9 March 2023
Baby O

CONTENTS

Thursday, 9 March 2023
(10.30 am)

(In the presence of the jury)

DR HUW MAYBERRY (recalled) (via video link)

Examination-in-chief by MR DRIVER

MR DRIVER: We'll see and recognise on screen Dr Huw Mayberry.

Dr Mayberry, can you see and hear me clearly?

MAYBERRY: Yes, I can.

DRIVER: Good evening. I'm sure you appreciate --

MR JUSTICE GOSS: Sorry?

JUROR: It's not on the screen.

MR DRIVER: Dr Mayberry, we're just ensuring that everyone can see your image on screen. A brief technical hitch.

(Pause)

Dr Mayberry, do you appreciate that you are still bound by the affirmation that you took prior to giving evidence on the last occasion?

MAYBERRY: Yes.

DRIVER: Thank you. This morning you're going to be asked questions in relation to your involvement in the care of a baby by the name of [Baby O].

MAYBERRY: Yes.

DRIVER: We appreciate that, to a limited degree, you may also have had some contact with his brother, [Baby P], but for this morning's purposes we are focusing upon the baby [Baby O].

MAYBERRY: Sure.

DRIVER: Were you working a night shift at the Countess of Chester Hospital on 22 June 2016?

MAYBERRY: Yes.

DRIVER: At some point overnight did you have direct involvement with the triplet [Baby O]?

MAYBERRY: Yes.

DRIVER: Can you remember, in broad terms, what were the circumstances that led you to his cot side?

MAYBERRY: Sure. So I had a call from one of the nursing staff, I can't remember quite who, but Sophie Ellis, who was the nurse who was looking after [Baby O], had noted that his abdomen had become a little distended and so had asked me to see him.

DRIVER: Thank you. Upon receipt of that request, did you attend to his cot side within his nursery?

MAYBERRY: Yes.

DRIVER: I think it's right, for reasons that we'll come to in due course, you never actually made a note of your examination of [Baby O] within his clinical notes; is that correct?

MAYBERRY: This is correct, yes.

DRIVER: Therefore it is a little difficult, do you agree, for us to pinpoint with accuracy the time at which you attended upon him?

MAYBERRY: That is correct, yes.

DRIVER: We'll go to your examination in a moment, forgive me, but in general terms can you explain to the jury why it was on this occasion, with this baby, that you didn't make notes immediately after your examination?

MAYBERRY: Sure. So I saw [Baby O], examined him, and then as I was about to go and write -- can you hear me okay, sorry?

There's a lot of feedback.

DRIVER: We can.

MAYBERRY: As I went to write his notes, I got bleeped away for an emergency for another child.

DRIVER: Thank you. What, if any, steps did you take to ensure that a note or a record was made of your examination?

MAYBERRY: I asked Sophie Ellis if she could just -- to make sure that there was a record, document, that I had seen the child, examined the abdomen and that I was happy that the abdomen was soft and was not concerning.

DRIVER: Even in those circumstances, if you'd discovered anything unusual or anything of concern or any exceptional feature in the presentation, would you have made a note or would you have just left it to Sophie Ellis?

MAYBERRY: No. If I'd found anything concerning I (a) would have acted upon it and (b) would have ensured that I'd gone back and made a note.

DRIVER: Was there any particular event that causes you to specifically remember the fact of not making a note?

MAYBERRY: Yes. On the next night shift that I came in, that night one of my colleagues had told me about what had happened to [Baby O]. I was obviously very shocked about the situation and then I remembered clearly that I'd seen him and that I felt that he was very well and I hadn't specifically documented that myself, even though I'd asked the nurse to.

DRIVER: Do you recall any discussion with any colleagues about the absence of a note?

MAYBERRY: I had subsequently spoken to Dr Brearey to say that I had not made a note about it and I had said at handover as well that I'd examined the child, they were well, but I hadn't had an opportunity to make a note because of the emergency I was called to.

DRIVER: Thank you. Let's then consider what you can remember of your examination of [Baby O]. You told us the reasons why you were invited to examine him. Could you now tell us what you discovered upon examination?

MAYBERRY: I discovered a child who was well in themselves. While their abdomen was mildly distended, it was entirely soft. [Baby O] had good reason to have a distended but soft abdomen, having been on previously continual positive airway pressure, non-invasive ventilation and subsequently high-flow nasal cannula, non-invasive ventilation.

DRIVER: It's implicit from your use of the description "soft", but did you palpate the baby's abdomen?

MAYBERRY: Yes.

DRIVER: Having examined him, what was your overall view of his condition generally and his abdomen in particular?

MAYBERRY: I didn't have any particular concerns about him. I felt that the point that Sophie had raised was explained by the respiratory support that he had received, which was likely blowing a lot of air and gas into both his airway and into his gut.

DRIVER: Thank you, Dr Mayberry. We've seen a statement, we the lawyers in the case, have seen a statement that you made subsequent to the events, within which you deal with two hypothetical issues: one, the issue of free blood in the peritoneum, and the second to do with a liver injury, specifically a subcapsular haematoma. Dealing with them in turn, could you please, in words that we laypeople can understand, explain what free blood in the peritoneum is?

MAYBERRY: Sure. So the peritoneum is a compartment within which the contents of the abdomen is contained. Blood is not normally found freely within it, so that would be a not usual finding in a healthy child.

DRIVER: If you were to examine the abdomen and, more particularly, palpate the abdomen of a neonate who had free blood in their peritoneum, what would you expect to discover?

MAYBERRY: So it is quite unusual to find a child who has free blood within the peritoneum and I have only come across it in a few circumstances. In those circumstances, normally you see a child who is very unwell and often has signs of peritonitis, that is to say inflammation of the lining of that cavity. Therefore they appear to be very unwell and the abdomen is normally fairly firm from my experience.

DRIVER: Thank you. That anticipated presentation, is that consistent or inconsistent with that which you recall observing and feeling with [Baby O] that night shift?

MAYBERRY: It's not consistent, no.

DRIVER: Thank you. Moving to the second issue, liver injury, more specifically a subcapsular haematoma. Again, in words that we laypeople can understand, what's that?

MAYBERRY: So the liver is contained within a tissue or a capsule and a subcapsular haematoma is a collection of blood just underneath that capsule.

DRIVER: Thank you. What symptoms would you expect to present to indicate the presence of an injury to that part of a baby's body that would be discoverable upon examination and palpation?

MAYBERRY: Again, a subcapsular haematoma is quite a rare thing to see. Some of the things that you could think about seeing is a child who is clearly in discomfort from stretching of that capsule by this sort of swelling that's found underneath it. But again it's not something I have great experience in because it's not something that is very commonly found.

DRIVER: During your examination of [Baby O], did you see anything to indicate that that baby was in discomfort at that point in time?

MAYBERRY: None at all.

DRIVER: Can I just take you to a note made by Sophie Ellis.

Mr Murphy, it's behind our tile 105. It's a nursing note and it's a paragraph towards the bottom left of our screen, Mr Murphy. An addendum made at 07.32.

Dr Mayberry, can you see a nursing note on your screen?

MAYBERRY: Yes, I can.

DRIVER: Towards the bottom of the page, just below a page stamp that says "301", there is an addendum to a note made by Nurse Sophie Ellis made at 07.32. Can you read that to yourself?

MAYBERRY: Sure, yes. (Pause). I have read it.

DRIVER: Does that accord with your recollection of the examination or does your recollection differ from that in any way?

MAYBERRY: No, that is in agreement with my recollection.

MR DRIVER: Thank you, Dr Mayberry. They are the only questions I wish to ask you in relation to [Baby O]. You may be asked some further questions.

Cross-examination by MR MYERS

MR MYERS: Dr Mayberry, you've just been shown a note that was made by Nurse Ellis, haven't you?

MAYBERRY: Yes.

MYERS: Do you actually have an independent recollection of how [Baby O] was at the time that you saw him?

MAYBERRY: Yes.

MYERS: You will have seen very many children since you examined [Baby O], won't you?

MAYBERRY: Yes.

MYERS: And it is some time ago, isn't it?

MAYBERRY: Yes.

MYERS: And you have no notes of your own to rely upon, do you?

MAYBERRY: No.

MYERS: But you feel still you can recall how he was when you examined him?

MAYBERRY: Yes.

MYERS: Do you remember what time you attended?

MAYBERRY: No.

MYERS: Do you recall anything of his blood gas readings at the time, anything at all?

MAYBERRY: I can only recall them from reading the notes subsequently now. I cannot recall the individual numbers of the blood gas purely from my memory.

MYERS: Do you recall the abdomen looking "full and slightly loopy", as it says in the note of Sophie Ellis? Do you recall that?

MAYBERRY: I recall the abdomen as being mildly distended.

MYERS: Do you recall any report of [Baby O] being uncomfortable after the feed?

MAYBERRY: I recall Sophie contacting me and that being part of her concern, yes.

MYERS: We know, we've got it in our documents, there isn't actually a clinical note for [Baby O] between 10 o'clock in the morning of the 22nd and 9.30 on the morning of the 23rd. Just from your experience, for a baby like this, a triplet like this in a neonatal unit, within the first 1 or 2 days of life, is that standard, there would be a 24-hour period without any clinical note being made?

MAYBERRY: If you have a child who has -- where you are not concerned about them, it would not be unusual.

MYERS: Should you have made a clinical note?

MAYBERRY: Yes.

MYERS: Was it Dr Brearey who questioned you as to why you hadn't made a note after the sad events with [Baby O] had taken place?

MAYBERRY: Dr Brearey and I spoke after there was a note review, which I believe was a couple of weeks later.

MYERS: You've explained you couldn't make a note at the time because you -- were you called away to deal with an emergency elsewhere?

MAYBERRY: Yes, to the best of my recollection.

MYERS: Then is it the case that after that, you didn't have time to come back or were you just too busy or did you forget? I'm not suggesting one or the other, I'm just asking you why it was you didn't come back to make the note.

MAYBERRY: I believe, following on from that, I went to -- there was a medical handover. To the best of my recollection, it was discussed at handover and I said, "I haven't made a note about this", and the team who were going to the neonatal unit said, "Don't worry about it, we're going to go and see him now, so don't worry too much about it".

MYERS: I'm just going to put up, by way of illustration, a note that we have dealing with [Baby O], the note of [Dr D] at tile 4, just to give an example of a note for [Baby O].

MAYBERRY: Sure.

MYERS: You'll be able to see it or you should be able to see it, Dr Mayberry.

Can you see the note that we can all see on the screen?

MAYBERRY: Yes.

MYERS: I'm not going to go through all the detail, I'm going to ask Mr Murphy, who's managing the IT display for us, just to pull out so we can see the sort of thing that's on that page of [Dr D]' notes. Can you see that, Dr Mayberry?

MAYBERRY: Yes.

MYERS: This is the first page of [Dr D]' notes and we in the trial have seen a lot of medical notes like this.

MAYBERRY: Sure.

MYERS: When an examination is conducted of a child, of a baby, there are a lot of features that you are meant to go through and confirm and examine, aren't there?

MAYBERRY: Yes.

MYERS: Then you can make a record so we can actually see how, in all those different ways, the baby was presenting at the time. That's what it enables us to do, isn't it?

MAYBERRY: Yes.

MYERS: Did you conduct the sort of examination on [Baby O] that dealt with all the type of features, with fluids and breathing and heart sounds and the like, that we have in a note like this?

MAYBERRY: This is a different kind of note. So this is a note which looks at the condition in which [Baby O] was born and subsequently the management that was required to resuscitate [Baby O] when he was born. Therefore, to me, this is a different kind of note to that I would write when I was asked to examine somebody due to a low-level concern.

Yes, I have already said that I wish that I had written a note on it and that that is something that I would have done and I appreciate the point that you're making about writing medical notes. However, not all notes will be quite as detailed as a resuscitation note for a newborn.

MYERS: I recognise this is a note, the one we're looking at there, which is made very soon after the time of birth.

MAYBERRY: Yes.

MYERS: We have also seen, so you know, many notes of babies when they have been reviewed, not just within the first day or two of birth, but at other times, that do contain information like this. Do you accept that does happen?

MAYBERRY: Um... I... I accept that we write notes and in some detail, yes.

MYERS: All right. We've seen them, so we can gauge what you say about what we have seen. Without actually having the notes, it's very difficult, casting our minds back, to know the various ways in which [Baby O] presented according to the different parts of him that you checked, isn't it?

MAYBERRY: Um, it is... I... I'm sorry, I'm not sure how to answer that question. I appreciate I haven't written the notes myself. I have asked somebody, a nurse, to document what was there and I appreciate that that was not written by me. I accept that I -- if I could go back and do it, I would go and write it.

MYERS: From your recollection --

MR JUSTICE GOSS: Sorry to interrupt you, Mr Myers. Do we still need this on the screen? I think we should see the witness.

MR MYERS: Of course. Thank you, my Lord.

MR JUSTICE GOSS: There we are. Right.

MR MYERS: We've seen, from what Sophie Ellis documents, a reference to [Baby O]'s abdomen and you recall examining that. Do you recall examining him generally?

MAYBERRY: I recall examining, predominantly focused on his abdomen, but as you reminded me, it was a very long time ago, so my main path of my independent memory relates to his abdomen because at the time when it was discussed -- later on the concern was that he may have had an episode of something like necrotising enterocolitis. That is where my independent memory comes from because I was shocked at his deterioration and his abdomen being the main cause for concern regarding that.

MYERS: Right. Could you just repeat -- did you say you were shocked at? What did you say?

MAYBERRY: I was shocked at his deterioration.

MYERS: When you were answering questions about the fact of the way in which his abdomen was distended, you said it was no

surprise to you when you examined him that it was distended. Do you remember saying that? Just now when you were answering questions.

MAYBERRY: Sure. If that's what I said, I'll take your word for it, yes.

MYERS: No, I'll help you. It's not to be difficult. You made reference to CPAP and high-flow ventilation.

MAYBERRY: High-flow nasal cannula oxygenation, yes.

MYERS: Is that Optiflow?

MAYBERRY: Yes. Sorry, yes. That's the non-brand name for Optiflow.

MYERS: So is what you mean that because he was being ventilated in that way, that raises a possibility of air entering down into the gut from the ventilation?

MAYBERRY: Yes.

MYERS: And that's one reason that an abdomen can distend, isn't it?

MAYBERRY: Yes. It's a reason -- it's a very common reason why you may see an abdomen distend in somebody on such ventilation.

MYERS: As you say, you have to keep other things in mind because, although that's common, it's important not to just assume that's an end of the matter and not to consider other, more concerning possibilities? It's important, isn't it, to keep your mind open to whatever could lie behind the distension?

MAYBERRY: Of course, yes.

MYERS: There's one other thing I wanted to ask you about, Dr Mayberry. You were asked about subcapsular haematoma.

MAYBERRY: Yes.

MYERS: And I think you conceded it's not an area in which you're proposing to deal with it as an expert; that's right, isn't it?

MAYBERRY: Sure, yes.

MYERS: Just looking at what you have said on the topic, you make reference to:

"It's an area where, when lines are put in through the umbilical cord of a baby, one of the areas they have to travel through is the liver."

And when you made reference to that in your statement, what's the relevance between that and subcapsular haematoma, which is an injury to the liver?

MAYBERRY: So I was asked about in which circumstances I had seen that previously.

MYERS: And what was it that you'd seen previously?

MAYBERRY: Injury to the liver from an umbilical venous catheter.

MYERS: So something being inserted into the body there, which had gone on to actually go into the liver and penetrate it?

MAYBERRY: Yes.

MR MYERS: Thank you, Dr Mayberry.

Re-examination by MR DRIVER

MR DRIVER: Just a few topics of re-examination.

Dr Mayberry, you were shown a comprehensive note made by [Dr D], which you accurately identified as a note made upon attendance at the birth of a triplet.

MAYBERRY: Yes.

DRIVER: You half answered the question by saying:

"It's different to the sort of note to be made when examining somebody due to a low level..."

And then you petered out. Could you complete that sentence for us? Due to a low level what, sorry?

MAYBERRY: Due to a low-level concern.

DRIVER: Thank you. Why do you categorise the concern expressed about [Baby O] as low level?

MAYBERRY: There's many reasons to categorise it as a low-level concern. The first and probably most important was that, apart from the fact that his abdomen was mildly distended, there were no other concerning features with it to suggest that he was having another serious kind of problem going on at the time. His observations were within normal limits. There was no concern

about him clinically deteriorating or needing further increased ventilation or ventilatory support as you might expect with somebody who's undergoing a serious problem within their gut.

DRIVER: Thank you. You've explained the circumstances as to why you left [Baby O] without making a note. What was the essence of your duty that night?

MAYBERRY: I'm sorry, maybe you could phrase that somewhat differently, sorry.

DRIVER: Certainly. You were a registrar in the Countess of Chester Hospital; is that right?

MAYBERRY: Yes.

DRIVER: Which units were you on call for?

MAYBERRY: So essentially, I was on call for three different units.

I was on call for the neonatal -- well, four actually: on call for the neonatal unit; I was on call for, essentially, birthing emergencies or births where support was required for resuscitating children; I was also on call for the general paediatrics wards; and furthermore I was also on call for emergencies involving children within the emergency department, all of which I may have to attend.

DRIVER: Thank you. You were asked questions about your capacity to recall your examination of [Baby O] in the absence of a contemporaneous note.

MAYBERRY: Yes.

DRIVER: How many times in your professional career have you encountered naturally conceived identical triplet boys?

MAYBERRY: It's very -- it's relatively rare. I'd say probably two or three times.

DRIVER: Of those two or three times, how many times have you had the misfortune to encounter the death of two of those naturally conceived identical triplet boys within a few days of life?

MAYBERRY: This is the only occasion.

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

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

MR DRIVER: Dr Mayberry will be invited back next week to speak of [Baby P].

MR JUSTICE GOSS: All right. Thank you very much, Dr Mayberry, for coming again tonight. It's quite late in the evening where you are, is it?

MAYBERRY: Yes, it's 10 o'clock.

MR JUSTICE GOSS: Right. You will be required again. At the same time will it be, Mr Driver?

MR DRIVER: Yes, of course, we will put him on first.

MR JUSTICE GOSS: Next week you'll be linking in again. In the meantime, don't talk to anyone about anything to do with this case, please.

MAYBERRY: No problem.

MR JUSTICE GOSS: Thank you very much indeed.

MR DRIVER: My Lord, may I hand over to my learned friend Mr Astbury.

MR JUSTICE GOSS: Yes. Whilst that's happening, it is hot in here again today. I was alerted to this before court sat and a request has been made for the temperature to be turned down a bit because we have to strike a happy medium if we can. I, of course, wear clothing that makes it appear hotter to me than those dressed in normal clothing. If you are uncomfortably hot at any time or uncomfortably cold, pass a message to me and I'll do what I can. But I don't think there's actual consensus between you as to whether you want it hotter or colder. I see you nodding. We'll have our breaks as usual so people can get a bit cooler at times. We can't provide individual fans or anything like that to cool you down.

MR ASTBURY: Thank you, my Lord.

MR JUSTICE GOSS: Mr Murphy, please.

(Pause)

Yes, Mr Astbury.

MR ASTBURY: Could I call, please, Dr Katarzyna Cooke.

DR KATARZYNA COOKE (affirmed)

Examination-in-chief by MR ASTBURY

MR ASTBURY: Although I'll be asking you questions, and I'm sure very politely you'll be looking at me, if you can make sure you project your voice, please, to the back of the room, we'd be very grateful.

Could we start, please, with your full name?

COOKE: My name is Dr Katarzyna Cooke.

ASTBURY: Thank you. Your occupation, please?

COOKE: I'm a doctor.

ASTBURY: Thank you. Did you originally train as a doctor in Poland?

COOKE: Yes, I did.

ASTBURY: For a period of 5 years?

COOKE: Yes.

ASTBURY: Where you reached the equivalent of a specialist registrar level?

COOKE: Yes.

ASTBURY: Did you then come to the UK?

COOKE: Yes, I did.

ASTBURY: And were you then employed as a trust doctor, initially at the Countess of Chester Hospital?

COOKE: Yes.

ASTBURY: Officially in the capacity of a senior house officer?

COOKE: Yes.

ASTBURY: Thank you. Were you there from December 2015 until January 2017?

COOKE: Yes.

ASTBURY: Are you now employed at the Leeds General Infirmary as a specialist trainee?

COOKE: Not anymore. The statement was given a few years ago.

Currently I'm employed as a specialty registrar by Burnley Hospital.

ASTBURY: Thank you. You've come along to assist today with your treatment and contact with a baby by the name of [Baby O].

COOKE: Yes.

ASTBURY: And you've been invited to cast your mind back to a period of time in June of 2016.

COOKE: Yes.

ASTBURY: May I ask if you have any independent recollection of [Baby O] from 2016?

COOKE: No, it's so long ago. The only thing I remember, it was around the Brexit referendum.

ASTBURY: Okay, that gives us all an idea of when --

COOKE: As a timeline, yes.

ASTBURY: Did you have the assistance, in preparing your statement, of the notes that you made at the hospital?

COOKE: Yes, I did.

ASTBURY: Thank you. Were you able to confirm that you were involved in the morning ward round on Thursday, 23 June 2016?

COOKE: Yes.

ASTBURY: Did you in fact conduct a review of both [Baby O] and [Baby P], his brother?

COOKE: Yes, I have.

ASTBURY: You note that they were two of a set of triplets?

COOKE: Yes.

ASTBURY: On that day, would you have undertaken a handover from the doctor who had completed the night shift?

COOKE: Yes, I would. That would always happen in the morning.

ASTBURY: During the course of that handover, would any concerns about any particular baby be highlighted to you?

COOKE: From recollection of memory, I can't remember, and that wasn't documented in the notes at that time.

ASTBURY: Is that how the system was supposed to work?

COOKE: Yes.

ASTBURY: And had you been advised of any concerns about a particular baby, is that the type of thing you would have made a note about?

COOKE: Yes, at the start of my ward round.

ASTBURY: Right, thank you. Does the ward round consist of an assessment of all babies on the unit?

COOKE: Yes, it does.

ASTBURY: And as a consequence of any examination, are the nurses kept up to date with what you find and any changes that are planned?

COOKE: Yes, it's good practice after conducting the review of the baby and formulating the management plan, to share it with the nursing team relevant to the patient that's taking care of.

ASTBURY: Thank you. Is it right that you were one of two SHOs on duty that particular morning?

COOKE: Yes, from recollection of memory, yes.

ASTBURY: Would one of those SHOs be assigned the paediatric side together with the child assessment unit?

COOKE: Yes.

ASTBURY: And the other, in this case being you, the neonatal unit and the labour and delivery suite?

COOKE: Yes.

ASTBURY: You made a note of your examination of [Baby O], did you?

COOKE: Yes, I did.

ASTBURY: I wonder if we can have a look at that. There's a screen to your right, doctor, and we will put documents up from time to time, which we hope will assist.

121, please, Mr Murphy.

If we scroll down, do you recognise the handwriting?

COOKE: I do, yes.

ASTBURY: Is that yours?

COOKE: Yes.

ASTBURY: Good. We can see that it's headed with the date, your name, and timed at 09.30.

COOKE: Yes.

ASTBURY: Do you happen to know whether that's a note made at the time or made in retrospect?

COOKE: It usually would be a note made at that time.

ASTBURY: All right. You have noted that [Baby O] was triplet number 2?

COOKE: Yes.

ASTBURY: You've noted, firstly, his age at birth and then his age at the time you're examining him?

COOKE: Yes.

ASTBURY: Is that his birth weight to the right-hand side of that line?

COOKE: Yes, it is.

ASTBURY: Your writing is very neat, but could you take me through, please, firstly that -- is that no --

COOKE: I note that there was no nursing concerns and [Baby O]'s observations at that time were normal.

ASTBURY: So would we take it from that that you'd have discussed [Baby O] with his designated nurse --

COOKE: Yes.

ASTBURY: -- before the examination?

COOKE: Yes, I would.

ASTBURY: And any concerns from that designated nurse would be noted at the outset?

COOKE: Yes, that would be what I would routinely do.

ASTBURY: Do you happen to recall who [Baby O]'s designated nurse was that day?

COOKE: No, we wouldn't make a note of that.

ASTBURY: You've put "observations normal".

COOKE: Yes.

ASTBURY: Is that what you've been told or is that from your --

COOKE: It's good practice to have a look at baby's observations yourself, going through nursing charts and what's been documented over periods from 12 to 24 hours.

ASTBURY: I don't think we need to go to them, but are they the observations chart with heart rate, respiration?

COOKE: Yes.

ASTBURY: And would you also be looking at the equipment and the fluid balance chart?

COOKE: Yes, and temperature.

ASTBURY: You have noted the problems experienced to date by [Baby O], "(1) Prematurity"; is that right?

COOKE: Yes, that's prematurity.

ASTBURY: (2), you have noted he's on Optiflow having been on CPAP yesterday. Then you put a note, "Apnoeas".

COOKE: Apnoeas, yes.

ASTBURY: We understand from CPAP on one day, on to Optiflow the next?

COOKE: Yes.

ASTBURY: Is that a positive or a negative sign?

COOKE: That's a positive change.

ASTBURY: Thank you. In what way?

COOKE: Optiflow is a gentler respiratory support that we use as a step down -- and the weaning means -- in babies who are premature and have problems with breathing due to that.

ASTBURY: Thank you. "Presumed sepsis"; is that right?

COOKE: Yes.

ASTBURY: But you then make a note that -- is that antibiotics stopped --

COOKE: Stopped.

ASTBURY: -- on 23 June?

COOKE: Yes.

ASTBURY: Why was that, please?

COOKE: So every baby born prematurely with signs of respiratory distress, by which I mean increased work of breathing or any other problems requiring support with breathing, would be also screened for infection, we call it sepsis.

It's a routine practice for all the babies in such circumstances. If investigations taken at that time, so infection levels and blood culture, are negative then antibiotics are subsequently discontinued and the suspicion or presumption of sepsis is a resolved problem.

ASTBURY: Okay. So a precautionary step until such time as the blood tests suggest otherwise?

COOKE: Yes, exactly.

ASTBURY: Thank you. If we go next, please, to ventilation, we've already discussed his Optiflow status. That's 4 litres, is it, in air?

COOKE: Yes.

ASTBURY: So no additional oxygen required?

COOKE: No.

ASTBURY: Is that, "Gas normal"?

COOKE: Yes, the gas was normal.

ASTBURY: What do you mean by gas in that context?

COOKE: Gas is an investigation, it's a blood investigation, which is obtained by the nursing team mostly, but also can be done by doctor's team, by a prick on baby's heel.

The result is obtained instantly and gives us an idea on how efficient a baby's breathing is and whether the support that a baby requires at that time is sufficient and also, based on that, whether it can be weaned further or not.

ASTBURY: We've heard a little bit about this and I'm not proposing to go to it, but is that recorded on a blood gas record sheet?

COOKE: Usually amongst the nursing sheets there would be a special designated sheet with gas records on it.

ASTBURY: And that would include, would it, things like pH, oxygen saturation, lactate?

COOKE: Yes.

ASTBURY: Those sort of readings. Thank you. If we go on, please, is that F for feeding?

COOKE: It's F for fluids.

ASTBURY: Thank you. Is that indicating an increase for that particular day?

COOKE: Yes, it is, from 75ml per kilogram per day to 90ml per kilogram per day.

ASTBURY: Is that suggesting it's via a nasogastric tube?

COOKE: Yes.

ASTBURY: And it's donor-expressed breast milk?

COOKE: Yes.

ASTBURY: You have noted trace of aspirates?

COOKE: Yes.

ASTBURY: Just explain to us the significance of that, please.

COOKE: In babies born prematurely, we usually -- below 34 weeks, if they are born below 34 weeks' gestation we support them in establishing feeds, inserting a nasogastric tube, and then they receive milk of choice through that. Before every feed, the nursing team check the volume of aspirates, if any, and it's --

what we do on our doctor's review is we are obliged to check what was the volume of aspirates, if it's trace and done(?) on bilis, that's a reassuring sign.

ASTBURY: So what does trace mean, please?

COOKE: A minimal amount. Usually the nursing team would document it in millilitres, but it's also not uncommon for them to write that it's been a trace or minimal without quantifying the aspirate.

ASTBURY: And would that absence of concerning aspirates have informed the decision to increase the fluids?

COOKE: Amongst other factors, yes. Basically, what we would look at is baby's fluid balance, feed tolerance, which is one of the things that we look at, also reviewing aspirates, and whether baby is opening bowels, and obviously the examination of the baby on review.

ASTBURY: What do trace aspirates tell you about feed tolerance?

COOKE: That is good because there is no retention of feed in the stomach in between feeds.

ASTBURY: Thank you. Is that "passed urine" with a tick?

COOKE: Yes.

ASTBURY: Is that "bowels open" with a tick?

COOKE: Yes, it is.

ASTBURY: For medication, we can see caffeine and vitamins?

COOKE: Yes.

ASTBURY: And the J, please?

COOKE: Jaundice.

ASTBURY: The SBR, the bilirubin levels, is that below the line whereby any intervention is required?

COOKE: Yes.

ASTBURY: Thank you. Again if we can scroll down, please, Mr Murphy.

A cranial ultrasound scan had been performed the day before?

COOKE: Yes.

ASTBURY: If we continue with your note, this is, am I right, on examination?

COOKE: Yes.

ASTBURY: So you've noted that [Baby O] was settled, asleep but rousable, is that?

COOKE: Yes.

ASTBURY: Anterior fontanelle is normal?

COOKE: Yes.

ASTBURY: Is that tone?

COOKE: Yes.

ASTBURY: That's normal. Movements, normal.

COOKE: Yes.

ASTBURY: The C-reactive protein level is -- sorry, capillary refill time.

COOKE: Capillary refill time, yes.

ASTBURY: Is lower than 2 centrally?

COOKE: Yes.

ASTBURY: Are they all reassuring signs?

COOKE: Yes, they are. They're normal examination.

ASTBURY: Well perfused?

COOKE: Yes.

ASTBURY: Normal respiratory pattern?

COOKE: Yes.

ASTBURY: Is that "no increased work of breathing"?

COOKE: Yes.

ASTBURY: No grunting?

COOKE: Yes.

ASTBURY: No recessions?

COOKE: Yes.

ASTBURY: And is that --

COOKE: "Chest sounds clear."

ASTBURY: Okay. "Good bilateral air entry"?

COOKE: Yes.

ASTBURY: "Heart sounds heard well, no murmur"?

COOKE: Yes.

ASTBURY: Femoral pulses, is that two ticks --

COOKE: Yes, that's two ticks.

ASTBURY: So both femoral pulses detected and in order?

COOKE: Yes.

ASTBURY: "Abdomen appears full but not distended. Soft, non-tender"?

COOKE: Yes.

ASTBURY: Is that, "Active bowel sounds and no masses"?

COOKE: Yes.

ASTBURY: Obviously this is under your heading of "on examination". Would you have physically examined [Baby O]'s abdomen?

COOKE: Yes, I would.

ASTBURY: Any concerns from your note about [Baby O]'s abdomen at 9.30 that morning?

COOKE: No.

ASTBURY: "No organomegaly", is that?

COOKE: Yes.

ASTBURY: And then I can't read the next one, I'm sorry.

COOKE: "Umbilicus normal."

ASTBURY: And, "Genitals normal"?

COOKE: Yes.

ASTBURY: Fair to say, everything as it should be?

COOKE: Yes.

ASTBURY: Then your plan is to -- is this, "Continue weaning Optiflow"?

COOKE: Yes.

ASTBURY: Is that reducing the amount of assistance through Optiflow?

COOKE: Yes.

ASTBURY: "Continue establishing feeds"?

COOKE: Yes.

ASTBURY: That's because you are satisfied that the trace aspirates show that he is tolerating his feeds well?

COOKE: Yes.

ASTBURY: Is that vitamins prescribed?

COOKE: Yes.

ASTBURY: NIPE?

COOKE: It's a screening check that every baby has performed.

It's a head-to-toe examination. You could say a baby MOT after they're born and before they are discharged from hospital.

ASTBURY: Is that, "CRUS review"?

COOKE: So that's cranial ultrasound review, which would be a consultant review of the images obtained by a less experienced member of staff.

ASTBURY: Okay. As it happens, we can see, if we go to the next note, it's a note from [Dr B], one of consultants, is that right --

COOKE: Yes.

ASTBURY: -- indicating normal appearances on that CRUS? We'll leave [Dr B] to look at that, if necessary.

So overall, please, doctor, having refreshed your memory of all those readings, information and indeed your own physical examination of [Baby O], can you describe to us, please, whether you had any concerns whatsoever about his welfare?

COOKE: From the notes, it doesn't appear like I had any concerns about [Baby O], and his clinical course was uncomplicated and he was making good progress.

ASTBURY: Thank you. We mentioned earlier the blood culture. If I could just ask, please, Mr Murphy, to go to page J27105. We can see there --

COOKE: That's blood group, not blood culture.

ASTBURY: That's the start of the report. That gives us the time and date, does it, of the blood, on the first box down?

Is that a later test that you carried out?

COOKE: So this is blood group and presence of antibodies in a baby, which would be a routine check in all premature babies. That tells us whether a baby is at higher risk of jaundice in their post-natal period. That doesn't tell us about infection.

ASTBURY: I'm going to ask you to look specifically at page 3 of this document.

COOKE: Yes. That's the result of a blood culture taken on 21 June 2016.

ASTBURY: Is that what you were referring to in --

COOKE: Yes.

ASTBURY: -- your note when you said you reached the decision to stop antibiotics?

COOKE: Yes.

ASTBURY: Thank you. We can take that down, Mr Murphy.

Thank you.

From the notes, did you see that, in fact, despite your examination and findings in respect of [Baby O], he fell ill later that afternoon?

COOKE: Yes, he did.

ASTBURY: Were you aware that [Dr A], for example, was asked to review him on more than one occasion?

COOKE: Yes.

ASTBURY: And on either of those occasions did you discuss the situation with [Dr A]?

COOKE: I would have to refer to the notes. From recollection of memory, yes. If I could see the notes chronologically...

ASTBURY: If this assists, was there any conversation about Bell's criteria?

COOKE: Yes. I think from recollection of memory, and a vague recollection of my notes that I've read before coming here, we had a teaching conversation with regards to Bell's criteria, which is criteria used to assess the severity of a condition called necrotising enterocolitis, which is a common complication of prematurity.

ASTBURY: After that training conversation with [Dr A], did you have any more physical contact with [Baby O] that afternoon?

COOKE: From recollection of memory, I don't think I had, no.

ASTBURY: Were you aware that at some point [Baby O] required resuscitation?

COOKE: Yes, I was, and unfortunately I again cannot remember, but I had assisted with CPR in one of the babies that fell poorly during that period. I can't remember which one was that.

ASTBURY: All right. You initially provided a statement to the police concerning your notes and your recollection of [Baby O]. Were you asked to provide a second statement dealing with a specific issue with relation to that examination?

COOKE: Yes, I was.

ASTBURY: Were you asked -- perhaps if we could put tile 121 back up, please, Mr Murphy.

It's really your entry regarding your examination of [Baby O]'s abdomen that I would like to concentrate on, please.

COOKE: Okay.

ASTBURY: You have already told us you found nothing that caused you any concern during the course of that examination.

COOKE: Yes.

ASTBURY: Were you invited to revisit that in light of the presence of a haematoma discovered on [Baby O]'s liver?

COOKE: Yes, I was.

ASTBURY: You were asked whether your examination and what you recall of your examination was what you would expect, whether it was consistent with that injury being -- that haematoma being present at the time of your examination; is that right?

COOKE: Yes.

ASTBURY: What is your view of your examination in comparison to the presence of that haematoma?

COOKE: So examination wouldn't -- in my experience, examination at that time would not suggest and review of observations would not suggest anything like a haematoma being present at that time.

ASTBURY: Okay. What would you, in your experience, have expected on examination if a haematoma had been present in [Baby O]'s liver at that time?

COOKE: My understanding of a haematoma is a collection of blood that happens either acutely or in a chronic manner. If that was an acute concern I would have seen -- my review wouldn't be normal, by which I mean the observations would suggest that baby is undergoing deterioration as opposed to normal examination, normal observations and no concerns from either the night team or the nursing team taking care of the baby at that time.

ASTBURY: You described two possibilities, was it acute and one other. Was it --

MR JUSTICE GOSS: Chronic.

MR ASTBURY: Just explain those two, please.

COOKE: My understanding of acute is a bleed happening then and there for whatever reason at that time. Chronic would be slow build-up of blood collection within the area we call haematoma.

ASTBURY: All right. I think you divided your answer, if I can put it this way, into two parts. Firstly, the physical examination --

COOKE: Yes.

ASTBURY: -- and also the other signs?

COOKE: Yes.

ASTBURY: And we have heard that often it's a collective view of everything that's going on that informs the doctors?

COOKE: Yes.

ASTBURY: So what would you have expected from your physical examination, first?

COOKE: From physical examination, I would expect a baby who's looking unwell, is pale, clammy, has a tender abdomen and a distended abdomen.

ASTBURY: Okay. None of which you've noted in your note at 09.30?

COOKE: No.

ASTBURY: And I've not shown you the blood gas records or the observations, we can if necessary. But generally, what other signs would you be looking for to add to that concern?

COOKE: Increase in oxygen requirement or need to escalate the respiratory support that the baby was on at that time.

Tachycardia, which means fast heart rate. Low blood pressure. And deterioration in blood gas -- usually we would see something we call acidosis, which means the pH on a blood gas goes down and base excess on a blood gas goes down as well. And also an increasing trend of lactate and decreasing haemoglobin, if available, on a gas printout.

ASTBURY: None of those features noted at the time you examined him at 9.30?

COOKE: I've not noted any of these, no.

MR ASTBURY: Thank you. If you could just wait there, please, Dr Cooke.

Cross-examination by MR MYERS

MR MYERS: Just to assist everybody, Dr Cooke, and my Lord, there hasn't actually been reference to where haematoma fits in up to this point and I wonder if I could say this, this should not be contentious, just so we understand why it's been raised. After [Baby O]'s body had been examined, after sadly he had died, one of the findings was a haematoma in the liver. I'll leave the precise details for the medical experts, but just so everyone can follow. It's a finding post-mortem.

That is one potential issue to be considered as to how that comes about. So that's why I identify that, I make no criticism, but people may be wondering why we are talking about a haematoma when it wasn't in the sequence of events. I don't say that critically, but so we understand.

MR JUSTICE GOSS: That's very helpful, Mr Myers, because it was occurring to me what the potential relevance of this was and you've explained it. Do you understand that?

At the post-mortem finding there was found to be a haematoma at the liver. What I understand Mr Myers is saying, he will correct me if I'm misunderstanding him, is that it is not alleged that the haematoma was in existence certainly at the time that this doctor examined...

MR MYERS: I'll just confirm that. As I understand, it's not. An issue will be how and when that came into existence. That's not controversial, it's just so we can keep an eye on that bit of evidence and, to assist further, we are not suggesting it is present at this time.

MR JUSTICE GOSS: No.

MR MYERS: That's to assist you, Dr Cooke, as well. We are not trying to find evidence of a haematoma in the course of your examination. I hope that helps.

MR JUSTICE GOSS: It certainly helps me. I should imagine it helps the jury as well so we know where we are with this and we needn't be too focused on it in relation to this witness's evidence.

MR MYERS: I'm grateful. There's only a couple of points I would like to confirm from your notes, Dr Cooke, if I may, please.

I'm going to ask if we can put up tile 121 again.

We'll go to the first page, Mr Murphy. Thank you.

We've been through all of it. I'm not going to go through all of it, doctor, just a couple of issues that I would like to look at with you if you can help us.

First of all, this page contains details which include what has been passed on to you from the nurse or nurses who have been caring for [Baby O] up to this point; is that correct?

COOKE: Yes.

MYERS: It also includes your observations too, particularly when we go over the page, but it's a combination; is that right?

COOKE: Yes.

MYERS: Where we look across and we can see "gas" and an N with a circle around it, that means "gas normal", doesn't it?

COOKE: Yes.

MYERS: Just to help you, so you understand, I'm going to ask if we could pause to put up the blood gas chart that we have, which is at tile 96. If we go behind that.

If we pause to see the relevant entries for when your examination takes place, Dr Cooke. Can you see, 23 June, there's a venous sample recorded at 05.32? The cursor is just to the right of that on the screen if you look.

COOKE: Yes.

MYERS: Take your time. But can you see 23 June, 05.32?

COOKE: Yes.

MYERS: That's a gas sample then. Then certainly on this chart, the next sample is at 23 June at 13.20. Can you see that?

COOKE: Yes.

MYERS: We can take that down and return to the note, please, at tile 121.

Your note is based -- when it says "normal", is that based on you either you reviewing that chart or what the nurses had told you? Is it one or other of those?

COOKE: That would be based on me looking at the chart myself.

MYERS: So we can be clear, that's your view of what the blood gas would have been at 05.32 then?

COOKE: Yes.

MYERS: It doesn't reflect and it can't reflect what the blood gas was at precisely 9.30, does it?

COOKE: No, because gases would be monitored in a certain interval of time depending on the clinical status of the baby.

MYERS: I'm not being critical of you when I say that. It's just so we understand where "gas normal" comes from.

COOKE: I understand that, yes.

MYERS: The next thing I wanted to ask, if we just look at the next line down, which deals with fluids and the feeding.

It's got:

"Trace of aspirates, passed urine, BO [tick]."

Which is "bowels opened"?

COOKE: Yes.

MYERS: If we go to the charts -- in fact, can we go, please, to tile 75? And we'll just go down here if we could.

Pausing there for a moment, can you see, towards the right-hand side, this is the record for the 22nd?

COOKE: Yes.

MYERS: We've got BNO just to -- in the column next to initials.

COOKE: Yes.

MYERS: We've got BNO at 03. That's "bowels not opened", isn't it?

COOKE: Yes.

MYERS: We're going to go down and see what it is. At 09.00, bowels not opened. If we go down, please, to 17, it's a little difficult to tell, we may need to enlarge it.

I think we'll see from what follows, that is bowels not opened?

COOKE: Yes.

MYERS: Can we scroll down, please? 23.00, we've got MEC, which is meconium?

COOKE: Yes.

MYERS: At 23.00, there's meconium. This carries on, actually, on a fluid chart at tile 88. If we can carry on and look at tile 88, please, Mr Murphy.

We're looking at what's really the second -- it's the bottom row where it says "output". Take your time to have a look. There we are, thank you, Mr Murphy.

Can you see, Dr Cooke, above the signatures, we've got a set of boxes and to the left and above them it says "output"?

COOKE: Yes.

MYERS: As we go along, by the time we get to the third box along, we've still got BNO, can you see that, "Bowels not opened", above "Passed urine"?

COOKE: Yes.

MYERS: Which is in fact for 05.00 on the 23rd now, so a little bit before your review. Carry on along the bottom, please, and we can go back down. That appears to be the last entry for whatever has or hasn't happened with bowels. When you say "bowels opened [tick]", is that based on the meconium that you'd seen recorded?

COOKE: Yes.

MYERS: Putting aside meconium, by the time a baby like this is getting to about 24 to 48 hours, 36 hours, and receiving feeds, expressed breast milk feeds that we can see up at the top -- can you see the feeds recorded?

COOKE: Yes.

MYERS: Might you expect there to be more activity by way of what's being excreted from the bowels?

COOKE: I would say it depends on when the feeds were commenced and how fast they were progressed.

MYERS: All right. If feeds are not passing out, is that something which can lead to the abdomen being distended to whatever degree?

COOKE: Yes, that would be one of the signs of feed intolerance.

MYERS: We can see, when we look at this chart, that on the 23rd, we've got above "bowels not opened" at 05.00 that there's been on that day, so far, 34ml of breast milk fed in total. Can you see that?

COOKE: Yes.

MYERS: That carries on, 46, 59, 72, 85. But no sign of bowels opened. Do you see that?

COOKE: Yes.

MYERS: Then if we go back to the chart from the day before, which we looked at, which is at tile 75, we can see expressed breast milk had been started. Then if we scroll down. And in that 24-hour period, there'd been 30ml that [Baby O] had received?

COOKE: Yes.

MYERS: So certainly -- when we looked at the following day, that's 115ml of expressed breast milk but no actual passage of anything out of him apart from the meconium.

COOKE: That's not an unusual situation because we class passing meconium as opening bowels.

MYERS: Yes. Meconium is a substance that comes out naturally or should come out naturally from a baby after birth?

COOKE: It's the first stool a baby passes.

MYERS: But you don't think that when there's that much milk that's been given enterally, you would expect any more to be passing through?

COOKE: In my experience there's no rule for that. It's very individual for every baby.

MR MYERS: Thank you, Dr Cooke.

MR ASTBURY: Nothing by way of re-examination, my Lord.

Does my Lord have any questions?

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

MR ASTBURY: We think Dr Cooke will be back.

MR JUSTICE GOSS: Are you of the understanding that you will be giving evidence again?

COOKE: No, but...

MR JUSTICE GOSS: All right. Well, you will be told whether you are required or not. Just in case you are required to give evidence again, would you please not talk to anyone about this case --

COOKE: Yes, absolutely.

MR JUSTICE GOSS: -- or anything to do with it?

COOKE: Yes. I wouldn't.

MR JUSTICE GOSS: Thank you very much, Dr Cooke, for coming and giving evidence today anyway. You're free to go now.

(The witness withdrew)

MR JUSTICE GOSS: The next witness we'd have to have a break for in any event.

MR ASTBURY: Yes. Would my Lord like me to use the next few minutes to distribute our core bundle?

MR JUSTICE GOSS: Yes, certainly. That would be helpful.

(Pause)

Mr Murphy? Thank you.

MR ASTBURY: Jury bundle 2, behind divider 20, if that's your system.

(Handed)

MR JUSTICE GOSS: This is the first document, J23657, just to make sure that --

MR ASTBURY: Yes, thank you.

(Pause)

We've also got the additions to the --

MR JUSTICE GOSS: Oh right, let's do that now whilst we've got --

MR ASTBURY: It's just one sheet. Back to jury bundle 1, please, everybody.

MR JUSTICE GOSS: This is the back of section 2.

(Handed)

MR ASTBURY: We need to reconfigure the court for the next witness, please.

MR JUSTICE GOSS: Yes. This will be about 10 minutes.

We'll start again at about midday. Thank you very much.

(In the absence of the jury)

MR JOHNSON: Yesterday, for technical reasons, there were difficulties for the stenographer transcribing the evidence of [Father of Babies O & P]. Your Lordship has, of course, a transcript, but even in the transcript there is one omission which may be important and I just want to get it on the record because this is agreed between the parties.

At page 15 of 36 --

MR JUSTICE GOSS: Just let me make a note of this.

MR JOHNSON: It's the ninth line of the transcript your Lordship has. It's the part of [Father of Babies O & P]' evidence where he is describing what he saw on [Baby O] and he is pointing to his own body. He says words which include descriptions of the colours and that sort of thing. He said:

"There is a -- there is a... something was...

through his veins."

And the dot dot dot is "oozing". That's the word that's missing.

MR JUSTICE GOSS: Thank you. That's helpful.

(11.50 am)

(A short break)

(12.04 pm)

MR MYERS: My Lord, just before we commence, your Lordship may be aware, but the staff dealing with Ms Letby have raised an issue with regard to when they needed to go.

MR JUSTICE GOSS: It's to do with the weather and the traffic conditions. Obviously, the problem is the route and difficulties

along the way. What one needs is an update. I have looked at the forecast, which for here is no more than sleet. But obviously, higher up it goes colder.

MR MYERS: Yes, over to the back and over to that part of the world.

MR JUSTICE GOSS: If you could just find out and we'll see where we are.

MR MYERS: Certainly the request through me...

DOCK OFFICER: (Inaudible: off microphone).

MR JUSTICE GOSS: On the top of the Pennines, yes.

MR MYERS: The officer explained to me that subject to the situation and how it changes, we can certainly proceed with this witness. It's a matter for your Lordship of course.

MR JUSTICE GOSS: Let's deal with this witness and then we'll see what the up-to-date information is. We're going to come to a natural breaking point soon anyway and that will be decision time.

MR MYERS: Thank you.

MR JUSTICE GOSS: Jury in, please.

(In the presence of the jury)

MISS MELANIE TAYLOR (recalled)

Examination-in-chief by MR ASTBURY

MR ASTBURY: May we start with your full name, please.

TAYLOR: Yes, it's Melanie Taylor.

ASTBURY: Thank you. You've been before, you know you need to keep your voice up, please, and you know that, unfortunately, the microphone won't amplify your voice, it'll only record it.

We know that you were employed over the relevant period within the neonatal unit at the Countess of Chester Hospital.

TAYLOR: Yes.

ASTBURY: And you have come along today to assist us with your knowledge of a baby by the name of [Baby O] or [Baby O] as he would have been named at the time?

TAYLOR: Yes.

ASTBURY: Do you have any recollection of [Baby O]?

TAYLOR: Yes.

ASTBURY: Have you, in addition, had the opportunity to read the notes that were created on that particular shift?

TAYLOR: Yes.

ASTBURY: Thank you. Before your day shift of 23 June 2016, had you had any contact with [Baby O] at all?

TAYLOR: I can't remember whether I did. I may have or I may not have.

ASTBURY: Is there an absence in the notes of any indication?

TAYLOR: I think I was -- whether I'd actually directly looked after him, I don't know. However, I assume I will have been working and will have known babies and the family before that time.

ASTBURY: Concentrating on 23 June, please, were you working a day shift on that particular date?

TAYLOR: Yes.

ASTBURY: As it happens, were you the designated shift leader for that day?

TAYLOR: Yes, I was.

ASTBURY: From your recollection, do you recall with whom you were working on that day?

TAYLOR: Nursing-wise, I remember Lucy Letby. Doctors-wise, I remember [Dr A] being there and a couple of consultants at the end during resuscitation.

MR JUSTICE GOSS: You're dropping your voice.

TAYLOR: Sorry.

MR JUSTICE GOSS: You trailed away there. I could foresee difficulties ahead if you did that again.

MR ASTBURY: Thank you, my Lord.

You've seen this before, I think, but if you look to your right on the screen, I'm going to ask Mr Murphy, who's assisting me, to put up tile 106, please.

Hopefully, behind that tile we'll have a representation of that particular shift. If we look first, please, at who was working. You mentioned consultants. We have [Dr B], who was the paediatrician of the week. The on-call consultant that evening, I think, was Dr Gibbs. We're talking about a day shift here, but it would have overlapped of course. And also Dr Brearey was certainly in the building. Do you recall that?

TAYLOR: I vaguely remember there being more than one consultant there. I don't specifically remember them being there, obviously looking back at notes I can see that they were there, but my recollection of the actual event of them being there is vague. But I remember there being more than one consultant there.

ASTBURY: Right. We won't go through them in the same way individually, but we have a list of the registrars and two senior house officers on duty. Perhaps more importantly for you, we can see in the nursing staff.

You're recorded as shift leader. [Baby O]'s designated nurse is Lucy Letby. The other staff present are Samantha O'Brien and Christopher Booth, together with Yvonne Griffiths. Does that bring that back to memory?

TAYLOR: Again, I can't specifically remember those other staff being on shift.

ASTBURY: We've got Yvonne Farmer who was present in her role involving practice development and a student nurse by the name of Rebecca Morgan. And a nursery nurse at the bottom of the page by the name of Janet Cox.

Do you have a recollection when you came on duty of where [Baby O] was within the nursery?

TAYLOR: Today, reading back on the notes, I remembered, when I gave my statement, that [Baby O] was in nursery 1 at the beginning of the shift, in the ITU, and was moved out.

I can't remember specifically me coming in and him being in there, but I remembered that at the time of me giving my statement.

ASTBURY: I asked you before we scrolled down because we have a representation of where various babies were at the start of the shift. So if we can have a look at that, please. Looking at this

document, it suggests that [Baby O] started in nursery 2 under the care of Lucy Letby but that's not your recollection?

TAYLOR: Like I said, I can't remember today where he started, but in my notes or in my statement it appears that we had moved him out from nursery 1.

ASTBURY: All right. Let's concentrate on what you can remember.

TAYLOR: Yes.

ASTBURY: Just while we're here, we can see that you had one baby.

Presumably because of your other role that day, you had just one baby in nursery 3 with the initials ZZ.

We have heard about the handover from the night shift and the opportunity for the nurses on the night shift to pass on information to the day shift. As the overall shift leader, would you have a responsibility for acquainting yourself with the position of all the babies in the unit?

TAYLOR: Yes.

ASTBURY: And do you have any recollection of any concerns about [Baby O] when you started at around 7.30 that morning?

TAYLOR: In the morning -- again, this is going back, looking at -- re-reading my statement, which -- my recollection then was a lot better than it is now, so some of this is me reading back on my statement. I had no concerns about him. Obviously, he was premature and there were things that come along with that, but in terms of stability, we felt he was stable at the beginning of the shift.

ASTBURY: Okay.

TAYLOR: I didn't have any concerns at the beginning of the shift.

ASTBURY: It's the type of thing you'd have been told when you began that morning?

TAYLOR: Mm-hm.

ASTBURY: I'd just like you to look, please, at tile 115, which is on our carousel. More importantly, the document behind it, please.

We can see there a form I'm sure you're familiar with --

TAYLOR: Yes.

ASTBURY: -- the neonatal fluid balance chart. From the start of your shift at around about 07.00 hours we can see the course of [Baby O]'s feeding. We have heard that he started on enteral feeds as well as a supplement of dextrose. Anything in those particular entries that would cause you any concern as the shift leader?

TAYLOR: (Pause). Some of the things I can't read here, but the sort of aspirates were trace milk aspirates, so no.

ASTBURY: What should our understanding be of trace aspirates?

TAYLOR: A trace is a minimal amount of aspirate gained by the NG tube which means likely he would have been absorbing his milk prior to that feed.

ASTBURY: I was about to ask you what it means insofar as feed tolerance is concerned.

TAYLOR: Yes. If there's only a small amount of milk in the stomach before the next feed is due, which is when that aspirate would have been taken, if there's a trace amount it means he's tolerated his feed, he's absorbed that feed and digested and there's only a tiny bit left in his tummy.

ASTBURY: Thank you. I asked you earlier about where [Baby O] began the shift. Do you recall him at any point being in room number 2?

TAYLOR: Yes.

ASTBURY: Is it your recollection that he was moved from 1 to 2 or are you not able to say?

TAYLOR: I know that one of the triplets was recently moved into nursery 2 because it was the first time or recently the first time that they'd been in a room together, the three of them together. So yes, I remember -- so I don't specifically remember when he was moved but I know that they were recently in a room together.

ASTBURY: The significance, please, if there is any, of a baby being moved from room 1 to room 2?

TAYLOR: So we would move -- we would only move a baby to another room if we felt they were stable to move. We would see it as a progression of their care, really, in the fact that we're moving them from an ITU room to an HDU room.

They wouldn't be moved unless we felt they were stable enough to do so.

ASTBURY: You say we. Would you have any input in the decision?

TAYLOR: Yes, as shift leader, yes, I would. It's not necessarily a one-person decision, but you know, as shift leader I would have had an overall say to say, yes, I'm happy for that baby to be moved.

ASTBURY: So are you able to confirm that it would have required your consent?

TAYLOR: Yes.

ASTBURY: Do you remember [Baby O] or anything significant with [Baby O] after he'd been moved to room 2?

TAYLOR: I know that he was, I think, reviewed once or twice by the doctor, asked to review, I think, possibly just -- I think maybe because of concerns around his tummy, which is pretty routine in a way. We're very twitchy about if babies' tummies look bigger or anything, you know, at the earliest signs, we will always get them reviewed. And as far as I can remember, the review said they were happy for the care to continue as it was, so in those terms, you know, we were happy with his care.

I do remember going in at one point of the shift -- and I have said this in my statement, that I went in and looked at him and I can't specifically remember what it was that I wasn't happy about, I just felt that he didn't look as good as he had done earlier in the shift.

ASTBURY: I'm going to cut across you there. Do you remember when that happened?

TAYLOR: Timings-wise, I don't know. In my statement I've written I think it was about an hour or two before his first collapse, but I couldn't put a specific time on it.

ASTBURY: Okay. So about an hour or two before his collapse?

TAYLOR: Mm-hm.

ASTBURY: You mentioned about reviews from doctors. Do you remember which doctors carried out those reviews that you were telling us about?

TAYLOR: I don't remember. I remember [Dr A] being there. He got bleeped when he did crash and he came and was, as far as I can

remember, the first doctor on call. So I don't know if he was the one that reviewed, I couldn't say specifically who it was who came.

ASTBURY: On that occasion when [Dr A] was called, do you remember if he came alone or with anybody else, just to assist us with which one you recall?

TAYLOR: I can't remember. I remember him being there but I can't remember anybody else specifically.

ASTBURY: And you think your concern arose an hour or two before that?

TAYLOR: Yes. Again, I've said in my statement I can't remember the reasoning behind it. Sometimes it can just be a gut instinct of these things and sometimes they can present very slight things. Sometimes it can be, you know, something that is nothing, but sometimes you just -- sometimes it comes with experience, you can look at a baby and think, they don't look as well as they did earlier. Whether it was that or whether it was his tummy, I honestly can't remember. But I remember that feeling that I remember -- and I remember saying it out loud to Lucy, "I don't think he looks as well as he did before".

ASTBURY: Okay. Where did this take place? Where did you say that to Lucy?

TAYLOR: In nursery 2.

ASTBURY: Okay. Anyone else in the room at that time that you can remember?

TAYLOR: Not that I remember.

ASTBURY: Was there any conversation that took place about that?

Was there a response?

TAYLOR: I asked whether she felt that we should move him into nursery 1 and she said, no, she said she wanted to keep -- she felt he was okay and wanted to keep him in nursery 2 and wanted to keep the three triplets together in the same room.

ASTBURY: Would you have explained to her why it was that you thought that [Baby O] should be moved?

TAYLOR: Yes. Well, you know, I guess it's a joint care decision, you know. Lucy was the one that was looking after him and knew him inside and out and had been looking after him all day. I was -- you know, so I think... When I look back, I think maybe I

should have been more firm but hindsight is a great thing when you think about it. I remember feeling a bit put out about being told that because she was quite insistent.

But you know, it's hard because it's not just my decision, it is a joint decision sometimes.

ASTBURY: Can you remember why you felt put out?

TAYLOR: I think because I felt like she was undermining my decision.

ASTBURY: Okay. When you say she was insistent, how was that conveyed to you?

TAYLOR: She just said, "No", quite plainly, "No, I don't feel like he should be moved".

ASTBURY: Why would he have been moved? What was the purpose of taking him from 2 to 1?

TAYLOR: To be honest, I think I was saying it as a very big precaution, really. I don't think it was: he needs to move now. It was more, like I say -- and that's another thing probably, it was more of a feeling rather than any hard evidence this baby doesn't look well. If there was any hard evidence that this baby isn't well, I would have said, well, no, he definitely needs to move, whereas I just -- I couldn't put my finger on it, I -- I don't know. I just had a gut instinct that I didn't feel that he was as well. But again, she was looking after him, so she's the one that was, you know, there with him constantly and reviewing him. So I also took her opinions and knowledge about the baby into consideration as well.

ASTBURY: What was the advantage of room number 1 as you saw it?

TAYLOR: Just the ability to have more space if -- and if he was to deteriorate, you've got more equipment on hand, you've got the emergency trolleys in there. If a baby is to deteriorate it's just a better space for them to be in.

ASTBURY: Better as in safer with more resources available?

TAYLOR: Yes. There are resources in nursery 2 for an emergency, it's just the resources are closer to hand and easier to get to in nursery 1.

ASTBURY: So [Baby O] stayed where he was. You told us that an hour or two later, there was a collapse?

TAYLOR: Mm-hm.

ASTBURY: Can you remember anything of the collapse?

TAYLOR: Um... I... I don't remember being -- where I was or who was around at the time, whether I was called or alerted by monitors, I'm not sure. I know that Lucy was present in nursery 2 when I arrived in nursery 2 and [Dr A] then arrived. The decision was made to quickly move him into nursery 1 where we could have things on hand, and I remember moving him into nursery 1, and then... Yes, so that was...

ASTBURY: Okay. Just to assist with the timeline, I'm going to ask Mr Murphy, please, to put up a tile that we have indicating that [Baby O] was moved about 2.40.

202, please. So from the preceding nursing note and the preceding doctor's note, the time that we are told he was moved was -- was it 14.40? That was after the first collapse, as you've described it; is that right?

TAYLOR: Yes.

ASTBURY: Okay. After [Baby O] had been stabilised, is that right, after that collapse had been --

TAYLOR: I honestly can't remember where we were up to.

I remember moving him with [Dr A] and pushing him in the incubator into nursery 2 (sic) but I can't remember where in the timeline of events that happened.

ASTBURY: Once in nursery 1, what happened with [Baby O]; can you recall?

TAYLOR: I know that he was stabilised the first time. To be honest, the actual events, once we were in nursery 1, are a bit of a blur really.

ASTBURY: Okay. Do you remember him being resuscitated in nursery 1 at any point?

TAYLOR: I do, yes -- not necessarily the first time because I know that he was stabilised, but yes, I do recollect...

ASTBURY: Did you play any part in the resuscitation?

TAYLOR: I don't think I was directly involved in either bagging or giving any compressions. I think I was more on the periphery. I remember drawing up some drugs and administering some drugs.

ASTBURY: Okay. We've heard that [Baby O] was resuscitated -- well, we've heard that eventually resuscitation was stopped because of [Baby O]'s failure to, sadly, respond. Is that the period of resuscitation that we're talking about, that final phase of resuscitation?

TAYLOR: Yes.

ASTBURY: You were involved in that and were you there then when [Baby O] passed away?

TAYLOR: Yes.

ASTBURY: I'd just like you to look, please, at two documents, if you would. If Mr Murphy wants to put them up on the...

If we scroll down to the first page, please, Mr Murphy. Sorry, the second page, the next page.

Thank you.

Can you tell us, please, what that document is, Nurse Taylor?

TAYLOR: This is our handover sheet.

ASTBURY: We have discussed handover a few minutes ago and the process. Please correct me if I'm wrong, but is this the document that is created in advance of that handover?

TAYLOR: Yes.

ASTBURY: Are copies or is one copy circulated amongst the nurses?

TAYLOR: Each nurse and nursery nurse has a copy.

ASTBURY: Then if we just scroll down a little, we can see, because it's highlighted, the date is 23 June 2016; is that right?

TAYLOR: Yes.

ASTBURY: And we can see that shift leader is Mel --

TAYLOR: Yes.

ASTBURY: -- in accordance with your recollection?

TAYLOR: Yes.

ASTBURY: And in that highlighted box further down, we can see a reference to [Baby O], with his age, day 3 of life. According to this, located in the HDU at that point. Certain information in the box on the right-hand side, like Optiflow. Would any concerns identified the night before be contained within that sort of box for the nurse taking over?

TAYLOR: Um... Should be. However, sometimes it may have been handed over verbally, but they would also be documented in the notes if there's any concerns.

ASTBURY: All right.

TAYLOR: This is a brief overview, really.

ASTBURY: What happens to these sheets after the shift?

TAYLOR: They go in the confidential wastebin.

ASTBURY: If we can go, please, to the next page, Mr Murphy. Is there anything written on the back of the handover sheet that you've just been telling us about?

TAYLOR: Yes.

ASTBURY: Can we just check that what's written on the back of that handover sheet is what's written on the screen, please?

TAYLOR: Yes.

ASTBURY: Okay. If we just look to the lower left quadrant, if I can put it that way, is that a reference to [Baby O]?

TAYLOR: Yes.

ASTBURY: We can see a reference to Optiflow and some notes written on the back there in respect of [Baby O].

If we go to the next document, please -- sorry, I'm asked just to go back to that particular note, Mr Murphy. Somebody's recorded on there BO. What would that mean to a nurse on the unit?

TAYLOR: Bowels open.

ASTBURY: Thank you. If we go to that second document but third page. Just have that on the screen, please. It's agreed, so I don't need to ask you, but they're the notes of the resuscitation of [Baby O]. Again, please confirm or tell me if I'm wrong, we have heard that during the course of a

resuscitation, notes will often be taken in the rough, is that right --

TAYLOR: Yes.

ASTBURY: -- because accuracy and speed are the priority --

TAYLOR: Yes.

ASTBURY: -- and then transposed later to the relevant records?

TAYLOR: Yes.

ASTBURY: Looking at this, do you recognise your handwriting on it anywhere?

TAYLOR: It's not my handwriting, no.

ASTBURY: What would ordinarily be the -- what would ordinarily happen to this sort of handwritten note once transposition had taken place?

TAYLOR: It should be put in the confidential waste. I mean, occasionally it may get scanned into the baby's notes or put into the baby's notes, but it should have been written up formally, so it can just go into the confidential waste.

ASTBURY: Okay. If it's scanned and put on the notes, what happens to the original once it's been scanned?

TAYLOR: It will be disposed of confidentially.

ASTBURY: Thank you.

MR JUSTICE GOSS: You were asked about your handwriting on that sheet. You weren't asked about handwriting on any other sheet. Is any of it your handwriting?

TAYLOR: No.

MR JUSTICE GOSS: Thank you.

MR ASTBURY: Sorry, I was concentrating on the resuscitation, but thank you, my Lord, that's helpful.

MR JUSTICE GOSS: That's all right.

MR ASTBURY: When [Baby O] collapsed in the way he did, having seen him and having told us of his presentation through the day, was this an expected collapse from a shift leader's point of view?

MR MYERS: My Lord, before that question is answered, we've had that question asked of a number of people -- I am not being rude to Nurse Taylor at all -- who have not dealt with the whole picture, are not the experts, and Nurse Taylor has said she has vague recollection of what took place at certain points and in the resuscitation.

And we will hear from the experts as to what is or not to be predicted. To ask a witness like this, "Is this expected", when, with all respect, they weren't dealing with the baby and when there are gaps in the recollection like this, is something, with respect to Nurse Taylor, she can't answer, there's too much missing.

It's asked of many witnesses. There's a lot of detail before we get to the end of it, so it seems to me she shouldn't be put in a position of saying whether it's expected or not. That's my concern and I have raised it now.

MR ASTBURY: It was premised on what you saw and what you heard but I ma happy to leave it if it's not felt to be a fair question.

TAYLOR: I disagree. I feel I could say that I wouldn't have expected that baby to collapse.

MR JUSTICE GOSS: Well, you saw the baby up to a short time before the collapse and you saw [Baby O]'s condition when he collapsed.

TAYLOR: Mm-hm.

MR JUSTICE GOSS: I suppose the simple question is: were you surprised?

TAYLOR: Yes.

MR ASTBURY: Thank you. I have no more questions.

Cross-examination by MR MYERS

MR MYERS: Miss Taylor, just so I can follow the evidence you've given, you don't remember who was in nursery 2 at particular points, do you?

TAYLOR: I know that Nurse Lucy was in the nursery. That's the only person I remember seeing in the nursery. There may have been other people in there, but she's the only other person I remember being there.

MYERS: Do you have a recollection of who exactly was in that nursery and when during the course of that day?

TAYLOR: Well, I remember her being there when I had the conversation about moving him out and I remember when I first went in there, according to my statement -- I don't remember that now but according to my statement I remember at the time that she was in the nursery when I arrived after his first collapse.

MYERS: We all know you remember Nurse Letby. Do you have a recollection of who else was in the nursery during the course of that day?

TAYLOR: I don't think anybody else was in there -- there may have been people that came in and out, but as so far as I remember there wasn't anybody else in there.

MYERS: And do you recall what time there was the move in the morning from nursery 1 to nursery 2?

TAYLOR: I don't remember that personally.

MYERS: Do you remember the timeline of exactly what happened when and with who?

TAYLOR: No.

MYERS: Do you remember the exact time [Dr A] got there without having been taken to the notes?

TAYLOR: No.

MYERS: Did you make any notes of that shift yourself?

TAYLOR: No.

MYERS: Have you refreshed your memory from notes of that shift?

TAYLOR: Yes.

MYERS: From other nurses' notes?

TAYLOR: Yes.

MYERS: But not from your own?

TAYLOR: I didn't write any; I was the shift leader.

MYERS: You made your statement to the police on this in February 2018, didn't you?

TAYLOR: Yes.

MYERS: You did as a matter of record. And that was after the police had interviewed you as a witness to see what you had to say about it, wasn't it?

TAYLOR: Say that again, sorry?

MYERS: That was after the police had interviewed you as a witness to see what you had to say about it?

TAYLOR: Yes.

MYERS: Did the police interview as a witness?

TAYLOR: Yes.

MYERS: And then did they make a statement after the interview --

TAYLOR: Yes.

MYERS: -- based on what you'd said in interview?

TAYLOR: Yes.

MYERS: Right. That is when you gave a record of what you recalled, isn't it?

TAYLOR: Yes.

MYERS: So that is about a year and a half after the events took place?

TAYLOR: Yes, that sounds about right.

MYERS: So the events that you talk about that are within your knowledge are based just on that recollection, aren't they?

TAYLOR: When I gave my statement?

MYERS: Yes.

TAYLOR: Yes.

MYERS: Now, are you sure that [Baby O] started in nursery 1 that morning?

TAYLOR: Honestly, I can't remember that, I've said that, but I know that he was -- I know that they were not in the same nursery. So whether it was maybe a different shift, but I don't

know, but I've written -- I have said that in my statement. I don't remember.

MYERS: So you're not at a disadvantage, let's look at what you said about this in your statement, just for you to have a look at it to refresh yourself, Miss Taylor, and his Lordship will see it and so will the barristers.

It's at page 3541 and it's page 3 of your statement.

Let's have a look at the top couple of lines on that page just to refresh your memory of what you said about this. You actually gave a description that:

"During the morning, he [[Baby O]] appeared to be fairly stable and the decision was made relatively early in the shift to place him in the nursery 2."

Yes? You go on to say:

"This meant he would be with his siblings and the parents could have them all together in the same room.

I can't say from an official capacity who made the decision to move [Baby O]. However, in my role as shift leader I would have had to approve this decision."

So you were describing a decision, because he seemed stable, to move him. And do you recall that taking place?

TAYLOR: No.

MYERS: If we have a look at -- I think you even gave a description at one point about him being moved from 1 through to 2. Do you actually remember him being moved physically from 1 to 2?

TAYLOR: I've said it in my statement, but I don't remember now, no.

MYERS: If we look, please, at tile 106, which is the layout.

We can just see the images at the top. This is material provided for where the babies were at the start of the shift so far as we understand. Do you understand that?

TAYLOR: Mm-hm.

MYERS: All right. This places [Baby O] in nursery 2 at the start of the shift and [Baby P] and a baby called JD. So we can be

quite clear that's certainly, so far as your independent recollection is concerned, wrong?

TAYLOR: What?

MYERS: That's wrong from your recollection?

TAYLOR: Honestly, I can't remember. I've said it in my statement, but I can't remember. Whether it was -- I was getting confused and it was the other triplet because I know that by the end of the shift they were all in the same room.

MYERS: Right. I'd like to ask you next about something you said at page 3540, so back to your statement, page 3540.

It's the second page of your statement. Page 2. Let's scroll down to the last paragraph.

Just have a look at that and it's something I'm going to ask you. You may be familiar with it, Miss Taylor, but just remind yourself of what's in that paragraph.

(Pause)

I'm not going to go back to who was where at the beginning of the shift, you talk about that. But about four lines along, three lines down, you say:

"I didn't have any concerns about him. It was just the usual factors that are present with premature babies."

Then you say this:

"There was a slight issue with his abdomen.

Generally as neonatal nurses we are overly cautious with issues surrounding the babies' tummies."

When you say there was a slight issue with his abdomen, what does that refer to?

TAYLOR: I honestly don't remember. It could be that he had a slightly full tummy, which is one of the things that we would look out for, but it's also quite common in babies. It's something that we always watch out for as well.

MYERS: You just recall, when you came to cast your mind back to deal with this, that there was some slight issue with his abdomen?

TAYLOR: Yes. It could... I don't remember, I don't recall what it was.

MYERS: I wonder if we could just go to the handover note that we looked at just towards the end of your evidence, Miss Taylor, the typed sheet. I don't have the reference for it, Mr Murphy, so I apologise.

MR JUSTICE GOSS: It's KDH/2, I think.

MR MYERS: Thank you. Can we enlarge the item with the highlighting on it?

This printed sheet, I think you said this is something that every nurse who comes on would receive?

TAYLOR: Yes.

MYERS: So this is general information provided to everybody who comes on to the shift. We can see it refers to [Baby O]. It's got the date:

"C/S Optiflow. 4 litres down. A/B stopped.

Caffeine. 2x12 feeds."

On that part of the handover sheet there is no reference to any abdominal issue, is there, so far as we can see?

TAYLOR: No.

MYERS: Is it the case that the nurse who receives these sheets will then sometimes, in your practice, write on the back of it information that they are provided with, for instance, when they go to the cot side and the handover takes place?

TAYLOR: Yes.

MYERS: Right. Again, I'd be grateful for assistance here. You were shown a page with some writing on it and I think it's the next page along. It's at the back. The back of this document, the next page along. Thank you, I'm grateful to Mr Astbury. So just flip it round.

Thank you.

If we just enlarge the section we looked at last time. There we are:

"[Baby O]. CPAP Optiflow. [Again] down 4 litres overnight. Up..."

Is that 90? I'm not sure what the next item is.

TAYLOR: I think it says "later".

MYERS: Then it says:

"Abdo full [query] loopy. Bowels opened."

With some timings. And you've agreed there is information which is provided to a nurse on handover, which is in addition to that which is on the typed front of this sheet, isn't there?

TAYLOR: Yes.

MYERS: So to that extent at that point, the nurse is relying on what is being told to her by the nurse who is handing over to her?

TAYLOR: Yes.

MYERS: Thank you, we can take that down then, please.

During the shift, I'm going to ask you some questions just as far as you can remember, please, Miss Taylor -- were you popping in and out of nursery 2 during the shit to see if Lucy was all right once the shift had commenced?

TAYLOR: Like I said, I don't remember every single sort of movement I did during the shift. I will have been in and out, possibly a couple of times. It depends how much support she needed, what else was going on in the shift. But I did definitely go in there at least once or twice throughout the shift.

MYERS: To check if she was okay?

TAYLOR: Yes.

MYERS: And were there a couple of times when she actually requested a review with you just to see how [Baby O] was?

TAYLOR: Not with me, I think she got the doctor to review a couple of times.

MYERS: You recall that?

TAYLOR: Once or twice possibly.

MYERS: You recall that. You described to us a point where you were concerned that [Baby O] just didn't seem to be as well as he had seemed at the start of the shift.

TAYLOR: Yes.

MYERS: So we can all understand, you explained to us that if you thought he was going to deteriorate, you would have insisted on him moving to, I think your words were "a better place", meaning nursery 1?

TAYLOR: Yes.

MYERS: Is that correct?

TAYLOR: Yes.

MYERS: So we're not talking about looking at him and thinking, he's about to deteriorate, are we?

TAYLOR: No.

MYERS: You just thought he didn't seem as well?

TAYLOR: Yes.

MYERS: For her part, Nurse Letby wanted him to remain in nursery 2?

TAYLOR: Yes.

MYERS: That's right, isn't it?

TAYLOR: Yes.

MYERS: As it happens, [Baby P], one of his brothers, was also in nursery 2; do you remember that?

TAYLOR: I remember that it was the first time that all three of them were in the nursery together, so yes, all three of them at some point in that shift were all in nursery 2.

MYERS: Do you recall Lucy explaining she was wanted to keep him with the brother that he was with in that room?

TAYLOR: Yes.

MYERS: That's why she said, "Let's keep them together"?

TAYLOR: Yes.

MYERS: All other things being equal, keeping them together as far as you can is desirable, isn't it?

TAYLOR: Yes.

MYERS: And what you're explaining is there's a balance between when there comes a point that you might have to break that up?

TAYLOR: Yes.

MYERS: But you accepted at this point, well, it doesn't look like anything terrible is going to happen, if that's what the nurse in charge says, I'm content to leave him there?

TAYLOR: Yes. That was a consideration, that was another thing, that we wanted the parents to have all three of them together, which, you know, is really important as well.

So that was another consideration as part of leaving him in nursery 2.

MYERS: I think at this point in fact it was [Baby P] that he was with in nursery 2. [Baby R] is in nursery 1, as it happens.

TAYLOR: From what I remember, they were -- at some point on shift they were all in the nursery together. So I think it must have been -- whoever was in nursery 1 had moved out into nursery 2.

MYERS: All right. That's your recollection in any event?

TAYLOR: Yes.

MYERS: There came later on a point when there was a review by [Dr A]; is that right?

TAYLOR: I know that he came when he was called, when he first collapsed. I don't know whether he was the doctor that came to review earlier in the day. I can't remember.

MYERS: All right. Do you remember that prior to the time that [Baby O] had to be moved to nursery 1 because of his condition, nursery 1 was already full?

TAYLOR: Well, we moved one of the triplets out, so it would have -- there would have been a space.

MYERS: All right. But there were already four babies in nursery 1 at the time when this discussion came about, weren't there?

TAYLOR: Well, I think at that point there was three because somebody had been moved out.

MYERS: We'll just have a quick look at 2106 again so that we can keep track, Miss Taylor. So this is at the beginning of the shift, just so we can keep track.

Do you see in nursery 1 at that point there's [Initials of Baby R] -- it may be [Baby R], in fact -- with Samantha O'Brien, [Baby Q] with Christopher Booth, and two other babies, BM and YM?

TAYLOR: Yes.

MYERS: So at the time you were talking with Ms Letby, as it happens, there were already three babies in nursery 1, weren't there, or there would have been?

TAYLOR: There was at that point. You know, that's at the beginning of the shift at 7.30 in the morning, so it wasn't -- things change throughout the day. I wouldn't have suggested -- you know, sometimes it's a case of, okay, this baby's stable, we're worried about this baby, let's move this baby into another room -- you know, if there wasn't space, I couldn't have moved him. But, you know, things change throughout the day. And I know at some point the triplets -- timing-wise I don't know, but the triplets were in nursery 2 together on that shift.

MYERS: I'm going to ask you to look at something different now.

That's the observations at tile 55, please, Mr Murphy.

The observation chart.

I want to scroll down to the bottom just to look at some initials and see if you can help us with this.

We can see, if you look along the initials at the bottom, we've got -- we know Sophie Ellis' initials, SE.

Can you see the cursor moving there, Miss Taylor?

TAYLOR: Yes.

MYERS: As we go along, further on, RMSN. Pausing there, RMSN.

There's two next to each other. And we scroll up. So that's for [Baby O] on the 23rd at 08.00 and -- 08.30 possibly and 10.30. Do you recall what RMSN stands for?

TAYLOR: That will be Rebecca Morgan, student nurse.

MYERS: There was a student nurse with Ms Letby on this day, wasn't there?

TAYLOR: I don't recall but I know from looking back at notes, et cetera, that she was.

MYERS: And her name was Rebecca Morgan?

TAYLOR: Yes.

MYERS: One of the things that happens with a student nurse if they're shadowing a practitioner or they are with them is that that may undertake certain tasks under the supervision of that practitioner; is that right?

TAYLOR: Yes.

MYERS: So if we then scroll down back to the signatures at the bottom, Mr Murphy, we know that Lucy Letby was the designated nurse for [Baby O] at this time.

TAYLOR: Yes.

MYERS: But that would appear to be certainly two instances where Rebecca Morgan has undertaken taking the observations and then completed the chart?

TAYLOR: Yes.

MR MYERS: Thank you, Miss Taylor.

Re-examination by MR ASTBURY

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

You told my learned friend that you weren't involved in those requests for doctors to come and review [Baby O].

TAYLOR: I can't remember, to be honest.

ASTBURY: Would you ordinarily be involved in that sort of request?

TAYLOR: It depends. Usually, the nurse looking after would request a baby to be reviewed, but as a shift leader, if I was to go in and felt a baby needed reviewing, I could do that myself.

ASTBURY: I think you also said that you couldn't remember who that doctor was who came on the first review. I wonder if it

would assist you to look at tile 168, please. We don't need to go behind it. It's [Dr A] at 13.15.

Does that accord with your recollection or do you simply not remember?

TAYLOR: I don't remember who it was, but I know he was on the shift.

ASTBURY: Do you happen to know what time clinic would finish in the paediatric department on a working day?

TAYLOR: I don't know.

MR ASTBURY: All right, thank you.

I have nothing further, thank you, my Lord.

Questions from THE JUDGE

MR JUSTICE GOSS: Could I look at the documents, please?

MR ASTBURY: They've not been to the jury either. I was conscious of that.

MR JUSTICE GOSS: KDH/02, could I have a look at them, please?

(Pause).

MR JUSTICE GOSS: On the typed side, you saw this on the screen and you can look at it in due course, but I'm just going to talk through it if I may, with you.

TAYLOR: Yes.

MR JUSTICE GOSS: The date, Thursday, 23 June 2016. Shift leader, Mel. Then underneath is "Nursery 1" with four babies in there. And then the first names of the nurses. Then nursery 2, three babies, the third of whom is [redacted] and there is a description about material relevant to him. Who prepares this document?

TAYLOR: So it... In theory, the shift leader sort of oversees it, but whoever's looking after the baby would usually update and put a quick update if there's any changes throughout the shift or on the shift before the next shift.

MR JUSTICE GOSS: Which shift leader? Do you prepare this?

TAYLOR: No, it'll be the -- so that's the day shift. So the night shift shift leader would overview that and print it out

for the next shift, so it will be the night shift before, that shift leader, that would have prepared that.

MR JUSTICE GOSS: So this would have been a working document handed over by the previous shift leader --

TAYLOR: Yes.

MR JUSTICE GOSS: -- with his or her entries on it to you, as the next shift leader, setting out material relating to the various children?

TAYLOR: Yes.

MR JUSTICE GOSS: All right. On the back, you didn't recognise -- that's not your handwriting?

TAYLOR: No.

MR JUSTICE GOSS: There is [Baby P] and some details.

[Baby O]. Then there's another [First name of Baby O] and some handwriting there.

TAYLOR: Mm-hm.

MR JUSTICE GOSS: Will that have been written on this document at the time of handover or is it subsequent to handover?

TAYLOR: It depends on the nurse. I would say that is notes written from --

MR JUSTICE GOSS: Do you want to look at it again?

TAYLOR: It's fine. I'd say it was notes written at handover, so whoever took the handover, that's the notes that they have written.

MR JUSTICE GOSS: Right.

TAYLOR: I will make further notes but that looks like just a general overview from the handover from the shift before.

MR JUSTICE GOSS: All right. And these are details of a resuscitation?

TAYLOR: Yes.

MR JUSTICE GOSS: Thank you very much.

MR ASTBURY: We're not sure Nurse Taylor will be back, we don't expect her back, but we're always cautious.

MR JUSTICE GOSS: I'll say to you what I'm saying to everyone who is not expected to return: it's not expected you'll be required to give evidence again, but just in case, please don't talk to anyone about anything to do with this case until it's all over. Thank you very much for coming and giving evidence again to us.

Right, members of the jury. What I'm going to do is ask you to retire, please, to your room at the back for a moment because I'm going to get an update on the weather and consider whether it's going to be possible to continue this afternoon or whether the travel difficulties are going to be such -- I'm not necessarily talking about your travel difficulties but other people's travel difficulties as such, but whether we can't proceed because of difficulties with transportation.

If you don't mind waiting and I'll get a message through to you. If we do continue, we'll be continuing at about 2.10. Buy you'll be told to either go home for the day, in which case you'll be back again tomorrow for 10.30 or be back here for 2.10. Thank you very much.

(In the absence of the jury)

MR JUSTICE GOSS: Have you any information or do you need to get information now?

DOCK OFFICER: (Inaudible: off microphone).

MR JUSTICE GOSS: Can you do that, please?

Would you do that now, please? I think it'll just save time. Thank you very much.

(Pause)

MR JUSTICE GOSS: One thing I will say, and I'm saying this in the presence of the defendant so she can hear me say it, I think it's important to look at those documents that were produced during the course of the witness's evidence because a copy that went up on the screen had some yellow highlighting on it, which is not on the original document, and it appears as though that yellow highlighting has smudged where it has been applied to the piece of paper and the original document is, if I may so describe it, an uncorrupted document. I don't know whether you've looked at it.

MR MYERS: We have looked at it, but it probably bears looking at again in light of that.

MR JUSTICE GOSS: I just think it's important because it's not -- as it appeared on the screen and the jury -- and I didn't want to give it to the jury at that particular point because I wanted to raise this matter with you.

I think it's important that it's seen in its original form.

MR MYERS: May we retrieve it from your Lordship at the moment?

MR JUSTICE GOSS: I don't have it. It's there. You saw I'd only seen it for a brief moment, but I was just looking for certain things. I'll leave it with you.

MR MYERS: Thank you.

(Pause)

MR JUSTICE GOSS: We could do this another way, if this is going to take a little bit of time, and I think it might be better, that you simply get a message to us when you have information rather than us all sitting here.

Thank you very much.

(Pause)

I've got a commitment elsewhere.

MR MYERS: My Lord, yes, of course.

(1.07 pm)

(The court adjourned until 10.30 am on Friday, 10 March 2023)