

15 December 2022
Baby G

DR DAVID HARKNESS (recalled)
Examination-in-chief by MR ASTBURY
Cross-examination by MR MYERS
Re-examination by MR ASTBURY

Thursday, 15 December 2022

(10.30 am)

(In the absence of the jury)

MR JOHNSON: I'm not sure where Mr Astbury and Mr Driver have gone to. I know Mr Astbury is about to call Dr Harkness.

MR JUSTICE GOSS: Oh right. So he's important then?

MR JOHNSON: I need him here to make any progress, I'm afraid.

(Pause)

MR JOHNSON: I wonder whether I could just go outside.

MR JUSTICE GOSS: Certainly.

(Pause)

MR JOHNSON: The witness, unfortunately, is still in the witness room.

MR JUSTICE GOSS: So I gather, but he's now on his way.

MR JOHNSON: Right. You know more than I do.

MR JUSTICE GOSS: Well, I've just enquired.

(Pause)

(In the presence of the jury)

MR JUSTICE GOSS: Sorry you have been kept waiting.

MR ASTBURY: I recall Dr David Harkness, please.

DR DAVID HARKNESS (recalled)

Examination-in-chief by MR ASTBURY

MR ASTBURY: Dr Harkness, you have given evidence before on a number of occasions but could you just introduce yourself again for the purpose of the record, please?

HARKNESS: Yes, I'm Dr David Ian Harkness.

ASTBURY: You gave evidence most recently in respect of a baby by the name of [Baby G] and your contact with [Baby G] on and around 7 September 2015.

HARKNESS: Yes.

ASTBURY: I'm going to ask you some questions about your contact with the same baby on 21 September 2015.

You told us last time you have some memory of [Baby G] because she was in the unit for some time and you had contact with her, as a consequence, on more than one or two occasions. But dealing specifically with the 21st, do you recall what shift you were on on that date?

HARKNESS: Not particularly, not without looking at the notes.

I was on a day shift and I was on the neonatal unit, but whether I was there all day or just came across for that -- for this episode...

ASTBURY: So what hours would that shift have been?

HARKNESS: Starting at 8.30, finishing at 4.30.

ASTBURY: Do you remember anything about the ward that particular day?

HARKNESS: No.

ASTBURY: All right. Was it particularly busy?

HARKNESS: I can't remember.

ASTBURY: You have had the medical notes in an attempt to refresh your memory for those sorts of reasons and I think it's right that you have not expressly made any notes in respect of [Baby G] on that day.

HARKNESS: No.

ASTBURY: But you did recognise your handwriting on a particular form?

HARKNESS: Yes.

ASTBURY: So I'm going to ask Mr Murphy, please, to go to tile 71 and the document behind it, please.

Is this the form upon which you recognised your handwriting?

HARKNESS: Yes.

ASTBURY: Is it the entry in the first row, dated 21 September?

HARKNESS: Yes.

MR JUSTICE GOSS: Just to be clear then, can you identify the date, the writing, is that you, 21/9/15?

HARKNESS: Yes.

MR JUSTICE GOSS: Circling -- obviously a circle is a circle. Then "left foot" is your writing?

HARKNESS: Yes.

MR JUSTICE GOSS: "Dr Gibbs", your writing.

HARKNESS: Yes.

MR JUSTICE GOSS: "7th attempt by multiple staff"?

HARKNESS: Yes.

MR JUSTICE GOSS: So it's all yours?

HARKNESS: Yes.

MR JUSTICE GOSS: Thank you, good.

MR ASTBURY: Just casting your mind back, if you can, you have mentioned multiple staff. Were you aware of who first attempted to cannulate [Baby G] that particular day?

HARKNESS: No.

ASTBURY: Were you aware that Dr Chang had attempted to cannulate?

HARKNESS: Only from looking through the notes.

ASTBURY: All right. The fact that Dr Gibbs became involved, does that suggest others attempted to cannulate [Baby G]?

HARKNESS: Yes, and potentially I tried myself as well and called Dr Gibbs. I can't recollect exactly, but typically it'll be an SHO that will start, followed by a registrar, and if the registrars feel they are unable to, then we call the consultant.

ASTBURY: The fact that you filled this form in, does that suggest that you were present when Dr Gibbs finally succeeded?

HARKNESS: Yes.

ASTBURY: Do you have any recollection of being with Dr Gibbs during the course of this procedure?

HARKNESS: Vaguely.

ASTBURY: I'm going to ask you, please, to do your best to remember as much detail as you can. Have you often attempted cannulation with Dr Gibbs?

HARKNESS: Possibly one or two other occasions, but not that I can think of, no.

ASTBURY: Okay. We can see from the form that the site in the end was the left foot; is that correct?

HARKNESS: Yes.

ASTBURY: Do you recall there being attempts to cannulate in other locations?

HARKNESS: There would have been, yes, but I can't remember exactly where.

ASTBURY: Were you assisting Dr Gibbs?

HARKNESS: Yes.

ASTBURY: And how were you assisting Dr Gibbs?

HARKNESS: I would have been there to hold limbs, to make it easier for him to cannulate and keep the baby still. But also I would have been there to give a kind of sugar water as pain relief and also to pass him the equipment that he needed to secure a cannula.

ASTBURY: We've heard that's often the duty of the designated nurse or a nurse who is available. Do you recall why you ended up with that particular job that day?

HARKNESS: I expect the nurses were very busy, but I can't be specific why.

ASTBURY: Okay. Casting your mind back, can you remember which room this took place in?

HARKNESS: I believe it was room 2.

ASTBURY: Can you remember whether anyone else was with you while you were attempting to cannulate with Dr Gibbs?

HARKNESS: I can't remember.

ASTBURY: Do you remember whereabouts in room 2 this was taking place?

HARKNESS: I believe on the right-hand side, but I could be mistaken.

ASTBURY: All right. We've heard there was a screen in place. Do you recall the screen?

HARKNESS: We typically put a screen around the babies if there's other -- particularly if there's other parents in the room or we think parents are visiting, then we'll use a screen.

ASTBURY: And do you remember where or more specifically upon what or within what [Baby G] was placed whilst cannulation was being attempted?

HARKNESS: I think we used a kind of table type set-up, which has got a soft mattress that can go up and down, to do it, I think, or it may very well have been in the cot.

I can't remember which one we did at the time.

ASTBURY: Okay, all right. Do you recall at that time [Baby G] was ordinarily in a cot as opposed to an incubator?

HARKNESS: Yes.

ASTBURY: Do you remember what time roughly this was taking place?

HARKNESS: I think the afternoon, but that's all about I remember.

ASTBURY: And do you remember any nurses being in the room whilst this was going on?

HARKNESS: Not that I can remember, no.

ASTBURY: Have you had the opportunity this morning to refresh your memory from the statement that you provided?

HARKNESS: Yes.

ASTBURY: I think that was dated, let me just check, 14 September 2018. Did your statement help you with any nurses that may have been present?

HARKNESS: I think [Nurse B] -- I can't pronounce her surname properly -- was in the vicinity, but how close to us I can't remember.

ASTBURY: Do you actually have a recollection of that nurse being in the room or is that based on your statement?

HARKNESS: That's based on my statement.

ASTBURY: Okay. Do you recall any other nurses in the room?

HARKNESS: No, that was all I remember at that point in time.

ASTBURY: All right. Do you remember how long you were attempting to cannulate [Baby G]?

HARKNESS: I think it still took a couple of attempts. I think it would have been a good 15 minutes or so, I would have -- as a rough estimate.

ASTBURY: Do you recall whether [Baby G] had any monitoring attached to her?

HARKNESS: Yes, she was on, I think, a Masimo monitor -- it may have been a Philips monitor -- that was attached to one of her limbs.

ASTBURY: Do you happen to remember which limb?

HARKNESS: No.

ASTBURY: During the course of trying more than one site, do you recall if it had to be moved at all?

HARKNESS: I can't recall.

ASTBURY: Would that ordinarily happen in those sort of circumstances?

HARKNESS: Depending on which limbs we thought were the best limbs to try, you would occasionally move it from one limb to another. You'd move it from one limb to a different limb, make

sure you've got a good trace before you move on, would be typically what you'd do.

ASTBURY: Is there any reason why you make sure the monitor is receiving a good trace when you move it?

HARKNESS: They can be quite -- the trace can be -- if it's not quite in the right place will not show you accurately what the baby is doing, so if it's a hand or a leg, you want to make sure that you know that the heart rate is there and the saturations are there before you move on, otherwise it can be falsely reassuring.

ASTBURY: Okay. Would you consider it important to keep the monitor on --

HARKNESS: Yes.

ASTBURY: -- and attached in those circumstances?

HARKNESS: Yes.

ASTBURY: Do you have any recollection of switching either the alarm or the monitor on or off at any stage?

HARKNESS: I definitely wouldn't have turned it off. Silencing the alarm is quite easy to do and as part of de-stressing the situation we will silence the alarm, but that only goes on for a matter of seconds to a minute. But I definitely wouldn't have turned the monitor off.

ASTBURY: Why's that?

HARKNESS: It's not safe. In fact, I'm not even sure if I know how to turn off the particular monitors. But at no point would I have turned the monitor off.

ASTBURY: Okay. Do you recall, once cannulation had been successful, what you did next?

HARKNESS: I can't remember. I think I probably informed the designated nurse or a nurse in the vicinity and then documented in the notes that we've had the seven attempts, as in the notes there.

ASTBURY: You provide two alternatives there. Either the designated nurse or another nurse. What's the protocol in that regard?

HARKNESS: Ideally, the designated nurse because you would know that they are going to attend to that patient and that's their

designated role for the day. However, if the designated nurse is busy, then you would want to inform a different nurse to make sure that the team were aware and that they would then be able to look after the baby.

ASTBURY: Do you have any recollection from that occasion of who you told or at what stage you told them that?

HARKNESS: Not particularly, no.

ASTBURY: Do you have any recollection of actually leaving [Baby G] once the cannulation was complete?

HARKNESS: I remember leaving the room to document. Other than that I can't remember any more about that particular moment.

ASTBURY: I think in preparation for your statement you went on to check the notes and observed that after this you're aware that [Baby G] was moved into nursery 1.

HARKNESS: Yes.

ASTBURY: What is -- having had such difficulty cannulating the baby in these sort of circumstances, what would your view of that successful cannulation be?

HARKNESS: In what respect, sorry?

ASTBURY: Well, is there a particular practice of yours where, in these sort of circumstances, cannulation succeeds, is it something to be taken care of, is it something to be protected? What's your view in the aftermath of cannulation?

HARKNESS: I mean, all cannulas come with a certain degree of difficulty and pressures. Everyone has different ways of securing a cannula, but in these cases you certainly like to make sure that the nurses are fully aware. The way that you secure, the way you protect it, you might be a little more careful, but my typical practice is I look after them all the same because I'd rather them not be replaced.

ASTBURY: When you talk about protecting and securing them, what sort of steps does that involve?

HARKNESS: So we use what we call Steri-Strips or the butterfly sutures to wrap around the cannula. We then use clear dressings over the cannula as well. Quite often we have what we call a baby board, which is a rigid splint that you put on the hand for the baby to hold. And depending on where you're working at the time, I can't remember in Chester, you also wrap bandages around the area to secure it as well. So multiple, three or four

different layers of securing the cannula and then it's making sure that it's not pulled in and out of babygros or anything that could dislodge it.

ASTBURY: And those efforts to secure the cannula, are they part of the cannulation process for the doctor or is that where the nurse comes in and takes over and does that sort of thing?

HARKNESS: Up until the bandaging -- typically the doctors -- the bandaging can be the doctor, can be the nurse. Quite variable, but when it comes to the Steri-Strips, the see-through dressings, the doctors will do that bit.

Possibly with, if there's not two doctors, the assistance of a nurse, but typically the control of that situation is by the doctor.

ASTBURY: It's having reached that stage that you'd alert the nurse in circumstances such as this where there isn't a nurse present?

HARKNESS: Yes.

ASTBURY: You told us you can't recall where you went after the cannulation succeeded. Do you remember how much of your shift was left at that stage?

HARKNESS: I don't, no.

ASTBURY: Do you remember having any conversations with anyone about events following the cannulation?

HARKNESS: Not particularly. I think looking at the notes, there was a deterioration, but I can't remember anything more than that very vague recollection.

ASTBURY: So from the notes you've seen that there was a deterioration after you had finished cannulating. I'm just wondering if you have any personal recollection of any conversations with anybody about the cannulation itself.

HARKNESS: Other than speaking to nursing staff and ensuring that they knew it had happened, I can't remember anything further than that.

MR ASTBURY: All right. I have no more questions. But if you could wait there, please.

Cross-examination by MR MYERS

MR MYERS: Just dealing with that last point first, please, you just said that other than speaking to nursing staff that it had happened, you don't remember any other conversation.

HARKNESS: No.

MYERS: You said that was a memory that you have. Could Dr Harkness be shown a copy of his statement at page 1926? Page 7 of 7. This is for Dr Harkness and his Lordship and the lawyers.

If you look at the top paragraph there, Dr Harkness, when you made your statement in September 2018, what you actually said on this issue was:

"I do not remember speaking to a nurse, but I am sure I would have identified who was the designated nurse and informed them. It is very unlikely I would have informed anyone else other than the designated nurse."

Right? So in fact, you don't have -- when you wrote that statement you didn't have a memory of speaking to a nurse.

HARKNESS: I think from looking through my statement again just a very vague recollection, but, as I've said, I can't specify who it would have been. I expected it was the designated nurse.

MYERS: Do you agree it says:

"I do not remember speaking to a nurse, but I am sure I would have identified who [the nurse was]"?

HARKNESS: Yes.

MYERS: Thank you very much. That's the statement for the time being, Mr Murphy. We may go back.

Just for the purposes of clarity we know this procedure took place in nursery 4, not nursery 2. [Baby G] was on a treatment trolley when it took place, wasn't she?

HARKNESS: Yes. Like I said, that was what my thought would have been, but I couldn't have been sure.

MYERS: You're not too clear, is this right, as to whether screens were put up or not?

HARKNESS: No.

MYERS: And you do remember [Nurse B] being there at various points?

HARKNESS: Yes.

MYERS: With regard to cannula insertion, is it right that normally you would hope to have a cannula insertion achieved within two to three attempts?

HARKNESS: Normally, yes.

MYERS: Seven attempts is a lot, isn't it?

HARKNESS: Yes.

MYERS: It would take a good deal longer than 15 minutes for seven attempts to be made, wouldn't it?

HARKNESS: Sorry, that was a reference to Dr Gibbs' attempts, not all the attempts.

MYERS: All right. Just so we're clear, 10 to 15 minutes might cover just one or two attempts; do you agree?

HARKNESS: Yes.

MYERS: So if there had been seven attempts this has gone on for some time with [Baby G], hasn't it?

HARKNESS: Potentially, yes.

MYERS: Do you recall the monitor being detached as the procedure was being performed? Do you recall that happening at any point?

HARKNESS: No.

MYERS: Do you recall the monitor being switched off as the procedure was performed?

HARKNESS: No.

MYERS: And you've actually said that wouldn't happen.

HARKNESS: Yes.

MYERS: Now, at the end of a procedure like this, the things that should happen are as follows -- and you tell me if this is right.

The baby should be placed back in a cot.

HARKNESS: Sometimes they are left on the trolley until the nurse comes, because it has cot sides, but otherwise they're put back in their cot.

MYERS: In your statement you said [Baby G] would have been placed back in the cot.

HARKNESS: At some point briefly afterwards.

MYERS: That should happen, shouldn't it?

HARKNESS: Like I said, they can be left on the trolley but most of the time they are put back into the cot.

MYERS: The screen should be removed, shouldn't it?

HARKNESS: Yes.

MYERS: The designated nurse, or at least another nurse, should be told that the procedure has finished, isn't that right?

HARKNESS: Yes.

MYERS: If the monitor had been removed at any point it should be reattached by then?

HARKNESS: It shouldn't be removed, but yes it would have been reattached.

MYERS: And if it had been switched off, and we recognise you say it wouldn't have been, but if it had been it should certainly be switched back on before the baby is left?

HARKNESS: Yes.

MYERS: I'm going to suggest, Dr Harkness, that when you and Dr Gibbs left [Baby G], you left her without her being placed back in the cot; do you agree that's possible?

HARKNESS: Possible, but no recollection.

MYERS: You left without removing the screens from around there; could that have happened?

HARKNESS: No recollection, but potentially.

MYERS: I'm going to suggest the monitor had been turned off and you both left without it being turned on.

HARKNESS: No.

MYERS: And you both left without telling [Nurse B], or anybody, that you had finished. Isn't that what happened?

HARKNESS: I don't think so, no. That's highly unlikely.

MYERS: It would be a serious error to leave a baby on its own, on her own, behind a screen without the monitor turned on and not having told the nurse that you had finished, wouldn't it?

HARKNESS: Yes.

MYERS: I'm going to suggest, Dr Harkness, that some time after you had finished this procedure, a little later that day, both you and Dr Gibbs spoke to [Nurse B] to apologise for how [Baby G] had been left.

HARKNESS: I can't remember.

MYERS: You can't remember?

HARKNESS: No.

MYERS: You would remember, surely, if there had been a conversation with an apology for leaving a baby unattended after numerous attempts to cannulate with the monitor switched off, wouldn't you?

HARKNESS: It was 2015. I can't remember.

MYERS: Is that not something that would stand out?

HARKNESS: In -- no.

MYERS: It's not a regular occurrence, is it?

HARKNESS: It's not a regular occurrence, but with the passage of time and lots of things happening since then, I can't remember.

MYERS: I'm going to suggest, Dr Harkness, that you and Dr Gibbs together spoke to [Nurse B] in the corridor outside nursery 4 to apologise.

HARKNESS: I can't remember.

MYERS: You apologised, both there together, for not having told her that you had finished with [Baby G]; isn't that what happened?

HARKNESS: I still can't remember.

MYERS: You apologised for leaving her behind the screen without anyone being told, didn't that happen?

HARKNESS: I still can't remember.

MYERS: And you apologised for failing to switch the monitor back on.

HARKNESS: Once again, I can't remember.

MYERS: You must know very well, Dr Harkness, that took place.

HARKNESS: I can't remember.

MYERS: When you finished with [Baby G], you went back to the paediatric ward to complete a handover, didn't you?

HARKNESS: I can't remember. I haven't got the exact time documented, so it depended on what time of day that was.

MYERS: Could Dr Harkness be shown his statement at page 1925, please? If we go down that page, five lines up from the bottom, the penultimate paragraph.

HARKNESS: That would have been based on looking at the clinical notes and the times documented by other doctors.

MYERS: You say:

"I, after handing over to a nurse, went straight over to the paediatric ward to complete the handover."

Didn't you?

HARKNESS: If that's what I've written and that's what the notes --

MYERS: And you were in a rush -- sorry, Dr Harkness, what did you say?

HARKNESS: I said that would have been based on the timings in the clinical notes and a typical working day.

MYERS: Yes. And you were in a rush to get elsewhere after you'd finished with [Baby G], weren't you?

HARKNESS: I would not say that we rushed to handover, no.

MYERS: And you left [Baby G] without the monitor on, behind a screen, without telling anybody?

HARKNESS: Not that I remember.

MYERS: And you went back to apologise later?

HARKNESS: Not that I remember.

MYERS: I suggest a detail like that is not something you would forget.

HARKNESS: I disagree.

Re-examination by MR ASTBURY

MR ASTBURY: Just put the statement back up, please.

Dr Harkness, you were taken initially to the top of page 7 in your statement:

"I don't remember speaking to a nurse."

You can see that at the very top of the page?

HARKNESS: Yes.

ASTBURY: But in the preceding paragraph, from the page before, you did recall handing over to a nurse.

HARKNESS: Yes.

ASTBURY: It reads:

"I, after handing over to a nurse, went straight to the paediatric ward to complete the handover"; yes?

HARKNESS: Yes.

ASTBURY: Okay. So presumably, correct me if I'm wrong, there would have been some conversation with the nurse to whom you handed over?

HARKNESS: Yes.

ASTBURY: And I wonder, please, if Mr Murphy could assist with page K5596 on the screen. If we can put up that particular page.

We've heard from other witnesses, can you confirm it, that the witness statement that we've been referring to is actually prepared from an interview that takes place, which is recorded and it's transcribed verbatim and it's from that which somebody then prepares the witness statement?

HARKNESS: Yes.

ASTBURY: So if we just go -- if we look on that page just below halfway, we can see 3358, okay. Can you see that line?

HARKNESS: Yes.

ASTBURY: And I'd just like to take you through what then follows and confirm if that is an accurate recollection of yours with the qualification that it includes.

HARKNESS: Yes.

ASTBURY: This is you:

"So he'd just done the cannula."

Presumably that's Dr Gibbs, is it?

HARKNESS: Yes.

ASTBURY: "Answer: I would have then got the notes to write in and said to the nurse.

"Question: Okay, do you remember saying that to the nurse?

"Answer: I can't say I'm 100%, but looking at the nurse that was on, I'm sure I would have said to her straightaway, let's get things -- let's get the cannula, because again there was concerns that we'd not had the fluids running, so I'm pretty sure that I did, but I can't be 100%.

"Question: Let's have a look through these notes again.

"Answer: Have you got the drug charts? They're the best indication of when it then started."

HARKNESS: Yes.

ASTBURY: So at the time of your interview with the police, which was a little before the statement was signed, was that, to the best of your recollection, what happened with the nurse after you'd finished?

HARKNESS: Yes.

MR ASTBURY: Thank you.

MR MYERS: I have to say, my Lord, that's the best recollection of "what would have happened with the nurse", is the wording in the statement -- the interview, sorry.

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

MR JUSTICE GOSS: I don't, thank you very much.

Thank you, Dr Harkness. That completes your evidence today. Exactly the same instructions apply as hitherto: no discussion with anyone about anything to do with this case. Thank you very much.

(The witness withdrew)

MR JOHNSON: My Lord, it's very early for a break, but there is something I need to discuss with Mr Myers which, for reasons that your Lordship knows -- there are events going on in another court first thing this morning...

MR JUSTICE GOSS: It is very early for a break, it's only half an hour afterwards, but I'm afraid there's nothing more we can do at this stage because Mr Johnson and Mr Myers need to speak. It's difficult to know how long this is going to take.

MR JOHNSON: Perhaps if the jury at least get time to have a cup of tea without burning their lips.

MR JUSTICE GOSS: Yes. Don't feel that it's only going to be 10 minutes, in other words, it might be longer. So take your time and if you're not ready and we're ready then we'll wait for you. All right? Thank you very much.

(In the absence of the jury)

MR JUSTICE GOSS: Because it's not known how long this is going to be, I'm just thinking of the situation of Ms Letby, whether she should be taken back down.

MR JOHNSON: I think that's probably a good idea because what Mr Myers and I discuss may involve him wishing to speak to Ms Letby as well.

MR JUSTICE GOSS: Which would need to be downstairs?

MR JOHNSON: Exactly.

MR JUSTICE GOSS: Could you take Ms Letby downstairs, please, because this may be longer than 10 minutes, we just don't know. Thank you.

(Pause)

Thank you. I'll rise then.

(11.08 am)

(Adjournment)

(12.29 pm)

MR JUSTICE GOSS: Jury in, please.

(In the presence of the jury)

MR JUSTICE GOSS: My apologies, members of the jury, for that break being a lot longer than I thought it was going to be. In fact, I have a further apology to make to you, and it is this, that we are not going to be able to hear any further evidence in this trial before we have our break tomorrow. So in other words, this is going to be the end of the trial at this stage before the three-week break. So it means you will be finishing today rather than probably this time tomorrow or even earlier tomorrow than would otherwise have been the case for reasons that I needn't concern you with. They don't concern you, but there are reasons why we can't proceed.

So we are now going to embark upon the longest break yet that there has been during the course of this trial.

You should still have the original document that you were provided with in relation to your responsibilities as a juror together with my typed note highlighting those responsibilities. They will now be well embedded in your minds, I have no doubt, because I've been reminding you continuously of those responsibilities.

You will make decisions in this case in due course on all the evidence that you hear and obviously there is a lot more evidence to hear in this case. So do not have any settled opinions about what your ultimate decision is going to be. Reserve your judgement until the end of the case.

Do not, most importantly, discuss this case with anybody. You are not going to be together again until we reassemble on Monday, 9 January 2023 to resume this case, so you must not talk to anyone, obviously, about it. Keep your thoughts to yourselves and do not communicate in any way with anyone or conduct any research by any means about anything or anyone to do with this case. This is vitally important and must be obeyed until the very end of the trial. All right?

It sounds repetitive, pedantic, but it is just so important in any case, not least of course in this one.

All right? So thank you very much for your patience and your diligence and attendance to date. I wish you a happy Christmas

and I look forward to seeing you on Monday, 9 January next year. Until that point, do other things, think about other things.

(In the absence of the jury)

MR JUSTICE GOSS: Mr Johnson and Mr Myers, I know that there is work to be done now. I shall be available this afternoon and tomorrow if I am needed for the court to convene to deal with any matters. Should it be the case that it is quite apparent that there need not be a listing of this case tomorrow -- obviously the jury will not be involved at any hearing, but should that be the case would you please inform the court or the Listing Office that the case need not be listed?

The default position is the case will be listed at 10.30 tomorrow unless you indicate otherwise.

MR MYERS: We understand, my Lord. Thank you.

MR JUSTICE GOSS: You understand that. Thank you very much.

If the case is to be listed tomorrow, I'll leave it to you as to whether the defendant is required to be brought here or not, but that will obviously need to be known by the prison staff.

MR MYERS: We shall deal with that too, my Lord, thank you.

MR JUSTICE GOSS: I'll leave that to you as before, Mr Myers. Thank you very much indeed.

As I say, I shall be available from probably about 2.15-ish this afternoon if necessary. Thank you very much indeed.

Ms Letby, Mr Myers, I have no doubt, will be coming down to speak to you and your legal team. Ms Letby should not be taken from this building until Mr Myers or Mr Maher indicate that --

MR MYERS: Yes, thank you, my Lord.

DOCK OFFICER: (Inaudible: no microphone).

MR JUSTICE GOSS: She can't have a visit before 2 o'clock?

That's fine. Just so we know what the situation is.

There you are, Mr Myers.

MR MYERS: We'll be able to see Ms Letby this afternoon if that's the case. As long as we're all still here.

Thank you.

MR JUSTICE GOSS: Thank you very much indeed.

(12.38 pm)

(The court adjourned until a time and date to be determined)