

PRIVATE EYE

SPECIAL REPORT PARTS 16 & 17



THE LESSONS OF THE LUCY LETBY CASE

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THE LUCY LETBY CASE: PARTS 16 & 17

PART 16

THE thorough independent review by 14 international neonatology experts of all 17 cases on which nurse Lucy Letby was charged found no evidence of deliberate harm and ample evidence of substandard care contributing to the deaths (see last Eye). But it got short shrift from the prosecution's leading expert witness, Dr Dewi Evans, who retired from NHS work in 2009.

"Quite frankly, their conclusions are deeply flawed and erroneous... I have not heard any criticism from any individual whose view I respect. And I have not heard any criticism from any organisation whose view I respect." All the other prosecution experts refuse to comment.

Meanwhile, the Thirlwall Inquiry into what went on at the Countess of Chester hospital has finally published unedited witness statements from many nurses who worked with Letby and do not believe she murdered babies; and her former head of nursing Karen Rees has gone public to say she thinks Letby is innocent.

Whether this stops the police pursuing a threatened corporate manslaughter charge against the Countess of Chester remains to be seen. There may not have been a murderer, but the standards of care were so appalling the unit would have been closed down in Canada, according to lead expert Dr Shoo Lee. Alas, this somehow escaped the attention of the dysfunctional CQC (*Eyes passim ad nauseam*).

PART 17

Spoilt for choice

THE Thirlwall Inquiry into the deaths of babies at the Countess of Chester hospital CoCH may be put on hold this week, until the Criminal Cases Review Commission decides whether to refer nurse Lucy Letby's conviction for murder back to the court of appeal (CoA). The CCRC has said this requires "new evidence or argument that was not raised during a trial or any appeals" or "exceptional circumstances". In the Letby case, it appears spoilt for choice.

● **EXPERTS U-TURN:** In a signed statement to Channel 5 in August 2024, lead prosecution expert Dr Dewi Evans said: "None of the babies were killed as a direct result of the injection of air, or fluid and air deliberately injected into their stomachs. Several were destabilised by this action." But prosecution barrister Nick Johnson KC told the jury that was how Baby C was murdered; and a previous CoA judgment cited it in three murders (of Babies C, I and P). This alone could make those convictions unsafe.

● **NEW EVIDENCE:** The non-medical evidence against Letby was greatly weakened by post-trial disclosure (*Guardian*, 3 September 2024) claiming her "confession notes" were in fact a psychological brainstorm of her feelings, written on the advice of her counsellor Kathryn de Beger, "as a way of coping with extreme stress". Many experts believe they should never have been used in evidence, and certainly not without proper context. Secondly, research published in December by Dr Shoo Lee, chair of the independent expert panel called in by Letby's defence team to examine the medical evidence, demolishes the prosecution's argument that characteristic skin changes occur with venous air embolism, which Evans now argues is the sole mode of murder without any clinical

evidence. Thirdly, a statistical analysis of shift patterns (published by the UnHerd website on 1 February 2025), found Letby was not on duty for ten of the 28 suspicious cases first identified by Evans, so they were quietly removed from the "killer spreadsheet".

● **NEW EVIDENCE & ARGUMENT:**

Detailed reports by 18 experts with greater neonatal knowledge than those used by the prosecution (including biochemists specialising in insulin testing) have not found any medical evidence of malfeasance, and explained all the deaths and collapses from a combination of natural causes and substandard care.

Letby's original barrister Ben Myers KC did not call any experts to testify, but Dr Lee and various insulin experts submitted arguments to the CoA which were dismissed because they should have been made at the original trial. The CoA would require a mind-shift to again consider expert reports that could have been submitted at trial. But denying someone an appeal if they might be innocent but chose the wrong trial tactics, or couldn't find the right experts first time around, is not a good look for the justice system.

● **FACTUAL ERRORS:** Many experts argue the prosecution case was riddled with factual errors which alone warrant an appeal. Dr Mike Hall, the unused neonatology expert for the defence, compiled a list of errors he spotted which may well have changed jurors' minds had they been corrected.

● **FAILURE TO DISCLOSE:** The prosecution failed to disclose that police had hired and, after pressure from the Crown Prosecution Service, unhired medical statistician Professor Jane Hutton to analyse all the deaths and collapses to ensure all plausible causes were considered and there was no bias. Had the defence known this, it might have commissioned its own statistical analysis or challenged the legality of the CPS intervention.

Nor did the prosecution disclose to the defence that there were other cases their experts thought due to insulin poisoning based on blood test results but which for undisclosed reasons didn't stack up. It would have greatly helped the defence to have known these reasons.

Baby Y

MD WROTE about a third insulin baby, now known as Baby Y (Eye 1632), which had the same high "insulin to C peptide ratio" which four prosecution experts (Evans, Dr Sandie Bohin, Dr Anna Milan and Professor Peter Hindmarsh) argued could only happen if a baby had been given exogenous insulin. On that basis, Baby Y should have been added to the indictment. But Baby Y was removed when it emerged it had instead been given a diagnosis of congenital hyperinsulinism, a genetic condition which produces excess insulin. This diagnosis was supported by endocrine experts at Alder Hey hospital in Liverpool whom the CoCH doctors consulted. Had the defence known this, it could have argued the test results the prosecution said could only happen with accidental or deliberate insulin poisoning could also happen with other conditions.

The best evidence?

IN HIS closing statement, prosecution barrister Johnson told the jury that poisoning by insulin was "the best bit of evidence in the case". But

neonatologist Dr Svilena Dimitrova, who is instructed for Letby as an expert, says the evidence is worthless. She argues: "The diagnosis of exogenous insulin administration requires three components which must be present at the same time.

1. Confirmed low serum blood glucose.
2. A genuinely elevated insulin result (the immunoassay test used cannot deliver this).
3. A genuinely undetectable C peptide level of around <5pmol/L.

"None of babies F, L or Y satisfied all these criteria, and Baby F satisfied none."

Dimitrova's detailed report on Baby F, prepared with the input of biochemical scientists Dr Adel Ismail and Professor Alan Wayne Jones, could be enough to overturn all the convictions, since the jury reached unanimous verdicts on the insulin poisonings first, and were instructed they could use this to determine guilt in other cases. As Dr Dimitrova puts it: "This is the most extraordinary interlude of bad science and bad medicine in neonatology that I have ever witnessed. I am not surprised the jury convicted Letby based on what they heard. What everyone needs to understand is just how deeply flawed it all was."

Police catch-up

CHESHIRE police have told select CoCH managers and clinicians they may be charged with gross negligence manslaughter (GNM), as part of a corporate manslaughter charge against the trust for failing to stop Letby sooner. The best evidence for this is that doctors failed to spot the insulin poisoning of Baby F in August 2015, early on in "the killing spree". Instead, doctors attributed the insulin results to an unreliable test. If Letby agrees to share with police all her expert reports, which argue it is indeed an unreliable test, and that other babies died from very poor clinical care but not murder, then GNM charges could still stick, but for very different reasons.



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