Talla - The investigative inversion

When a person reports a possible offence, the facts should inform the decision about whether to record a crime, make further enquiries or refer the matter elsewhere.

The Operation Talla records raise a serious question about whether that sequence was reversed during the pandemic.

Did the subject of a report determine how it would be handled before anyone assessed what it actually alleged?

From one report to a class of allegations

On 20 December 2021, complainants brought allegations of gross negligence manslaughter and misconduct in public office to the Metropolitan Police. The report was given reference 6029679/21.

On 12 January 2022, Detective Inspector Akshay Chibber, writing from the Metropolitan Police Commissioner's Office,

said the allegation had been recorded, initially assessed and closed. He then gave this explanation:

“I'm afraid allegations against the Government's Covid regulations and vaccine programs are not a matter for the Met police to investigate as allegation of a criminal offence.”

The first statement concerns the disposition of one report. The second is framed as a proposition about a class of allegations. The email even envisages the complainant having specific information and medical evidence, yet directs him towards litigation or his MP. It does not identify a route by which the offered evidence could be assessed for possible criminal wrongdoing.

The statement can be reconciled with ordinary decision-making if it referred only to a general challenge to government policy and any specific incidents were assessed separately.

The email itself does not tell us whether that happened.

An allegation about what happened to a particular individual does not cease to be specific because it arises in the course of a national programme.

From a decision on one report to guidance for forces

On 25 January 2022, Police Scotland issued a directive on handling vaccine-related criminal complaints. It cited advice from the National Police Chiefs' Council (NPCC) and UK Gold Command and referred to the Metropolitan Police case.

On 14 February, internal policing correspondence reported that the ***"guidance to not record has been a success"***.

The January Met email, the Scottish directive and the February correspondence are distinct records.

They do not, by themselves, establish that all three expressed the same instruction, or that any one policy determined every force's response. They do give us a reason to ask how a decision on one report came to feature in guidance about handling others.

A police reference, a decision relating to the recording of a crime, an evidential assessment and a referral to another body are different things.

A force can keep a record of a contact without recording a crime. The question is whether the guidance dealt only with how reports were classified, or whether it also affected which reports were assessed, what evidence was sought and what information reached an appropriate regulator where, for example, regulatory involvement was deemed necessary.

What the healthcare framework expected

The 2018 Williams Review recommended thorough local investigation of unexpected healthcare deaths and a separate examination of provider failures where appropriate.

It distinguished the investigation of possible criminal conduct from the work of understanding how care was delivered.

Families needed answers to both kinds of question.

The 2019 memorandum between the Care Quality Commission (CQC) and the NPCC provides a contemporaneous point of comparison for England. It concerns specific incidents of avoidable harm, or significant risk of it, requiring investigation.

Where both bodies have an interest, it calls for early liaison, agreed lines of enquiry and arrangements for recording, retaining and sharing relevant material.

Its scope turns on the incident and the respective responsibilities of the bodies involved.

The December 2024 multi-agency memorandum makes the value of parallel enquiries explicit in the most serious healthcare cases. It came later and does not govern the 2022 decisions. For those decisions, the question remains whether reports that might have engaged the 2019 framework were identified and assessed on their own facts.

What the records need to show

The test for an investigative inversion is practical.

Take a report describing what allegedly happened to an identifiable individual in a particular setting. Follow it from receipt to decision.

Did someone examine its particulars and decide what they warranted, or did its classification as a Covid-related report settle how far it could go?

Four sets of records could help answer that question.

The guidance and its authority

Identify the operative wording, who approved it, who received it and when it took effect.

Establish how it related to the January Scottish directive and to the Met's handling of 6029679/21.

The assessment of particular reports

Identify what was received, who considered it, what enquiries were made and what reasons were recorded.

Where potentially relevant healthcare incidents were identified in England, establish whether the CQC was consulted or why it was not.

The basis for calling it a success

Identify what was measured. If fewer reports were recorded as crimes, establish whether any checks were made to see if reports containing materially different facts were nevertheless assessed and, where appropriate, referred.

The scrutiny the guidance received

Identify any referral and minute showing that the guidance was put before the Operation Talla Ethics Committee and any exhibit or transcript showing how it was presented to the UK Covid-19 Inquiry.

The records we have examined, consultations we have had and communications entered into have yet to indicate that either happened.

A decision to take no further action can follow a fair assessment.

What needs an account is any practice which made the subject of a report a reason to withhold that assessment.

The deciding evidence is the guidance itself and the record of what happened to the reports it was said to govern.

Ian Clayton

15 November 2026

References:

- Chibber email, 12 January 2022 (RE: 6029679/21)
- Police Scotland directive, 25 January 2022 (FOI 25-0673)
- Internal policing correspondence, 14 February 2022
- Williams Review (2018), recommendations 3.4 and 4.1 to 4.3
- CQC - NPCC memorandum (2019)
- Healthcare investigations memorandum (17 December 2024)