

THE LUCY LETBY CASE: PART 11

NICHOLAS RHEINBERG, former senior coroner for Cheshire, told the Thirlwall Inquiry, which is examining “events at the Countess of Chester Hospital”, he was “horribly disappointed” that not a single consultant or manager had passed on suspicions of foul play for any of the babies neonatal nurse Lucy Letby was convicted of murdering.

“Any individual that had that information could and should have passed it on whether by informal chat with me or through one of my officers... Back to the Middle Ages, it’s always been the case that there is a duty to inform the coroner. It’s nothing new.”

One consultant, Dr Ravi Jayaram, gave evidence twice to the inquest into the death of Baby A, Letby’s first victim, in October 2016, by which time he was convinced Letby had murdered the child. Yet he said nothing. Rheinberg’s reaction when he found out was “absolute horror”. He added: “Why not? Why wouldn’t you? If that had come out at the inquest, I think I would have adjourned. It wouldn’t have gone on any further and I would probably [have] sought police involvement.”

Post-mortem findings

SIX of the seven babies Letby was later convicted of murdering had a paediatric post-mortem examination, signed off by Rheinberg and described by him as “absolutely meticulous; not in any way deficient or unsatisfactory when placed against a forensic post-mortem”. And yet no foul play was detected in any case.

He said retained samples and toxicological sampling were also standard at Alder Hey, where the examinations took place. No signs of death by air embolism were detected – the cause of all seven deaths according to prosecution expert Dr Dewi Evans (*Eyes passim*). A forensic post-mortem would, according to Rheinberg, have had a forensic pathologist and a police officer looking on for signs of criminality, but they may well not have found any.

Sole inquest

BABY A was the only one to have a coroner’s inquest. The post-mortem was not able to ascertain the cause of death and neither, after 16 months of investigating, could the inquest. As Rheinberg observed: “It didn’t really achieve very much. It brought the legal process to an end, but without any – without any solid answers and sadly that... can be the case; that the evidence just isn’t there. It can’t be, can’t be found.” And yet Dr Evans found it very quickly, just by looking at the notes. He told MD he would have spotted the air embolism in Baby A had he been called in sooner and many of the murders could have been prevented.

How did Dr Evans spot these murders so

confidently just by looking at the notes when everyone else – police, seven Chester paediatricians, internal reviews, external reviews, pathologists, the coroner, the pan-Chester Child Death Overview Panel – had failed? He needs to tell the Thirlwall inquiry how he can spot murders when others can’t. But he hasn’t been called.

Fresh charges

CHESHIRE Constabulary started briefing the media about possible future charges against Letby relating to more deaths and collapses at the Countess of Chester and at Liverpool Women’s Hospital, where Letby worked as a student. If they have solid evidence of deliberate harm, it’s clearly their duty to prosecute. If it’s more hypothetical coincidences with plausible alternative explanations and no forensic proof, it could be a huge waste of public money. But just one more charge would lead to more reporting restrictions to silence the doubters again.

Freshly paid experts

THE police won’t have Evans next time: he told MD he has retired from Letby work. However, other experts will doubtless step forward as the pay is so good. An expert employed at the outset by the police and then by the court for the duration of a long trial will comfortably trouser half a million pounds. In contrast, many of the experts working for Letby are doing it *pro bono*.

Convictions undermined

ON 16 December, as the *Eye* goes to press, Letby’s barrister Mark McDonald is releasing “evidence that significantly undermines her convictions”. McDonald now has two detailed and lengthy evidence-based documents written by practising level 3 neonatologists who have gone through all the clinical records and give clear explanations of how Baby O and Baby C died. In their opinion, the deaths have nothing to do with Letby. But they do raise serious concerns about standards of clinical care on the unit at the time.

Each document is more than 30,000 words, extensively cross-referenced to the documented clinical records and each took more than a month to compile. Are the findings of these new reports more plausible and evidence-based than those of Dr Evans?

McDonald may also present results of the statistical analysis Cheshire police commissioned and then cancelled on the advice of the CPS when they realised it wouldn’t be in their interests. Did they fail to disclose this to the defence, along with other key information (the outbreak of *Pseudomonas* bacterium; the expert reviews in Letby’s favour)? Have more door swipe data errors been discovered casting doubt on Letby’s presence at some of the collapses? Most alarmingly, Evans has retracted a key method of murder post-trial.

Whether this is enough to speed the processes of the Criminal Cases Review Commission, or go straight to the appeal court, remains to be seen.

MD

**DON'T
MISS
OUT**
Subscribe
today

PRIVATE EYE

www.subsonline.co.uk

01858 438 850