

Witness Name: [Charles William Yoxall]

Statement No.: [2]

Exhibits: [N/A]

Dated: [14 November 2024]

THIRLWALL INQUIRY

WITNESS STATEMENT OF DR CHARLES WILLIAM YOXALL

I, Dr Charles William Yoxall, will say as follows: -

1. During my preparations to attend the Inquiry to give evidence, I have identified one matter that was mistakenly missed from my original statement dated 3 June 2024. I therefore make this supplementary statement in order to address that matter and apologise to the Inquiry that this was inadvertently overlooked within my original statement.
2. The matter in question relates to my involvement with Baby I, specifically conversations I was involved with on both 14 and 15 October 2015 relating to whether Baby I's care should be 'uplifted' to a tertiary centre. I have no independent recollection of these events so rely on the documents that have been provided to me by the Inquiry to assist with my recollections.
3. The information contained within this statement pertaining to my involvement with Baby I, should be read in conjunction with the information provided about this baby within my original statement at paragraphs 58 to 74 and paragraph 84.
4. According to the documents provided to me, Baby I had returned to the Countess of Chester Hospital (COCH) from Liverpool Women's Hospital (LWH) on 13 September 2015. The statements of Dr Saladi [INQ0013959_0012] and Dr V [INQ0012253_0007] confirm that Baby I became unwell again on 13 October 2015 and had a collapse at 03:36 hours requiring intubation, ventilation and cardiac compressions. Baby I subsequently remained ventilated. It appears that the treating team at COCH felt that Baby I had developed

necrotising enterocolitis (NEC), which had been suspected but not proved, during Baby I's second admission to LWH. According to the documents provided to me, the treating team at COCH took surgical advice from Alder Hey and a plan was made to deal with the acute problem with antibiotics, bowel rest and breathing support. When recovered the plan was to transfer Baby I to LWH to perform an intestinal contrast study to investigate for a possible stricture [INQ0012253_0008].

5. On 14 October 2015 at 12:20 hours, Dr V telephoned my colleague at LWH, Dr Kiran Yajamanyam, to discuss Baby I. Unfortunately, he was too busy to take the call and passed the request on to me later that same day. I called the neonatologist on call at COCH at 19:30 hours and spoke to Dr Saladi [INQ0012253_0008]. I have not seen Baby I's case notes from that period, apart from the entries created by Dr Saladi relating to his assessment at 18:00 hours, prior to my call and his summary of our discussion [INQ0000429_1012]. I do not recall the detail I was given about Baby I's condition at the time I spoke with Dr Saladi over the telephone or the problems I was told they had encountered over the preceding hours. The case note entry I have seen describes a baby who was stable and improving on the ventilator at that time. The ventilator settings were not high and were improving, the morphine dose was being reduced (presumably in anticipation of extubation) and the dobutamine (medicine given to improve blood pressure) had been discontinued. The notes indicate that subsequent to our discussion, Dr Saladi and I made a decision to transfer the baby to LWH the following day if they were still requiring ventilation. I assume from this that we had formed the impression that Baby I was likely to come off the ventilator in the next few hours.
6. Unfortunately Baby I remained on the ventilator and was unstable. Dr Saladi describes in his statement a deterioration in clinical condition at 03:50 hours on 15 October 2015 [INQ0013959_0013]. Dr V describes in their statement that there was a further collapse at approximately 10:40 hours on 15 October 2015. In response to this Baby I required endotracheal tube suction, 'hand ventilation' using a Neopuff device and cardiac compressions. Resuscitation drugs were not required [INQ0012253_0008/9].
7. Dr V has stated that I was telephoned again once Baby I had been stabilised and a plan was made to transfer the baby to LWH. I understand that subsequently, Baby I's parents requested a transfer to Arrowe Park Hospital instead as [I&S] [INQ0012253_0009] and the baby was transferred to there.

8. As discussed in paragraph 84 of my original statement, I was invited to take part in a Cheshire and Mersey Neonatal Network (CMNN) "Table Top Review" of Baby I's care. I was unable to attend for reasons already explained and arranged for my colleague Dr Yajamanyam to attend on my behalf.
9. As stated previously, I have no recollection of receiving any feedback form that meeting, but have been provided with a document by the Inquiry titled "*Summary of 'table-top' review meeting held on 26/2/16 at Alder hey Hospital to discuss case of [Child I]...*" [INQ0012107]. This document appears to have been written by Dr Subhedar, CMNN Clinical Lead. I have no recollection of seeing this document prior to a copy being made available to me by the Inquiry and I have no record of having received it by email at the time of the review.
10. Within this document, it is stated that Baby I "*became unwell again about 4 weeks later at COCH and had 2 episodes of major cardiorespiratory collapse requiring full resuscitation*". This document suggests that these events occurred prior to discussion with me at LWH about potential transfer on 14 October 2015. The 'table-top' review report also concludes that "*the decision not to transfer from COCH to LWH following two cardiorespiratory collapse episodes was probably inappropriate...*".
11. I have not seen Baby I's case notes from COCH during this period, only the small extract provided to me by the Inquiry. However, the statements of Dr V and Dr Saladi do not record two episodes of cardiorespiratory collapse prior to the telephone conversation that took place with me at 19:30 on 14 October 2015. The statements describe that there had, by that time, been one episode, at 03:36 hours on 13 October 2015, 40 hours prior to my telephone call. The subsequent episode of collapse described in the statements and referenced within paragraph 6 above, appears to have occurred 15 hours after the time of my conversation with Dr Saladi about a possible transfer.
12. If I had been aware that Baby I had experienced 2 episodes of cardiorespiratory collapse prior to my telephone call with Dr Saladi on 14 October 2015 then I would have asked for Baby I to be transferred to LWH that evening. I therefore suspect that either there had not been 2 episodes of cardiorespiratory collapse at that time, or I had not been informed about them during the telephone conversation. I note that the information contained within the extract from the clinical notes I have seen indicates that Baby I was improving at the time of my call with Dr Saladi and as per his witness statement, the previous collapse was

some 40 hours previous. Therefore, had I been told about the one episode of cardiorespiratory collapse at the time I spoke with Dr Saladi, I consider it likely that I would have given advice to monitor Baby I and transfer the next day if ventilation was still required; this is what I appear to have said.

13. If Dr Saladi had made a specific request of me to transfer Baby I to LWH that night, I would have done so. If ever a neonatologist made a specific request for transfer, then I would have accepted that and I trusted Dr Saladi's judgement. If it was at any time felt that a referring hospital were unable to provide safe care for a patient, that would have been an absolute indication for transfer and would have been accepted without question. As stated above, I cannot recall any of the details of the telephone conversation with Dr Saladi, but in view of the clinical entries I have seen and the contents of the statements provided to me, I must have been suitably reassured by Dr Saladi's assessment of Baby I at that time to agree to leave them at COCH unless their need for intensive care persisted into the next day.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

Personal Data

Signed: _____

Dated: ___ 14th November 2024 _____

