

**WITNESS STATEMENT**

Criminal Procedure Rules, r27.2; Criminal Justice Act 1967, s.9; Magistrates' Courts Act 1980, s.5b

Statement of: COCKCROFT, DR STEPHEN

Age if under 18: OVER 18 (if over 18 insert 'over 18')

Occupation: ICU CONSULTANT

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This statement (consisting of 1 page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false, or do not believe to be true.

Signature: S COCKCROFT

Date: 19/03/2018

Tick if witness evidence is visually recorded ☐ (supply witness details on rear)

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This statement refers to an incident that took place in Salisbury Town Centre on the 4th March 2018, as a result of that incident two persons were admitted to Salisbury's ICU where I have had interaction with them both. I worked in the ICU on Thursday 8th March 2018, whereby a sedation hold was conducted on Yulia and she woke up briefly.

I am an ICU Consultant and an Anaesthetist Consultant, I have worked at Salisbury Hospital since 1994. In this statement I will refer to Dr James HASLAM, a consultant in the ICU, Anna who is also a Doctor, she is a visiting medical registrar, she is a very senior chest doctor, she has very little medical intensive care experience and is currently working in the ICU for training purposes. Rebecca a staff nurse and Jackie NICHOLL is a ward sister, all of whom work on the ICU also known as Ponton Ward at Salisbury Hospital. I will also refer to the two patients I know as Sergi and Yulia.

I was on duty the weekend of Sunday 4th of March 2018 when the two patients, Yulia and Sergi were admitted. I was one of the first Doctors to meet them at the emergency department and since their admission I looked after them up until the end of the day on Monday. I later assisted my colleagues on the intensive care unit on Wednesday and Thursday.

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On Thursday 8th March 2018, I was working on the ICU also known as the Radnor Ward. The work on the ICU had been divided between two consultants, myself and James HASLAM. James had been the duty consultant from Monday evening through to Friday. He was primarily dealing with the three effected patients of the nerve attack, namely Sergi, Yulia and Sgt BAILEY. I was assisting James with all the other things that were going on in the intensive care unit. Other than attending ward rounds and discussing the progress of patients, I hadn't had any hands on involvement with Yulia and Sergi since Monday.

On Thursday I had not long brought a very ill patient back to the ICU from theatre and I was quite involved with the resuscitation of this patient, who remains critically ill. I was very busy settling him in as there had been a few delays and urgent things come up, I was quite preoccupied with this. I was stood next to the patient when Anna came running up to me, she run across the intensive care unit and said "I think Yulia has woken up" and would I come into the side room. The side room being where Yulia was, at this point I had not realised that this was a sedation hold. I felt shocked and a degree of Euphoria that she has woke up.

Yulia's room was the furthest point away from where we were, I was in the bottom right corner and Yulia's room is on the top left, it took less than a minute to walk across. As we walked towards Yulia's room, Anna told me that it was a sedation hold, I asked her if she had told James and she said that she could not find him. I understood that sedation holds were taking place, but I was not aware if this was Yulia's first one or if she had ones previously.

Yulia is in side room 12, in order to get into the room you have to go through two sets of doors. This particular room is a room that we often put patients that may have infections diseases. Through the first set of doors, there is a small area we call the anti-room. This is where you either clean yourself up or decontaminate yourself depending on whether you are going in or coming out, there's a sink and a few stores. I put on some gloves and went into the room, I presume that Anna did the same, I think Anna was ahead of me and got into the room first, I also recall Rebecca already being in the room with Yulia.

Rebecca had been looking after Yulia quite a lot, she was at work with me on the Sunday when both of the patients were admitted. I think for that reason, when she was on duty, she tended to be assigned to the same patient. I would say Rebecca had quite a good handle on what had been going on in the week, probably a lot better handle then I had by Thursday.

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After Anna went in first I followed behind, she went around to the right hand side of the bed where Rebecca was, I went to the left hand side. There was more space as there is quite a bit of kit in the room.

The room itself is rectangle, longer than it is wide, I would say roughly 5 meters wide around 10/9 meters in length. The bottom half of the rectangle had been removed, that is where the anti-room is. Essentially most of the rooms on the ward are square with a tiny little desk which has a computer terminal to get blood results, there is an internal phone where the anti-room would be. In Yulia's room, as you walk through the door her bed is ahead of you, furthest away from the door and in the middle. Yulia's head was at the top of the bed, furthest away from the door. There are glass partitions between that room and the adjacent room, all the blinds were down to preserve patients privacy. There was also equipment that included the ventilator that the patient was on and other monitors as well as there being quite a few stores. There was an awful lot of collected body fluids that seemed to be amassing, these were there for subsequent analysis.

I think Anna and Rebecca were shook up her that the patient waked quite as quickly as she did. Yulia was slightly tilted to her right, she was facing Anna and Rebecca and not at the side I was on. This is because of pressure sores and patients are regularly turned who are immobile.

I cannot recall exactly what was said, however Anna reintroduced herself to Yulia as we never know exactly how much they remember, as Anna left the room for a moment she may not have recalled her from two minutes earlier, however I am making an assumption that Anna was in the room previously to find James, as this was an important development.

Anna explained that she had just bought the intensive care unit consultant in. I was staggered to see Yulia with her eyes open and apparently responding in a meaningful way. Yulia was looking at Anna in a purposeful way, her eyes were wide open, her gaze was directed towards Anna in a way that suggested to me that she had good vision to perceive that Anna was the person that was talking to her.

It wasn't a response we would see from someone with brain damage for example, their gaze would not be as precise as it were, they may hear a noise but they don't necessarily look towards it, however Yulia was looking directly at Anna and it was an encouraging sign.

I cannot recall exactly what Anna asked, however it would have been along the lines of are you in any discomfort? I cannot remember if there was a meaningful response to that, what I do remember is that I

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could see Yulia was crying, she looked very, very anxious, absolutely terrified. I took hold of Yulia's left hand and took over the conversation as Rebecca and Anna didn't know what to say. I introduced myself and again asked her if she was in any discomfort? I tried to orientate Yulia as to where she was and how long she had been there. If there were any other family members involved, I would always try and reassure them, if I can't reassure them, for example, if the other family member is critically ill then I don't say anything. When I took hold of Yulia's hand her gaze shifted towards me, her eyes remained open. She was looking at Anna, her gaze and her head rotated towards me, she was without a doubt looking at me. Her head moved slightly to the left, however it was mainly her gaze that moved towards me. It was definitely a high level neurological response, that you wouldn't see in someone that had suffered brain damage. I was staggered by this. I asked her if she was short of breath and asked her about her thirst, as it is sometimes difficult to get their fluid balance right. I'm am not too sure how much muscle strength she had, but she did have the ability to nod and shake her head. She didn't have enough muscle strength to raise her head off of the pillow, that is normally quite a sensitive test of your muscle power.

I am unsure of the exact line of my questioning, however I would normally start off by telling her that she was safe and in Salisbury Hospital. I started explaining that it was now Thursday and she had been asleep for 4 days, she appeared to nod her head to that, I assured her that her father was safe and with us and I said something along the lines of, we know what happened, we know what has caused this, we think someone has done this deliberately and we are giving you the right drugs to get you better. I explained that she was likely to feel that her muscles were very very weak and she was not to worry about that, in the longer term her strength should recovery, I can't be certain it will, but then wasn't the time or the place.

I felt that if she could remember if something had happened and given the nature of her father's background, she maybe laying there thinking that we don't have a clue what has actually happened to her. I wanted to make a point of telling her that we knew she had be poisoned, that we knew what it was and that she was getting the right treatment to get her better. I did not get much of a response from Yulia to this, she may well have drifted off. I would have asked the general questions first and I then went on and asked her if she remembered anything about the incident on Sunday, I got the impression she nodded or shook her head, but I cannot say which for sure. I asked her did someone attack you, I did not get a response to that, I asked did someone spray something in your face, did someone throw something at

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you? Something along those lines. I didn't get a response to that either. I can recall Anna repeating some of the questions that I said, I can recall her asking did anyone attack you? Did anyone throw anything at you? When Anna spoke her gaze shifted back to Anna. Anna appeared to be quite enthusiastic, due to the responses we had we all thought this patient would probably be brain damaged. I cannot recall Rebecca asking any questions, however she most likely did offer reassurance.

Yulia nodded her head on occasions throughout the conversation, I would describe it as slow, not a normal nod in terms of the movement, nonetheless it was a very purposeful nod. There were a couple of occasions when she shook her head from side to side again this was quite slowly, but purposefully. You would need a high degree for neurological function in order to do that. I also asked Yulia if she could squeeze my fingers on her left and the right and she did. I would have put my fingers into her right and left hand and said, "Yulia, can you squeeze my fingers?" I repeated it side to side, although it was weak she certainly squeezed them. Because she did this, this prompted me ask her if she was able to lift her head off of the pillow? She did try to lift it, however she was not strong enough to do that. I asked these questions towards the end. When she couldn't move her head as much as she wanted to, I reassured her that her muscles were very weak and not to worry about it.

I can recall I got positive responses from the first few questions from Yulia such as; you are safe, you are in Salisbury Hospital. She definitely nodded her head and she certainly acknowledged the fact her father was safe too and in another room on the same ward. That I am quite convinced I got a positive response. I am unsure how significant the other responses were. The entire questioning process lasted for around 3-4 minutes, I asked her 3 or 4 questions at the most following the regular questioning. Having asked her all of the questions I said, "I am going to see if I can find James, I am sure he will want to see this."

I then left the room leaving Anna and Rebecca in there. When I came out I could see one of the Ward Sisters Jackie making her way and heading towards the room. Jackie would have overheard the conversation of Anna telling me that Yulia was waking up. I interpreted that, being the Ward Sister in charge, she wanted to come and see it for herself. I then left the ward area and made my way to the office that I share with James. He was in there with a guy from Porton Down, he had bought us some analysing equipment, it was very complex to use and he was showing us how to use it. I cannot recall his name but he was clearly in the know, so I didn't have to guard what I was saying. I said James you may want to come in, Yulia looks like she is waking up, I don't think anyone else would have heard it. This was the first sedation hold they tried so it was quite significant. We had a conversation that this was good and

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although she may still be affected the nerve agent at least there hadn't been any secondary brain damage as a result of her possibly not breathing properly on the Sunday. I was surprised as he said ok thanks for telling me, where as I would have been a lot more encouraged by this.

I then went straight back into Yulia's room, Anna, Jackie the Ward Sister was in there. There was an argument taking place between the sister, Jackie and the Staff Nurse Rebecca over the state of one of the blinds. The Sister was telling Rebecca that she should not open the blinds and it should stay shut. I had to intervene and ask them not to argue in front of the patient, I explained she is distressed enough as it is. I assumed Yulia was still awake as we had not yet started sedation, however she may well have drifted off to sleep by this stage. Anna was in the corner writing some notes up. At this point, I then suggested they restarted sedation. It is a matter of switching it this back on and within two to four minutes Yulia would have been asleep again. Following this, I suggested that we would need to remove a dialysis catheter that had been fitted on Sunday, however prior to this I spoke with Anna regarding Yulia's platelets, this was to ensure Yulia's blood clotting was safe enough for us to remove it. They were fine and said I suggested why don't we take it out when she's asleep. Jackie and I then left the room at the same time. My attention was then drawn to a group of sisters talking near the drug cupboard regarding Yulia waking up. Jackie was also very upset that I spoke to her regarding the argument she was having with Rebecca in front of the patient, Jackie apologised for this and said she was very embarrassed.

After we put Yulia back to sleep, I really thought that was the end of the matter as far as we were concerned. I didn't realise that Anna had recorded the conversation I had with Yulia in her notes, it wasn't anything I was planning that was going to have a future, it was purely just trying to reassure her, reassuring a scared young lady that she was in a place of safety. It was a conversation of such dubious significance because of the fact that she has just woken up from a coma. I wouldn't have even wrote it in the notes or made a big deal about it, it was more to alert my colleagues that Yulia was not brain damaged.

If I am honest I was gobsmacked, as when Yulia first came in I thought she would have suffered oxygen lack to the brain. She is the one, if I thought there was going to be some real long lasting damage it would be to her and there she was apparently awake. It was quite emotional if I am honest. I was very conscious that she had been asleep since Sunday and it was now Thursday afternoon, she has had an awful lot of sedation which we had given her, on top of the chemical effect this nerve agent would have on the functioning on her brain, she could have been delirious and not be understanding anything.

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The sedation holds are things that we do two or three times a day. When we have a longer term intensive care patient, by this I mean patients that are going to be with us for more than two days, it is routine practice to stop drugs that are sedating to patient to allow them to wake up and interact with the nursing staff or the Doctors.

We want to know if they are pain free, we want to know if they are anxious, we want to know if they are breathless and it's an opportunity to reassure the patient that they are fine. The other reason we do this is we want to make sure that we are not giving them too much sedation, as we want them to maintain muscular activity, it speeds up their convalescence, otherwise if you flatten them completely their muscles can take weeks longer to get them off of the ventilator and walking about.

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