

21 February 2023
Babies L & M

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Tuesday, 21 February 2023
(1.00 pm)

(Delay in proceedings)

(1.10 pm)

(In the absence of the jury)

MR MYERS: I'm grateful for the time, my Lord, thank you.

MR JUSTICE GOSS: Not at all, Mr Myers.

Just before the jury come into court, if I could address everyone through you, Mr Driver. The court has been made aware by a Mr Nigel Bunyan of a request, which is, in short terms, to allow the provision of an additional camera angle so that those members of the media, relatives, police officers, et cetera, who are not physically in court 7 are given a constant view/audio feed of the well of the court/dock area.

This is an issue relating to what can and can't be seen remotely because, of course, any transmission of any part of the proceedings here is hampered by the fact that one is not in the courtroom itself. And as anyone in this court knows, all sorts of things go on in a courtroom that can't be captured by everything and cameras.

I'm very aware of the difficulties caused by the limited space in this courtroom and the need to broadcast the proceedings to other places -- and there are a lot of broadcasts that have had to be facilitated in this case, so it is not just simply

transmitting it to one other place and making arrangements in relation to that. I'm also very much aware of the application of the principle of open justice and insofar as the proceedings can be open to all members of the public who want to be here, they should be open to them.

But I'm afraid I cannot accede to the request that is made because it is just not technologically possible to do that. We have exhausted now all the technological possibilities so far as that is concerned.

But what I will do is ensure that after the jury has left court, the camera, which will not obviously cover the jury as they are coming in and out of court, will be left on or will be activated to cover the well of the court after the jury has left court and will remain on until the defendant has left the courtroom. I can do no more than that.

I'm not going to go into the whys and wherefores of this request. There is a limited number of spaces available for members of the media. From the outset those spaces have been allocated and known who they are allocated to. I can't engage in a process of permitting others now to come in and take places. So that's that.

MR DRIVER: Thank you for that information.

MR JUSTICE GOSS: I know that -- well, I hope Mr Bunyan is here remotely to hear that. If not, he can be told what I have said. But I will endeavour to ensure that as much as can be broadcast will be broadcast to those remote locations that are linked into this courtroom.

MR DRIVER: Thank you for the information.

(In the presence of the jury)

MR DRIVER: As your Lordship knows, we are now going to call evidence in relation to [Baby M]. I have given Mr Stansfield copies for the jury and Mr Worthington a copy for your Lordship of some of the documents that we will consider most frequently during this chapter of the evidence. They should be housed behind divider 16 in the second file, file number 2.

(Handed)

May I recall Mrs Mary Griffith, please.

MRS MARY GRIFFITH (recalled)

Examination-in-chief by MR DRIVER

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

GRIFFITH: Mary Griffith.

DRIVER: You were with us recently -- I think Thursday, 16 February -- when you gave evidence principally about [Baby L]. We've invited you back today to give evidence in relation to his brother, [Baby M].

From time to time, during your evidence, I'll ask you to look at some paper documents and they are in that file in front of you, the file marked number 2 down the spine and indeed behind divider 16. It might assist you if you could go there now. We will put them on the screen as well.

When you were with us last week, you confirmed that you were working a day shift on 9 April 2016.

GRIFFITH: Yes.

DRIVER: On that shift, you were given the responsibility of caring for the twins [Baby L] and [Baby M]?

GRIFFITH: Yes.

DRIVER: They were in nursery room 1?

GRIFFITH: Yes.

DRIVER: Which we understand is usually the intensive care nursery?

GRIFFITH: Yes.

DRIVER: But from your recollection, and having had chance to remind yourself of your statement and some of the original documents last week, it's right, isn't it, that they were not designated as intensive care babies as such?

GRIFFITH: No, all babies came into nursery 1 for admission, were stabilised, and then moved on if there was room in the other nurseries.

DRIVER: Yes. You told us previously a little of your experience and your own banding as a nurse at this point in time.

GRIFFITH: Yes.

DRIVER: And I think from refreshing my memory of the notes, you were a band 5 nurse?

GRIFFITH: Yes.

DRIVER: And as a band 5 nurse would you look after intensive care babies or not?

GRIFFITH: Not all of them, no, because I hadn't done the intensive care course.

DRIVER: Thank you. Can you recall where and how they were placed, how they were housed within --

GRIFFITH: Yes.

DRIVER: -- nursery 1? Can you remind us of that, please?

GRIFFITH: [Baby M] was across the corner and his brother was down the back wall.

DRIVER: Thank you. You made a record of various observations and various cares you provided to [Baby M], our focus this afternoon, contemporaneously and then summarised them at the end of what proves to be quite a late and long shift within your nursing notes; is that correct?

GRIFFITH: Yes.

DRIVER: Let's start with the original and then look at the nursing notes in due course. If you would go to that paper bundle, it might help you to take it out of the file, it's entirely up to you, they are joined together by a treasury tag -- they are not, I'm told. All right.

Let's turn two pages and look at the observation chart. Thank you. Do you recognise your initials just over halfway to the right on the bottom of that page?

GRIFFITH: Yes.

DRIVER: If we run our eye up the page, we will see that that corresponds, unsurprisingly, to entries at 08.30 that morning.

(Pause)

MR JUSTICE GOSS: An iPad issue.

(Pause)

Do you have the tile number for this?

MR DRIVER: Tile 84.

MR JUSTICE GOSS: Tile 84 if you wanted to look at it on your iPads.

(Pause)

MR DRIVER: Tile number 84, please, Mr Murphy.

There we now have on screen, Mrs Griffith, the production of the document that we have in our paper bundle and that is in the witness box before you.

We can see, is this right, your initials corresponding to observations made initially at 08.30 and at 10.30 that morning?

GRIFFITH: Yes.

DRIVER: Could you just assist us with the observations? Was there anything of note insofar as the temperature observations?

GRIFFITH: Um... No, they were fine then. They went up at lunchtime.

DRIVER: The lunchtime observation that you're referring to, is that an observation made by you or initialled [Initials of Nurse B]?

GRIFFITH: No, I was at lunch. It was [Nurse B].

DRIVER: Thank you. We'll come to the circumstances in which [Nurse B] stepped in, as it were, during your lunch break.

The respiration readings for 8.30 and 10.30, anything of note?

GRIFFITH: No. A bit raised, but that could have been just because he was unsettled or I was doing something with him but nothing too concerning.

DRIVER: And moving up the page, the heart rate within that same time period?

GRIFFITH: No, nothing too concerning there.

MR JUSTICE GOSS: Sorry, am I looking at the same document?

8.30 and 10.30, the respiration rate, you say is a bit raised. Are they --

GRIFFITH: Sorry, it's the heart rate that was a bit raised.

Sorry, the respirations are -- sorry.

MR JUSTICE GOSS: Well...

MR DRIVER: We're looking at J18782 in the bottom right corner.

MR JUSTICE GOSS: Exactly, just over halfway across.

Because although it says in the top left-hand corner "Date 8/4/16", and we get to 24.00 hours, obviously it's the 9th from then on. So we come along, over the halfway mark across to 8.30 and 10.30 --

MR DRIVER: Yes.

MR JUSTICE GOSS: -- and we can there see the readings down those columns.

MR DRIVER: Yes.

MR JUSTICE GOSS: Do you have that?

GRIFFITH: Yes.

MR DRIVER: When you say "a little raised", Mrs Griffith, above which line?

GRIFFITH: It's the heart rate that's raised a bit. As you can see, it's been quite stationary and it goes up a bit.

But that can happen if you're handling a baby for a feed or a nappy change. Nothing grossly worrying though.

DRIVER: Thank you. The peak of it in that little undulation there appears to be before your shift, do you agree --

GRIFFITH: Yes.

DRIVER: -- more or less on the line that would divide 06.00 and 08.30 hours?

GRIFFITH: Yes.

DRIVER: Then it dips back, heading towards its former position during your watch; would you agree with that?

GRIFFITH: Yes.

DRIVER: Thank you. If we could then, please, look at the feeding chart for the corresponding period. Mr Murphy, that's behind

tile 85. On our paper document it's towards the back of the bundle at J18866 in the bottom right corner. Do you have that?

GRIFFITH: Yes.

DRIVER: Thank you very much. There again do we see your initials, just on this occasion, left of centre on this document?

GRIFFITH: Yes.

DRIVER: Thank you. Does that correspond to, again, 08.30 and 10.30 that morning?

GRIFFITH: Yes.

DRIVER: In summary, at 08.30 what feed did you provide to [Baby M]?

GRIFFITH: 10ml.

DRIVER: Was that 10 millilitres via a bottle?

GRIFFITH: I can't remember, but it says B, so yes, I think it was bottle.

DRIVER: And is that your shorthand for bottle?

GRIFFITH: Yes.

DRIVER: Corresponding to the route line?

GRIFFITH: Yes.

DRIVER: Bottle as opposed to NGT. That took him to a total of 37 in terms of this document.

Then again, at 10.30, it's a little more difficult to read on paper, but if Mr Murphy can help us by magnifying the corresponding image on the screen. It's there where the cursor is pointing. It appears to have been an entry crossed out and then perhaps corrected; can you see that?

GRIFFITH: Yes.

DRIVER: Let's take it in stages. Route, is that NGT?

GRIFFITH: Yes.

DRIVER: Quantity?

GRIFFITH: 11ml.

DRIVER: Thank you. So that's the, if I may say so, slightly messy digits immediately below NG; is that right?

GRIFFITH: Yes.

DRIVER: Taking his total to 48, 37 plus 11 is 48. Then the next entry I'm interested in where it appears to read "3.9 pre-feed"; is that right?

GRIFFITH: Yes.

DRIVER: Does that correspond with your handwritten entry in the left column?

GRIFFITH: Yes.

DRIVER: What does that inform us of?

GRIFFITH: That's his blood sugar pre-feed.

DRIVER: Is that part of the standard monitoring regime to take a neonate's blood sugar reading before at least some, if not all, of the feeds?

GRIFFITH: Yes.

DRIVER: To see what, if any, progress the baby is making in that regard? Is that the picture?

GRIFFITH: Yes.

DRIVER: Thank you very much. If we could go, please, on the screen to tile 91. We don't have this in paper form, Mrs Griffith, but this is going to be your nursing notes, I hope. There we have notes created by you at 20.11, so at the end of the shift.

GRIFFITH: Yes.

DRIVER: A delayed end of the shift, as it transpires to be.

That records, does it, the fact that you took over care at 07.45, that you made all the checks necessary?

GRIFFITH: Yes.

DRIVER: And at that point, he, [Baby M], was self-ventilating in air, his observations were stable and satisfactory, you recorded the feeds that had been given and tolerated and the fact that,

because of that, the quantity was being incrementally increased; is that right?

GRIFFITH: Yes. The volumes increase from their age.

DRIVER: Thank you. And this was his second day of life, wasn't it?

GRIFFITH: Yes.

DRIVER: Bloods taken to check for bilirubin and blood glucose at 10.30, and I think that's the entry that we've just seen --

GRIFFITH: Yes.

DRIVER: -- the pre-feed blood sugar level:

"Bilirubin line not below 50, so existing phototherapy was continued."

You confirm -- we just looked at it in manuscript -- the 3.9 blood sugar reading. Then:

"One small posset at 11 am."

Was that of any note at all?

GRIFFITH: No, it was only a small posset with wind, more or less, yes.

DRIVER: And that goes with the territory, I imagine?

GRIFFITH: Yes, can do, yes.

DRIVER: Thank you. Then you made this entry:

"At 12.15 noted that his stomach was a little distended and his work of breathing was increased."

If we look at the next sentence, you were then sent for your break and your colleague, [Nurse B], did the 12.30 feed and found that his temperature was raised and she -- and she'll tell us about this in due course -- aspirated 5 millilitres of stomach acid with partly digested milk, which was discarded and the feed was given.

So it follows from that, and could you confirm, that during this -- at this point in time, whilst you were having a break, you handed over [Baby M] to your colleague, [Nurse B]?

GRIFFITH: Yes.

DRIVER: Was that simply to enable you to have a break or was that because of a change in his presentation?

GRIFFITH: No, it was to enable me to have a break.

DRIVER: Thank you. You returned from your break at 1 o'clock, something like that?

GRIFFITH: Yes, it would have been 1 o'clock, yes.

DRIVER: At that point, do you recall, was there any change in the baby or the treatment or cares being given to the baby?

GRIFFITH: No, I was told he'd settled and his temperature had come back down.

DRIVER: Thank you. When would he have been fed next, can you recall?

GRIFFITH: He was being two-hourly fed, so it would have been half past 2.

DRIVER: Right. 10.30 by you, 12.30 by [Nurse B] and then 14.30 by you again, and if we look at our page J18866, can we see another -- sorry, Mr Murphy, could we get that on the screen again? That was the document behind tile 85.

Now at 14.30, I think we can see your initials, but you've put them on a different line on this occasion, can you see, a little higher up --

GRIFFITH: Yes.

DRIVER: -- corresponding to the millilitres per kilo hour?

GRIFFITH: Yes, that should be further down. That is my signature.

DRIVER: They are your initials? Good. If Mr Murphy could magnify that for us so we can all see it as clearly as possible. Thank you.

To the left we have your last entry that we looked at, which included the 3.9 blood sugar reading, then we have an entry that was made during your lunch --

GRIFFITH: Yes.

DRIVER: -- by [Nurse B] and then your entry here. So looking at your first entry, NBM, nil by mouth?

GRIFFITH: Yes.

DRIVER: Do you recall why [Baby M] was now nil by mouth?

GRIFFITH: Yes, I'd aspirated bile pre-feed.

DRIVER: Thank you. Let's look down the page to see whether that's been recorded. Is that your entry?

GRIFFITH: Yes.

DRIVER: You tell us what it reads, is it bile?

GRIFFITH: Bile stained, I think.

DRIVER: Bile stained. Then right next to the cursor, 1.5?

GRIFFITH: Yes. 1.5ml, yes.

DRIVER: So does that reflect --

GRIFFITH: Yes.

DRIVER: -- your recollection that at this point in time, you having aspirated 1.5ml of bile-stained aspirate, it was decided that there would be a change in the feeding regime?

GRIFFITH: Yes.

DRIVER: Do you recall who made that decision?

GRIFFITH: It would have been one of the doctors. Which doctor I don't remember.

DRIVER: You can't recall. But as a matter of practice, you, having aspirated 1.5ml of bile-stained aspirate, that would be reported to a medic?

GRIFFITH: Yes.

DRIVER: And we will see a corresponding note to that effect in due course.

If we look at the next entry, it bears your initial on the same line there. Looking at our paper version, if we glance up the page, we would see that corresponds to 15.30?

GRIFFITH: Yes.

DRIVER: Just staying with our fluid balance chart for a moment, at 15.30 we can see the digits 5.3ml per hour.

GRIFFITH: Yes.

DRIVER: What does that inform us of?

GRIFFITH: An intravenous infusion of 10% dextrose.

DRIVER: Thank you. So those two entries should be read together?

GRIFFITH: Yes.

DRIVER: Where it says 10% dextrose, 75/kg, and that is the rate of the infusion, is it?

GRIFFITH: That's the rate of the infusion per hour, yes.

DRIVER: Per hour. Thank you very much. If we go down that column for 15.30, I think that is the only entry that you made at that point.

GRIFFITH: Yes.

DRIVER: Does that reflect the fact that because of the aspirated bile-stained 1.5ml, he remained nil by mouth --

GRIFFITH: Yes.

DRIVER: -- and was receiving his nourishment --

GRIFFITH: Via the drip, yes.

DRIVER: -- via dextrose, via the drip.

The next column at 16.00, an entry by, again, your colleague [Nurse B], tells us that things changed dramatically at this point and [Baby M] was transferred to the ITU chart. So what I would like you to do now is to consider the events leading up to the change.

If we could, please, Mr Murphy, begin this phase by going to tile 130 and look at the tile itself, please, Mr Murphy, which informs us that at 15.34 -- and if we look at the next tile because they are something of a pair, at 15.35 medication was given to [Baby L], not [Baby M] but to his brother, and that, the next tile, fluids were given to [Baby L] at 15.40. So that's really just to orientate ourselves in terms of time.

We'll all remember your evidence from last week about how you were interrupted in attempting to hang a bag for [Baby L] by the events from his brother's cot.

We can see that if we click on, please, to 131, for example. If we look closely at these documents, as the tile suggests, the computer record reflects that both you and your colleague Lucy Letby were involved in this process. Does that accord with your memory?

GRIFFITH: Yes.

DRIVER: We've asked this of many witnesses so far, but I'll ask it again. Would the documents -- are they capable of informing you who gave the medication?

GRIFFITH: No.

DRIVER: And who was the co-signer?

GRIFFITH: No.

DRIVER: But you, as a band 5 nurse, were permitted to administer all medications; is that right?

GRIFFITH: I couldn't administer them if they were going via central lines, but if they were going via IV lines I could -- but I could check.

DRIVER: Thank you. For the avoidance of any doubt, did [Baby M] have a central line?

GRIFFITH: No.

DRIVER: Did [Baby L] have a central line?

GRIFFITH: No.

DRIVER: Thank you. So medicines administered other than through a central line, you were permitted to do so?

GRIFFITH: Yes.

DRIVER: You are qualified to do so, I should say, more accurately.

GRIFFITH: Yes.

DRIVER: Thank you. But there would always be a co-signer --

GRIFFITH: Always, yes.

DRIVER: -- for the administration of any medicine --

GRIFFITH: Yes, most definitely.

DRIVER: -- to any baby? And that applies to a baby in need of most intensive care in nursery 1 --

GRIFFITH: Yes.

DRIVER: -- is that right, or a feeder and a grower in nursery 4?

GRIFFITH: Yes.

DRIVER: Were nursery nurses qualified to administer medicine?

GRIFFITH: They could check and administer vitamins and certain antibiotics, but beyond that, no.

DRIVER: So if a baby in nursery 4, for example, required medicine, what would happen?

GRIFFITH: The nursery nurse would alert us that they were due and then two members of the trained staff would draw it up, check it, check the baby and give it to the child.

DRIVER: Thank you. As a matter of interest, would nursery nurses ever be given the keys to the medicine cupboard or refrigerator?

GRIFFITH: Not usually, no.

DRIVER: Do you know why not?

GRIFFITH: Because of some of the drugs that were held within it.

DRIVER: Thank you. Let's go back to the carousel then, please, Mr Murphy. If we move across towards the [Baby M] event, we can see fluids being given to [Baby L] by you and your colleague Lucy Letby. Let's keep going across to see what else was happening.

We have a further record of benzylpenicillin being provided by both of you to [Baby M], is that right, at 15.45?

GRIFFITH: Yes.

DRIVER: With a corresponding computerised note at more or less the same time.

Then if we keep moving and head towards 4 pm, we can see again the same, but this time sodium chloride. Keep moving, please, Mr Murphy.

Pausing there, Angela McShane, is she a colleague of yours?

GRIFFITH: Yes.

DRIVER: Her status?

GRIFFITH: Nursery nurse.

DRIVER: Thank you. If we just click on to see her movement, please. So at that time, she was passing in through the maternity neonatal entrance doors, it would seem, according to the swipe data.

Then back to the carousel. At about 4 pm, we have what we describe as the [Baby M] event. You told us in detail last Thursday, so I'm not going to go over all that ground again, about how you were wearing an apron and gloves --

GRIFFITH: Yes.

DRIVER: -- about to prepare a bag, hang a bag --

GRIFFITH: Yes.

DRIVER: -- for [Baby L]. And you were accompanied by a check nurse?

GRIFFITH: Yes.

DRIVER: Who was?

GRIFFITH: Lucy Letby.

DRIVER: Using that as the starting point, can you recall what happened in relation to [Baby M] at this point in time?

GRIFFITH: Yes. Part-way through doing the procedure [Baby M]'s alarm went off. I looked over my shoulder and the lights were flashing. Because I was semi-sterile, Lucy went over to see and she said, "Yes, it's an event, it needs to be sorted", because alarms did go off if babies moved.

DRIVER: Yes.

GRIFFITH: And at that point, I stuck my head out round the door and asked them to put the resuscitation call out for him. Then I was relieved by Belinda and I went over to help with the

resuscitation and [Nurse B] and Lucy were there and the doctors arrived soon after.

DRIVER: Thank you for that. Can I break that down into parts, please? The alarm sounded. Lucy Letby informed you that it appeared to be a genuine alarm?

GRIFFITH: Yes.

DRIVER: And you told us that you then stepped outside --

GRIFFITH: Yes, well, just round the corner, yes.

DRIVER: -- in order to tell them; tell who?

GRIFFITH: They put the call out so the doctors can come for the resuscitation if it's going to be needed.

DRIVER: Thank you. That's the purpose of your communication.

I was asking who you communicated with. Can you remember?

GRIFFITH: I don't know. I think it was probably Belinda, but I couldn't guarantee that.

DRIVER: You told us today, and indeed told us last week, that Belinda took over the job in hand, as it were, for [Baby L], whilst you and others attended upon [Baby M]'s emergency.

GRIFFITH: Yes.

DRIVER: What role did you perform in relation to [Baby M]?

GRIFFITH: Drawing up and checking the resuscitation drugs.

DRIVER: Thank you. As for the drugs, the resuscitation drugs, did you decide which drugs, what quantity and when or was that at the direction of another?

GRIFFITH: No. The resuscitation trolley has a chart on it which tells you the weight of the child and how much of each drug to draw up. We draw them up and check them and leave them on the trolley and the doctor will say, "I need a syringe of sodium bicarb", you'll hand it them and say, "Sodium bicarb", and they say, "Given that", and you put a note when it was given.

DRIVER: As to the noting, when you say you put a note, on what?

GRIFFITH: A piece of paper that would have been on the resuscitation trolley.

DRIVER: Is that a note done retrospectively?

GRIFFITH: Oh no, as it happens.

DRIVER: And the importance of doing it as it happens?

GRIFFITH: They need to know what's been given and when it's given.

DRIVER: We know from evidence we heard last week that at around this time, another colleague was sent to inform [Baby M] and [Baby L]'s family --

GRIFFITH: Yes.

DRIVER: -- of the event. But you remained --

GRIFFITH: I remained at the bedside.

DRIVER: What do you recall of his presentation?

GRIFFITH: I couldn't really see him closely because I was standing to one side and there were so many people around the incubator, so I didn't have a direct vision on him at all.

DRIVER: You have told us how you and Lucy were the first to go -- first Lucy then you to his cot. Can you recall who came thereafter?

GRIFFITH: [Nurse B].

DRIVER: [Nurse B]?

GRIFFITH: Yes.

DRIVER: So that's the three nurses. What about medical staff?

GRIFFITH: They were there pretty prompt. We didn't have to wait long. They arrived pretty prompt.

DRIVER: The clinical notes suggest there was a Dr Ukoh, a locum registrar at the time, and one of the in-house consultants, Dr Jayaram. Does that --

GRIFFITH: I remember Dr Jayaram coming. I don't remember the other doctors by name.

DRIVER: I understand. It's a matter of record that this was a prolonged process. Do you remember it as such?

GRIFFITH: No. When you're in it, you don't have any recollection of time. You just focus and do what you've got to do.

DRIVER: Thank you. Thankfully, [Baby M] recovered --

GRIFFITH: Yes.

DRIVER: -- as we know. And after that crisis had passed, was it part of your responsibility to make a record of the resuscitation medication that he'd been provided with during the event?

GRIFFITH: One of us would have written it down. Whether it was me or not, I don't know, but it would have been recorded.

DRIVER: Well, let's look at the record. If we go to 154, please. We know that adrenaline is used if required in an emergency. It's a matter of record that quite a bit of adrenaline was required on this occasion.

If we go to the underlying document, please. This tells us that on the date of 9 April 2016, at 16.05, adrenaline was administered to [Baby M]. We know his event was at about 16.00 hours, so that tells us we're 5 minutes or so in. Are you able to say whether you completed this document that we're looking at now or whether you played any part in its completion or what?

GRIFFITH: No. It's a prescription, so I think it would have been one of the doctors that would have done it.

DRIVER: Right. Who would have completed the chart, the database here?

GRIFFITH: It's an order for the drugs, not a form saying they've been given.

DRIVER: Okay. If we could, please, go to tile 267 then. Click on that, please. This is much later in the evening, now at 21.43, it suggests. Does this reflect entries made?

If we could scroll down, please. For example, there it says "Administration history detail". We can see the date and at 16.05 we can see the admin by Mary Griffith.

What does that inform us of?

GRIFFITH: That I checked it.

DRIVER: That you checked?

GRIFFITH: Checked the adrenaline.

DRIVER: The adrenaline at the time it was being administered?

GRIFFITH: Yes. Well, I'd have -- yes.

DRIVER: What about the process of recording these events on the computerised system? Whose responsibility is that, a doctor or a nurse?

GRIFFITH: The doctor does the prescribing. We are responsible for signing it off if it's given.

DRIVER: Right. So I'm sure we'll understand that it's the doctor's responsibility to decide what's needed and when.

GRIFFITH: Yes.

DRIVER: But it's after the event, I'm trying to focus upon, Mrs Griffith. Who records the fact that X amount, X millilitres of adrenaline was given to a baby at Y time?

GRIFFITH: I can't answer that. It'd be anyone. It could be a doctor, could be a nurse.

DRIVER: Right.

GRIFFITH: It would be checked that it had been recorded in some way.

DRIVER: Do you recall whether or not you participated in the making of the records?

GRIFFITH: I can't remember.

MR JUSTICE GOSS: Can we come back to the time? You said that you were busy writing down what drugs were being given and when on a piece of paper.

GRIFFITH: Yes.

MR JUSTICE GOSS: Would that piece of paper then become a document that would be referred to by whoever was making up these official records?

GRIFFITH: Yes.

MR JUSTICE GOSS: So they would be able to see what drug it was, adrenaline, the time it was given. It says here, according to this document, 16.05, that time keeps appearing at various stages as the time it was administered.

MR DRIVER: Yes.

MR JUSTICE GOSS: Would that have been taken from the sheet of paper?

GRIFFITH: Yes.

MR JUSTICE GOSS: Sorry to interrupt you, Mr Driver. We didn't seem to be getting very far.

GRIFFITH: Yes, it would have been, because at the time you can't open a computer when you're doing a resuscitation.

MR JUSTICE GOSS: Exactly, yes.

MR DRIVER: When we refer to a piece of paper, is it a pro forma or is it a question of just anything at hand?

GRIFFITH: There would be paper available on the trolley for you to use.

DRIVER: I'm going to show you a document, Mrs Griffith, and ask you whether or not it's your handwriting. I wonder whether Mrs Griffith could be shown this document.

Is that your handwriting?

GRIFFITH: Not all of it. Some of it, yes.

DRIVER: Some of it is. I wonder whether Mr Murphy could put on screen, please, exhibit J18195. Scroll down, please.

We'll come back to this document in due course.

Is that on screen the same as the piece of paper that I've just handed to you, Mrs Griffith?

GRIFFITH: Yes.

DRIVER: The jury can look at this in due course. Is the piece of paper, as described, in fact a paper towel?

GRIFFITH: Yes.

DRIVER: We'll look at the right side first. "16.02, CPR", is that your writing?

GRIFFITH: No.

DRIVER: Then, "Adrenaline, 16.05", is that yours?

GRIFFITH: That's mine.

DRIVER: Then 16.07, what does that inform us of?

GRIFFITH: I don't know and it's not my writing.

DRIVER: Thank you.

MR JUSTICE GOSS: It looks a bit like an E or a euro symbol.

MR DRIVER: 16.10, again, adrenaline?

GRIFFITH: No that's not my writing.

DRIVER: Below that, "16.10, ET".

GRIFFITH: That's not my writing. That would be endotracheal tube though.

DRIVER: Thank you. 16.12, adrenaline at 0.18m and it looks like -- is it bicarb?

GRIFFITH: Yes, sodium bicarbonate, 3.5ml.

DRIVER: Is that your entry?

GRIFFITH: No.

DRIVER: 16.16, is that your entry?

GRIFFITH: No.

DRIVER: 16.18?

GRIFFITH: That's mine.

DRIVER: That's yours. Does that record -- what does it record, please?

GRIFFITH: A fourth dose of adrenaline being given.

DRIVER: Thank you?

MR JUSTICE GOSS: It looks like 18 or 19. It looks like one is written over the other.

GRIFFITH: I should think it was 19 it was given. I pro handed it over at 18, but it was given by the doctor at 19.

MR DRIVER: Thank you. 16.23, is that yours or not?

GRIFFITH: No, I don't think that's my writing.

DRIVER: 16.25, is that you?

GRIFFITH: No.

DRIVER: 16.26?

GRIFFITH: No.

DRIVER: 16.30?

GRIFFITH: No.

DRIVER: 16.31?

GRIFFITH: No.

DRIVER: Then in a pinky-red colour, is that yours, 16.35?

GRIFFITH: No.

DRIVER: But the entries at number 1, as highlighted by Mr Murphy, and number 4, you are confident are your --

GRIFFITH: Yes, they're my handwriting, yes.

DRIVER: That's your handwriting. Is it important to record how much -- how many doses of adrenaline have been given?

GRIFFITH: Yes. The doctors like to keep a record, so we keep a record of how many we've given.

DRIVER: Thank you. This paper towel with notes recorded on it, do you remember what happened to it after the event?

GRIFFITH: Um... No, I mean, everything on it would have had to have been recorded, but I don't know what happened to it after then.

DRIVER: Everything on it would have to be recorded. Why?

GRIFFITH: Well, that's not a very good presentation, is it?

DRIVER: No. And everything would have to be recorded where?

GRIFFITH: In the notes.

DRIVER: The nursing notes, the clinical notes, or both?

GRIFFITH: Probably both. Because he required ventilation, my care of him stopped at the resuscitation point.

DRIVER: Your care of him stopped at the resuscitation point?

GRIFFITH: Yes. Once he'd been resuscitated he was put on a ventilator. I'm not intensive care trained, so he then became -- I think Lucy Letby took him over.

DRIVER: What about the responsibility for recording the events prior to him being ventilated and prior to the responsibility for [Baby M] being transferred from you to Lucy Letby, the retrospective recording of the events prior to that, whose responsibility is or was that, can you remember?

GRIFFITH: No, I'm sorry.

MR DRIVER: My Lord, I don't know whether anyone in court wants to see the paper towel or whether everybody's satisfied with the on-screen version. But may I exhibit it formally, please? It will be the seventh prosecution exhibit. Its exhibit reference number for the purposes of our documentation is PMB/8.

If you just continue looking at that paper towel for us, can you see the numbers 6 and 7 anywhere?

GRIFFITH: I can see 6.

DRIVER: 5 and 6, forgive me.

GRIFFITH: Yes.

DRIVER: Are they -- the reproduction is imperfect. Tell us, is the 5 next to the number -- there we go.

GRIFFITH: Yes, it records the fifth and sixth doses of adrenaline.

DRIVER: Thank you. If we look on screen now, Mrs Griffith, we've just changed the magnification so we can see everything on that document now, can't we, on screen?

GRIFFITH: Yes.

DRIVER: Thank you.

MR JUSTICE GOSS: Could I have a look at it, actually, please?

(Handed)

I don't know whether you want to look at it or not, but that's it. You can see it. That folded over -- that's where the 5 and the 6 -- it's just the way it's been folded. It's what I would call a kitchen towel, with the writing on it. But it's there, it's exhibited if any of you want to look at it. Do any of you want to look at it now? No.

MR DRIVER: So within the bag, the same bag, there is a second document. I wonder whether we could show Mrs Griffith the second document and Mr Murphy, if you could scroll up.

Just looking at that, Mrs Griffith just as a type of document, do you recognise the type of document?

GRIFFITH: Yes.

DRIVER: What type of document is that?

GRIFFITH: It's a reading of the blood gas machine on the unit.

DRIVER: Then if Mr Murphy could enable us to consider the detail of that document, please. We see that it pertains to a patient, ID001239, last name [Surname of Babies L & M], first name Twin 2, in the NNU.

If we go all the way down to see whether... get an understanding of it. Thank you.

Explain to us again, what it is, Mrs Griffith?

GRIFFITH: It's -- a blood sample would have been taken for a blood gas reading.

DRIVER: So taken at the cot side?

GRIFFITH: Yes.

DRIVER: The blood obviously taken from the baby within the cot.

But the reading of the blood, is that a cot side exercise?

GRIFFITH: No, the machine's on the unit but it's along the corridor.

DRIVER: Thank you. Done in-house as opposed to being sent to the lab in the way that you helped us understand last week when you were telling us about putting blood in the vials and in an envelope and podding them and all the rest. This is a different process altogether?

GRIFFITH: Yes.

DRIVER: Thank you. Could I invite the court to mark that as prosecution exhibit 8, please. It too shares the formal exhibit reference number PMB/8. These are documents, my Lord, it's a matter of agreement, and it will be evidenced in due course, that were recovered from within a Morrisons bag beneath a bed in a bedroom at 41 Westbourne Road, Chester on Wednesday, 4 July 2018.

I wonder whether Mr Stansfield could put them both back in the bag for us for safekeeping. I'm very grateful.

If we go back to the carousel, please, Mr Murphy, and go to tile 157, please. If we could click on there.

We'll see a document that is at the front of our paper bundle. Do you see your name on there at all?

GRIFFITH: Yes.

DRIVER: Is your name alongside the entries at 10.10 and 16.20 on 9 April?

GRIFFITH: Yes.

DRIVER: Does it appear below the name "Lucy Letby" --

GRIFFITH: Yes.

DRIVER: -- on both occasions?

GRIFFITH: Yes.

DRIVER: And does on both occasions it -- the corresponding entry relate to sodium chloride?

GRIFFITH: Yes.

DRIVER: Other than the signature, is any of that in your handwriting?

GRIFFITH: No.

DRIVER: Thank you. If we could please go to tile 239. Click on it, please, Mr Murphy.

Do you see your name on that document at all?

GRIFFITH: Yes.

DRIVER: Where and signifying what?

GRIFFITH: I checked morphine sulphate.

DRIVER: At what time?

GRIFFITH: 19.30.

DRIVER: So this is after the successful resuscitation --

GRIFFITH: Yes.

DRIVER: -- of [Baby M], and after, from what you've told us, primary responsibility for [Baby M] had been transferred to a colleague?

GRIFFITH: Yes.

DRIVER: If we could then please go to tile 251. Your note.

Mr Murphy, if you could magnify the right side.

Thank you.

Picking up where we left off, you were telling us about the bile-stained aspirate. For the next feed, as it were, according to your note:

"1.5ml bile-stained aspirate, shown to a registrar..."

As you told us earlier, so you involved a medic?

GRIFFITH: Yes.

DRIVER: "... at which point the baby was put on nil by mouth with a nasogastric tube on free drainage."

And dextrose was commenced as per the note you've already shown us; is that right?

GRIFFITH: Yes.

DRIVER: Antibiotics were given at 15.00, I think we've seen a corresponding note for that, and then at 16.00 hours, the baby had the profound bradycardia, desaturation, went apnoeic, and the full resuscitation was commenced at 16.02.

When completing that note -- or did you complete that note, Mrs Griffith?

GRIFFITH: Yes.

DRIVER: Where would you have got that time from, the 16.02 time?

GRIFFITH: From the medical notes or when the resuscitation first started, when the notes were starting to be taken.

DRIVER: You were telling us earlier, I'm sure we understand, how in the moment it's impossible to gauge how long things have taken and the like because of the crisis of the moment, but here on your note, you were able to record that full resuscitation commenced at 16.02.

GRIFFITH: It's very important to remember things like that and you would look at a clock and remember something like that.

It's part of your job to have things in order.

DRIVER: Thank you. So you would have recorded that in the nursing notes from memory?

GRIFFITH: I would have probably referred to any notes I'd made, ie the paper towel.

DRIVER: Anything else?

GRIFFITH: No, but a significant event like that, you would remember and your mind clicks in to remember certain things.

DRIVER: Thank you. Can you recall, actually recall, whether or not you had an aide-memoire at this point, whether or not you did have any notes to refer to or can't you say either way?

GRIFFITH: I can't say either way. It's a while ago.

DRIVER: Have you ever taken a blood gas record home with you?

GRIFFITH: No.

DRIVER: Have you ever taken the contemporaneous notes for medication given during a resuscitation home with you?

GRIFFITH: No.

MR DRIVER: Thank you.

Cross-examination by MR MYERS

MR MYERS: Mrs Griffith, before we look at events relating to [Baby M], could I just ask you just to confirm one aspect of what we looked at with [Baby L] when you last gave evidence? We're helped because it's in the files that we've all got, jury bundle 2. I'd just like you to go and have a look behind divider

15. So it's the first page behind divider 15 and it's the infusion therapy sheet. I'll just check you can see that.

GRIFFITH: Yes.

MYERS: Can I just see that we've all got that?

If it assists to have it on the screens, it's from the [Baby L] carousel, Mr Murphy, tile 10, so we've got it on screens as well.

I just want to confirm the position with the bag that's recorded halfway down on 9 April and where the signatures have got the timing of 12.10 next to them.

GRIFFITH: Yes.

MYERS: So just check we can all see that. We know at the top of that column, 12.00 on 8 April, is a bag that was hung up and started at that time, that's Nurses Letby and Davies. That's the top one.

GRIFFITH: Yes.

MYERS: When we get down to the entry for 12.10, that's your signature underneath Lucy Letby's signature, isn't it?

GRIFFITH: Yes.

MYERS: I think when you gave your evidence, you said you believed that related to a change of rate. That's what I'm going to ask you about. Is it not the case, in fact, that the dextrose bags would be changed about every 24 hours?

GRIFFITH: Yes.

MYERS: So if that's right, is it likely that actually refers to a change of bag rather than a change of rate?

GRIFFITH: No. It's a change of rate because it's going to 3ml per kilogram.

MYERS: But are the bags changed every 24 hours as it happens?

GRIFFITH: Yes.

MYERS: Are they meant to be?

GRIFFITH: Yes. Yes, they are, yes.

MYERS: Because we can see, looking above it, for 8 April, the rate there is 3ml per kilogram. Can you see in brackets the line that isn't scribbled out?

GRIFFITH: Yes.

MYERS: It can be confusing because we've got a number of lines crossed out, but when we dealt with that evidence, where we got to was the rate for 8 April was 3ml per kilogram and that was on that 12 o'clock bag. Then we still have 3ml per kilogram on your bag at 12.10. Can you see that?

GRIFFITH: Yes.

MYERS: So do you think in fact that's probably a change of bag?

GRIFFITH: I'm not prepared to say.

MYERS: All right. But certainly in terms of practice, dextrose bags are normally changed every 24 hours, aren't they?

GRIFFITH: Yes.

MYERS: Thank you. That's all I wanted to ask about [Baby L].

We can take that down.

I'm going to ask you next a little bit more about the giving of prescriptions and treatment to children on the unit. We're just going to look at a couple of entries in a document that we've got, the jury have got, it's called "Neonatal Review: Events 17 and 18".

Mr Murphy might be able to put that on the screen, ladies and gentlemen. It will be on the screen, but you've got it on paper too if you want it. It's a chart that shows, so far as we can see, who was doing what on the unit at particular points.

Before I look at any particular entries there, Mrs Griffith, you -- we can go to page 2 to help us.

This is the arrangement for what was -- the way the care was set up for that day shift on 9 April 2016. Can you see on the top right-hand side, Mrs Griffith, where your name is and Lucy Letby's name is?

GRIFFITH: Yes.

MYERS: They are both associated with nursery 1, aren't they?

GRIFFITH: Yes.

MYERS: Which is what you remember to be the case. And you were looking after [Babies L & M], weren't you?

GRIFFITH: Yes.

MYERS: And Lucy Letby was looking after children with the initials GT and TSB?

GRIFFITH: Yes.

MYERS: All right. One of the ways in which the unit works is that nurses are able to assist one another with babies when that's required, aren't they?

GRIFFITH: Yes.

MYERS: And as you've just been telling us, one of the areas where invariably you need two nurses is when it comes to the giving of medications or infusions, isn't it?

GRIFFITH: Yes.

MYERS: I just want to have a look at some examples of that, only a couple of examples, three or four.

If we just go, please, to page 3 and look at lines 29 to 32. If you look down there, can you see in the morning of 9 April, if you look at line 29, 09.05, there's medication being given to GT. Can you see that?

GRIFFITH: Yes.

MYERS: It's, in effect, signed by Lucy Letby and Mary Griffith?

GRIFFITH: Yes.

MYERS: That's taken from those prescription documents we've seen, which say "user" and "co-signer" on them. That's quite conventional, isn't it, that two of you will be required if medication is being given in accordance with a prescription?

GRIFFITH: It has to be.

MYERS: It has to be, doesn't it? We can't tell now going back from the orders of whose name is where who it was that was doing any particular part of that, can we?

GRIFFITH: No.

MYERS: So that was you assisting Ms Letby with a baby that she was looking after in nursery 1?

GRIFFITH: Yes.

MYERS: All right, thank you. Another example. If we go to page 6, ladies and gentlemen. Mr Murphy, page 6.

At line 167, just moving forwards in the day, we're now at 14.25 in the afternoon. Can you see that, Mrs Griffith?

GRIFFITH: Yes.

MYERS: A prescription being given to GT again and that's you assisting Ms Letby with that prescription, isn't it?

GRIFFITH: Yes.

MYERS: If we go over the page, please, to page 7, line 201.

Thank you. At 15.34 on 9 April, what we have there is Ms Letby assisting you in a prescription being given to [Baby L]; is that correct?

GRIFFITH: Yes.

MYERS: Then finally, coming up close to the event that we're looking at now, if we look at lines 209 and 210 on this same page, please, Mr Murphy. This is the 15.45 medication and that's given to [Baby M] by you, assisted by Ms Letby?

GRIFFITH: Yes.

MYERS: Again, this is the way it was done on the unit with two nurses having to be used to assist in giving the medication to a child?

GRIFFITH: Yes.

MYERS: As it happens, both of you were working in nursery 1, weren't you?

GRIFFITH: Yes.

MYERS: Having looked at that, I'd like to have another look at the notes that you made, Mrs Griffith. This is just for you to assist us as best as you can. Could we go to those notes, Mr Murphy? It was at tile 91. These are Mrs Griffith's nursing notes.

If we go behind that, then we can see the notes as we go along. Just to enlarge that large section in the centre of the page, please, Mr Murphy. Thank you.

Just to remind ourselves, this is [Baby M]'s second day of life, isn't it?

GRIFFITH: Yes.

MYERS: Certainly as the shift commenced, all things being equal, he seemed well and stable in the circumstances, didn't he?

GRIFFITH: Yes.

MYERS: As we go forwards in the shift, if we look about five lines down, it says, "At 12.15"; can you see that, Mrs Griffith?

GRIFFITH: Yes.

MYERS: "At 12.15, noted that his stomach was a little distended and his work of breathing was increased."

GRIFFITH: Yes.

MYERS: Just pausing there, those were the first indications of anything other than him being completely normal, if I put it that way, would you agree?

GRIFFITH: The first indication his observations weren't where I'd have liked them.

MYERS: All right. That's the first indication your observations were not where you would have liked them.

We looked at the observation forms. There's nothing on those forms to say stomach distended, is there, so you have made the note in your notes, haven't you?

GRIFFITH: Yes.

MYERS: And where you talk about his work of breathing was increased, that may mean his respiratory rate may not change, but he's finding it a little harder to do the breathing?

GRIFFITH: Yes.

MYERS: So just looking at the respiratory rate doesn't tell us everything, we need to look at the notes as well, don't we, your notes that is, to understand it?

GRIFFITH: Yes.

MYERS: Just moving on from there, you went for your break, as you're entitled to, and [Nurse B] continued to look after [Baby M]. We've seen already that during that break his temperature was found to be raised, wasn't it?

GRIFFITH: Yes.

MYERS: Reading on, he had an aspirate of 5ml, stomach acid and partly digested milk, and this was discarded and the feed given. Is that something that [Nurse B] would have told you about when you returned from your break?

GRIFFITH: Yes.

MYERS: We can see:

"Temperature reverted to normal and baby settled."

Then this. You have put:

"At the next feed the aspirate was 1.5ml and bile-stained."

If you've got the paper in front of you, the paper charts there, Mrs Griffith, if you go behind divider 16, please, and go to the final piece of paper we've got there, ladies and gentlemen, and Mrs Griffith, it's got in red at the bottom 18866; can you see that?

GRIFFITH: Yes.

MYERS: I'll check we can all see that. We'll leave the notes up on the screen so we've got both sources of evidence.

In the notes we can see it says that at the next feed the aspirate was 1.5ml. Is that what we see on the paper exhibit in the column for 14.30?

GRIFFITH: Yes.

MYERS: Where we've got your initials at the bottom and "1.5 bile" written above it?

GRIFFITH: Yes.

MYERS: So that's recorded on the neonatal unit fluid balance chart. 1.5ml of bile is potentially a significant issue, isn't it?

GRIFFITH: Yes.

MYERS: Potentially, because bile-stained aspirates appearing may be a sign of a problem. I say "may", but it depends, doesn't it?

GRIFFITH: Yes.

MYERS: But it may be a sign of a problem?

GRIFFITH: Yes.

MYERS: And given how [Baby M] had been, that was something that was perhaps unexpected, would you agree, from how he'd seemed earlier?

GRIFFITH: Um... Yes, in a way, but with prems you never know.

MYERS: With prems you never know, they can change quickly and dramatically, can't they?

GRIFFITH: Yes.

MYERS: Is that the reason, because of a bile-stained aspirate, that you recall you spoke or notified the registrar?

GRIFFITH: Yes.

MYERS: Because it was something that a doctor needed to consider?

GRIFFITH: Yes.

MYERS: Do you recall specifically, Mrs Griffith, whether a doctor did actually come to the unit in response to that and look at [Baby M]? Do you recall if that happened or not?

GRIFFITH: I honestly can't remember.

MYERS: All right. It says, "Shown to registrar". Can you see where it says in your entry, "Shown to registrar"?

GRIFFITH: Yes, if it's written there, the registrar must have been on the unit then, yes.

MYERS: Must have been on the unit, all right. [Baby M] was then put on nil by mouth; is that what followed?

GRIFFITH: Yes.

MYERS: Is that because if there's some concern about any potential abdominal issue at this stage with a neonate like this, it's better to stop giving them solids at that point?

GRIFFITH: Yes.

MYERS: As we read on, we can see:

"Nil by mouth. Nasogastric tube on free drainage. 10% dextrose commenced at 75ml per kilogram."

Then it says: "IV antibiotics given at 15.00."

Is that something that was done in case of any developing infection as far as you understand?

GRIFFITH: No, he was already written up for antibiotics.

MYERS: So that's something that'd happen anyway?

GRIFFITH: Mm.

MYERS: But the nil by mouth followed from the findings of the 1.5ml of bile?

GRIFFITH: Yes.

MYERS: The bile-stained aspirate, sorry. Moving forwards in your note, Mrs Griffith, we've got:

"16.00, baby went apnoeic..."

And then you go into the deterioration and the resuscitation that took place?

GRIFFITH: Yes.

MYERS: I'm going to pick up now with your recollection of that.

I've finished with the note for the time being.

You described to us that when the alarm went off with [Baby M], you and Nurse Letby were in the process of preparing the next infusion bag for [Baby M]?

GRIFFITH: Yes.

MYERS: I think you explained to us, you were the nurse who was sterile and dealing with that and Lucy Letby was the check nurse?

GRIFFITH: Yes.

MYERS: Neither of you were involved with [Baby M] at that point, were you?

GRIFFITH: No.

MYERS: We know there'd been the delivery of a medication at 15.45, we've seen that. But that was the last thing you did with [Baby M] before moving on to [Baby L], wasn't it?

GRIFFITH: Yes.

MYERS: Sorry, the last thing you did with [Baby L] before moving on to [Baby M].

GRIFFITH: Yes.

MYERS: When the alarm sounded, is it your recollection that Lucy Letby went across then to [Baby M]'s cot?

GRIFFITH: Yes.

MYERS: Do you recall [Nurse B] coming in at some point?

GRIFFITH: Yes.

MYERS: And your recollection is that you went to the door to call for help to get a doctor?

GRIFFITH: Yes.

MYERS: Do you recall if the Neopuff was used with [Baby M] once he began to deteriorate?

GRIFFITH: Yes.

MYERS: Do you recall -- I'm only asking you to work from your recollection -- any issue with the Neopuff and the way it was attached to the wall or the mask? Do you have any recollection of that, any problem with that?

GRIFFITH: No.

MYERS: You've described to us the resuscitation procedure.

Your recollection is that once that commenced, it went well so far as the resuscitation procedure is concerned; is that correct?

GRIFFITH: Yes.

MYERS: I'm going to ask if we could put up again on the screen the towel with the writing on it that we've looked at.

PMB/8. It's the second part of that exhibit, Mr Murphy, if we could go there, with the towel on it.

It was exhibit 18195, J18195 was the exhibit number.

Thank you. If you recall, we also have the numbers 5 and 6 on the left-hand side when it was arranged like that.

I think you've identified for us, working down from the right-hand side first, there's what's probably a 1 written in a circle, though it -- there we are, thank you. And next to that is "adrenaline" and that looks like your handwriting to you?

GRIFFITH: That is my handwriting, yes.

MYERS: And the timing below it. Thank you. You also identify as yours "16.19, adrenaline", down at the bottom?

GRIFFITH: Yes.

MYERS: Do you identify at least some of the other writing on that towel to be Lucy Letby's writing?

GRIFFITH: I couldn't say.

MYERS: You couldn't say? All right. I'm going to suggest some of it is in fact, but if you don't recognise it, there's no need to take a guess.

GRIFFITH: No, I'm not going to guess.

MYERS: Right, thank you.

We can take that down, thank you, Mr Murphy.

Once resuscitation had commenced and events followed from that, did Ms Letby takes over as the designated nurse for [Baby M]?

GRIFFITH: Yes.

MYERS: And is that because she carried the higher qualification in intensive care, so that's why it was appropriate for her then to take on [Baby M] at that point?

GRIFFITH: Yes.

MYERS: There's just one other thing I'd like to establish with you, if you'd help us, Mrs Griffith. I'm going to ask you to be shown a copy of a statement you made to the police. It's a statement of 1 February 2018.

Mr Murphy, it's page 3122 of the statements.

There's one line down towards the bottom of that page. There we are. I'm going to ask you to look at the line that stands on its own four lines from the bottom. It's what you put in the statement of 1 February 2018. Assisted by that, can I just confirm, Mrs Griffith, that throughout the resuscitation procedure, you did not notice any -- it says "any usual marks or discolouration on [Baby M]". Should that be actually "any unusual marks or discolouration on [Baby M]"?

GRIFFITH: Probably, yes.

MYERS: Yes. So throughout the resuscitation procedure, you did not notice any unusual marks or discolouration on [Baby M], as you recalled back in 2018?

GRIFFITH: No, I didn't.

MYERS: And you had been with him for some hours before that, hadn't you?

GRIFFITH: Yes.

MYERS: And been caring for him?

GRIFFITH: Yes.

MYERS: So you could see what condition he was in?

GRIFFITH: Yes.

MYERS: And how his skin looked?

GRIFFITH: Yes.

MR MYERS: Right. Thank you, Mrs Griffith.

Re-examination by MR DRIVER

MR DRIVER: Could we please, Mr Murphy, go back to tile 83, that Mrs Griffith was shown a minute or two ago.

Thank you. Click on it, please, just to remind us who was where.

So your memory was refreshed by reference to this a few minutes ago and of course we have your name to the right as the designated nurse for [Baby L] and [Baby M], and Lucy Letby also in nursery 1 for GT and TSB.

Could I invite your attention, please, to the other side of the document and nursery 4 where we see the names of Angela McShane. I think you confirmed to me a little earlier this afternoon that she's a nursery nurse?

GRIFFITH: Yes.

DRIVER: And [Nurse B], who was the senior nurse --

GRIFFITH: Yes.

DRIVER: -- on the unit that day. Then if we could go to the next page that we looked at -- sorry, to the NNU review, forgive me. So the black bundle in front of you.

I can't remember whether Mr Myers did this on screen or on paper with you, Mrs Griffith.

MR JUSTICE GOSS: Both.

MR DRIVER: Thank you.

You were taken to page 3 of this document and you were invited to consider the entries between 09.00 and 09.11, where it is recorded that there was an e-prescription for the children in nursery 1 and that you and Ms Letby were either the user or the co-signer for those entries. Do you remember looking at that?

GRIFFITH: Yes.

DRIVER: Could I invite your attention to the entries immediately below that, please, so the entries recorded at lines 34 to 39, entries that relate to first the child GT and then the next six, I think, to ML twice, ND twice, and MB twice. They were initials of children who we would have just noted on the previous page were in nursery 4 under the charge or care of Angela McShane.

GRIFFITH: Yes.

DRIVER: If we look at these entries, we'll see that between 09.25 and 09.29 there were events in relation to all three children that involved an e-prescription.

GRIFFITH: Yes.

DRIVER: If we look along to the member of staff column, we'll see that we see Angela McShane's name and your name --

GRIFFITH: Yes.

DRIVER: -- as a co-signer. Given her status, who would have administered the medication to those babies at that time?

GRIFFITH: It would depend what the medication was.

DRIVER: Yes.

GRIFFITH: I would have checked them with her and checked she was giving it to the right child or given it myself.

DRIVER: Thank you. Where would that have taken place?

GRIFFITH: The checking would probably have taken place in nursery 1 as that's where I was.

DRIVER: Yes. And the provision of the medication?

GRIFFITH: I would have gone along to 4, making sure my two were being watched by someone.

DRIVER: But in terms of the babies ML, ND and MB, would they have been brought to nursery 1 to receive the medicine or would the nurses have gone to nursery 4 to give them the medicine?

GRIFFITH: Either way.

DRIVER: The babies from nursery 4 would be brought to nursery 1?

GRIFFITH: They could be brought to nursery 1, yes, because they'd all have been in cots or I could have gone down there if someone was watching the twins.

DRIVER: Thank you.

You were taken to the events immediately before [Baby M]'s collapse and the making up of the dextrose for his brother [Baby L].

GRIFFITH: Yes.

DRIVER: And it was confirmed that Ms Letby was the check nurse for that process.

GRIFFITH: Yes.

DRIVER: What does that involve? What does the check nurse actually do or what was Ms Letby actually doing?

GRIFFITH: She'd have checked that I'd got the correct bag of fluid and that it was in date and there was no precipitate in it and she would have checked the 50% dextrose bottle I'd got out

and checked me at every stage. We'd have checked with the prescription the doctor would have given us for it.

DRIVER: Thank you.

Finally, you were taken to an entry in a statement, a witness statement, you made some time ago and you were reminded that you'd told the police at that point that you didn't note any discolouration on [Baby M] during the event.

GRIFFITH: Yes. From what I could see of him, no.

DRIVER: Do you recall a little earlier, I asked you about what you recall of his presentation and you said, "I couldn't really see him closely because I was standing to one side and there were so many people around the incubator"?

GRIFFITH: Yes.

DRIVER: Could you see [Baby M]?

GRIFFITH: I could see bits of him, yes, I couldn't see the whole thing.

MR DRIVER: Thank you.

Does your Lordship have any questions for Mrs Griffith?

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

Thank you very much, Mrs Griffith, for coming back again this week to give evidence. You will be coming back again according to the list that I have.

GRIFFITH: Yes.

MR JUSTICE GOSS: Does that accord with your understanding?

So what I've said to you before still applies: please don't talk to anyone about anything to do with this case, any of the babies, any of the evidence that you've given in relation to any babies or may give in relation to any babies. Thank you very much.

(The witness withdrew)

MR DRIVER: My Lord, we'll need to reconfigure the court.

MR JUSTICE GOSS: It's a good time to have the mid-afternoon break. As I recall, I did say we'd have a mid-afternoon break. We're not going to go all the way through for 3 hours without a

break, so we'll have our ten-minute break now and then continue.
Thank you very much.

(2.44 pm)

(A short break)

(2.57 pm)

[NURSE B] (recalled)

Examination-in-chief by MR DRIVER

MR DRIVER: Good afternoon. May I ask you to state your full name for the recording, please?

NURSE B: [Nurse B].

DRIVER: We know that you appreciate that you're still under oath --

NURSE B: Yes.

DRIVER: -- as it were.

I'm going to ask you questions about 9 April 2016 and the babies [Baby L] and, more particularly, [Baby M], who were on the unit at that point in time.

Just to assist you as to your allocation of responsibilities on that occasion, could we go to tile 83, please, and click behind, please, Mr Murphy.

We see your name to the left of the screen, alongside the initials of a baby MYL, who, together with three others, was, it would seem, in nursery 4.

NURSE B: Okay.

DRIVER: Other babies in nursery 4 were being looked after by Angela McShane, the nursery nurse. Then if we go anti-clockwise, we see towards the bottom of the screen your name again alongside the initials of a baby EB, who was in nursery 2, together with three others who were under the care of your colleague, Nurse Ashleigh Hudson.

So that's just to help you orientate yourself.

Do you recall the circumstances in which you first came to focus upon the baby [Baby M] on this occasion?

NURSE B: Yes, I do.

DRIVER: What were those circumstances?

NURSE B: So I was the shift leader on this day. I have to say, I don't remember any of the events of nursery 2, nursery 3 and nursery 4 on that day. This is solely focused on nursery 1.

DRIVER: Yes.

NURSE B: And that was Mary came to me -- I don't remember timings I'm afraid, I feel it was late morning -- to say that [Baby M] had a slightly distended abdomen and larger aspirates than previous of milk via his NG tube.

DRIVER: Thank you. I wonder whether Mr Murphy could put tile 84 up. We're going to look at some observation charts and fluid balance charts. I don't know whether we were doing this when you were last with us, but there are A4 files there and one of them has the number 2 down the spine and it has dividers. We need to go behind divider 16, where we have reproduced some documents in relation to [Baby M] that I'm sure are familiar to you in format.

If I could invite you to turn over two pages to get to an observation chart. It seems I'm looking at Mr Myers' file there. I've taken his from him, so I'll retrieve my own.

Do you see on that observation chart your initials at the bottom of the page on, I think, just two occasions --

NURSE B: Yes.

DRIVER: -- to the right at the bottom of the page? They correspond to the times 12.30 and 17.30 if I'm not mistaken.

NURSE B: Yes.

DRIVER: So just using that as a point of reference, does that assist you in your recollection of when it is you began to focus upon [Baby M]?

NURSE B: So the 12.30 wasn't when I was first focused on him, the 12.30 was when I covered Mary for her lunch break so that's why I performed the observations at that time and I think I also gave him his milk at that time, but it was prior to that time that Mary came to me.

DRIVER: I'm grateful. Mr Murphy, if you could go to tile 85, please. If we were to look at the final page of our paper bundle, which will correspond to that which is on screen now,

[Nurse B], we can see again two entries from you, am I right, again at 12.30 and then a later one at 16.00 hours?

NURSE B: Yes.

DRIVER: Let's look at the 12.30 one. If Mr Murphy could help us read it better on screen. We can see Mary Griffith's entry at 10.30. There doesn't appear to be anything at 11 and then an entry, is that your handwriting, DEBM, et cetera --

NURSE B: Yes.

DRIVER: -- at 12.30?

If we zoom in, we can see that it records, firstly, that you gave [Baby M] donor-expressed breast milk?

NURSE B: Yes.

DRIVER: Via the NGT?

NURSE B: Yes.

DRIVER: A quantity of 10ml?

NURSE B: Yes.

DRIVER: Taking his total for this document to 58ml?

NURSE B: Yes.

DRIVER: And then --

NURSE B: So since midnight he's received 58ml of milk.

DRIVER: Since midnight, thank you.

You help us with the rest of your entry then, please.

NURSE B: Below that it says:

"5ml of partially digested/stomach acid."

And then in a circle there's a letter D, which means discarded.

DRIVER: Right. Help us understand your note. "Partially digested/stomach acid", was that a cause for concern?

NURSE B: So the partially digested aspect of it refers to the milk that's been in the stomach and the stomach is doing its job, it's digesting the milk. The acid should be there because

that's what -- there is acid in the stomach to help break down the milk in order for it to flow through the stomach into the bowel. But when you have large amounts that are acidic, it can aggravate the stomach, so sometimes it's better to discard it than it is to replace it. And then the next feed that goes in, they are likely to tolerate that next feed.

DRIVER: Thank you. The next entry, moving from left to right, was made by your colleague, Mary Griffith?

NURSE B: Yes.

DRIVER: If we were to go up the page, I don't invite Mr Murphy to do so, because we can glance at it on paper, we see that corresponds to a time of 14.30.

NURSE B: Sorry, which page?

DRIVER: It's the final page of that particular paper bundle. It should have the reference J18866 at the bottom.

NURSE B: Yes.

DRIVER: The next entry we can see on screen, which begins for the screen purposes with the letters NBM, nil by mouth, which is a 14.30 entry, and we can see that there are, according to Mary Griffith's note -- there was a record of 1.5, I think it says "bile-stained".

NURSE B: Yes.

DRIVER: With that in mind, does that assist you in your recollection of when it was that Mary brought a concern to [Baby L] or is this additional to --

NURSE B: This was a further concern.

DRIVER: A further and additional concern?

NURSE B: Yes.

DRIVER: Thank you very much. The nil by mouth instruction we understand, can you confirm, would have been made by a medic, made by a doctor, or would that have been made by you as the shift leader?

NURSE B: The diagnosis, sorry? Could you repeat the question?

DRIVER: The instruction that the baby should therefore be nil by mouth --

NURSE B: Would be a doctor decision, yes.

DRIVER: Do you happen to recall who on this Saturday, as it was, was the doctor making such decisions?

NURSE B: I don't remember their name, no.

DRIVER: Thank you. So let's get the chronology right. Mary brought to your attention some abdominal distension, did you say?

NURSE B: Yes, and larger aspirates.

DRIVER: Larger aspirates than previously noted?

NURSE B: Yes.

DRIVER: So that was some time in the morning?

NURSE B: Yes.

DRIVER: You can't be sure when?

NURSE B: Mm-hm.

DRIVER: Through simply Mary's need for lunch, you took over --

NURSE B: Yes.

DRIVER: -- at 12.30-ish?

NURSE B: Yes.

DRIVER: And you undertook those feeds as recorded and we've glanced briefly at the observation charts and we noted that you made corresponding entries in his obs charts, which is the third page of that bundle, the one we glanced at behind tile 84. If Mr Murphy could take us back to tile 84 so everyone can see what it is we're looking at on paper.

You can see by looking at the paper entry and the screen that the entries at 12.30 and 17.30 bear your initials at the bottom of the page.

NURSE B: Yes.

DRIVER: So at 12.30, what was going on with [Baby M] as far as you observed?

NURSE B: The heart rate was normal, the breathing rate was normal. Oxygen saturations are normal. He's self-ventilating in

air. He's receiving phototherapy for jaundice. His eyes are covered with a mask. And his temperature is ever so slightly high at 37.2, so I've turned the incubator down by half a degree.

DRIVER: In general terms how was he doing in the middle of the day?

NURSE B: He was well.

DRIVER: Thank you. We can see your later entries at 17.30 include, if we go up the page, the words "post resus" --

NURSE B: Yes.

DRIVER: -- which gives context to those readings and let's, please, first consider the circumstances in which [Baby M] required resuscitation. Do you remember these dramatic events?

NURSE B: Yes, I do.

DRIVER: Where were you when you first realised something was amiss with [Baby M]?

NURSE B: I was stood in nursery 1, kind of halfway -- in the middle of the nursery facing towards [Baby M]'s incubator.

I was talking with my colleague Lucy Letby. That's where I was stood, yes.

DRIVER: Thank you. Can you remember whether there were any other colleagues in the room at that time?

NURSE B: Not that I remember.

DRIVER: Thank you. That's a poorly phrased question on my part.

Is that you don't know or your memory suggests there was not?

NURSE B: It's the same thing, really, isn't it? My statement said I didn't remember and I definitely don't remember any more now.

DRIVER: Thank you. And what was it that caused you to have concern for [Baby M]?

NURSE B: That his monitor alarmed and because I was in clear eyesight of it, it showed a significant bradycardia and desaturation.

DRIVER: Thank you. And what did you do?

NURSE B: Lucy and I walked over and Lucy said he wasn't breathing and we assisted with his airway and put out a crash call -- well, asked for a crash call to go out.

DRIVER: A crash call out to the medics --

NURSE B: Yes.

DRIVER: -- for general assistance? What assistance did you give re his airway?

NURSE B: So Lucy administered what you would call rescue breaths.

That was via a Neopuff or an Ambu bag, I'm not sure which device was in that corner.

DRIVER: What did you do?

NURSE B: I don't remember exactly what I was doing, but I was beside Lucy.

DRIVER: Thank you. Did there come a time when you were joined by anybody else?

NURSE B: Yes.

DRIVER: Who was the first person to join the two of you?

NURSE B: I'm sure one of the other nurses would have come to assist, but I remember the SHO and reg clearly responding quickly, they arrived quickly.

DRIVER: Thank you. At any point during what was to follow over the next few minutes, were you joined by a third nurse?

NURSE B: Mary did come, yes.

DRIVER: Mary Griffith?

NURSE B: Yes.

DRIVER: Did you see where she came from or can't you recall?

NURSE B: I can't recall.

DRIVER: Thank you. How, if at all, did [Baby M] respond to the Neopuffing?

NURSE B: He didn't respond. Well, we got chest movement, which is a sign that the treatment was working, but his observations did not respond. So his heart rate remained low and his oxygen saturations remained low.

DRIVER: Right. So chest movement, a mechanical indication that he was, with your assistance, breathing in and out, but --

NURSE B: So we were breathing for him adequately. He wasn't breathing for himself now.

DRIVER: And your intervention at that stage failed to achieve its objectives?

NURSE B: Yes.

DRIVER: So what happened next?

NURSE B: So compressions were commenced and the heart rate remained still low and the oxygen saturations remained low, so then we moved on to the next stage of your newborn life support algorithm, which is to give the emergency support drugs.

DRIVER: At the point in time when the circumstances required the giving of the emergency drugs, can you recall which doctors were present?

NURSE B: Dr Jayaram came at some point, but I can't remember at what point he arrived.

DRIVER: Are you able to give an assessment as to how far into the emergency response you'd reached prior to Dr Jayaram's arrival?

NURSE B: Not with memory, sorry, no. He will have documented that in his notes, what time he arrived.

DRIVER: Thank you. The giving of the emergency drugs, did you play a part in that process?

NURSE B: I don't believe I did.

DRIVER: Can you recall what part you did play in the resuscitation effort?

NURSE B: I was... As you pointed out, the ward was full, so I was ensuring the safety of the ward to ensure that all the other babies that I had -- were under my care were then being cared for. Then I stayed around [Baby M] and his incubator and I believe I was making sure that Lucy and Mary were okay and that

the parents had arrived by this time, so I believe I was supporting the parents.

DRIVER: Thank you. I'm going to show you a document now. I'm going to ask you to consider whether or not your handwriting appears on the document.

NURSE B: Okay.

DRIVER: I wonder, with Mr Worthington's assistance -- please can [Nurse B] be shown the larger of the two documents, which is our exhibit number 7, first?

(Handed)

With Mr Murphy's assistance, so the jury can see, can we put back up our reference J18195.

Do you recognise any of that as your handwriting?

NURSE B: The entry at 16.10 for adrenaline.

DRIVER: Thank you. Is that the one that's marked with the number 2?

NURSE B: It is, yes. The numbers aren't my handwriting, but the 16 and the 10 is, the adrenaline is, but the numbers aren't if that makes sense.

DRIVER: So looking at the screen, has our colleague Mr Murphy highlighted the appropriate part?

NURSE B: Yes.

DRIVER: Is that the extent to which you recognise your handwriting on this document?

NURSE B: Yes.

DRIVER: And having refreshed your memory from that, are you able to assist the jury as to the circumstances in which you would have written "16.10 adrenaline"?

NURSE B: This is a very old-fashioned way of record keeping for a significant event at that time. Because these doses were being given in an emergency, they will have been prescribed after the event and signed for after the event. So this is to enable the prescriber post-event to be able to document the correct time they were given.

This isn't to say that I've given it, this is to say I've acknowledged the time that this dose has been given.

DRIVER: Forgive me inviting you to state the obvious, but does this record that at 16.10 adrenaline was given to [Baby M] as part of the resuscitation?

NURSE B: According to what I've written, yes.

DRIVER: Yes. And would you have made that note on that paper towel contemporaneously at 16.10?

NURSE B: Can I just state the obvious?

DRIVER: Please.

NURSE B: I don't know whether this is rude, sorry. Obviously, [Baby M]'s name is nowhere on this paper towel. It's only got a list of times and medicines, and as we know, there have -- the case is looking at several collapses and several babies that have received medicine. So I can't say that this belongs to [Baby M], but the date and the time is my handwriting.

DRIVER: There's no issue between the parties but that these entries, these times, these doses, these measurements correspond to the more formal records for the resuscitation of [Baby M] at around 16.00 hours on 9 April.

NURSE B: Okay.

DRIVER: All I was asking is, would you have made the note contemporaneously? Would you have made it as the adrenaline was being administered?

NURSE B: Yes.

DRIVER: Thank you. If we could please, Mr Murphy, go to tile 171. Click behind, please. We see a blood gas record for a baby referred to there as Twin 2 [Surname of Babies L & M], who we know is [Baby M]. The paper document, [Nurse B] -- if you look at the paper bundle in front of you.

NURSE B: Sorry.

DRIVER: Not at all. We can see you're on the observation chart, 18782. If you turn over five pages, you'll see a paper version of that, which is on screen.

NURSE B: Yes.

DRIVER: The paper version has your initials just once; is that correct?

NURSE B: Yes, correct, on the 9th at 16.22.

DRIVER: Thank you. And do you recognise that as your handwriting?

NURSE B: Yes.

DRIVER: Taking us from left to right, can you explain the entry to the jury, please?

NURSE B: So the C stands for capillary sample, so the blood test has been taken from [Baby M]'s heel. The pH is the acidity or alkalinity of the blood and that shows that his blood is more acidic, which is not a good thing, that is a low number. The carbon dioxide, the next column, is too high, so not a good number.

The O2 is 3.34, but it is low but it's a capillary sample, so doesn't necessarily correlate: you'd want an arterial sample to inform you better of the oxygenation picture. The bicarb is ever so slightly low and the base excess is high. The type is to say that he is currently receiving Neopuff, so that means [Baby M] isn't breathing for himself and he's not on a mechanical ventilator, that the medical/nursing team are breathing for him, and I've put "During active resus".

The glucose is at the higher end of normal and the lactate is high, 9.8.

DRIVER: Just going back to the time, we know the context because you've just taken us through your entry, "During active resus". The time, 16.22, is that the time of the taking of the blood by heel prick or the time of the testing of that blood?

NURSE B: The time of the testing of the blood, but it would have been within a couple of minutes of the actual sample taking. The machine was on the unit, you just had to walk there, input the baby's name, and then it's processed very quickly.

DRIVER: No doubt during the urgency of the moment, you were doing other things rather than filling in documentation such as this?

NURSE B: Yes.

DRIVER: Do you recall when you completed this detailed note?

NURSE B: No, I don't recall.

DRIVER: Do you recall how you would have been able to record such detailed data?

NURSE B: Because it prints you off a piece of paper from the machine and it tells you the exact time and date and all the parts -- apart from me writing "Neopuff during active resus", all of that other data is on that slip of paper. And if you were to lose the slip of paper then the machine holds the data, you can go back into the date and the time and you can recall the data on the machine.

DRIVER: Could I ask Mr Worthington to show [Nurse B] the other smaller document, please, within the same bag?

We have this on paper, so if Mr Murphy could go back to J18195.

Do you recognise that type of document?

NURSE B: Yes.

DRIVER: What is it?

NURSE B: A blood gas measurement.

DRIVER: Is that the type of piece of paper that you were just referring to?

NURSE B: Yes.

DRIVER: We can see the patient's ID, surname, at this point in time still referred to as Twin 2, and a boy. You have the document in front of you, you have the blood gas record that we've stamped J18808. Looking at the entries, do they correspond or are they different?

NURSE B: They completely correspond, yes.

DRIVER: Coming out of this exhibit, please, I wonder whether I could ask you to return both pieces of paper to Mr Worthington. Thank you.

I'm just going to focus upon your other entries as per our carousel and invite Mr Murphy to take us to tile 196 and click behind.

It's an infusion chart. We have it at the first page of our paper bundle as J18371. Do your details appear on that document, have you contributed to it in any way?

NURSE B: Sorry, these...

DRIVER: You're quite right, it's a different page. I'm looking at the wrong one, my apologies. I've got the wrong tile number.

If we go back to the carousel, please. That's just a flaw with that tile. We'll move on. I was hoping, expecting, that it would be 17.25, an infusion prescription chart. Anyway, let's look behind that tile. Although the tile bears your name, we can click on the original document and you tell us whether or not you've contributed to it.

NURSE B: Yes. On the 9th at 17.25, it's a morphine infusion.

I'm just seeing if it's a bolus (inaudible: off microphone). It's a continuous infusion, yes. Myself and -- I believe that's Lucy's signature -- commenced a morphine infusion for [Baby M] at 17.25.

DRIVER: Which of course was after the emergency, after the successful resuscitation?

NURSE B: Yes. So once a baby is placed on a ventilator, they're given a certain amount of continual morphine, more for pain relief than anything, because of the ET tube in the throat.

DRIVER: Thank you. Tile 213. Click behind, please. What does this inform us of? If we go down, Mr Murphy. Does that correspond to anything that you may have done in the provision of cares for [Baby M]?

NURSE B: Do you mind just going back to the top again, please?

DRIVER: Sure.

NURSE B: This is a once-off bolus of morphine -- IV morphine and then just back to the bottom again, please. Myself and Lucy signed for it on the 9th at 17.52.

DRIVER: Thank you. Back to the carousel, please, Mr Murphy and along to tile 217. Click on, please. Can you see your initials anywhere?

NURSE B: Yes.

DRIVER: Is it to the centre left at 17.30?

NURSE B: Yes. On both sides at 17.30, and then 18.00 on the right-hand side but not the left-hand side.

DRIVER: Would you like us to enlarge -- it has been enlarged, thank you. Now we can see it more clearly, what did you record on this document?

NURSE B: So I can see the right-hand side -- so 16.00 is a bolus of 4.25ml. At 17.30 I'm doing the overall checks of the IVs that are continually infusing. Then on the left-hand side, if you wouldn't mind zooming back out again, please, at 17.30 on the left-hand side I'm recording [Baby M]'s ventilation observations because he's now on the ventilator. And in the events at the bottom I've written "Morphine bolus times 2".

DRIVER: Thank you. Tile 219. We see reference to your maiden name, I think, [Nurse B] Tarry.

NURSE B: Yes.

DRIVER: What is it that is being recorded here in your name?

NURSE B: I've ordered a blood test to be taken. I have not necessarily taken the blood, but as nurses you can do the ordering for the sticker that goes on the sample.

It's a test for urea and electrolytes.

DRIVER: Thank you. Go to tile 223, please, Mr Murphy.

The infusion prescription chart, which we have at the first page of our paper bundle, which I hope will contain a single entry from -- is that your signature at the bottom or at all -- can you identify your signature at all there? I think it's twice actually, isn't it? So 9 April at 18.05, is that a signature of yours next to the cursor?

NURSE B: Yes. That's also my handwriting above. That's why I was getting confused. Where it says "Bag changed 9/4 17.30", that's my writing as well.

DRIVER: Is that reference to a dextrose bag?

NURSE B: That's with reference to the entry above, yes, the dextrose bag. Then the entry at 18.05 is a saline bolus that I've checked with Lucy.

DRIVER: Thank you.

NURSE B: And the bottom is again my signature. I think that's Belinda's signature.

DRIVER: That relates to 13 April, I think, at the bottom, so we needn't dwell on that, but thank you for drawing it to our attention.

If we go out and go to tile 225 of the carousel.

What is this, please?

NURSE B: This is a morphine bolus for [Baby M].

DRIVER: Given at what time?

NURSE B: 17.47.

DRIVER: Thank you. So is this administrative exercise undertaken after the event as it were?

NURSE B: I have no memory of these morphine boluses, I'm afraid, but according to this, that's the time it was given.

DRIVER: Thank you. Your name appears on other similar entries where the computerised medical records were updated.

Returning to, please, the paper document that we looked at, the blood gas record document, which you informed us has a single entry from you at 16.22 on 9 April 2016, which corresponded in detail to that printout.

NURSE B: Yes.

DRIVER: Once the information has been placed on this rolling blood gas record, what was your practice in relation to the original document?

NURSE B: Put in the confidential bin or the clinical wastebin.

Both of those get incinerated.

DRIVER: Thank you. Finally, did you at any point whilst on the ward that day administer [Baby M] with insulin?

NURSE B: [Baby M]? No.

DRIVER: Forgive me. Did you at any point administer [Baby L] with insulin?

NURSE B: No, I did not.

DRIVER: And are you aware of anybody else having done so?

NURSE B: No.

MR DRIVER: Thank you.

Cross-examination by MR MYERS

MR MYERS: [Nurse B], I'm going to ask a couple of questions first about a plan that you drew when you spoke to the police about this. I'm going to ask Mr Murphy to put up page 18121, if we've got that, please. This isn't the one I'm looking for actually.

That's it. We need to turn that round.

First of all, [Nurse B], could just confirm, we've got EK/2 there, that's something that was signed by you, isn't it?

NURSE B: Yes.

MYERS: We're going to look at where we've got the annotations at the centre where it's got "Nursery 1". We'll just enlarge that. This is a plan that you drew with the police round about March 2018 when you spoke to them about this.

Just casting your mind back to where [Baby M] and [Baby L] were in nursery 1, where we've got the letter A in the corner is that where you recall [Baby M] was placed?

NURSE B: Yes, [Baby M] is in A, [Baby L] is in B, and C is where I am stood.

MYERS: C is where you were stood. Is that at the time of the deterioration that we're dealing with with [Baby M]?

NURSE B: Yes.

MYERS: All right. And you recall Lucy Letby being, well, certainly near to you at that point?

NURSE B: Yes.

MYERS: So somewhere around that area?

NURSE B: Exactly there, yes.

MYERS: All right, thank you. Just to be clear now, looking at where we have [Baby M], that's actually in the corner of the room, isn't it?

NURSE B: Yes.

MYERS: Now, in fact that's not conventionally a designated intensive care or high dependency space, is it?

NURSE B: It was an extra space that was used. It did have the resuscitation facilities there, like all of the other spaces.

MYERS: Right. Is it right that there wasn't a Philips monitor fixed to the wall bracket, so you had to get a portable Masimo over there for [Baby M]?

NURSE B: That's correct, but [Baby M] was a well baby, he didn't need full ECG monitoring.

MYERS: No. Just in terms of the set-up, I'm asking you at the moment.

NURSE B: Sure.

MYERS: Was there an issue at the time that [Baby M]'s collapse happened, was there a problem with using the mask from the wall which meant a different mask had to be brought over for him when he was in that position or do you not recall?

NURSE B: I do not recall.

MYERS: Was the thinking behind placing [Baby M] in a position that it meant he would be closer to his twin brother, [Baby L]?

NURSE B: That would be correct.

MYERS: Do you recall whether the unit was particularly busy that day or not?

NURSE B: I believe I've written in my statement, average.

MYERS: Average, all right. The main reason was that they could both be close together?

NURSE B: Yes.

MYERS: Thank you for putting that up, Mr Murphy.

You've explained to us what you were aware of with regard to the course of [Baby M]'s condition over the course of that morning and into the afternoon, haven't you?

NURSE B: Yes.

MYERS: Just in terms of matters that were brought to your attention, the first item to be brought to your attention was the distension of [Baby M]'s stomach; is that correct?

NURSE B: Yes.

MYERS: And that's something that Mary Griffith told you about?

NURSE B: Yes.

MYERS: Then did she go on her break some time just after that, from what you can recall?

NURSE B: I can't recall what time she initially told me those findings. She was probably on lunch from 12, I would imagine. The first lunch is normally 12 o'clock.

MYERS: While she was on her lunch is that the point at which you noticed a slight raise in temperature with [Baby M]?

NURSE B: Yes, when I performed the observations at 12.30.

MYERS: Thank you. And also there was the aspirate of 5ml of stomach acid and partly digested milk, wasn't there?

NURSE B: Yes.

MYERS: I'm not going to go back to the charts. We've seen where you've written that in.

Then going on into the afternoon, do you recall a report from Mary Griffith about the bile-stained aspirate that was recovered from [Baby M]?

NURSE B: I do.

MYERS: In fact, something like that is a potential concern, isn't it, if that develops?

NURSE B: Yes.

MYERS: And so one of the things that follows is that you or someone else on the unit would bring that to the attention of a doctor to review [Baby M]?

NURSE B: Yes.

MYERS: And to the best of your knowledge, [Nurse B], is that what happened at that time?

NURSE B: I believe so.

MYERS: Do you recall which doctor it was who came to the unit to do that?

NURSE B: No, I don't.

MYERS: Do you recall in fact speaking to a doctor yourself or are you assuming that is something that would have happened?

NURSE B: It would have been Mary or myself that would have discussed with the doctor.

MYERS: We know, because we just looked at them, I'm not going back over and over the records, that [Baby M] was put on nil by mouth after that.

NURSE B: According to the records, yes.

MYERS: Is that a decision that would have been taken by a doctor?

NURSE B: Yes.

MYERS: And is the reason for all of this that it's important when there are these changes in a baby that one of the doctors reviews the position so that any adjustments can be made?

NURSE B: Yes.

MYERS: You've described to us where you were positioned at the time that [Baby M] deteriorated that afternoon, so I'm going to ask you about that next. You were in fact -- you had line of sight over to [Baby M], didn't you, from where you were standing?

NURSE B: I did.

MYERS: So you could actually see in that direction as it happened, couldn't you?

NURSE B: Yes.

MYERS: At that point there was nobody with him or close to him, was there?

NURSE B: There was no one beside the incubator. Lucy was stood beside me.

MYERS: Do you recall whether she was assisting Mary Griffith in that area at that time with an infusion bag?

Do you have any recollection of that?

NURSE B: An infusion bag? I don't remember an infusion bag.

MYERS: All right. But you're clear where you were positioned in there?

NURSE B: Yes.

MYERS: Therefore Nurse Letby is somewhere near to you in that area?

NURSE B: She's next to me, yes.

MYERS: Next to you. I'm going to ask you next, [Nurse B], just to have a look at that towel that you were shown. I'm going to put it up on the screen. We've got it, but so we can all see it. Can we put up 18195, please, Mr Murphy? We've got the original there as well if it helps.

You've identified for us, [Nurse B], where you see your handwriting where it says 16.10 followed by the word "adrenaline".

NURSE B: Yes.

MYERS: We've seen that already. Can I ask, before I ask the next question, whether you have familiarity with the handwriting of any of your other colleagues on the unit?

NURSE B: Yes, but not always.

MYERS: Not always. I'll ask this and by all means say if you do not recognise or are not sufficiently acquainted with it to recognise, whether you see Ms Letby's handwriting anywhere on the towel? I'm not suggesting it isn't there, I'm suggesting to you it is there, but I'm asking you, do you recognise it?

NURSE B: I think it's possibly 16.23, but I can't be sure.

MYERS: Right. That's something that you believe potentially could be her handwriting?

NURSE B: From looking through here and matching them together, yes.

MYERS: All right. Thank you for that.

We can take that down, Mr Murphy, thank you.

We know that once [Baby M] had deteriorated and resuscitation commenced, Nurse Letby became [Baby M]'s designated nurse.

NURSE B: Correct.

MYERS: Is that because she was intensive care trained, which made her an appropriate nurse to take on that task?

NURSE B: Yes, I reallocated.

MYERS: So it was your decision that is what should happen --

NURSE B: Yes.

MYERS: -- because you're the shift leader and you have to use the nurses in the best way for the situation you're dealing with?

NURSE B: Yes.

MYERS: All right. And then as the evening went on, did [Baby M] continue to improve once he'd been resuscitated?

NURSE B: He did.

MYERS: He did. And Nurse Letby continued to look after him during the course of that shift into the evening?

NURSE B: Yes.

MR MYERS: Thank you.

Re-examination by MR DRIVER

MR DRIVER: Just one issue, [Nurse B]: do you have any training or expertise in the field of handwriting comparison?

NURSE B: No.

MR DRIVER: Does your Lordship have any questions for the witness?

MR JUSTICE GOSS: No, I don't, thank you very much. I don't think you are required again.

NURSE B: I think one more next week.

MR JUSTICE GOSS: Oh right. Possibly.

MR DRIVER: There is a possibility.

MR JUSTICE GOSS: A possibility of you being required next week, so I'll repeat what I've said to you several times now: don't talk to anyone about anything to do with any of this case, any

of the babies, any of your evidence or anything to do with it. All right? Thank you very much.

I'm just going to say something about handwriting because I didn't interrupt at the time. I didn't know whether it was going to be something that was -- I'm not being critical. Handwriting is notoriously difficult to provide formal identification of other people's handwriting. Sometimes we recognise, obviously, our own handwriting, and we recognise handwriting of others with which we are very familiar. But don't -- I don't know what Mr Myers was seeking to achieve by his question in relation to identifying handwriting, but you heard what the witness said. She hesitatingly suggested perhaps one piece of handwriting was that of the defendant.

MR MYERS: Yes. I should say I was suggesting the defendant's handwriting was there, my Lord.

MR JUSTICE GOSS: Exactly, yes.

MR MYERS: I should say I did ask the witness first whether she had familiarity and I do observe that many witnesses have been invited or allowed to comment on handwriting, often at the request of the prosecution without any complaint by them so I simply went to this.

MR JUSTICE GOSS: I know, yes. As I say, I'm not being critical, I'm just cautioning the jury at this stage that it's a difficult area.

MR MYERS: Yes. We don't dispute that. That's why I asked the question I did first but I understand (overspeaking) --

MR JUSTICE GOSS: You asked it entirely appropriately, Mr Myers. I'm not suggesting there was anything improper.

MR MYERS: Thank you.

MR JUSTICE GOSS: Would you remain there, please? The next witness doesn't require screens, so you'll have to leave for a few minutes.

(In the absence of the jury)

MR JUSTICE GOSS: Could people in the public area of the court please leave as well now?

(Pause)

(In the presence of the jury)

MR DRIVER: May I recall Dr Anthony Ukoh, please.

DR ANTHONY UKOH (recalled)

Examination-in-chief by MR DRIVER

MR DRIVER: Could you state your full name, please?

UKOH: My name's Dr Anthony Ukoh.

DRIVER: You understand that you're still under oath from your last visit to the witness box, which was last week, when you told us you were working at the Countess of Chester Hospital on a long day shift on Saturday, 9 April 2016?

UKOH: Correct.

DRIVER: Last week you gave evidence in relation to a patient, a twin, by the name of [Baby L]. This afternoon I'd like to ask you questions in relation to his twin brother, [Baby M]. I wonder whether Mr Murphy could put on screen tile 88 and the clinical note that lies behind it.

Firstly, Dr Ukoh, may I ask you, do you recognise this handwriting?

UKOH: Yes, that is my handwriting.

DRIVER: Thank you. It is a note timed and dated at 10.25 on the morning of Saturday, 9 April. In what circumstances did you make this note?

UKOH: So this is a normal day in which we start with a ward round. So this is -- we've had a handover, which is normally done in the morning, between 8 and 9, and then after that, we then start to see the patients and then we make notes in this format.

DRIVER: Thank you. Your note tells us that it was [Baby M]'s second day of life and the circumstances that presented in those first couple of days; is that correct?

UKOH: That is correct.

DRIVER: Did you then undertake an examination of the baby at this time of this morning?

UKOH: Yes, I did. We normally for these ward rounds see the patient and examine them to make sure they're all well, yes.

DRIVER: Thank you. What, if any, noteworthy entries are there on your note of the examination?

UKOH: Yes, so I'm just wondering if it can just come up a bit, sorry, further down. My entry there was saying that he looked well, he was settled and he was breathing okay.

So there wasn't any major concerns I had. He was mildly jaundiced, but there wasn't any other -- he was on phototherapy light, which is what is used. Nothing unusual. There were no red flags at this point.

DRIVER: Thank you. You made an examination of his abdomen, the note would suggest -- if we keep going down the page, Mr Murphy -- how was that at this point in time?

UKOH: Yes. So from my earlier exam here, the abdomen was soft, it wasn't tender, so there wasn't any signs that he was in any pain, and I couldn't feel any masses. So it appeared like a normal exam at that point.

DRIVER: Thank you. Then we move to your plan. Tell us the four-point plan, please.

UKOH: Yes. The first one -- again, this is a BM check, which is just referencing blood sugars, which, because he was born slightly early and because he was a little bit low for weight, sugars were running slightly low. So it was just routine to check the sugars.

DRIVER: Yes.

UKOH: The second entry there was to chase the (inaudible) on SBR, which is the jaundice level, because he was on the phototherapy lights.

The third one there was for him to build up on feeds. At that point he would build up gradually to a certain amount.

And then the fourth entry was us saying that if everything remains well, some of the blood tests -- if they come back clear, we'll then stop the antibiotics which we started, which was more of a preventative measure.

DRIVER: Thank you. Could we go, please, to tile 149, Mr Murphy.

Click behind, please.

My Lord, members of the jury, behind this tile now there are Dr Ukoh's note, which runs over a few of the clinical pages of the clinical notes. Extracts of it appear behind different tiles as

we go through the chronology of the carousel, but for ease of reference we've housed them all behind this tile so Dr Ukoh can go through it in a single sweep.

MR JUSTICE GOSS: Thank you very much.

MR DRIVER: So this suggests, does it, that you made the note at about 20.25 on 9 April?

UKOH: Correct.

DRIVER: But it was a note of events that occurred earlier in the day; is that correct?

UKOH: That's correct, yes.

DRIVER: So made retrospectively at the earliest opportunity on a busy shift for events at approximately 16.02 hours.

When you say approximately 16.02 hours, how were you able at 20.25 to note that time?

UKOH: Yes, because it was such a distinct event, it's not something that happens quite often, so I had an idea of what time it was and looking at certain recordings, something like that and then trying to piece things that happened -- yes.

DRIVER: Thank you. So you noted retrospectively that at about that time, he, [Baby M], had a sudden and profound apnoeic episode. Were you present at the time of that episode?

UKOH: Yes, although I was covering both the general paediatric ward and also the special care, because although it's the same building, it wasn't in the actual same area, so yes, I happened to be on the actual unit when this happened.

DRIVER: Thank you. What alerted you to an issue with [Baby M]?

UKOH: So it was -- I was called over by a very -- it was a frantic call to come over straightaway to this event.

Even though I was there, I still had to find out at least what was happening.

DRIVER: Yes. And so who reported the immediately preceding events or presentation to you?

UKOH: To be perfectly honest, I can't remember exactly who it was because at the time. This is all retrospectively, so I made these notes 2 years after, so I can't remember who it was. But I

remember the event, I just can't remember who it was that actually called me.

DRIVER: When you say you made the note 2 years after, do you mean you made your witness statement 2 years after?

UKOH: Correct, yes.

DRIVER: You made these notes at 20.25 on the day?

UKOH: Exactly, yes.

DRIVER: Thank you. You set out the chronology of this event and we can see about halfway down the page that you note:

"T-piece mask ventilation already in progress."

Does that mean already in progress at the point of your arrival?

UKOH: Yes. A call for help was put out. I was on the unit, I was in the room. So on my coming over, this has already been started, the CPR had already been started.

DRIVER: Thank you.

Then we can see, looking at the left column, 16.02 hours, and then a line going into the body of the page. Could you read that to us, does it say, "Commenced"?

UKOH: Sorry, is it all right for it to just come up a bit?

DRIVER: Yes, please.

UKOH: Which is the line, sorry?

DRIVER: We've just noted that the T-piece mask ventilation was already in progress at your arrival and it's the next two lines that I'm asking to you help us understand.

UKOH: Yes. So when I went over, listening to the heart, it was a very low heart rate of only 40 per minute; in a neonate it should be over at least 100. So seeing the baby in that state, very lifeless, very blue, we then -- in addition to the T-piece mask ventilation, I then started cardiac massage, which is what normal protocol would have been in such an emergency situation.

DRIVER: Thank you. We can see from your note that in addition to the cardiac massage, baby [Baby M] was administered a series of resuscitative medication; is that correct?

UKOH: That is correct, yes.

DRIVER: Your note records adrenaline at 16.05, 16.10, 16.12, 16.19. One of the entries is slightly obscured by our reference number stamp, but then below that, 16.30 hours; yes?

UKOH: Correct, yes.

DRIVER: When making your note at 20.25, how were you able to recall with such precision the times at which [Baby M] was given adrenaline?

UKOH: Because while this is happening, there's usually a scribe who takes a note of all of this. So I wouldn't have known specific times, but there was -- unfortunately, I can't remember who it was, but there was definitely -- you know, we'd just say like a scribe, taking notes of everything being done and the precise time.

DRIVER: So the scribe, as medics call it, is a contemporaneous record keeper?

UKOH: Absolutely, yes.

DRIVER: Does it follow that after the event, you had access to that record?

UKOH: Yes.

DRIVER: And referred to it?

UKOH: And then carefully put it in a careful manner in the notes here.

DRIVER: Thank you. We can see at the bottom of the page that, after this prolonged intervention and assistance -- by 16.31, how was [Baby M]'s heart rate?

UKOH: It took quite a lot of -- adrenaline is a very powerful resuscitation drug, which works on the heart, so we gave up to six of these doses --

DRIVER: Yes.

UKOH: -- but also some other resus drugs as well. It was only after the sixth dose that finally we were able to get his heart above 100, which is what it should be, yes.

DRIVER: And does it follow from your record of times, as taken from the scribe's note, that the process took about 30 minutes?

UKOH: Yes, just under 30 minutes, to be precise, yes.

DRIVER: If we could then move on to the next clinical note, which is a continuation of the same note because we have the same time and date. His heart rate having been brought back up to that acceptable level, is that correct --

UKOH: Yes.

DRIVER: -- what happened next?

UKOH: I should also mention that we had also done a procedure where we intubated the child, so the breathing was also being taken over --

DRIVER: Yes.

UKOH: -- through a breathing tube. So all that intervention had helped to resuscitate the baby back to normal levels.

DRIVER: Thank you. Apologies for skating over it. Because if we return to the previous page, your note records that at 16.10 hours, he, [Baby M], was intubated.

UKOH: Yes.

DRIVER: And your note in the margin tends to suggest that the indications were that the intubation was successful; is that correct?

UKOH: Yes. Are you referring to the yellow colour, is that what you mean?

DRIVER: Yes.

UKOH: Yes, once that colour change is there, it suggests that it's a successful intubation, the tube is in the right place and not anywhere else, yes.

DRIVER: Thank you. So let's return to the page we were on.

He was connected to a ventilator. He was given that assistance. What happened thereafter?

UKOH: Yes, so what happened, connected to the ventilator, then he'd come back to, if you like, life. The gas -- that gas is just an indication of the oxygen levels, but that was only 20 minutes into the resus, so they're still pretty poor. That pH of 7.0 should usually be 7.3.

That PCO2 of 10 is quite high. So although he had been intubated and received all that, the gas still wasn't back to normal. But

subsequently, on my entry there, he then started becoming a bit more stable, active, and things started becoming a bit more back to how he was.

DRIVER: Thank you. So that's 20 minutes into the process, timed at 16.22. You listed the data and then in brackets -- what does that mean in the brackets?

UKOH: There are actually two. Do you mean the one on the left or the one on the right.

DRIVER: On the left, yes.

UKOH: Sorry, that was the first gas. Forgive my writing.

That is first.

DRIVER: First?

UKOH: Yes. So that -- what I mean by gas is the oxygen levels, the first gas that was taken having been placed on the ventilator. So when we put a baby on the ventilator, we gauge what settings the ventilator should be on based on the gases. So depending on what the gases are, we may need to adjust the ventilator to either give more support or less support.

DRIVER: Thank you. You noted that he was on a ventilator and it reads:

"Appears stable. Non-active."

Is that correct?

UKOH: Um...

DRIVER: You tell me what it means.

UKOH: "Now active", sorry.

DRIVER: So:

"Appears stable [and then] now active."

And immediately below "now active"?

UKOH: It says:

"Intermittently holding on to the tube."

So recalling, this was a child that was lifeless when I came there, who appeared lifeless, but is now active, holding on to

the tube, so it's just to say that he has started to come back to normal.

DRIVER: Thank you. That return towards normality, the holding on to the ET tube as part of the increased activity, how soon after this collapse did you first note that?

UKOH: Yes, I mean, based on my entry, so he's pretty much -- so based on that entry there, so we started this at about 16.10, I would say based on everything and based on when this gas was, it was at least over 30 minutes.

DRIVER: Yes. Thank you. So just looking at the remainder of this entry, what's the next...?

UKOH: You mean the numbered...?

DRIVER: Under "on ventilator", do you see there? Keep going, Mr Murphy. That's the one, thank you.

UKOH: That one there with the arrow?

DRIVER: Yes, please.

UKOH: It says:

"Good chest wall movement. Good air entry."

This is just one of the exams you'd do when a baby is on a ventilator to make sure the chest is moving in a normal fashion and when you listen to make sure that the air entry is equal on both sides. So that's just a normal respiratory exam on the ventilator. Do you want me to go --

DRIVER: Yes, please.

UKOH: That CVS is just referring to the cardiovascular system and it's just basically saying that the heart sounds are normal. The capillary refill time, which is an indication of the perfusion, was slightly prolonged but this is a baby who had gone through quite a lot of resus, so that is not unusual.

Then under that, ABD, which is the abdomen, I'm just referencing to it was less distended but soft, so it wasn't like hard or tender.

DRIVER: When you note "less distended", less than when?

UKOH: Yes. So although I hadn't indicated it there, there was some concern -- sorry, I'm... So there was some concern, not in the morning when I did the round, but somewhere between the

morning and 4 o'clock, that the abdomen had been slightly distended and there had been some aspirates, which are green. So it wasn't overtly distended but slightly distended and there were some greenish aspirates. And based on that, the baby wasn't fed, the baby was kept nil by mouth.

DRIVER: Were you involved in that decision-making process?

UKOH: Yes. I wasn't directly involved because at the time I wasn't actually on the ward, but we work as a team, so it was only when I had come back that that was made known to me.

DRIVER: So you were retrospectively informed of that?

UKOH: Of that, yes.

DRIVER: Thank you. If we go through your plan of action then, another four-point plan.

UKOH: Yes. When a baby is intubated and on the ventilator, it's just normal practice to do a chest X-ray to make sure the chest -- sorry, to make sure the breathing tube is in the right place. But also because concerns of the abdomen being slightly distended the plan was to do a combined chest and abdominal X-ray. And also number -- that is still number 2. Sorry, number 2, umbilical lines. These are central lines that we usually insert when a baby is being ventilated, so a UAC and a UVC are just central lines used to give drugs and fluids.

DRIVER: Was this a plan to introduce a central line for, as the note goes on, morphine infusion?

UKOH: Yes, because this is a baby being ventilated, a sick child, who you need quite powerful drugs for. So yes, that is why that plan was done to give morphine and possibly more. And the plan was to keep nil by mouth, for some TPN, which is enteral feeds that go through the central line.

DRIVER: Thank you. Does the next entry, which appears to be made after and independently of that entry, because you've signed off the one we've just been through, does this record that later you acted upon that plan and a UVC was inserted under aseptic technique?

UKOH: Correct, yes.

DRIVER: Was it all straightforward or was there a problem with regards the next entry?

UKOH: Yes, so the UVC, which is also a venous central line, the calculation there is just indicating how far it should be

advanced in. So the UVC went in okay, but unfortunately the UAC, which is another central line, couldn't be advanced to an acceptable position, so it was taken out, it was removed.

DRIVER: If we continue down the page, do we see a note of you considering an X-ray?

UKOH: Yes. So when we repeated the chest X-ray -- sorry, this is a repeat chest and abdo X-ray. As I said, it's to determine the position of the central line --

DRIVER: Yes.

UKOH: -- but it appeared too high, so we pulled it back. It's just an adjustment that was done to pull it back to an acceptable position for it to be used for its purpose.

MR DRIVER: Thank you. For your Lordship's note, that also appears behind tile 253, but it's just part of this set of retrospective notes made by Dr Ukoh.

Thank you, Dr Ukoh. Could you remain there and answer any questions?

Cross-examination by MR MYERS

MR MYERS: Can we put up tile 88, please, Mr Murphy? That's the clinical notes from earlier in the morning, Dr Ukoh.

They're just coming up on the screen there. If we go behind that. Thank you.

You've described to us that you reviewed [Baby M] at about -- on the morning ward round of 9 April, didn't you?

UKOH: Correct, yes.

MYERS: So 10.25 are the notes that you made afterwards just with the details of that review. And at that time, there were no particular concerns for [Baby M], were there?

UKOH: No, there weren't, no.

MYERS: And certainly at that time --

UKOH: Just to say, the concerns were just as I put, just the jaundice, for which he was on phototherapy, but no major concerns. No major concerns.

MYERS: Thank you. Later that day, we know that he was made nil by mouth, feeds were stopped, and that was brought to your attention, wasn't it, Dr Ukoh?

UKOH: Yes, that was only on my coming back, yes.

MYERS: When you came back?

UKOH: Yes.

MYERS: Yes. Were you told at any point during the course of the day that there was any issue with his abdomen or bile-stained aspirates? Were you told that during the day or not?

UKOH: As far as I can remember, not. It was only on my coming back to the ward, yes. Yes, only on my coming back.

MYERS: And do you have any idea who it was that was told about that or not? Don't guess if you don't know.

UKOH: I don't know because of time. I really don't know.

MYERS: If we just follow the notes through, we can see your notes, Dr Ukoh, at 10.25 on 9 April, and that goes to the end of that page if we scroll down. In fact, the next page in the notes, just so we can join this up, is at tile 210.

That's a retrospective note, it says 8 April -- in fact that's wrong, it's 9 April -- at 17.40 by Dr Jayaram. So there's no clinical note between your note at 10.25 and Dr Jayaram's at 17.40, Dr Ukoh. Just to be clear, you're not aware of any of your colleagues reporting back to you at the time of any issue with [Baby M], not at the time?

UKOH: Not at the time, no.

MYERS: Thank you. Next could we go to the notes that you made retrospectively a couple of hours after the deterioration, and they start at tile 149, please, Mr Murphy. These are just the notes we've been looking at, Dr Ukoh.

One of the things that you do when making the retrospective entry, I'm going to suggest, is write down whatever relevant details there are that you can recall or can make reference to; is that fair summary of what goes on?

UKOH: Yes.

MYERS: All right. Just dealing with how [Baby M] appeared in terms of colour during your dealings with him, during the resuscitation, can you see about four or five lines down, you've

written, "Cardiorespiratory arrest", underlined, haven't you?
Can you see that?

UKOH: Yes.

MYERS: Then you've made a point of noting, "Pale ++". Does that refer to how he presented in terms of colouration at that point?

UKOH: Yes.

MYERS: If we scroll down a little further, just so we can be quite clear, this may be utterly obvious to everyone, but you know you mentioned a yellow colour change in the margin, and Mr Murphy's put the cursor next to it.

UKOH: Yes.

MYERS: That's a reference to the colour range on the carbon dioxide detector on intubation, isn't it?

UKOH: Yes.

MYERS: In fact, your recollection, Dr Ukoh, on examination was that [Baby M]'s body appeared unremarkable in terms of colouration; that's right, isn't it?

UKOH: Are you referring to at the time of the collapse? Are you referring to my exam in the morning?

MYERS: No, during the resuscitation, examination of [Baby M]'s body appeared unremarkable?

UKOH: That is not referring to the colour.

MYERS: And that means otherwise?

UKOH: Yes, I'm just referring to if there were any bruises or any marks.

MYERS: Right. There was nothing like that?

UKOH: There wasn't like any bruises that I could see. But in terms of colour, he looked quite pale.

MYERS: Yes, all right. No bruises or marks, but he looked "pale ++"?

UKOH: Yes. So that "he looked well otherwise" is just referring to any injury of any sort. That's it, yes.

MYERS: That's fine, I just wanted to establish.

Then if we just continue towards the period when you've documented an improvement in his condition, and that's down the page, please. If we look where we've got the entry that says, "On ventilator", about halfway down that page. Can you see that?

UKOH: Yes.

MYERS: You've just answered questions about this, actually, that he appeared stable. What's the word that follows, is that, "Now active ++"?

UKOH: Yes.

MYERS: And then have you put --

UKOH: "Intermittently holding on to ET tube."

MYERS: And to the best of your recollection that's about 30 minutes after your involvement had started at 16.10?

UKOH: Roughly about that.

MYERS: Roughly about that?

UKOH: Yes.

MYERS: And again you make a reference at this point to his colour if you look beneath "ventilator", don't you?

UKOH: Yes, pink.

MYERS: And the colour at that point was "pink +"?

UKOH: Yes.

MYERS: All right. So you've recorded what you saw as to that in the course of these notes?

UKOH: Yes, I have.

MR MYERS: Thank you, Dr Ukoh.

MR DRIVER: My Lord, I don't have any re-examination. Does your Lordship have any questions for Dr Ukoh?

MR JUSTICE GOSS: I don't have any questions. Thank you very much, Dr Ukoh. I'm just checking...

MR DRIVER: There's a possibility, my Lord.

MR JUSTICE GOSS: There's a possibility you may be required to give evidence again. Thank you for coming and giving evidence today. Because of that possibility, please don't talk to anyone about anything to do with this case, your evidence or any of the babies involved.

Thank you very much indeed.

(The witness withdrew)

Thank you very much, Mr Driver. That's it for today, members of the jury. 10.30 tomorrow, please.

Thank you very much, all of you, for getting here on time today.

(4.28 pm)

(The court adjourned until 10.30 am on Wednesday, 22 February 2023)