

Manchester Crown Court
Crown Square
Manchester
M3 3FL

Date: 21 August 2023

Before:

THE HONOURABLE MR JUSTICE GOSS *Kt.*

Between:

THE KING

- v -

LUCY LETBY

SENTENCING REMARKS

REDACTED VERSION

1. The defendant, Lucy Letby, has refused to attend court for this sentence hearing. Accordingly, I have to sentence her in her absence. I shall deliver the sentencing remarks as if she was present to hear them and I direct that she is provided with a transcript of my remarks and copies of the Victim Personal Statements read to the court.
2. Lucy Letby, over a period of almost 13 months between June 2015 and June 2016, when in your mid-20's and employed as a neo-natal nurse at the Countess of Chester Hospital in Chester with specialist training in intensive care, you murdered 7 babies and attempted to murder 6 others, in the case of one of them trying on separate occasions two weeks apart to murder her. You are now to be sentenced for your crimes. I order payment of the statutory surcharge in the appropriate amount.
3. You acted in a way that was completely contrary to the normal human instincts of nurturing and caring for babies and in gross breach of the trust that all citizens place in those who work in the medical and caring professions. The babies you harmed were born prematurely and some were at risk of not surviving, but in each case you deliberately harmed them intending to kill them. In your evidence you said that 'hurting a baby is completely against everything that being a nurse is', as, indeed, it should be. You also claimed you never did anything that was meant to hurt a baby and only ever did your best to care for them. That was but one of the many lies you were found to have told in this case.
4. There is no doubt that you are intelligent and, outwardly, were a very conscientious, hard working, knowledgeable, confident and professional nurse, which enabled you repeatedly to harm babies on the unit without arousing suspicion for some time. You prided yourself in your competence. Your fellow neonatal nurses spoke very highly of you, and several of them became your close friends. Having started as a Band 5 nurse at the Countess of Chester in 2012, you became a mentor to student nurses and, in the Spring of 2015, gained the qualification that enabled you

to care for the sickest babies on the unit or those requiring the most intensive care. You relished being in the intensive care nursery. Your messages to colleagues revealed an interest in babies that were on or were coming to the unit who had uncommon medical conditions.

5. The methods you employed to carry out your murderous intent were only revealed by the later detailed investigation into the events of and surrounding the collapses and deaths of the babies which commenced in 2018. **There was pre-meditation, calculation and cunning in your actions.** You specifically targeted twins and, latterly, triplets. Some babies were healthy, others had medical issues of which you were aware. The great majority of your victims suffered acute pain as a result of what you did to them. They all fought for survival; some, sadly, struggled in vain and died. **You used a number of different ways to try to kill them, thereby misleading clinicians into believing the collapses had, or might have had a natural cause or were a consequence of a developing medical condition.** You took opportunities to harm babies when staff were on breaks or away from babies. On some occasions you falsified records to indicate there were signs of a deterioration before a collapse occurred. You knew that the last thing anyone working in the unit would or did think was that someone caring for the babies was deliberately harming them.
6. As the number of unexpected and unexplained collapses and deaths escalated senior doctors started to 'think the unthinkable' and consider the possibility that someone was, in fact, deliberately harming the babies and you were identified as the common factor. You had a detached enthusiasm for the resuscitations and what followed. You endeavoured to impress colleagues and clinicians and sought reassurance from them as to your competence and skills, and would message others to the effect that no-one was at fault. On occasions, your cruelty and callousness was revealed by making inappropriate remarks to some of the grieving parents at the time of or in the immediate aftermath of a death. When the homes of both you and your parents were searched, confidential documents relating to babies, including handover and resuscitation sheets and notes and blood gas readings were found, and there were entries in a diary recording relevant events. Handover sheets relating to all but the first 4 of the babies had been taken from

the unit and kept by you. I am satisfied you started to keep these documents after those initial offences in June 2015 as morbid records of the dreadful events surrounding the collapses of your victims and what you had done to them. You had a fascination with the babies and their families, which extended to making repeated searches on Facebook for their parents, sometimes immediately following the events and, on occasions, much later. A piece of paper with dense writing on both sides, setting out your thoughts and feelings, was found in the first search of your home in 2018. Amongst the phrases you wrote were 'the world is better off without me' and 'I am evil I did this'.

7. The impact of your crimes has been immense, as disclosed by the deeply moving personal statements that have been read to the court this morning. The lives of new-born or relatively new-born babies were ended almost as soon as they began and lifelong harm has been caused, all in horrific circumstances. Loving parents have been robbed of their cherished children and others have to live with the physical and mental consequences of your actions. Siblings have been deprived of brothers and sisters. You have caused deep psychological trauma, brought enduring grief and feelings of guilt, caused strains in relationships and disruption to the lives of all the families of all your victims.
8. It is no part of my function to reach conclusions as to the underlying reason or reasons for your actions. Nor could I, for they are known only to you. I must pass appropriate sentences according to law, addressing the seriousness of your offences, the facts of which I now describe briefly.
9. On the evening of 8th June 2015 you murdered 'A'. He died just over 24 hours after he was born, suddenly and unexpectedly collapsing shortly after you took over as his designated nurse at the start of the evening shift. He was in a nursery with his twin sister, 'B'. Although he was born prematurely, he had been extremely stable. He died of air embolus as a result of you administering a bolus of air into his venous system which blocked off the blood supply to his heart and lungs. In common with all nurses, you knew from your training the dangers caused by air getting into the venous system and that air embolus was very rarely encountered in clinical practice. You took part in the attempts to resuscitate 'A' and claimed you found the

process of taking his footprints and handprints, as well as photographs of him after his death, to be quite a nice thing to do for the baby and you saw it as a way of giving parents memories. In evidence, you sought to blame others for his collapse. The following day you searched for 'A's mother on Facebook and then, on the ensuing night shift, at shortly after midnight on 10th June, you attempted to murder his sister, 'B', by injecting air into her venous system via a long line through which she was receiving nutrition. Fortunately, she was able to be resuscitated and survived.

10. Four days after 'B's collapse, in the early hours of 14th June, 'C' collapsed and died in the intensive care nursery. He had been born 4 days earlier at 30 weeks gestation in good condition, but was vulnerable; he had a lung infection which was being treated by antibiotics. However, his breathing stabilised. He was being fed by a naso-gastric tube. You messaged a colleague saying you 'needed to throw yourself back in and take an ITU baby soon'. On that night shift of 13-14th June you were the designated nurse for 2 babies in another nursery. 'C' was started on trophic, that is tiny, feeds that night. You were at the side of his incubator when he stopped breathing and his oxygen saturations were very low as a result of you having deliberately infused an excessive amount of air down his naso-gastric tube. Attempts to resuscitate 'C' failed and he died some hours later in his parents' arms. Before he passed away you made an insensitive and inappropriate, but revealing comment to them about them having said their goodbyes and to put him in a ventilated basket. Understandably they reacted to this.

11. Just over a week later, in the early hours of Monday 22nd June, 'D', who had been born 36 hours earlier, died in the intensive care nursery. You will have been aware that she was being treated for an infection and were the designated nurse for 2 other babies in that nursery on that night shift. You decided to kill her and administered air into her intravenously, causing her to die from air embolus. You were involved in her resuscitation and, in your messaging with other nurses after 'D's death, you described how upsetting it was and how distraught her parents were and referred to thinking an element of fate was involved. Three days after 'D' died, you searched for her parents on Facebook and, over 3 months later, on 3rd October you made 2 more searches for her father.

12. Over a month passed before you killed another baby. Again, it was a twin who was selected, 'E'. He and his brother, 'F', were born on 29th July. 'E' died in the early hours of 4th August. During the shift that night you were the designated nurse for both 'E' and 'F'. 'E' died of air embolus and there was damage to his upper gastrointestinal tract caused by trauma of some kind inflicted by you, which resulted in significant blood loss. The bleeding started earlier in the shift and was seen by his mother; she was very concerned and you sought to reassure her. The circumstances of the attempted resuscitation and his death were harrowing, with profuse bleeding. At the time the clinicians thought he may have died of necrotising enterocolitis and no post mortem was undertaken. You commented in messages to colleagues that he had a massive haemorrhage and it could have happened to anyone.
13. On the following nightshift, the 4th - 5th August, you turned your attention to 'F' and poisoned him by adding manufactured insulin to his intravenous infusions of total parenteral feed. Only very small volumes of insulin needed to be added to the half litre bags of feed; it was not noticeable in the bag, nor would it be apparent that any was missing from the insulin bottle. You infused a bag that was hung that shift and several other stock bags. As a result, when bags were changed, 'F' continued to have dangerously low blood sugar levels despite increasing infusions of dextrose. It was only when a bag that had not had insulin added was hung that his levels recovered and he was no longer at risk of the consequences of hypoglaecemia of brain damage and potential death. 'F' recovered but has severe learning difficulties. No doubt you were reassured that no-one suspected that insulin had been added and, with this knowledge, you went on to repeat this method of attempting to kill another twin, 'I', some 8 months later. Again, you made **Facebook** searches. On 6th August and 14th September you searched for his mother and you searched for both parents in October.
14. In September you made two attempts to kill 'G'. She was a very premature baby who was born in Arrowe Park Hospital on 31st May at only 23 weeks and 6 days' gestation. Although on the margin of survival, she did survive. By 13th August she was stable and was transferred to the Countess of Chester, where the general

trend of improvement continued. The 7th September was her 100th day of life; nurses had planned a small celebration, including the display of a banner. On the nightshift of 6th – 7th, you deliberately injected milk and air into 'G's stomach down the naso-gastric tube shortly after her designated nurse had fed her, causing her to projectile vomit; her alarms sounded, her heart rate and saturation levels dropped and she required breathing assistance. You were nearby and assisted, and later sought to blame a colleague for potentially over-feeding. In messaging prior to 'G' being transferred back to Arrowe Park in the early hours of 8th September, you referred to her being a 'high risk baby'. Five days after 'G's return to the Countess of Chester on 16th September, you made a further attempt to kill her on 21st September by over-feeding her, causing her to projectile vomit again and stop breathing and her saturations to drop. 'G' suffered a severe and profound injury to her brain from the first event on 7th September, which may have been added to by your actions on 21st September, and from which she will not recover. She requires constant nursing care and attention and will require surgery and support throughout her life.

15. Just over a month later, on 23rd October, you murdered 'H'. She had been born at Arrowe Park Hospital on 7th August and had been at the Countess of Chester from 18th August, apart from two short periods in September and October. When at the Countess of Chester she suffered a series of sudden, unexpected and unexplained episodes. On 30th September you infused a large quantity of air down her nasogastric tube into her stomach and bowel, thereby interfering with her breathing, reducing her oxygen saturations and heart rate and causing her to vomit and require oxygen under pressure. It is also likely that, in the early hours of 13th October, you infused air into her venous system. The following night she collapsed again but recovered with breathing support and was transferred to Arrowe Park for two days. Six days after her return, on the night of 22nd-23rd October, she suffered her final collapse, crying out in severe pain as a result of air embolus after you had injected air into her venous system. She, too, died in her parents' arms. Not only was it devastating for 'H's family, it was also deeply upsetting for the nursing and medical staff, who had known and cared for 'H' for some time and had fought to save her. Again you searched for her mother on **Facebook**.

16. In early April 2016, you administered insulin to 'I' and injected air into the venous system of his twin brother, 'J', repeating what you had done eight months earlier to the twins 'E' and 'F'. They had been born on 8th April. You added insulin to the dextrose bag that was set up for 'I' within two hours of his birth and to several other bags that were later hung. On 9th April, when 'I' was hypoglycemic, you injected air into 'J's venous system causing him to suffer a profound apnoeic episode and cardio-respiratory arrest. It took just under 30 minutes to resuscitate him. You were present throughout. A piece of paper towel on which details of the drug administration notes had been noted during the emergency and a blood gas print out which you had retrieved from the confidential waste were found at your home after your arrest, and you also took home handover sheets relating to 'J'. You made a note of the event in your diary. J suffered irreversible brain damage as a result of his cardio respiratory collapse and, over time, he may well deviate from his peers in relation to attainment and cognitive or motor function.
17. On the 3rd June you attempted to murder 'K'. He had been born on 2nd June. His mother is haemophiliac. This interested you. When his designated nurse went on a break in the early hours of the night after he was born you inflicted some painful trauma to the oropharynx area causing him to scream, bleed and profoundly desaturate. Fortunately, he survived but could have suffered the consequences of the trauma to his throat.
18. Almost a week later on 21st June 2016 'XY' gave birth to identical triplet boys. Although on holiday at the time, you were communicating with colleagues about the triplets and said you felt most at home in the intensive care nursery. On your first day back at work on 23rd June you were the designated nurse for 'L' and 'M', who, together with their brother, 'O', were all in the intensive care nursery. That afternoon 'L' suffered a series of sudden and unexpected collapses as a result of you administering air down his naso-gastric tube as well as into his venous system and you inflicted trauma to his liver causing significant bleeding. The horror of the consequences of your actions and the desperate attempts to resuscitate him and save his life, sadly to no avail, were vividly described by clinicians and his father. The following day you murdered his older brother, 'M'. You forced air down his naso-gastric tube into his stomach and bowel, and inflicted trauma to his liver but

not damaging it as severely as you had in 'L's case. The air caused his diaphragm to splint and he collapsed. His life could not be saved. His father remembered him struggling for his life like his brother. 'O' was removed to another hospital and to safety. In messages to a friend and colleague, when investigations into the unexpected collapses and deaths on consecutive days were under way, you referred to the risk of air embolus and your having submitted a Datix report, which you did in a totally unrelated case on 1st July, referring to one of the lumens through which intravenous medication was being administered via an umbilical venous catheter being open. The cruelty and calculation of your actions were truly horrific.

19. After these last collapses and deaths, you were suspended from nursing duties but pursued complaints of being treated unfairly. When your home was later searched, as well as your 2016 diary, which contained references to long days on 23rd, 24th and 25th June and to 'L' and 'M', there were handover sheets over that period with resuscitation notes written on the back. All, I have no doubt, being records that you kept to remind you of the details of the consequences of what you had done to those children.

20. For the offence of murder, the sentence is fixed by law and is imprisonment for life. You are now 33 years of age and were over 21 when you committed the offences. Pursuant to the relevant prevailing statutory regime, by having regard to Schedule 21 to the Criminal Justice Act 2003, I have to determine whether the seriousness of the offences of murder, individually or in combination, is so exceptionally high that I should not make a minimum term order and you should spend the rest of your life in prison. For offences of attempted murder, whole life sentences of imprisonment are reserved for wholly exceptional cases. Over a period of just under 13 months you killed 7 fragile babies and attempted to kill 6 others. Some of your victims were only a day or a few days old. All were extremely vulnerable. They were in a hospital where others were striving to provide them with dedicated medical and nursing care. By their nature and number, such murders and attempted murders by a neo-natal nurse entrusted to care for them are offences of very exceptional seriousness. The damaging impact of your actions on others working at that hospital, including those who numbered you as a friend, betraying their trust and creating upset and suspicion, as well as eroding confidence in

clinicians and nurses generally, aggravates their seriousness. This was a cruel, calculated and cynical campaign of child murder involving the smallest and most vulnerable of children, knowing that your actions were causing significant physical suffering and would cause untold mental suffering. You created situations so that collapses or causes of collapses would not be obvious or associated with you; you removed and retained confidential records of events relating to your crimes and checked up on bereaved parents. There was a deep malevolence bordering on sadism in your actions. During the course of this trial you have coldly denied any responsibility for your wrongdoing and sought to attribute some fault to others. You have shown no remorse. There are no mitigating factors. In their totality, the offences of murder and attempted murder were of exceptionally high seriousness and just punishment, according to law, requires a whole life order.

21. Lucy Letby, on each of the 7 offences of murder and the 7 offences of attempted murder I sentence you to imprisonment for life. Because the seriousness of your offences is exceptionally high I direct that the early release provisions do not apply. The order of the court, therefore, is a whole life order on each and every offence and you will spend the rest of your life in prison.