

To:

**The Commissioner of Police of the Metropolis
Dame Cressida Dick
New Scotland Yard
35 Victoria Embankment
London SW1A 2JL**

From:

**Dr Tony O'Sullivan and
Dr John Puntis, Co-chairs
Keep Our NHS Public**

By email – and paper copy posted

Tuesday 21st December

Dear Commissioner

We write to you on behalf of Keep our NHS Public (KONP), a campaigning organisation which conceived and organised an independent public inquiry earlier this year into the handling of the covid pandemic by government.

The inquiry was chaired by Michael Mansfield QC with a panel of three well-known and respected medical experts. They were assisted by Counsel to the Inquiry Lorna Hackett who presented and questioned witnesses. Their final report was published on the 1st of December 2021 and accompanies this letter (along with a separate executive summary).

The panel was of the clear view that what was disclosed by the evidence, heard over many weeks between February and July, gave reason to be concerned that criminal offences of some gravity had been committed. These events are serious and involve the unnecessary deaths of many thousands of UK citizens.

There are two obvious criminal matters.

One is a statutory offence of corporate manslaughter, where gross negligence has been manifest on a systemic level, and the other is misconduct in public office, a common law offence, which you will note is the title of the KONP report from the People's Covid Inquiry.

You will be familiar with the constituent elements of both, and we submit that the prima facie threshold for both has been crossed. It is misconduct, however, which has a particular resonance given that its central tenet is couched in these terms: *where there is wilful neglect of duty 'to such a degree as to amount to an abuse of the public's trust in the office holder.'*

Both offences relate to a breach of duty and both concern a high level of neglect.

There are other offences relating to obligations under national and international laws relating to the maintenance of health and safety which also require consideration.

May we respectfully direct your attention to three major evidential areas. The responsibility arising from them does not necessarily inculcate the same individuals.

1. PRE-COVID

The first is in the pre-Covid period: there were clear warnings from 2006 onwards that a pandemic of the kind we are now experiencing was to be expected. More particularly, between 2015 and 2019, there were 11 preparedness exercises carried out by the Department of Health, two of which in 2016, codenamed Alice and Cygnus, had a strong bearing on the Coronavirus pandemic. All have been suppressed until public pressure has led to gradual disclosure over the last year. They demonstrated unequivocally that the United Kingdom was not adequately prepared to deal with a rapid spread covid outbreak. Nothing was done to remedy this, and it has been described by the House of Commons Health and Social Care, and Science and Technology committees in their joint report as *'one of the most important public health failures the United Kingdom has ever experienced'* [para 78, published 12 October 2021].

In practical terms, the result of this inaction resulted in a fatal lack of personal protective equipment (PPE), ventilators, hospital beds, intensive care units (ICUs), trained frontline staff, 'test, track and trace' infrastructure and protocols, and a cohesive public health policy embracing consistent containment, suppression and elimination measures, conditions and provision for quarantine/isolation and border control. These multiple deficiencies demonstrate a high level of neglect and recklessness which resulted in manifold avoidable deaths.

2. THE ONSET OF COVID

The second area was at the onset of Covid at the beginning of 2020. Here again warnings, this time from China and the World Health Organisation (WHO), were ignored and there was a two-month delay before proper protective measures were implemented, one of which was the first lockdown. By this time more needless deaths had occurred, especially in the care home sector, because of the serious shortcomings already identified in the pre-covid period.

3. PROCUREMENT PROCESS

The third evidential area of liability arises thereafter with the procurement process. The facilities of the public sector (eg both the NHS and PHE) were circumvented, and massive funding was distributed to an inexperienced private sector in order to provide the measures that should have been in place from the beginning. There are two aspects to this. The first is wasted finance on resources that were ineffective (eg the Test and Trace system). Secondly, there was a dearth of competitive tendering and due diligence, and a failure to publish public notices with contract details within 30 days. (In February 2021 the High Court ruled that Matt Hancock had acted unlawfully in failing to publish contracts.) Those contracts were overwhelmingly fast-tracked to those with close connections to Government (vide the National Audit Office report November 2020).

Responsibility for a substantial part of these areas lies with particular government ministers.

The principal candidate is **Matthew Hancock MP** who was Secretary of State for Health and Social Care between July 2018 and June 21 (when he stepped down for a flagrant breach of the Coronavirus rules). Both he and his department were fully aware of the numerous pandemic simulation exercises which exposed the deficiencies. His culpability is further

demonstrated given that he was Minister for the Cabinet Office between 2015 and 2016 when the Office was involved with the exercises.

We also name **Jeremy Hunt MP**, Secretary of State for Health & Social Care before Matthew Hancock, covering a crucial period of inaction from September 2012 to July 2018.

The executive arm of the department from 2013 was PHE before it was replaced by the UK Health Security Agency earlier this year. Here, we are not in a position to identify individuals, as the Inquiry had no powers of investigation and compulsion.

Finally, three Prime Ministers bear overall responsibility for what is a national health emergency: **David Cameron, Theresa May, and Boris Johnson**.

The course of misconduct is continuing. Whilst an announcement has very recently been made of the appointment of a Chair to the official public inquiry into the Covid-19 pandemic, we urge that no deferral is made until after any putative inquiry, should it happen, as there is no legal impediment to an immediate investigation, and there is an imperative to do investigate before witnesses, memories and documents fade beyond reach.

We are more than willing to arrange a meeting between ourselves, the panel and Counsel, and your representatives if that would provide further clarification and assistance.

Dr Tony O’Sullivan and Dr John Puntis, Co-chairs of Keep Our NHS Public

For correspondence: please use email co-chair@keepournhspublic.com

Dr T O’Sullivan
88 Erlanger Rd,
London
SE14 5TH

‘Misconduct in public office – Why did so many thousands die unnecessarily?’. Report of the People’s Covid Inquiry, December 2021

Report in full: https://36085122-5b58-481e-afa4-a0eb0aaf80ca.usrfiles.com/ugd/360851_14d399accc1848cbb7649ad101546e66.pdf

Report summary: https://36085122-5b58-481e-afa4-a0eb0aaf80ca.usrfiles.com/ugd/360851_62aeecaeb6944934b6c55d41708d7eeb.pdf

Downloads and further information from: www.peoplescovidinquiry.com