

PRIVATE EYE

SPECIAL REPORT PART 23

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THE LESSONS OF THE LUCY LETBY CASE

DR PHIL HAMMOND (MD)

THE LUCY LETBY CASE: PART 23



Appeals all round

JEREMY HUNT, health secretary during the spike in baby deaths at the Countess of Chester Hospital, argued in the *Daily Mail* last week that the murder conviction of former CoC neonatal nurse Lucy Letby should be urgently re-examined. Hunt has campaigned for more than a decade to reduce medical errors and says the criminal justice system “may not be meeting the standards we need in this and other health-related cases”.

Hunt was persuaded by neonatal experts who reviewed the clinical records and found no medical evidence of deliberate harm, explaining all the collapses and deaths in terms of frailer-than-portrayed babies, some of whom received substandard care (*Eye* 1640). He concludes: “There are serious and credible questions about the evidence presented in court, the robustness of expert testimony and the interpretation of statistical data.” Hunt points out that if the babies did die from substandard care and error, blaming Letby loses any chance of learning from error and preventing future deaths.

His intervention came two days after a *Mail* editorial swung behind an appeal, pointing out that: “As it stands, Lucy Letby will die in prison... If there is even a shred of reasonable doubt, and that doubt were not acted upon, it would be an act of unspeakable cruelty.” It added that there was “no direct evidence she killed any of the babies”. Letby was on duty at the time of seven of the 17 deaths during the period under question, and instructed defence expert and consultant neonatologist Dr Svilena Dimitrova judged she was nursing to a good standard.

Dr Evans self-destructs

THE *Mail*'s change of heart happened the day after the *Mail on Sunday* printed a response from Dewi Evans, the lead prosecution expert, to questions about his evidence from an AI software engineer who publishes online under the name TriedByStats and had access to most of the trial transcripts. Evans could have refused to engage, as other prosecution experts are doing. Instead, he answered questions – then snapped.

“You seem pretty intense, and it's not unusual for men to have the hots for pretty young blonde females. A nursing uniform is a turn-on for some by all accounts. I would suggest you need to get out more, find yourself an available pretty young blonde

female with/without nursing credentials. But one who doesn't go to work intent on murdering her patients.”

Evans himself receives deeply unpleasant *ad hominem* attacks, so perhaps it is not surprising he dishes them out – although TriedByStats had been courteous in the exchanges.

But Evans is professionally isolated. No neonatal expert has spoken up for him and MD has yet to find one who considers him an appropriate lead expert in this case – or endorses his view that the only explanation for the deaths was deliberate harm.

In MD's view Evans should not have volunteered himself but neither should the system have allowed it: police, the Crown Prosecution Service, trial judge and three appeal court judges have endorsed him though he lacks recent high level neonatal experience.



Rooted to the flaw

METICULOUS transcript analysis by TriedByStats had previously unearthed a huge flaw in the prosecution case, providing the bombshell for Radio 4's *File on 4*.

Letby had been accused in pre-trial reports of fatally attacking Baby C by squirting air down the nasogastric (NG) tube based on an X-ray taken on a day when she was not on duty, and had not even met the baby (*Eye* 1634). TriedByStats unearthed that prosecution experts initially blamed natural causes, then switched to murder by air administered via the NG tube on 12 June 2015, without spotting Letby's absence.

Letby was, however, convicted of murdering Baby C by this method on 13 June, when she was on duty, even though expert reports had not identified any harm occurring on that day. Letby was also convicted of murdering Baby P by the same method, and Baby I by a combination of air down the NG tube and into a vein. However, this has all been thrown into doubt by a signed statement from Evans to Channel 5 (on 3 April 2024), stating that no baby died by injection of air into the stomach, they all died by air injected into a vein. The jury was clearly told otherwise. This alone could be grounds for appeal.

More errors

TRIEDBYSTATS spotted other examples in the trial transcript where Evans appears to change his mind.

Evans initially suggested babies had died from injected potassium chloride. He reported an accusation that someone had dislodged a baby's nasal prongs on its oxygen tube, but dropped this when he found Letby wasn't there. He claimed air into the NG tube was “a clinically proven mechanism of death” when it wasn't; he now says it isn't a method of death at all.

Evans theorised that Baby N had suffered an inflicted air embolism, which he thinks killed other babies very quickly, but this baby somehow recovered in seven minutes with

oxygen. Evans' final theory for Baby N was very different – attempted murder by inflicted trauma to the throat.

Evans argued Baby O underwent a “key clinical change” at 1am, which he linked to an alleged attack on the night shift, but Letby was not present; the timing of the alleged attack switched to the day shift. For Baby I, Evans proposed that someone injected air down the NG tube until it emerged that the baby may not have even had an NG tube; Evans changed the allegation to smothering.

Many of these points were challenged by Letby's barrister Ben Myers at the time and the jury still chose to believe Evans. It's not unusual for experts to hypothesise, test the evidence and change their minds. What is unusual is for independent experts to present their findings with certainty, excluding more plausible causes.

Patient safety investigations should be a multidisciplinary team effort, not rely on a long-retired doctor wading through notes. Evans may be the fall guy, but it was the Chester consultants who took it to the police, having apparently failed to consider that the unit's or their own shortcomings might be the problem. This is the overwhelming view of 24 defence experts. CoC's Dr Stephen Brearey and Dr Ravi Jayaram may eventually have to answer this charge but for now, unlike Evans, they are keeping very quiet.



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