Monday, 23 September 2024

(10.05 am)

LADY JUSTICE THIRLWALL: Just before we start, I will remind those people listening online that the feed is going out live. If there are any breaches -- probably inadvertent breaches -- of any of the restriction orders, they must not be reported and any references will be deleted from the transcript before it is issued. Thank you.

Can I just say thank you very much for coming today to see me. I know that you will be nervous, so rather than keep you waiting any longer, I'm going to ask Ms Langdale to begin.

MS LANGDALE: Thank you, my Lady.

Mother J and Father J have provided to the Inquiry a joint written statement. They are both going to give oral evidence. I'm going to invite Mr Suter to have both witnesses sworn and I'll direct questions to Mother J and Father J as appropriate and occasionally they may defer or Mother J may defer for an answer to some questions. So if that meets with your approval, that's the way we propose to deal with the evidence.

LADY JUSTICE THIRLWALL: That seems very sensible. Thank you, Ms Langdale.

MOTHER J (affirmed)

FATHER J (affirmed)

Questioned by MS LANGDALE

MS LANGDALE: Mother J, can you confirm that the statement provided to the Inquiry is true and accurate as far as you are concerned?

MOTHER J: It is.

MS LANGDALE: Father J, can you confirm likewise?

FATHER J: Yes, I can.

MS LANGDALE: Mother J, you provide various observations about the care provided to your child, Child J, both at the Countess of Chester and at Alder Hey Hospital. As a preliminary question, how did experience of both hospitals inform your understanding of the level of care that she was provided in each hospital?

MOTHER J: Sorry, can you repeat the question?

MS LANGDALE: If you look at paragraph 7, when you set out your experiences of the one hospital, how did experience in another hospital assist you in doing that?

MOTHER J: So we saw different standards in the care that the two hospitals -- Alder Hey Hospital had a very consistent team of nurses that looked after our daughter and at the Countess there were quite a different number of nurses involved in her care which

meant that when things were changing, the nurses didn't see -- the same nurses weren't seeing those changes and picking up on those changes.

Q. Let's look now, if we may, at your background before having Child J. How was your antenatal care and treatment generally at that point?

MOTHER J: We had very good antenatal care with the Countess of Chester Hospital and also Liverpool Women's Hospital. We were cared for by their Fetal Medicine Team. I think it's -- which section is it in the -- I just refer back to the statement. Yes, number 10. We felt that we were in very good hands with the Fetal Medicine Team. They communicated the various concerns with the pregnancy and looked after us incredibly well.

Q. You refer there to Mr McCormack. He is of course the Consultant Obstetrician and Jill Ellis, is that a senior midwife?

MOTHER J: Yes, it's the late Jill Ellis, sadly. She was present with the majority of the scans with Mr McCormack.

Q. So you were very satisfied with that care?

MOTHER J: Yes, absolutely. It was a difficult pregnancy but we were well informed and when things were changing in the pregnancy. The team -- the people around us acted quickly and communicated really well

with us, so we understood the decisions that we had to take and we felt informed and we were making them based on their experience and scope.

Q. You had to have laser ablation surgery, didn't you?

MOTHER J: Yes, I did.

Q. Would you like to tell us what that was about?

MOTHER J: Yes, so with twin-to-twin transfusion syndrome there was an issue with the blood supply to the two babies, so one baby gets far more blood than the other and then that obviously has an impact on the growth and survival, so it was picked up quite early by Mr McCormack and Jill Ellis and they had suspicions around week 13 that that could be something in the pregnancy and it did deteriorate really quite quickly.

They were keeping a close monitor on it and we were sent over to Liverpool Women's Hospital to the expert Surabhi Nandha to review us and they said that we would need to have the laser ablation at King's College Hospital in London which was a laser treatment to divide the blood vessels and to resupply the blood to both babies.

Q. Moving forward in time, you had a caesarian section, didn't you, in October?

MOTHER J: Yes.

Q. Tell us how that came about and from your perspective how that all went?

MOTHER J: Yes, the plan from Mr McCormack was to try and get us to 34 weeks with a caesarian section because of the complexities in the pregnancy. So we knew that that was what we were aiming towards but unfortunately that didn't happen and we got, you know, 32 weeks and two days so fairly close.

Q. How was Child J when she was born?

MOTHER J: Yes, she was -- she was breathing. They showed her to us. There didn't seem a great deal of concern and, yes, she seemed fine after the delivery. We knew that she would go to the neonatal department because of her prematurity but there didn't seem any alarm bells going off immediately after the birth.

Q. Were you prepared for what happened with her twin at that point?

MOTHER J: Not really. I think on reflection the pregnancy had been so difficult, with lots of uncertainty on whether my daughter would survive, that it was very difficult to think about already carrying a child that had died in the pregnancy.

Q. The initial neonatal care. Child J we know was taken to Nursery 1 in an incubator on the neonatal unit. When did you first get to go and see her and how

easy was it to do that?

MOTHER J: So I think we can refer to paragraph 16 ... yes, we -- we went to see her. I think it was around about 6 o'clock in the evening that we actually got to see her in the incubator and that process was quite easy. I think I went off to the maternity ward and then came back down to see her once I had had my things in there.

Q. Sorry, I didn't quite catch -- once you had had --

MOTHER J: My things in the room. So I think I went up to the room for a short period of time and then came down to see her in the neonatal unit.

Q. You went together to do that?

MOTHER J: Yes, yes.

Q. What were you told about her when you got there, if anything?

MOTHER J: I don't recall having a conversation.

Q. You make reference to her bringing up some brown fluid. Was the conversation about that?

MOTHER J: Yes, so we had a conversation about that. So I just remember that not long after I arrived and saw her in the incubator, she just all of a sudden started to bring up some brown fluid and I called the nurse or my husband and said "Oh, she has got some brown

fluid coming out of her mouth" and I was handed a tissue or something and just -- I think I wiped her mouth, or I think one of the nurses perhaps wiped her mouth and that was the first sign that something wasn't quite right.

Q. You said you had been told about necrotising enterocolitis, "and we knew it was potentially very bad but the neonatal team did not know for sure" if she had that, and in fact she didn't turn out to have that, did she?

MOTHER J: Difficult one to answer that, really, because I think they had mixed views on it maybe.

Q. At the time was that being expressed to you, mixed views about whether she did or didn't? Don't worry if you don't know the answer.

MOTHER J: Maybe Father J could answer that question.

Q. Do you remember that, Father J?

FATHER J: Yes, because I was up and down to the unit between my wife and our daughter. Initially they weren't sure whether it was NEC. However, that did come up as a possibility when they looked at x-rays and I can remember them showing me the x-rays. They were also concerned that if it was NEC they wouldn't be able to deal with it, so they worked on the assumption that it

could be NEC and therefore they referred to Alder Hey at that point. It was already quite late in the evening so I remember there was a lot of phone calls and activity and they did keep us updated and then the decision was to take our daughter to Alder Hey, which they said was a precaution but if there was a problem, Alder Hey was the right place to be. So it seemed like -- so it was extremely stressful. It felt like the right decision to us and turned out to be the right decision.

Q. Mother J, you say:

"A little later ... a neonatal nurse visited me on the ward and asked what we would be calling Child J's sibling on her death certificate."

You say that hadn't been discussed with you before and you think it probably should have been, looking back.

MOTHER J: Yes, we weren't aware that -- because our other daughter had been born into the world that she would be given a name and I think the only way that I could deal with the situation the day after the surgery was to think of it like a miscarriage because it was incredibly painful to carry on a pregnancy whilst carrying a child that had died, so I wasn't really prepared for that situation, which, you know, you can look at things in hindsight, can't you, and perhaps we

could have asked some questions around the births, but we were so concerned that our other daughter really wasn't going to make it into the world that we felt it quite difficult to be dealing with that as well.

Q. In fact you say you were asked if you would like a priest to visit so you could have Child J christened prior to transfer and surgery?

MOTHER J: Yes.

Q. You say "well-meaning", but that was quite stressful?

MOTHER J: Yes, because I think when you're in that stressed state and, you know, our daughter was going to surgery, that you're into a world that is very unknown, uncertain situation and probably your mind goes to the worst case scenarios and, you know, at that point I was thinking that she probably wouldn't make it through the surgery and that's why they were asking whether we would like to get her christened. So that made me feel very stressed and worried then that the outcome wasn't going to be a positive one.

Q. You say at paragraph 18:

"We are sharing this information in case it helps the NHS to prepare parents going through a similar pregnancy to ours so parents can make some decisions earlier in the pregnancy to remove making important

decisions so soon after giving birth when they could be experiencing extremely stressful circumstances and uncertainty."

The transfer team then, so we know Child J was transferred to Alder Hey in the early hours. Who is best able to say how it was with the transfer team?

MOTHER J: I think Father J.

Q. Father J, how did that work?

FATHER J: The transfer team, if I remember correctly was a regional transfer team who came with their own equipment and then our daughter was prepared for the transfer which takes some time. The transfer team seemed extremely professional and -- but it's quite a daunting experience because they come with -- they come with a special incubator which just -- even now we struggle to look at the photographs, but they were supremely professional and they took their time, they were very calm and our daughter was finally transferred.

It's quite a stressful experience and especially in the situation that we were in as parents in that I had to leave my wife in the Countess of Chester and follow the ambulance to Alder Hey and try and collect some clothes and we had other things that we needed to organise at home and that you're not prepared for in these situations, so I followed the ambulance on my own

with -- neither of us really had any sleep, I didn't have any sleep for a couple of days, but they were -- they were extremely professional when we got to Alder Hey as well so that was very comforting, that aspect of it.

Q. How did you feel, Mother J, that you weren't able to go to Alder Hey with your daughter?

MOTHER J: Well, incredibly upset and isolated and just removed from something that was so serious and our daughter is so precious that I felt pretty helpless.

Q. What did you hear about how her operation had gone?

FATHER J: If it's okay for me to answer. I was staying in a room at Alder Hey, so the surgeon -- I was getting some information back but of course during surgery I didn't get any information back so it was just a case of waiting. The only way we could get information is I was contacting my wife to update her which was quite a difficult experience because I was in a hospital setting at Alder Hey that was -- I wasn't really getting a great deal of information because of the nature of the fact that we were in surgery. So I think neither of us really knew what was going on but we understand that that's probably part of the process that you have to go through, but it was quite difficult

to contact each other.

Q. You -- we know that Child J was in Alder Hey for ten days at that time. At paragraph 24 you set out some examples of excellent care or positives that you noticed about Alder Hey. Would you like to tell us what those were?

FATHER J: Yes. I will refer to my statement and read some of them, if that's acceptable.

LADY JUSTICE THIRLWALL: Yes, of course.

FATHER J: So the main positives that we noticed, they had the meticulous record-keeping, attention to detail. They were happy to explain what was happening and answer questions. They were very willing to communicate with us and understood we felt more at ease when we understood the detail, and we felt like they were very good at adapting their communication style based on the parents' style of communication. So just to elaborate there they treated us quite collaboratively. They realised that we liked to know what was happening and the Consultant -- the surgeon, the Consultant Surgeon and the nursing staff would hold their discussions in front of us, which was extremely helpful so we could understand the flow of information between them and it was clear that the nurses that were very, very skilled and knowledgeable as well which gave

us comfort.

Q. Sometimes they describe it as "a huddle" when they are all grouped together. Was that the kind of situation and you could be part of it or what?

FATHER J: Yes and one feature of the new Alder Hey was that you had a relatively large room for each baby, which had a sliding door which could be shut, so the people who needed to be in there would come in there and you would -- you were all involved in the same discussion, which was -- which seemed very -- a great way of dealing with parents, to us.

They also had -- as my wife mentioned before -- the same staff care for the same baby, so they knew the patient history, so they tried quite hard to keep -- to keep the same nurses on whilst not -- whilst -- hard to explain. They would make sure that other nurses were involved so there wasn't just single nurses who knew what was going on but they tried to keep the main nurse the same all night, for example.

They also recognised that we had lost our daughter's twin and they were extremely empathetic about that and very sensitive around it.

They encouraged us to take breaks and stressed the importance of looking after ourselves so we were fit and healthy to look after Child J because that's something

that as scared and worried parents, it's very easy to not look after your own health in those situations, for example, not eating, not sleeping, not wanting to go to sleep because you're worried about what might happen.

They gave us reassurance it was okay to go and leave Child J and rest and that we felt she was safe with them. They also made sure that we knew when the consultant or surgeon was coming round so we could ask questions so that was quite a formalised process and the consultants and nurses, as I said before, openly discussed things in front of us and included us in the conversations.

Q. Training of care.

So you had to have some stoma care training, didn't you, in readiness for transfer back to a district hospital and then ultimately to home? Can you tell us about that, how you received that training and how you were facilitated in that process of care for your daughter?

MOTHER J: So the nurses at Alder Hey took us through the process and we watched them and then we would take part in the process and they would then check what we were doing and they were just very patient and encouraging and recognised that it wasn't an easy process to do to a child but they reassured us that we

were taking the right steps and doing the right things.

Q. How difficult did you find it emotionally and physically, the first time doing it?

MOTHER J: Yes, the first time we did it, it was incredibly emotional. We were obviously parents and we're not nurses and the process of putting a small tube into her bowel and being concerned it might hurt or damage -- hurt the child or damage the stoma was incredibly stressful and I think we were obviously quite anxious at that time because we had just been through so much during and then after the pregnancy.

Q. At this time we understand from paragraph 28 the plan was to try and get you back to the Countess of Chester to be nearer home. Was there any indication that there was concern at Alder Hey that, for example, there wouldn't be an ability to manage the stoma or the care required for your daughter at that point?

MOTHER J: No, no concern. Alder Hey said they would contact Chester and check that they could do the recycling which is quite an important part of the process, so they made the contact and Chester said that they could do that and they were comfortable with that decision, so plans were made to return to Chester.

Q. Did you understand they had a stoma team at the Countess of Chester who would be responsible for her

care, effectively?

MOTHER J: That wasn't shared with us.

FATHER J: Shall I answer that?

Q. Sorry, can you say that again?

FATHER J: Is it okay if I answer that question?

Q. Yes.

FATHER J: Yes, they told us that they -- my understanding was that they did have a stoma team and that there were nurses who were sufficiently trained in stoma care and we didn't discover what that meant until the trial in fact in terms of what level of staff and according to the NICE guidelines who should and shouldn't be able to look after stomas. That wasn't explained to us at the time but we learned that later.

LADY JUSTICE THIRLWALL: Sorry, Ms Langdale, just for clarification, you say they told us that they did have a stoma team. Was that Alder Hey or the Countess?

FATHER J: At the Countess. So at Alder Hey, the process was that Alder Hey had called the Countess of Chester. They had confirmed to them and then they subsequently confirmed to us that they had a stoma team. It wasn't clear to us at the time that it was an adult stoma team, however, and that they didn't have a specialist neonatal stoma care team but the nurses were supposedly trained at stoma.

Q. When you were still at Alder Hey discussing the transfer back to the Countess of Chester, what was the overall plan? What were they telling you in terms of how much weight she needed to gain, whether you would get to the stoma reversal point, what was the big picture thinking at that point?

FATHER J: There was a plan for her to gain around a kilo in weight and the reason for that was it makes the reversal operation easier and there was a number of other aspects, one of those was that the stoma recycling from the bag was a key component in this, make sure there's a regularity of feeds and that the volume was increased over time and this was explained to us that by transferring from one stoma to another it allowed the lower part of her intestine to also grow which would help later on when we reconnected. They gave us an indication of around 9 to 12 weeks although they did say that was something they would have to review depending on progress.

Q. How much did they want her to put on weight per week?

FATHER J: Yes --

MOTHER J: A pound a week.

Q. So the expectation was a pound a week, milk volumes presumably having to increase for those

purposes?

FATHER J: Yes. I mean the correlation between pound a week and the total amount that they said was the minimum amount they needed was significantly different, so we weren't concerned at that point that we wouldn't achieve the minimum weight gain.

Q. Did you speak with a dietician at Alder Hey, and whichever one of you did answer the question perhaps?

MOTHER J: Yes, we did speak to the dietician.

Q. What was the dietician's advice?

MOTHER J: The dietician said it was really important to monitor the output from the stoma because the consistency -- any changes in consistency should be reported, colour should be reported, and yes, she was -- I think she did refer to the weight gain side of things as well. If our daughter wasn't putting on weight that should also be a red flag and raised.

Q. Did the dietician say you could get in touch with her if you needed follow-up or information?

MOTHER J: She did.

Q. Did you ever do that?

MOTHER J: We didn't because we mentioned that to the team at the Countess and they said they had their own dietician and they would get their own dietician

involved so that then puts us in a little bit of a difficult situation then because we didn't want to reach out to the Alder Hey dietician based on that information.

Q. No. So you go back to the Countess of Chester on 10 November, Baby J goes back. Did you have any discussions with the dietician there subsequently?

MOTHER J: No.

Q. They didn't identify themselves to you or you didn't --

MOTHER J: We didn't -- we requested to see the dietician on a couple of occasions and that never happened.

Q. You say in your statement, at paragraph 36, that the physical infrastructure was very different when you got back to the Countess. Baby J had come back in an ambulance. You are there, you say, standing at a desk in front of two nurses. What was obviously different about the two places?

MOTHER J: I think the style of communication was very different to what we had experienced at Alder Hey, so Alder Hey was very professional, but very empathetic, just -- I feel like they put themselves in the shoes of the parents. I think they understood that being in hospital is a stressful experience and an unknown

environment to go into. It felt like they were very sensitive, whereas I felt like when we arrived at the neonatal unit at the Countess it wasn't such a warm reception, but it was a professional reception, so I guess it's -- when you're going from one place to another and transitioning it's about making everybody feel at ease and familiar because we knew that our journey with them was going to be for some time.

Q. Paragraph 41 you say in the statement:

"We tried to let them know what Child J's routine had been whilst at Alder Hey and reiterated the things that had been stressed to us as important before we left but they seemed quite disinterested in this information. The feeling we got from the nursing team was that there was a Countess of Chester way of doing things and that was the way it would be done regardless of what had been said to us at Alder Hey."

Can you elaborate on that?

MOTHER J: Sure. So it felt like when we left Alder Hey we were in a very positive position, with a good plan that was clear. Our daughter had been -- she made excellent progress despite the adversity against her, surgery, stomas, all of those things, but she was progressing really, really well, so we felt comfortable with the information that they had given to

us and that we were planning on following that because we knew that we would be doing this process at home, that had been the expectation that had been clearly set to us, so when we started to share that it wasn't really taken in the way that we expected, which was that would just continue. It was very much "Well, you're here now so" --

Q. So when you arrived, did they do more of the stoma care initially than you had been allowed to be part of at Alder Hey, or how did it work?

MOTHER J: Yes. There was a 48-hour period of infection control where our daughter remained in an incubator so they were involved in the care then. We didn't get involved in the care for the first 48 hours but we were monitoring what -- closely what was happening because we had seen what had happened at Alder Hey and seeing how they measured everything that was going on and --

Q. Do you mean the measured outputs and inputs?

MOTHER J: Yes, outputs, inputs, consistency, colour, of the stools, you know, everything that was done there wasn't immediately done at the Countess and that straight away made us concerned because we had left with having a conversation with the dietician saying that these are the things that should be closely

monitored.

Q. So were they measuring fluid in and fluid out or --

MOTHER J: It will probably be best that my husband answers that question because that was a conversation that took place.

FATHER J: They weren't measuring in the same way that Alder Hey was, that's for certain. There was a later interaction that I had with one of the Registrars where we had a basic disagreement which was slightly later in our journey about that specific lack of measurement and not following the same procedure where I questioned why it wasn't standard procedure and didn't -- and felt brushed off and quite honestly slightly condescended, in a case of "You just don't understand", which is frustrating when it's your child because --

Q. What was it suggested you didn't understand?

FATHER J: Just -- the actual phrase -- I remember the phrase being used: "that's not how babies work". I distinctly remember the phrase because it really stuck with me because I was quite irritated by it. What was happening is we were finding there was -- the weight gain wasn't at the rate we were expecting and it started -- this is slightly later, a few weeks into the

journey with them, we were monitoring carefully feeds, we were giving a lot of the feeds ourselves and one of the things they did at Alder Hey would be for example measure fluids in, weigh nappies out and then we would know how much had been recycled of the stoma so it was a fairly simple concept, but they weren't following it with the same -- with the same attention to detail.

Q. Paragraph 43 you say:

"Although Child J was recovering well she wasn't gaining weight at the rate we were told to expect by the Alder Hey specialist. We know retrospectively from the records that they were noting that weight needed to be reviewed and there was suboptimal weight gain, but we didn't see any positive actions to address this. We couldn't access the donor milk to top up feeds for Child J feed her ourselves on time. We could only access our own milk from the communal fridge which contained boxes labelled with the child's name."

Would you like to expand on that, Mother J?

MOTHER J: Sorry, I think ...

Q. Don't worry, paragraph 43.

LADY JUSTICE THIRLWALL: Just take a minute to have a look. There's no rush.

(Pause)

MOTHER J: Yes, so there was a weekly weigh-in. It

was on a Thursday and for us that was a particularly important day of the week because you're doing all of these things to make -- really the goal is to take your child home and at the right time, but as quickly as possible because a hospital setting is not a home setting and we were really keen to be able to get her home as quickly as possible, so I just remember being quite disappointed when we had had that weigh-in and it would be, you know, tiny, tiny weight gains that we were seeing which was frustrating but also it felt like going home was being pushed further away from us and then surgery, reversal surgery, you know, who knew how long that was going to be then. So I think there's quite a focus on the weight gain because we knew really that that would get us to a point where we could have the reversal surgery and hopefully life would be a little bit different after that, so it was frustrating that when there were busy times on the ward that we were waiting to get the donor milk and then -- I recognise that every place of work gets busy and it can be very challenging at times and people are trying their best to split their time and manage their priorities, but for us I think it's just -- it was quite frustrating because we knew that the weight gain was such -- would change, you know, the time we would be in hospital and getting

our child home.

Q. You say in that paragraph:

"There were days when the feeds and medication would be so delayed she essentially missed that feed. We were monitoring this in the daytime and trying to keep her on track but could not influence this at night."

So what were you doing in the day? Either or both of you can comment on that.

MOTHER J: So I would arrive on the ward about 8 o'clock in the morning and stay there until 6 to 8 o'clock at night.

Q. Were her feeds late when you were there in the day?

MOTHER J: Yes, on occasions the feeds were late.

Q. Why was that?

MOTHER J: I think pressure on resource, is what I was hearing at the time.

Q. You say:

"Whilst this was unlikely to be endangering her health it was slowing down her weight gain."

MOTHER J: Yes, well, you know, when a child is hungry, they want their food now and, you know, waiting 5, 10, 15 minutes is probably acceptable. An hour on a child that's very premature is not an acceptable time

to wait.

Q. Father J, you were working with nurses to create templates to get a better fit underneath the stoma bag. Tell us what you were doing?

FATHER J: Yes, we -- because there were a lot of aspects to both the feeds and stoma care which were -- the feeds not being particularly unusual, but important and the stoma care being, you know, quite challenging, we were basically monitoring everything and trying to help where we could, not only because we wanted to help but because we knew this was something we would have to do at home, or was likely to be something we would have to do at home. The original plan was that our daughter would gain sufficient weight and be stable such that we could take her home. That was expected to happen within weeks, not months, so we were conscious that we needed to know exactly what we were doing as well.

So we were monitoring the feeds, which at that point -- were two hours originally and we were also helping with the stoma care and to do that we were making templates for the stoma bags. The stoma bags were probably not at that time appropriate for neonatals because they just weren't small enough, so you had a stoma bag that was probably too large and it took quite some skill to make it stay on, it took quite some

skill to cut it so that no skin was exposed because the output from the stoma was actually -- very easily irritates the skin so it was necessary to make sure that the stoma bag was cut in such a way that only the stoma trickled through, and as you can probably imagine on a busy ward with babies crying, needing feeding and, you know, pressures on the staff constantly, we were making templates for the bags such that when we weren't there the nurses didn't have to necessarily think about what they were doing in terms of cutting the bags, they could just cut them to a template and stick them on which was intended to save them some time.

Q. So it was fair to say that you were both very involved in the feeds and care of Baby J at this time?

FATHER J: In the daytime we were extremely involved, yes.

Q. You say at paragraph 47 on 23 November Baby J was moved to Room 4, the room requiring the least observations, and you were told to prepare to go home and how this would work.

Mother J, what was your expectation around this time?

MOTHER J: That there was a process that was in place for actions that would be taken in order for us to complete the discharge process.

Q. How was she at this time, how well did she seem?

MOTHER J: Yes, she was incredibly well. I was very keen to breast feed so we had had one of the nurses from the Breast Feeding Team come down to see us, try to breast feed which was a little bit of a challenge because of the situation with the stoma but she was, you know, feeding well. There were -- yes, just seemed to be quite happy, just the challenge of the weight gain really but still, you know ...

Q. You say in this paragraph:

"Child J had been taken off the monitor and we were told she would not be put back on it. However, the notes collected by our solicitors say the staff put her on the monitor at night on 23rd to 24th. On the evening of the 24th I stayed over and did cares and feeds to practice for being at home and to prepare Child J for this also."

Do you remember whether she was on a monitor at any point at this time? Would you have been told whether she was or not?

FATHER J: I think --

Q. Father J?

FATHER J: Yes. We were told that she wouldn't be on a monitor but we did know that other babies were

sometimes put on monitors. Why that was -- and this is probably just pure speculation -- was that the Room 4 -- they would often leave the babies in Room 4 and it would be lights off and, you know, they -- because they were essentially on their way home, they were kind of left on occasions at nighttime and I suspect that sometimes they put them back on monitors if they were leaving for a long time. I don't know if that's the case, however, and we only know that we were told our daughter wasn't going to be on a monitor because we had some anxiety over that initially because when you have had a child that's been on a monitor for weeks and weeks and suddenly isn't, that gives you some --

Q. What kind of monitors -- I suppose we should be clear what kind of monitor?

FATHER J: This is a sats monitor and heart rate monitor. Yes, so we were told she wouldn't be on a monitor at night but the notes have told us that she was on the monitor on occasion.

Q. You say at paragraph 49:

"By 25th November she had been increased to larger four hourly feeds and her stoma was healthy, and she had a soft abdomen which was a healthy sign."

Thursday 26 November you have pictures of her looking well and taking full bottle feeds and you had

messaged friends and family saying her NG tube had been removed as she no longer needed it. What were these things all being done in preparation for?

MOTHER J: For taking her home.

Q. At that time did she seem stable and ready enough to go home?

MOTHER J: Very, yes.

Q. You say one of the discharge readiness check items, Mother J, was for the baby to be bathed. How was that handled? Obviously she had her line, she had her stoma, Broviac line in situ, wearing the stoma bag. How was that handled?

MOTHER J: Yes, there was a lot going on with her, with the Broviac line and the stomas, so I was a bit concerned about her having -- or being bathed and the nursing assistant at the time didn't really -- couldn't really see that I was feeling quite stressed about that because we were informed all along the way that infection was the biggest threat to these neonates.

Q. To be clear, did she ever get an infection?

MOTHER J: On the -- later on in the journey, before we left the Countess, when she was very poorly.

Q. At this point -- carry on, at this point you have the bath, you have the conversation about the bath?

MOTHER J: Mm-hm.

Q. Does she have one?

MOTHER J: She did have a bath in the end but the nursing assistant said to me at the time that she wasn't any different to any other babies on the ward and that, you know, she should have a bath because that's part of the process. I still didn't feel comfortable with the way that that was put across and one of the more senior nurses got involved and she did bathe her, but I just feel that that could have been handled a lot differently.

Q. That night and over the early hours of Friday 27 November 2015 you now know that that's when Child J collapsed on a number of occasions. We know, of course, my Lady, Letby was charged with an attempted murder of Child J but the jury could not agree on that count. What and who first heard about Child J collapsing that night? Who is best able to tell us about that?

MOTHER J: My husband can probably answer that question.

FATHER J: Yes, so we were planning on going in as normal because at this stage we were expecting to take our daughter home imminently. We had basically performed most of the tasks and procedures that they wanted us to do before we took our daughter home, so we got a call in the morning and one feature of the calls

from the hospital was that they often came from a withheld number, so I answered the call. It wasn't a long discussion. They said we had to come straight in because our daughter had been resuscitated. It was -- it wasn't a long discussion. We just got straight in the car and left. We later discovered that actually they didn't tell us at the time the full details. They told us that she had had a collapse and been resuscitated. There was a series of collapses, we discovered later in the court case, so obviously we had been called at the end of that process and not at the start -- and not nearer the start of that process.

Q. Just dealing with what you were told at the time, not what you learned subsequently, so you go to the hospital, do you see any medical records at that point?

FATHER J: No.

Q. So you're having a conversation with a doctor, a nurse, who tells you about it?

FATHER J: I don't remember specifically which doctor or nurse told us at the time when we arrived. I think there was quite -- it was quite a stressful situation, there was quite a lot of people running around. There was a conversation later on with Dr Gibbs. It wasn't a formal debrief as such. He told

us what had happened. I understand there were some other things happening on the unit as well at the same time which was causing quite a bit of stress for the staff which had happened after our daughter's collapse, so it was understandable that -- they were clearly quite busy.

Q. Paragraph 62, if I can take you to that, Father J. This is a record of messaging friends about the discussion, so, first of all, are these notes here what you said at the time in messages? Can you see?

FATHER J: Yes, so --

Q. So see what you told -- what you said about that.

FATHER J: Yes, so I had messages to friends and family describing the conversation with Mr Gibbs and he had said that they were investigating the possibility that it could be sepsis, it could be an epileptic seizure or it could be sleep apnoea and those were the three primary areas that they were going to investigate.

He explained that when he attended for the -- he had attended personally for the desats at 06.56 and 07.24 where our daughter -- you will have to excuse me. It is quite difficult, this.

Q. Shall I read the message?

FATHER J: No, it's fine. She went stiff and her

eyes rolled back and she was clenching, I remember that description, and once they brought her back she took a very long time to settle. He -- that's why Dr Gibbs said he thought potentially seizure and Dr Gibbs had a specialty in epilepsy and he said it looked very similar.

He seemed quite distressed but we knew also there was an emergency with twins on the ward that morning, so we put that down to having a difficult morning. Dr Gibbs was usually very calm and collected so we were actually very concerned at this stage that he couldn't explain what had happened but they did then go on to perform a number of tests on our daughter to try and get to the bottom of what had happened.

Q. So just -- I can pick up, if I may, Father J, paragraph 62 Dr Gibbs had said:

"... he didn't really know what the problem was and why Child J had collapsed but he had said they were investigating" -- you have already set that out -- "the possibility it could be sepsis, an epileptic seizure or sleep apnoea."

So he wasn't sure why she collapsed. You learned in the trial further details about the final -- or the collapse, the muscle spasms and the collapse. Is that when you also found out the records that there were,

earlier records and notes about --

FATHER J: Yes, and we discovered about the -- there was actually a series of collapses and not just the collapse that we were told about. We learned a little bit more about the type of collapse. We also learned that, by listening to the other cases, that the length and duration of a collapse like that had resulted -- the description had been very similar to the collapse of other children who had very sadly had been left with permanent disabilities, so that was quite a shocking and distressing thing to hear.

We also never -- Dr Gibbs -- Dr Gibbs was always somebody who we found to be very easy to communicate with and extremely professional. Even by his own admission later on when we had contact with him he was never able to explain the collapse to us and his -- the subsequent investigations had ruled out pretty much all the things that he suggested it could be.

Q. You say at paragraph 64:

"They gave Child J a blood transfusion and antibiotics in case there was an infection but after tests they ruled out sepsis and the records show there was no sign of infections in bloods as the CRP was zero and so they stopped the antibiotics."

FATHER J: Yes, so they were adamant that it wasn't

an infection. That was one thing which was clear which is why we were very concerned for years afterwards that our daughter had -- would potentially have another seizure at some point because they said it wasn't -- it absolutely wasn't sepsis, that was clear, and it wasn't just a generalised infection, they made that quite clear, from the tests.

Q. Was there any formal debrief later on, so not just on the morning, but later on with you or any of the nurses and doctors about that collapse or what had happened or not?

FATHER J: There wasn't. We didn't ever have a formal debrief and, as I understand it, I don't think there was ever a formalised review or record made or we have yet to be made aware of one.

Q. Child J was moved from Room 4 back to Room 2 for closer monitoring, you say at paragraph 68 and Child J's father and you, Mother J, stayed in the parents' room on the ward that night and the next day. How did Child J do then?

MOTHER J: Yes, she made quite a quick recovery, was keen to start her feeds, we could tell that she was very hungry and that process was always quite slow because they were being cautious but she -- from seeing her in one situation 24 hours earlier where she looked

dreadful, she came back to how she was before really quickly.

Q. We see from paragraph 70 Letby writing up Child J's notes that night along with Child J's observation, says:

"Parents had Child J out for cuddles and pleased that she is starting feeds. Appeared happy this evening and understands care being given to Child J resident on the unit overnight."

In terms of the night before, you make an observation about CCTV at paragraph 65, going back in your statement, and say:

"We will never know the truth. It is for this reason we believe babies should be monitored using technology such as CCTV."

What's your view about that?

FATHER J: Yes, I believe that generally in this period CCTV would have answered a number of questions and that that probably will remain unanswered forever for a number of parents. I think one thing that's become clear is that note-taking I personally believe wasn't as accurate as it could or should have been. There are a number of areas where CCTV could have helped, for example, even where nurses -- who is covering who during the breaks, because that didn't seem

to be noted. It would have been much easier to know who was where when.

I think there's -- there's a concern generally in society about the amount of CCTV we have but this is the most vulnerable members of our society, our babies and the elderly, and in those cases I personally believe they deserve the right to be protected in any way that is necessary and people who are working in those settings, that should be part of that -- they should accept that as part of them wanting to do the right thing and be in an environment that is 100% dedicated to the patients and their safety.

Q. You say -- going back to 71 -- this is how she is at the end of November. You say: Child J underwent tests on her heart, brain and bowel to check for underlying conditions, chest, abdominal x-rays, cranial ultrasound, ultrasound scans of her abdomen and a blood transfusion. You message friends on 30 November saying she was fine and handling well, pictures of her out of her cot with no NG tube and yet here she was being put back in a cot and taking full feeds again.

At that stage what did you think that had been, the collapse on 27th or -- did you think it was a blip or a condition, what were you thinking?

MOTHER J: It just never really made sense to us.

We just really couldn't understand how a child could go from being so well to then not breathing and requiring resuscitation. It just didn't sit well with us at all.

Q. By 8 December, you record here that she was weighing 5 lbs 1 oz, which was increasing but not at the weight you were told to expect and it's at this time, Father J, that you have the conversation about the meticulous or not recording of fluid in and out. Were you worried about that at this time?

FATHER J: I was, mainly because we had become -- we had become hypervigilant at this point because we had -- we had an unexplained collapse. We were concerned that something wasn't going right and probably quite naturally we were looking at everything that could be improved upon to try and help our daughter's journey.

One thing that had happened at this point was we were expecting to go home and we had had a sudden unexplained collapse and we were obviously at this point I think scared is a fair phrase to use. We were scared that we would take our child home and she would have a collapse at home and we would be unable to deal with it, knowing what they had had to do to keep her alive, you know, we were really frightened of taking her home and her not surviving being at home with us.

One -- I think this is the type of scenario where

you feel quite helpless and do everything that you can to try and -- in your power to try and improve things, so we were asking questions about why -- you know, why certain methodologies weren't being followed, we were monitoring, we kept a notebook of the times of feeds, we kept a notebook of the times of supplements being delivered. We noted that some nurses had missed some supplements and again whilst these weren't in any way life-threatening actions, to us it demonstrated a lack of attention to detail which perhaps not only affected care but could have been helpful in highlighting issues for other parents later.

Q. You say in the statement at paragraph 78 that, Mother J, you knew you could contact PALS but despite you having these concerns, both of you, you didn't contact PALS. You were aware of who they were but you didn't pass your concerns about the inattention to detail around feeding to them. Why was that? Why didn't you choose to do that?

MOTHER J: I think we felt at the time that if we had shared our concerns with PALS that with being on the ward for such long periods of time that we were working with the nurses and if they felt criticised then we thought that that would damage the relationships further and we didn't really want to do that, so we were trying

our best to maintain relationships and work with them but there seemed to be a bit of an uneasy atmosphere, is the only way I can describe it at the time.

Q. You say here:

"It just wasn't that type of environment that you risked criticising the nursing care."

MOTHER J: Yes, and what I mean by that is I think if you shared an observation or you weren't happy with something then there was a defensive response to that rather than a "we're invested in our daughter's care and we're trying to help you here, we can see that you are busy", so it was the response to the communication and we were trying to communicate in a way which was respectful to their priorities and the needs of the other babies on the ward.

Q. If you were asking for swabs or care kits or anything like that, what kind of reaction would you get to those requests?

MOTHER J: I would generally ask my husband a lot of the time to communicate with the nurses with those things.

Q. Pausing there, that speaks for itself, really. Why would you ask him to do it and not feel able to ask for yourself?

MOTHER J: Because it just felt like it was met

with -- I don't know what the right word is, reluctance or just another thing to do perhaps is the better way to describe it really --

Q. And Father --

MOTHER J: -- they were a busy team but, you know, the response was like a roll of the eyes, you know.

Q. So Father J, how did you find it when you asked for those kinds of routine kits?

FATHER J: I think we were both very focused on making sure that what was supposed to happen did happen and I was -- as time had gone on, my approach had certainly changed and I was much more prepared to challenge and I think we made -- whether it was a conscious or unconscious decision that I would challenge when necessary any staff actions and, for example, I would ask -- if they were late with cares or we had asked for the equipment -- there was a kind of care pack that you needed and if they weren't giving that to us I would just simply ask "Can I go and get it myself?"

In the end, actually, a number of times I was given permission to go and collect it myself which in itself is slightly strange, but we were very focused on making sure that what needed to happen, happened on time.

Q. Paragraph 79, we see there was communication

between the Countess of Chester and Alder Hey in relation to the appearance of the stoma at one point and getting assistance from Alder Hey about whether anything needed to be done. Who can address that? Father J, thank you.

FATHER J: Yes, well, the stoma -- the stoma started -- one stoma started to protrude slightly more and have what is called a fistula in it, which is a small hole inside.

Alder Hey were not particularly concerned about it, however it was something that needed to be monitored and it was information that Alder Hey needed in order to help them assess when surgery would need to take place because, as with everything, they had surgical lists which only occurred every so many weeks so it was a question of which list our daughter would get on for reversal surgery. This was obviously an important piece of information that may mean she needed to go in earlier, get on an earlier list.

The -- we were more concerned in that this fistula was causing the bags to wash off and that made changing the bags even more frequent than they were already which made the whole care for our daughter even more challenging which meant for us we knew that we were going to have an even -- a more difficult time, let's

say, on the ward.

We were getting to the point where we didn't feel like the communication levels between Alder Hey and the Countess were sufficient and that perhaps information wasn't getting passed through quickly enough, or at all, and we never -- we don't know yet whether all the things we brought up were passed on to Alder Hey, but certainly it was getting to the point where we had the surgeon's mobile phone number, again unusually, and we were considering --

Q. The surgeon from which hospital?

FATHER J: Alder Hey, yes. Considering contacting directly, which again was probably outside protocol.

Q. Then the stoma bags were getting more difficult, you say that clearly. What did you come to find in December, on 14 December, 15 December, with the stoma bag? Paragraph 81. Who was the one who came in --

MOTHER J: Oh, so that was me.

Q. Right, so tell us what you found when you came in on the 15th?

MOTHER J: Yes, so I walked into Room 2 and our daughter was in her hot cot at the time and she was just in a small towel, just put across her bottom area, and just over the stoma so the stoma bag wasn't on there and

just sort of loosely covered is the way I would describe it and she has a Broviac line in place, so I just took one look at her and was just -- well, I was just disgusted really to see her in that situation and also incredibly saddened being a mum and thinking: what's happened here, and there were two nurses in the room at the time and they could see that she was in that situation and I just said, you know -- I think one of them was pregnant and I knew the other one had children and I said "You are mums, what would you do in this situation? Why has she been left like this?" They didn't really engage in discussion and we made a complaint on that day. I think my husband then came in shortly afterwards, saw her in that situation as well and then we took the address they gave us --

Q. When you say made a complaint, Father J, who did you complain to or speak to about it or was it you, Mother J?

MOTHER J: I spoke to one of the nurses and said that we wanted to see one of the Consultants about that situation and that it was just unacceptable.

Q. Did you speak to a Consultant?

MOTHER J: Yes.

Q. Who did you speak with?

MOTHER J: Dr Saladi.

Q. When did you speak to him?

MOTHER J: I think that was in the afternoon on the same day.

Q. Did you both speak with Dr Saladi?

MOTHER J: Yes, one of the nurses, Eirian --

Q. Eirian Powell*?

MOTHER J: Yes.

Q. So who wants to tell us about that meeting? Who is best able to tell us about that?

MOTHER J: Probably me again. So we were just in a small side room and explaining that seeing our daughter in that situation was very upsetting and just couldn't understand how that could happen really, but the conversation quickly sort of turned towards ourselves and more about they were seeing that we were tired and stressed and that we should perhaps consider going home, spending some time recovering and that, you know, sort of didn't really address what had happened so that's quite frustrating really that it got turned that it was us that were the challenge.

Q. Can you just expand for me? Who said something to the effect that if you were tired you should just go home and rest and was it expressed like that or in a different way? Because of course if you go home and rest, you're not there to monitor and look

after your baby yourself, are you, so how was this put to you?

FATHER J: Yes, I will answer that if that's okay. Yes, Eirian Powell* -- in fact Eirian Powell and Saladi both agreed that we should have some rest, however it was Eirian Powell's suggestion that we should go home initially. It was very frustrating and again quite condescending that we were making a complaint about finding our child with a Broviac line under a towel covered in her own faeces and the conclusion was that we should have some rest and it wasn't the conclusion that I was expecting to hear and certainly I was quite annoyed by the answer, I remember.

MOTHER J: I think as well, on reflection, we weren't informed who left her in that situation and that I think would be the first thing that you would share with somebody and then -- so you could address that with that person and take the appropriate actions. We understand that there are emergencies that happen in these neonatal wards, but, you know, on reflection now it's only recently come to light who was caring for her and that wasn't shared at the time and at that meeting we were saying -- you know, we were really concerned that she was -- we had already had one collapse and we were -- which was unexplained, so we were really

concerned that she was going to get poorly again without -- you know, with the same situation and we were trying our best to obviously make sure her care was at the highest level, so I kept saying to them "I'm really concerned that she is going to get poorly, we're going to be in the same situation again" and literally 24 hours later we were.

Q. You say on the same day of that experience, Father J, you had messaged the Alder Hey surgeon asking about the surgical date, saying there were some bag issues and trying to see if she could get an earlier surgical date and you received a reply that they had a list for January 14 and Child J was on it although also they would try to get an earlier list if possible.

FATHER J: Yes.

Q. What was your view about her being in the Countess of Chester at this point?

FATHER J: At this point we were already extremely anxious. We wanted to be out of the Countess and it's hard to describe the stress of any parent on a neonatal unit when they've got a sick child and when things aren't quite happening in the way you expect them to happen and then you have an unexplained collapse, that stress is almost incomprehensible.

We sensed things weren't right. We felt the

culture was a difficult one and we were taking it upon ourselves to try and basically kick-start the communication that should have been happening anyway. Fortunately the surgeon was extremely approachable and very helpful which was our general experience of Alder Hey and she started to communicate with us directly about her surgical lists and telling us when we could get on that list.

Q. You also had been told that a Consultant from Alder Hey held a stoma day clinic at the Countess of Chester where she would come and see children who had had bowel surgery. Did you ever ask for Baby J to be seen in that day clinic at any point? Did that ever happen?

FATHER J: Yes. We weren't initially aware that this stoma clinic occurred. We found out that the surgeon would come. We assumed, possibly wrongly, that as the only neonatal stoma baby in the Countess of Chester we would automatically be on this list for review. However, it was clear that wasn't the case and we were very surprised by that and when we requested to go on the list we were told they would see what they could do, which seemed almost incomprehensible to me at the time.

We did -- because we had a -- because of our

daughter's fistula, particularly we knew that it was important for her to get reviewed to see which surgical list she would go on and we were having problems with the bags coming off. It seemed obvious to us that the best -- the best outcome would be for her to have a stoma reversal as quickly as possible and we did get seen eventually, once the -- once Alder Hey were aware that we were wanting to be seen, they said of course we can be seen and when the Consultant saw her daughter she said, "Well, yes, you should be on the next list".

Q. So you did finally see that Consultant at the Countess of Chester on the day clinic --

FATHER J: Yes.

Q. -- having requested that and when she saw Child J you, I understand, have messaged a friend to say:

"The Consultant took about 10 seconds to come to the conclusion the quicker Child J has her stomas closed, the better for everyone."

FATHER J: Yes. That was a text message to a friend.

MS LANGDALE: My Lady, I think that's a good point to stop. The stenographer will need a break. I'm sure you both do as well. If you can avoid talking about the evidence in the break.

LADY JUSTICE THIRLWALL: So we will break for about 15 minutes unless you would like any longer, in which case just say.

MOTHER J: Thank you.

LADY JUSTICE THIRLWALL: So quarter of an hour.

(11.29 am)

(Short Break)

(11.48 am)

MS LANGDALE: So we were in mid-December 2015. You have just told us, Father J, that Baby J was seen by a Consultant who recommended progressing to reversal of stoma. On 17 December one of you received a call heading to the hospital. Who is best able to deal with that?

MOTHER J: That's me.

Q. Would you like to tell us what happened on the 17th?

MOTHER J: So I was in the car and the phone rang and it was a withheld number and at that time the only withheld numbers that were calling were from the hospital, so I knew it was the hospital that would be calling as the other call that we had had was -- the emergency call was from the hospital, and I just recall that the nurse said that our daughter had had another collapse.

Q. Did you go into the hospital? Paragraph 92 and 93 in your statement.

MOTHER J: Yes, so I -- yes, the nurse on the phone said that she had had a collapse and to come quickly to the hospital and she did say at the time that she had let out a big scream and then suddenly collapsed, so I carried on with the journey, got to the hospital as soon as possible and she was in the intensive care room when I arrived.

Q. Were you given any cause or reason for the collapse?

FATHER J: I will address that, if that's okay. At that point, no, we weren't. Again, there was -- as they tended to do in these cases, we understood the risk perhaps that there could be for example an infection, so they tended to have a kind of clear checklist of things that they would go to, first infection being one of them, so they would have needed to take bloods and measure things like CRP, and even basic things like pressing her abdomen, simple tests, in order to try and understand what was going on. So at that point they said they wouldn't rule out infection, they wouldn't rule out sepsis and they wouldn't rule out an issue with her bowel, so those were the three things that they were looking at.

Q. Was there a plan to transfer her to Alder Hey then?

FATHER J: Dr Brearey was involved and he decided as a precaution it was best to transfer her to a surgical hospital, either -- they said it would -- primarily they would try and get her back to Alder Hey but if not we would go to St Mary's, depending on who had a bed available.

Q. You got -- we see at paragraph 99 -- confirmation from Alder Hey that Child J could go on a surgical list for 30 December and you, Father J, told the Consultant that Child J was seriously ill?

FATHER J: Yes.

Q. You say you both sat next to Child J's incubator during the time after the collapse until the early hours when transfer to St Mary's Hospital arose?

MOTHER J: So I was so concerned and obviously upset seeing her in such a severe situation that I couldn't leave her, so I just sat next to the incubator and I think maybe, you know, took a few comfort breaks, five-minute comfort breaks, and just waited for the team to come and transfer her.

Q. You tell us she was given broad spectrum antibiotics at this time:

"They couldn't explain with any certainty what had

had had there.

Q. So did you in fact stay at St Mary's until the transfer to Alder Hey?

MOTHER J: Yes, we refused to go back to the Countess of Chester and were quite firm in saying that we either have the surgery at St Mary's Hospital or it would need to be Alder Hey but we couldn't return back to Chester because at that point we had lost confidence really.

Q. It says -- you say:

"We know now from records St Mary's noted our concerns with regards to Countess of Chester's stoma care and we didn't want Child J to go back there."

So you go to Alder Hey Hospital on 23 December and you describe the reception when you arrived there from the nursing team. What was that like?

MOTHER J: Like stepping back into a warm family, familiar faces, they knew us, they knew Child J.

Q. Sorry, you might have to speak up slightly.

MOTHER J: They knew us, they knew our daughter and we felt we were in the right place then for the path to recovery.

Q. You say:

"... the nursing team hugged us ... We felt at ease and safe again."

happened."

She had been doing so well and it was unexpected.

In the early hours of 18 December you left the Countess of Chester to go to St Mary's Hospital in Manchester. Did you have any other further discussion about that second collapse or not with the Countess of Chester or anywhere else at the time?

FATHER J: We -- at that time we didn't and because we had left the Countess by the time it would have come to having a discussion because we weren't there any more. St Mary's -- obviously we then had discussions with St Mary's about what they believed it was. As we understand, our daughter had some infection markers and it was assumed that she had had an infection, although we never had -- we never had a full debrief. We certainly didn't have anything written and there was no formalised meeting afterwards, so everything that we learned pretty much on the whole of our daughter's journey, in fact, was verbal.

Q. There came a time she had a cranial ultrasound on 21 December which appeared normal and St Mary's told you that she was well enough to be discharged back to Chester. What did you think about that?

MOTHER J: So we were both deeply concerned about returning back to Chester given the experiences that we

MOTHER J: Yes. That's exactly how I felt.

Q. She had her surgery on 30 December and you say made a quick recovery and by early January you had returned home with her.

MOTHER J: Yes.

Q. In the immediate aftermath obviously she was recovering well, you say that, but were you left -- physically she was recovering well. Were you worried about any aspects, or that there might be anything else that lay ahead given what had happened?

MOTHER J: Yes, just having those experiences of the collapses and not having any explanation of why they happened, it was always there at the back of our minds that at some point that could reoccur.

Q. You also had experience, didn't you, of the Countess of Chester children's ward, as you had an issue with milk intolerance as you moved forward. What was your experience of the children's ward and the staff that you dealt with there at the Countess of Chester?

FATHER J: We were dealt with by Dr Gibbs and he remembered our daughter from the NNU and they diagnosed us -- they had diagnosed the issue really quickly. They switched our daughter to a non-dairy milk supplement and resolved the issue really quickly and we felt we had been given really great care, which -- again our

experience of the Countess of Chester was that we had had really fantastic care by the Fetal Medicine Team. We had a great experience in the children's ward and it seemed to not fit with our experience with the NNU.

I think I would like to point out as well that Dr Gibbs -- we had a lot of contact with Dr Gibbs and Dr Brearey and both of them came across as extremely knowledgeable and professional and caring and empathetic towards us as parents. The main issues seemed to be that they were just overstretched in their roles.

Q. When you received discharge letters -- presumably you received discharge letters from the hospital relating to your daughter's care. Did they mention the collapses you have told us about?

MOTHER J: No. I have looked back at those letters because I kept them over the years and none of them mention anything about the collapse. It was almost like it didn't happen. Other things are documented there but none of the collapses.

Q. You tell us you were invited to a workshop at Alder Hey to help them understand the experience of babies and parents moving from a specialist surgical hospital to a district hospital. What were your contributions to that? What's your thinking about that?

MOTHER J: So -- I will just refer to my statement

there, so:

"We were invited to a workshop at Alder Hey to help them understand the experience of babies and parents moving from a specialist surgical hospital to a district hospital. They were aware of potential challenges when babies transfer to district hospitals and wanted to try to ensure continuity of care. There were lots of suggestions from families who had been negatively affected by these moves and not just the Countess of Chester Hospital. Alder Hey were keen to use the parents' experiences to find a solution on how to monitor the progress of babies after surgery within the district hospitals, they were considering ideas such as a trained Alder Hey nurse would visit once a week. It was clear at this meeting that the other parents had challenging experiences at other district hospitals. It left us feeling that the care at Countess of Chester Hospital was similar to the care given at these other district hospitals across the region and none of them were able to reach the level of care of a specialist surgical hospital. Despite comparable experiences across the region, no other hospitals had the same problem of deaths and collapses."

Q. Medical records. When did you first see Child J's medical records?

FATHER J: We didn't see any records until we had appointed a solicitor. As I say, apart from the discharge letter I don't think we received any other letters about specific things such as collapses, or -- and nor was it recorded that we had made a complaint about finding our daughter in a towel -- faeces covered towel, so those were things we would have expected would have been recorded but in fact as far as we know at this time there were some notes made but there was never any formalised response to much of our feedback.

Q. Back in paragraph 81 of your statement, in relation to your daughter being found in the towel, you say:

"There was no record of Letby or other staff having issues with bags on the shift, however, on 15 December, at the handover from Letby's shifts, when I came in at around 8 am and found Child J in her cot ..."

That's when you have given the evidence earlier about what you found.

So when you saw the records was that the first time you could see whether there had been any issues or who was there on the shift before you found her?

FATHER J: The first time we asked who had left our daughter in a towel, this faeces covered towel with nothing else on her. We never got an answer at the

time. We never got an answer afterwards. It wasn't until our solicitor looked at the records that she discovered that the designated nurse on that shift was in fact Lucy Letby who was responsible for looking after our daughter when she was left in this particular state, so that was a big shock to us. It is something we have only found out recently.

Q. You also at paragraph 91, describing the second collapse, make the point that Letby was on duty again that evening, the 16th through to the 17th. Is that something you asked about at the time, who was around, or would it not have occurred to you to ask about that?

FATHER J: At the time it didn't occur to us to ask and again it wasn't something that we discovered until the police involvement with the case and I'm not sure of the exact time that we found that out but it had been investigated by the police and not taken to -- not taken to trial, so at that point they were able to give us further information.

MOTHER J: However, what I would like to just add there was the nursing staff at the nighttime -- we didn't know who the nurses were at the nighttime looking after our daughter at the Countess of Chester. At Alder Hey we were told who was responsible for their

care, so I would say in the daytime it was very clear but at the nighttime not so clear and consistently shared with us.

Q. So how many years after these events and your daughter's time there do you feel you got further knowledge around who was looking after her and where and what happened potentially?

FATHER J: It's been in the region of probably -- some information had been eight years almost before we discovered what is actually quite important information to us.

Q. In terms of impact what would you like to say about impact? You say a couple of things at paragraphs 116 and 117.

MOTHER J: I will refer to my statement.

Q. Yes.

MOTHER J: "I cannot emphasise enough the impact of this on our whole family. Who we are as people, parents, work life, spouses, children. We went through this at the time with minimal written explanation. We then discovered about the investigation into deaths and collapses via the newspaper and read that the hospital and Police had supposedly contacted all parents involved. My husband contacted the Police to check if they had looked into Child J's collapse and they said

the hospital had not passed on our records despite us never getting an explanation as to the reason for the collapse and Letby being the designated nurse. We then quickly found ourselves part of the investigation once the police had looked at our records. For nearly ten years we have been on a challenging journey. The last five years have been especially difficult, enduring the investigation and trial and hearing new information in terrible detail about the other children on the same ward. This has cast a shadow of sadness over every part of our lives."

FATHER J: I would like to read 117, if that's okay:

"By the time Child J was on the ward I now know that the consultants had already reported their concerns about Letby and an independent report had potentially told the Executive Team to investigate it further. I don't understand how in the light of this more action wasn't taken. It is almost inconceivable that, even when they did move her for a short period, they moved her to a patient safety admin role. When someone is accused of causing harm to patients, to move them into a role focused on safety seems ludicrous and inconceivable."

Q. I'm going to move now to recommendations and

I don't know, Father J, shall I ask you first to deal with some of these points?

Point one, as far as Baby J is concerned you say missed opportunities to intervene and protect Baby J. What would you seek to highlight?

FATHER J: We -- I believe here that we're talking about potentially not -- about protecting all the children on the neonatal unit and I believe in terms of our daughter there were some opportunities missed, for example immediately after Baby J's collapses there appeared to be no investigation which seems to be a missed opportunity. On discovering Baby J's mother's milk was missing, which is a topic we haven't --

Q. Actually we haven't, perhaps we should pause there and Mother J, would you like to tell us about that? So there was an occasion, wasn't there --

MOTHER J: Yes.

Q. Set that out for us.

MOTHER J: So it happened on the first collapse. We -- the milk was obviously an important part of the journey in helping our daughter recover, so when we received the call at home we just took the expressed breast milk from our fridge but we didn't have any labels at the time because we were obviously just rushing to get into the hospital as fast as possible, so

when we arrived on the ward my husband -- I went straight to our daughter in the HDU and my husband said "You need to -- we've got some milk here but it is unlabelled. Do you have any labels?" and they didn't have any labels at the time so he said, "Well, I will place it in the box of our daughter in the communal fridge" which was just for expressed breast milk and "Could you please get us some labels so we can label it?" because we knew that that was the process that we had to follow.

So shortly afterwards -- I can't remember, I think maybe my husband went to get the breast milk because we were allowed to start giving small feeds and the milk wasn't in the box so we asked the question "Where is the milk?" and I remember there was quite a few nurses around the area and I think my husband was asking pretty much everybody, you know, "Where has this milk gone?" you know and there wasn't any explanation, nobody owned up to removing the milk from the box in the fridge, disposing of it. The milk never turned up. We never had an explanation as to who had taken it and, you know, what had happened really and I remember my husband at the time was just really -- just perplexed that this could happen and there didn't seem to be too much seriousness attached to that.

Q. The importance of it?

MOTHER J: Yes, absolutely, the importance of it and we -- you know, we didn't ever get an explanation of what had happened, so yes, that just remained as is.

Q. So you make the point there then, Father J, that in terms of recommendations, picking up on that and the importance of that, for the child, for the mother, for the safety generally of children being fed on the units, did you ask anybody about that at the time, any of the nurses?

FATHER J: Yes. It's one event that still stands out quite clearly in my mind. I was adamant at the time, despite the fact that that was the day of one of the collapses, that I went around to all nursing staff and to the nursing station and said "Look, we're going to have to put some milk in the fridge that's unlabelled. As soon as you get labels, we need a label to put on it. Don't throw it away". Then when I returned and then it was missing I then asked everybody again "Where is it?" My concern at that point was that it's a -- you know, it's expressed milk and shouldn't be given to anybody else. Certainly I was quite shocked that they didn't take it particularly seriously and my question was "Well, if somebody has thrown it away, that's fine, we just need to know that

it has been thrown away and not given to somebody else", because whilst my wife wasn't taking any kind of medication, you know, she could have been, so that was quite concerning and they didn't treat it very seriously at all and the reason I referred to it in the missed opportunities was that again Letby was on duty and to me it seems as if there was some concerns going on, these types of events were opportunities to, for example, do a little bit more investigation and perhaps start to manage situations and ask questions, so if I may, if I return back to those recommendations, and immediately after Baby J's collapses and immediately after discovering that my wife's milk were missing, they were opportunities to start asking questions.

Even things like minor care errors such as missing feeds and supplements, I would have thought there would be generalised questions asked about why things weren't happening in the way they should be. That in itself is an opportunity to look into any individual's activities and certainly after finding our daughter wrapped in a towel with her stoma bag off and then now that we know that the nurse at the time was Letby, that was most certainly a missed opportunity to investigate or begin an investigation into opportunities.

Q. You also say there was a reluctance, or

appears to be a reluctance to accept the seriousness of incidents and an omission in recording them or follow-ups to them. You refer to the unrecorded meeting with Eirian Powell* and Dr Gibbs, is that the one you mean?

FATHER J: Dr Saladi.

Q. Sorry, Dr Saladi.

FATHER J: Yes, so that meeting was effectively a complaint and whilst we didn't formalise a complaint I'm not even sure that we knew how to make a formal complaint. I think we had made a verbal complaint and one would have assumed at the time that that would be recorded as such as followed up as such. We didn't have any formal or written review after the collapses. In fact, we don't know what level of review, if any, occurred internally, even if there was kind of a stand-up discussion anywhere. We didn't get -- we didn't get all of the details in any case ourselves until after the police investigation and the solicitor review and in fact the police investigation information didn't come until the trial.

There were also, I would highlight, facts that recorded events were only recorded -- for example when feeds were missed that wasn't recorded, so they only recorded times when feeds were given rather than -- they

didn't record what was essentially a failure to feed on time and I would have thought those were opportunities for just basic improvement in their own processes.

There was incomplete records of when our daughter was put on and off monitors which were discovered by our solicitor and I think those things personally should be basic, basic data recording, and those things would have helped actually in the ensuing investigations.

It also wasn't recorded when we as parents were performing stoma care and giving feeds versus nurses doing stoma care and feeds, which again I would have expected to have happened.

We didn't get any follow up at any points about any of the collapses even though for the first collapse we had no explanation whatsoever and for the second collapse we had an incomplete explanation.

Q. You make a point around attitudes and behaviours of some nursing staff and a cultural issue. Would you like to tell us what you raise there?

FATHER J: Yes. One of the -- one of the questions which is still being answered now by the records is we didn't know if any of our messages or questions were passed to Consultants, so where we had queries about care we never knew to what level that was referred to because we never got any full feedback.

We had a perception that some of the nursing staff -- and this was perhaps a perception because we didn't know their individual levels of training, but some of the nursing staff and Registrars seemed to us overconfident about their competency, particularly around issues like stoma care, but that was based on our experience of Alder Hey who were extremely competent and I think it's fair to say that as Alder Hey are a surgical hospital it's probably unfair to compare directly.

We did, however, find that we did get some dismissive responses by some nursing staff and Registrars. When we questioned their approach and their answer was "This is the way we do it here" rather than addressing our concerns and there was a reluctance, we noticed, to defer to Alder Hey surgical hospital when the care didn't align with the plan that had been explained to us.

Q. How did that manifest itself?

FATHER J: We were asking -- we thought initially the appropriate way to deal with issues was to deal with the Countess of Chester staff and that they would escalate when requested or when appropriate. That didn't seem to happen and that became a growing frustration and -- which ultimately -- which ultimately

resulted in us dealing directly with Alder Hey which I'm pretty sure was not the accepted protocol, but in this situation our main focus was to make sure our daughter (a) survived and (b) thrived and when we didn't -- when we finally realised we weren't getting the progress that we needed, we took that into our own hands.

We only discovered the level to which information has or hasn't been between Alder Hey and the Countess of Chester very recently in the last probably 6 to 12 months.

Q. In terms of communication in its various forms but particularly staff communicating with you as parents, how would you assess that and how could that have been improved?

MOTHER J: At the Countess?

Q. *(Nods)*

MOTHER J: So the style of communication in Alder Hey worked really well for us where their nurses were present and the Consultant would be present, perhaps the surgeon and the parents and we would have just a quick review of what had happened today, what happened that week, any significant things that needed to be focused on and then there was sort of like a collective agreement on next steps and that worked really well because it just felt like we were part of

the journey, we were informed and it helped us to relax and feel that things were happening as they should be happening and at the Countess it was a -- it was more of a kind of reactive communication as opposed to proactive communication, so we would sort of hear, you know, the Consultants would be coming along to do their review, but we wouldn't know when that was happening. It was sort of by chance if you were there or not there and I think for us and the way we were as parents, we would like to be included because we needed to know what was happening and how our daughter was progressing, so that may not be perceived by the hospital as an important thing to have the parents involved because the care is in their hands, but actually for us to be present and so heavily involved I think it would have helped if everybody, the nurses and doctors, were there at the time.

Q. Were you offered any counselling or support at any stage in this journey of care with Baby J? You're shaking your head --

MOTHER J: Sorry, yes. So the first offer of counselling came from the police when I first met with the detective and he suggested that we had been on quite a journey and perhaps I should seek out some counselling, but prior to that we hadn't had anything.

Q. When did you first become aware that there was an investigation being undertaken in relation to the neonatal services at the Countess of Chester in respect of deaths and unexpected collapses?

FATHER J: It was actually I read an article in the newspaper, in the local newspaper. Prior to that we weren't aware of any of the reports. We hadn't been copied any report and in fact we have recently discovered that there was no informal notes made about the collapses anyway.

Q. So you weren't aware of the Royal College report, Dr Hawdon's report or anything like that?

FATHER J: No.

Q. Until the police told you or --

FATHER J: None of it and in fact we didn't -- the police didn't give us very much information at all. That was understandable because they were talking about a murder trial, couldn't tell us anything and that was again a difficult situation -- yes, so we were unaware of all -- and in fact we are still learning about the reports at this time, what reports -- in fact the opening statements of the Inquiry enlightened us further about what reports were written and when.

Q. So you have never been invited to any meetings or discussions at the Countess of Chester Hospital about

Baby J at the time or subsequently?
FATHER J: No.
Q. PALS. Have you had any experience of PALS, the Patient Advice and Liaison Service, ever tried to use it, thought of using it? You said earlier why you didn't actively want to make a complaint, but did you ever actively think about PALS?
MOTHER J: We thought about PALS but we didn't make contact with them because we were concerned then about what impact that would have on the relationship with the nurses and the doctors.
Q. So it wasn't that you had a lack of confidence in the service, it was that you didn't want the effect of it to be transmitted to the nurses?
MOTHER J: Yes, yes.
Q. Did you ever raise any concerns with any external organisation about your experiences at the time?
FATHER J: If I may answer that?
Q. Yes, please.
FATHER J: We didn't raise any concerns. However, we did raise concerns when we were part of a working group set up by Alder Hey, so it wasn't something that we actively pursued. Our main focus was to get our daughter home. I think there was a huge amount of

relief to get home and our main focus after that was to look after her.
Q. That was parents such as yourselves trying to help understand where improvements could be made to help babies recover from surgery in district hospitals?
FATHER J: Yes, we realised we had been on quite a journey and also potentially had some useful feedback for that group and wanted to be part of trying to improve things.
Q. In terms of suggestions and recommendations, one of the issues you raise is an annual "Fitness to Manage" test for Executives to ensure they understand duties in key areas such as patient safety, safeguarding, response to complaints and accusations of wrongdoing, whistle-blowing, both legal and moral aspects. Would you like to expand on that a bit?
FATHER J: Yes, I don't claim to understand what tests or qualifications are required to be an Executive at the Trust. However, it does seem clear to me that there should be a standard below which nobody sitting in one of these positions should fall and that should be something which is tested and checked on a regular basis to understand that those people -- to make sure that they understand their duties, that they are regularly reminded of their duties and that they have the

knowledge and understanding of what those requirements are, such that they cannot (a) hide behind ignorance or (b) pretend that it's not something that they have a duty to make sure they have all the information about. So in this case having already seen the initial submissions to the Inquiry, listened to the opening, it does seem clear to me that this type of annual fitness to manage test would have resolved at least some of the problems that have been discussed.
Q. Reporting of deaths and collapses you say should immediately go to a centralised reporting system with a strict set of guidelines, meaning Executives can't influence the reporting or under-report. What do you think the issue might be if there's under-reporting? Why might that be the case?
FATHER J: Well, it seems clear that in order to compare performance you have to have all of the information and if that information isn't presented in the correct way in a formalised manner and understood by the people receiving that information, it's almost impossible for them to see things such as outlying statistics. There's a lot of talk about statistics around this case so it's not a word I want to particularly use in this case, but it is very important that the people who understand what they are looking at

get all of the information and there should be no way that any Executive Team in any Trust should be able to influence what is reported. The facts should be reported and nothing else.
Q. You say when collapses and deaths occur there should be:
"Immediate review straight after [an] incident including witness statements taking a true account at the time ... in the same way accident reporting occurs in the workplace."
FATHER J: Yes, it seems -- and I understand that the Datix system, I assume, is actually that appropriate system, but it appears to me that this hasn't happened and certainly in our case that didn't happen and of course we have contact with other parents and we know that that hasn't happened in their case. It seems to me that this type of process is one that's extremely well-known, well understood in many walks of life and industries and it just doesn't seem to be working, or certainly was not working at the time that we were at the Countess of Chester and that's something that if it isn't working now then it needs to be immediately addressed.
Q. You say:
"Technology for Automatic incident data analysis

flagging up data such as staff/team attendance v incidents over a time period."

FATHER J: Yes, it seems to me that technology has significantly moved on since even this time and it would appear to me that it should be relatively easy for information to be automated such as, you know, if a child is put on a monitor in a crash situation, a button can be pressed and that data sent somewhere to be recorded and, you know, for example with recording -- there was a tendency in crash situations to write things on the nearest piece of paper like a towel, like a paper towel. To me that just seems so archaic. Why -- for example, police have an open channel they can press in an emergency situation. Why that couldn't be simply implemented in the case of hospital crashes, I would think these types of use of technology should be more than achievable now.

Q. You have covered, both of you, CCTV earlier on, saying it should be there for each cot space or incubator. You also suggest here areas such as the drug store, storage areas and milk fridge and monitoring of drugs such as insulin with either swipe card systems or facial imaging systems?

FATHER J: Yes, again it seems remarkable that even the basic things like the milk fridge were accessible to

anybody who came onto the ward. We know about the insulin cases and it seems fairly clear again that CCTV and the use of swipe cards, or even facial recognition systems which are commonplace in a lot of workplaces, would allow -- or would prevent the misuse of drugs, either accidently or intentionally.

Q. You have already referred to monitor readings being transmitted to an independent body with the press of a button, but you refer here also to automatic audio recording being available to staff so they can make voice notes rather than writing on paper towels to get a realtime record of actions.

FATHER J: Yes. I think it's quite important that realtime records -- realtime records are much better than retrospective records. One thing that became clear in the criminal trial was that there were a number of retrospective records made which may or may not have been wholly accurate and in the case of being able to make verbal notes whilst also in this case if you're attending to a crash, it would seem quite sensible that somebody who needs to use their hands could also make voice notes at the same time.

LADY JUSTICE THIRLWALL: Would do you mean, like sort of recording what they're saying to each other while they're doing it?

FATHER J: An audio recording of what is being said, yes, yes, you could even make notes of observations at the time. For example, skin discolourations seems a very relevant observation that could be made by an audio note.

Q. You go on to set out in the same part of your statement where you think the information was not shared with you adequately. We have covered most of those points in evidence already, but one point you make is Consultants' and Registrars' rounds times were not readily transmitted to parents and you say later "We never knew if requests to speak with Consultants were transmitted to them by the nursing staff." And you referred earlier to Alder Hey and the "huddle" and being there and set times, so what was different about the Countess of Chester in terms of not knowing when you could speak to a doctor or being able to speak to one?

MOTHER J: I think the nurses at Alder Hey were aware of the timings of when the Consultants were going to visit and they were -- they would just come to us and say "Such Consultant will be here around about this time if you would like to be present for the discussion", whereas at the Countess that just didn't happen. It was more that, you know, we were hanging around and making sure that we were there to try and be involved in that

discussion and sometimes we just missed that opportunity, you know, we popped to the kitchen to have a quick cup of tea and then, you know, that had happened and we weren't there then.

Q. Frustrating?

MOTHER J: Yeah, it was frustrating and, you know, disappointing because things were happening that we wanted to discuss directly and we couldn't, we missed the opportunity. We understood that, you know, their time is very precious but we just felt like that communication could have been a lot better.

LADY JUSTICE THIRLWALL: Can I just ask a supplementary about that. I understand the point you make about not knowing when they were coming but when you were there and they came, what was that like? Were you involved in the discussion then?

FATHER J: Can I answer that? It was very specific to whichever Consultant or Registrar came.

LADY JUSTICE THIRLWALL: Right.

FATHER J: So both Brearey and Gibbs we had contact with and they were very -- quite communicative with us and quite helpful. The Registrars, they changed quite frequently and so it was very difficult to build any kind of relationship with them, so they tended to just be in and out and gone, so it was very much dependent on

which Consultant or Registrar did the particular round.

LADY JUSTICE THIRLWALL: I follow.

FATHER J: As opposed to Alder Hey which was much more structured and it was the same surgeon who was your Consultant who came to see you every time.

MS LANGDALE: One of the recommendations you think the Inquiry should make surrounds continuity of care and you say limiting the number of nurses that look after a child over a period of day-to-day or over a longer period presumably.

FATHER J: Mm-hm.

Q. Was that -- you gave evidence about that earlier, but was that frustrating for you as parents that it did change so much?

MOTHER J: Yes, it was frustrating. I think that when the nurses are dealing with your child on a daily basis they get to know the small signs of -- and get to know the -- you know, the way that they are behaving. They just get to know them.

Q. To know the patient?

MOTHER J: Yes, absolutely, and because she had complex needs with the stoma care you sort of -- the more a nurse worked with her, the easier it was then to make her comfortable and know if she was in any kind of discomfort and at Alder Hey they did that very, very

well. It was just a small number of nurses that were caring for her, whereas at the Countess it sort of went in -- how to describe it, like -- one period of time it could be the same nurses and then a couple of weeks later it might be different nurses and if they were short-staffed -- I remember somebody came on -- they had like a bank nurse and I don't think that bank nurse had any experience of stoma care but then the next time was a bank nurse from Alder Hey which was reassuring, so it was just that inconsistency that made you feel a little uneasy really because she was being dealt with by so many different people.

Q. You have raised the need for stoma care at both hospitals and you say here:

"Alder Hey spoke to the Countess of Chester about Child J's complex needs and were told the Countess of Chester had the necessary experience in recycling bowel contents and neonatal stoma care."

You say:

"I am not sure how this was checked [though], whether it was just a question on the telephone or by email or some more formal means of checking."

Father J, would you like to expand upon that?

FATHER J: Yes, I would. We still don't really understand how the process worked in terms of what

proficiency, skill and training looks like in this case, ie somebody can be trained but not have the proficiency because they haven't had the practice or experience and others could have -- not be trained to the same level but actually have had quite a lot of experience. I'm not sure how that's measured. I'm not sure how it was measured then and certainly we're not sure how either of those things, both the competency and skill level, were checked. We know there was a telephone conversation but we don't know if there was either the passing of training records, for example, to demonstrate that certain members of staff were able to perform stoma care and I think that's something generally -- we're talking about stoma care here, but generally should be more formally checked, if it isn't.

Q. You say:

"Weekly review with surgical hospital of the progress of surgical babies at district hospitals" would be a good idea "in order that they are fully aware of progress and what's happening."

FATHER J: Yes. I mean I think perhaps -- we're talking about nearly years ago now. Things like video calls were obviously not as prevalent, but certainly now I would think that would be quite an easy thing to perform, to have a weekly review, even if it's only

a remote one, in order to allow the surgical hospitals to have more involvement with the local hospitals. Certainly at the time there was definitely a feeling when we had these feedback meetings with Alder Hey that this wasn't an issue specific to the Countess of Chester, it was an issue that was quite well-known around local hospitals and integrating surgical babies back into local hospitals and we didn't feel as though the involvement from Alder Hey was great enough and whether they even knew really what was going on, and I think by formalising some kind of weekly, that that would have helped them to understand what was going on and would have taken a huge amount of stress off us as parents.

Q. You say also:

"Consider an additional ward at Alder Hey for babies recovering from surgery rather than local hospitals. This may help speed up the time taken to get babies home." With that level of expertise.

FATHER J: Yes, one of the things that was a big focus was to get babies well enough to go home because there was two aspects: one, they thrived better at home. Certainly our daughter did when she got home. She put on a huge amount of weight when she came home. So there is one aspect which is, you know, blocking beds and the

other aspect is that they seem to improve when they got them home. However, if the local hospitals just aren't able to handle certain types of surgical babies it seems sensible to us that some other method is used in order to help them get home.

Q. Finally from me, you say, in terms of recommendations that this Inquiry should consider, parent liaison support but not only of a religious nature. I don't know if you would like to expand upon that, Mother J, or whether you would like to --

MOTHER J: I think it's important to check in with the parents on how they are mentally when they're going through such a process of change. Some of the things that you see are not things that you are prepared to see and just having someone that can maybe sit down and just ask that question of "Are you okay?" to then open up a conversation, may just help people to, you know, to just be open about what they're experiencing.

I think when you're involved in the care of a child that's had surgery it really does touch every part of your life and it's important that the parents feel physically, but also mentally, strong to deal with the things that they're seeing.

MS LANGDALE: Thank you. Those are all my questions.

Is there anything either of you would like to say that I haven't asked you about, or would like to bring to the Chair's attention? Your counsel will have an opportunity in the next ten minutes to have a look if there's anything else that he would like to ask you after a short break.

MR BAKER: The short break is not necessary from my point of view, I'm ready to start now, but if the witnesses would prefer to have ten minutes then I'm happy to --

FATHER J: No.

LADY JUSTICE THIRLWALL: I think they're probably ready to continue. Very well.

Questioned by MR BAKER

MR BAKER: I just want to go back, first of all, to 15 December. It's dealt with at paragraph 81 of your witness statement and that's the date when you went in and found Child J without her nappy on.

Now, your evidence was that it was first thing in the morning, it was -- Lucy Letby had been the nurse over the course of the preceding night, so it was the end of the shift.

What was it that particularly concerned you about finding Baby J wrapped in a towel without a stoma bag on?

MOTHER J: Just a lack of care and humanity really, towards a child that was recovering from surgery and here was at a high risk of catching an infection because she had a Broviac line.

Q. What is a Broviac line?

MOTHER J: It's a line that goes into the -- so it's a quick access point into the aorta, the main artery into the heart.

Q. So it's a central line?

MOTHER J: A central line.

Q. What had you been told about managing the Broviac line?

MOTHER J: That it needed to be flushed every seven days to keep it sterile and to make sure that it was clean and free of infection.

Q. Did it concern you then, with regard to infection, that the stoma bag had been left leaking?

MOTHER J: Well, the stoma bag was off, so yes, it was very concerning.

Q. When you spoke to Mr Saladi and Eirian Powell*, did you raise that issue with them, about the risk of infection?

MOTHER J: Yes. I mentioned the risk of infection quite a few times and that I was concerned that she was going to, in my words, "get poorly", which was my way of

saying that she was, you know, at high risk of infection and we still hadn't had an answer on why she had collapsed the first time and I was just so afraid that that was then going to happen again. It was trying our best to mitigate against that, even though it was an unknown -- unknown collapse.

Q. Do you think they took that seriously, that complaint or concern?

MOTHER J: Not as -- not as seriously as I would have expected. I think they listened to us, but I didn't see any actions after that conversation.

Q. But you weren't aware at that time that Lucy Letby was the nurse?

MOTHER J: No, we weren't aware at that time.

Q. Finally, on page 32 of the bundle, which is also page 32 of your statement, you have a concluding comment. First of all, how is Child J doing now?

MOTHER J: Yes, she is doing very well now, very healthy.

Q. I don't know if you want me to ask you questions about the concluding comment section, or if you would just --

MOTHER J: I would like to read that out:

"This journey has severely impacted our lives even though we have a healthy and happy child. We recognise

that we haven't suffered the terrible loss and sadness and ongoing lifelong challenges of many of the other families. They have lost babies who would normally have gone on to live happy lives in loving families. Having a healthy child has given us the strength to keep moving forwards during many of the dark days, and in particular during the trial. Despite our involvement, we can only imagine the strength, courage and dignity the other parents needed to summon to function over the last ten years. We have given this statement to stand in solidarity with them. At the end of this process there must be accountability and there must be permanent change."

MR BAKER: Thank you, my Lady. Those are all my questions.

LADY JUSTICE THIRLWALL: Thank you, both of you, and, Mother J, thank you in particular for your remarks which I know you wrote together at the end.

You mentioned a number of times during the course of your evidence how important it is to be empathetic and to walk in the shoes of someone else. You mentioned it principally in relation to the care you had at Alder Hey, in fact, but what you have demonstrated and I think will be very important to the other parents is your willingness to do this for them, as well as for

yourselves, and I'm very grateful to you for doing that. I also know that it's much harder to do than you think it's going to be because it brings back a lot of memories.

Your evidence was thoughtful and detailed, some of it very personal, but all of it very helpful for me in looking at Part A of the Terms of Reference and a little bit about Part C also.

I was struck by your comparison between different hospitals, but also between different wards of the same hospital and the difference that individuals make to how a ward feels and how you felt as parents, so thank you for that.

Finally, the thought that you have put in to the recommendations is very striking and you have given a number of suggestions which will be considered and tested against the views of others, but I am grateful to you for all of that. Thank you very much indeed for coming.

MOTHER J: Thank you.

FATHER J: Thank you.

LADY JUSTICE THIRLWALL: So that concludes the proceedings for this morning. We will start again at 2 and you are free to go whenever you want.

MOTHER J: Thank you.

FATHER J: Thank you.

*CORECTION: During the hearing on 24 September 2024, Ms Langdale KC stated: "we understand from the solicitors representing Mother and Father J that Mother and Father J would like to correct something they said in evidence yesterday. Their meeting to raise concerns about Baby J was with Dr Saladi and a nurse, but that nurse was not Eirian Powell as stated. We will explore in oral evidence, my Lady, which nurse it was in due course".

(12.52 pm)

(The luncheon adjournment)

(2.00 pm)

LADY JUSTICE THIRLWALL: Mr and Mrs K, thank you very much for coming to give evidence. It's very good to see you. I know that you will be nervous, so we will crack on. Ms Langdale.

MS LANGDALE: Mother K, may you take the affirmation?

MOTHER K (affirmed)

MS LANGDALE: You have provided the Inquiry with a statement.

MOTHER K: Yes.

Q. Can you confirm that the contents are true and accurate as far as you are concerned?

MOTHER K: Yes, I can.

Q. You tell us about your pregnancy with Child K. Can you tell us something first about your expectations for family life and moving into your pregnancy with Child K?

A. Yes. So obviously my husband and I had met, we had moved out, got a house and things, careers were going well and we found ourselves in that space where we were wanting to start a family. It was a little bit of a long road to get there but we did, and we found ourselves pregnant in 2015 and we were obviously thrilled and happy and over the moon with it.

We generally didn't foresee any issues with the pregnancy or anything like that. I kept myself very fit and well, but yes, we went, you know, to the 12-week scan --

Q. Before we get to the scan, can I just ask you this: was your care shared between the community midwife based at your GP surgery and with the Countess of Chester?

A. It was, yes. Obviously the normal process is you contact your doctor locally and that then kind of kicks in the process to arrange scans and things like that.

Q. And you both attended all appointments at the

Countess of Chester Hospital?
A. We did, yes.
Q. And you would go to the midwife appointments?
A. That's right, yes.
Q. So you had your first scan. Tell us about that. I think you were going to move on to that?
A. So yes, we had the first 12-week scan booked in at the Countess. Both of us attended and during the scan you could tell that they started to look a little bit concerned as they were obviously working through the scan and the details. At the end of the scan the midwife did say "Right, I'm going to go and have a conversation with one of my colleagues" and then came back into the room and advised us about the little pocket of fluid around the back of our daughter's neck.
From that we went into a separate room where more discussions were had around what does that mean for my daughter and mean for us and decisions that we would have to make. They alluded to the fact that this could be a potential sign of Down's syndrome and a couple of other conditions as well.
So obviously we were pretty devastated. They gave us some options of what we could do next and one of those was the amniocentesis. We did have to wait a couple of weeks so we were at the right gestation for

that to happen, and, again, we were told that carrying out that procedure would tell us if our daughter had a condition or not, but also it did carry a risk of miscarriage as well.
Q. Was it Mr McCormack who was advising you?
A. So at this point it was the lady -- the senior midwife -- that was going through the options with us and then once we decided the route that we were going to take, we then got put under the Consultant, Mr McCormack.
Q. And how did you find that antenatal care provision or obstetric care for you generally from Mr McCormack and the senior midwife?
A. We couldn't have faulted them. They were brilliant. They were so supportive. They spoke about all the options very clearly, precisely; you know, let us ask the questions that we wanted to ask, everything like that. They were very reassuring through the process.
Q. And you had an amniocentesis?
A. We did.
Q. You had follow-up scans then, you tell us?
A. Yes, we did.
Q. At paragraph 17 you talk about some of the follow-up scans?

A. Yes, so once we had the results back that actually everything was okay with our daughter, the pregnancy was continuing but now they needed to monitor the fluid, so pretty much every two weeks we were in for a scan. These were carried out by Jill Edwards. She was a senior midwife there and she was fantastic. We built up a really good relationship. You could tell the amount of experience she had but also just on a personal level she was very connective. Mr McCormack would then obviously review the results. He would have conversations with us that the fluid was starting to clear on its own and that that was a good sign and that by the time baby arrives, fluid should all be cleared up and no issues and they were happy with the development of the baby.
Q. I think at this time you were buying some items in preparation for your baby's birth for home?
A. Yes.
Q. And decorating a nursery?
A. Yes, so because obviously we had had the great news about, you know, baby is completely fine, things are all going in the right direction with her development and things like that, we, yes, allowed ourselves to then go into the mode of preparation and purchasing some items and family wanted to get

involved -- they were excited as well and purchased a few things for us -- and, yes, moved naturally down that route.
Q. Then at about 25 weeks you woke up with some niggly stomach cramps and ended up going into hospital, didn't you --
A. That's correct, yes.
Q. -- with those and you were examined and they thought you were in pre-term labour?
A. Yes.
Q. So what happened then? What were you told? Were you kept in the picture? What happened?
A. So we arrived at the hospital, generally under the impression that we were just going to be sort of checked over, baby was going to be checked and it was going to be fine, a bit of growing pains and sent on our way. We took no preparation bags or anything like that with us. We waited in the waiting room for about half an hour or so, taken through to a side room, examination, and then they said "Well, you're in pre-term labour". Obviously we were very shocked at this point, as in "Well, what does that mean? What's going to happen?"
They quickly sort of advised that really their next step would be to look into transferring us out because

their unit, you know, doesn't cover that gestation. They also advised very quickly about the steroid injections that we would be receiving to boost her lung capacity and we were just then sort of obviously left while they did their investigation work, I'm assuming about the transfer.

Q. Let me just ask you for a moment about the transfer. I think you now know it was a Dr Ford and Dr Brigham that you spoke with?

A. Yes.

Q. And your medical records indicate you would need to be transferred to a Level 3 centre?

A. Yes.

Q. But you were told, were you, that you were just going to go to another hospital. Is that the position?

A. Yes, they didn't call it "Level 3". They just said "You need to be transferred out because we don't deal with babies of your gestation; you need a little bit more special care than what we can provide at the Countess".

Q. So then steroid injections were discussed and what happened then?

A. They were discussed and obviously we agreed and the first round was given and then from that point

they were looking to transfer us into a room then; to be fully admitted and put into a labour suite I suppose.

Q. So you were in fact admitted to the Countess of Chester. Did the issue of transfer ever come up again, either from you or from them about going somewhere else or not?

A. Not -- from memory. All we can remember is the transfer conversation. Obviously that was quite nervous for both of us to be taken out of your support area and then they came back in. They did say a name or so of a hospital. We now know it was Preston. Thinking back, we thought it was a little bit further away from that -- the first one that they mentioned to us -- just because we were aware of the surrounding areas and the timeframes it takes to get there. So when they said it the first time, it was more of a shock then of "Well, how are you going to do this? How are we going to get there?" With the one that actually came out, we knew where that was a little bit more, but actually after that point nothing else was said about the transfer.

Q. You say that you learned in the trial the reason you weren't transferred was because it was too risky to transport you and in fact your labour had progressed?

A. Yes.

Q. Dos that fit with your recollection now that your labour in the afternoon had progressed?

A. Yes, they had obviously continued to examine and they said "it's now progressing". I suppose the effort that they tried to slow it down didn't quite work and that, yes, this baby is coming, type thing.

Q. And at some point they discussed with you whether or not a caesarean would be necessary or a good idea. Do you remember that?

A. So yes, this was a late-night discussion. Now through the criminal trial we're aware that it was Dr Ford that had had this conversation with us and it was a conversation where it was myself and Father K and then it seemed like a team of people because quite a lot of the interns had come in to see these discussions, be part of them. We had sat down -- and his demeanour and that was great -- and, he sat on the edge of the bed and really spoke to us on quite a personal level and he just described the fact that he couldn't tell -- he couldn't give us like medical advice of which way to go because the research that's out there around the 25 week gestation was quite limited, so he could just tell us what he knew and then basically it was our decision of what we need to do.

He described the fact that it wouldn't be a normal

C-section because of obviously Baby K's gestation and that that would then affect potentially future pregnancies.

MS LANGDALE: So Father K and yourself were having that discussion with Dr Ford?

A. Yes.

Q. And you were faced with an unknown situation really and not one where there was a lot of medical expertise to back it up from what you are saying?

A. Yes.

Q. It was unclear what the route was forward?

A. Yes.

Q. You say your feeling at that point was if she could have a few more hours where she was basically to do what she needed to do in there --

A. Yes.

Q. -- was where you landed.

A. Yes.

Q. So how did that go?

A. Yes, they were very accepting of that. It was our decision to make. They were like "Fine". He was very confident in the fact that he could deliver our daughter. He made us very comfortable that if we wanted to let things progress naturally and as they should that he will be there and will be able to deliver.

Q. In fact is that what happened?

A. Yes, that's exactly what happened, yes, and he was very confident and delivered her.

Q. You say at paragraph 35:

"... other than the baby being only 25 weeks old, the doctors said there were no clinical concerns or signs that the baby was distressed. I had been monitored since my admission to the labour ward, and the baby's heart rate and all other signs were good."

A. Yes.

Q. Is that your recollection of it?

A. Yes.

Q. You say at paragraph 36:

"Child K's heart rate was listened to every hour."

You were scanned a few times during the delivery but there was nothing that led you to worry.

A. No, no.

Q. You woke up at midnight with further pains.

A. Mm-hm.

Q. Tell us as much as you would like about the actual delivery.

A. So, yes, I had been getting niggly pains throughout the day but then it had woke me up at sort of midnight as stated. Obviously I nudged my husband just to say "Oh, kicking in a little bit now" and he pressed

the button on the wall. As what we were advised to do, if we felt we needed any assistance and then that's when obviously everybody entered the room, examined me, scanned me and then prepped for delivery basically.

Q. Dr Ford was there?

A. Yes.

Q. You say he calmly stepped forward to help to deliver Child K naturally.

So she is born at 2.15 am or 2.12 am in the morning?

A. Yes.

Q. She is immediately taken to an incubator on the other side of the labour room where the staff are with her.

A. Yes.

Q. So was it what you had been told to expect, in effect?

A. Yes, it was, yes. We were told that the Neonatal Team had been contacted, they are aware of her delivery, that they would obviously need to be present for her delivery and that's what happened as soon as they knew that it was imminent. The Neonatal Team was also there and stood there prepped ready to take her.

Q. We know she weighed 692 grams. If you look at that bundle in front of you at page 68 we can see

recorded the condition at birth.

A. Yes.

Q. "Dusky and floppy with no respiratory efforts." Then if we look at the APGARs at 1 minute 4, 5 minutes 9 and 10 minutes 9. Do you see that?

A. Yes.

Q. How did you understand she was at birth and what was happening? How did you feel around that?

A. To be honest, it was a bit of a blur because obviously they're still sort of working on myself. Baby was just taken straight over to the Resuscitaire and they were completely around her; you couldn't see her. You just kept sort of, you know, looking over but at the same time, I'm being asked sort of questions and things to do as well. We weren't expecting a cry or anything like that; we were prepared for the fact that they were going to have to help her so we did know that. Then it must have been maybe 20 minutes, half an hour when they sort of reverted back and said "We have stabilised her" and that's also when we learned whether it was a daughter or a son, so yes.

Q. So up until that point then the antenatal care and the care on delivery, how would you describe your experience of that?

A. I had no questions around it. I felt very

informed. They were, as I said, very attentive. They answered our questions well. There was a plan of what was going to happen and that happened. There was no criticism from our perspective at that current time over any care that I had received and, as far as we were aware at that point, that our daughter had received.

Q. About half an hour after she was born the Consultant Paediatrician -- I think you now know that was Dr Jayaram -- came over to speak to you, advised you that the baby was stable and ready to be transferred to the NNU.

A. Yes.

Q. And she was.

A. Yes.

Q. Which of you were able to go down and see her first? What happened in terms of seeing her?

A. So before she was transferred obviously my husband was offered to obviously come and see her before she was transferred out of the labour ward, so my husband went to see her first. Obviously I was still being treated and then she was transferred down.

My husband then had walked down before myself again that evening but the first time we had gone together was early hours in the morning when we had been told by the midwife looking after her that she was okay and due

a visit.

Q. When your husband went down to see her, did he come back and tell you how she was? Were you relying on him to tell you how she was because you couldn't see her yourself at that point?

A. Yes, very much so but at the same time more so on the medical staff to be honest because while my husband went down to see her I had gone off to sleep, so he had left obviously to go and see her while I was resting, so I didn't hear about him coming back or his renditions of things until I was awake. So actually we were still very much reliant on the medical team to tell us how she was doing.

Q. You say that at about 4 am a nurse came in to you to take you down to see her as well --

A. Yes, yes.

Q. -- with your husband. Tell us about that?

A. So the nurse came in and she just said "Hi guys", you know, "I have been with your daughter, she is now stable, she is doing okay, she is doing all right and she is well enough for you to come and have a visit", so we were like "Yeah, brilliant, we want to go down." From my recollection I don't think we went back with that actual nurse. I believe that -- because I had to get into a wheelchair and things -- the nurse

left and then another midwife from the ward actually wheeled us to see her but it was a very short conversation. "She is doing good, come see her", basically.

Q. You describe seeing her so tiny and so precious.

A. Yes, she was just a dot, that's all she was. It's such a strange feeling because the first thing you obviously want to do is pick her up and give her a cuddle, but at the same time you don't want to touch her because you don't want to disturb her. You don't want to disrupt the treatment. It's a really torn way that you go about it because I can't help her so you don't want to get in the way of anybody else helping her, you don't want to interrupt the process that's happening and, so you're very tentative with it. It's a really strange, feeling but yes, she was this little dot with a little white hat on, yeah.

Q. And she had a breathing tube?

A. She had a breathing tube and tubes everywhere else.

Q. What did you think the breathing tube was helping her with?

A. Obviously breathing and respiratory. As I said, we had been told by the Consultant before she

arrived that she is going to probably need that with her being the gestation she is and it was tied to a little bonnet and, yeah, and she had obviously all the monitors on her and the monitors had little animals on them and things like that, so yeah.

Q. What was the atmosphere in the unit as far as you were concerned when you went in?

A. Very calm. Very, very calm. There was no hustle and bustle around. To be honest I can't recall any other babies at that time being in the unit. I suppose you just focus on, you know, your own baby but it was very calm, yes, very calm.

Q. You say you stayed for around 20 minutes and you both returned to the labour room where you slept. When you can't see your baby in that situation, do you think it would have been comforting to see them via a CCTV or --

A. Yes.

Q. -- on your phone in the way that we can see images over our phones these days?

A. Yes, 100%. As you said, you were reliant on a third party to come and tell you how they're doing, where as if you could literally have something where you could just look, you can check, she is fine, the reassurance that that would give you is overwhelming

really and actually address some of your anxieties and things like that and enable you probably to start that recovery process as well and things like that because you know she is okay, you can see her at any moment you want to.

Q. You referred a moment ago to wanting to leave people to do their job, the staff to do their job, and that you couldn't do that job --

A. Yes.

Q. -- because at this point she needed the assistance. Would it help with that if you're not having to pester and ask for information, if that's how it feels like when you are asking for it?

A. 100%, yes. I felt very conscious that you just didn't want to get in the way. She needed their 100% focus and their dedication and I didn't want to take any of that away, so you massively let them do their job in that time. So yes, being able to see what they were doing, or even the fact that actually the midwives that come round and check on you, you could actually ask them "What are they doing now?", so again you're not taking away that concentration and dedication from your baby but you can get the information you need elsewhere, so it would be massively reassuring.

Q. You say that as far as you knew Child K was

stable, they were good at that point?
A. Yes.
Q. At that point was there an expectation in your mind that there would be a transfer if she was stable?
A. Yes.
Q. Again, why did you think that was necessary or was going to happen?
A. Because it had been explained pretty much from the outset -- again, from the time that we were admitted -- it would have been ideal that we were both transferred out and that if both of us weren't going to be transferred out, she would be. She needed to go to a tertiary centre and that's what would happen and when she is born that's the process that then would kick in to find that transfer, so we knew it was going to happen.
Q. So you tell us you got some sleep and then you were ready and you went back to the NNU when the transfer team had arrived?
A. Yes.
Q. You also tell us that you learned subsequently that while Child K was on the NNU there were three separate incidents when the breathing tube became dislodged and she required resuscitation. Was any of that said to you at the time?

A. No.
Q. When did you discover that?
A. In the criminal court proceedings.
Q. Taking you back to the time, you go back to the NNU, the transfer team have arrived. Did you meet with any of the transfer team?
A. Yes.
Q. What was that experience?
A. They came to see us first before they went down to see our daughter. They introduced themselves, where they were from and obviously the purpose is to transfer her. That they would obviously go down to the unit, they would transfer her over to a travel cot that would be suitable for the ambulance, and obviously they would make her secure and safe before they did that, and then before they left the hospital they would be back in touch with us for updates as to how that was going and let us know. So we were like "Brilliant, yeah, great".
Q. If you had been told about desaturations at the time they were happening, or as soon as possible thereafter, what do you think you would have done?
A. Sat there at the side of her cot. Well, my husband would have sat by the side of her cot, or we would have took it in turns, took it in shifts. You would have questioned "Well, how has that happened?"

You know, like, "How does this dot do that if that's what you're saying happened, that she sort of did it herself, or did it just slip?" You would ask the questions of "How has that happened?" and then for it to happen again and again, but you would hope that if we were told about the first incidents she just wouldn't have been left on her own.
Q. To be clear: if she is not breathing as well, you would have wanted to have been there; to be with her if that was happening?
A. Of course, yes, we should have been told; while that was happening, we should have been told that this is happening and been called to her, in my opinion, and then from that we would have understood and asked the questions "Well, how, how has that happened?", you know, that type of thing and then from that point she wouldn't have been left on her own. One of us would have been there.
Q. You had been contacted before, hadn't you? Someone had come up to get you to come and visit her?
A. Yes.
Q. Did you have a mobile phone with you?
A. Yes, we would have had our mobile phones, yes, 100%.
Q. And you were nearby in any event?

A. Yes.
Q. How far away?
A. About five minutes, if that. It's literally just through the corridor.
Q. So around midday the transfer team tell you that Child K is stabilised and a doctor says to you the transfer is going to happen. What was his expression, what did he say to you?
A. "It's now or never."
Q. What did you take from that?
A. That was one of the first times I suppose that we both had the thought of maybe this isn't as plain sailing as what it was being made out or that we were aware of because we hadn't been told any different at that point. All it was was that she was stable and she was doing okay. We had probably already maybe had the conversation about "It's taking up quite a long time" because they must have got there about 8 o'clock, 8.30 or something like that, so it's now midday, but, yes, that was the first time we had that inkling of maybe this is not where she should be right now.
Q. The transfer team are going to take her to Arrowe Park Hospital, aren't they and you say the team at Chester completely took their direction from the transfer team. In what way?

A. They just took over her care. They instructed what needed to happen and that's what the Countess team around assisted with and helped with and so from the moment they arrived, her care was under them.

Q. Did the team introduce themselves, who they were, when they took her?

A. Yes, so it was the same team that came in the morning and then, as I said, it was the same Consultant that came back to see us to say "We're taking her now, we can't do any more for her at Chester, we've got no more additional facilities to help her, so we're going to take her".

Q. At that point had you agreed a name for her?

A. Yes, we did. Obviously we didn't even know whether it was a boy or a girl until she arrived, so yes, we had the conversation and I said "I think we need to give her a name before she leaves" and we, yes, agreed a name.

Q. When she left with the transfer team, you hadn't been discharged from the Countess of Chester?

A. No.

Q. What did that feel like when she was going somewhere else?

A. Probably a little bit frustrating by now because they knew this was happening and they knew that

I needed to go. I was actually quite fortunate as in I had no complications so I can go -- I was physically fine to go -- so it was frustrating that we're still waiting now for paperwork when they knew the importance of it, I suppose, and they knew that this was going to happen but they obviously got the paperwork together and then discharged me probably about two hours afterwards, I think, once she had left.

Q. Did you get a telephone call when she was safely there?

A. Yes, we did.

Q. Who phoned you?

A. The Consultant that took her phoned us and said "She is here, she did great in the trip", so I'm assuming by that that obviously there was no drop of her condition while she was being transferred and that they had managed to then obviously transfer from the travel cot into the Resuscitaire within Arrowe Park and they had settled her, yes.

Q. I think you were able to discharge yourself about 2 o'clock, weren't you?

A. Yes, yes.

Q. Then you both went over to Arrowe Park?

A. Yes.

Q. How was she when you first saw her there?

A. Again, very much like what we had seen her in the Countess. The set-up was very similar. Obviously she was in the incubator and the tubes and, you know, all the wires hooked up to the machinery and things like that, but yes, as soon as you walked in through the door she was right there in front of you so yes, I remember well.

Q. You said the transfer team had prepared a certificate for her.

A. Yes, they had.

Q. Tell us about that?

A. Once we got there, they passed us over a certificate to say congratulations on your transfer from Chester to Arrowe Park and when you receive things like that you just -- it's heartwarming really -- think how sweet that they thought of that and obviously now it's a keepsake. Because in those moments you don't think about sort of collecting memories, if that makes sense, but that was a lovely touch, a great touch, yes.

Q. You say when you arrived it said Baby K with her name --

A. Yes.

Q. -- on the board?

A. Yes.

Q. So again tell us how that felt?

A. That's obviously the first time we have now seen her name because she left without a name, so actually we both commented on it. We were both like "Oh, they wrote her name" and, again, in the normal process of things, that wouldn't be something that you probably would hold on to, but it means a lot in those circumstances, a lot, that now she has got that identity and that she is here, she is cemented, so yes, it means a lot.

Q. You say:

"The feel of Arrowe Park was very different to Chester. They have an open-door policy so, as a parent, you can go whenever you want. There are no time restrictions."

A. Yes, so the staff, the nurses that worked there, the Consultants that worked there, encouraged you to come whenever you wanted -- 24 hours, around the clock -- and because of that, those initial feelings of not sort of wanting to get in the way or you didn't want to interrupt something that they were carrying out or anything like that kind of did subside a little bit, because as soon as they caught your eye they were like "Oh, yeah", and they would invite you into the process so yes it had a slightly different feel and you were engaged a little bit more.

Q. Was that the case even when it was busy? Presumably that had a busy ward as well. Would it still be the same?

A. Yes, 100%. So obviously the dedicated nurses are there one-on-one with your little one but in the mornings, there was always a ward round and you were asked to be there on those mornings when they would discuss the condition of your baby, what the treatment is going to be that day, what the plan is. You were part of it, which was lovely; quite hard to sometimes grasp and understand exactly what they were talking about in their terminology, but by the same token they would -- especially the nurses -- then try and re-explain it, I suppose in a little bit more layman terms for us, but you were always encouraged to be part of those conversations. It would be busy then where they're moving everybody around, but you were, yes, massively encouraged --

Q. If the terminology was difficult to understand did you have any hesitation about asking for clarification or anything?

A. No and they even gave you the option, you know, "Do you have any questions? Do you have any concerns? Do you want to ask us anything?" They gave you those opportunities to do that within that meeting,

but not obviously solely within that meeting. As I said, once you came down and the nurses were about they would explain what they were doing and why they were doing it and answer any questions that you had.

Q. You say you were told about the room at Ronald McDonald House when you first arrived at Arrowe Park.

A. Yes.

Q. Tell us about that accommodation and how supportive that is or can be for parents in your situation?

A. I don't think we could have done it without that support and without that option. They had already set that up for us. We weren't aware that that was something that was available and when we got there they said "We have already set you up to meet with one of the ladies that run Ronald McDonald" and they had already put a room aside, so again very proactive, you know, with what they knew that we would need but yes, again it also allowed you to sort of be with your baby as much as you wanted to be and then also have that breathing space of being able to go and change, shower, food, or even as well when you have family you've got somewhere to sit with your family and have discussions with your family and things and it hasn't got to be all around the cot,

so, yes, we couldn't have done it without that.

Q. Whilst she was at Arrowe Park she also required the breathing tube, didn't she?

A. Yes.

Q. Were there any incidents with that when she was there?

A. No, or through transfer.

Q. You tell us at paragraph 68 that there was a change within the 24-hour window and that she looked different?

A. Yes.

Q. Again, only sharing as much as you would like to, but how did she start to appear?

A. She just become very swollen; very swollen, very bruised. She just looked very tight, her skin had gone very tight and, yes, she looked full. You would just look at her and you would think -- all I kept thinking was "How much more can you pump into her", because that was the impression that she gave you when you're looking at her, is how much they had put into her that caused it, so yeah, she was very swollen.

Q. You say at paragraph 73:

"Outside of the huddles information was passed on at the cot-side. Some mornings we would walk in and a nurse may be changing the lines and they would tell us

that Child K had had a good morning. At one point Child K had her first wee and everyone was pleased. It was a good sign as it meant that everything was working as it should. A positive step."

So they were telling you along the way how she was?

A. Yes.

Q. But you also say at paragraph 74:

"The team had started to explain what the meanings on the monitors were and I knew they were having difficulty keeping Child K's sats within the range that they would like."

A. Yes.

Q. So was that being explained to you as well as seeing the sats? What did you think the issue was?

A. Yes, so they were struggling obviously to try and keep her oxygen levels up and she would fluctuate so much through the day; within one hour they would all be sat within the good range and then the next hour they would have all dropped again. As I said, they would explain as much as what they could around everything and where they would like them to be and that they were trying -- they tried everything to help her. They transferred her to a different ventilator that increased the rapidness of her breathing because some babies preferred that. She didn't like that, so she went back

to the other ventilator.

There was a young doctor -- I don't think I actually mentioned it in here -- but there was a young doctor there and she had been sat there for hours working out this next medication that they were going to try and again you could tell that it was kind of like the last chance but they literally were trying everything that they could come up with and every single person in that unit tried as much as they could to do what they could for her.

Q. The day before she passed away, you say it's the first time you realised just how poorly she was. Was it something that someone said to you or something else that made you realise that?

A. I think, again, I don't know whether it's just a parent thing, you sort of grab on to the little things like she has had a wee and that's kind of what you focus on so you're like "Okay, so it's all working and it's good and". But obviously alongside that, there's other things that you can see that they're fighting with and it was just you could start to see it in their demeanour as well, I suppose a little bit and how it came across and, as I said, the change in her body and you just got a sense of it. It wasn't necessarily what somebody actually said. It was the collective feeling.

Q. Did somebody raise with you whether you would like her to be baptised or advise that?

A. Yes, they did. So they asked us if she would like to be baptised and we said yes, we would, so a couple of family members also came in and she was baptised and again I suppose just you're holding on to hope, I think, that's what you do and everything else might be pushed to one side a little bit to sort of get you through the next couple of steps. Looking back now and learning what we have learned, normally they ask you that question if things aren't going great but when you're in that situation and we were obviously first time parents, we had never been in this situation before, we just thought "Oh, that's a lovely thing to do". Naivety and, as I said, maybe a bit of hope, but now we're aware of the fact that they actually did it because they probably knew what was coming and the person that carried it out and the words and the reading of how they did it was not so positive.

Q. Do you mean the experience wasn't positive?

A. Not the experience, the words that he was using as in like this was her last way out, if you know what I mean, rather than the celebration, it was a goodbye. But the experience of it and the process of it 100% we would do it again, but yeah, you are just

a bit naive and hold on to the hope, I suppose.

Q. So the following day you say you had an overwhelming feeling in the early hours that you needed to go and see her.

A. Yes. I've never felt anything like that before or since. I just woke up and I was just like "I need to go", just needed to go, and obviously nudged my husband and he was half awake and I was like "Can we just go see her" and he was like "Yeah", I was like "okay", in our pyjamas and we went and, as I said, you turn the corner and she was right in front of door and I knew. I just knew without even anybody saying anything.

Q. Shall we take a break? Would you like a break?

A. I'm sorry.

LADY JUSTICE THIRLWALL: We will leave the room. The shorthand writer will stop making notes and we will come back when you are ready.

(2.46 pm)

(Short Break)

(3.00 pm)

LADY JUSTICE THIRLWALL: Ready to start?

THE WITNESS: Yes.

MS LANGDALE: Mother K, we know you and your

husband were shown to a family room with your baby and you set out in your statement what happened next, and you say here that the staff gave Child K dignity with the way they handled her.

A. Yes.

Q. Can you just expand upon that, the care or the assistance you got with that difficult time?

A. Yes, so as we walked into the room, there was a Consultant -- which we now know is Dr Gardner -- and she was sat at the bottom of Child K's cot. That was the Consultant that we had a conversation with and she had actually said that she had been debating about phoning us for a couple of hours during that night because of how much Child K was struggling. So we had that conversation and frankly sort of said, "She's not going to get better"? To which the response was, "No, she's not going to get better, it's a matter of time", and we said, "Well, we want time with her, quality time with her. We don't want the machines to be telling us that it's over". She had gone through enough by this point. There was no more that they could do so we requested to have that time with her, so, as you said, we got taken to a family room literally just outside the unit, and they said that then they would fetch our daughter into us once we were in the family room and

they did, and they wrapped her up in a blanket, fetched her in with a NeoPuff and handed her over to my husband first and then explained that obviously they would take the NeoPuff away when we had enough time to spend with her and they would come back and check within ten minutes or so on her and that's what they did. It was very peaceful, it was very calm and, as I said, they were just very gentle on how they handled her and how they handled us.

Q. You say,, on reflection, that in the back of your mind at the time there was concern about what you should be doing in that situation.

A. Yes.

Q. Because obviously you had never dealt with that situation.

A. Yes.

Q. So what would your advice be to people dealing with that situation? I don't mean the parents, I mean the people -- nurses, doctors -- who may not have had that experience advising on what to do in that situation.

A. Emphasise that time is on your side; that you haven't got a time limit with your baby. There's no pre-conceptions of what you should be doing. There's no right thing; there's not a wrong thing. Every family is

different. The time that they spend is different. There's not going to be a knock on the door and that's it, you've got to leave, or --

Q. Did you find yourself worrying about that "Am I supposed to be here for a long time?" or not?

A. Yes, 100%. You're sat there and then you just don't know what to do, which was a very strange feeling for myself and for my husband. We are in careers where we do make decisions, we manage people and we're very capable of that but we just weren't at that point. It had just gone and I needed somebody to do that for me and I think some parents would be still fully, you know, "This is what I want to do and this is how it's going to be" and that's perfectly fine and I think other parents need a little bit of coaxing and help and reassurance that it's okay to sit for hours with your little one and, you know, little things like taking pictures and things like that would never have crossed my mind as such. Just that type of assistance and creating that environment for you to find your way a little bit.

Q. The Consultant who did the transfer did come in to see you?

A. He did.

Q. Which you appreciated. Tell us about that.

A. Yes, obviously the morning shift had come on

and we got a knock on the door of the family room and it was the Consultant that had transferred her and he said "I had obviously just started my shift and I have just learned that she has passed and I just wanted to come and pass on my condolences", which we thought was lovely. He didn't have to do that, you know, he had sort of moved on with his day, but he didn't, he took the time to come and just say "I'm sorry and I hope you're all okay". It was just a really nice gesture in that moment.

Q. When you first arrived at Arrowe Park you say they had given you contact details and a little booklet about Bliss, the charity for premature babies.

A. Yes.

Q. Did you ever look at that?

A. Yes, I had flicked through it. I can't say I sat there and read it cover to cover, but I had sort of flicked through it. There were numbers in there for assistance and help and it explained a little bit about the process and the procedure of taking care of a prem baby and sort of what's to be expected, so yes, you had a little bit of a reference material to look at.

Q. So did you feel you were given some information at least about bereavement counselling, if you to wanted to obtain it then?

A. Yes, yes, it was in the back of the book.

Q. Moving forward from that time, now, we know you had subsequent pregnancies, children. I'm not going to ask you about the details of those, but at paragraph 98 of your statement you refer to an appointment you had with Mr McCormack, the Consultant Obstetrician at the Countess of Chester focusing on you and your obstetric history, not about Child K's treatment or health.

Again, going to the antenatal care and then the discussion of future pregnancies for you, did you feel that aspect of care from the Countess of Chester was a positive experience generally?

A. Yes, so again Mr McCormack and Jill Edwards, who was our lead midwife through it all, we had met with both of them and again it was to discuss anything that they thought the reason why we would have gone into premature labour and from their side of things, there was nothing that would stand out to them as to why that happened and no reasons why for future pregnancies it would happen again, but obviously the reassurance of the fact that though it has happened, future pregnancies would be monitored closely. Obviously they then took the time out to talk about our daughter and what had happened in the weeks prior to meeting them and, yeah,

they wanted to know the whole story from a personal perspective so, yeah, we felt very comfortable in their care and very confident in their care.

Q. You did have children under their care, the same joint arrangement with your GP and the hospital?

A. Yes, we did, yes.

Q. There's just one event at paragraph 119 in relation to one of your children that was delivered there and when you say at paragraph 119 with this child:

"[You] were reviewed by the midwives before [you] were discharged and the Paediatrician completed the new baby check. Everything seemed to be fine and the baby was feeding great. I questioned whether we needed to be seen by the Neonatal Team before we were discharged because the baby had been under their care with having borderline oxygen levels and we had been advised that the baby would need to be seen before they were discharged."

And you were told that wasn't necessary. In the next paragraph you tell us that you were in fact called back. So tell us what happened there?

A. So with that pregnancy when our baby was delivered, they were delivered very, very quickly and his oxygen levels kept dropping so the neonatal team was called in at the same time as delivery and the baby was

passed over to the Neonatal Team obviously to be assessed because of the oxygen levels dropping.

They stabilised our baby. The baby didn't have to go into the Neonatal Unit or anything like that. The baby was fine, but because they were borderline on the oxygen levels as to whether they would make a decision to move into Neonatal or not, they said to us, "Before you are discharged we would like to review the baby as well", so the baby was, you know, perfectly fine overnight and everything like that, as you said, all the checks were done, the baby was fine, and we had no concerns, it was just the fact that they told us that the Neonatal Team needed to see the baby, so I had asked the midwife that was arranging discharge. They said "No, no, it's fine, the normal doctor has been round, checked the baby all over, they are fine" and then she came back later on and I said "Have you double-checked, are you sure because we were under the impression that they wanted to review the baby before we left?" "No, no, you're fine, you're fine". We were like "Okay". So we went home and literally it must have been within 10, 15 minutes of walking in through the front door the phone went and it was the Neonatal Consultant who said "You need to come back, we needed to monitor the baby for 24 hours because they were such a borderline case it

runs the risk of them having seizures" and so the baby needed to be under their care for 24 hours.

So obviously my next question is "Well, the baby is not staying on their own, I'm coming back with them" and to be fair she was like, "Don't worry, we've got you a side room on the maternity ward, you will both be staying". She was very apologetic "I'm sorry", so obviously we changed a few things over in the bags, turned round and went straight back to the hospital.

As soon as we got onto the ward they called down to the Neonatal Unit and that Consultant came up to see us. As you can appreciate, my husband was a little bit angry and annoyed by this point and sort of expressed our concerns over it and, to be fair, she was also very frustrated that it had happened and she expressed the fact that she had already been looking at the process, she had already made suggestions for changes for this not to happen again. It shouldn't have happened and obviously my baby then had two-hourly monitoring and was perfectly fine and we went home the following day.

I've got to say, it would have been very easy for that Consultant not to have phoned. She could have very easily have thought "Well, they have discharged now, any issues they will come back", but she didn't, she did the right thing, which would have caused her, you know,

headache, workload, paperwork. She did the right thing and picked up the phone and asked us to come in. It shouldn't have happened. However, the implications that followed were very correct.

Q. You say in your statement regardless of what negative backlash might have come, she did the right thing.

You applaud that she telephoned you and got you back?

A. Yes, 100% and you could see that she was pretty annoyed that it had happened, yes.

Q. Moving now to paragraph 122 and counselling and support that you have received. You say you received counselling support from a bereavement midwife at the Countess of Chester Hospital and also received occupational health support via your employer. How did you find -- without going into the details of it -- the value of the support from the bereavement midwife at the Countess of Chester Hospital?

A. She was lovely actually and I think sometimes you don't realise you need it until you're sat there. It was a space that you were able just to talk about how you felt, what anxieties were building up within you and it was a chance just to release that pressure that sort of builds and builds and builds, so it was very useful,

yes.

Q. For what period of time was that offered to you through the NHS service?

A. There was no time cap put on it from memory. It naturally came to conclusion through having my next child really and actually as we were walking out with our child, our next child, we bumped into her so it kind of rounded the situation off, but no, there was no time cap that I was aware.

Q. The other observation you make here is one you made earlier in your oral evidence, that that time with Child K in the family room -- it would have helped you to realise that there genuinely wasn't a timeframe and you didn't have to do anything straight away, practicalities can wait, just that little bit of extra reassurance about that?

A. Yes, that's it, that you've got a little bit of time to process and I think, you know, it depends what type of person you are. We are practical people and sometimes it's easier to deal with practicalities than emotions -- so to have somebody maybe say "You've got the time, don't rush, you haven't got to rush" would help.

Q. Medical records. At paragraph 155, you say you never asked for Child K's records because you had no

reason to ask for them, so when was the first time you heard and saw medical records about her?

A. At the criminal trial.

Q. You also say here:

"There was a moment of realisation during the re-trial of shock and realisation as I just didn't know how poorly Child K was when they got to Arrowe Park."

A. Yes, so, again, when you're going through the emotions, as you described before, you hold on to the hope aspect of things and you probably resonate with that more than you do with the negativity side of things and in the stark light of a trial and it being read to you what medication she was on, what they tried, what was actually wrong with her in their terminology, was quite hard to digest. I fully appreciate that that isn't what would happen at the cot-side to parents in that detail, but we just didn't know. As I said, I don't know whether we were just holding on to the hope, but in that stark light of day, I just remember sitting there thinking how poorly she was and what they had done. I didn't know that at the time in Arrowe Park to that level.

Q. You say, going back to paragraph 140 you only became aware of any concerns regarding Child K's treatment when you were contacted by the police by

telephone in May 2017.

A. Yes.

Q. Who took the call from the police?

A. I did.

Q. And what did they tell you?

A. So at this point -- you know, roughly a year on -- I was at work and I took the call as kind of scooting out of the office to a side room. Obviously she introduced herself as a Family Liaison Officer with the police and our daughter was part of an investigation that they were carrying out at the Countess of Chester Hospital as her care was within the time limits that they were looking at. It very much felt at that stage -- again, because we didn't really view her care as Countess of Chester Hospital because she was transferred out to Arrowe Park; she was only there hours -- and in our mind it was a little bit of process of elimination and she had just fallen inside that timeframe and so they were obviously just going through what they had to go through. Not for one minute did we ever foresee any of this at that time.

Q. You say:

"We were only told that Child K's treatment definitely formed part of the police investigation in July 2018."

A. Yes.

Q. So did you get another telephone call or a visit about that?

A. It probably would have been both. So they would tend to phone to give you, I suppose, the high level overview of where they were at and what was going to happen and then they would come out and sort of sit with you and go through it into the detail of what they would be allowed to explain to you, so from how the experiences go -- I can't say 100% they -- but I would assume they would have done both at that time.

Q. When were you told of the mechanism of harm that was alleged in respect of Baby K?

A. That was maybe a couple of months before the criminal trial started. We were told by our counsel team what had happened because, by the same token, we had asked quite a few times for us not to learn it while we're sat there in the court proceedings; that it would obviously be helpful for us if we were aware of what had happened and be told as much as what we could be told to some extent before we were sat learning it at the same time as everybody else, so we had a meeting. That was worked on by the counsel teams and agreed what we were able to be told and it was at that meeting that we were told what had happened.

Q. Did you ever have any contact with the Countess of Chester Hospital about Letby's involvement in Child K's care or anything about Letby?

A. No, nothing, no.

Q. One of the matters you say you learned at the trial in particular was, as reflected in Mr Justice Goss's summing up, the impact it might have had were Baby K cared for in a tertiary centre, in a better centre. Can you tell us about that? What did you hear about that?

A. No, basically what was said and we were told was that if our daughter had been born in a tertiary centre she would probably still be here and that's the hard sort of fact of it; that she needed that specialised care and you generally just didn't understand the need for that and we were aware of the fact that she needed to be transferred but also aware of the fact that she -- they were equipped to stabilise her -- in Chester to be transferred, but yes, it was the fact that she would probably be here.

Q. Or with improved outcomes, I think it said, with improved outcomes for her?

A. Yes.

Q. You didn't make contact with PALS or any other organisation, but from what you're saying at the time

you didn't have concerns?

A. We were completely oblivious. As I said, to even class her care under the Countess we didn't because she was there for hours; for us, she was cared by Arrowe Park, so yes, we had no reason to follow up with anything.

Q. Recommendations that you invite the Inquiry to consider.

You say, first of all, at paragraph 166:

"A simple flag on medical records to alert and assist medical staff quickly to your history and that a baby loss has occurred ..."

A. Yes. So it would be very useful if people were aware of your circumstances quite quickly and it would alert them to the fact that maybe they need to delve a little bit deeper into your medical history before they have initial conversations with you. You found like you were repeating yourself quite a lot sometimes with whenever you were speaking to people or anything like that which was unnecessary really if they had actually read your medical records -- so just having that quick way to recognise -- especially when you're going through your next pregnancies -- you're very heightened with what the outcome can be and your reactions might be slightly different to, a mother that

hadn't gone through that and that flag would assist the staff to be able to accommodate maybe, you know, that little bit of extra anxiety that you might carry or that little bit of extra support that you might need, or, you know, little things like for example when we had our daughter's eldest sibling, they had to have the same glasses on as what our daughter did. They were the baby didn't leave my side, the baby was there with me. But just reseeing that again, you go into overload with it and, you know, to be fair the midwives were a little bit like -- you could see them looking at you thinking "Where has this reaction come from?" I was just upset, and so with that flag it might have made them look at your history to sort of understand and appreciate that a little bit.

So for me that would have helped and just alleviated some of the questions and conversations.

Q. You also refer to the need for accurate recording of information and, on transfers, CCTV which we have discussed, but you say changing attitudes and relationships between clinicians and management teams within the NHS is a concern for you.

A. Yes. I think that you can put these mechanisms in place that will assist and help and alleviate anxieties and pressures. However, through

a lot of this, which I am assuming will come out later down the line and conversations, my understanding is there's such a disconnect between those clinicians that are on the floor and the management that sit at the top. They have different roles to play and I understand that, but that connectivity should be there and that mutual respect and understanding should be there.

These clinicians had raised concerns that were very hard for them to understand and get their head around and I don't feel like they were listened to. There's actions that could have been put into place by management a lot sooner to alleviate some of the next steps that have happened and my biggest thing as well is they need accountability. There's no accountability for anybody in a senior position to make -- if they don't make the decisions based on information that they're given, they need to personally be accountable for it. There's many organisations out there that have that in place. They're not dealing with lives but they are held personally accountable, they will be fined, they can be put into prison, because they haven't followed processes and procedures that are put in place to safeguard against these issues.

That's exactly the same as what happened in the Countess, but they're dealing with people's lives and

the impact of that is forever. It doesn't stop. It doesn't stop. For myself and my husband, the ripples are unbelievable and I never appreciated that and, you know, you're around and you hear it but you don't appreciate it until you're in it and it's scarred your life, it's changed you. You look back and you don't only just grieve your daughter, you're grieving who you were. I grieve who we were as a husband and a wife.

It just completely destroys what's around you and you have to pick yourself up and find out who you are again in this new world and it just doesn't stop, it doesn't go away and we live with it every single day and for nobody to take accountability for that or ownership for that is not right. It can't continue to be like that because this will happen again because what's the reason to stop them? There is no reason. They just protect themselves.

Q. You conclude your statement, Mother K, at paragraph 173, with some acknowledgement of the people that have helped you along the way in all that you have experienced. I don't know if you want to reflect some of that now, read that, or parts of that; however you choose to complete your evidence, or at least your questions from me.

A. "Finally, I would like to say that along with

this unthinkable and stressful process I have met some of the most amazing and caring people which I'm so thankful for. They have touched my life in many ways and somewhat restored my faith in humanity that was not present at the start of this ordeal. We have all been fighting our own battles but have also managed to support and care for each other along the way.

I believe this has enabled some healing to take place as you've discussed your thoughts and feelings with people that have been going through the same as you. We have a long road to go but evil will not prevail. I hold on to the faith that we will make it, our children will make it and know that life can be good and filled with adventure and surrounded by people that will care, support and love you each and every day."

MS LANGDALE: That concludes my questions, my Lady.

LADY JUSTICE THIRLWALL: Thank you, Ms Langdale. Mr Baker.

MR BAKER: I don't have any questions.

LADY JUSTICE THIRLWALL: No, thank you.

MR BAKER: If we could have a short break so we can just review Mr K's witness statement before it is read out.

LADY JUSTICE THIRLWALL: Of course. There is no need for you to leave the room, we can leave the room.

(3.32 pm)

(Short Break)

(3.57 pm)

FATHER K statement read

MS STANGER: "I, Father of Child K will say as follows:

"My personal details are duly removed from this witness statement to protect my identity and I can be identified as the father of Child K who died aged *(redacted)* days old.

"I make this statement at the request of and to assist with the Public Inquiry to examine the events at the Countess of Chester Hospital and the implications following the trial and subsequent convictions of former neonatal nurse Lucy Letby of murder and attempted murder of babies at the hospital, of which my child was one.

"My wife, Mother of Child K, and I have spent many years involved with the investigation into the actions of Letby and the subsequent criminal trial. At the criminal trial which took place between October 2022 and August 2023, the jury were unable to reach a verdict in respect of Child K and as such, a re-trial specific to our baby took place commencing on 10 June 2024.

"As part of the initial police investigation named 'Operation Hummingbird', my wife and I both provided our

witness statements. However, since that date further evidence has come to light through our involvement in the Inquiry and more recently the re-trial has alerted us to the full extent of Letby's actions and the concerns that had been raised as to her involvement in the deaths of a number of babies.

"I take this opportunity to provide my statement to the Inquiry as to my own experiences and my concerns regarding the care afforded to my baby at the Countess of Chester Hospital.

"With the exception of the statement I provided to the police and one session of counselling in around 2022 this is the first occasion that I have discussed the events surrounding Child K.

"Background.

"I grew up with my mum, my dad and sisters. My dad worked whilst my mum stayed at home. After I left school, I went straight into employment. My sisters both have their own children with my eldest sister being very young when she first had children. I've got a large extended family and I see a lot of my cousin as we have children of a similar age.

"I first met my wife at a local pub when I was a teenager. Although we were young, we wanted to start our life together. We bought our first house when we

were in our early 20s. We both worked full-time in demanding jobs.

"After a few years, we decided that it was time to start our family. My wife always wanted four kids. I was happy with one of each but welcomed more. I always knew when we first got married that we would have children and that, when we did, they would come first.

"I wanted to have children before my wife. I always wanted to have them young and be an engaged dad. All I want to be is out and about with the children. I love being with them.

"I knew as soon as I had any children, girl or boy, that I wanted them to learn to swim early as I love the water. I wanted that to be our thing that we did together along with teaching them to ride a bike once they could walk.

"In 2015 my wife found out that she was pregnant with Child K. We were delighted but it was massively tempered due to *(redacted)*. I can't remember now when we told people, but I think we held back a little because my wife wanted to wait a while.

"I went to all of the appointments with my wife at the Countess of Chester. After the first scan we were told that there was some fluid on Child K's neck and we

had some tests done. We had tests for Down's syndrome and they came back clear. My wife's midwife, Jill Edwards, has passed away now but she was a fantastic woman. It was a bit of a worry because I didn't know what was going to happen but the more and more scans we had, we believed it was getting smaller. I was starting to think that it was going to be okay. As the weeks went on, I started to get more excited. I could see on the scans that the baby was getting bigger, the fluid is getting smaller and I was happy.

"Jill and my wife's obstetrician, Mr McCormack, seemed to be very good friends. She always referred to Mr McCormack if there was anything. We didn't find out if we were having a boy or a girl. I wanted to but my wife didn't.

"I went with my mum and we bought the Moses basket in preparation for baby's arrival.

"We were told that there was a little bit of fluid on Child K's lungs but no one seemed to be concerned. Everybody was telling us that the baby was okay.

"A few weeks later in the morning my wife said to me that she felt a bit off. To start with it didn't seem too bad, but she had a shower and was getting ready for work and it hadn't gone away. She seemed a bit uncomfortable and she had had some spotting. I said she

needed to call the midwife and let's just go in to be checked.

"After some calls, we went to the Countess of Chester Hospital just after 9 am. I had contacted my employers to tell them that I would be late. When we arrived, we were taken to a side room and my wife was examined. We were told she was progressing with labour. I didn't have a clue what was going on. I had to ask my wife what was happening and she told me it meant that the baby was starting now. We had only gone in to get checked over and the next minute we were having the baby.

"My wife was admitted onto the labour ward and we were told that they would try to slow it down. One of the injections was for Child K's lungs to try and bring them on a bit. I was concerned for my wife because she was lying there uncomfortable and I felt so useless. I didn't know what to do or say. At that time, I wasn't concerned about my wife or Child K's care. They know best. Child K was the first child we had. I had never been in that process before so I didn't know what was happening.

"All we were told was that they were going to transfer my wife. We didn't know why. I know now as part of the lengthy investigation process that Preston

was mentioned but I don't think that Preston was mentioned at that time because I knew where that was. I believe it was somewhere else that was mentioned first.

"It could have been Bristol or Stoke that was mentioned. I cannot be sure now.

"Our view at that time was that we would do what we had to do. We would go wherever we needed to go and I would have got there. Eventually we were told that my wife couldn't travel because it wasn't safe any more. At that point I thought, 'why are we staying here now? You told us that you were looking for another bed in a hospital because that was a better hospital.'

"We were expecting Child K to arrive soon and at one point a youngish male came down to speak to us. This is Dr Ford, who also provided a statement to the police. He said that Child K was going to be breach, they were premature and that they were monitoring the baby. I wasn't sure at that time whether he was an Obstetrician or from the Neonatal Team. I was just focusing on my wife and my baby and I understood that the labour was moving.

"I remember that there was a conversation about a caesarean section but all I remember is that it was an option. I don't really remember much more because it

was such a blur. Everyone was in the room with us.

"I knew that there would be a Paediatrician when Child K was born and they said that we wouldn't be able to have a cuddle. They wanted to get Child K to the cot and stabilise them as quickly as possible.

"My wife was given a second dose of steroids and during another ward round in the morning Child K had turned round again. I think that my wife wanted a natural birth but I don't think that we ever refused a caesarean section. There was just too much going on in there to listen and take it all in. My focus was on my wife. I didn't need to worry because the doctors were doing what they needed to do. I just had to make sure that my wife was okay. I was just holding my wife's hand and letting the midwives and doctors get on with it.

"My wife was the active one in the discussions with the doctors and midwives. We were having the injections for Child K's lungs to try and push them along. Again, if Child K needed it, they needed it.

"I thought that we were in the safest place and I was relieved that we didn't need to travel but would have done it if that was the best thing for Child K. They explained that it wasn't a good thing to move my wife because it was a lot safer to have the baby born in

Chester. The labour room was only small and it was constantly black in there. There were people in and out all of the time so it was hard to know who we spoke to and what was said.

"In the statement I gave to the police I refer to a conversation I had with the midwife about fostering because she was adopting the boys that she had been fostering. She was a short-haired woman.

"Delivery.

"Before Child K was born, I stayed with my wife the whole time. Around midnight on the day Child K was born, we had fallen asleep. My wife woke me up and said that she was in pain. Her mum and sister were with us. I panicked and pressed the buzzer. The room was filled with people as I held my wife's hand.

"I always refer back to the young white male Consultant I refer to in my statement to the police. He had short dark hair and was wearing glasses. At the time I thought maybe it was a trainee, but I now know him to be Dr Ford who provided a statement to the police. When he was in the room everyone was doing everything around him but it got to a point and he stepped in. My wife screamed as he did whatever he needed to with Childs K's foot, unhook it, I think, and the next minute I saw him pass Child K to another

doctor.

"When Child K was born, she was a reddy purply colour. They asked whether I wanted to have a quick look at Child K. To be honest I wanted to see Child K with my wife but she said to go and have a quick look. I wanted to know she was really here.

"Even after I looked at Child K, I didn't have a clue whether they were a boy or a girl. My wife asked me and I couldn't tell her. Then one of the doctors said, 'Oh, sorry, it's a little girl'. I was over the moon. Child K was here. Child K was okay.

"Child K was tiny -- really, really small. I know now that the medical records say Child K was floppy. I didn't even hear Child K cry. I could see the cot but couldn't see into it. There were too many people.

"It felt like a long time that the Paediatrician was with Child K but it's going to seem like a long time when you're waiting to hear a cry. My expectation was I was meant to hear a cry but it never came. There was no cry.

"When Child K was taken to the Neonatal Unit, I let my wife go to sleep and then I phoned my mum to tell her that Child K was here.

"Neonatal care.

"I went to the Unit by myself at first. I couldn't

sleep because I was so excited. I have a baby girl. I just wanted someone to come and say that everything was okay. I was over the moon. Child K had just been born. I didn't feel worried because we were in the hospital; we were in the right place so I thought that whatever needed to be done for Child K was going to be done. I wanted to know that Child K was okay.

"My wife was absolutely exhausted because of what she had been through, so as my wife slept, I decided to go and see Child K. I knew I couldn't get through the double doors to get onto the Unit but walking to the Unit really wasn't far and there was a window into the nursery which I could look through. I can't recall the exact time I went.

"I was looking through the window and there was somebody with Child K. I couldn't say if it was Lucy Letby; I couldn't say it was anyone, it has been nearly nine years. But there was someone standing by Child K and I felt uncomfortable. I'm not sure if uncomfortable is the right word, but I didn't want to get in their way. I know I couldn't be in the way because I wasn't in the room but I didn't want to distract them from what they were doing. I can't remember if there were any other babies in the room. My focus was on Child K. I was so excited. I wanted to

tell people that the baby had arrived and was okay.

"Now, I feel guilty that I didn't stay and watch for that little bit longer.

"We couldn't get onto the Unit without a member of staff. We didn't see Child K being resuscitated and we were not told that this had been needed. If I had known then I would have asked why, and I never would have left Child K's side. If we had known and asked questions maybe Dr Jayaram would have taken it further at that stage because we would have demanded answers.

"I now know that it was Joanne Williams that told us we could go to see Child K. She came into the room on the Labour Ward. I don't know now if my wife had woken up or whether it was the door opening and the conversation that woke her, but Joanne said that Child K was stable, Child K was fine. She asked if we wanted to come and see Child K. Of course I did.

"We jumped at the chance to go and see Child K. My wife got into a wheelchair and someone took us into the Unit because you had to be buzzed through the double doors to get into the nursery. We sat on the left-hand side of Child K. Child K had all kinds of tubes attached to her which obviously needed to be there. I just couldn't take my eyes off Child K. She was so tiny, so small. Her whole hand sat on my thumb.

A photograph was taken of us while we visited. I thought that they were doing their job. There was nothing to make me worry. All I was told was that Child K was doing okay. I knew that Child K was small and we knew that Child K was going to be poorly, but she was stable and here. We spent maybe 15 or 20 minutes with Child K. My wife put her hand into incubator and I think I did too. We knew that Child K would need to be transferred to Arrowe Park but we didn't know when so we should rest before the transfer.

"We went back to the Labour Ward and my wife got back onto the bed. She needed some clothes so she told me to go home, get a shower and collect our things. I can't remember exactly but I think I went to my mum's first just to say that Child K was here, then went home. I know that we would have been told that Child K was stable, as, if not, I never would have left.

"Child K's Breathing Tube and Desaturations.

"While Child K was on the Neonatal Unit there were three separate incidents when the breathing tube had become dislodged and Child K required resuscitation. Nobody told us about these episodes whilst we were in Chester. We only became aware of these facts when we had a meeting with the Crown Prosecution Service at Knight's Court just before we went to trial for the

first time when we were also told that the murder charge would be dropped. It was only then that we were told what had happened.

"I now know that there were three episodes when Child K's breathing tube moved: at 3.50 am (which is before we first visited the Neonatal Unit); at 6.30 am and 7.30 am on *(redacted)* February 2016. If I had known, I would have asked questions. I would have asked what they were doing. Dr Jayaram would have had to explain to me there and then why Child K's tube had moved and how it had moved.

"I now know that the first episode took place before we went onto the Neonatal Unit because my statement to the police confirmed that the photographs we took of the three of us were at 4.31 am. I can't help but wonder whether I was looking through the window of the Neonatal Unit around the time that this episode took place but I didn't see anything that made me worry for Child K. I would have been back at the hospital with my wife by the time the second episode took place. From what I have been told, the last episode took place at the end of Letby's shift.

"Transfer to Arrowe Park Hospital.

"The transfer team arrived in the morning of *(redacted)* February 2016. I expected this to happen.

I remember them saying that they were struggling to stabilise Child K. All that went through my mind was 'Why was someone stabilising Child K when these doctors have already done that?' We were waiting a long time, a couple of hours I think. My statement to the police confirms that the transfer team arrived around 9 am. They came and introduced themselves and told us what was going to happen with Child K.

"Child K didn't look any different from their birth at this stage. Child K had been moved into a transport incubator. At some point whilst the transfer team were with Child K, me and my wife talked about naming Child K. My wife had always liked the name, and it was one of the names we had, so I said to my wife that if she wanted to call Child K that name, we would do.

"At one point Dr Kamalanathan, the specialist transport Paediatrician, said "Come on, we've got to go, it's now or never, we're going to go". My statement to the police confirms that it got to around midday when the transfer team told us that it was now or never. All I can remember is saying goodbye and walking out behind Child K as she went into the ambulance and the ambulance left. We went back to the Labour Ward where we showered and changed ready to follow once my wife was discharged. Once this happened, we went straight to Arrowe Park.

"Care at Arrowe Park Hospital.

"We got to Arrowe Park and went straight to the Neonatal Unit. I feel like to start with Child K looked a better colour. I have photographs of Child K in both Chester and Arrowe Park. There was a certificate for Child K for making the journey. Nobody told us anything that made us worry for Child K, so we drove home and gathered more clothing as we were going to stay at the hospital. We weren't at home for long before we just wanted to be back there with Child K.

"We were given a room to stay in at the Ronald McDonald House. To get to the Neonatal Unit from the room you had to come down in the lift, come out through the corridor and then went round a corner. Then you came into the Neonatal Unit and Child K was right there as soon as you walked through the door. She was in the end cot.

"To start with there was nothing that looked unusual about Child K. A little bit later, Child K started to swell and she was a different colour. Towards the end, Child K looked very swollen and bruised.

"At Arrowe Park, Child K dropped her oxygen support and I remember saying that it was good that they weren't on 100%, but then it went back up to 100% shortly

afterwards.

"The doctors talked to us at Child K's cot every day. They always started with Child K, perhaps because she was the poorliest. There was always a nurse with Child K. They were doing what they could for Child K.

"My mum, dad and sisters came to visit Child K, along with my wife's family. We showered, slept and ate but the rest of the time we were with Child K. We didn't leave their side.

"The night before Child K passed away, we spoke to one of the doctors, Dr Barbarao, and he said that Child K was very, very poorly. I can't remember his exact words but it frightened me and that is probably the reason why we didn't really sleep that night. It would have been late when we left Child K to get some sort of sleep.

"I thought that my wife was asleep and she thought that I was asleep and I just remember her asking if I was awake. We decided to go down and sit with Child K.

"Child K's Last Moments.

"The doctors on the Unit had previously told us what the numbers on the machines mean and where they would like Child K's reading to be so when I walked in there I knew things weren't good, especially from the

night before. No one needed to tell us. They were too low. I knew from the look on the doctor's face, that we now know was Dr Gardner, that Child K had deteriorated and she was about to call us. My wife said 'Child K is not going to get better, is she?'

"Child K had swollen up. She was a normal colour but had bruising around her chest and tummy.

"We spoke to the doctor and I said that I didn't want to hear the noise of the monitors any more. I felt it was the right thing to do to turn the machines off. It wasn't fair to continue.

"They took us to a little room outside the Unit. I wasn't in there long -- literally a couple of minutes -- and they brought Child K in. They brought our baby in and handed her to me as she took a breath. That was it. Child K only took one breath on her own in my arms.

"My wife sat with Child K and had cuddles. The doctor came back in to check on Child K and confirmed that she had gone.

"Child K had to go into a little cold bed. I couldn't understand why they had to go in there so quickly but, again, it was one of the things that if that's what needs to happen, then that's what needs to happen. I wish I could have held Child K for a little

bit longer. Maybe I should have asked to hold them for a bit longer.

"During the course of drafting our statements with our solicitors my wife and I have spoken. She asked me if we should have stayed with Child K for a little bit longer. Maybe we should have done but we had to leave Child K, didn't we?

"The drive home was so horrible. I couldn't leave the carpark at first. I was leaving my first born. I went to drive off and my wife asked me if I was okay and I wasn't. I didn't want to leave, but at the same time I just wanted to go home. My mum wanted to come round but I said no. I didn't want to see anyone or anyone to be there. I couldn't believe that this had happened to us.

"Police Investigation.

"We didn't know anything about Lucy Letby or issues with Child K's treatment until my wife received a phone call from the police in May 2017. I was in work and my wife rang me very upset. She said she had had a phone call from the police and that there was an investigation on a nurse in Chester Hospital. They were looking into all the deaths within a timeframe so Child K fell into this. I was at work at the time of the call, so I went straight home.

"The police came round in the evening to discuss further. One of the Family Liaison Officers and a male officer visited. Again, they said that they couldn't say for definite that Child K was one of the babies involved but they were looking into Child K because she fell within the timeframe. We were just told that it was an investigation into a nurse in Chester Hospital. We didn't know if it was a man or a woman and we weren't told Lucy Letby's name. I asked why they couldn't tell us more and was just told that they can't. I can't remember if we were offered any support at that stage.

"I was in denial at that stage. I thought Child K had passed away because she was early and because she was so sick. You would never think in a million years that something would happen to your baby in hospital. Knowing that the police can't give you any information didn't make it easier for me. I was running wild in my head about what might have happened to Child K.

"I don't remember when I first saw Lucy Letby's picture, but when I first saw it I couldn't say I recognised her, in the same way I wouldn't recognise Joanne Williams who came and got us to visit Child K for the first time. I wouldn't have noticed her because my focus was on my wife and Child K. When we first saw the picture I asked my wife if she recognised her but

neither of us could be sure. There's one picture where she might have been more recognisable for my wife but even then we cannot be certain. I didn't even recognise Dr Jayaram and he was at the Resuscitaire with Child K.

"Subsequent Pregnancies and Experiences.

"After Child K passed away, we had an appointment with Mr McCormack to discuss my wife's pregnancy and why she went into premature labour. This appointment didn't involve a discussion about Child K's care once born.

"When I found out my wife was pregnant in 2018 I was over the moon, but I was also petrified. We knew about the investigation and that Child K might be one of the babies involved whilst my wife was pregnant. I remember asking my wife whether we were going to go to Chester still with all that was happening. However, she was happy with her midwife, Jill, and the support she was receiving at this time.

"With all of my wife's later pregnancies we didn't tell anyone for a long time. Even after the first three months we didn't tell anybody or buy anything. My wife had extra support from her midwife, Jill, for the pregnancies with Child K's elder siblings.

"When Child K's eldest sibling was born the baby was given the same type of little black glasses that Child K had worn for her treatment for jaundice. I was

petrified seeing that again. They were kept on them for a couple of days until the jaundice improved.

"When we had our youngest child, the Countess of Chester Hospital discharged the baby before they should have been seen by the Neonatal Consultant. We got back home and had to take the baby back to hospital. I was so angry. They discharged my baby and they should never have been discharged. I told her what we had been going through with Letby and she was so apologetic. I only tell people occasionally what's happened because I don't want to tell anyone but that time I was so angry. They were not watching what they were doing.

"With Child K I stepped back and let the doctors get on with their job, but with each of my wife's other pregnancies I have asked more questions which carried on when they were born. When Child K's eldest sibling needed the glasses I asked why and they told me it was jaundice, so I asked what jaundice was and what it meant. I was involved with conversations and asked over and over until I was happy.

"Child K's siblings never left our side whilst we were in hospital. The children have had nights away from us with both of our families. When my wife went back to work full-time they went to our childminder who was and is brilliant with all of our children. I felt

okay leaving Child K's eldest sibling with the childminder but only because my cousin's little girl had been there too and I asked my cousin if our eldest would be safe. Our childminder knows what has happened so is extra thoughtful with messages and photographs throughout the day.

"The children have stayed at their nan's house a couple of times and they have been to my mum and dad's caravan a few times but I can count on one hand the number of times they have been.

"Counselling and Support.

"I can't talk about what happened to Child K, it scares me to remember and I don't want to think about it.

"I have been offered bereavement support and counselling but I never wanted to speak to anybody.

"My wife spoke to the bereavement midwife but I didn't want to. My wife said I should have had some counselling and encouraged me so I went to one session a couple of years ago. I said I didn't think I needed to because I didn't want to go through it all again but she said that it had really helped her. So I thought I'd try it. I didn't like it, so I said at the end of the session that I was going to be honest, that I didn't want to do it again. I just felt uncomfortable, it was

nothing to do with the counsellor, they were lovely and they made it a lot easier for me. But for me, it just made me relive it. Later down the line I might think, "Do you know what? I'm ready to speak to someone now, I'm stronger and could cope better with it", but at the moment, it's hard to say. I feel like right now I'm just putting one foot in front of the other.

"Medical records.

"We never asked for Child K's records because we didn't know the truth. I had no reason to ask for her records. The first time I heard about our medical records was during the criminal trial. In the re-trial they went into more detail.

"Experience with the Press.

"We have only been visited by a couple of people at home. One guy gave me his number and I just shut the door and on another occasion a workman called me because he had answered the door to the press.

"Information sharing.

"According to the witness statement I provided to the Police, the photographs we took on my phone were taken at 04.31 am on the morning of *(redatced)* February 2016. They were saying that the first time with the tube was around the 03.45 am or 03.50 am mark, that means it was before we visited. Why weren't we

told? There were another two episodes, why weren't we told? Without a shadow of a doubt I would have stayed with Child K if I had known.

"At the time I did not know that there were different levels of hospitals; I thought that one hospital was the same as any other.

"We only found out about the three desaturations just before the first trial when we met with Pascale Jones and Nick Johnson at Knight's Court and heard Dr Jayaram's evidence during the re-trial. Up until this meeting, no one had sat us down to explain what had happened to Child K. I now know that her three desaturations were due to her breathing tube being moved. If we had been given this information it would have stopped all the running around in my head. Like with Child K's pictures, when I used to look at them I saw the bruise and I thought that maybe it was something Lucy Letby had done to Child K.

"I did not know about the report of the Royal College of Paediatrics and Child Health into neonatal deaths and the NNU at the Countess of Chester Hospital or the Advisory Report of Dr Hawdon until my solicitors made me aware of them during the disclosure process relating to the upcoming Inquiry hearings. We had no idea about any of the investigations into neonatal

services and unexplained collapses until we were contacted by the police. I believe we should have known about these investigations sooner.

"If we had been given this information earlier, I would have asked questions. If I had known about the first desaturation, then would the second one have been able to happen? I would have pushed for answers as to how and why they were happening. It was such a long time afterwards that we have been given this information; they should have shared it. It's obvious to me that they were hiding it and it makes me angry.

"As detailed above, we have not been in contact with the Trust about Child K, which includes PALS. We didn't think that there was a problem until the police contacted us. We haven't been contacted from any other organisations about neonatal care.

"The Trust haven't been open and honest with us about any suspicion of harm caused to Child K. We were never told about the desaturations.

"Recommendations.

"When we met for the public inquiry, one of the mums mentioned about a flag for medical records of bereaved parents. Just recently, I heard my wife on the phone trying to get a sick note and they asked why. So it feels like we have to explain what's happening again

and again. I don't know how everyone else feels, but for me it would help to have this flag because the doctors have to read their notes before they speak to us so they would know what's going on without me repeating myself.

"If there had been CCTV that was being monitored that would have prevented some of the deaths. I think it's a good idea to put CCTV in the nursery but can't help but think it's only being looked at now because of what's happened. It's a massive cost to put it in, but it's about keeping children safe. It shouldn't just be in the Neonatal Unit, it should be for all children.

"There should be one person to sign drugs in and out and confirming which baby it's for and why. It needs to be more regulated, perhaps even a swipe operation to open up these cabinets that contain medications.

"Information should be given to patients or their parents there and then. Whether that's to an old-age pensioner or a baby, they should be told so they can make their own decisions about what happens next and what impact that has in their lives."

LADY JUSTICE THIRLWALL: Thank you very much indeed, Ms Stanger.

Mother K, Father K, I know that underneath those

names there are real people. Thank you very much for coming today and for giving your evidence. You have absolutely perfectly communicated, both of you, your profound love for your daughter and there's a really very vivid description of inexperienced new parents dealing first with the joy and then the huge loss and how it changes everything and you, Mother K, rightly said people just don't know if they haven't experienced, so thank you for sharing that so generously with us.

You have really well described what your experiences were, which, as you know, I'm looking at in Part A of the Terms of Reference and thanks also for the thoughtful observations about what helped and what didn't, and also your very frank acknowledgement of when there was good care and kindness shown to you by the many people who were involved in looking after you, Mother K, and your daughter, and it was interesting to learn of the help that you derived from the contact that you had with the bereavement midwife. I had not heard of that before, so it is particularly useful to me and thank you for your suggestions in respect of the need for accountability and much more besides.

I do know how difficult the process of this Inquiry has been for you. Thank you both very much for giving your evidence today and that concludes the need for you

to be here. Obviously, you can come back at any time that you wish to, but no one is going to ask you any questions any more.

THE WITNESS: Thank you.

LADY JUSTICE THIRLWALL: So we will finish now and we will start tomorrow morning at 10 o'clock.

MS LANGDALE: 10 am.

LADY JUSTICE THIRLWALL: Thank you all very much.

(4.33 pm)

(The Inquiry adjourned until 10.00 am on Tuesday, 24 September 2024)

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