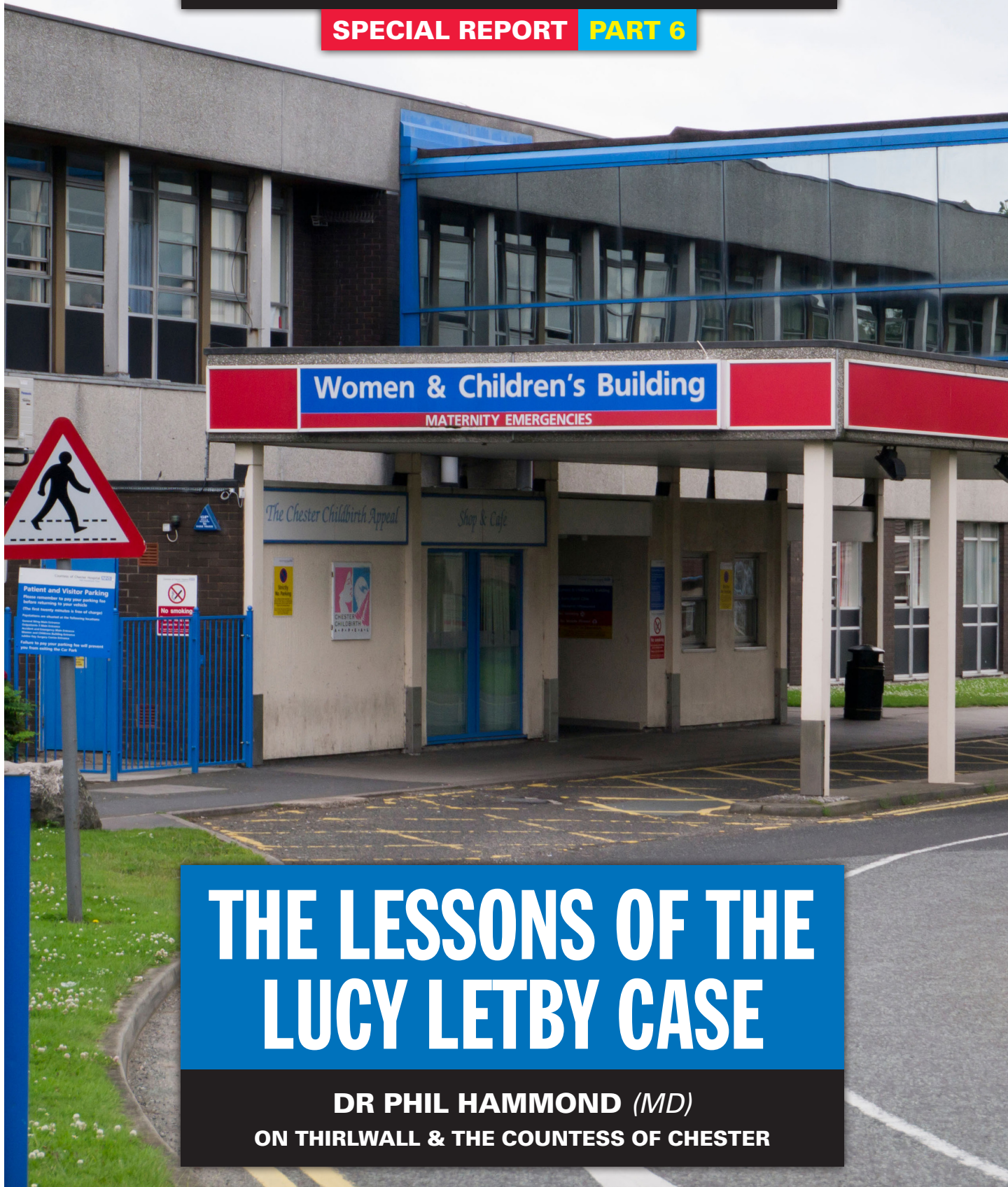


# PRIVATE EYE

SPECIAL REPORT PART 6



## THE LESSONS OF THE LUCY LETBY CASE

DR PHIL HAMMOND (MD)  
ON THIRLWALL & THE COUNTESS OF CHESTER

# THE LUCY LETBY CASE: PART 6

## MD ON THIRLWALL & THE COUNTESS OF CHESTER

### Killer question

AS A succession of Countess of Chester hospital paediatricians, young and old, are hauled in front of the Thirlwall Inquiry to apologise for not calling the police in sooner to investigate convicted nurse Lucy Letby, a vital question is being ignored.

How did all these doctors – including seven consultants with more than one hundred years of collective experience – fail to diagnose multiple deaths by air embolism when Dewi Evans, the prosecution's lead expert witness who hadn't even practised medicine since 2009, spotted them so quickly?

As Dr Evans (*pictured*) has repeatedly explained, it was an easy diagnosis to make. Babies are simple, there are only so many things that can go wrong with them. He was quickly able to exclude natural causes for their collapses, such as haemorrhage, infection or a congenital problem. And the only diagnosis left was air embolism. So why did no one else make it?



Dr Evans is so confident in his diagnosis he told me that, had he been called in after the first unexplained death, he would have spotted it; Letby could have been stopped after one murder and many lives saved. His evidence will be vital to the Thirlwall Inquiry to learn how to catch a nurse murderer quickly – but he hasn't even been asked to give a statement, never mind have a star turn in the stand. One has to wonder why.

### Missed opportunities?

NOT only did every paediatrician in the Countess of Chester hospital fail to make what Dr Evans believes is the obvious diagnosis of repeated deaths by air embolism during Letby's murder spree, but none of the three paediatric pathologists performing postmortems at Alder Hey hospital on six of the babies spotted it either. Nor did the coroners; nor any of the doctors who attended the hospital mortality reviews that happen after each baby death; nor any of the doctors within the wider Cheshire and Mersey neonatal and paediatric network with whom the cases were discussed; nor anyone inspecting the unit for the Care Quality Commission; nor anyone from the expert review team for the Royal College of Paediatrics and Child Health.

Nor did Dr Jane Hawdon, the highly experienced neonatologist brought in to examine 17 sets of case notes by the managers. She deduced "major or significant suboptimal care" in 14 cases, but not death by air embolism.

Dr Jo McPartland, a paediatric pathologist at Alder Hey, was asked to review some of cases. She found that Child I died as a result of abnormalities in the organ systems; she recommended that the family of Child P be referred to discuss potential genetic causes of sudden unexpected postnatal collapse. And for Child A there was no evidence of air embolism. Is it credible that all these medical experts missed a diagnosis that, to Dr Evans, was plain as a pikestaff simply by looking at the medical records? Or is there a possibility he might be wrong?

### Evans arrives

DR EVANS volunteered to be an expert witness for the prosecution, and Cheshire Police could hardly refuse. Like the hospital doctors, they had their suspicions about Letby and even dug up her garden, but even their finest forensic detectives couldn't crack the case until Dr Evans spotted murder where no one else had. And he is a winner.

As he wrote to me: "In 35 years (1988–2023), I have never lost a murder, manslaughter or serious abuse case other than one when acting for the defence... Losing my one case still rankles."

He clearly plays hard to win, and nearly always does. I've never encountered an independent medical expert witness with such a high "win for the client" rate.

Cheshire Police paid Evans well to screen the clinical records, and, having diagnosed murder, he was paid again by the court to be an independent witness scrutinising his own theories. Giving such huge power to a single expert of the police's choosing, who then marks his own homework in court, is standard practice, despite the obvious risks of confirmation bias. What the police needed was a team of experts around Dr Evans to add their support.

### Team Evans

THE police assembled an impressive array of other independent expert witnesses who supported Evans to varying degrees. They were consultant paediatrician Dr Sandie Bohin, forensic pathologist and histopathologist Dr Andreas Marnerides, consultant paediatric radiologist Professor Owen Arthurs, consultant paediatric haematologist Professor Sally Kinsey, consultant paediatric endocrinologist Professor Peter Hindmarsh, consultant paediatric neuroradiologist Professor Stavros Stivaros, and consultant paediatric surgeon Mr Simon Kenny.

This expert team allowed Dr Evans to expand Letby's methods of murder to include injecting air not just into a vein, but into a nasogastric tube. This really took off, and the appeal court judgment denying Letby an appeal states: "Air forced down a nasogastric tube: this was alleged to be the cause of the collapse and death of Baby C, Baby I and Baby P."

### Baby C

DR EVANS spotted that Baby C's x-ray "showed a huge great bubble in the stomach and far more gas than I would expect". With the support of other experts and the same deductive reasoning he'd used to diagnose venous air embolism, he decided Letby had attempted to murder the baby by injecting air down the nasogastric (NG) tube.

This caused consternation in neonatal circles. One consultant told me: "It's bollocks. Babies get too much air in the stomach all the time, with all the bagging and masking and CPAP, and all you do is take it out again." But Dr Evans was convinced. Until, that is, it emerged in court that Letby had never cared for the baby at that point and was not on duty the day the x-ray was taken (although she was there the following day when Baby C collapsed).

Either the prosecution had to argue Letby came into hospital when she wasn't on duty to give a slowly fatal air injection into the gut (but there was no swipe card data to prove this). Or she had a very long concealed tube running from her home to the unit that allowed her to inject air from a distance. Perhaps that's why the police dug up her garden.

### Big U-turn

AFTER considering the options, Dr Evans decided Baby C had also died by air injected into a vein after all, and that the air allegedly injected into Babies I and P's guts was not a method of murder after all, but merely for "destabilisation". Why the appeal court failed to notice this is unclear. The judge allowed Dr Evans to revise his view mid-stream, but the jury was doubtless

confused after Nicholas Johnson KC, prosecuting, had previously assured them Baby C had been killed "by air inserted into his stomach via the nasogastric tube, not into his bloodstream".

The judge reminded the jury they didn't need to understand the means of death, just be sure Letby had intent to murder when she volunteered for extra shifts, rather than intent to buy a new house.

### Liver failure

THE Evans team have also come under fire for the certainty with which they determined that Letby had attempted to murder triplet Baby O by hitting him in the liver. This is the first case Dr Evans came across and he was convinced it was inflicted harm within 10 minutes of seeing the notes. Pathologist Andreas Marnerides supported Evans in this view. Again, why did no Chester paediatrician or Alder Hey pathologist spot this at the time?

A possible answer came later in the Tortoise podcast *Lucy Letby: The Expert Witness*, in which a neonatal pathologist looked at the notes blind and determined it was more likely a subcapsular haematoma. This is rare but recognised, and more likely after difficult premature multiple births.

### Ask Dr Evans

IN THE *Telegraph*, Dr Evans invited doctors to email him questions about the cases. I asked him: "Have you ever considered the possibility that you might be wrong in any of these cases? You clearly changed your mind on air in the NG tube as a cause of death. Would you accept the liver damage might have been a subcapsular haematoma perhaps compounded by resuscitation injury and a misplaced abdominal drain? We know the gas in Baby C's bowel, which you were most alarmed about on x-ray, wasn't Letby at all. So what was it? Another murderer? Intestinal obstruction? Infection?"

He admits Baby C was not simple after all but is still convinced Letby murdered her, but by air in the vein not the gut. And he won't admit even the possibility of error in the other cases.

He says: "I think it's ungracious to concentrate criticisms on the prosecution witnesses. We do not run the case. The defence had two years or more to find an opinion that countered the opinion expressed by the six of us, which was supported by the evidence of the local medics and has been endorsed since then by the court of appeal."

### Managerial quandary

THE Thirlwall Inquiry was partly set up to give the Countess of Chester managers a kicking before they're charged with corporate manslaughter for not calling the police in earlier. They should also be disqualified from NHS work if they are deemed unfit, as Mid Staffs Inquiry chair Robert Francis told Thirlwall. But if no one in the hospital could make the diagnosis of air embolism that Evans says was obvious, why would you call the cops?

The managers were, however, sitting on plenty of evidence of dangerous understaffing and substandard care. They should have downgraded the unit to level 1 (only taking lower-risk babies) in 2015, when nurses and doctors started recording serious risks to babies from a lack of numbers and expertise. Alas, they stuck at level 2 and then got an influx of level 3 babies – including a rare triplet delivery – that shouldn't have happened at a hospital with severe problems in maternity too. There was a high risk of negligence in carrying on as they were. That's hard to hide from parents.

### Parent experience

PARENTS can sense when their baby isn't safe, and this was demonstrated at the inquiry. Naturally conceived identical triplets are rare, even more so when they've got just one



placenta. They should never have been delivered at Chester, which was struggling with maternity as well as neonatal care, and Letby was convicted of murdering two of them.

But the parents realised their babies were at risk as soon as they arrived. The father attended the caesarean section in June 2016 and told the inquiry: "The state of the theatres looked like something out of a horror film. It was very cold and unhygienic." His wife complained about the pain, to which the anaesthetist responded: "It's not hurting."

The mother said that when one of the babies later collapsed, "We were confronted by a scene of complete chaos." When a second triplet collapsed, "I was confronted with the same chaos as the day before."

Her husband observed it was "absolute pandemonium". "I saw a nurse Googling a procedure, a lung drain. There was an image of a person with an arrow where the incision should be... I remember other staff coming over to the computer to have a look at it... It looked like they were following a tutorial rather than they actually knew what they were doing."

Multiple parents have testified that the duty of candour was non-existent at the trust, and they were kept in the dark about safety issues and suspicions on the unit and the risks their babies were being exposed to. Oh, and the blood gas machine on the neonatal unit was broken, sewerage came up through the sink and there was persistent pseudomonas infection.

### Wider failures

IF YOU look too closely into many NHS units in the past 15 years, you will find shocking care failures. For example, University Hospitals of Derby and Burton NHS Foundation Trust has just apologised for the findings of a report into 168 perinatal deaths between January 2020 and March 2023. And in 2017, 84 children were infected with water-borne bacteria, and two died, at Queen Elizabeth University Hospital Glasgow. Much avoidable harm happens in a cramped, overloaded NHS without the need for a murderer.

### What next?

LETBY is likely to lose her appeal on 24 October for dislodging a breathing tube, as it is essentially a killer's word against a consultant's. The Criminal Cases Review Commission will ponder how one set of experts can look at the case notes and spot widespread murder and attempted murder by one nurse but very good care from everyone else. Whereas another set of experts finds serious deficiencies in obstetric and neonatal care resulting in deterioration and death, without any concrete evidence of murder. Letby either spent her time nursing or murdering, depending on which experts you think are more credible.

### Evans retires

LETBY may also face more charges, but she won't be facing Dr Evans, who told MD he has retired and won't be doing more Letby work. He passed another 25 suspicious cases to Cheshire Police more than a year ago and has not heard back. But he still can't quite let go.

As every other expert on Team Evans wisely remains silent, Evans is telling anyone who'll listen how he made the diagnoses everyone else missed. It wasn't even hard. And he spotted a

26th suspicious case last week.

Why aren't the police, and the public inquiry, calling on him as a matter of urgency?

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