescribed another saline, sodium chloride, bolus.

So just 31ml to be given over half an hour.

DRIVER: And what's the purpose of that in this context?

OAKLEY: Probably the doctor would explain it better, but I would say they thought maybe she just needed some extra fluid on board.

DRIVER: We'll hear from Dr Brunton in due course. Could you assist us, please, with a document behind tile 239, please?

We looked at it already. Here is an entry that appears -- it's in the column 03 and then handwriting 30.

OAKLEY: That's correct, yes.

DRIVER: With your initials at the other end of the page?

OAKLEY: Yes.

DRIVER: What's recorded at that time?

OAKLEY: "Restart milk, donor EBM."

So the doctors have obviously been happy with the condition and they're happy for her to have a little bit of milk. It's only a tiny amount, but put that down her NG tube.

DRIVER: Prior to this, we've focused upon two parts of your nursing notes summary --

OAKLEY: Yes.

DRIVER: -- which tend to evidence something about the baby that was unwelcome --

OAKLEY: Yes.

DRIVER: -- which caused you, the nurses, to call the doctors twice?

OAKLEY: Yes.

DRIVER: So this regime we see recorded here is post the doctor's second examination, at your request, of the baby?

OAKLEY: Yes.

DRIVER: What does it inform you as to the nature of that regime and the condition of the baby?

OAKLEY: So from this last column?

DRIVER: Yes.

OAKLEY: So they were happy with her because they've said start a little bit of milk, that the dextrose fluids have carried on. I'm still happy with the cannula, so she's having the 10% dextrose through that cannula, the needle in her right hand.

They are happy with the umbilical catheter because we're using the -- we're still using it and putting Hepsal through that to keep it patent.

DRIVER: Does that mean open?

OAKLEY: Yes. I put a zero again. I'm happy with the site of that. I've been happy enough to handle her, so I've changed the nappy. I have been there since 8 o'clock and I don't know if I -- I don't think I changed her nappy before, but I'm happy with her.

DRIVER: Could you direct us to where that's recorded?

OAKLEY: In the "PU/bowels open" column, just across from the "PU+++".

DRIVER: So that's under the "birth weight/current weight" heading?

OAKLEY: In that section, yes. So I've changed her nappy, she's had a nice wet nappy and she's passed meconium, which newborn babies do.

DRIVER: Thank you. Before I asked you to take us to the corresponding part of the chart, you said you changed her nappy and you also said you were happy with her.

What, if anything, is the connection between your assessment of the baby and providing that feature of the cares to her?

OAKLEY: If I thought she was unstable I would have not chosen to change her nappy.

DRIVER: All right.

OAKLEY: Really. So I was happy to handle her.

DRIVER: Can I ask why? For those of us who are not experts in this field, what's the link between stability or instability and the decision to change the nappy or not?

OAKLEY: If a baby is unstable they generally do not tolerate handling. So even just like changing a nappy, lifting the legs up, like cleaning them, can cause them to be unsettled, drop their heart rate or heart rate go up, whichever way they respond, and it can sometimes set them back a little bit for half an hour, an hour, but I was obviously happy to do a nappy.

DRIVER: So looking at the entries, "Passing urine+++"?

OAKLEY: Yes, so a very wet nappy. And she's had her bowels opened as well.

DRIVER: Yes. Can we zoom in on that entry that appears to be --

OAKLEY: That just shows you she's got two name bands on, which is policy, all babies should have name bands to identify them.

DRIVER: And after the number 2?

OAKLEY: I'm not quite sure what that...

DRIVER: All right.

OAKLEY: I'm thinking it might be -- it's under skin to skin, which she wouldn't have had, but I'm thinking -- I'm not sure what that says, to be honest.

DRIVER: Very well. And cares in this context, what does that mean?

OAKLEY: Cares just means that I've attended to her nappy.

DRIVER: Thank you. And then your initials.

Can we move, please, Mr Murphy, to tile 240? Then we'll just look at the summary behind it rather than going to the document because I think this states the same thing --

OAKLEY: Yes.

DRIVER: -- as we've just looked at from the original notes; yes?

OAKLEY: Yes. So as I said, I felt like she was stable enough to do a nappy and then I have put that she was settled and she'd handled well.

DRIVER: Thank you. Tile 241, the next tile. Can we, very briefly, look at the obs chart one more time for the period, the last entries? Anything of note in your 02.30 and 03.30 observations?

OAKLEY: So 02.30, her heart rate was fine. 02.30, her breathing rate was still at the upper end of normal but it wasn't in the yellow, so it was acceptable. And then at half 3 it was fine. Temperature was last done, I think -- was that at half 1 or 2? That was okay.

DRIVER: Thank you. Then, please, could we go to Mrs Oakley's nursing notes again? Just to orientate ourselves, let's go to

tile 250, please, Mr Murphy. It records in the sequence of events the time of the event and then if we go to the next tile and return to your nursing notes and see your description of this event, please. Let's go to the note itself.

We can see your entry towards the lower part of the page, 03.45. Let's take it in stages:

"Monitor alarming."

OAKLEY: That's correct.

DRIVER: Expand upon that, please.

OAKLEY: Obviously the monitor's alarming, that's telling us that something's out of range, so either the heart rate or the breathing rate is out of range. It's an alarm for us to get to the baby. And I've gone over and I've put:

"[Baby D]'s desaturated again and then stopped breathing."

DRIVER: Pause there, Mrs Oakley. I should have asked you before I asked you to assist us with the note. Do you have a direct memory of this part of the events this morning or are you reliant wholly on the note?

OAKLEY: I don't. It's just a blur. I just remember it being very busy and as soon as I got straight again, it was -- yeah, she'd misbehaved again, but I don't remember specifically.

DRIVER: In this context, misbehaved is nursespeak for?

OAKLEY: Um... We'd say like gone off, they're just like poorly again.

DRIVER: Thank you. The monitor did alarm. Do you recall the alarm?

OAKLEY: No, I don't recall it. I don't know exactly where I was in the room, but obviously I've heard it. I could have been sat in the room or just outside the room we had like the little nursing station and that is just by -- there's an open door straight to where [Baby D] was. So sometimes I'd have sat there and wrote notes as well.

DRIVER: But you prefaced all of this by telling us you don't have a clear memory at this point?

OAKLEY: I don't have a clear memory, no.

DRIVER: But the data would have informed you that which you have recorded, [Baby D] desaturated and then became apnoeic; yes?

OAKLEY: Yes.

DRIVER: Do you remember that?

OAKLEY: Yes.

DRIVER: "Called SN Letby to help."

Who's doing the calling there?

OAKLEY: So I've called her. I interpret it that I've gone to my baby and obviously she's dropped her oxygen levels and she's not breathing and I've needed assistance.

DRIVER: "Stimulation given with no effect."

Could you expand upon stimulation?

OAKLEY: Stimulation is -- we'll probably just like tickle the feet, the trunk, maybe the ears, just to -- sometimes that's enough just to bring them round and pick the heart rate up.

DRIVER: Is that connected to the apnoea?

OAKLEY: Yes, yes.

DRIVER: "With no effect" speaks for itself. Then the use of the Neopuff. Timed with some precision here at 03.52. How are you able to be so precise about that?

OAKLEY: I am not quite sure unless someone else wrote it down maybe.

DRIVER: Thank you:

"Senior house officer on unit."

Does that mean at this point in time?

OAKLEY: Yes.

DRIVER: And that SHO was called to help?

OAKLEY: Yes.

DRIVER: Then:

"Dr Brunton crash called and resuscitation commenced as per the medical notes."

OAKLEY: Yes.

DRIVER: And you, we understand, is this right, played a part in the resuscitative efforts?

OAKLEY: Yes.

DRIVER: If we please go to tile 275, which records the time of death, so the last entry we looked at was 03.52, the Neopuffing, and the time of death recorded, 04.25. And between those points in time, were you there with [Baby D] at all times?

OAKLEY: Yes.

DRIVER: With the team doing what could be done?

OAKLEY: Yes.

DRIVER: Finally from me, Mrs Oakley, later did you have to fill in a form to record some of the events or did you choose to fill in such a form? I'll remind you of it. If we go to tile 359, Mr Murphy.

Are the contents of this taken from the notes that we've already looked at that you completed in retrospect on the night?

OAKLEY: Yes. I didn't remember I'd done that.

DRIVER: Very well. We'll leave it there.

As the designated nurse, following [Baby D]'s death at 04.25 on 22 June, were you responsible for doing what could be done for the family in the circumstances?

OAKLEY: Yes.

DRIVER: And did you do that alone or with anyone else, can you remember?

OAKLEY: I can't remember. I just remember talking with the parents to Dr Newby at the bedside and I don't remember past that.

MR DRIVER: Very well, I won't explore that any further.

Could you remain there and answer any questions, please?

Cross-examination by MR MYERS

MR MYERS: Mrs Oakley, I'll make a start on the questions that I'm going to ask you now, if I may, and then, as we get close to 1 o'clock, my Lord, maybe stop at an appropriate point.

Is it right, Mrs Oakley, that you were aware of increased mortality or an increased mortality rate on the unit at the Countess of Chester Hospital between June 2015 and July 2016?

OAKLEY: Yes.

MYERS: When you made your statement to the police in January of 2018, you told them that during this time it was particularly busy and stressful?

OAKLEY: That's true, yes.

MYERS: That's your recollection of it?

OAKLEY: Yes.

MYERS: Was it busy because there seemed to be more babies being admitted than you'd had before?

OAKLEY: There were a lot of babies.

MYERS: Did it seem that there were more than there had been before that period?

OAKLEY: Um... I... I couldn't say for definite. I would have to see the statistics. But I do remember it was busy.

MYERS: And do you recall that it seemed that there was an increase in the number of babies with a higher level of acuity?

OAKLEY: Um... I... I'm not sure because I've worked there a long time and I remember a lot of babies. We used to take 24-weekers when I first started there, so I just remember it's always been quite busy.

MYERS: All right. But this period, you say, did seem to be busy and stressful?

OAKLEY: Yes. I remember the midwives bringing babies through when we were busy, yes.

MYERS: Did it feel sometimes that it was difficult to have exactly the right number of staff all the time for what you had to deal with in general?

OAKLEY: Um... I think more staff is always a benefit in any unit I've worked on. But I have to say that I feel I don't remember an occasion where somebody felt that they didn't do their job.

MYERS: No. I was just asking first of all about whether you had the sufficient numbers of staff. We know there are guidelines for numbers of staff, so I'm asking you just about that, not how you felt.

OAKLEY: I don't remember it being unduly short-staffed, no.

MYERS: I am just looking in the statement where you told the police:

"With regards to staff you can always do with more. However, when it really matters, such as when a baby collapses, there are sufficient qualified staff to react."

OAKLEY: Yes.

MYERS: And do you stand by that?

OAKLEY: I do, yes.

MYERS: Right. So doesn't that suggest that at moments of crisis, when a baby collapses, there were the right number of staff present then?

OAKLEY: Yes, because they'd be called from other patients and then the nursery nurses would have took over the less poorly babies.

MYERS: But maybe at other times you didn't have as many staff as you felt you needed? That follows, doesn't it, from what you said to the police?

OAKLEY: I'm not sure.

MYERS: Do you agree that one of the reasons it's important to have the right number of staff for the babies you're looking after is because it's important to be able to monitor and observe very closely what happens with those babies?

OAKLEY: Yes.

MYERS: We know that when you came on to the shift on 21 June 2015 you'd been designated to look after [Baby D]?

OAKLEY: Yes.

MYERS: And [Baby D] was an intensive care baby, wasn't she?

OAKLEY: She was intensive care, but not what we would call a poorly intensive care because she was not on a ventilator.

MYERS: One of the criteria for intensive care is that the baby is on, for instance, an umbilical venous or an umbilical arterial catheter. That's a set criteria by the BAPM, isn't it?

OAKLEY: Yes.

MYERS: And [Baby D] was on an umbilical arterial catheter, wasn't she?

OAKLEY: She was, yes.

MYERS: So as a matter of the guidelines that you use, she was an intensive care baby wasn't she?

OAKLEY: She was classified as an intensive care baby, yes.

MYERS: Can we just look, please, Mr Murphy, at slide 168?

This reminds us of who was looking after whom on this particular night. We're going to roll the bar down so we can actually see the image. Of course you're not responsible for deciding who was looking after who on this night, were you, Mrs Oakley?

OAKLEY: Not as far as I'm aware, no.

MYERS: Looking at this for instance we can see you are designated [Baby D] in nursery 1 and also a baby with the initials GC in a different nursery, nursery 2; is that right?

OAKLEY: That's correct, yes.

MYERS: And under the guidelines that you operate, with an intensive care baby that should be 1:1, shouldn't it?

OAKLEY: Ideally, yes.

MYERS: Ideally that should be your focus for the shift you are on, shouldn't it?

OAKLEY: Yes.

MYERS: So if you are looking at -- nursery 2 is the high dependency nursery, isn't it?

OAKLEY: It can be or it can just be special care.

MYERS: So if you're looking after another baby in another nursery as well as [Baby D], that isn't in accordance with the guidelines that you're meant to operate under, is it?

OAKLEY: Strictly speaking, no, but it does happen.

MYERS: Yes. Also in the nursery on that evening, in nursery 1, was Ms Letby, we can see that. You remember that?

OAKLEY: Yes. Well, I don't remember, I accept it's there, yes.

MYERS: All right. Now, so far as [Baby D] is concerned, we know that she was born on 20 June at about 16.00 hours, I think 16.01.

OAKLEY: Yes.

MYERS: About then. And sadly, her life lasted a 36-hour period. Just so you understand, and we keep this in context, we haven't had much evidence yet about the early part of the nursing care. You're dealing with evidence with her position in the final 5.5 hours before the events you've described in the early hours of 22 June; is that correct?

OAKLEY: I was on that night shift, yes.

MYERS: So [Baby D] had been in the hospital for about 28 hours before your involvement, something like that?

OAKLEY: Right, okay, yes.

MYERS: I'm just saying that so we can hold in context the one period that you were dealing with.

OAKLEY: Yes.

MYERS: It's important with babies like [Baby D] that you or those who are looking after them remain vigilant of how they are at all times, isn't it?

OAKLEY: Of course, yes.

MYERS: And that's because, amongst other things, they can deteriorate, they can deteriorate quite suddenly, can't they?

OAKLEY: Occasionally, yes.

MYERS: When you began your shift, would you have had a handover with Kate Bissell who's the nurse who'd been looking after [Baby D]?

OAKLEY: Yes.

MYERS: And would Mrs Bissell have given you an outline of some of the issues that were related to [Baby D]?

OAKLEY: Yes.

MYERS: And would you also have looked back at Kate Bissell's notes, the nursing notes?

OAKLEY: If I had chance.

MYERS: If you had chance.

I'm not going to go through the whole of [Baby D]'s history before you came on, but I just want to ask if you are aware of a couple of facts before we break for lunch. All right?

OAKLEY: Yes.

MYERS: Were you aware that on the morning that your shift started, in that morning, [Baby D] had been on a ventilator until about 9 o'clock, something like that?

OAKLEY: I... I only know that from having read notes at the hospital, yes.

MYERS: All right. And then from 9 o'clock onwards she was on CPAP, wasn't she?

OAKLEY: From 9 o'clock in the morning, yes.

MYERS: Were you aware of any issues with regard to her blood gas during the course of that day before you came on duty?

OAKLEY: Um...

MYERS: I'm not expecting you to remember things you can't remember, Mrs Oakley.

OAKLEY: No, only that obviously she needed -- obviously the gases weren't good at some point because she was ventilated and obviously they were good at some point because she was extubated.

MYERS: I'll tell you what, Kate Bissell is not a witness who's giving evidence and you'll have had a look at the notes.

May we just have a look at the couple of entries in her notes so we have them in mind when we come to your shift.

I'm going to 2239, which is the exhibit page, but on the system it's slide 105, please. If we enlarge this and have a look here.

These are notes made by Kate Bissell at 5.03 pm on 21 June, so a couple of hours before handover.

OAKLEY: Yes, that's correct.

MYERS: We can see that at the top?

OAKLEY: Yes.

MYERS: It starts from the beginning of her shift because it says:

"Care taken over at 08.00 hours."

Do you see that?

OAKLEY: Yes.

MYERS: The third line down:

"[Baby D] was intubated at the start of the shift."

It says:

"Extubated into air at 09.00 following satisfactory blood gas."

Yes?

OAKLEY: Yes.

MYERS: "Initially, apnoeic and required stimulation CPAP via Neopuff for a couple of minutes."

OAKLEY: Yes.

MYERS: Her breathing then became more regular, but we know she remained on CPAP and she was on CPAP when you were dealing with her, wasn't she, Mrs Oakley?

OAKLEY: Just reading there, it says she was self-ventilating in air. When does it say -- I'm not sure... Put on CPAP... A little bit later I think it looks like she went on CPAP.

MYERS: So there's no confusion, could we put up, please, J2285.

This is a chart you've helped us with and you can help us with this, Mrs Oakley.

If we just go to the left-hand side and enlarge it, it will help us with what breathing apparatus [Baby D] was assisted with. If you enlarge the top few lines, please. If we look at type of ventilation, we can see, working across from 1 o'clock in the morning until midnight when you were with [Baby D], can we see where she's on the ventilator from that?

OAKLEY: Yes. From 1.30 through to it looks like... Maybe...

9.30. I think she was extubated at 9.

MYERS: That's right, that's the note.

OAKLEY: And at 10.30 it says:

"Self-ventilating in air."

MYERS: And after that what do we have?

OAKLEY: 11.30, she was on CPAP.

MYERS: That's right. So she went on to CPAP after she'd been put on air, didn't she? Did she remain on CPAP through to the period you were dealing with?

OAKLEY: She did, yes.

MYERS: Remind us then, if we go back, please, to page 2239, which was slide 105.

Just enlarge that again, Mr Murphy.

Now we've seen that, we can go back to what we looked at, where it says:

"[Baby D] was intubated at the start of shift, extubated to air at 09.00 hours following satisfactory blood gas. [Baby D] was initially was apnoeic and required stimulation CPAP by Neopuff for a couple of minutes. Her breathing then became regular. She was SVIA with saturations in the high 90s."

So they tried her without any breathing assistance, but she had to be then put on to CPAP to be able to breathe to the right level and that remained the case.

OAKLEY: Yes. It sounded like she was doing okay, but obviously she did the gas then and that showed she wasn't coping.

MR MYERS: That's right. We'll come on to that.

Maybe, my Lord, this might be an appropriate point to stop.

MR JUSTICE GOSS: Yes. About how long do you you'll be in cross-examining this witness?

MR MYERS: Maybe about an hour or so. Quite a lot of detail.

MR JUSTICE GOSS: It's the "or so" that is...

MR MYERS: Between about 45 minutes and an hour and 10 minutes, something like, that I would say.

MR JUSTICE GOSS: In which case, can we have a short lunch?

MR MYERS: We're in your Lordship's hands.

MR JUSTICE GOSS: I'm sorry if it causes inconvenience.

MR MYERS: Yes. We've gone into quite a lot of detail in chief with Mrs Oakley. That's not to sound critical.

MR JUSTICE GOSS: We'll start at quarter to, then, which will give you an hour and a half.

MR DRIVER: We'll maybe release the next witness.

MR JUSTICE GOSS: Yes, certainly.

We're going to have a break for 45 minutes so you can have something to eat and drink. Could you be ready, please, to continue at 1.45? Just stay there for the moment and don't talk to anyone about your evidence, the questions you've been asked or the answers you've given.

OAKLEY: I won't.

(In the absence of the jury)

MR JUSTICE GOSS: If you just remain there until someone says you can go. I'll rise and the court can then clear. Thank you.

(1.01 pm)

(The short adjournment)

(1.45 pm)

(In the presence of the jury)

MR JUSTICE GOSS: Yes, Mr Myers.

MR MYERS: When you began your shift, picking up what we were dealing with, did you know or can you remember whether you knew that there had been a delay of about 4 hours in giving [Baby D] antibiotics after her birth?

Were you aware of that?

OAKLEY: I can't remember that.

MYERS: Right.

OAKLEY: But obviously, from reading notes, I'm aware of that now.

MYERS: But as to whether you knew that at the time you're not sure?

OAKLEY: I'm not sure.

MYERS: If we just look at the note we were looking at, not all of it, just a couple of points. Members of the jury and others following it, it's at page 2239, which is slide 105.

Right in the centre of that, just after the section we were looking at before lunch, can you see it says about seven lines down:

"Post-extubation blood gas taken at 10.15 hours"?

OAKLEY: Yes.

MYERS: "Results showing respiratory acidosis. Put on to CPAP at the request of Liz Newby."

Again is that something you think you would have been aware of at the time you began to look at [Baby D] or can you not say that there had been an episode -- or rather the results indicated respiratory acidosis at that time?

OAKLEY: I'm not sure. I'm sure Kate probably would have put that in her handover to me, but I can't remember it.

MYERS: Just pausing there, we may come to this shortly, but you've talked about how you test the stomach pH for acid, haven't you?

OAKLEY: Yes.

MYERS: When we talk about blood gas and pH, that's quite a different issue from stomach acid, isn't it?

OAKLEY: It is, yes.

MYERS: The blood gas should have a pH of about 7.3, shouldn't it, or thereabouts?

OAKLEY: Yes.

MYERS: If it begins to drop from that, that indicates it's becoming acidic?

OAKLEY: Yes.

MYERS: And that can indicate what's called acidosis, can't it?

OAKLEY: Yes.

MYERS: Which means there may be some problem with respiration, which is making the body more acid or the blood more acid?

OAKLEY: Yes. To my understanding, yes.

MYERS: All right. If we just carry on from that part, it says a couple of lines down, just below that:

"Blood gas repeated 2 hours later."

So that's about 12.15:

"Showed further deterioration with increasing metabolic acidosis."

You see that?

OAKLEY: Yes.

MYERS: Again, is that something you would expect you would have been told?

OAKLEY: Um... I'm sure it will have been mentioned, yes.

MYERS: Finally on this section, just looking at something that's entered just before your shift began and it's in the lower of the two entries by Kate Bissell, the one towards the bottom at 19.45.

If we can scroll down the page, please. Thank you.

If we look here, 19.45, so this is entered at about handover time, isn't it?

OAKLEY: Yes.

MYERS: "Repeat bloods taken by Dr Rylance via UVC. Blood gas satisfactory. Dr Rylance wanted to try [Baby D] off CPAP so taken off at 19.15. However, [Baby D] began shallow breathing again and dropped her saturations to the mid-80s, so put back on. Her breathing has now improved and she is saturating at 100% in air. To remain on CPAP for the time being."

Do you see that?

OAKLEY: Yes.

MYERS: What we have, do you agree, is a baby who has plainly been struggling in terms of breathing unassisted for some time that day, right up to the point your shift commenced?

OAKLEY: Yes, she has needed help, yes.

MYERS: And we know that you're focussing on the 5 or five and a half hours before the events you were involved with.

But do you agree that the sort of thing we've seen on these notes by Kate Bissell relating to the issues with breathing and respiratory acidosis, they are warning signs, aren't they, that [Baby D] is not in an optimally healthy state?

OAKLEY: Yes. They showed at that point she needed respiratory support, yes.

MYERS: Yes, and it indicates, amongst other things, that she might be unwell, doesn't it?

OAKLEY: If she needs help with her breathing, yes.

MYERS: Yes. Can we have a look, please, at the observation charts, just briefly, that we looked at when Mr Driver was going through your evidence with you. Can we go to page 2291, which is at slide 193. In fact, there are two pages of observation charts and I'm wondering if they can run together, but we'll find them anyway.

Let's go to slide 193.

This indicates the observations actually pretty much following the period that you were looking after [Baby D], doesn't it, Mrs Oakley?

OAKLEY: Yes.

MYERS: I think you've already identified the respiration moves up to just about the bottom of the yellow area.

OAKLEY: Yes.

MYERS: Can I just ask you something in fact about the bottom of this chart. If you go right down to the bottom of the page, below there, some words at the bottom, I just want you to help us with what this means it says:

"White: continue obs as per frequency. 1st yellow: action and repeat in 1 [or primary]. 2nd yellow: escalate to senior nursing practitioner or SHO [who's a doctor]."

Where it says second yellow, does that mean second yellow along, for instance, on respirations or across two different body functions or do you not know?

OAKLEY: Um... I suppose it would be in the same section.

MYERS: Yes. So that would mean if, for instance, we get a high respiration and then it's followed by another high one, and I mean in the warning zone, as you've called it, the yellow one, at that point best practice would be to escalate it to a senior nursing practitioner or a doctor?

OAKLEY: Yes.

MYERS: All right, thank you.

Of course this is part of the picture with [Baby D], what we have with the records that you took. I don't know if we can just look at the page beforehand to put it in context. That is J2290. It's on the slides at slide 57. I'm sorry if we can't just move straight from this slide to it. You may have already found out where they are, ladies and gentlemen.

Thank you, Mr Murphy.

In fact, would you have been able to see this chart when you were looking after [Baby D], Mrs Oakley?

OAKLEY: I'm sure it would have been there.

MYERS: Yes. And again we can see there, in particular round about the afternoon time of the day, maybe from late morning, looking at respirations in particular, late morning through to teatime, early teatime, mid-afternoon, they are raised in the yellow at that point, aren't they?

OAKLEY: Yes.

MYERS: And of course this is with a baby who all the time is on CPAP; is that correct? We know that, in fact.

OAKLEY: Okay, yes.

MYERS: Right. One final thing on these charts, please, Mrs Oakley, before we move on. I wonder if we could go back to the page that you completed, which is at slide 193.

In terms of when the observations are taken, a little difficult to tell, but if we enlarge the upper part of the chart, I don't know if this is just your practice or general practice, but the points at which you make the mark on the chart for heart rate appear to fall within the 1 and 2 or the 3 and the 4 and so on; do you see that?

OAKLEY: Yes.

MYERS: Is there any particular time at which you are taking the observations or does that indicate when it was precisely you took the observation?

OAKLEY: The time I've written is the approximate time I would have done the observations.

MYERS: So round about, for instance, if we see the high point on heart rate under 01, does that mean you would have done the observation around about 1 o'clock?

OAKLEY: Yes.

MYERS: You've actually written 1.11. Thank you.

MR JUSTICE GOSS: I think it may be a 5, but it's for the witness to say.

MR MYERS: Oh yes. I couldn't tell that.

MR JUSTICE GOSS: No, no. It's your handwriting, is it?

OAKLEY: Yes. I think that is my handwriting and I think it says 01.15.

MR JUSTICE GOSS: Yes.

MR MYERS: 01.15.

MR JUSTICE GOSS: And the one before is 24 and then it looks as though it's -- well, it's a number underneath which seems to have been overwritten with a 3 -- 30 -- to me.

OAKLEY: Yes. I would agree.

MR JUSTICE GOSS: Anyway, there it is. It's something that's overwritten.

MR MYERS: I'm going to ask you to try again. The high point then with the respiration and the heart rate, just to help with that time, is 1.15, you think, from how that's presented?

OAKLEY: Yes.

MYERS: All right. Returning to your note, Mrs Oakley, could we go, please, to page 2241, first of all, which is slide 207. Picking up on the paragraph that begins "reviewed by Dr Brunton":

"Reviewed by Dr Brunton. Commence feeds and increase as tolerated. EBM: consented to donor EBM [that's expressed breast milk]. Blood gas taken from UVC by Dr Brunton. Gases at 23.52 and 01.14 satisfactory. Bilirubin below treatment line. Repeat. CRP 6."

So that's the position as it is in the notes prior to the first of the incidents involving [Baby D]. Do you agree with that --

OAKLEY: Yes.

MYERS: -- so far as you can remember, Mrs Oakley.

OAKLEY: Yes.

MYERS: Leave that note for a minute and I'd like to go and have a look at the blood gas chart. We haven't looked at this yet with you. It's at page 2294 or, on the sequence of events, slide 201.

If we look at the two readings you have referred to, 23.52 and 01.14, we can home in on those, we might need to be able to see what the reference is on the top if that's possible.

In fact, I wonder with the blood gas, the readings, if we could have a line or two above 23.52. If you could make that a little bit deeper. Thank you very much.

We know from the notes we looked at earlier involving what Kate Bissell had written that there were signs of acidosis from the blood gas readings during the late morning and afternoon with [Baby D]. Do you remember we just saw that in Kate Bissell's notes?

OAKLEY: Yes.

MYERS: If we look at the entries for 10.14 and 12.10, 10.14 first of all, can you see it's 7.194 for the pH?

OAKLEY: Yes.

MYERS: And that's low, isn't it?

OAKLEY: Yes.

MYERS: Which means that indicates acidosis of some sort potentially, doesn't it?

OAKLEY: Yes.

MYERS: And if we carry on down to 12.10, please, we can see there 7.173. Again, that's acidic, isn't it?

OAKLEY: Yes.

MYERS: If we carry on a little later into the afternoon, 14.08, we have 7.337. That's within the right type of range, isn't it, for the levels you want for pH?

OAKLEY: Yes.

MYERS: You're really looking for about between 7.3 and 7.38 in fact, aren't you, something like that, for pH, would you agree?

OAKLEY: Well, you'd have to really speak to a doctor because it's -- different parameters for different types of babies are acceptable.

MYERS: Let's carry on with --

OAKLEY: 7.3 is ideal.

MYERS: All right. 18.44. 7.34, isn't it?

OAKLEY: Yes.

MYERS: So that's in the range we're looking for --

OAKLEY: Yes.

MYERS: -- for it to be healthy?

OAKLEY: Yes.

MYERS: As we go later, your first reading there is 23.52.

Can you see that, Mrs Oakley?

OAKLEY: I can, yes.

MYERS: In fact, if we look at the pH there, it's down to 7.266, isn't it?

OAKLEY: Yes.

MYERS: Which is becoming acidic, isn't it, it's dropped below the level that we want?

OAKLEY: It is a little bit low, yes.

MYERS: The carbon dioxide, 6.56, is just at the upper end, isn't it, of what would be considered acceptable?

OAKLEY: Up a little bit, yes.

MYERS: Up a little bit, yes. If we carry on, base excess, it's on the chart as BEx at the top, isn't it?

OAKLEY: Yes.

MYERS: If we come down, BEx at 23.52 is 5.6, isn't it?

OAKLEY: Yes.

MYERS: Which is just at the bottom end of what's acceptable, isn't it?

OAKLEY: That's gone up a little bit.

MYERS: Yes. So the picture at 23.52 is not as good, putting it simply, as it was at 18.44, is it?

OAKLEY: It isn't as perfect a gas, no. It's a little bit more -- I think if you spoke to a doctor, they probably would say it was more of a mixed gas, not just a respiratory acidosis, but...

MYERS: A mixture of metabolic and respiratory acidosis?

OAKLEY: Yes.

MYERS: But the picture is not as good, is it, as we have at 18.44?

OAKLEY: No.

MYERS: Then if we look at 01.14, so we're about 15 minutes from the first of the events, the pH is down to 7.25, isn't it? Is that a 7? It looks like it.

OAKLEY: 7.2?, I can't quite...

MYERS: 7.217, maybe, but you help us if you think it's different from that.

OAKLEY: I don't think that's my writing.

MYERS: Your writing in the line above?

OAKLEY: The 01.14, is it mine?

MYERS: You've written the line --

OAKLEY: It might be.

MYERS: -- for 23.52, haven't you?

OAKLEY: Yes.

MYERS: 01.14, if we look at the readings that are there, 7.217 is lower, isn't it?

OAKLEY: Yes, it is.

MYERS: So if we're going to put it this way, that's not as good as 7.266, is it?

OAKLEY: No.

MYERS: And the carbon dioxide has come down a little bit, from the look of it, hasn't it, at 6.43?

OAKLEY: It has, yes.

MYERS: But when we move across to the base excess, which is minus 8.9, that's fallen quite some way below the lower limit of minus 0.5, hasn't it?

OAKLEY: Yes.

MYERS: So that really is not so good either, is it?

OAKLEY: No.

MYERS: So in fact, whether it is you or anyone else who's written those values in, when we actually look at them, they

indicate a deterioration from how things appear to be earlier in that evening, don't they?

OAKLEY: The gas -- it, to me as a nurse, is not as good as the previous.

MYERS: All right. As to who's written that --

OAKLEY: I think it could -- maybe it is me, but obviously I don't take the bloods from the robins(?), they come from the umbilical line, so I presume it was Dr Brunton that took them?

MYERS: Right.

OAKLEY: -- and he obviously orders any actions to be taken from them.

MYERS: All right then. So you're not sure who has written that really?

OAKLEY: No. I haven't put my signature, but it could still be me if it was busy.

MYERS: I beg your pardon?

OAKLEY: It might be mine.

MYERS: All right. You'd said earlier when you were being asked questions about what you were doing and the times you were doing them, that it was difficult to remember precisely what had happened and when?

OAKLEY: Yes.

MYERS: No one is expecting you to remember what happened minute by minute or even hour by hour if you can't. Your recollection when you began to talk about events in the early hours of the morning was you were on your break between 1 and 2 am?

OAKLEY: I do believe that's what break I was on.

MYERS: Certainly these readings have been entered at 01.14, whoever's entered those; yes?

OAKLEY: Yes.

MYERS: We can go back, but we may not need to, when we looked at the observation charts with the respiratory and the heart rate readings, I think you there agree that the entry was at 01.15, wasn't it?

OAKLEY: Yes.

MYERS: Is that an entry by you at 01.15 on that chart? We can go back and check in fact. If we just put in slide 193, I'd be grateful.

We can see if there's a signature at the foot of the page. As we go across the bottom, we can see the one on the left-hand side is Kate Bissell; is that right?

OAKLEY: That's right, yes. They're all my signatures, yes.

MYERS: All right. I think it was the third from the left.

If we track up from that one, there we go, up to 1.15 --

OAKLEY: Yes.

MYERS: -- does that help indicate that -- I'm not suggesting you're not taking a break around this time, but certainly at that time you're involved in looking after [Baby D]?

OAKLEY: I'm presuming so, unless -- sometimes you can write observations retrospectively because I wouldn't have expected to write those obs at 1.15. I'd have expected to write them at 01.30. So some time -- I don't know, Is that when she misbehaved? Sometimes I might have said to the girls, what were the obs at the time it happened, and then done that retrospectively. It does happen.

MYERS: All right. But certainly in terms of records we have, we have a signed entry by you for 01.15, don't we?

OAKLEY: Yes.

MYERS: And we have the --

MR JUSTICE GOSS: Sorry to interrupt you. Mr Murphy?

(Pause)

Sorry.

MR MYERS: So we have the signed entry by 01.15 on this observation chart. We also have the blood gas entry, unsigned but possibly written by you, for 01.14, didn't we?

OAKLEY: Yes. Which I could have written -- I'm saying I didn't take the gas but I could get the gas -- piece of paper and write it retrospectively on the chart, that is what we do.

MYERS: We've also got the fluid chart that we looked at and I'm going to go to that next as we come in towards this time. That's at page 2250 or slide 203.

It's the bottom two entries I'm going to ask for your assistance with, Mrs Oakley. Can you see, first of all, the penultimate entry:

"0.9% saline, 3ml stat, 20 minutes"?

But moving across, it says:

"Given by..."

And the top signature, is that Ms Letby's?

OAKLEY: Yes.

MYERS: And the lower signature, is that yours?

OAKLEY: That's mine.

MYERS: All right. The timing of that is 01.25, isn't it?

OAKLEY: That's not my writing, but yes.

MYERS: Yes, all right. We've heard a little of this, but although we've got a straight timing there of 01.25, to administer saline intravenously, or the other items there, certainly one of the nurses has to be sterile in terms of the hands and the gloves she's wearing; is that correct?

OAKLEY: That was through a peripheral line, so not sterile at such, but obviously clean technique.

MYERS: You had to get the equipment ready and do the procedure?

OAKLEY: Yes, but I think obviously Kate was helping as well so I presume she was...

MYERS: Is that Kate Percival-Ward?

OAKLEY: Yes, she's the one I remember working with.

MYERS: Right. In any event, if that is the time that you're involved, that's round about 1.25, isn't it?

OAKLEY: Yes.

MYERS: In fact, you've mentioned Kate Percival-Ward was involved. There's nothing unusual about nurses helping one another with these procedures, is there?

OAKLEY: No, not at all, no.

MYERS: And there are a number of procedures where it's actually required that there are two nurses involved, isn't there?

OAKLEY: Yes, yes.

MYERS: And sometimes you may ask for help with a baby that you're looking after and sometimes someone else will ask you to help them?

OAKLEY: Yes, that's correct.

MYERS: And that's all part of the work of a shift, isn't it?

OAKLEY: Yes.

MYERS: One other chart to look at whilst we're dealing with this. Can we put up, please, 2308, slide 208. It's the fluid balance chart. Just enlarge this, please.

The first line, if we could, it starts with the NBM:

"01.30, NBM."

If we just look across there, I'd just like to enlarge the section over on the right-hand side that we looked at earlier with the -- if you move the cursor up on to that chart. Thank you.

Initially, your recollection of the specifics of the charts we're looking at was not immediate or direct.

You don't remember all the detail of everything we are looking at, do you?

OAKLEY: No.

MYERS: And you were asked questions about this. Do you have any recollection precisely what this applies to, where we can see it says -- I'll be clear, I think you said 01.05, that's what you thought that was, AXR, and then in different writing -- 01.05, then next to it, "Suction pp LL", and below that, "Bolus". Can you see that?

OAKLEY: Yes.

MYERS: Do you actually know what those relate to?

OAKLEY: I believe I am writing that retrospectively. I've been called back from my break and this is what Lucy and Kate have told me has happened at 01.05, and I have just summarised what they told me, that there was suction required and then the doctors have come, and the summary is that they wanted a bolus and an abdominal X-ray. And I have summarised that and signed for it.

MYERS: Thank you. And your best recollection -- sorry, carry on.

OAKLEY: And that's the approximate time I feel I would have said, "well, what time was this?" And whoever it was would have said, "Around about 1.05", and I've done that.

MYERS: So to the best of your recollection, you have written the note in, the additional note --

OAKLEY: Yes.

MYERS: -- "suction pp LL" and "bolus"?

OAKLEY: Yes.

MYERS: It relates to something that you understood took place at or around 01.05 that morning?

OAKLEY: Yes.

MYERS: But as to who it is that told you that, you're not entirely sure?

OAKLEY: I presume it was either Lucy or Kate --

MYERS: All right.

OAKLEY: -- or a combination. I think they both -- from my notes, I've put that they both called me back. I don't know what they put in their notes.

MYERS: I'll come to that, yes.

But as to who has done what, you have no recollection?

OAKLEY: No.

MYERS: And you can't say?

OAKLEY: No.

MYERS: All right, thank you.

Let's go back then to what did happen as we go up towards 1.30. Can we go back to the note which you made, please, Mrs Oakley, at 2241, slide 207.

We know there are three events we deal with here.

From your note, the timings are at or around 01.30, 03.00 and 03.45. That's what the note says, isn't it?

OAKLEY: It is, yes.

MYERS: Let's start with the first of those, 01.30. At the time you made the note, your record was that you were called back and it's got "by Percival-Ward and SN Letby".

OAKLEY: That's correct, yes.

MYERS: We've got it now, but Percival-Ward is a nurse called Kate Percival-Ward; is that correct?

OAKLEY: It is, yes.

MYERS: Do you recall whether it was someone calling for you or someone coming to ask you to come from wherever you were?

OAKLEY: I presume they will have just walked -- it's only a very short corridor from nursery 1 to the resus room, a short walk (inaudible: coughing) have rushed back, knocked on the door, "Come back", I don't know who.

MYERS: You don't know if it was Kate Percival-Ward or Lucy Letby?

OAKLEY: No.

MYERS: But your recollection is that one or other will have come to get you?

OAKLEY: Yes.

MYERS: Your note there is that:

"[Baby D] had desaturated to 70s."

Is that 70% oxygen?

OAKLEY: Yes. And I think this is what they have relayed to me.

MYERS: Yes. Would you have seen the monitor, for instance?

OAKLEY: No.

MYERS: Was there a monitor with oxygen on it recorded?

OAKLEY: With the -- recording the oxygen saturations, yes.

MYERS: Would your note in any way be based upon that from what you saw?

OAKLEY: Maybe not the desaturation, but ongoing, ongoing the rest is.

MYERS: All right. You put the desaturations to 70%, I think we'll see when we come to the doctor's notes they go to 60%. I just say that so we can all keep track of where that gets to.

[Baby D] was given -- was she given additional oxygen?

OAKLEY: She must have been because it says later on:

"Saturations 100% in oxygen, weaned to air."

MYERS: And she responded well to the additional oxygen, didn't she?

OAKLEY: Yes.

MYERS: Sadly, we come to resuscitation, but no resuscitation is required on this occasion?

OAKLEY: That's correct, yes.

MYERS: So she was given oxygen, she responded well to that, and certainly by the time that Dr Newby had arrived, she seemed to be settled and stable, didn't she?

OAKLEY: Yes.

MYERS: So is that within about 15 to 20/25 minutes, something like that, from your recollection, if you can recall?

OAKLEY: Roughly. I don't know what time Dr Newby arrives.

MYERS: It's about 2 o'clock Dr Newby gets there.

OAKLEY: So half an hour, yes.

MYERS: Maybe a little earlier.

The most notable feature of this, I'm going to suggest to you, Mrs Oakley, what really struck you, was the colour which you noticed, would that be fair to say?

OAKLEY: Yes.

MYERS: I don't make light of the fact that babies can for whatever reason desaturate, can't they, to 60%, 70%?

OAKLEY: Yes.

MYERS: And extra oxygen can stabilise them?

OAKLEY: Yes.

MYERS: But what really struck you, as you said to the jury earlier, was the colour that you saw. In the notes you describe it this way:

"Had lost colour. Discolourations to skin observed."

What you said in the notes was:

"Trunk/legs/arms/chin."

I know you're thinking back now to events years ago, but does that suggest that by and large, as far as you could at the time, that discolouration was all over her body?

OAKLEY: The front of her, yes. But I don't know if it was all the trunk. I put "discolourations to skin". I don't know if it was all the -- I don't think it was all the trunk, all the legs.

MYERS: But certainly to some extent it was evident on her central body, her trunk?

OAKLEY: Yes.

MYERS: To some extent evident on her legs?

OAKLEY: Yes.

MYERS: And her arms and up to or in the area of her face and the area of her chin?

OAKLEY: Yes.

MYERS: You were asked some questions earlier about this and you said you don't specifically -- you said to the jury:

"I don't specifically remember the exact rash, I just remember I'd not seen it before. It was dark and unusual and it struck me."

OAKLEY: Yes.

MYERS: You said you'd been a nurse for 20 years, you'd not seen anything like it. You were asked several times, no criticism of the fact you were asked several times, for more detail and eventually you said:

"I struggle to describe it. It was a deep red/brown, different from mottling."

Do you remember saying that?

OAKLEY: Yes, I do.

MYERS: You'd said you couldn't remember it and we see what you put in the notes. When you say it was a deep red-brown, is that a clear impression you have of it or is that just trying to pull up something which can answer a question which was asked several times?

OAKLEY: I just remember the rash. I don't remember the specifics of it, I just remember that is an unusual rash.

MYERS: Right.

OAKLEY: And... That's just what I can say.

MYERS: Would it be fair to say it was the fact it was something that was unusual that really stuck in your mind from what you saw?

OAKLEY: Yes, it always has, yes.

MYERS: Pausing here before we come to the events that followed this, round about the time that this happened was there some discussion on the unit about people saying they had seen an unusual rash or rashes on one or more of the babies who'd been dealt with?

OAKLEY: I do remember talk of that, yes.

MYERS: And were people comparing their recollections of what they said they'd seen maybe on other babies?

OAKLEY: I can't remember the specifics, just that people had commented about a different rash recently.

MYERS: All right. Once [Baby D] was stable and had settled, in fact by that point the colour, the discolouration had gone altogether, hadn't it?

OAKLEY: Yes.

MYERS: Carry on to the next event. It's timed here at 03.00.

That says:

"[Baby D] crying and desaturating again to 70s."

It doesn't describe you in this note, Mrs Oakley, being called to the nursery or being collected from anywhere.

OAKLEY: That's right.

MYERS: So do you agree, you agree with this, that suggests you were there probably?

OAKLEY: Yes, in the vicinity.

MYERS: In the vicinity?

OAKLEY: Yes.

MYERS: You had suggested what you may be doing, but in fact, as we sit or stand here now, do you remember clearly what you would have been doing at that time or not?

OAKLEY: I don't, no.

MYERS: You don't. There's a desaturation, you've put, to the 70s here, and then Dr Brunton was called. [Baby D] was taken off CPAP and received a fluid bolus and gas and she then stabilised again; is that correct?

OAKLEY: That's what I remember, yes.

MYERS: All right. Again, I don't make light of it, but an episode that was dealt with relatively quickly; is that right?

OAKLEY: Yes.

MYERS: And from which she appeared to make a good recovery?

OAKLEY: Yes.

MYERS: In fact, it seems the view was good enough that she should be taken off CPAP from your note. It says:

"Taken off CPAP."

OAKLEY: That must be what the doctor asked for.

MYERS: Yes, that's Dr Brunton's decision?

OAKLEY: Yes.

MYERS: Do you recall whether there was any discussion about the fact that there had been some problems earlier in the day, struggling when she just breathed in air without any support? Do you recall any discussion about that at all or not? Don't hazard a guess if you don't.

OAKLEY: No.

MYERS: I just noticed, it says:

"03.00. [Baby D] crying and desaturating again to the 70s."

Might it be the crying that caught your attention and drew your attention to what she was doing or does that not help asking that? Again, I'm anxious you don't guess.

OAKLEY: I can't say for definite. I would think if she desaturated to the 70s, the alarms would have called me and then I would have noticed the crying. But I can't say 100%.

MYERS: And so far as discolouration was concerned on this second incident, the second event, there was skin discolouration but, you make the point, less than previously?

OAKLEY: That's correct.

MYERS: So not so marked?

OAKLEY: Yes.

MYERS: I'll come to the final entry here, please, Mrs Oakley.

03.45:

"Monitor alarming. [Baby D] desaturating and then became apnoeic. Called SN Letby to help."

OAKLEY: That's right, yes.

MYERS: You described to us in between the two incidents we're looking at there that you had done cares for [Baby D] and been able to assess her condition yourself; is that right?

OAKLEY: Yes.

MYERS: And she would have been off CPAP at the time you were doing that? Does that follow from what we can see?

OAKLEY: Honestly, you'd have to check the times for me.

MYERS: All right. But she seemed to you to be stable in between these two events, events 2 and 3?

OAKLEY: Definitely, yes.

MYERS: But then at 03.45, what is evidently a more significant and marked desaturation than before, isn't it?

OAKLEY: That's right, yes.

MYERS: Because she actually becomes apnoeic, so she stopped breathing. Does that mean she pretty much stopped breathing altogether?

OAKLEY: Yes.

MYERS: And this time you called for help?

OAKLEY: Yes.

MYERS: And on this occasion, efforts were made ultimately to resuscitate [Baby D]; is that correct?

OAKLEY: Yes.

MYERS: And on this occasion, that having been done, sadly that didn't work, did it?

OAKLEY: It didn't, no.

MR MYERS: Thank you for answering those questions, Mrs Oakley. That's what I wanted to deal with.

MR JUSTICE GOSS: Mr Driver.

Re-examination by MR DRIVER

MR DRIVER: Just one issue of re-examination.

You were asked questions about the discolouration --

OAKLEY: Yes.

DRIVER: -- on [Baby D]'s skin. And as to your observations timed at 01.30, so the first recorded unexpected event, my learned friend Mr Myers put to you, and you accepted, that it was the fact that it was unusual that stuck in your mind.

OAKLEY: Yes.

DRIVER: What was it that was unusual about it that made it so memorable?

OAKLEY: Because I'd not seen it before.

DRIVER: At 3 o'clock it was less marked than previously. How had it changed? Could you describe the change?

OAKLEY: I just remember it wasn't as significant, it wasn't as pronounced, it wasn't extensive. Obviously I've written this -- it's been like hands on, just like everyone hands on deck and I've written this retrospectively.

But I just remember it wasn't as bad the second time.

But I wasn't expecting her to misbehave, to be poorly again.

DRIVER: And to go back, finally, to the discolouration as observed at 01.30 and how it was different to what you had seen before on other babies --

OAKLEY: Yes.

DRIVER: -- what rashes have you encountered?

OAKLEY: Really, in neonates, all I see is like they can be mottled, which is difficult to describe, but we don't really have rashes on babies. We might get a few little newborn spots or, if they're a bit poorly, as I keep saying, mottled. But we don't specifically get rashes in my experience.

MR DRIVER: Thank you. Does your Lordship have any questions for the witness?

Questions from THE JUDGE

MR JUSTICE GOSS: Well, it may sound obvious to you, but you wrote the notes about these three events. Although they were close in time, they were specific events.

OAKLEY: Yes.

MR JUSTICE GOSS: You wrote your notes about them at the end, after the third event?

OAKLEY: Yes.

MR JUSTICE GOSS: You were able, were you, to distinguish between each event and the particular features of each event?

OAKLEY: Yes. From the charts and obviously I will have been talking to the doctors and, like, discussing -- you talk to the doctors and, like, say, you know, who was watching, what time was -- the specifics, there's always someone that will know times better. If your head's just -- you just focus straight on dealing with the clinical situation, a quick look at the clock, but minutes fly by and...

MR JUSTICE GOSS: Yes. Mr Murphy, could you just put up slide 207? Back to 2241, which is the narrative of these three events. I know we've gone over this in some detail, but there's just one matter which you did refer to in cross-examination. It's the first event, 01.30:

"Called to nursery by SN Percival-Ward and SN Letby. [Baby D] had desaturated to 70s. Required oral suction as was bubbly and had lost colour. Discolourations to skin observed."

You said that some of that you believe was what you were told had happened --

OAKLEY: Yes.

MR JUSTICE GOSS: -- having been summoned?

OAKLEY: Yes. I think that's why I put "pp LL" for the suction because I wasn't there, I was called. In my memory I was called for that and then I've come back, I've got straight into it with the girls and I remember the rash.

MR JUSTICE GOSS: Right. So when it gets to "discolourations to skin observed", that's you --

OAKLEY: Yes.

MR JUSTICE GOSS: -- saying what you had seen?

OAKLEY: Yes.

MR JUSTICE GOSS: Right. I just wanted that to be clear.

Thank you very much then.

MR DRIVER: Mrs Oakley will be returning.

MR JUSTICE GOSS: I thought she was. I just haven't got my sheet to hand at the moment.

You will be coming back to give evidence again.

It's very important, and I've said this to every witness in your situation, that you don't talk to anyone about this case, about your evidence, what you've been asked about and what you've said until it is all over, the case is over. All right?

OAKLEY: Yes.

MR JUSTICE GOSS: So please just remain there, would you, and we'll just have a short break to enable the witness to leave the court. So that means you have to leave court first of all, please. This is a short break.

I hope it can be all done within 5 minutes. Thank you very much.

MR DRIVER: My Lord, this is the end of the evidence for today.

MR JUSTICE GOSS: There's nothing going to be read then?

MR DRIVER: No.

MR JUSTICE GOSS: Sorry, just take your seats again. And I gave you a short lunch, but you heard my reasoning.

It's for you to say whether it was sensible or not. So that's it then. It's a long break. Monday morning, please, 10.30.

Remember your responsibilities as jurors: no research about anyone or anything to do with this case, no discussion by any means with anyone apart from in the company of everyone else who's a juror in this case. If you're sitting in the room outside and you're talking about aspects of the case, that's permitted, but nothing beyond that. Thank you very much.

(In the absence of the jury)

Housekeeping

MR JUSTICE GOSS: I'm sorry, Mr Driver, I hadn't appreciated --

MR DRIVER: I didn't make it plain. It was implied when I said we'd send the next witness away. I didn't make it plain, apologies.

MR JUSTICE GOSS: All right. Can I just mention -- sorry, this doesn't concern you at all, it's just what's going to happen on Monday.

On Monday there is a witness who is going to be attending remotely.

MR DRIVER: Tuesday.

MR JUSTICE GOSS: It's Tuesday, is it?

MR DRIVER: We've rejigged a little as compared to the last written version that was circulated. Dr Brunton is travelling from Scotland on Sunday night, so we'll accommodate him first thing on Monday. Dr Davis, an obstetrician, will give evidence Monday afternoon, but we're keen to have a clear and clean finish on Monday to accommodate the international evidence on Tuesday morning.

MR JUSTICE GOSS: Yes. May I just discuss the mechanics of that? This witness will be in Switzerland?

MR DRIVER: Yes.

MR JUSTICE GOSS: He will be in a --

MR DRIVER: She.

MR JUSTICE GOSS: Sorry, she will be in a courtroom in Switzerland?

MR DRIVER: As I understand.

MR JUSTICE GOSS: There will be a Swiss judge present?

MR DRIVER: Yes.

MR JUSTICE GOSS: The proceedings have to be translated into French because it's in a French-speaking part of Switzerland?

MR DRIVER: Yes.

MR JUSTICE GOSS: Do we have to pause? Has this been thought through?

MR DRIVER: As I understand, and I'll look for corrections if I'm wrong, there will be a prosecutor present, who will act as the intermediary for the proceedings.

(Pause)

I completely misunderstood. There will be an interpreter. The interpreter will be here with us.

MR JUSTICE GOSS: So let me understand this then. So when a question is asked of the witness, it will be asked in English?

MR DRIVER: Yes.

MR JUSTICE GOSS: It will be translated then into French --

MR DRIVER: Yes.

MR JUSTICE GOSS: -- by the person who's here. The witness will then answer in English and the answer will be translated into French? So that's how it's going to proceed, is it?

MR DRIVER: Yes, yes, nods from behind.

MR JUSTICE GOSS: Right. This is a requirement of Swiss law, as I understand it?

MR DRIVER: Yes.

MR JUSTICE GOSS: Mr Astbury?

MR ASTBURY: The Swiss judge has to follow the proceedings as they unfold. That's why it can't be done after the event. So he or she must be, as it were, involved in real time. That's my understanding.

MR MYERS: I wonder if I can assist, my Lord.

The contentious areas with that witness are absolutely minimal. There were one or two lines in issue. We'd suggested whether she could be read. The prosecution understandably didn't wish for that. I just wonder whether, between ourselves, we can see if there's any way of dealing with this witness without having to go through the process that we're talking about here.

I'd be grateful to assist the court if I can by just considering whether it's really necessary for her to give evidence from our point of view --

MR JUSTICE GOSS: All right.

MR MYERS: -- because it's a great deal to go through for what may be just one or two points that can be dealt with elsewhere. And we would be keen to save the court in both jurisdictions the difficulty, if we can do so, without doing any disservice to the case that we're dealing with. I would like to assist by seeking to do that if I can. I don't want a position where a witness comes and we ask practically nothing after going through this process.

MR JUSTICE GOSS: Which will take twice as long as normal.

MR MYERS: Yes. I have to say, that hasn't happened yet because we're being as careful as we can be, together with my learned friends, on witness requirements. But this may be one where we can find a way of resolving this without going through the whole process we are talking about now.

MR JUSTICE GOSS: I'll leave it with you. We've got until Monday --

MR MYERS: We'll endeavour to do that if we can.

MR JUSTICE GOSS: -- the end of close of business on Monday.

MR MYERS: Yes.

MR JUSTICE GOSS: Thank you very much. Is there anything else? Mr Driver?

MR DRIVER: No, thank you.

MR JUSTICE GOSS: Thank you. Sorry you've been detained.

Thank you very much.

I was just thinking, I know the defendant has left court, but an alternative possibility might be that those parts of the witness's statement that are agreed are read to the jury as agreed evidence, those aspects which are controversial, the evidence is adduced by the prosecution, then cross-examined by the defence. That would save some time. It's unusual, but I don't see any difficulty with it. I'm just thinking aloud.

MR MYERS: We shall apply our minds to this, my Lord, and see what we can do.

MR JUSTICE GOSS: It would seem -- literally it would mean, "Is your name so-and-so? Appellez-vous..."

All right.

(2.42 pm)

(The court adjourned until 10.30 am on Monday, 7 November 2022)