

Q. All right. Let's start with the case of [Baby A], please. You were first interviewed on 4 July 2018. Independently of the medical notes, did you have any memory of [Baby A]?

A. Yes.

Q. Just for anyone's note, it is, of course, count 1. He was born on 7 June and died a day later on the 8th, and he was, as we all know, the twin of [Baby B]. Before [Baby A], had you ever known a child to die unexpectedly within about 24 hours of birth?

A. I can't comment on that. I'm not sure.

Q. Well, how many infant deaths had you witnessed in your employment before [Baby A]?

A. Not many, maybe two or three at the Countess and then several more on my placements at Liverpool Women's.

Q. Two more at Liverpool Women's? You say several more. I'm offering an alternative of two more.

A. I can't say. I don't keep track of numbers.

Q. I'm just going off what you said to the police, you see.

A. Well, my memory then would have been clearer than it is now.

Q. Okay. Well, we can go to the interviews if you'd like to check it, page 16 of your [Baby A] interview. I'm suggesting that you told the police that you'd seen two at Liverpool.

A. Okay.

Q. Does that sound right?

A. Yes.

Q. When [Baby A] and [Baby B] were born, were the staff, including the nursing staff, talking about their mother's antiphospholipid syndrome?

A. Not at the time -- when I was looking after [Baby A]?

Q. At any time. You tell us.

A. Well, the first time I met [Baby A] and was on shift was the day of the event. Afterwards, the condition was talked about, yes.

Q. Was it being offered up as an explanation for what had happened as far as you were aware?

A. It was possibly a contributing factor. That was what was being discussed at the time.

Q. But we now know that it wasn't, don't we?

A. Yes.

Q. Is it your case that the staffing levels in the Countess of Chester Hospital contributed to [Baby A]'s death?

A. In part, yes.

Q. Right. How?

A. Through the amount of time that he was without fluids for and the issues around the lines' insertion.

Q. Right. So he was without fluids from some time about 4 pm or thereabouts, 3 or 4 pm?

A. Yes.

Q. So your case is, what, that he died from dehydration?

A. No. I'm saying they're contributing factors.

Q. But according to you, at least, how did that lack of fluids for about 4 hours contribute to his death?

What's your case?

A. That it would have put him at increased risk of collapse and he would have had less reserves to then fight off any infection or any procedures that we were doing.

Q. So it's your case that 4 hours without fluids killed [Baby A]?

A. No, that's not what I'm saying, no.

What a :

A. I can't tell you how [Baby A] died. I don't know --

Q. Okay.

A. -- but they're contributing factors that were missed.

Q. Is it your case that the competence of the medical staff contributed to [Baby A]'s death?

A. Again, I can't say definitively how [Baby A] died but, yes, I think the issues around his lines made his more vulnerable, yes.

Q. And what issue around his lines made him more vulnerable?

A. That he was left with a line in situ, a UVC, that was not for use and was due to be removed and it wasn't. And then having a long line sited and time passing by without that line being connected to anything and being confirmed on X-ray. It's not usual practice.

Q. All right. Did you fill in a Datix?

A. No.

Q. Why not?

A. I just haven't.

Q. You fill in lots of Datix forms, don't you?

A. Yes.

Q. Three at the end of June 2016.

A. Right.

Q. We'll come to them, but two of which contained lies, according to Dr Brearey; yes?

A. According to Dr Brearey.

Q. Yes. If you seriously thought that [Baby A]'s death was contributed to by him not having fluids for

any significant period of time, why didn't you fill in a Datix form?

A. It was discussed amongst staff, we all talked about that as contributing factors at the time. That was readily discussed amongst staff, including the consultant.

Q. No, no, the question is, why did you --

A. I didn't feel I needed to do a Datix. It had been raised verbally by senior staff -- to senior staff.

Q. And those senior staff were who?

A. Ravi Jayaram and other members of the nursing team.

Q. No, Ravi Jayaram and?

A. I didn't say two senior staff: I escalated the concerns to senior staff --

Q. Oh, I beg your pardon.

A. -- one being Ravi Jayaram, the other senior nursing staff.

Q. I'm sorry, I misunderstood what you said, I apologise.

A. And part of that discussion is why we then kept the fluids and the line from [Baby A].

&. I'll come to that in a moment, if I may. Was [Baby A]'s death anything to do with Mel Taylor?

A. I don't know why [Baby AJ died.

Q. But I'm asking you whether it's your case that it had anything to do with Mel Taylor.

A. If we agree that the cause of death was an air embolus then I believe she attached fluids to those lines, yes,

Q. So that's Mel Taylor's fault?

A. Yes, if that's what we agree, that [Baby A] has died from that, then yes.

Q. Because you weren't standing over him at the time he collapsed?

A. No, I did not have any access to his lines, so therefore if an embolism came, it must have come from the person connecting the fluids, which is not me.

Q. Would you admit it if you did?

A. Did what?

Q. Put air into him.

A. I haven't put air in so I am not going to --

Q. The question is: would you admit it if you did?

A. It's not something I would ever do.

Q. I'm going to ask you about some of the descriptions that have been given by your colleagues in evidence about [Baby A] to see whether you agree or disagree with them. All right?

A. Okay.

Q. Starting with Dr Beech's evidence. On 7 June, Dr Beech told the jury that [Baby A] was doing well, that he was crying and vigorous on stimulation shortly after his birth at about 9 pm, 21.00 hours, on 7 June. Do you disagree with that?

A. No, I wasn't present for that, so...

Q. The following day, the day he died, which was Monday, 8 June, at 09.45 Dr Ogden, at tile 84, described [Baby A] as "handling well". Do you disagree with that?

A. Again, I wasn't there so I can't comment. That's her opinion.

Q. Well, are you aware of anything to contradict --

A. No.

Q. -- Dr Ogden's opinion?

A. No.

Q. And as you've already told us, in the afternoon there were problems identified with the UVC and then the cannula to which he was attached became blocked?

A. Yes.

Q. Do you remember that at 19.00 hours on 8 June, Dr Harkness put a central line into [Baby A]?

A. I know that happened, yes.

Q. Do you accept that you were standing over [Baby A] at the time he collapsed?

A. I accept that I was within his cot space checking equipment, yes.

Q. How close were you to him at the time he collapsed?

A. I was in the close vicinity, I was checking the equipment around his incubator.

Q. Yes, give us an idea in terms of this court. Could you reach out and touch him?

A. I could touch the incubator, not -- I'd have to open the doors to actually get into the baby, but yes I could touch the outside of the incubator.

Q. Could you touch the lines?

A. No

Q. Why not?

A. The incubator was closed

Q. Do you accept that at the time [Baby A] collapsed, Mel Taylor was on the computer doing her nursing notes?

A. Yes.

Q. It's your case, and correct me if I have misunderstood, that Mel Taylor was the sterile nurse in terms of attaching [Baby A]'s line.

A. Yes,

Q. Do you accept that it was at 20.05 hours that the bag was hung?

A. Yes.

Q. Do you accept that you co-signed for that?

A. Yes.

Q. And do you accept that the order of the signatures doesn't illuminate the question of who it was that actually hung --

A. That's correct, there's no way of knowing from signatures.

Q. It was 15 minutes later, wasn't it, that [Baby A] collapsed at 20.20?

A. Yes.

Q. And what I'm going to do is to remind you of various people's descriptions of what they saw. Okay? What I'm going to ask you is whether you agree or disagree with their descriptions.

A. Okay.

Q. Do you understand?

A. Yes,

Q. So if you want me to repeat any of this, you say so; all right?

A. Okay.

Q. I'm quoting from the transcript and I'm going to start with Dr Harkness. For your Lordship's note, this is Day 12, pages 90 to 92.

MR JOHNSON: What Dr Harkness said was this:

"There was a very unusual patchiness of the skin, which I had never seen before and I have only seen in cases since within the Countess of Chester Hospital and nothing other than that."

I'm not asking you to comment on what he has or hasn't -- what he says about having seen things, but do you agree with his description that there was a very unusual patchiness of his skin?

A. No.

Q. "There were patches of a kind of blue/purple colour, there were patches of bright red colour, there were white patches and they didn't fit with something that you would find on a baby that's not pumping any blood around their body." Do you agree with that?

A. No.

Q. "This had bright red patches, which does not fit because red patches means you've got blood going round your body."

Do you agree with that?

A. No.

Q. "It had purple patches, it had white patches."

A. I agree with that, yes, he had mottling.

Q. No red marks?

A. No.

Q. No red blotchiness?

A. Sitting here now, I can't recall any blotchiness, no.

Q. Are you saying Dr Harkness has made that up?

A. I didn't see it. If he saw something that I didn't, that's something he has to justify.

Q. That's not quite the question, you see. I'm asking whether you dispute something. If you can't comment then that's one thing, but you say no. I said, "Is that right", "No", which --

A. It's not something I saw.

Q. Right. Well, I'm not interested in, at the moment -- I will come to what you saw. The question is: are you disputing what Dr Harkness says he saw?

A. Yes.

Q. Why?

A. Because I was present and I did not see those.

Q. Right. So because you didn't see it, you are disputing it?

A. Yes.

Q. Dr Jayaram. This was his description and this was on Day 14, page 126:

"He was pale. He was pale. What I really didn't give any clinical significance to at the time was sort of unusual patches of discolouration."

Do you agree with that?

A. I don't agree with the discolouration, I agree he was pale.

Q. "It's interesting because it's the first time I've seen that. [Baby A] was very pale to blue."

Do you agree with the pale to blue?

A. He was pale, I don't recall him being completely blue, no.

Q. "But there were unusual -- the best way to describe them is pink patches that appeared mainly on the torso, which seemed to sort of appear and disappear and flit around."

Do you agree with that?

A. No, I don't.

Q. [Nurse A], your friend. She was your friend, wasn't she?

A. Yes.

Q. A good friend?

A. Yes.

Q. Do you trust [Nurse A]?

A. As a colleague or as a friend?

Q. Both.

A. Yes.

Q. What she said -- how many years' experience did [Nurse A] have?

A. I don't know exact figures, but she was very experienced.

Q. Approximately. 20 years?

A. Possibly, yes.

Q. Is she the sort of person you would defer to, whose advice you would take?

A. Yes.

Q. If you had a problem, is she the sort of person that could be relied on to give you a good solution?

A. Yes.

Q. What she said is this:

"I'd never seen a baby look that way before.

I mean, he looked very ill."

Did he look very ill?

A. Yes.

Q. "He had a discolouration pattern that I've never seen before."

Was this a discolouration pattern that you had ever seen before?

A. I didn't see a discolouration pattern.

Q. So you don't agree with that?

A. No.

Q. "He was very white with sort of purple blotches."

Do you agree with that?

A. I agree that he was white with purple markings that looked like mottling, yes.

Q. "He did look cyanotic as well but it was this purple blotchiness with white that I had not seen before."

Do you agree with that?

A. No.

Q. She is not describing there, is she, the common or garden blotchiness that babies have on neonatal units?

A. No.

Q. Because she's never seen it before with all that experience; do you agree with that?

A. That's what she said, yes,

Q. "My recollection, it was all over him, everywhere. Maybe more torso, and I can't remember clearly but

I just -- unusual, it had come on very suddenly."

Do you agree with that?

A. I agree that the colour change came on very suddenly, yes.

Q. Let's go to what you said, bearing in mind that you don't accept the red marks. Can we go to your interview, please, and it's in the first interview bundle, it's the very first of the interviews, so it's [Baby A] number 1. If you just turn back a page from where you are, if you wouldn't mind, we'll just do the formalities.

We can see here that the date of this interview was 4 July. [Document redacted]. Have you got that?

A. Yes.

Q. 2018, I should have added. The time that the interview commenced was 10.23. It concluded at 12.04. Let's go to page 8 and get your description, please. You were being asked to describe what you saw; is that right?

A. Yes. I'm asked to interpret what pale is, yes.

Q. Yes,

So the second question on the page, you're asked: Question: Tell me how you interpret pale first of all in a neonatal baby."

"Answer: So it's a loss of colour: babies are usually quite pink and he'd become more pale as in almost white."

And you make it clear that that means there's something wrong, it could be infection, could be hypoglycaemia when they've had had a sudden collapse. Then this question:

"Question: And mottled, the same thing, how do you interpret the mottled (inaudible) appearance?"

"Answer: Mottled is a bit more of -- almost like a rash appearance, like blotchy red marks on the skin."

Is that what you were referring to as mottled?

A. Yes.

Q. Then further down the page, you say:

"So when the baby's quite pale and white they can have sort of red areas on them."

Red: is that right?

A. Yes, this is all in relation to mottling, yes.

Q. And you reply over the page:

"Yeah, like reddy/purple."

A. Yes.

Q. You say he was centrally pale.

A. Yes.

Q. Then if we go to page 11, please. Halfway down the page you're being asked about the time [Baby A] collapsed.

It's pretty much exactly halfway, you say:

"I believe I was checking the equipment, yes, at his

cot side and his charts."
Is that right?
A. Yes.

Q. Then the police officer asked you this:
"When you talk about this mottled rash, can you give us any further description of how it showed, shape?"
So what you're being asked here is, "What did you see", aren't you?
A. Yes.

Q. You're not being asked about your description of mottling. You're being asked the specific question, "What did you see"; do you agree?
A. In relation to the mottling, yes.

Q. No, in relation to what you saw on [Baby A]. Whatever word you want to --
A. When you talk about this mottled rash, yes, that's what I'm referring to.

Q. What the police -- I'm paraphrasing it, but what the police are saying to you here is you've said he had a mottled rash --
A. Yes.

Q. -- what did you see --
A. Yes.

Q. -- what are you saying is a mottled rash; yes?
A. Yes.

Q. Do you agree? Fair?
A. Yes.

Q. So that's the question:
Question: Can you give us any further description of it, how it showed, shape?"
"Answer: I think from memory it was more on the side that had his line in."
Is that right?
A. Yes, I remember the paleness and the discolouration was more to the left-hand side, yes.

Q. And:
"Question: Which side was that, do you remember?"
And you said, as you have just said:
"Answer: "I think it was his left."
"Question: And you described it as a red/purple colour. Can you sort of help us with any comparisons with anything colour-wise, the way it showed? Was there any -- was it bright red, was it dark red?"
"Answer: I think he was more pale than mottling, than the little areas of the mottling."
A. Yes.

Q. Were you not describing blotchy red marks on his skin?
A. I was referring to mottling. That's how I would

describe mottling and I also felt that he was more pale than mottled.

Q. So is it your evidence, just so that we understand where the lines between the prosecution and you are, is it your evidence that there was nothing unusual to be seen on [Baby A]?

A. No, it's unusual to have a baby that is pale and he was particularly white on one side. That is unusual.

Q. So far as the discolouration was concerned, is it your case that there was nothing unusual about the discolouration?

A. I don't recall there being an abnormal discolouration, no.

Q. So that's your case?

A. Yes.

Q. So far as the testing of the bag was concerned, which you mentioned earlier, I think [Nurse A] accepted that you had asked for the bag to be tested, as you said in interview.

A. Yes.

Q. Was it tested?

A. I don't know. I put it aside and labelled it, the responsibility then went to the shift leader of the next shift.

Q. Did you ever follow it up?

A. I -- I can't say. I can't recall specifically, no. I know I labelled the bag and I put the request in the diary and I handed it over to the shift leader.

Q. Right. Further evidence that was given by those who tried to save [Baby A]. Dr Harkness. Do you remember him telling the jury how he bagged [Baby A]?

A. I can't recall that now, but yes, if that's what he said.

Q. And he said that [Baby A]'s chest was rising and falling, that his heart rate and his saturations were declining; do you remember that?

A. Yes, Well, not specifically, I'm relying that what -- that that's what he said. I can't recall everybody's evidence in detail.

Q. Sure. I'm sure I'll be corrected if I'm misrepresenting what people have said.

Do you accept, given that pattern of air going in and out, the sats and the heart rate falling, that this wasn't a normal respiratory problem that [Baby A] had?

A. I don't think I can comment on what condition [Baby A] had at that point.

MR JUSTICE GOSS: I don't think that's quite the question.

MR JOHNSON: No.

A. Sorry, I don't understand then.

MR JUSTICE GOSS: Can you ask the question again? That's not an answer to the question.

MR JOHNSON: I'm not asking you for a diagnosis, what I'm asking you to give us your point of view about is the issue of air going in and out and the heart rate falling and the saturations falling. So the evidence is that air is going in, carbon dioxide is going out with more air, but more carbon dioxide, and yet [Baby A]'s heart rate and saturation rate were falling. And that is not a normal respiratory problem, is it? If air --

A. No, generally if you've got an airway and you've got chest movement, you would expect to see a rise in the observations, yes.

Q. Exactly. Dr Jayaram dealt with a number of other issues, which I'm asking for your comment on, because you were there. He said that the heart rate on the Philips monitor was normal; do you agree?

A. I can't recall specific values now.

Q. But if there had been something abnormal, would you have taken any notice of it?

A. His monitor did alarm. That was how we were alerted to him having a desaturation, so he must have had a change in observations.

Q. Yes. The trace -- do you remember the P waves and the something else waves that he gave us a little tutorial about? Do you remember that bit of evidence?

A. Yes,

Q. He said the trace of the heart was normal.

A. I can't comment on that. That's not something that nursing staff could interpret.

Q. Have you ever seen an arrhythmia in a neonate?

A. Um... No, I don't think so, no.

Q. Dr Jayaram said that [Baby A]'s heart was pumping normally; do you disagree with that?

A. That's his opinion. I don't feel I can assess that.

Q. You don't contradict it?

A. No.

Q. Dr Marnerides found an air bubble in [Baby A]'s brain and in his lung. Did you inject [Baby A] with air?

A. No.

Q. Dr Arthurs found air bubbles in his great vessels; do you remember that?

A. Yes.

Q. Just like [Baby D] and [Baby 01].

A. Yes.

Q. That's because you injected him with air, isn't it?

A. No.

Q. After this, did you want to get straight back into nursery 1?

A. Yes,

Q. Why?

A. From my experience at Liverpool Women's, you are actively encouraged that if you've lost a baby in a certain cot space, that you go straight back into that nursery and care for other babies so that you sort of move on from that first experience and it doesn't almost prevent you from going back into the intensive care environment.

Q. Did you tell the truth to the police?

A. In what respect? Yes, I have told the truth.

Q. Can we just go to your second interview, please, you're asked about the dangers of air going into the circulation?

A. Yes.

Q. And you're asked about what the dangers are and you said:

"I don't know what it would cause."

Is that true?

A. Yes, I don't know the pathological reasons that it would -- I know ultimately it would end in death, yes. Anything between that, I don't know.

Q. And the question was what, "What are the dangers"? You have just told us death. Why didn't you give that answer?

A. I can't answer that.

Q. Were you playing daft?

A. No. It's something that every nurse would know.

Q. Oh yes, absolutely.

A. Yes.

Q. So why didn't you say so?

A. I've also said that I don't know exactly how it would affect a baby and that is true. I know the ultimate -- in anything that you do, the ultimate serious outcome could be death. What that would look at -- what that would appear as in symptoms of the baby, I don't know.