Letby Inquiry - Prof Brian Edwards

Monday 14 October 2024

The Doctor's stories

In total 52 doctors made statements to the Inquiry, and a few were asked to give oral evidence. The evidence of those not called was summarised by Counsel

Those who gave oral evidence included Medical Registrars and Consultants. All had been concerned about the number of unexplained sudden deaths on the unit and initially had searched hard, without success, for clinical explanations.

Some thought it might be related to an infection of some sort. "What were we missing" one asked himself.

Most, but not all, thought that relationships between the doctors and nurses had been good until Letby began to be suspected.

Chester had a good reputation as a clinical training centre. Some thought that the multidisciplinary clinical care had been very good.

The early medical witnesses talk through their involvement with the care of individual patients. Some commented that Letby seemed to be a skilled and competent nurse.

One, who cannot be named, Dr U, had had a close personal relationship with Letby [both have denied an affair].

He had been involved in the care of some of the babies who had unexpectedly collapsed. He and Letby had talked and emailed each other about what was happening on the unit, but he had had no suspicions at all about her involvement in the sudden collapses.

He told the Inquiry that senior nurses on the unit had become uncomfortable at the degree of supervision they were experiencing and concerned that in their view Letby had been unfairly singled out and moved to administrative duties.

He had been involved in trying to get Letby experience at Alder Hey Hospital where he had trained. He had told her about an internal review of two deaths but reassured her that she had nothing to be concerned about as her documentation of patients' care had been excellent.

He told her that she was "the best NNU nurse he had ever worked with".

Letby had told him that one of the Consultants had said that there was a killer on the wards. He later understood that an Obstetrician had later apologised.

The Inquiry will want to establish whether this relationship was as innocent as presented. I make no comment.

The majority of doctors reported that they had little contact with senior management but one was particularly critical about the attitude of the CEO whose background he explained, had been in nursing.

Cases had been reported to the coroner but the suspicions about a nurse being involved in the deaths had not been mentioned. The coroner will be called to give evidence later.

There was a strong sense of disbelief that a member of staff would murder babies. That was like a movie plot and not something that happened in real life said one Consultant.

As suspicions grew, she explained, it was very difficult to balance the "troublingly different opinions" about what had happened.

One Obstetrician related his shock when two of perfectly normal triplets died suddenly and the paediatricians tell him about their suspicions that a nurse may have been involved.

He was forced to apologise Letby, by the Chief Executive, about things he may have said about her.

He recalled one colleague talking about the potential closure of the unit if the police became involved and surrounded the unit as a crime scene with blue and white tape.

Another senior doctor who had joined the Chester team, just after the neonatal unit had been downgraded, thought it was a good clinical centre.

On arrival he had been briefed about the unexplained sudden deaths and attended a meeting to receive the report from the Royal College that had concluded that "there was no evidence that babies had been deliberately harmed".

He recalls the CEO saying, "I am drawing a line under this…do not cross it".

Our witness was not convinced. He did not think that an investigation could be satisfactorily concluded unless the police had been involved. Reports to the Coroner were not enough. He recalled getting a call from the CEO of his former hospital warning him "to be careful". No doubt instigated by the CEO Chester.

The Chairman of the Chester Hospital's medical staff committee tells how he was stripped of his right to attend Board meetings on the grounds that it gave medical staff preferential access compared with other groups of staff.

Consultants were no more important than porters, he was told, and they already had a Medical Director on the Board.

He had been approached by the paediatricians when the Royal College report became available. They were worried that Letby might return to work on the unit or be transferred to another hospital.

The Medical Director at the time had made it clear to him that these were not matters for the medical staff committee to get involved with. The Chair decided that his role was to support the paediatrician's.

The BMA give evidence about being briefed about the problems in Chester and in particular the risk that the paediatricians might be reported to the General Medical Council. If this happened they could be suspended from practice until any case had been concluded. Then a surprising comment when our witness poses the question "what would I have done if I had been CEO"?

If I had been surrounded at a meeting with non-medically qualified people and the Medical Director had advised "that there was nothing to worry about, the paediatricians were worrying about nothing" I would have accepted that advice. Not to do so would have been an expression of no confidence.

"I hate to say so but in effect the CEO was being driven by his Medical Director". If the Medical Director had listened more closely to his paediatric colleagues the outcome might have been very different.

Dealing with suspicions about the unthinkable presents huge dilemmas to everybody involved.

There is more to come