

Sir Simon Stevens
CEO
Public Health England

015/PH/2490
6 July 2021

Dear Mr Stevens

Re: Anonymous Whistleblower:

I am instructed by an anonymous whistle blower who holds a patient facing role within an NHS Trust.

I have confirmed her identity and the identity of the NHS Trust by whom she is employed.

She instructs that she wants to remain anonymous as she fears for her job if she speaks out.

The NHS is almost in a monopoly position when employing clinicians in England, so clinicians understandably fear that they are placing their career at risk if they speak out. My client is not a clinician and holds a very junior position but has seen clinical colleagues fall into line out of fear.

The writer of the letter is aware from his professional experience how unwelcome feedback from staff that goes against official NHS policy is within NHS senior management at some NHS Trusts,

I can confirm the following:

1. My client has life experience of authoritarian methods.
2. She is highly intelligent, with an independent mind who does not accept at face value instructions that have inadequate reasoning. She has done her own independent research, knows strong evidence when she sees it and reached her own conclusions based on her own findings.

3. She recognises authoritarian techniques of control, coercion and manipulation from her life experience.

Whilst in the Trust's employment she has raised two issues with management:

1. Whether she had to wear a mask that had been provided, which was made in Wuhan, and had no information on what it was made out of, the materials of manufacture. The mask provided was the blue and white type sold in supermarkets which have no CE mark and do not meet the standards of PPE. When she did wear a mask she came out in a rash and bacterial infections.
2. Whether she had to take a PCR test when she had no symptoms. Her concerns about testing were that she did not want to have to self-isolate when capacity within the NHS was used as a rationale for lockdown. Further she was switched on enough to know that a PCR test analysed at 45 cycle thresholds is unreliable in terms of evidence of infection without any symptoms being present. She also saw that **asking staff to test twice a week** could lead to a spate of **false positives** and unnecessary absence which she saw as immoral when the public had been asked to sacrifice so much to save the NHS and NHS capacity was cited as the reason for lockdown. Indeed this week further lockdown because of NHS capacity was cited by Professor Whitty as a possibility this Winter.

Her concerns were not answered or indeed addressed in any way by management and she was made to feel by management that she was not towing the line and not compliant.

Management had such a grip of staff that she was ostracised by her colleagues. The fact of non-compliance was raised at her appraisal by her manager as a negative.

The substantive concerns about masks, they were doing her harm, went unaddressed, and the substantive concerns about the reliability and safety of the PCR and LFT tests went unaddressed. Her conduct in raising these concerns was taken as a negative behavioural trait during her appraisal.

When her son was sent home from school because a pupil had tested positive in his class (no doubt with the trusted assistance of lemon juice) she came under pressure by management to have a PCR test. Management placed her under pressure to have a test.

My client did not have any symptoms and did not consent to a test. She did feel that the comments made were emotional blackmail and reminded her of authoritarian techniques.

She has instructed me to make a FOI request in my own name for the following data that should have been gathered centrally by Public Health England.

NHS staff for the purposes of this request means anyone who works for a NHS Trust or Foundation Trust, or Mental Health Trust within England or is employed by any organisation in England that entitles its employees to membership of an NHS pension scheme.

The FOI request is as follows:

1. Could you provide a copy of the NHS whistle blowing policy?
2. How many NHS staff have blown the whistle about the reliability of PCR tests and lateral flow tests between 1 March 2020 and 28 February 2021?
3. If any have blown the whistle what action was taken by the NHS or Public Health England to address the substance of the concerns?
4. How many PCR tests and Lateral Flow Tests have been taken by NHS staff between 1 March 2020 and 28 February 2021?
5. Of those tests how many have been positive?
6. How many days absence did NHS staff have between 1 March 2019 and 28 February 2020?
7. How many days absence did NHS staff have between 1 March 2020 and 28 February 2021?
8. Of the absence between 1 March 2020 and 28 February 2021:
 - a. How many days absence were because of NHS staff having to self-isolate because of either a positive test or because they were pinged by the NHS app?

- b. Of the days lost because of self-isolation how many NHS staff had symptoms supported by clinical diagnosis?
 - c. Of the days lost because of self-isolation how many NHS staff had symptoms but no clinical diagnosis?
 - d. Of the days lost because of self-isolation how many NHS staff had no symptoms and no clinical diagnosis?
 - e. How many NHS staff have had more than one but fewer than three incidents of self-isolation?
 - f. How many NHS staff have had three or more incidents of self-isolation?
 - g. How many days of self-isolation absence have NHS clinical staff had?
9. Regarding the PCR tests required to be taken by staff and indeed members of the public, please provide a copy of any toxicology report or any written analysis of substances used in the PCR tests including a full list of materials and substances which are the constituent components of each of the different types of test used.
10. Please provide any scientific report or analysis relied on by the NHS to support the use of PCR tests to evidence infectiousness, including any analysis or report on cycle thresholds.
11. Please provide a copy of any patient information leaflet explaining the material risks and benefits of taking a PCR test and Lateral Flow Test, including any information provided to users on the numbers of false positives and information on what materials are present in all the constituent components of the test including the swab and accompanying liquid.

I appreciate that this data request will take some time to pull together but both my client and I look forward to your response.

And before you shoot the messenger, I write that figuratively I hope, my firm is acting free of charge for select NHS whistle blowers that come through the Covid 19 Assembly website and is taking this step because so few legal professionals are taking these cases on or are speaking out publicly about the large gaps in the evidence and the weakness and unreliability of the evidence base in the Covid response.

The issues raised by cases like this ask the questions the media have failed to ask. There are a handful of notable exceptions in the legal profession who have been vocal

including Lord Sumption, Jolyon Maugham QC, Francis Hoar, Clare Wills-Harrison and Stephen Jackson's firm, Jackson Osbourne Solicitors.

In the meantime if those dealing with the request have the need for any clarification, please do not hesitate to contact me.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Philip Hyland', with a short horizontal line underneath.

Philip Hyland
Principal
PJH Law Solicitors