

<p>1 Wednesday, 26 November 2025</p> <p>2 (10.00 am)</p> <p>3 (Proceedings delayed)</p> <p>4 (10.06 am)</p> <p>5 Housekeeping</p> <p>6 LORD WEIR: May I once again welcome all those who have</p> <p>7 attended the hearing suite in Edinburgh this morning and</p> <p>8 also those who are watching and listening to the</p> <p>9 proceedings remotely to the Inquiry's opening statements</p> <p>10 hearing.</p> <p>11 Today marks the next important staging post in the</p> <p>12 Inquiry's progress as we move away from its necessary</p> <p>13 but preliminary establishment phase.</p> <p>14 As its description suggests, the principal purpose</p> <p>15 of this hearing is to provide a forum for core</p> <p>16 participants, through their recognised legal</p> <p>17 representatives, to make opening statements on matters</p> <p>18 of interest and importance to them arising from the</p> <p>19 terms of reference fixed by the Cabinet Secretary for</p> <p>20 Health and Social Care.</p> <p>21 And also the Inquiry's list of issues, an updated</p> <p>22 version of which is on the Inquiry website, following</p> <p>23 the informative period of consultation which followed</p> <p>24 its original publication and circulation.</p> <p>25 But the opening statements hearing also serves</p> <p>Page 1</p>	<p>1 engage constructively and to communicate with all of</p> <p>2 those who are interested in its work. I therefore hope</p> <p>3 that you will find the hearing to be informative and</p> <p>4 useful, but I also immediately recognise that the issues</p> <p>5 likely to be covered remain very difficult and</p> <p>6 challenging for many. Can I therefore reiterate to all</p> <p>7 those who are in attendance, or otherwise interested in</p> <p>8 the Inquiry's work, of the importance of interacting</p> <p>9 with others with courtesy and respect.</p> <p>10 As I said on the last occasion but it merits</p> <p>11 emphasis, it is in such a spirit that the Inquiry is</p> <p>12 likely to obtain the best possible evidence to support</p> <p>13 its investigations going forward.</p> <p>14 In terms of today's practical arrangements, it would</p> <p>15 be my intention to have a mid-morning break in about one</p> <p>16 hour from now and we will aim to take a one hour break</p> <p>17 for lunch at about 1 o'clock.</p> <p>18 And so with that brief introduction I will now</p> <p>19 invite Mr Dawson to address the hearing. Mr Dawson,</p> <p>20 when you're ready.</p> <p>21 Opening statement by MR DAWSON</p> <p>22 MR DAWSON: Good morning, sir. I am Jamie Dawson KC and</p> <p>23 I appear as senior counsel to the Inquiry, along with my</p> <p>24 learned juniors, Ms Alex Price-Marmion and</p> <p>25 Mr Cameron Smith, advocates at this opening statement</p> <p>Page 3</p>
<p>1 another very important purpose and that is to provide</p> <p>2 an opportunity for the Inquiry to provide you all with</p> <p>3 an update on its work since the preliminary hearing on</p> <p>4 10 September this year.</p> <p>5 Senior counsel to the Inquiry circulated in advance</p> <p>6 of today a detailed outline of where matters stand in</p> <p>7 that respect and it has been and is open to the</p> <p>8 representatives of core participants to make submissions</p> <p>9 on matters arising from that update, as well.</p> <p>10 Pursuant to the agenda prepared for this hearing and</p> <p>11 also circulated in advance you may expect to hear</p> <p>12 submissions this morning from Mr Dawson and thereafter</p> <p>13 from counsel representing core participants represented</p> <p>14 by Levy & McRae, NHS Tayside, the Scottish Ministers,</p> <p>15 the Royal College of Surgeons of Edinburgh,</p> <p>16 Healthcare Improvement Scotland and NHS Education for</p> <p>17 Scotland.</p> <p>18 At my invitation, the chair of the Independent</p> <p>19 Clinical Review, Professor Wigmore, has also caused</p> <p>20 a submission to be tendered on behalf of that process</p> <p>21 and I am grateful to Mr McGillivray for attending the</p> <p>22 hearing to speak to that submission at the appropriate</p> <p>23 time.</p> <p>24 The holding of a bespoke opening statements hearing</p> <p>25 reflects the Inquiry's previously stated commitment to</p> <p>Page 2</p>	<p>1 hearing of the Eljamel Inquiry.</p> <p>2 This is the second of the Inquiry's public hearings,</p> <p>3 a preliminary hearing having taken place on 10 September</p> <p>4 of this year. As at that hearing, the Inquiry team and</p> <p>5 you, sir, are joined in the Inquiry's hearing space for</p> <p>6 this two-day hearing at Waverley Gate in central</p> <p>7 Edinburgh by a number of core participants or members of</p> <p>8 the public who are attending in person in the public</p> <p>9 gallery; by a number of members of the media who are</p> <p>10 present in the building, watching the proceedings from</p> <p>11 the media room; by a larger number of core participants</p> <p>12 or core participant representatives and members of the</p> <p>13 public and media who are joining us via the livestream,</p> <p>14 which the Inquiry makes available for those who cannot</p> <p>15 or do not wish to join us in person but who take</p> <p>16 an interest in our work; and by legal representatives of</p> <p>17 our core participants who will play a more active part</p> <p>18 in this hearing than they were called upon to do at the</p> <p>19 preliminary hearing in September, as I will come to</p> <p>20 explain.</p> <p>21 All are very welcome.</p> <p>22 As was the case at our preliminary hearing</p> <p>23 in September, the video feed on YouTube will be</p> <p>24 transmitted with a delay of a few minutes. This</p> <p>25 mechanism is part of the systems we have in place to try</p> <p>Page 4</p>

<p>1 to prevent any confidential information being</p> <p>2 transmitted to the wider public which should not be.</p> <p>3 Those who have submitted written opening statements have</p> <p>4 kindly refrained from mentioning individuals in them</p> <p>5 whom they do not represent or beyond those whose names</p> <p>6 they are clear can be published. In such cases they are</p> <p>7 provided or will provide the Inquiry with the actual</p> <p>8 names separately. This will assist with our</p> <p>9 investigations but respects also the need for</p> <p>10 individuals not to be named at this public hearing who</p> <p>11 have not had the opportunity to apply to ask you, sir,</p> <p>12 to pronounce a restriction order protecting their</p> <p>13 identity.</p> <p>14 I would ask those who are making oral contributions</p> <p>15 to continue to be vigilant about that in their</p> <p>16 statements and to avoid naming individuals on whose</p> <p>17 behalf they cannot speak, in accordance with those</p> <p>18 principles and aims.</p> <p>19 In the event that something is said by me or by</p> <p>20 another contributor which seems to us to contain</p> <p>21 information which ought not to have been referred to,</p> <p>22 I will instruct those who are managing the YouTube</p> <p>23 transmission to cut the feed. They will stop the</p> <p>24 transmission and we will most likely have a short break</p> <p>25 to work out how we need to proceed. My apologies in</p> <p>Page 5</p>	<p>1 focus of our preliminary hearing and the need, at this</p> <p>2 point in our planning, to start to make progress with</p> <p>3 our substantive investigations which our terms of</p> <p>4 reference demand that we do.</p> <p>5 In particular, core participants were asked to cover</p> <p>6 matters in their statements including the following:</p> <p>7 contributions were sought which focused on the substance</p> <p>8 of the Inquiry's work as opposed to procedural matters,</p> <p>9 including aspects of the Inquiry's terms of reference</p> <p>10 and list of issues as updated to October 2025</p> <p>11 post-consultation with core participants; of particular</p> <p>12 importance to a core participant group; or meriting</p> <p>13 particular or particularly detailed attention on the</p> <p>14 part of the Inquiry and why; particular features of</p> <p>15 neurosurgery undertaken or proposed for Mr Eljamel's</p> <p>16 patients where core participants felt that things could</p> <p>17 have gone better or lessons could be learned through the</p> <p>18 Inquiry process; the extent to which it is submitted</p> <p>19 that the Inquiry's remit should extend beyond Mr</p> <p>20 Eljamel's practice at Ninewells Hospital into other</p> <p>21 parts of the NHS, for example other hospitals at which</p> <p>22 he may have practiced, for example Dundee Royal</p> <p>23 Infirmary or within NHS Fife.</p> <p>24 Other rules which could fall within term of</p> <p>25 reference 1 relating to appointments beyond those listed</p> <p>Page 7</p>
<p>1 advance for any interruption which we may need to make</p> <p>2 of submissions of others for this purpose. This is why</p> <p>3 it will be necessary to do so.</p> <p>4 Any such information which is inadvertently referred</p> <p>5 to must not be referred or otherwise shared outwith this</p> <p>6 room and is subject to the Inquiry's first order</p> <p>7 covering those in attendance including members of the</p> <p>8 media.</p> <p>9 The plans for this hearing. Sir, the purpose of</p> <p>10 this hearing is primarily to hear from our core</p> <p>11 participants via their legal representatives. It is the</p> <p>12 right of the legal representative of a core participant</p> <p>13 in the Inquiry to make an opening statement under</p> <p>14 rule 10 of the Inquiries (Scotland) Rules 2007 unless</p> <p>15 the chair directs otherwise, although the nature and</p> <p>16 format of them are matters which are within your</p> <p>17 control, sir.</p> <p>18 In accordance with our approach to allow active</p> <p>19 participation by our core participants in our work, core</p> <p>20 participants were sent some guidance as to the sorts of</p> <p>21 matters they might wish to cover and were invited to</p> <p>22 make written opening statements to the Inquiry as well</p> <p>23 as oral statements at this hearing.</p> <p>24 The guidance sought to have the statements focus on</p> <p>25 more substantive matters given the largely procedural</p> <p>Page 6</p>	<p>1 there and why; manifestations of the effects of workload</p> <p>2 pressures on the way Mr Eljamel's patients were treated</p> <p>3 under term of reference 2(c); research projects in which</p> <p>4 Mr Eljamel was involved in which core participants</p> <p>5 submit that the Inquiry should take an interest and why,</p> <p>6 under term of reference 2(e); particular matters which</p> <p>7 the Inquiry ought to investigate relating to the</p> <p>8 training and supervision of junior neurosurgical staff,</p> <p>9 under term of reference 2(b); the extent to which there</p> <p>10 is a basis for the Inquiry to investigate complaints or</p> <p>11 concerns raised about Mr Eljamel's practice prior to</p> <p>12 2012 and the nature of any such complaints or concerns,</p> <p>13 under terms of reference 4 and 5.</p> <p>14 Submissions about broad issues with candour, or lack</p> <p>15 of it on Mr Eljamel's part, under term of reference 7</p> <p>16 which the Inquiry should investigate; particular issues</p> <p>17 which core participants submitted arise in connection</p> <p>18 with Mr Eljamel's clinical supervision, under term of</p> <p>19 reference 8, or suspension under term of reference 9</p> <p>20 which merits the Inquiry's investigation and</p> <p>21 consideration.</p> <p>22 Aspects of the investigations listed under term of</p> <p>23 reference 12 which core participants felt merited</p> <p>24 particular attention with reasonable grounds upon which</p> <p>25 it is asserted that those investigations could or should</p> <p>Page 8</p>

<p>1 have worked better.</p> <p>2 And information about reports made to bodies</p> <p>3 mentioned in term of reference 13 and reasonable</p> <p>4 assertions about what reports could or should have been</p> <p>5 made to them, when and why.</p> <p>6 Further, the core participants were asked to provide</p> <p>7 additional issues or matters of greater detail which</p> <p>8 core participants consider should be investigated by</p> <p>9 the Inquiry and why, including why they were deemed to</p> <p>10 fall within the Inquiry's terms of reference;</p> <p>11 suggestions as to the identity of witnesses from whom</p> <p>12 core participants submitted that the Inquiry should be</p> <p>13 taking written statements and/or oral evidence; the role</p> <p>14 with which such individuals were expected to be able to</p> <p>15 play; and why their involvement in those ways would be</p> <p>16 beneficial to the Inquiry's fulfilment of its terms of</p> <p>17 reference, with reference to the particular issues or</p> <p>18 terms of reference to which it is thought that these</p> <p>19 individuals would be able to contribute where possible.</p> <p>20 We indicated that you, Chair, would be particularly</p> <p>21 interested to hear from core participants as to the</p> <p>22 identity of individuals working within NHS Tayside on</p> <p>23 the medical side, including surgical, nursing or other</p> <p>24 staff, whether from the neurosurgical department or</p> <p>25 beyond, or the administrative side whom CPs submitted</p> <p style="text-align: center;">Page 9</p>	<p>1 to express a view or required further assistance or</p> <p>2 guidance, for example, processes for anonymity,</p> <p>3 participation in evidential hearings and the like;</p> <p>4 recommendations which core participants submitted should</p> <p>5 be in the Inquiry's thinking at this stage, including</p> <p>6 the identification of areas connected to the Inquiry's</p> <p>7 terms of reference which core participants considered</p> <p>8 would be most likely to benefit from the Inquiry's</p> <p>9 attention and possibly ultimately recommendations being</p> <p>10 made, based on the core participant groups' particular</p> <p>11 experiences or areas of particular interest.</p> <p>12 And finally, the Inquiry's proposed approach to its</p> <p>13 trauma-informed policy which in due course will form</p> <p>14 an important part of its wider engagement strategy and</p> <p>15 the extent to which core participants propose to</p> <p>16 contribute to or participate in it.</p> <p>17 Within the broad parameters of the guidance they</p> <p>18 were sent, core participants have been given</p> <p>19 a relatively free rein to set out their clients'</p> <p>20 perspectives on, aspirations for and contributions to</p> <p>21 the planning work of the Inquiry. These statements are</p> <p>22 important to the Inquiry's work. They will be taken</p> <p>23 into account as part of the Inquiry's genuine commitment</p> <p>24 to allowing its core participants to have a voice and to</p> <p>25 play a meaningful part in our work. It is that</p> <p style="text-align: center;">Page 11</p>
<p>1 would be of assistance to the Inquiry and why.</p> <p>2 Suggestions as to lines of investigation which core</p> <p>3 participants thought should be undertaken by the Inquiry</p> <p>4 and why, beyond those already announced at the Inquiry's</p> <p>5 preliminary hearing; any key materials which core</p> <p>6 participant groups held and/or thought should be</p> <p>7 obtained by the Inquiry and why, as well as any</p> <p>8 information about key documents thought to be missing</p> <p>9 which might otherwise have been of assistance.</p> <p>10 Aspects of the Inquiry's terms of reference or list</p> <p>11 of issues, or indeed its sectional evidential plan to</p> <p>12 which core participant groups thought they could</p> <p>13 contribute to the greatest extent; and matters where</p> <p>14 their contribution would be of the greatest assistance</p> <p>15 to the Inquiry's work and why; and beyond plans already</p> <p>16 announced at the Inquiry's preliminary hearing in the</p> <p>17 protocol or in the protocols published by the Inquiry,</p> <p>18 matters which core participants considered should be</p> <p>19 raised with independent expert witnesses, the areas</p> <p>20 which expert evidence should cover and the identity of</p> <p>21 any expert witnesses whom core participants thought</p> <p>22 would be able to provide technical evidence of</p> <p>23 assistance to the Inquiry's work and why.</p> <p>24 Broadly, aspects of the Inquiry's evidential</p> <p>25 approach and procedures on which core participants wish</p> <p style="text-align: center;">Page 10</p>	<p>1 commitment which has motivated the Inquiry to hold this</p> <p>2 hearing in this way and at this time.</p> <p>3 By holding this hearing now, it is anticipated that</p> <p>4 the Inquiry will still have the opportunity to</p> <p>5 incorporate the helpful contributions which have been</p> <p>6 and will be made over the next two days into our</p> <p>7 approach as to how we go about our work. It is for</p> <p>8 those reasons that the floor will shortly pass to the</p> <p>9 legal representatives of the core participants in order</p> <p>10 to allow their clients to take centre stage.</p> <p>11 However, before doing so, sir, I would like to take</p> <p>12 the opportunity to set out the broad timetable for this</p> <p>13 hearing but also, as part of the Inquiry's commitment to</p> <p>14 openness and clarity, to present an update on</p> <p>15 the Inquiry's work since the preliminary hearing on</p> <p>16 10 September.</p> <p>17 Core participants were given information about these</p> <p>18 developments in a note by counsel to the Inquiry</p> <p>19 circulated last week on which they were asked to provide</p> <p>20 written submissions by Monday morning. The Inquiry team</p> <p>21 is grateful to all those who took the trouble to do so.</p> <p>22 Though I will try largely to leave the stage to my</p> <p>23 colleagues representing their core participant clients</p> <p>24 for their opening statements, I will try to address</p> <p>25 aspects of the submissions on the procedural issues</p> <p style="text-align: center;">Page 12</p>

<p>1 raised in counsel's note as I go along for the sake of</p> <p>2 clarity and the best use of time.</p> <p>3 The opening statements hearing timetable. The</p> <p>4 opening statement hearing will be attended by</p> <p>5 representatives of the following core participants on</p> <p>6 whose behalf written and oral opening statements have</p> <p>7 been or will be submitted or delivered, as follows:</p> <p>8 Firstly, the 138 former patients of Mr Eljamel and</p> <p>9 21 representatives of former patients of Mr Eljamel</p> <p>10 represented by Levy & McRae solicitors as individual</p> <p>11 core participants. These patient core participants are</p> <p>12 represented by my learned friends Joanna Cherry KC and</p> <p>13 Mr Euan Scott. They appear on behalf of this group</p> <p>14 today and have provided with you a written opening</p> <p>15 statement and a written submission on the CTI note.</p> <p>16 Ms Cherry will address you after I have spoken.</p> <p>17 NHS Tayside are represented by my learned friend</p> <p>18 Ms Una Doherty KC and Ms Cat MacQueen. They have</p> <p>19 provided a written opening statement and a written</p> <p>20 submission on the CTI note as well. Ms Doherty will</p> <p>21 deliver an oral opening statement on their behalf this</p> <p>22 afternoon.</p> <p>23 The Scottish Ministers are represented by my learned</p> <p>24 friends Laura Thomson KC and Mr David Blair. The</p> <p>25 current plan is that Ms Thomson will deliver an oral</p> <p style="text-align: center;">Page 13</p>	<p>1 represented at this hearing by Ms Christine O'Neill KC.</p> <p>2 She will make an oral opening statement on their behalf</p> <p>3 tomorrow morning.</p> <p>4 Additionally, as happened at the preliminary</p> <p>5 hearing, you have also invited the Independent Clinical</p> <p>6 Review to be represented at this hearing. I have sent</p> <p>7 them the same advanced materials as were received by</p> <p>8 core participants and extended to them the same rights</p> <p>9 of reply and participation on the procedural matters</p> <p>10 raised in the CTI note for the same objective of seeking</p> <p>11 to allow them to contribute to the efficient work of</p> <p>12 this hearing and of the Inquiry.</p> <p>13 I will return to the ICR as a separate item on my</p> <p>14 agenda in due course. The ICR is represented by</p> <p>15 Mr Ewan McGillivray of Morton Fraser MacRoberts</p> <p>16 solicitors. The ICR has provided a written submission</p> <p>17 and Mr McGillivray will address you on behalf of his</p> <p>18 clients tomorrow on matters raised in the CTI note.</p> <p>19 The legal representatives of the</p> <p>20 University of Dundee have submitted a short written</p> <p>21 opening statement. They are not represented at the</p> <p>22 hearing. It is of note that in their written opening</p> <p>23 submission and at paragraph 6 of their written</p> <p>24 submission on the CTI note, the patient group have</p> <p>25 raised an issue about the apparent lack of engagement</p> <p style="text-align: center;">Page 15</p>
<p>1 opening statement on their behalf this afternoon after</p> <p>2 Ms Doherty has addressed you, sir.</p> <p>3 As was the case at the preliminary hearing, my</p> <p>4 understanding is that my learned friends represent the</p> <p>5 Scottish Ministers in their capacity as core</p> <p>6 participants in and material providers to the Inquiry,</p> <p>7 as opposed to representing the ministers in any other</p> <p>8 capacity, such as the Cabinet Secretary in his capacity</p> <p>9 as sponsoring minister of the Inquiry or the Independent</p> <p>10 Clinical Review.</p> <p>11 The Cabinet Secretary for Health and Social Care was</p> <p>12 invited to be represented in his capacity as sponsoring</p> <p>13 minister of the Independent Clinical Review for</p> <p>14 particular reasons to which I will return. He is, as</p> <p>15 I understand it, not so represented at this hearing.</p> <p>16 Healthcare Improvement Scotland have provided</p> <p>17 a written opening statement and are represented at this</p> <p>18 hearing by Mr Shane Dundas. He will make an oral</p> <p>19 opening statement on their behalf tomorrow morning.</p> <p>20 NHS Education for Scotland have provided a written</p> <p>21 opening statement and are also represented at this</p> <p>22 hearing by Mr Shane Dundas. He will make an oral</p> <p>23 statement on their behalf tomorrow morning, as well.</p> <p>24 The Royal College of Surgeons of Edinburgh have</p> <p>25 provided a written opening statement and are also</p> <p style="text-align: center;">Page 14</p>	<p>1 which the University of Dundee have had with this</p> <p>2 Inquiry and raise again the importance of matters which</p> <p>3 relate to the university in the Inquiry's</p> <p>4 investigations. They highlight, quite rightly, the</p> <p>5 importance of the university's engagement with</p> <p>6 the Inquiry which is the basis upon which you granted</p> <p>7 them core participant status, sir.</p> <p>8 In the university's short written statement they</p> <p>9 make reference to significant financial constraints</p> <p>10 which are a matter of public record as a contributing</p> <p>11 factor to this position. The university remains</p> <p>12 a welcome core participant in the Inquiry and requires</p> <p>13 make its own decisions about what it wishes to do so in</p> <p>14 that capacity, including participation in this hearing.</p> <p>15 For the sake of those who have concerns in this</p> <p>16 regard, may I clarify that their lack of participation</p> <p>17 in their capacity as core participants should not be</p> <p>18 confused with their participation in their capacity as</p> <p>19 organisational witnesses or material providers to</p> <p>20 the Inquiry.</p> <p>21 The Inquiry will be asked to provide evidence by way</p> <p>22 of written statement, oral evidence as is deemed</p> <p>23 necessary and in the form of documents relevant</p> <p>24 the Inquiry's investigations in its capacity as</p> <p>25 a witness or material provider. In those capacities,</p> <p style="text-align: center;">Page 16</p>

<p>1 the university will not ultimately have the option as to 2 whether to participate; it will require to provide 3 evidence which it holds or can provide and which is 4 relevant to our work by use of the Inquiry's powers of 5 compulsion, if necessary. It is hoped that that will 6 not be necessary. The university is currently in 7 receipt of a rule 8 request for documents and 8 a corporate witness statement relevant to section 1 of 9 the Inquiry's hearings programme which is currently 10 being worked on, as we understand it.</p> <p>11 When the opening statements of our core participants 12 who are represented here have been heard, I will address 13 you further, sir, raising any matters which I think it 14 would be worth addressing at this stage in this public 15 forum.</p> <p>16 As this hearing is predominantly for the core 17 participants to make their statements, I do not plan at 18 this stage to have a lot to say in reply, but will be 19 listening with interest to what is submitted and will 20 reply on any matters which appear to be worthy of 21 further reply or clarification on behalf of the Inquiry.</p> <p>22 It may be, sir, that the timings do not run 23 precisely to the planned agenda. However, based on 24 projections made by my colleagues and the allocation of 25 two days rather than one for this hearing, we are as</p> <p>Page 17</p>	<p>1 hearings in the first half of next year are 2 in February 2026, three weeks from 9 February and in the 3 spring, three weeks from 20 April. The plan which was 4 announced at the preliminary hearing was that the 5 evidential hearings in section 1 of our evidential plan 6 would be held in the February window and that the first 7 set of evidential hearings in section 2 would take place 8 in the spring of 2026.</p> <p>9 Regrettably, the Inquiry has experienced a number of 10 issues in its progress so far, with the result that you 11 have taken the decision, sir, that the hearings which 12 were to have been held in February will now not go ahead 13 as planned. There are a number of reasons for this, 14 which I would like to set out in the spirit of openness 15 and clarity in which we endeavour to undertake all of 16 our work.</p> <p>17 I will turn to these in a moment but first of all, 18 may I set out how this development will affect our 19 planning.</p> <p>20 The hearings in section 1 which were due to take 21 place in February will now take place in the three-week 22 slot available to us in the week commencing 23 20 April 2026. The next hearing room slot available to 24 us will be in the autumn of 2026, at which time we will 25 hold the section 2 hearings which, as you know, sir,</p> <p>Page 19</p>
<p>1 sure as one can be that everyone will be able to 2 contribute what they want to say and all relevant issues 3 will be amply ventilated. We will, of course, be 4 respectful of the needs of those in attendance for 5 breaks.</p> <p>6 Therefore, sir, by way of an update on progress and 7 planning, I intend to address you, sir, on the following 8 topics: firstly, future hearings dates. Secondly, 9 an Inquiry staffing update. Thirdly, a core participant 10 update. Fourthly, the Inquiry's list of issues. 11 Fifthly, rule 8 requests and section 21 notices. Then 12 the Independent Clinical Review, instruction of expert 13 witnesses and the consultation on the Inquiry's 14 trauma-informed approach.</p> <p>15 Future hearing dates. As far as the planning of 16 future hearings is concerned and as those who take 17 an interest in our work will be aware, the Inquiry has, 18 for reasons of expediency and economy, entered into 19 a venue sharing agreement with the Scottish COVID-19 20 Inquiry, which means that its hearings will be held at 21 the premises at Waverley Gate in Edinburgh which have 22 been used for the hearings of that public inquiry and 23 where we find ourselves for the opening statement 24 hearing today.</p> <p>25 The windows available to this Inquiry for its</p> <p>Page 18</p>	<p>1 will focus on the evidence of patients, patient 2 representatives and evidence emanating from the 3 Independent Clinical Review.</p> <p>4 In order to try to mitigate the effects of the delay 5 and to seek to try to get the hearings back onto the 6 timetable they were originally designed to follow, 7 the Inquiry has reserved a slot running for four weeks 8 from 7 September 2026 with our colleagues at the 9 Scottish COVID-19 Inquiry. Core participants will, of 10 course, be informed of the precise plans for the hearing 11 of oral evidence over that period. However, it is hoped 12 that this broad plan may allow the Inquiry to get back 13 to where it would otherwise have been in its 14 timetabling, with section 2 taking place in the autumn 15 of 2026 as had previously been announced.</p> <p>16 The reasons why this change of schedule is taking 17 place are as follows: as I have said previously, sir, 18 the Inquiry strives constantly to balance speed and 19 reasonable thoroughness in its investigations. Both 20 considerations are important and both are integral to 21 our remit, as set out by our terms of reference.</p> <p>22 Constant vigilance is needed to ensure that that 23 balance is being properly maintained. This is difficult 24 and sound judgment is required to ensure that we are 25 making decisions in that regard which comply with our</p> <p>Page 20</p>

<p>1 terms of reference, our principles, our objectives and</p> <p>2 to recognise the fact that some of what we do is</p> <p>3 dependent on others.</p> <p>4 In this instance, that judgment has been exercised</p> <p>5 in a way which will result in a change in our planning</p> <p>6 which has been determined to be the best way to balance</p> <p>7 these factors in exercise of your discretionary right to</p> <p>8 fix the Inquiry's procedures as you see fit, subject to</p> <p>9 considerations of fairness and economy.</p> <p>10 First, many core participants have pointed out</p> <p>11 issues with the Independent Clinical Review process,</p> <p>12 upon which the Inquiry is evidentially reliant as things</p> <p>13 currently stand. To reiterate, the Inquiry is reliant</p> <p>14 on the ICR's evidential output as, A, the basis for</p> <p>15 understanding what went broadly clinically wrong and</p> <p>16 when, as the foundation for our broadly systemic</p> <p>17 investigation, and, B, as the source of direct evidence</p> <p>18 of patients and patient representatives in the form of</p> <p>19 their applicant statements.</p> <p>20 Both Ms Cherry and I raised concerns about the</p> <p>21 progress of the ICR project at the preliminary hearing</p> <p>22 in September. The situation, as far as the Inquiry was</p> <p>23 concerned, was urgent at that time. Progress, you will</p> <p>24 recall, was demanded. I will return to the progress</p> <p>25 made in that regard to this point in due course, but the</p> <p style="text-align: center;">Page 21</p>	<p>1 statements by the scheduled April hearings window for</p> <p>2 the first tranche of the section 2 hearings has appeared</p> <p>3 increasingly unrealistic and most importantly unfair.</p> <p>4 Such unfairness requires to be avoided.</p> <p>5 The importance of that body of evidence to both the</p> <p>6 patient witnesses and to the Inquiry is amply set out in</p> <p>7 the written opening statement of the patient group. It</p> <p>8 is hoped that the adjustment to the timetable will</p> <p>9 assist in according that evidence the attention and</p> <p>10 importance it clearly merits in what you, sir, have</p> <p>11 designed as an Inquiry with the patients at its centre.</p> <p>12 Thirdly, in the course of the preparation of the</p> <p>13 section 1 evidence which the Inquiry has now sought and</p> <p>14 to which I will return the Inquiry has received some</p> <p>15 intimation of issues with meeting deadlines with rule 8</p> <p>16 requests which have been sent out. Some recipients have</p> <p>17 raised issues arising from the time of year. Some</p> <p>18 organisations in receipt of rule 8 requests have been</p> <p>19 asked to provide updates on their progress as they were</p> <p>20 required to do by 20 November.</p> <p>21 These progress reports have given rise to further</p> <p>22 issues and requests for extensions, which the Inquiry</p> <p>23 considers to be not wholly unreasonable in the</p> <p>24 circumstances. Those in receipt of such requests</p> <p>25 deserve to be treated fairly too. These issues</p> <p style="text-align: center;">Page 23</p>
<p>1 time the Inquiry team has spent on ICR-related matters</p> <p>2 and issues standing in the way of progress beyond</p> <p>3 the Inquiry's control are matters of lingering concern</p> <p>4 which have impacted on the change of timetabling.</p> <p>5 Secondly, and related to this, the Inquiry team has</p> <p>6 taken time to consider the implications of these delays</p> <p>7 on the applicants to the ICR, patients and in some cases</p> <p>8 their representatives. They will, the Inquiry hopes, in</p> <p>9 early course, be called upon to produce applicant</p> <p>10 statements to the ICR. It is reasonably anticipated</p> <p>11 that that will be a difficult process for many and one</p> <p>12 which will need to be prioritised in the joint planning</p> <p>13 of the two processes. The applicant statements will be</p> <p>14 needed for the ICR neurosurgical reviews to be</p> <p>15 completed. Equally, the Inquiry will need them to see</p> <p>16 and take account of their content in its work.</p> <p>17 Though the Inquiry already has an eye to the</p> <p>18 identity of patients or patient representatives from</p> <p>19 whom it will, in due course, seek its own Inquiry</p> <p>20 statements, the procedures which have been developed</p> <p>21 between the two processes have been designed to try to</p> <p>22 minimise what will inevitably be a heavy burden on those</p> <p>23 who are involved.</p> <p>24 Thus, the prospect of being able to complete both</p> <p>25 applicant statements and in some cases Inquiry</p> <p style="text-align: center;">Page 22</p>	<p>1 therefore require to be factored into the Inquiry's</p> <p>2 planning in order to make the hearings as productive and</p> <p>3 inclusive as possible.</p> <p>4 It is clear that more time should allow those who</p> <p>5 have been asked to contribute evidence the time to</p> <p>6 provide more meaningful contributions, as well as</p> <p>7 permitting the necessary processing of statements and</p> <p>8 documents and their onward disclosure to our core</p> <p>9 participants.</p> <p>10 Those who have requested that deadlines be extended</p> <p>11 will have their applications assessed after these</p> <p>12 hearings. Core participants will be updated about the</p> <p>13 plans for disclosure as soon as there is any updates to</p> <p>14 provide. Those involved should, however, not expect</p> <p>15 lengthy extensions and work should continue at pace,</p> <p>16 given that delaying the hearings from February to April</p> <p>17 is only in the order of around ten weeks.</p> <p>18 Fourthly, as you are well aware, sir, the Inquiry</p> <p>19 has in place systems to allow core participants to</p> <p>20 participate in key aspects of its work in its</p> <p>21 preliminary phase. These opportunities are important to</p> <p>22 the Inquiry's principles of clarity, openness and</p> <p>23 collaboration.</p> <p>24 Though core participants were asked to contribute to</p> <p>25 the text of standard form letters of instruction for the</p> <p style="text-align: center;">Page 24</p>

<p>1 ICR experts, the Inquiry has not yet had the opportunity</p> <p>2 to engage core participants in the instruction of its</p> <p>3 own expert witnesses. As this expert evidence forms</p> <p>4 an important part of the evidential context in which</p> <p>5 the Inquiry's work will be undertaken, the Inquiry</p> <p>6 wishes to allow core participants a reasonable</p> <p>7 opportunity to make such a contribution which could not</p> <p>8 reasonably have been expected of them before now.</p> <p>9 As this evidence is scheduled to be part of</p> <p>10 the Inquiry's evidential section 1, the delay in the</p> <p>11 section 1 hearings until April should, we hope, allow</p> <p>12 the established process of participation to take place</p> <p>13 as planned.</p> <p>14 Fifthly, the Inquiry requires to engage the services</p> <p>15 of key members of its own team whose role will directly</p> <p>16 relate to the hearings, namely a hearings and operations</p> <p>17 manager and a witness liaison officer. I will return to</p> <p>18 the issue of Inquiry staffing in a moment but without</p> <p>19 these key members of our team, the hearings in February</p> <p>20 simply could not function adequately for our purposes</p> <p>21 and in accordance with the need of those who would be</p> <p>22 attending to provide evidence.</p> <p>23 Sixthly, the Inquiry's trauma-informed policy public</p> <p>24 consultation has just recently got underway. Given the</p> <p>25 importance of the contributions which is we hope will be</p> <p style="text-align: center;">Page 25</p>	<p>1 participants will be informed of any plans for a further</p> <p>2 preliminary hearing.</p> <p>3 Inquiry staffing update. Since the preliminary</p> <p>4 hearing the Inquiry has had the benefit of being able to</p> <p>5 add a number of key members to the Inquiry team. For</p> <p>6 the information of core participants, the following</p> <p>7 senior roles have now been filled by the following</p> <p>8 individuals: the important role of Secretary to</p> <p>9 the Inquiry has been filled by Ms Natalie Smith.</p> <p>10 Ms Smith already has significant experience from her</p> <p>11 long career in the UK civil service, including as Deputy</p> <p>12 Secretary of The Lampard Inquiry, an ongoing public</p> <p>13 inquiry set up by the UK government into the deaths of</p> <p>14 mental health patients in Essex.</p> <p>15 In that role, she was involved in many aspects of</p> <p>16 the Inquiry's work which will be of considerable</p> <p>17 relevance and assistance to the work of this Inquiry,</p> <p>18 including financial and project management, development</p> <p>19 of strategic policy on governance and coordinating</p> <p>20 engagement with the Inquiry's stakeholders. She is</p> <p>21 a most welcome addition to the team.</p> <p>22 The Inquiry's former interim secretary,</p> <p>23 Mr Dan Farthing has taken the role of deputy secretary.</p> <p>24 In this role amongst other important responsibilities</p> <p>25 Mr Farthing will continue to take the lead in</p> <p style="text-align: center;">Page 27</p>
<p>1 made to this policy in that process and in turn to our</p> <p>2 engagement strategy as a whole, the postponement of the</p> <p>3 hearings will allow greater account to be taken of these</p> <p>4 highly important considerations in our work at the first</p> <p>5 set of evidential hearings.</p> <p>6 In the meantime, core participants are reminded that</p> <p>7 the public hearings of the Inquiry will be</p> <p>8 live-streamed. Transcripts of evidential hearings will</p> <p>9 be published on the Inquiry's website. Information</p> <p>10 about the conduct of those evidential hearings and the</p> <p>11 broad outline of the process which will be followed in</p> <p>12 advance of it and at it is set out in the Inquiry's</p> <p>13 public hearings protocol.</p> <p>14 I should point out, sir, that it is entirely</p> <p>15 possible that you may wish to order a further</p> <p>16 preliminary hearing be held before the section 1</p> <p>17 hearings, which are scheduled for the week commencing</p> <p>18 20 April 2026. You may do so, sir, if you consider that</p> <p>19 there are matters which require public ventilation and</p> <p>20 resolution including, but not limited to, any issues</p> <p>21 which you have with the recovery of evidence relating to</p> <p>22 those section 1 hearings, or expected progress with the</p> <p>23 work of the ICR which will have a direct bearing on our</p> <p>24 section 2 hearings now scheduled for September 2026 and</p> <p>25 our preparation for further hearings beyond that. Core</p> <p style="text-align: center;">Page 26</p>	<p>1 the Inquiry's engagement strategy and trauma-informed</p> <p>2 policy based on his extensive experience in the</p> <p>3 charitable sector. The current developments in this</p> <p>4 area are ones to which I will return.</p> <p>5 The legal team has also benefited from the</p> <p>6 appointment of another junior counsel, Mr Cameron Smith</p> <p>7 and two assistant solicitors, Ms Clair Sherrard and</p> <p>8 Ms Jennifer Barr whose work, for now, will focus on the</p> <p>9 preparations of sections 1 and 2 of the evidential</p> <p>10 hearings to which I've already referred. These</p> <p>11 colleagues are also most welcome additions to the team,</p> <p>12 with considerable previous experience in the work of</p> <p>13 Public Inquiries and/or in the medical sphere in which</p> <p>14 this Inquiry will operate.</p> <p>15 The Inquiry continues to engage in active</p> <p>16 recruitment processes for a number of other positions in</p> <p>17 its team, including the important positions of hearings</p> <p>18 and operations manager and witness liaison officer, to</p> <p>19 which I've already referred. Those who take an interest</p> <p>20 in the work of the Inquiry should be aware that the</p> <p>21 processes of recruitment to these key positions is</p> <p>22 heavily dependent on the recruitment processes operated</p> <p>23 by the Scottish Government.</p> <p>24 I have already made clear that the Inquiry requires</p> <p>25 to balance speed and reasonable thoroughness in its</p> <p style="text-align: center;">Page 28</p>

<p>1 work. The latter requires experienced and dedicated</p> <p>2 individuals to be recruited to our team in order to seek</p> <p>3 to address the former, the Inquiry sought to negotiate</p> <p>4 it with its Scottish Government sponsors, a management</p> <p>5 agreement which sought to provide for priority to be</p> <p>6 given to the Inquiry's recruitment and other</p> <p>7 requirements, in particular for speed and control in</p> <p>8 engaging the right people.</p> <p>9 This agreement remains unsigned by government for</p> <p>10 reasons unconnected to the provision relating to</p> <p>11 recruitment. Provisions and expectations of the Inquiry</p> <p>12 related to recruitment were and are, as we understand</p> <p>13 it, uncontroversial. The Inquiry continues to consider</p> <p>14 that the agreements provisions relating to the priority</p> <p>15 required in recruitment decisions and processes are</p> <p>16 entirely reasonable, given the importance of</p> <p>17 the Inquiry's work in the public's interest, the</p> <p>18 requirement that it report as soon as reasonably</p> <p>19 practicable under term of reference 19 and the delays</p> <p>20 beyond the Inquiry's control which have been encountered</p> <p>21 to this point.</p> <p>22 It is a fact that the Scottish Government's</p> <p>23 recruitment processes have not worked as the Inquiry</p> <p>24 would have expected, in particular as regards the speed</p> <p>25 with which they operate. Core participants should,</p> <p style="text-align: center;">Page 29</p>	<p>1 21 former patient representatives.</p> <p>2 The Inquiry's Rules 2007 enable a chair to grant</p> <p>3 core participant status at any time during the lifetime</p> <p>4 of an Inquiry. Therefore you, sir, will continue to</p> <p>5 consider applications from individuals or bodies who</p> <p>6 wish to be designated as core participants beyond the</p> <p>7 initial application period set out in the Inquiry's core</p> <p>8 participant protocol.</p> <p>9 However, you, sir, are mindful of the need for core</p> <p>10 participants to be able to participate fully and equally</p> <p>11 in the Inquiry's work as, A, the current group of</p> <p>12 individuals and organisations, two of which have been</p> <p>13 granted core participant status, already represent</p> <p>14 a wide range of interests and matters to be covered by</p> <p>15 the Inquiry; and, B, as I have said, key stages in</p> <p>16 the Inquiry's plans for active participation have now</p> <p>17 passed or will pass soon.</p> <p>18 As the Inquiry's preliminary phase nears its end,</p> <p>19 you have indicated, sir, that you may be less mind to</p> <p>20 grant further core participant status to future</p> <p>21 applicants and will indeed require an explanation of the</p> <p>22 timing of any future application from such individuals</p> <p>23 or bodies.</p> <p>24 Core participants who wish to receive funding for</p> <p>25 their legal representation to support their</p> <p style="text-align: center;">Page 31</p>
<p>1 however, be aware that processes are well underway for</p> <p>2 the recruitment of further staff to important Inquiry</p> <p>3 positions, as the Inquiry moves from its preliminary to</p> <p>4 its evidential phase.</p> <p>5 Those within Scottish Government should, in my</p> <p>6 submission, take note of, A, the reasonable requests of</p> <p>7 our core participants for the Inquiry to be enabled to</p> <p>8 get on with its work. B, the Inquiry's right and need</p> <p>9 to remain independent, including in the selection and</p> <p>10 engagement of its staff and, C, the plans for</p> <p>11 the Inquiry's hearings timetable which I have set out</p> <p>12 today.</p> <p>13 I sincerely hope that these requests, that</p> <p>14 requirement and those plans will be borne in mind when</p> <p>15 Scottish Government assistance is sought with ongoing</p> <p>16 and future recruitment and that adequate priority will</p> <p>17 be given to providing it.</p> <p>18 Core participant update. On 25 September 2025 in</p> <p>19 response to an application received from Levy & McRae,</p> <p>20 you, sir, granted the core participant status to</p> <p>21 a further five former patients of Mr Eljamel and two</p> <p>22 representatives of former patients represented by that</p> <p>23 firm. This takes the total number of patient and</p> <p>24 patient representative core participants in that group</p> <p>25 to a total of 159, comprising 138 former patients and</p> <p style="text-align: center;">Page 30</p>	<p>1 participation in the Inquiry should be aware that the</p> <p>2 solicitor to the Inquiry will imminently issue a further</p> <p>3 invitation for funding to be granted by the Inquiry to</p> <p>4 cover funding for the Inquiry's evidential phase, or at</p> <p>5 least the first part of it.</p> <p>6 As it is anticipated that requests for written</p> <p>7 statements will be part of the next phase of</p> <p>8 the Inquiry's work, the invitation will cover</p> <p>9 applications for legal representation for the provision</p> <p>10 of such witness statements, as well as legal</p> <p>11 representation involved in being a core participant in</p> <p>12 the Inquiry.</p> <p>13 At the preliminary hearing on 10 September an issue</p> <p>14 was ventilated relating to the support being offered by</p> <p>15 NHS Tayside to its current and former employees.</p> <p>16 NHS Tayside had set out its position in that regard in</p> <p>17 a written submission to the Inquiry. As far as</p> <p>18 the Inquiry was concerned, the position remained</p> <p>19 unclear. Various issues were raised by me at that</p> <p>20 hearing, in particular the apparent lack of legal</p> <p>21 support being offered to current or former employees of</p> <p>22 the board and the question of their representation.</p> <p>23 As was the Inquiry's stated intention at that</p> <p>24 hearing, the Inquiry has followed this matter up with</p> <p>25 NHS Tayside's representatives. They have clarified</p> <p style="text-align: center;">Page 32</p>

<p>1 and updated NHS Tayside's position in a written 2 submission which was sent to core participants along 3 with a note by counsel, both of which will be published 4 after these hearings. The Inquiry is grateful to the 5 representatives of NHS Tayside for their clarification 6 of their position in this regard.</p> <p>7 Given that NHS Tayside indicated in their written 8 note that they have or had concern that their 9 arrangements may cause concerns within the patient body, 10 other core participants were invited to make submissions 11 if they wish to do so on NHS Tayside's proposed 12 arrangements for providing legal support in light of 13 observations in this regard made in the counsel to the 14 Inquiry note. The Inquiry is obliged to the patient 15 group for having done so. It remains open to 16 representatives of the core participants to take matters 17 up further in their oral opening statements if they 18 wish, in light of NHS Tayside's wish to understand the 19 perspective of others on the arrangements which they 20 propose.</p> <p>21 The NHS Tayside note clarifies that their position 22 is that they will offer legal support as well as 23 pastoral and administrative support to current and 24 former employees who wish to avail themselves of that 25 support or any part of it. The proposed arrangements</p> <p>Page 33</p>	<p>1 The written note provided by the legal 2 representatives of NHS Tayside makes it clear that they 3 do not represent former or current employees of the 4 board. As they were invited to do in their more recent 5 submission, NHS Tayside have clarified that the Inquiry 6 was correct in its assumption that NHS Tayside's 7 recognised legal representatives do not consider 8 themselves to be the recognised legal representatives in 9 terms of the Inquiry (Scotland) Rules of any individual. 10 They are the recognised legal representatives of the 11 board and the board alone.</p> <p>12 That status brings with it certain rights and 13 responsibilities under the legislation governing 14 the Inquiry, the associated rules and in the Inquiry's 15 procedures. No provision is made in any of those for 16 a party providing legal support in connection with 17 the Inquiry's work.</p> <p>18 It was pointed out in the note by counsel to the 19 Inquiry that it would require care on the part of 20 NHS Tayside and its employees to ensure that their role 21 as legal supporters should not be confused as their role 22 as recognised legal representatives of the board. It 23 was pointed out that steps would require to be taken to 24 ensure that appropriate systems are in place to 25 facilitate reasonable legal support, a concept of the</p> <p>Page 35</p>
<p>1 are broadly acceptable to the Inquiry, subject to 2 certain administrative matters which may still require 3 to be raised by the Inquiry with the representatives of 4 NHS Tayside, relating in particular to the 5 practicalities of assistance which they may be able to 6 offer in tracing individuals from whom the Inquiry 7 wishes to take evidence.</p> <p>8 The Inquiry will signpost the available legal 9 support services to those former or current employees of 10 NHS Tayside who receive a rule 8 request or a section 21 11 notice for a written statement or for documents to be 12 provided. This will include the broad nature of the 13 support services being offered by the NHS's central 14 legal office and the possibility that individuals may 15 wish to consider seeking alternative representation, as 16 is included in all requests sent to individual rule 8 17 recipients.</p> <p>18 In the case of medical professionals, for example, 19 this may include legal representation by a medical 20 defence organisation or the Nursing and Midwifery 21 Council. Solicitors regularly instructed by medical 22 defence organisations have been in touch with 23 the Inquiry to state that they expect to receive such 24 instructions in some cases and that in those cases they 25 will provide legal representation in the normal way.</p> <p>Page 34</p>	<p>1 board's making, as this capacity is one which appears to 2 the Inquiry to be one which is not contemplated by the 3 rules.</p> <p>4 It was observed that this would require to be 5 addressed by the Inquiry in certain respects in due 6 course, including in relation to the permissions 7 allowing access on the part of legal advisers to 8 material when they are not recognised legal 9 representatives of the individual witnesses.</p> <p>10 It has been made clear in NHS Tayside's note that 11 the arrangements would include an assessment being made 12 by NHS Tayside as to whether the legal support service 13 being offered could be extended to an individual based 14 on whether there appeared to be a conflict of interest 15 between the position of that individual and the position 16 of the board.</p> <p>17 Given the relatively unusual nature of the legal 18 support being offered, viewed in terms of the rules 19 governing the Inquiry and those governing legal 20 professionals more generally, as well as the need for as 21 much clarity as can be achieved at this stage, the 22 recognised legal representatives of NHS Tayside were 23 asked to provide clarification as to how it will be 24 ensured that there is an appropriate separation between 25 the advice or support being provided to individuals and</p> <p>Page 36</p>

<p>1 the advice or support being provided to the board.</p> <p>2 In particular, in light of the apparent acceptance</p> <p>3 on behalf of the board that:</p> <p>4 "It would not be necessary or desirable for</p> <p>5 NHS Tayside itself to have sight of a rule 8 request or</p> <p>6 section 21 notice sent to an individual current or</p> <p>7 former employee, or indeed their response to that</p> <p>8 request." (As read).</p> <p>9 The board has now helpfully clarified that the legal</p> <p>10 advice being offered to individual former or current</p> <p>11 employees will be provided by a senior solicitor within</p> <p>12 NHS's central legal office, separate from the team which</p> <p>13 will be advising the board. It remains unclear whether</p> <p>14 this means that this senior solicitor will now be the</p> <p>15 recognised legal representative for these individuals in</p> <p>16 cases where the central legal office feels able to offer</p> <p>17 legal support. This is because it remains unclear</p> <p>18 whether that senior solicitor from the central legal</p> <p>19 office acts on behalf of the board or not.</p> <p>20 The separation appears to be intended to remote</p> <p>21 an appropriate degree of distance between the</p> <p>22 representation of the board and the legal support</p> <p>23 offered to former or current employees. That would tend</p> <p>24 to suggest that the apparent impediment to providing</p> <p>25 representation for the board and for these individuals</p> <p style="text-align: center;">Page 37</p>	<p>1 However, subject to these considerations and the</p> <p>2 inevitably administrative consequences which will need</p> <p>3 to be ironed out, in general terms, this broad</p> <p>4 separation seems to the Inquiry an appropriate way to</p> <p>5 balance the requirement for legal support with the need</p> <p>6 for there to be clarity about the role of the board in</p> <p>7 evidence provided by individual current or former</p> <p>8 employees. The Inquiry is grateful to the legal</p> <p>9 representatives of the board for giving this matter</p> <p>10 their attention. We will listen to any further</p> <p>11 submissions made by any party in this regard about any</p> <p>12 lingering details or concerns with interest.</p> <p>13 The Inquiry's list of issues. During the public</p> <p>14 consultation on the terms of reference, a number of</p> <p>15 helpful suggestions were made by participants in that</p> <p>16 process as to matters which should be included in</p> <p>17 the Inquiry's remit but which were deemed to be too</p> <p>18 detailed or specific for the terms of reference.</p> <p>19 A considerable number these were incorporated into</p> <p>20 the Inquiry's provisional list of issues dated June 2025</p> <p>21 which is and will remain a living document setting out</p> <p>22 in greater detail the matters which the Inquiry intends</p> <p>23 to investigate and ultimately to determine.</p> <p>24 As was set out at the last hearing, the Inquiry</p> <p>25 deliberately devised a number of steps to allow core</p> <p style="text-align: center;">Page 39</p>
<p>1 is removed by this system, which in turn would tend to</p> <p>2 suggest that there's no impediment in principle to</p> <p>3 representation being provided by that separate senior</p> <p>4 solicitor.</p> <p>5 On the other hand, the submission still proceeds on</p> <p>6 the basis that all that would be provided would be legal</p> <p>7 support as opposed to representation, however "legal</p> <p>8 support" is defined. It would be useful if all of this</p> <p>9 could be clarified as, as I say, if the senior solicitor</p> <p>10 is not a legal representative of the individuals</p> <p>11 concerned, that will require certain provisions to be</p> <p>12 made by the Inquiry to recognise the more limited status</p> <p>13 of the legal support being offered.</p> <p>14 No doubt, consideration will be given as to whether</p> <p>15 it would be appropriate for counsel to be instructed on</p> <p>16 behalf of those individuals, for example, in connection</p> <p>17 with those individuals being called to give oral</p> <p>18 evidence to the Inquiry at its hearings, in particular</p> <p>19 in section 5 of its evidential plan.</p> <p>20 I assume that this remains a logical possibility as</p> <p>21 under the previous proposal as I understood it legal</p> <p>22 support included the support of the whole legal team</p> <p>23 including counsel. Again, clarification of the extent</p> <p>24 of legal support and the possible involvement of counsel</p> <p>25 would be helpful.</p> <p style="text-align: center;">Page 38</p>	<p>1 participants to contribute meaningfully to the Inquiry's</p> <p>2 important preliminary formative phase, building on</p> <p>3 the Inquiry's public consultation on its terms of</p> <p>4 reference which took place last year.</p> <p>5 Opportunities afforded to core participants</p> <p>6 included, or will include, the holding of the</p> <p>7 preliminary hearing in September, including the</p> <p>8 opportunity to make written and oral submissions; the</p> <p>9 opportunity comment on the Inquiry's detailed</p> <p>10 provisional list of issues, to which I will return; the</p> <p>11 opportunity to contribute to the wording of the standard</p> <p>12 form letter of instruction to be used to instruct</p> <p>13 experts in the ICR; the holding of this separate opening</p> <p>14 statement hearing, including the opportunity to make</p> <p>15 written and oral statements and written submissions on</p> <p>16 the CTI note; in due course, the opportunity to make</p> <p>17 contributions to the letters of instruction to be issued</p> <p>18 to the Inquiry's experts within section 1 of its</p> <p>19 evidential plan.</p> <p>20 These opportunities have been supplemented by the</p> <p>21 availability of the Inquiry team to deal with issues as</p> <p>22 they arise and to offer explanation and solutions as</p> <p>23 necessary.</p> <p>24 It is hoped and expected that this period has been</p> <p>25 used constructively by those instructed on behalf of</p> <p style="text-align: center;">Page 40</p>

<p>1 core participants, both to prepare themselves to</p> <p>2 undertake the busy work of the Inquiry's impending</p> <p>3 evidential phases, but also to take detailed</p> <p>4 instructions from their clients about their aspirations</p> <p>5 for the work of the Inquiry and its investigations.</p> <p>6 Since the preliminary hearing, the Inquiry has</p> <p>7 received helpful suggestions from core participants</p> <p>8 relating to matters which in their view should be</p> <p>9 covered in the list of issues. The Inquiry is grateful</p> <p>10 for these contributions. These have been considered</p> <p>11 carefully by the Inquiry team and additional issues have</p> <p>12 been included in an updated version of the list</p> <p>13 to October 2025, available on the Inquiry's website.</p> <p>14 Amongst the additional areas included are the</p> <p>15 following: policies, regulations, systems, guidance or</p> <p>16 mechanisms which existed relating to clinicians working</p> <p>17 within NHS Tayside in so far as relevant to the care of</p> <p>18 former NHS patients of Mr Eljamel, regarding the</p> <p>19 completeness and accuracy of medical records whether</p> <p>20 imposed by NHS Tayside or other agencies and the systems</p> <p>21 involved in ensuring compliance with them, under term of</p> <p>22 reference 14.</p> <p>23 Medical records being sufficiently legible,</p> <p>24 intelligible or detailed for their purposes; medical</p> <p>25 records being completed by junior staff as opposed to</p> <p style="text-align: center;">Page 41</p>	<p>1 The differing interpretations and implementation of</p> <p>2 clinical governance, corporate governance and</p> <p>3 professional governance within NHS Tayside, term of</p> <p>4 reference 3.</p> <p>5 Mr Eljamel's external and internal training</p> <p>6 requirements or compliance; reporting of issues to the</p> <p>7 Health and Safety Executive, both of which also fall</p> <p>8 under term of reference 3.</p> <p>9 Systems for issues about Mr Eljamel being brought to</p> <p>10 the attention of bodies listed under term of reference 6</p> <p>11 and the extent to which the outcome of previous reviews</p> <p>12 related to Mr Eljamel, or systems surrounding his</p> <p>13 practice, was reported to the Scottish Government under</p> <p>14 term of reference 12.</p> <p>15 The Inquiry believes that the provisional list of</p> <p>16 issues published in June 2025, as now updated, provides</p> <p>17 a proper framework in which to include all of the issues</p> <p>18 and matters that the Inquiry is likely to enquire into</p> <p>19 and a sufficient indication for persons and</p> <p>20 organisations who have relevant information as evidence,</p> <p>21 as well as core participants to be able to commence</p> <p>22 their preparations for the work of the Inquiry's</p> <p>23 evidential phase and their involvement with it.</p> <p>24 It is anticipated that that will now have happened</p> <p>25 and that core participants and their representatives</p> <p style="text-align: center;">Page 43</p>
<p>1 senior staff, including consultants; medical records not</p> <p>2 being completed contemporaneously to the events they</p> <p>3 describe; medical records being altered retrospectively;</p> <p>4 falsification of medical records; medical records</p> <p>5 insufficiently or inaccurately recording patient consent</p> <p>6 to treatment; assessment of Mr Eljamel's technical</p> <p>7 capabilities in surgery at the time of his key</p> <p>8 appointments in NHS Tayside, under term of reference 1;</p> <p>9 the organisation of the neurosurgical service offered</p> <p>10 within NHS Tayside and the role of its possible</p> <p>11 restructuring or withdrawal in the handling of issues of</p> <p>12 Mr Eljamel; Mr Eljamel's use of products or devices in</p> <p>13 surgery, in particular where they were unlicensed or</p> <p>14 used experimentally; issues with multidisciplinary</p> <p>15 meetings or pre-operative clinics in Mr Eljamel's</p> <p>16 practice, term of reference 3; formal information</p> <p>17 sharing arrangements between NHS Tayside and</p> <p>18 Fernbrae Hospital, term of reference 3; the involvement</p> <p>19 of NHS Tayside and the maintenance of Mr Eljamel's</p> <p>20 practising privileges at Fernbrae Hospital, under term</p> <p>21 of reference 3; the role of Mr Eljamel's position at the</p> <p>22 University of Dundee in training and the lack of</p> <p>23 compliance by junior staff in NHS Tayside,</p> <p>24 whistleblowing or other clinical governance processes,</p> <p>25 term of reference 3.</p> <p style="text-align: center;">Page 42</p>	<p>1 will be ready to progress with the work required of them</p> <p>2 in the Inquiry and in the Independent Clinical Review</p> <p>3 for those to whom that work applies. The list of issues</p> <p>4 to be addressed and indeed, those to be addressed in</p> <p>5 each of the Inquiry's evidential sections, however, will</p> <p>6 be further developed once the response to say rule 8</p> <p>7 request for evidence have been received.</p> <p>8 Sir, I intend, now, to move on to providing some</p> <p>9 information about our progress with rule 8 requests and</p> <p>10 section 21 notices. That's 11 o'clock when we're due to</p> <p>11 take a break. I'm in your hands as to whether you would</p> <p>12 like to do that now.</p> <p>13 LORD WEIR: Is it a very significant section, Mr Dawson?</p> <p>14 MR DAWSON: Yes, I still have a number of aspects of my</p> <p>15 submission to cover, so I would suggest that we do so.</p> <p>16 LORD WEIR: All right, everyone, thank you very much, we</p> <p>17 will take a break for 15 minutes and resume again after</p> <p>18 that.</p> <p>19 (11.02 am)</p> <p>20 (A short break)</p> <p>21 (11.23 am)</p> <p>22 LORD WEIR: Thank you, please be seated.</p> <p>23 MR DAWSON: Thank you, sir. Before the break I had reached</p> <p>24 part 5 of my submission updating people as to the</p> <p>25 progress that the Inquiry has made. This section</p> <p style="text-align: center;">Page 44</p>

<p>1 relates to rule 8 requests and section 21 notices issued 2 by the Inquiry.</p> <p>3 Section 1 of the Inquiry's investigations is 4 primarily concerned with setting the scene for the rest 5 of the evidence to be heard by the Inquiry. It will be 6 an introductory section at which it is intended that 7 evidence will be heard relating to a number of areas 8 which are designed to provide evidential context to the 9 hearing sections to follow, including general 10 background, structure and roles of the various key 11 organisations, key people and key policies, in 12 particular, as well as the systems for complaints and 13 areas in which complaints were made and when.</p> <p>14 Evidence relating to term of reference 1, 15 appointments, including evidence about the broad 16 trajectory of the career of Mr Eljamel and statistical 17 evidence about the nature and spread of his work. 18 Evidence relating to the systems underpinning term of 19 reference 14, relating to document management systems 20 within NHS Tayside; the broad ambit and findings of the 21 investigations to be looked at under term of 22 reference 12; and independent expert evidence on rules 23 and systems relating to key areas covered by 24 the Inquiry's terms of reference, to which I will 25 return.</p> <p style="text-align: right;">Page 45</p>	<p>1 broad ambit of matters which you, sir, will require to 2 resolve mean that these are detailed, as even the 3 limited number of matters covered by section 1 demands 4 a detailed context to be examined.</p> <p>5 The recipients of these section 1, rule 8 requests 6 are: NHS Tayside; the Scottish Ministers; the 7 University of Dundee; Healthcare Improvement Scotland; 8 NHS Education Scotland; the Royal College of Surgeons; 9 the Royal College of Surgeons of Edinburgh; NHS Lothian; 10 the General Medical Council; the 11 British Medical Association; the 12 Health and Safety Executive; Circle Healthcare; 13 Police Scotland; the BBC; and three members of the 14 Scottish Parliament who have had a prominent role in 15 relation to campaigning for this Inquiry.</p> <p>16 In addition, a general disclosure rule 8 request has 17 been prepared for NHS Tayside as well as for others 18 whose section 1 rule 8 request do not cover all 19 documents they hold relating to the Inquiry's terms of 20 reference. These will be issued to the relevant 21 recipients in due course when the precise role of these 22 bodies in matters to be investigated by the Inquiry 23 becomes clearer. In the meantime, the focus will be on 24 the completion of responses to the section 1 rule 8 25 requests.</p> <p style="text-align: right;">Page 47</p>
<p>1 A fuller provisional scope for section 1 of the 2 hearings has been released to core participants and 3 published. It should be emphasised that as section 1 of 4 the evidence is intended to provide important factual 5 context to the sections which follow, it will not be 6 necessary for all issues to be ventilated with witnesses 7 who are called to give evidence in section 1.</p> <p>8 It is intended that a fuller exploration of the 9 detailed issues of controversy which arise from the 10 analysis of the full range of evidence available to 11 the Inquiry will be undertaken at later sections in 12 the Inquiry's plan.</p> <p>13 The Inquiry will willing to consider having 14 witnesses to return to provide oral evidence again at 15 an appropriate later stage in its hearings in line with 16 this approach.</p> <p>17 Rule 8 requests for corporate written statements and 18 the production of documents relevant to the scope of 19 section 1 of the Inquiry's evidential plan have now been 20 completed and issued. These have included reference to 21 matters relevant to the section 1 scope, which arose 22 from the consultation with core participants on 23 the Inquiry's list of issues to which I have referred. 24 Though these sections are introductory in nature, the 25 length of time covered by the Inquiry's remit and the</p> <p style="text-align: right;">Page 46</p>	<p>1 Section 2 of the Inquiry's investigations will focus 2 on the evidence of patients and the evidence which has 3 emerged from the Independent Clinical Review, of the 4 timing, nature and extent of clinical issues arising 5 from Mr Eljamel's practice.</p> <p>6 In section 2, the Inquiry will hear evidence from 7 a selection of patients and if necessary their 8 representatives, relating to the key clinical themes of 9 sub-standard practice experienced by patients, including 10 factors listed in term of reference 2 and those with 11 experience of matters listed in term of reference 8 to 12 11; key aspects of the terms of reference relating to 13 the patient experience of relevant systems, including 14 but not limited to complaints and feedback processes; 15 campaigning for a public inquiry and the experience of 16 other investigations listed under term of reference 12; 17 lack of candour, terms of reference 7 and 13; and issues 18 with document management and access under term of 19 reference 14.</p> <p>20 In section 2 of the hearings, the Inquiry will also 21 hear evidence from the Independent Clinical Review about 22 its findings of sub-standard clinical practice on the 23 part of Mr Eljamel or those working under his 24 supervision from that process.</p> <p>25 It is important to note the Inquiry intends to call</p> <p style="text-align: right;">Page 48</p>

<p>1 oral evidence in its section 2 hearings from those who 2 fall into two broad categories.</p> <p>3 First, those patients whose cases are exemplary of 4 the key broad clinical themes emerging from the ICR. 5 This will allow the Inquiry to explore the kinds of 6 things which that process has found went wrong from 7 a patient perspective, which systems that were put in 8 place to protect patients perhaps ought to have done 9 something to address. It is anticipated that that sort 10 of evidence will emerge from the cases which start to be 11 reviewed within the ICR, in particular the priority 12 cases to which I will return.</p> <p>13 Second, there will be cases which have more of 14 a bearing on the broad position as regards the systems 15 which the Inquiry is predominantly charged with 16 investigating from the patient perspective. For 17 example, witnesses may have important evidence to bring 18 to bear on the clinical supervision which was imposed on 19 Mr Eljamel under term of reference 8, or the adequacy of 20 complaints or feedback systems or their follow-up under 21 terms of reference 4 or 5; the process of previous 22 investigations, including campaigning for a public 23 inquiry under term of reference 12, or indeed other 24 aspects of our terms of reference.</p> <p>25 It is intended that witnesses who appear to have</p> <p style="text-align: right;">Page 49</p>	<p>1 The Inquiry will continue to recover records for 2 applicants to the ICR following the procedures agreed in 3 the memorandum of understanding between the two 4 processes.</p> <p>5 The Inquiry has informed the patients who are core 6 participants and whose medical records have been 7 recovered, by way of patient notification letters. 8 The Inquiry will continue to issue these patient 9 notification letters as it recovers records going 10 forward.</p> <p>11 However, beyond the requirement that these materials 12 be recovered for the ICR reviews, the Inquiry has begun 13 analysing these materials for the following purposes: 14 Firstly, informing the creation of a list of 15 priority cases for the ICR, to which I will return.</p> <p>16 The hospital records for all 50 of these cases have 17 been recovered, as well as the GP records for almost all 18 of them. The remainder will be sought when information 19 about current GP details can be shared with the Inquiry 20 by the ICR, along with information about the cases 21 provided by Messrs Levy & McRae on behalf of their 22 clients, complaint files and publicly available 23 information about the cases.</p> <p>24 This has allowed a clinical list of 50 priority 25 cases to be compiled which, it is hoped, will provide</p> <p style="text-align: right;">Page 51</p>
<p>1 important evidence to provide of their experiences in 2 this regard will be called upon to provide witness 3 statements in the Inquiry in accordance with 4 the Inquiry's protocol on that subject.</p> <p>5 Of course, there will be patients who fall into both 6 categories whose evidence will be derived from both the 7 ICR applicant statements and ultimate review and written 8 evidence gathered by the Inquiry itself.</p> <p>9 Medical records and complaints files. In order to 10 inform this process of seeking appropriate evidence and 11 in light of the delays in the ICR commencing its work, 12 the Inquiry has not been idle in recent months. It has 13 already gone about starting to recover medical records 14 and NHS Tayside complaints files using its powers of 15 statutory recovery under the 2005 Act under section 21, 16 relating to certain former patients of Mr Eljamel whose 17 cases appear to the Inquiry to be of particular 18 significance to its remit and in anticipation of cases 19 which it will refer to the ICR for review or otherwise 20 assist in within the ICR process.</p> <p>21 So far, the Inquiry has recovered all complaints 22 files held by NHS Tayside, medical records from 23 NHS Tayside from Circle Healthcare, or from general 24 practitioners. Records of 125 patients have been 25 recovered falling into at least one of these categories.</p> <p style="text-align: right;">Page 50</p>	<p>1 key evidence of the sort of broad patterns of things 2 which may have gone wrong clinically to inform 3 the Inquiry's further investigations.</p> <p>4 Secondly, this process has involved extracting 5 evidence relevant to the compilation of the Inquiry's 6 list of issues and compiling a provisional list of 7 witnesses who may give evidence on systemic matters of 8 relevance to the Inquiry's terms of reference and who 9 may, in due course, be sent rule 8 requests for Inquiry 10 witness statements, from which group certain patients or 11 patient representatives will be called to give oral 12 evidence in the section 2 hearings.</p> <p>13 And, finally, this process has informed further 14 lines of enquiry, including the drafting of questions to 15 be addressed to later witnesses in rule 8s or section 21 16 notices.</p> <p>17 Publicly circulated materials, including the CTI 18 note issued in connection with the Inquiry's preliminary 19 hearing, set out the provisions of the Inquiry's 20 generics order on the restrictions on publication of 21 medical records generally and the Inquiry's processes 22 related to its approach to anonymity and restriction 23 orders relating to extracts from medical records which 24 may require to be published.</p> <p>25 It should also be noted that the Inquiry approach to</p> <p style="text-align: right;">Page 52</p>

<p>1 the recovery, disclosure and publication of medical</p> <p>2 records is set out in detail in its protocol on the</p> <p>3 approach to evidence and witness statements from</p> <p>4 paragraph 57, which involves the minimum amount of</p> <p>5 medical evidence necessary being disclosed and published</p> <p>6 for the purposes of our work and that of the ICR.</p> <p>7 The Independent Clinical Review. In terms of</p> <p>8 the Inquiry's reference 16, the Inquiry is obliged it</p> <p>9 take account of the ICR's finding in its work. As</p> <p>10 I have said, the intention is that the ICR will set out</p> <p>11 what went wrong clinically. The Inquiry's role will</p> <p>12 then be to investigate what systems should have existed</p> <p>13 to detect and prevent those things going wrong and harm</p> <p>14 occurring and whether those systems were in any way</p> <p>15 defective.</p> <p>16 Given this important relationship between the two</p> <p>17 processes, an invitation has once again been extended by</p> <p>18 you, sir, to the Chair of the ICR in connection with</p> <p>19 this opening statement hearing. The ICR has not been</p> <p>20 invited to make an opening statement, but it has been</p> <p>21 offered the opportunity to make written submissions on</p> <p>22 procedural matters and to make an oral statement on</p> <p>23 them. The ICR has provided a written submission and</p> <p>24 an oral submission on its behalf will be delivered</p> <p>25 tomorrow.</p> <p>Page 53</p>	<p>1 they do not, "non-consent cases".</p> <p>2 As it is possible in cases where no such consent has</p> <p>3 been provided that the Inquiry will ultimately use its</p> <p>4 statutory powers to recover the ICR's materials anyway,</p> <p>5 it is important that the same procedure is followed for</p> <p>6 the production of applicant statements in all cases.</p> <p>7 The Inquiry has agreed the standard form letter of</p> <p>8 instruction with the ICR which will be sent to the</p> <p>9 independent expert neurosurgeons, in particular to</p> <p>10 ensure that the questions they are asked will cover the</p> <p>11 range of matters on which the Inquiry requires the ICR's</p> <p>12 clinical evidence. Again, there are two versions</p> <p>13 covering consent and non-consent cases, the questions</p> <p>14 are the same in each. In cases of particular complexity</p> <p>15 which may involve the need to instruct more than one</p> <p>16 expert, the processes have agreed that the ICR will seek</p> <p>17 assistance from the Inquiry in framing an appropriate</p> <p>18 letter of instruction.</p> <p>19 The completion of the draft letters of instruction</p> <p>20 benefited from suggestions made by Inquiry core</p> <p>21 participants as to matters which should be included in</p> <p>22 them.</p> <p>23 A shared operational guide has now been agreed as</p> <p>24 between the two processes. This sets out the various</p> <p>25 stages which will be followed in what is a complex</p> <p>Page 55</p>
<p>1 The ICR was given a copy of the note by counsel to</p> <p>2 the Inquiry at the same time as core participants. It</p> <p>3 was given access to the opening statements submitted by</p> <p>4 core participants when these were shared. Relevant</p> <p>5 matters raised by core participants in their written</p> <p>6 submissions on procedural matters have been or will be</p> <p>7 shared with the ICR by the Inquiry to enable concerns</p> <p>8 and suggestions to be addressed appropriately, as was</p> <p>9 the approach at the preliminary hearing.</p> <p>10 The two processes have continued to work together to</p> <p>11 achieve their mutual aims in the period since the</p> <p>12 preliminary hearing. The following is an indication of</p> <p>13 the progress that has been made: the Inquiry and the ICR</p> <p>14 have finalised the applicant statement requests which</p> <p>15 will be used in the ICR to allow applicants to input</p> <p>16 their experiences to the neurosurgical reviews in their</p> <p>17 case.</p> <p>18 The applicant statement request contains a number of</p> <p>19 questions for applicants relevant to matters which will</p> <p>20 be the subject of those neurosurgical reviews. There</p> <p>21 are two versions of the applicant statement request.</p> <p>22 These contain the same questions but have different text</p> <p>23 in parts, as they apply respectively to cases in which</p> <p>24 the applicant consents to materials being shared with</p> <p>25 the Inquiry known as "consent cases" and cases where</p> <p>Page 54</p>	<p>1 operation to process the cases which are being removed</p> <p>2 by the ICR, along with mechanisms for tracking progress</p> <p>3 to ensure that case reviews are finalised in an orderly</p> <p>4 fashion.</p> <p>5 The two processes have required to have particular</p> <p>6 regard to the complexities and sensitivities related to</p> <p>7 data protection, in light of the nature of the medical</p> <p>8 information which will pass between them. That has</p> <p>9 required a number of matters to be addressed and</p> <p>10 appropriate systems designed. The two processes have</p> <p>11 now agreed the terms of a data sharing agreement between</p> <p>12 them which, as far as the Inquiry is concerned, will</p> <p>13 allow information to be shared between the two processes</p> <p>14 in early course about ICR registrations and</p> <p>15 the Inquiry's nominated priority cases.</p> <p>16 It will also allow the regular flow of data between</p> <p>17 the two processes which has been planned to commence to</p> <p>18 enable each process to keep the other aware of the</p> <p>19 progress it has made and to allow plans to be made and</p> <p>20 updated accordingly. The two processes still need to</p> <p>21 finalise the terms of a data protection impact</p> <p>22 assessment but this too is nearly in final form.</p> <p>23 Priority cases. The two processes have agreed</p> <p>24 systems whereby the cases which appear to the Inquiry to</p> <p>25 be of greatest systemic significance, priority cases,</p> <p>Page 56</p>

<p>1 will be processed to review first. As was announced at 2 the preliminary hearing in September, the Inquiry has 3 created a list of priority cases which it will ask the 4 ICR to process first so that the evidential material 5 created by the ICR for applicants and for the Inquiry 6 can be processed by the Inquiry as early as possible to 7 allow progress to be achieved as per the Inquiry's 8 ambitious timetable.</p> <p>9 The signature of the data sharing agreement and the 10 imminent completion of the DPIA will permit the details 11 of those 50 priority cases to be shared. Those who 12 represent applicants who fall into this top 50 list will 13 also be informed as soon as that has happened. If it 14 transpires that any of those in the top 50 list have not 15 registered as applicants to the ICR, they will be sent 16 an invitation to do so. If they do not, those cases 17 will proceed as referral cases as per the terms of the 18 memorandum of understanding.</p> <p>19 The Inquiry has commenced the compilation of the 20 next batch of cases which it will ask the ICR to 21 prioritise. This will be shared with the ICR and 22 representatives of those whose cases fall into that 23 category at an appropriate juncture.</p> <p>24 Those who represent the patient core participants 25 will not be asked to contribute to the top 50 cases,</p> <p>Page 57</p>	<p>1 to the Inquiry by Levy & McRae and their counsel and 2 publicly available materials relating to some of their 3 clients. Thus, submissions about their clients' 4 experiences have already featured in the top 50 5 assessment.</p> <p>6 It must also be stressed that in the allocation of 7 priority cases the Inquiry will retain a role in all 8 cases which progress through the ICR. All of the ICR 9 evidence will become evidence in the Inquiry which will 10 be considered by the Chair in the compilation of his 11 report. Thus, to talk about cases as priority ones is 12 simply an administrative assessment and not one which 13 makes any premature assumptions about the value of any 14 case to the Inquiry's work. All cases are important to 15 the ICR and to the Inquiry, as they will all contribute 16 to the evidence base of what went wrong and what might 17 reasonably have been done to prevent it.</p> <p>18 What might be helpful at this stage is to provide 19 some greater clarity about the process which the Inquiry 20 has used to compile this list of priority cases. The 21 process has been dictated to an extent by the materials 22 to which the Inquiry currently has access which have 23 been recovered as a means of providing a way to make 24 this judgment. In its assessment of those materials, 25 the Inquiry has created the following triage process to</p> <p>Page 59</p>
<p>1 a point they raise at paragraph 9 of their submission. 2 They could hardly have been because as we understand it, 3 they were not formally instructed in the ICR on behalf 4 of those clients until recently, pending completion of 5 funding arrangements being put in place for them to 6 accept those instructions, a point to which I will 7 return.</p> <p>8 In any case, we have not yet been able to share the 9 list even with the ICR due to data protection 10 restrictions, an impediment which will soon be resolved. 11 To do so at this stage would cause inevitable 12 unnecessary delay. The priority list must be selected 13 by the Inquiry as part of its planning and ability to 14 have access to materials from all patients.</p> <p>15 The Levy & McRae opening statement rightly 16 recognises that though its client group represents 17 a significant cohort of Eljamel patients, it does not 18 represent them all. It would be difficult, if not 19 invidious, for the recognised legal representatives of 20 the Levy & McRae group to be asked to rank their 21 clients' cases, given that they owe the same duty to 22 each of them. That responsibility must fall and had to 23 fall to the Inquiry team.</p> <p>24 In any event, as a matter of fact, the compilation 25 of the top 50 cases has had regard to materials provided</p> <p>Page 58</p>	<p>1 arrive at the top 50:</p> <p>2 As the top 50 cases are about the clinical 3 assessment which the ICR will offer, priority is given 4 to those cases which appear, on the face of them, to 5 offer the most apparently clinically controversial 6 decisions which merit early, further investigation based 7 on the information available to us.</p> <p>8 Those which appear on the face of them to be 9 potentially egregious examples of alleged sub-standard 10 clinical performance as defined by reference to matters 11 the ICR experts will be asked to review, for example, 12 lack of consent, incorrectly performed surgery, or 13 surgery not performed at all -- all by way of example -- 14 reflective of wider alleged experiences, rank higher in 15 the analysis.</p> <p>16 Cases which involve surgery or treatment earlier in 17 the period of Mr Eljamel's employment at NHS Tayside are 18 generally given priority. This is based on the 19 principle that if something was going on wrong earlier, 20 something could have been done earlier, with the maximum 21 protective effect and the fact that other previous 22 investigations hampered by lack of records appear to us 23 to have paid little regard to cases the more historic 24 they were.</p> <p>25 The Inquiry thus has an important role in looking</p> <p>Page 60</p>

<p>1 back as far as its terms of reference require that it</p> <p>2 does.</p> <p>3 As the Inquiry primarily concerns systems in the</p> <p>4 NHS, priority is given to those cases which come from</p> <p>5 the NHS. Though as private cases also require to be</p> <p>6 looked at under term of reference 3, not all of the</p> <p>7 cases for priority clinical review come from NHS</p> <p>8 patients.</p> <p>9 When things go wrong, people tend to complain.</p> <p>10 There is a reasonable amount of evidence available to us</p> <p>11 from the due diligence review of 2023 and the complaints</p> <p>12 files about complaints and cases where complaints have</p> <p>13 been made and upheld are given greater priority than</p> <p>14 those which have been partially upheld and so on.</p> <p>15 As the Inquiry will require to investigate the</p> <p>16 adequacy of complaint systems, we make no assumptions</p> <p>17 about the correctness of the outcomes of these processes</p> <p>18 but this approach provides a useful guide.</p> <p>19 Where the clinical circumstances of cases appear to</p> <p>20 be particularly relevant to matters falling within the</p> <p>21 Inquiry's remit within the clinical context of the ICR's</p> <p>22 processes, they would also be given priority, such as</p> <p>23 ones involving possible research under 2(e), or claims</p> <p>24 of inadequate supervision, or bullying of junior</p> <p>25 colleagues under term of reference 2(b) or falling</p> <p style="text-align: center;">Page 61</p>	<p>1 The applicant statement. Again, the Inquiry</p> <p>2 understands that the next step will be that the</p> <p>3 applicants in the top 50 will be sent an applicant</p> <p>4 statement request with questions to answer, following</p> <p>5 a stepwise approach to the compilation of the materials</p> <p>6 needed for the review. It is important that applicant</p> <p>7 statements are completed in an efficient manner to allow</p> <p>8 the work of the ICR to progress and for the evidence</p> <p>9 which will be contained within them to be assimilated</p> <p>10 into the work of the ICR and the Inquiry as soon as</p> <p>11 possible.</p> <p>12 As I have said, lack of progress in the work of the</p> <p>13 ICR was an issue ventilated at the preliminary hearing.</p> <p>14 A question was raised about it at First Ministers</p> <p>15 Questions. Despite what I thought were clear assertions</p> <p>16 about the need for the remaining issues to be resolved</p> <p>17 both at the hearing and in subsequent communication</p> <p>18 between you, sir, and the Cabinet Secretary, the Inquiry</p> <p>19 has remained concerned about the lack of finalised plans</p> <p>20 in relation to a number of aspects of the work of the</p> <p>21 ICR. In particular, connected to the completion of</p> <p>22 applicant statements, the next substantive step in its</p> <p>23 process.</p> <p>24 The Inquiry has consistently issued plans to the ICR</p> <p>25 with regard to the timetabling of when work will need to</p> <p style="text-align: center;">Page 63</p>
<p>1 within the period of Mr Eljamel's clinical supervision</p> <p>2 under term of reference 8.</p> <p>3 In order to allay concerns in this regard, we can</p> <p>4 say that we would be amenable to hearing representations</p> <p>5 on behalf of the patient core participant group for</p> <p>6 inclusion in the next batch of priority cases for the</p> <p>7 ICR which, as I say, the Inquiry is already compiling.</p> <p>8 It may be that some of those suggested in the list</p> <p>9 appended to the patient group opening statement fall</p> <p>10 into this category, if not already in the top 50.</p> <p>11 Neurosurgical instruction. The expert neurosurgeons</p> <p>12 selected for instruction will be so selected by the ICR.</p> <p>13 Professor Wigmore, the Chair of the ICR is taking the</p> <p>14 lead in that process, ensuring the genuine independence</p> <p>15 of the experts, in particular from NHS Tayside.</p> <p>16 Though these are matters on which his</p> <p>17 representatives may address you further, sir, it is</p> <p>18 understood that Professor Wigmore has conducted further</p> <p>19 work in finalising the instruction of the experts, not</p> <p>20 least by liaising with the Society of British</p> <p>21 Neurosurgical Surgeons. He will be finalising these</p> <p>22 arrangements and has asked the Inquiry to continue to</p> <p>23 assist in providing information about what the Inquiry</p> <p>24 will expect for the neurosurgeons who are instructed.</p> <p>25 The Inquiry will be happy to do so.</p> <p style="text-align: center;">Page 62</p>	<p>1 be done to allow the Inquiry to proceed with its own</p> <p>2 investigations. The ICR requires to produce its work in</p> <p>3 a way which accords with the Inquiry's timetable as per</p> <p>4 the provisions of the memorandum of understanding</p> <p>5 between the two processes. These plans have had to be</p> <p>6 revised and postponed.</p> <p>7 In order to try to draw up a clear plan for the way</p> <p>8 forward, the Inquiry has recently met with</p> <p>9 Professor Wigmore in order better to understand what</p> <p>10 stage the ICR has reached in its preparations and its</p> <p>11 readiness to proceed with its work.</p> <p>12 As a result of those helpful discussions, for which</p> <p>13 the Inquiry is grateful, it was apparent that there were</p> <p>14 a number of matters on which further clarity was</p> <p>15 required which fall within the remit of the</p> <p>16 Scottish Ministers as the sponsors of the ICR process.</p> <p>17 Therefore you, sir, wrote to the Cabinet Secretary on</p> <p>18 20 November raising outstanding queries with him about</p> <p>19 the ICR. The Inquiry intimated the note by counsel to</p> <p>20 the ICR sponsor team last week requesting that the</p> <p>21 Scottish Ministers provide an update on the matters</p> <p>22 raised either in a written submission in response to the</p> <p>23 note or at the opening statement hearing and that they</p> <p>24 instruct appropriate representation at this hearing to</p> <p>25 allow matters to be addressed today.</p> <p style="text-align: center;">Page 64</p>

<p>1 Clarity was sought on a number of substantially 2 financial matters, which seemed to us to be the logical 3 impediments to getting the ICR underway. It is our 4 understanding that those major impediments to the 5 progress of the ICR project lie with the 6 Scottish Government. It should be borne in mind that 7 the ICR was the Scottish Government's invention. It 8 funds it, it requires, it would appear, to put in place 9 contracts and systems to enable it to work. Detailed 10 procedural systems and operational timetables have been 11 devised by the Inquiry and ICR processes to allow the 12 ICR to work as it was intended to do. The progress 13 which has been made by the time the CTI note was drafted 14 was welcome, but it was not sufficient.</p> <p>15 Whilst it is disappointing that the 16 Scottish Government has once again not sought to engage 17 with us today or instruct representation for today's 18 hearing on behalf of the Cabinet Secretary in his 19 capacity as ICR sponsor, I am pleased to say that 20 a letter was received from him by you yesterday with 21 an update on these important matters, to which I now 22 turn.</p> <p>23 The Inquiry understands there to be an agreement in 24 principle that clients of Levy & McRae will be funded to 25 receive legal support from their lawyers and that</p> <p style="text-align: center;">Page 65</p>	<p>1 Support Service Scotland, also known as PASS, and 2 a separate psychological support service will also be 3 offered via the ICR. There remained to us no clarity 4 around what support services would be offered and how 5 patients would engage with them. It has been clarified 6 by the Cabinet Secretary that the PASS service will be 7 provided by an amendment to an existing contract with 8 the Scottish Government, that the PASS service are 9 experienced in providing such support and that they will 10 receive training and part of their agreement will be 11 that statements will need to be in the words of the 12 applicant. As far as we are concerned, the PASS service 13 is available from now.</p> <p>14 It was clarified that the psychological support 15 service will, in fact, be provided by funding by 16 NHS Tayside. This position is also set out at 17 paragraph 26 of NHS Tayside's written opening statement 18 and paragraph 8 of their written submission. Reference 19 to this is made, as I say, in that opening statement. 20 We understand that this is now ready to proceed, though 21 those in attendance today may benefit from some 22 reassurance that this is an independent service. The 23 Cabinet Secretary has assured you, sir, that it is.</p> <p>24 The Inquiry understood that there also remained 25 outstanding arrangements within the gift of the</p> <p style="text-align: center;">Page 67</p>
<p>1 similar support for other applicants otherwise 2 represented will be funded at the same level. There 3 appeared to us to be no clarity or finality surrounding 4 the process by which legal services were to be engaged 5 by the Scottish Government, both for the clients of 6 Levy & McRae and otherwise, the anticipated timescale 7 for this to be put in place, or even the ambit of what 8 legal service would be covered, so as to allow the work 9 of applicant statements being provided to the ICR to 10 commence as soon as possible.</p> <p>11 The Cabinet Secretary has now confirmed that the 12 ambit of the legal work for Levy & McRae clients and 13 others will be support to draft the applicant statement, 14 advice on any legal issues arising and on the final 15 neurosurgical report. It is clarified that while no 16 legal contract is in place with Levy & McRae, they have 17 been told that they are covered to respond to live 18 queries.</p> <p>19 We assume that this cover must also cover any other 20 solicitors instructed to whom applicants will be 21 directed via the Law Society. We understand therefore 22 that this legal support aspect of the plan is thus in 23 place.</p> <p>24 The Inquiry understands that some of the support 25 services will be offered by the Patient Advice and</p> <p style="text-align: center;">Page 66</p>	<p>1 Scottish Government relating to the involvement of the 2 consultant neurosurgeons in the ICR process. The 3 details of these arrangements and the timescales for 4 them to be completed remained unclear, but you have now 5 been assured by the Cabinet Secretary, sir, that all 6 such matters have been resolved.</p> <p>7 There is no further time for delay. Even with 8 the Inquiry's revised timetable, the work of the ICR 9 must be allowed to get underway immediately. The 10 evidential requirements of the Inquiry demands that this 11 happens now. Those who have waited years for the 12 process to commence cannot be expected to wait any 13 longer. It is our understanding that there are now no 14 impediments to the work of the ICR getting underway, 15 other than one minor remaining matter in the data 16 protection impact assessment which I anticipate can be 17 ironed out this week.</p> <p>18 There appears to the Inquiry to be no logical reason 19 why the ICR cannot issue applicant statement requests to 20 the top 50 patients next week. As per previously 21 intimated timetables, this should allow the applicant 22 statements to be completed by early in the new year, 23 perhaps allowing some, based on a four week period to 24 complete them, which Professor Wigmore, we understand, 25 intends to use, inclusive of the opportunity for</p> <p style="text-align: center;">Page 68</p>

<p>1 the Inquiry to input into their content to run further.</p> <p>2 That should enable the expert reports to be</p> <p>3 completed with Inquiry input during February. If the</p> <p>4 50 reports are completed by early March, that leaves</p> <p>5 six months to our section 2 hearings. This will enable</p> <p>6 the work of the Inquiry which needs to follow to be done</p> <p>7 to have things in place for those hearings.</p> <p>8 That work will involve rule 8 requests being</p> <p>9 prepared and further Inquiry statements being taken, as</p> <p>10 well as preparations for those hearings to be done. It</p> <p>11 will also take some account of those who will have</p> <p>12 an interest in the section 1 hearings, which will need</p> <p>13 to be done in the period from January through February</p> <p>14 and March to the hearings in April, by which time the</p> <p>15 patient applicant statements will be complete for the</p> <p>16 top 50 cases at least.</p> <p>17 Those in the next priority list can then follow and</p> <p>18 also be taken into account as far as possible. If there</p> <p>19 are any issues with any of that on behalf of any party</p> <p>20 represented at this hearing, I would urge those present</p> <p>21 to raise it here. Otherwise, that will remain</p> <p>22 the Inquiry's expectation. As I have said to you, sir,</p> <p>23 the Inquiry will give consideration to holding another</p> <p>24 hearing, possibly at the time of the February slot which</p> <p>25 we had, to ventilate any issues arising from that</p> <p style="text-align: right;">Page 69</p>	<p>1 section 1, though possibly beyond.</p> <p>2 NHS Tayside raised a similar issue relating to the</p> <p>3 disclosure of the identity of the ICR's experts. This</p> <p>4 is a matter which has not yet been agreed with the ICR,</p> <p>5 but the identities of the ICR experts will become known</p> <p>6 soon enough when the neurosurgical reports start to be</p> <p>7 completed and disclosed to core participants.</p> <p>8 There is a standing request with the ICR by</p> <p>9 the Inquiry to provide CVs for their neurosurgical</p> <p>10 experts which the Inquiry would intend to peruse and</p> <p>11 disclose.</p> <p>12 The Inquiry has provisionally identified a number of</p> <p>13 specialist areas in relation to which expert witnesses</p> <p>14 are likely to be giving evidence in section 1. These</p> <p>15 areas will include neurosurgery. In order to supplement</p> <p>16 the significant body of expert neurosurgical evidence</p> <p>17 which the Inquiry will have available to it from the</p> <p>18 ICR, the Inquiry intends to seek expert evidence on</p> <p>19 matters including: background to types of surgery</p> <p>20 performed by Mr Eljamel; the responsibilities of</p> <p>21 consultant neurosurgeons; issues raised about problems</p> <p>22 with surgery or care, terms of reference 4 and 5;</p> <p>23 management of surgical lists; workload, under term of</p> <p>24 reference 2; and the training of junior staff.</p> <p>25 Medical ethics. An expert or experts will be</p> <p style="text-align: right;">Page 71</p>
<p>1 hard-fought plan.</p> <p>2 The instruction of the Inquiry's expert witnesses.</p> <p>3 As set out previously, the Inquiry will itself also</p> <p>4 instruct qualified experts, in particular fields of</p> <p>5 expertise as experts to the Inquiry. They will insist</p> <p>6 the Inquiry, either individually or as part of a group</p> <p>7 of such persons, by way of the provision of written</p> <p>8 reports and opinions and, where appropriate, the giving</p> <p>9 of oral evidence at a public hearing. Such experts will</p> <p>10 have the appropriate expertise and experience for the</p> <p>11 particular instruction. They will be independent and</p> <p>12 objective and subject to an overriding duty to assist</p> <p>13 the Inquiry on matters within their expertise.</p> <p>14 The appointment of experts to the Inquiry and</p> <p>15 whether they are assigned to a group of experts</p> <p>16 considering particular issues are matters exclusively</p> <p>17 for the Inquiry. Although it will consider suggestions</p> <p>18 from core participants as to who should be appointed.</p> <p>19 Core participants will be informed of who has been</p> <p>20 instructed at an appropriate juncture in the process, as</p> <p>21 queried by NHS Tayside at paragraph 10 of their written</p> <p>22 submission.</p> <p>23 They will, of course, also have the expert reports</p> <p>24 to consider in the proposal of questions for the experts</p> <p>25 at Inquiry evidential hearings, in particular in</p> <p style="text-align: right;">Page 70</p>	<p>1 instructed to address the peculiarities of surgery and</p> <p>2 neurosurgery; consent issues; duties of candour; the</p> <p>3 pressures of private practice; obligations relating to</p> <p>4 research and other roles; training of junior staff and</p> <p>5 associated obligations; clinical supervision and</p> <p>6 suspension; duties when things go wrong; and obligations</p> <p>7 with regard to keeping notes and records.</p> <p>8 And, finally, health administration and management,</p> <p>9 including the responsibility of health boards or other</p> <p>10 health bodies with regard to: appointments and induction</p> <p>11 and training; management of workloads; clinical</p> <p>12 governance; the separation between professional and</p> <p>13 corporate clinical governance; private hospital</p> <p>14 coordination; requirements relating to complaints and</p> <p>15 feedback systems; investigative responsibilities of</p> <p>16 health bodies; duties of reporting to other health</p> <p>17 bodies; and document management systems and associated</p> <p>18 obligations.</p> <p>19 Draft letters of instructions for these experts</p> <p>20 containing the questions and issues that the expert</p> <p>21 witnesses will be asked to address will be disclosed to</p> <p>22 the core participants before the expert reports are</p> <p>23 instructed. Core participants will therefore be</p> <p>24 provided with an opportunity to provide observations on</p> <p>25 the scope of the matters which the experts are being</p> <p style="text-align: right;">Page 72</p>

<p>1 asked to address. Core participants are also invited in</p> <p>2 paragraph 13(h) of the guidance note, sent to them for</p> <p>3 this hearing on 29 October, to make any proposals in</p> <p>4 their opening statements relating to the identity of</p> <p>5 expert witnesses on matters which core participants</p> <p>6 thought should be put to experts, including the proposed</p> <p>7 section 1 experts.</p> <p>8 The Inquiry team looks forward to considering any</p> <p>9 such additions in the aftermath of this hearing.</p> <p>10 Letters have been drafted to go these potential experts</p> <p>11 or bodies to assist with the identification of the</p> <p>12 section 1 experts. Counsel have started the process of</p> <p>13 drafting the section 1 experts letters of instruction</p> <p>14 which will, as I say, be disseminated for their comment</p> <p>15 to core participants during December.</p> <p>16 Consultation and the Inquiry's trauma-informed</p> <p>17 approach. Given that the Inquiry was in a transitional</p> <p>18 phase at the time of the preliminary hearing as regards</p> <p>19 how it communicated with those with an interest in its</p> <p>20 work, the Inquiry invited contributions from core</p> <p>21 participants at, or in connection with, the preliminary</p> <p>22 hearing as to the their views on how they would wish</p> <p>23 the Inquiry to communicate with them about the multiple</p> <p>24 matters on which they may come into contact with its</p> <p>25 work.</p> <p style="text-align: center;">Page 73</p>	<p>1 Mr Eljamel and may include others who will be invited to</p> <p>2 help shape the way that the policy will operate in</p> <p>3 practice.</p> <p>4 The results of this exercise will be fed into</p> <p>5 the Inquiry's wider engagement strategy, which will set</p> <p>6 out the means by which the Inquiry intends to engage</p> <p>7 with those with an interest in, and a role to play in,</p> <p>8 the Inquiry's important work. It will be launched in</p> <p>9 due course as the Inquiry moves into its evidential</p> <p>10 phase, as a means of seeking to promote the Inquiry's</p> <p>11 principles of collaboration, listening and clarity.</p> <p>12 In the guidance sent out to core participants</p> <p>13 relating to this opening statement hearing, at</p> <p>14 paragraph 13(k), input on the Inquiry's trauma-informed</p> <p>15 policy was invited in core participants opening</p> <p>16 statements. Any contribution via this route is</p> <p>17 gratefully received and will be considered, along with</p> <p>18 the contributions to the public consultation itself.</p> <p>19 The Inquiry is committed to finding effective ways</p> <p>20 to communicate and to its trauma-informed approach, not</p> <p>21 only in principle but also in the ways it actually works</p> <p>22 on a day-to-day basis. The public consultation, led by</p> <p>23 the deputy secretary of the Inquiry, is designed to</p> <p>24 offer collaboration and empowerment to enable this</p> <p>25 commitment to be fulfilled to the best of our ability.</p> <p style="text-align: center;">Page 75</p>
<p>1 This was and is part of the Inquiry's ongoing</p> <p>2 commitment to listening to those with an interest in its</p> <p>3 work as to how they wish it to operate.</p> <p>4 The Inquiry had little response in this regard,</p> <p>5 though remains committed to trying to get communication</p> <p>6 right. In order to seek to improve the ways that</p> <p>7 the Inquiry engages with those with an interest in its</p> <p>8 work, including its core participants, the Inquiry has</p> <p>9 launched an online public consultation on its</p> <p>10 trauma-informed policy which it intends to implement in</p> <p>11 its work. The consultation paper contains an outline of</p> <p>12 the approach which the Inquiry intends to take in this</p> <p>13 regard.</p> <p>14 The Inquiry's trauma-informed policy will play</p> <p>15 an important part in its engagement strategy given the</p> <p>16 number of key stakeholders in our work who have</p> <p>17 experienced trauma as a result of their experiences.</p> <p>18 The policy will be built around the trauma-informed</p> <p>19 principles of safety, trustworthiness, choice,</p> <p>20 collaboration and empowerment and will seek to create</p> <p>21 a bespoke approach for a trauma-informed public inquiry,</p> <p>22 based on the principles to which the Inquiry has already</p> <p>23 committed itself and the reasonable requirements of</p> <p>24 those who have suffered trauma who are engaged in our</p> <p>25 work. This will certainly include former patients of</p> <p style="text-align: center;">Page 74</p>	<p>1 Connected to our trauma-informed policy, the Inquiry</p> <p>2 has now arranged for a tender process to be commenced,</p> <p>3 inviting bodies to run the Inquiry's support service for</p> <p>4 those who engage with our work. That service will</p> <p>5 ultimately involve support being available to those who</p> <p>6 are participating in the work of the Inquiry from</p> <p>7 trained counselors. The tender process stipulates that</p> <p>8 those who wish to bid for the work must be independent</p> <p>9 of NHS Tayside given the importance of the independence</p> <p>10 of that service to those who may wish to use it, having</p> <p>11 trust and confidence in the support that it will</p> <p>12 provide.</p> <p>13 As was the case in connection with the Inquiry's</p> <p>14 public consultation events and the preliminary hearing,</p> <p>15 support services are available at this hearing today,</p> <p>16 provided by The Spark, a Scottish-based charity which</p> <p>17 provides counselling and mental health support for</p> <p>18 individuals, couples, families, children and young</p> <p>19 people and which has provided such services for</p> <p>20 59 years.</p> <p>21 Many thanks indeed, sir, for the opportunity to</p> <p>22 provide this update which I hope those with an interest</p> <p>23 in our work have found informative and which I hope will</p> <p>24 lead to further progress and productivity in</p> <p>25 the Inquiry's work. The hearing, as I have said, is</p> <p style="text-align: center;">Page 76</p>

<p>1 predominantly about the contribution of core</p> <p>2 participants to various important aspects of our work to</p> <p>3 which we will now turn.</p> <p>4 LORD WEIR: Thank you very much indeed, Mr Dawson.</p> <p>5 Now, Ms Cherry, I'm going to turn to you next. I'm</p> <p>6 conscious that we're now at 12 o'clock. If your</p> <p>7 submission encroaches into lunchtime, I will just rely</p> <p>8 on you to find an appropriate place that's convenient to</p> <p>9 stop. Thank you.</p> <p>10 Opening statement by MS CHERRY</p> <p>11 MS CHERRY: Thank you, sir, and good morning to everyone who</p> <p>12 has gathered here today. My name is Joanna Cherry and</p> <p>13 I appear together with my learned junior Euan Scott for</p> <p>14 the group of core participants including former patients</p> <p>15 of Mr Eljamel and their personal representatives.</p> <p>16 We are very grateful for the opportunity to make</p> <p>17 this opening statement to the Inquiry and we're also</p> <p>18 very grateful for the update we have had from counsel to</p> <p>19 the Inquiry this morning.</p> <p>20 The group which we represent comprises former</p> <p>21 patients and personal representatives of former patients</p> <p>22 who received treatment from Mr Eljamel prior to his</p> <p>23 suspension from NHS Tayside in 2013. At present, the</p> <p>24 number of core participants, as we have heard, within</p> <p>25 that group is 159. The number has continued to grow as</p> <p style="text-align: center;">Page 77</p>	<p>1 and trauma-informed, but we stress that this will</p> <p>2 necessitate a full understanding of the experience</p> <p>3 endured by patients and their loved ones. The voice of</p> <p>4 the patients and their loved ones must be heard and</p> <p>5 I would like to preface what I have to say this morning,</p> <p>6 sir, with just a small flavour of the human cost of</p> <p>7 Mr Eljamel's actions and his inactions, drawing on what</p> <p>8 some of the individuals within the group have been able</p> <p>9 to tell me as we have consulted in recent months.</p> <p>10 Some patients in this group, sir, have undergone</p> <p>11 multiple surgeries at the hands of Mr Eljamel. One</p> <p>12 patient describes how on the morning of her third</p> <p>13 surgery at Mr Eljamel's hands she was so scared that she</p> <p>14 vomited. She told a nurse that she had changed her mind</p> <p>15 and wanted to go home, but the next thing she remembers</p> <p>16 is waking up having had the surgery. The long-term</p> <p>17 implications of that spinal surgery which was botched</p> <p>18 have been so severe that she has lost her marriage as</p> <p>19 well as her job and her home. She has been through some</p> <p>20 very dark times and has come very close to taking her</p> <p>21 own life.</p> <p>22 The mess that Mr Eljamel left her spine in is such</p> <p>23 that it is inoperable and she suffers constant falls and</p> <p>24 broken limbs.</p> <p>25 Another patient was told by Mr Eljamel that she was</p> <p style="text-align: center;">Page 79</p>
<p>1 the true nature and extent of Mr Eljamel's practice</p> <p>2 becomes more widely known.</p> <p>3 That group is represented by Levy & McRae, but it</p> <p>4 should be acknowledged from the outset that there are</p> <p>5 many other former patients or patient representatives</p> <p>6 who do not form part of the group but who, nevertheless,</p> <p>7 have a keen interest in this Inquiry's work.</p> <p>8 I speak only for those who are part of the group</p> <p>9 represented by Levy & McRae.</p> <p>10 That group appreciates, sir, that the focus of this</p> <p>11 Public Inquiry is on the systemic failures that led to</p> <p>12 Mr Eljamel being in post for so long. The systemic</p> <p>13 failures that led to him being in post notwithstanding</p> <p>14 his shocking record, his appalling behaviour which</p> <p>15 sometimes verged on the malicious and numerous</p> <p>16 complaints about him and widespread knowledge about his</p> <p>17 record and behaviour.</p> <p>18 This Inquiry has to find out why, notwithstanding</p> <p>19 all those things, he was able to continue treating</p> <p>20 patients for years.</p> <p>21 However, in order to understand the systemic</p> <p>22 failures, it is necessary first to appreciate the extent</p> <p>23 of the experiences that patients and their loved ones</p> <p>24 have endured and continue to endure. We welcome the</p> <p>25 recognition that this Inquiry is to be patient centred</p> <p style="text-align: center;">Page 78</p>	<p>1 the perfect candidate for an experimental procedure</p> <p>2 involving the use of glue instead of sutures. He did</p> <p>3 not warn her of the risks of this procedure including</p> <p>4 the increased risk of contracting meningitis. He did</p> <p>5 not tell her that she was part of a study, just that he</p> <p>6 had invented the glue that was being used.</p> <p>7 She went on to suffer appalling complications</p> <p>8 including the contraction of meningitis and had to have</p> <p>9 further multiple surgeries. She has lost the</p> <p>10 opportunity to have children and to run her small</p> <p>11 business which she loved.</p> <p>12 Another patient was told by Mr Eljamel that she was</p> <p>13 the first person in Europe to be treated using a new</p> <p>14 glue. The outcome of her surgery was so bad that she</p> <p>15 lost her job, but the most upsetting thing for her was</p> <p>16 that for a significant period of time she was unable to</p> <p>17 pick up her baby or her toddler when they were very</p> <p>18 small and young at a time they most needed their mum.</p> <p>19 Years later, her general practitioner wishes to send</p> <p>20 her back to Ninewells for further treatment, but she is</p> <p>21 afraid to go and she told us that NHS Fife have said she</p> <p>22 could go to a hospital in Edinburgh with her general</p> <p>23 practitioner's support, but sadly that support has not</p> <p>24 been forthcoming.</p> <p>25 Another patient had a titanium plate inserted into</p> <p style="text-align: center;">Page 80</p>

<p>1 her spine by Mr Eljamel despite it being clear from her</p> <p>2 medical records and what she had told him that she had</p> <p>3 a metal allergy. She has not worked since the operation</p> <p>4 in 2013.</p> <p>5 Mr Eljamel told another patient who was the victim</p> <p>6 of spinal surgery that had gone badly wrong -- meaning</p> <p>7 that she lost her bladder function for a significant</p> <p>8 period of time -- he told her that it was her fault</p> <p>9 because she had chipped a bone in her back.</p> <p>10 Of course, it's not just spinal surgery that</p> <p>11 Mr Eljamel carried out; there was also brain surgery.</p> <p>12 We have another patient in our group who underwent three</p> <p>13 operations on their brain within the space of two weeks</p> <p>14 and was left with epilepsy and blindness in the right</p> <p>15 side of both eyes. This gentleman was left unable to</p> <p>16 read and write and had to take early retirement.</p> <p>17 Another patient was left paralysed from the neck</p> <p>18 down. One patient describes appalling histrionics by</p> <p>19 Mr Eljamel when the results of the surgery that had gone</p> <p>20 wrong came to light. And this patient has told us that</p> <p>21 he was told by a nurse that Mr Eljamel had actually come</p> <p>22 to physical blows with another surgeon who had</p> <p>23 challenged him about the severity of this patient's</p> <p>24 outcome.</p> <p>25 Many patients, sir, have found that other clinicians</p> <p>Page 81</p>	<p>1 long search for truth and justice. That report was</p> <p>2 entitled "The patronising disposition of unaccountable</p> <p>3 power". That phrase was chosen to describe the systemic</p> <p>4 attitude of the authorities towards the Hillsborough</p> <p>5 families and to highlight how those with power displayed</p> <p>6 a dismissive and condescending attitude, while avoiding</p> <p>7 responsible for failures that prolonged the suffering of</p> <p>8 those affected by the disaster.</p> <p>9 That phrase, in my respectful submission, "the</p> <p>10 patronising disposition of unaccountable power" is also</p> <p>11 apt to describe the experience of the group and their</p> <p>12 loved ones, not just at the hands of Mr Eljamel, but</p> <p>13 also at the hands of NHS Tayside, the</p> <p>14 Scottish Government and other authorities whose actions</p> <p>15 will be examined by this Inquiry.</p> <p>16 The group and their loved ones need recognition,</p> <p>17 accountability and justice for years of suffering and</p> <p>18 years of deceit. They are seeking answers not just for</p> <p>19 Mr Eljamel's actions but also for the subsequent</p> <p>20 cover-ups and the impact that these cover-ups have had</p> <p>21 upon them.</p> <p>22 As is well-known, members within the group have</p> <p>23 campaigned tirelessly for the establishment of this</p> <p>24 Public Inquiry. Campaigners first called for a public</p> <p>25 inquiry in 2014, following Mr Eljamel's suspension from</p> <p>Page 83</p>
<p>1 refused to operate on them because they were previously</p> <p>2 patients of Mr Eljamel and because of the condition in</p> <p>3 which they have been left by Mr Eljamel.</p> <p>4 One patient poignantly recalls the dying words of</p> <p>5 her mother who supported her through years of trauma at</p> <p>6 Mr Eljamel's hands and that lady said:</p> <p>7 "It was a shame that she would not be alive to see</p> <p>8 Mr Eljamel brought to justice."</p> <p>9 Sir, that is just a flavour of the evidence that we</p> <p>10 have heard from those we represent.</p> <p>11 Now, when a patient consents to treatment from</p> <p>12 a surgeon, particularly a neurosurgeon, they are</p> <p>13 literally putting their life in that surgeon's hands.</p> <p>14 It's really quite hard to imagine a surrender which is</p> <p>15 more complete and which renders a patient more</p> <p>16 vulnerable and therefore the bond of trust in that</p> <p>17 situation is of the utmost importance and this Inquiry</p> <p>18 is about how the betrayal of that trust was allowed to</p> <p>19 happen repeatedly and why it was allowed to happen for</p> <p>20 so long.</p> <p>21 It is also about the way patients and their loved</p> <p>22 ones have been treated simply for daring to seek answers</p> <p>23 and redress.</p> <p>24 You, sir, will be familiar, as many will in this</p> <p>25 room, with the report about the Hillsborough families'</p> <p>Page 82</p>	<p>1 NHS Tayside, which is, of course, is now more than</p> <p>2 a decade ago. The Scottish Government repeatedly</p> <p>3 resisted calls for a full public inquiry, insisting that</p> <p>4 internal NHS reviews were sufficient.</p> <p>5 Following a series of unsatisfactory internal</p> <p>6 reviews and in the face of continued procrastination,</p> <p>7 delays and obstructions by NHS Tayside and the</p> <p>8 Scottish Government, the campaign for a public inquiry</p> <p>9 gathered momentum, with patients staging a series of</p> <p>10 public protests throughout 2022 and 2023.</p> <p>11 Whilst every patient's treatment and circumstances</p> <p>12 is unique, as will become clear, the evidence before</p> <p>13 the Inquiry will reveal a common experience, both in</p> <p>14 terms of the treatment received from Mr Eljamel, but</p> <p>15 also in terms of the actions and inaction of NHS Tayside</p> <p>16 in response to reasonable concerns. A common experience</p> <p>17 is that the systems in place designed to protect and</p> <p>18 promote a patient's well-being were wholly adequate and</p> <p>19 members of the group have thus been left with little or</p> <p>20 no trust in the NHS.</p> <p>21 One hopes that this Inquiry might be able to restore</p> <p>22 that trust if not for all the NHS Tayside's the group</p> <p>23 but perhaps more for the general public.</p> <p>24 Now, in my statement this morning, I'm going to</p> <p>25 address five chapters. First of all, the purpose of</p> <p>Page 84</p>

<p>1 this Public Inquiry and its terms of reference.</p> <p>2 Secondly, the group's experiences at the hands of</p> <p>3 Mr Eljamel and the NHS. Thirdly, the group's</p> <p>4 experiences trying to get justice. Fourthly, learning</p> <p>5 from the process of setting up the Public Inquiry and</p> <p>6 the Independent Clinical Review. And fifth and finally,</p> <p>7 expectations and the future.</p> <p>8 So I turn to the first chapter of my oral statement,</p> <p>9 the purpose of this Public Inquiry and its terms of</p> <p>10 reference. And for the assistance of those who have had</p> <p>11 the benefit of seeing the written statement which I and</p> <p>12 my learned junior lodged on behalf of the patient group,</p> <p>13 I will be largely following the layout in that written</p> <p>14 statement.</p> <p>15 LORD WEIR: Thank you.</p> <p>16 MS CHERRY: Turning first to the purpose of this Inquiry.</p> <p>17 As I said, its purpose is to establish facts, ensure</p> <p>18 accountability and make recommendations for the future</p> <p>19 and that purpose could not be more important considering</p> <p>20 that the concerns raised involve the</p> <p>21 National Health Service and how healthcare is delivered</p> <p>22 to the people of Scotland.</p> <p>23 The Cabinet Secretary for NHS Recovery, Health and</p> <p>24 Social Care recognised this when he announced the</p> <p>25 Inquiry and he said, and I quote:</p> <p style="text-align: center;">Page 85</p>	<p>1 basically nothing can be done for them or clinicians are</p> <p>2 reluctant to provide further treatment due to concerns</p> <p>3 over what Mr Eljamel has done, so the suffering</p> <p>4 continues.</p> <p>5 Too many patients also received a wholly inadequate</p> <p>6 response to their concerns when raised with NHS Tayside.</p> <p>7 They believe that NHS Tayside have evaded both moral and</p> <p>8 legal accountability and despite placing their trust and</p> <p>9 well-being with the NHS, patients have experienced, at</p> <p>10 the hands of NHS Tayside, poor communication, a lack of</p> <p>11 candour, evasiveness and, at times, dishonesty.</p> <p>12 For the group, their concerns are not limited solely</p> <p>13 to Mr Eljamel and NHS Tayside. They extend to other</p> <p>14 institutions involved in or responsible for their care</p> <p>15 because despite concerns existing over the practice of</p> <p>16 Mr Eljamel, it seems to the group that these</p> <p>17 organisations sat silent. Patients were still</p> <p>18 continuously referred to Mr Eljamel for treatment. He</p> <p>19 was permitted to train and teach future clinicians that</p> <p>20 continue to work in the NHS today and the importance of</p> <p>21 investigating that lasting impact that Mr Eljamel has</p> <p>22 had on the NHS cannot be overstated.</p> <p>23 Accordingly, this Inquiry must ensure that</p> <p>24 organisations designed to provide oversight are</p> <p>25 scrutinised to ensure the accountability of individuals</p> <p style="text-align: center;">Page 87</p>
<p>1 "Few things are more important than the safety of</p> <p>2 patients in our health service. Perhaps equally</p> <p>3 critical is the trust that we, as individuals and</p> <p>4 communities, can have on our healthcare. Patients must</p> <p>5 also trust that any concerns that are raised about their</p> <p>6 care and treatment will be investigated and that the</p> <p>7 necessary actions will be taken. They must be able to</p> <p>8 trust that their concerns will be investigated and</p> <p>9 scrutinised and will be subject to robust governance and</p> <p>10 due diligence at the time, not several years later.</p> <p>11 "When trust is broken and weakness in governance is</p> <p>12 identified, it is imperative that we do all that we can</p> <p>13 to investigate why that has happened and to prevent</p> <p>14 others having the same kinds of distressing and</p> <p>15 traumatic experiences." (As read).</p> <p>16 And I end there the quote from the</p> <p>17 Cabinet Secretary.</p> <p>18 So to summarise, sir, put shortly, this Inquiry is</p> <p>19 absolutely necessary to restore trust in our NHS and the</p> <p>20 various other institutions that are designed to protect</p> <p>21 patients.</p> <p>22 Too many people have suffered both physically and</p> <p>23 mentally due to the actions of Mr Eljamel. Many have</p> <p>24 been left with life-changing injuries and, as I said,</p> <p>25 some have found themselves to be in a situation where</p> <p style="text-align: center;">Page 86</p>	<p>1 within these organisations for allowing Mr Eljamel to</p> <p>2 continue to practice in the manner that he did for as</p> <p>3 long as he did and it's only with proper scrutiny that</p> <p>4 the public can be satisfied that these organisations are</p> <p>5 fit for purpose, notwithstanding their failures in</p> <p>6 relation to Mr Eljamel.</p> <p>7 It is apparent, sir, from our discussions with</p> <p>8 members of the patient group, that Mr Eljamel was not</p> <p>9 simply a rogue surgeon acting without the knowledge and</p> <p>10 tacit approval of colleagues: other healthcare workers</p> <p>11 were aware. Some appear to have challenged the conduct</p> <p>12 but elected to take it no further. Others appear to</p> <p>13 have simply permitted the conduct to continue.</p> <p>14 The systems that were in place within NHS Tayside</p> <p>15 require very close scrutiny. The details of a number of</p> <p>16 individual clinicians and employees of NHS Tayside from</p> <p>17 whom we believe evidence should be sought, have been</p> <p>18 provided to the Inquiry this morning. It has taken us</p> <p>19 some time to compile that list because it's quite</p> <p>20 lengthy, but we feel it's also incumbent upon</p> <p>21 NHS Tayside to identify such witnesses and we hope</p> <p>22 pressure will be brought upon them to do so.</p> <p>23 The group expects the Chair and counsel to the</p> <p>24 Inquiry to scrutinise clinicians and management employed</p> <p>25 by NHS Tayside, as well as NHS Tayside itself, without</p> <p style="text-align: center;">Page 88</p>

<p>1 fear or favour and we have confidence that they will 2 strive to do so.</p> <p>3 There is an expectation that the relevant facts are 4 fully and fairly investigated so that recommendations 5 can be made to avoid similar issues arising in the 6 future, but first and foremost, what the group expects 7 is accountability. Accountability from the 8 organisations that failed to put the patients' interests 9 first. Accountability from individuals who turned 10 a blind eye. Accountability from those individuals who 11 permitted Mr Eljamel to continue practising when 12 concerns were evident, and accountability for both the 13 individuals and organisations that are responsible for 14 what has happened to the patients and the lasting 15 effects.</p> <p>16 The group expect truth and justice and that, in my 17 submission, is the purpose of this Inquiry.</p> <p>18 Now, turning to the terms of reference, following 19 a public consultation exercise, those have been fixed 20 and the group were very grateful for the opportunity to 21 provide comment on the terms of reference and the list 22 of issues and we were particularly grateful that so many 23 of our suggestions for the list of issues were taken on 24 board.</p> <p>25 Now, you, sir, are already familiar with the</p> <p style="text-align: center;">Page 89</p>	<p>1 they wish to see Scottish Government ministers held to 2 account for their choices.</p> <p>3 We note that counsel to the Inquiry very helpfully 4 clarified at the preliminary hearing that evidence will 5 be sought from the GMC and the HSE to help inform the 6 discharge of the terms of reference and that, in 7 particular, the GMC will be called upon to produce 8 evidence relating to the role of NHS Tayside under term 9 of reference 11 in the voluntary removal by Mr Eljamel 10 of his name from the Medical Register.</p> <p>11 And we also note that while the Inquiry cannot make 12 findings about the role of the Health and Safety 13 Executive, it can make findings about the role of Health 14 Improvement Scotland, in relation to their functions of 15 inspection and regulation of clinical services to ensure 16 they meet safety and quality standards. We understand, 17 sir, that Health Improvement Scotland have a memorandum 18 of understanding with the Health and Safety Executive 19 and we should like to hear evidence about this and 20 understand how it works in practice.</p> <p>21 Turning to the issue of private healthcare, we note, 22 of course, that the Inquiry requires, under term of 23 reference 2(a), to investigate whether Mr Eljamel's 24 private practice commitments contributed to adverse 25 outcomes for his NHS patients. Under term of</p> <p style="text-align: center;">Page 91</p>
<p>1 concerns of the group about what has been excluded from 2 the terms of reference. It is, of course, appreciated 3 that the terms of reference have been determined by the 4 relevant Scottish Government minister. However, there 5 remains a very strong feeling within the group that, A, 6 the Inquiry ought to fully examine the role of the 7 private healthcare sector, and, B, that it is very 8 unfortunate that the Inquiry does not have jurisdiction 9 to determine any fact or make any recommendation which 10 is not wholly or primarily concerned with a Scottish 11 matter.</p> <p>12 These are not criticisms of the Inquiry; they are 13 criticisms of the way in which the Inquiry has been set 14 up. So the group hopes that when the Inquiry comes to 15 investigate the creation of the Inquiry itself under 16 term of reference 12, both the decision to exclude 17 a fuller examination of the role of the private 18 healthcare sector and the decision not to hold a joint 19 Inquiry with the UK government, will be interrogated 20 because, of course, a joint Inquiry would have enabled 21 full investigation of organisations such as the 22 General Medical Council and the 23 Health and Safety Executive, which are the 24 responsibility of the UK government.</p> <p>25 The group cannot understand why this wasn't done and</p> <p style="text-align: center;">Page 90</p>	<p>1 reference 3, the Inquiry will require to look at whether 2 there were clues from what was going on in his private 3 practice that should perhaps have been detected so as to 4 protect NHS patients from harm.</p> <p>5 We believe it will also be necessary to consider 6 issues relating to the granting of practising privileges 7 to Mr Eljamel at Fernbrae Hospital under term of 8 reference 2(a).</p> <p>9 The group contains patients, sir, who have reason to 10 believe that they were encouraged by Mr Eljamel to "go 11 private", in the colloquial term, for unnecessary 12 surgeries, patients who were made to wait for private 13 care when their condition was so grave they should have 14 been fast-tracked on the NHS lists, and patients who 15 believe they underwent unnecessary procedures simply 16 because Mr Eljamel knew that they had private health 17 insurance.</p> <p>18 We note, as has been emphasised this morning, that 19 the experience of private patients will be captured by 20 the Independent Clinical Review and available to 21 the Inquiry and these matters are also, of course, 22 within the purview of Health Improvement Scotland, whose 23 remit includes enabling the people of Scotland to 24 experience the best quality of health and social care in 25 both public and private sectors.</p> <p style="text-align: center;">Page 92</p>

<p>1 While it is acknowledged, sir, that the Independent 2 Clinical Review is going to permit examination of 3 Mr Eljamel's clinical work within the private sector, we 4 fear that the absence of such examination by the Inquiry 5 could respectfully result in an incomplete and skewed 6 analysis of the full extent of Mr Eljamel's actions and 7 how he was able to continue for so long. This could, in 8 due course, limit the effectiveness of any 9 recommendations made and this is particularly so given 10 the extent that the private healthcare sector interacts 11 with the NHS within Scotland.</p> <p>12 It is hoped, sir, that you might consider whether 13 you should make representations to the relevant minister 14 to widen the scope of the terms of reference in relation 15 to the private healthcare sector in due course.</p> <p>16 I turn, now, to an important issue regarding 17 Mr Eljamel's supervision of NHS colleagues within the 18 NHS which is covered by term of reference 2(b).</p> <p>19 We believe it's very important to consider what 20 impact, if any, his role at the University of Dundee had 21 on trainee or student doctors challenging his behaviour 22 or raising clinical concerns within NHS Tayside.</p> <p>23 Separately, the partner of one patient within the 24 group overheard junior doctors discussing the potential 25 need for them to repeat their rotations undertaken under</p> <p style="text-align: center;">Page 93</p>	<p>1 what counsel to the Inquiry said earlier this morning, 2 that the extent of their representation is, of course, 3 a matter for the university, but it goes without saying 4 that financial constraints will be no answer to their 5 compliance with orders made by the Inquiry for the 6 recovery of evidence. I am glad we're all on the same 7 page about that.</p> <p>8 Lastly, under the first chapter of my submission, 9 I want to mention briefly the position of NHS Fife. 10 You, sir, will have seen from our written opening 11 statement that we would wish the Inquiry to consider 12 under term of reference 6 why clinicians and GPs, 13 including those within NHS Fife, continued to refer 14 patients to Mr Eljamel, notwithstanding concerns raised, 15 or concerns which should have been self-evident from the 16 results of his treatment of his patients.</p> <p>17 I turn, now, to chapter 2, the group of their 18 experiences at the hands of Mr Eljamel and the NHS. 19 I have said a little about this already in my 20 introduction, but I want to say a little more about it 21 now.</p> <p>22 The group contains patients or relatives of patients 23 who were treated by Mr Eljamel between 1995 and 2013 and 24 there is, rightly, a lot of focus on the period in 2013, 25 but the group does contain people who were operated on</p> <p style="text-align: center;">Page 95</p>
<p>1 Mr Eljamel's supervision when he was finally suspended. 2 I respectfully suggest that the Inquiry should 3 investigate whether this occurred and what steps were 4 taken to ensure that trainees under his supervision were 5 prevented from replicating his suboptimal practices in 6 their own professional practice.</p> <p>7 Also in relation to term of reference 2(d) and (e), 8 one member of the group, with contemporaneous 9 professional experience of the University of Dundee, has 10 told us of the awe in which Mr Eljamel was held at the 11 university, the impression that he was untouchable and 12 concerns about his role in helping the university get 13 research funding and his relationship with organisations 14 promoting research on new or experimental techniques.</p> <p>15 As we have heard this morning from counsel to the 16 Inquiry, the University of Dundee is, of course, a core 17 participant in this Inquiry. We note that their written 18 opening statement refers to the severe financial 19 constraints under which the university currently finds 20 itself.</p> <p>21 It's not clear, sir, but from the brevity of that 22 opening statement we suspect those financial constraints 23 are being raised in order to indicate that the 24 university may be constrained in its participation in 25 this Inquiry and I would wish to associate myself with</p> <p style="text-align: center;">Page 94</p>	<p>1 long before that and right back at the beginning of the 2 relevant period.</p> <p>3 Many of them have suffered life-changing injuries, 4 as I have said, for example, loss of sight and 5 paralysis, but they have also been left with injuries 6 which are not just physical, but also psychological, 7 mental and emotional. Some have suffered suicidal 8 ideation, some have lost their jobs, their ability to 9 access work and education, their homes, their marriages 10 and their families. The impact on their families and 11 their loved ones has also been profound and these are 12 not just historic experiences. Members of the group 13 live daily with life-limiting injuries at the hands of 14 Mr Eljamel.</p> <p>15 Some of the group are representatives of patients 16 who have succumbed to their injuries or died without 17 seeing justice and at least one member of the group is 18 the relative of a patient who recently died from another 19 condition, but the procurator fiscal requested 20 a post-mortem because the deceased had been a patient of 21 Mr Eljamel with all the consequent additional distress 22 that that occasioned. No criticism of the 23 procurator fiscal is intended, but it's just another 24 example of the long-term effects of Mr Eljamel's 25 actions.</p> <p style="text-align: center;">Page 96</p>

<p>1 The group have been impacted, as I said, not just by 2 what Mr Eljamel did to patients in the operating 3 theatre, but also how he behaved towards them when they 4 sought follow-up. The words most frequently used to 5 describe him are evasive, arrogant and chauvinist, and 6 at least one member of the group describes vividly their 7 dismay at realising that Mr Eljamel had absolutely no 8 idea what to do in their case.</p> <p>9 The impact on the group extends beyond the physical 10 and psychological consequences of their treatments at 11 the hands of Mr Eljamel, to distress about the way they 12 were treated by other NHS staff. Many patients describe 13 being referred to as "season ticket holders" or 14 "frequent flyers" because of their need for continuing 15 treatment and some describe feeling gaslit by NHS staff 16 and made to feel confused, anxious and unable to trust 17 their own instincts. This behaviour has exasperated the 18 suffering of members of the group at Mr Eljamel's hands.</p> <p>19 I was pleased to hear the acceptance this morning 20 that the remit of the Inquiry must extend beyond 21 Mr Eljamel's practice at Ninewells Hospital into other 22 NHS hospitals where he might have practised or referred 23 patients for procedures connected with his treatment and 24 that includes Dundee Royal Infirmary and possibly also 25 Perth Royal Infirmary.</p> <p>Page 97</p>	<p>1 good to hear that those instructing me will be consulted 2 about further additions to the priority cases. There 3 have been difficulties over the ICR. I don't intend to 4 go into them in any great detail this morning, but it's 5 important to realise that because of the delays on 6 behalf of the Scottish Government, mentioned by counsel 7 to the Inquiry earlier this morning, that those 8 instructing me are still not formally instructed in 9 relation to the Independent Clinical Review because 10 there's no final agreement in place and that is through 11 no fault of those instructing me, but we are very 12 grateful to the Inquiry team for the pressure that has 13 been brought on the Scottish Government to try and get 14 things moving.</p> <p>15 One practical point of concern which I should 16 mention in passing just now is that I heard what my 17 learned friend had to say about the plan for the next 18 few weeks and I very much hope that it's going to 19 proceed with the expedition which my learned friend has 20 striven so hard to get. I was just slightly concerned 21 that those instructing me and, more importantly, the 22 patient group, might find themselves in the situation 23 where the four-week period that was referred to falls 24 over the holiday period and that might make things 25 slightly difficult for people, but that's a procedural</p> <p>Page 99</p>
<p>1 Now, whilst it is fully understood that 2 the Inquiry's terms of reference largely focus on 3 systemic issues, the group is grateful that 4 an opportunity is going to be afforded to some of them 5 to tell their story in section 2 of this Inquiry. It 6 is, in my respectful submission, essential that this 7 happens because it's only by listening to members of the 8 group and other patients affected that systemic issues 9 can be properly identified and highlighted so as to 10 fulfil the Inquiry's terms of reference.</p> <p>11 To that end, the group are grateful to the Inquiry 12 for adopting a trauma-informed approach to the taking of 13 their evidence and we look forward to being consulted on 14 what is proposed, as counsel to the Inquiry has outlined 15 earlier today.</p> <p>16 I was also grateful to hear counsel to the Inquiry 17 give some clarity about the methodology that had been 18 used to select priority cases for the Independent 19 Clinical Review and the triage system that had been 20 followed and the fact that members of the group which 21 I represent and other patients should not assumed, if 22 they're not included within the initial list of priority 23 cases, that their case is not being treated with equal 24 importance.</p> <p>25 It's good to have that clarification. It's also</p> <p>Page 98</p>	<p>1 matter which I'm sure I can iron out behind the scenes 2 with my learned friend.</p> <p>3 As I say, I'm grateful to him and you, sir, for all 4 the work that has been put into getting the Independent 5 Clinical Review off the ground. I'm also grateful to 6 Professor Wigmore for the benefit of the meetings that I 7 have had. Some members of the group I represent remain 8 cautious about the Independent Clinical Review. They 9 have, however, been encouraged to engage with the 10 Independent Clinical Review with its importance being 11 emphasised and will now, of course, have the support of 12 their solicitors to do so.</p> <p>13 My learned friend spoke about some of the themes 14 that emerge from Mr Eljamel's practice. I would wish to 15 say that every patient experience is unique, but from 16 the information I have to date I have been able to 17 identify some common themes. These include: the absence 18 of informed consent; warnings about underlying 19 conditions in medical records which were ignored; 20 surgeries performed by junior colleagues without 21 adequate supervision; the use of experimental techniques 22 and medical devices which were new to the market; the 23 lack of expertise to perform specific surgeries; 24 surgical mistakes which could have been avoided; wrong 25 site surgeries; ghost surgeries, where the surgery for</p> <p>Page 100</p>

<p>1 which the patient was consented was not actually carried</p> <p>2 out; the absence of basic oversight and investigation;</p> <p>3 the awareness of concerns that were not acted upon;</p> <p>4 bullying and intimidating behaviour; the absence of</p> <p>5 meaningful communication; the lack of transparency; and</p> <p>6 the lack of candour. That is by no means meant to be</p> <p>7 an exhaustive list, but is a pattern that I and my</p> <p>8 junior have been able to identify from the information</p> <p>9 we have.</p> <p>10 I want to turn now to chapter 3 of my submission</p> <p>11 which relates to the group's experiences as they</p> <p>12 attempted to get justice. The conduct of Mr Eljamel and</p> <p>13 its impact on patients, as I have said, must be</p> <p>14 examined, but the wrongs inflicted upon members of the</p> <p>15 group did not end there. Each and every member of the</p> <p>16 group put their trust and faith in Mr Eljamel, but also</p> <p>17 our National Health Service when they were at their most</p> <p>18 vulnerable and they trusted all the healthcare employees</p> <p>19 involved in their care and they trusted that they would</p> <p>20 act with expertise and honesty and with their best</p> <p>21 interests at the forefront of their minds.</p> <p>22 That trust was broken not just by allowing</p> <p>23 Mr Eljamel to continue practising, but in how</p> <p>24 NHS Tayside has sought to address the concerns that have</p> <p>25 since arisen and the group want answers to why that has</p> <p style="text-align: center;">Page 101</p>	<p>1 We have heard examples of NHS Tayside refusing or</p> <p>2 claiming to be unable to provide patients with their</p> <p>3 medical records.</p> <p>4 Of particular concern is where further treatment</p> <p>5 and/or investigations have been refused due to the</p> <p>6 historic involvement of Mr Eljamel. Patients within the</p> <p>7 group feel that they have, in effect, been blacklisted</p> <p>8 for daring to raise concerns. Accordingly, it is vital</p> <p>9 that when listening to the former patients, the Inquiry</p> <p>10 consider to what extent institutions have contributed</p> <p>11 and are indeed still contributing to the wrongs</p> <p>12 originally inflicted by Mr Eljamel.</p> <p>13 In this connection, sir, I wish to raise a very</p> <p>14 serious matter which has come to light in the last few</p> <p>15 days. Members of the group and the legal team were</p> <p>16 appalled to read in NHS Tayside's written opening</p> <p>17 statement that the board has recently discovered that</p> <p>18 around 40 hard-copy theatre log books, which would have</p> <p>19 contained information relating to Mr Eljamel's surgeries</p> <p>20 in the period 1995 to 2013, were destroyed by</p> <p>21 NHS Tayside employees this summer on 24 July 2025.</p> <p>22 It beggars belief that this should have occurred,</p> <p>23 notwithstanding everything that has gone before.</p> <p>24 Patients and their representatives have repeatedly</p> <p>25 raised concerns that their medical records may have been</p> <p style="text-align: center;">Page 103</p>
<p>1 happened in order to ensure it doesn't happen again.</p> <p>2 Now, we understand that individuals within the group</p> <p>3 as well as at least one whistleblower raised complaints</p> <p>4 or concerns about Mr Eljamel's practices prior to 2012</p> <p>5 and we have given the name of that whistleblower in our</p> <p>6 list of witnesses.</p> <p>7 The Royal College of Surgeons (England) report dated</p> <p>8 6 December 2013 records that there were four complaints</p> <p>9 about Mr Eljamel in 2012 and three in 2011. And in the</p> <p>10 undated report by Mr Donald Campbell on the Gillies</p> <p>11 report, it is recorded, and I quote:</p> <p>12 "This surgeon had three and a half times as many</p> <p>13 complaints in the space of two years than the average</p> <p>14 number of complaints made in a whole professional</p> <p>15 lifetime for the average surgeon. This is an obvious</p> <p>16 pattern and should have raised queries in 2013 if not</p> <p>17 before." (As read).</p> <p>18 That's the end of the quote.</p> <p>19 I'm sure more information about all of this will be</p> <p>20 captured by the Independent Clinical Review patient</p> <p>21 statements, but it's important to emphasise that the</p> <p>22 group's experiences are not just historic. Members</p> <p>23 within the group continue to experience difficulties in</p> <p>24 how NHS Tayside address their complaints and their</p> <p>25 continued care. There have been data protection issues.</p> <p style="text-align: center;">Page 102</p>	<p>1 tampered with or be incomplete and in these</p> <p>2 circumstances, it should have been obvious that these</p> <p>3 log books might have provided vital evidence for this</p> <p>4 Inquiry to fill gaps in patient records.</p> <p>5 You, sir, of course issued formal "do not destroy"</p> <p>6 notices on 11 October 2024. We fail to see how this</p> <p>7 wanton destruction of vital evidence could have happened</p> <p>8 if NHS Tayside had put proper systems in place to comply</p> <p>9 with that "do not destroy" notice. That's particularly</p> <p>10 so given the terms of the protocol on the production</p> <p>11 handling and retention of documents, which you, sir,</p> <p>12 issued on 8 May.</p> <p>13 It seems to us that the only explanation for what</p> <p>14 has occurred must be gross negligence or indeed possible</p> <p>15 malice.</p> <p>16 Now, of course, offences may have been committed</p> <p>17 under section 35 of the Inquiries Act 2005, but at the</p> <p>18 preliminary hearing, sir, you said that you wouldn't</p> <p>19 hesitate to use your statutory powers to call for or</p> <p>20 recover evidence and in due course to compel the</p> <p>21 attendance of witnesses in order to exhaust the terms of</p> <p>22 reference.</p> <p>23 We would hope that, as I think was indicated by</p> <p>24 counsel to the Inquiry this morning, that witnesses will</p> <p>25 be called upon to give evidence on oath about how these</p> <p style="text-align: center;">Page 104</p>

<p>1 documents came to be destroyed and in our view, such</p> <p>2 witnesses should include NHS Tayside's Chief Executive</p> <p>3 and Chief Operating Officer, together with the chain of</p> <p>4 command, right down to those who destroyed the evidence.</p> <p>5 I heard that we might be having further preliminary</p> <p>6 hearings and I would hope that perhaps the time that was</p> <p>7 originally set aside in February, some of it might be</p> <p>8 used to get to the bottom of why it was possible for</p> <p>9 this vital evidence to be destroyed.</p> <p>10 Now, turning to the examination of previous reviews</p> <p>11 and investigations. The group wish the Inquiry to</p> <p>12 investigate concerns about a number of issues. One of</p> <p>13 those is the extent of the supervision afforded in 2013.</p> <p>14 Another is why the Royal College of Surgeons (England)</p> <p>15 were instructed only to investigate spinal surgery and</p> <p>16 not brain surgery.</p> <p>17 A third concern is why no thought was given to</p> <p>18 a potential conflict of interest when at least one known</p> <p>19 internal review of a complaint by NHS Tayside in 2015</p> <p>20 was carried out by the same clinician who had been</p> <p>21 responsible for supervising Mr Eljamel.</p> <p>22 Another concern is Mr Eljamel's failure to attend</p> <p>23 routine multidisciplinary meetings and his alleged</p> <p>24 failure to carry a bleep. We also would wish</p> <p>25 the Inquiry, in this connection, to look at the</p> <p style="text-align: center;">Page 105</p>	<p>1 However, when the Independent Clinical Review was</p> <p>2 originally announced, many patients thought that the</p> <p>3 Government's emphasis on their needs meant that it would</p> <p>4 provide an avenue to explore future treatment. That's</p> <p>5 clearly not the case and they have been left</p> <p>6 disappointed and in some cases angry after learning that</p> <p>7 that is not, now, the purpose of the Independent</p> <p>8 Clinical Review. It was, of course, designed to be</p> <p>9 an adjunct to the Inquiry as matters evolved. It</p> <p>10 doesn't have the same powers that are available to</p> <p>11 the Inquiry, for example, it cannot compel organisations</p> <p>12 to provide relevant documentation.</p> <p>13 Members of the group have, in the past, experienced</p> <p>14 significant difficulty in obtaining their medical</p> <p>15 records. Some have obtained medical records which are</p> <p>16 partial and some have been told that medical records</p> <p>17 have been destroyed. One member of the group has told</p> <p>18 us of how Mr Eljamel kept her child's medical records in</p> <p>19 a locked drawer in his room. So I think it's very fair</p> <p>20 to say that members of the group have legitimate</p> <p>21 concerns that medical records are not as they should be,</p> <p>22 that they may be incomplete, they may have been</p> <p>23 falsified and they may have been deliberately destroyed.</p> <p>24 Now, of course, as we know, the Independent Clinical</p> <p>25 Review is reliant on the Inquiry for the purposes of</p> <p style="text-align: center;">Page 107</p>
<p>1 circumstances surrounding a complaint we believe to have</p> <p>2 been made by the Tayside local medical committee</p> <p>3 regarding Mr Eljamel and we have provided witness names</p> <p>4 who might be able to assist the Inquiry with that.</p> <p>5 I turn now to chapter 4: learnings of the process</p> <p>6 with setting up the Public Inquiry and the Independent</p> <p>7 Clinical Review.</p> <p>8 Members of the group are very glad, of course, that</p> <p>9 the Scottish Government eventually acceded to their</p> <p>10 request to establish the Public Inquiry to examine the</p> <p>11 issues with which we are concerned today. However, they</p> <p>12 do have some concerns over the manner in which these</p> <p>13 issues will be explored and as I have stressed, or tried</p> <p>14 to stress today, careful examination of the patient</p> <p>15 experience is necessary before we can properly identify</p> <p>16 systemic issues and such identification is obviously</p> <p>17 necessary for the Inquiry to fulfil its stated remit.</p> <p>18 The Scottish Government have, however, elected to</p> <p>19 largely outsource examination of clinical issues to the</p> <p>20 Independent Clinical Review with difficulties about</p> <p>21 limited support being afforded to that review and also</p> <p>22 to the group to interact with it. I'm hoping that we're</p> <p>23 getting over some of those issues now and I was</p> <p>24 comforted by some of what counsel to the Inquiry had to</p> <p>25 say earlier this morning.</p> <p style="text-align: center;">Page 106</p>	<p>1 recovering those medical records. This has meant</p> <p>2 something of a delay, I think, but we were comforted</p> <p>3 this morning by what counsel to the Inquiry had to say</p> <p>4 about that. But the extent of issues associated with</p> <p>5 the medical records and the absence of proper</p> <p>6 accountability of organisations to the Independent</p> <p>7 Clinical Review in that regard remain a concern to the</p> <p>8 group.</p> <p>9 As noted by counsel to the Inquiry at the</p> <p>10 preliminary hearing back in September, progress with the</p> <p>11 ICR's work is vital and we are grateful to</p> <p>12 Professor Wigmore for the time he has given to us, as</p> <p>13 legal representatives of the group, to explain what was</p> <p>14 happening and we are pleased to hear about the progress</p> <p>15 that we have heard about this morning.</p> <p>16 However, it goes without saying that the patient</p> <p>17 group are disappointed about the cancellation</p> <p>18 of February's hearings and the postponement of section 1</p> <p>19 to April. This means, of course, that the voices of</p> <p>20 patients and their representatives will not be heard by</p> <p>21 this Inquiry in section 2, now, until the autumn and</p> <p>22 it's incumbent upon me to say that the group would like</p> <p>23 to have assurances that there will be no further</p> <p>24 delays and to know exactly what the section 2 hearings</p> <p>25 will take place.</p> <p style="text-align: center;">Page 108</p>

<p>1 Now, I know that we are going to have four weeks</p> <p>2 in September and I'm very grateful to counsel to the</p> <p>3 Inquiry for telling us that this morning, but I suspect</p> <p>4 there will probably need to be more than one diet of</p> <p>5 hearings to deal with the section 2 hearings.</p> <p>6 Now, Chair, I'm coming to part 5 and my conclusion.</p> <p>7 I can do one of two things. I can finish, which</p> <p>8 I anticipate doing in about 15 minutes, or I'm in your</p> <p>9 hands, sir, as to whether or not you might wish to take</p> <p>10 a break now, but I'm very happy to finish, if that's</p> <p>11 what you would prefer.</p> <p>12 LORD WEIR: I think we will just press on, unless there's</p> <p>13 any pressing concern that we shouldn't.</p> <p>14 MS CHERRY: Excellent, thank you.</p> <p>15 So, I'm coming, now, to chapter 5 and chapter 5 of</p> <p>16 my submissions this morning relates to expectations and</p> <p>17 the future.</p> <p>18 The group accept that a number of hearings will be</p> <p>19 required to properly explore the issues with which this</p> <p>20 Inquiry is concerned and that it will take time. Their</p> <p>21 trust in the NHS has been broken and it is anticipated</p> <p>22 that the trust placed in the NHS by the wider public</p> <p>23 will be tested once the conduct of Mr Eljamel, together</p> <p>24 with the systems and individuals that enabled that</p> <p>25 conduct, comes under the microscope.</p> <p style="text-align: center;">Page 109</p>	<p>1 findings and recommendations from which criminality</p> <p>2 might be inferred.</p> <p>3 Equally, it has the power to undertake</p> <p>4 investigations and to make findings and recommendations</p> <p>5 from which civil liability might be inferred. There's</p> <p>6 an ongoing police investigation into Mr Eljamel's</p> <p>7 actions. Some members of the group have been denied</p> <p>8 compensation by NHS Tayside, citing legal technicalities</p> <p>9 relating to the passage of time.</p> <p>10 The group would like to see NHS Tayside and the</p> <p>11 Scottish Government act to override these</p> <p>12 technicalities. They would like to see this done, not</p> <p>13 on a case by case basis as has been suggested by the</p> <p>14 Government to date, but across the board for all</p> <p>15 patients damaged by Mr Eljamel so that all may be</p> <p>16 compensated.</p> <p>17 We hope that it might be possible for</p> <p>18 recommendations to be made which will encourage this to</p> <p>19 happen. In particular, it is hoped that the Inquiry</p> <p>20 will investigate whether failures on the part of any</p> <p>21 relevant organisation to inform people who are affected</p> <p>22 timeously impacted on the opportunity of patients to</p> <p>23 seek redress or compensation and to make findings in</p> <p>24 this regard and consequent recommendations.</p> <p>25 Under term of reference 18, the Inquiry, we submit,</p> <p style="text-align: center;">Page 111</p>
<p>1 Some members of the group accept that they may not</p> <p>2 be alive to see the Inquiry fulfil its purpose, but to</p> <p>3 properly identify the systemic issues and to leave</p> <p>4 a legacy of change it's imperative that the perspective</p> <p>5 of the patient is taken into account. Public confidence</p> <p>6 in the NHS requires to be rebuilt. Public confidence in</p> <p>7 other institutions which may have failed to address</p> <p>8 Mr Eljamel's behaviour, or indeed sought to minimise it,</p> <p>9 needs to be restored.</p> <p>10 But even then, members of the group will continue to</p> <p>11 be distrustful of the NHS. They have faced obstacles in</p> <p>12 having their concerns listened to. As I said, some feel</p> <p>13 ignored, others feel blacklisted and despite assertions</p> <p>14 to the contrary, NHS Tayside continues to adopt</p> <p>15 an overly defensive stance to both complaints and legal</p> <p>16 claims made by members of the group, and the perception</p> <p>17 of members of the group is that NHS Tayside is more</p> <p>18 concerned with protecting its image than it is concerned</p> <p>19 with patient safety and well-being; and there, I'm</p> <p>20 talking about the institution rather than its employees.</p> <p>21 So whilst it is fully appreciated that this Public</p> <p>22 Inquiry's function is not to determine any person or</p> <p>23 body's civil or criminal liability, we note that counsel</p> <p>24 to the Inquiry said at the preliminary hearing that</p> <p>25 the Inquiry can undertake investigations and make</p> <p style="text-align: center;">Page 110</p>	<p>1 could make recommendations as to treatment, care and</p> <p>2 support for the group in the future and it is submitted</p> <p>3 that these could be made by way of interim</p> <p>4 recommendations after the section 2 hearings.</p> <p>5 Finally, it is a small point, but perhaps important.</p> <p>6 A member of the group has brought to our attention that</p> <p>7 Mr Eljamel has written a textbook entitled "Problem</p> <p>8 Based Neurosurgery", which was published in 2011 and</p> <p>9 which is still available to purchase and may be in some</p> <p>10 university libraries. The group would like to see</p> <p>11 the Inquiry consider recommendations about what should</p> <p>12 be done about this book.</p> <p>13 To conclude, sir, this Inquiry has been a long time</p> <p>14 coming and very hard-fought for. The group are fully</p> <p>15 intent on supporting the Inquiry so that it may fulfil</p> <p>16 its remit, but the former patients of Mr Eljamel must be</p> <p>17 at the heart of this Inquiry. Without their efforts it</p> <p>18 would not be happening and they and their</p> <p>19 representatives require to be listened to for any</p> <p>20 lessons to be learned.</p> <p>21 Although the substantive part of the Inquiry has not</p> <p>22 yet begun, the group are confident that the Inquiry will</p> <p>23 strive to uncover the truth and to shine a light on what</p> <p>24 has, for too long, been shrouded in secrecy. They have</p> <p>25 every confidence that the Chair, counsel to the Inquiry</p> <p style="text-align: center;">Page 112</p>

<p>1 and his team will explore these issues without fear or 2 favour.</p> <p>3 We remain grateful to the Chair and counsel to the 4 Inquiry and their team for the empathy and compassion 5 shown to date. We remain committed to working further 6 with the Inquiry, knowing that those we represent will 7 finally be afforded an opportunity to tell their story 8 and to see justice and accountability.</p> <p>9 Thank you.</p> <p>10 LORD WEIR: Thank you very much indeed.</p> <p>11 Now, we will move after lunch to the next statement, 12 which will be an oral opening statement given by 13 Ms Doherty on behalf of NHS Tayside, but perhaps you 14 will leave that, Ms Doherty, until 2 o'clock and we will 15 take lunch now. Thank you.</p> <p>16 (12.58 am)</p> <p>17 (The luncheon adjournment)</p> <p>18 (2.00 pm)</p> <p>19 LORD WEIR: Now, for entirely administrative reasons 20 I thought over lunchtime it might be expedient just to 21 adjust the order of events this afternoon and in 22 reaching that view, what I am going to do is invite 23 Ms O'Neill, who would otherwise have spoken tomorrow 24 morning, to come to the lectern and address you on 25 behalf of the Royal College of Surgeons of Edinburgh.</p> <p>Page 113</p>	<p>1 of Surgeons in Ireland. It is a charity registered with 2 the Office of the Scottish Charity Regulator.</p> <p>3 The college notwithstanding being the Royal College 4 of Surgeons of Edinburgh is a global network of more 5 than 34,000 professionals comprising fellows, members, 6 associates and affiliates. The majority are surgeons 7 but the college also contains sizeable faculties of 8 dental surgeons and of pre-hospital care professionals, 9 including paramedics and emergency care practitioners.</p> <p>10 Membership includes people at every stage of their 11 career, from medical students through to trainees, 12 consultants and those who have retired from practice. 13 I want to say a little, sir, about the Royal College's 14 interest in and participation in the Inquiry's work.</p> <p>15 A key objective of the Royal College of Surgeons of 16 Edinburgh is the promotion of high standards, of 17 clinical competence and conduct among surgical 18 professionals. In pursuing that objective, the 19 Royal College is an integral part healthcare system 20 within the UK and internationally. It promotes high 21 standards in a variety of ways, including through 22 providing education and training to surgeons throughout 23 their careers and by setting and assessing postgraduate 24 surgical examinations.</p> <p>25 It offers surgical and dental courses for surgeons</p> <p>Page 115</p>
<p>1 Opening statement by MS O'NEILL</p> <p>2 MS O'NEILL: I'm grateful, sir. This opening statement is 3 made on behalf of the Royal College of Surgeons of 4 Edinburgh. The Inquiry already has the written 5 statement submitted in advance of today's hearing and 6 I adopt that written statement without reading it 7 verbatim, sir.</p> <p>8 The statement contains a degree --</p> <p>9 LORD WEIR: Sorry, Ms O'Neill, I'm going to ask you to 10 pause. We have a few coming back from the break.</p> <p>11 (Pause).</p> <p>12 Perhaps just start again.</p> <p>13 MS O'NEILL: Sir, this opening statement is made on behalf 14 of the Royal College of Surgeons of Edinburgh and 15 the Inquiry already has my written statement. That 16 written statement, sir, includes some contextual 17 material to give a bit of background to the 18 Royal College, which dates from 1505 and was formally 19 established by royal charter in 1851. The Royal College 20 of Surgeons of Edinburgh is one of four independent 21 royal colleges of surgeons in the United Kingdom and 22 Ireland.</p> <p>23 It collaborates with but is separate from the Royal 24 College of Surgeons of England, the Royal College of 25 Physicians and Surgeons of Glasgow and the Royal College</p> <p>Page 114</p>	<p>1 at all stages of their careers in relation to clinical 2 and other aspects of their practice. The college has 3 five vice-presidents, each with a specific portfolio of 4 responsibilities; one of those portfolios is to oversee 5 the college's work on clinical standards and quality 6 assurance.</p> <p>7 The college has, for some years, had a professional 8 standards committee to oversee standards issues, but 9 this has been recently disbanded as the part of wider 10 governance changes within the college. A quality 11 assurance committee is in the process of being set up to 12 replace that former professional standards committee and 13 to support the work of the vice-president in this area.</p> <p>14 In addition, the Royal College has a patient safety 15 group whose role is to ensure that the Royal College's 16 core professional standards, training and educational 17 activities are focused on continuously improving patient 18 safety and reducing harm. The PSG is 19 a multidisciplinary group whose membership is drawn from 20 all faculties of the college and includes 21 representatives from both the wider surgical team and 22 patients with lived experience. It's engaged in a wide 23 range of activities in support of patient safety, 24 including providing members and fellows with expertise 25 and advice on patient safety issues, promoting good</p> <p>Page 116</p>

<p>1 practice and coordinating training and increasing</p> <p>2 awareness of clinical human factors to improve the</p> <p>3 safety of surgical care.</p> <p>4 The group also works with medical educators, NHS</p> <p>5 bodies and other royal colleges. It has engaged in work</p> <p>6 to improve the surgical workplace environment by</p> <p>7 supporting surgical teams and helping to address</p> <p>8 conflict within those teams. It also provides resources</p> <p>9 to support surgical teams when adverse outcomes or</p> <p>10 errors happen in surgery.</p> <p>11 The Royal College of Surgeons therefore has</p> <p>12 a particular interest in paragraph 6 of the Inquiry's</p> <p>13 terms of reference which concern the role of any other</p> <p>14 bodies which played or could have played a role in the</p> <p>15 care provided by Mr Eljamel to his former NHS patients.</p> <p>16 It is keen to understand whether and to what extent</p> <p>17 there were deficiencies in regulation across the</p> <p>18 healthcare system that caused or contributed to patient</p> <p>19 harm.</p> <p>20 In relation to providing assistance to the Inquiry</p> <p>21 and in making this opening statement the Royal College</p> <p>22 has had regard to the guidance for core participants</p> <p>23 that was issued in advance. There are a number of</p> <p>24 matters in respect of which the Chair invited</p> <p>25 submissions, that the Royal College does not address</p> <p style="text-align: center;">Page 117</p>	<p>1 and regulators to those failings. The Royal College is</p> <p>2 keen to listen to and to understand the evidence that</p> <p>3 will be given to the Inquiry about the failings in</p> <p>4 Mr Eljamel's practice and the response of the wider</p> <p>5 medical community to those failings.</p> <p>6 The Royal College does carry out invited reviews of</p> <p>7 surgical services and of individual surgeons' practice</p> <p>8 and supports Scottish health boards in conducting what</p> <p>9 are known as "Annex B and C reviews". It has also</p> <p>10 recently agreed to provide</p> <p>11 Healthcare Improvement Scotland with access to experts</p> <p>12 to help them assess concerns about service provision</p> <p>13 raised with them.</p> <p>14 The Royal College therefore wants to learn from the</p> <p>15 work of the Inquiry with a view to providing better</p> <p>16 support to the NHS in respect of these areas of work.</p> <p>17 You have, sir, though, invited core participants to</p> <p>18 indicate where they think that they can contribute to</p> <p>19 the work of the Inquiry and where they might be of most</p> <p>20 assistance to the Inquiry. The Royal College of</p> <p>21 Surgeons of Edinburgh can assist the Inquiry in</p> <p>22 providing its perspective on matters of good</p> <p>23 professional and clinical practice.</p> <p>24 In particular, it can provide evidence on what</p> <p>25 constitutes good practice in the training and</p> <p style="text-align: center;">Page 119</p>
<p>1 because of the very limited direct engagement that the</p> <p>2 Royal College had with Mr Eljamel and his patients.</p> <p>3 By which of explanation, while Mr Eljamel was</p> <p>4 a surgical fellow of the Royal College between 2003 and</p> <p>5 2015 and acted as an examiner in certain examinations</p> <p>6 during that time, the Royal College did not receive, to</p> <p>7 the knowledge of the current management team, any</p> <p>8 complaints about Mr Eljamel's practice while he was</p> <p>9 a fellow.</p> <p>10 The Royal College does not regulate surgeons'</p> <p>11 licences or fitness to practice in the way that</p> <p>12 statutory regulators such as the General Medical Council</p> <p>13 do.</p> <p>14 While the Royal College has a code of conduct and</p> <p>15 disciplinary scheme for members, Mr Eljamel was not</p> <p>16 subject to any disciplinary action by the Royal College</p> <p>17 and the Royal College of Surgeons of Edinburgh was not</p> <p>18 involved in the clinical review that was carried out by</p> <p>19 the Royal College of Surgeons of England and was not</p> <p>20 made aware of the findings of that review other than by</p> <p>21 way of media reporting.</p> <p>22 At this stage of the Inquiry's work, the Royal</p> <p>23 College of Surgeons of Edinburgh does not have access to</p> <p>24 detailed information about Mr Eljamel's clinical</p> <p>25 failings or the response of his employers, colleagues</p> <p style="text-align: center;">Page 118</p>	<p>1 supervision of junior staff, by reference to paragraph 2</p> <p>2 of the terms of reference, and the duty of candour, by</p> <p>3 reference to paragraph 7 of the terms of reference.</p> <p>4 The Royal College has already sought to assist</p> <p>5 the Inquiry by reviewing and commenting on the draft</p> <p>6 expert letter of instruction in relation to the clinical</p> <p>7 review.</p> <p>8 More generally, the Royal College can provide</p> <p>9 evidence about its role in setting and maintaining high</p> <p>10 standards of surgical practice.</p> <p>11 The Royal College will seek to assist the Inquiry in</p> <p>12 any other ways the Inquiry considers appropriate.</p> <p>13 Thank you, sir.</p> <p>14 LORD WEIR: Thank you very much.</p> <p>15 Now, let's return to the agenda and I will now</p> <p>16 formally invite Ms Doherty to address the hearing on</p> <p>17 behalf of NHS Tayside.</p> <p>18 Ms Doherty, when you're ready.</p> <p>19 Opening statement by MS DOHERTY</p> <p>20 MS DOHERTY: Sir, my name is Una Doherty. I appear today on</p> <p>21 behalf of NHS Tayside, along with Cat MacQueen and</p> <p>22 instructed by Tracey Turnbull of the Central Legal</p> <p>23 Office.</p> <p>24 NHS Tayside welcomes this Inquiry which has been</p> <p>25 established to investigate the professional practice of</p> <p style="text-align: center;">Page 120</p>

<p>1 Mr Eljamel, a consultant neurosurgeon who was working in</p> <p>2 NHS Tayside between 1995 and 2014 and the adequacy of</p> <p>3 governance systems that were in place to protect his NHS</p> <p>4 patients.</p> <p>5 NHS Tayside recognises the importance of this</p> <p>6 Inquiry for many patients of Mr Eljamel and their</p> <p>7 families. It understands that the Inquiry will be</p> <p>8 a difficult time for many people. NHS Tayside wishes to</p> <p>9 extend its sincerest apologies to all patients who have</p> <p>10 suffered because of the treatment they received from</p> <p>11 Mr Eljamel.</p> <p>12 Many patients of Mr Eljamel have experienced injury</p> <p>13 and distress and have been left with an enduring</p> <p>14 distrust of healthcare professionals and the NHS. At</p> <p>15 a time when many patients were faced with frightening</p> <p>16 diagnoses and had the reasonable belief and trust in</p> <p>17 NHS Tayside to keep them safe, they were let down.</p> <p>18 NHS Tayside is very sorry for the events that happened</p> <p>19 and fully acknowledges that in many cases the situation</p> <p>20 was exacerbated by the way in which it managed patients'</p> <p>21 complaints and concerns.</p> <p>22 NHS Tayside knows that it failed to react</p> <p>23 appropriately and at an adequate pace when there were</p> <p>24 concerns raised about Mr Eljamel's clinical practice.</p> <p>25 Again, in this regard, it let down its patients.</p> <p>Page 121</p>	<p>1 an opportunity for an independent assessment of what</p> <p>2 went wrong and why. It recognises that it is</p> <p>3 accountable for its failures and does not shrink from</p> <p>4 that. It welcomes recommendations from this Inquiry as</p> <p>5 to further changes which should be made.</p> <p>6 The Inquiry's conclusions will be of great</p> <p>7 importance to NHS Tayside, as the safety, well-being and</p> <p>8 trust of patients is at the heart of its work.</p> <p>9 As a learning organisation, it wants it hearing from</p> <p>10 patients and families, those best placed to advise and</p> <p>11 share their experiences, as to how it can consistently</p> <p>12 improve and build confidence in the services it</p> <p>13 delivers.</p> <p>14 Today, we have listened carefully to the opening</p> <p>15 statement made on behalf of the patient group including</p> <p>16 the powerful patient experiences described. NHS Tayside</p> <p>17 welcomes the opportunity for the serious matters raised</p> <p>18 by the patient group in relation to NHS Tayside to be</p> <p>19 investigated in this Inquiry.</p> <p>20 NHS Tayside is fully committed to assisting</p> <p>21 the Inquiry and will work collaboratively with</p> <p>22 the Inquiry team. It welcomes the Inquiry's</p> <p>23 trauma-informed approach and is keen to ensure that this</p> <p>24 is adhered to. It recognitions its systems and</p> <p>25 processes are a significant focus of the Inquiry's</p> <p>Page 123</p>
<p>1 NHS Tayside understands that patient trust and</p> <p>2 confidence has been eroded because of the actions of</p> <p>3 Mr Eljamel and its own failures to ensure its systems of</p> <p>4 oversight and supervision of Mr Eljamel were adequate.</p> <p>5 NHS Tayside regards it as fundamentally important</p> <p>6 that its patients have confidence in the quality of care</p> <p>7 and treatment that they receive. It has made many</p> <p>8 changes in the intervening years since Mr Eljamel worked</p> <p>9 in NHS Tayside to strengthen clinical and professional</p> <p>10 governance.</p> <p>11 Changes have been made to systems and processes to</p> <p>12 ensure that NHS Tayside is alerted at an early stage</p> <p>13 when there are escalating concerns relating to clinical</p> <p>14 practice.</p> <p>15 It has also ensured that there are many ways in</p> <p>16 which people can speak up about any concerns they have</p> <p>17 and that when complaints and concerns are raised they</p> <p>18 are managed in a consistent and timely way, with</p> <p>19 openness and transparency.</p> <p>20 All of these changes have been made with the intent</p> <p>21 of avoiding a similar situation occurring. NHS Tayside</p> <p>22 recognises that openness and transparency is fundamental</p> <p>23 in order to rebuild the trust of patients and the wider</p> <p>24 public.</p> <p>25 NHS Tayside very much views this Inquiry as</p> <p>Page 122</p>	<p>1 investigations. It will closely review relevant</p> <p>2 materials and will listen carefully to the evidence to</p> <p>3 understand the perspectives of those directly affected,</p> <p>4 all with an openness and a willingness to get things</p> <p>5 right for its patients.</p> <p>6 This opening statement is in seven chapters</p> <p>7 addressing the following areas: the role of NHS Tayside</p> <p>8 as a health board; NHS Tayside's due diligence review</p> <p>9 2023, its findings, recommendations and actions; support</p> <p>10 to those directly impacted by the Inquiry; assistance to</p> <p>11 the Independent Clinical Review; data protection</p> <p>12 breaches; preliminary comments on the Inquiry's</p> <p>13 approach; and time-bar for civil claims by patients of</p> <p>14 Mr Eljamel.</p> <p>15 Dealing with the first chapter, I'd like to explain</p> <p>16 briefly the role of NHS Tayside as a health board.</p> <p>17 Tayside health board, commonly known as NHS Tayside, is</p> <p>18 one of 14 total health boards in Scotland and was</p> <p>19 established in 1974. Health services in Tayside have</p> <p>20 operated under different legal and governance</p> <p>21 arrangements from the period 1974 to date.</p> <p>22 A health board is a public body, constituted by the</p> <p>23 Secretary of State. Each health board is responsible</p> <p>24 for its respective region. NHS Tayside is responsible</p> <p>25 for health services in Angus, Dundee City and Perth and</p> <p>Page 124</p>

<p>1 Kinross. It provides health services to those in its 2 geographical area and they also do so for patients from 3 other health board areas.</p> <p>4 NHS Tayside is required under legislation to fulfil 5 certain duties and functions. It plans, commissions and 6 delivers NHS services to its local population. This 7 involves a delivery of frontline NHS services including 8 primary care, secondary care and tertiary care in 9 hospitals within its geographical area. Like other 10 health boards, NHS Tayside is funded by and reports 11 directly to the Scottish Government. It is accountable 12 to the Scottish Ministers, who, in turn, are accountable 13 to the Scottish Parliament.</p> <p>14 The second chapter I address is NHS Tayside's due 15 diligence review 2023. Since 2013, multiple internal 16 and external reviews have been undertaken in relation to 17 Mr Eljamel's practice. These identified and addressed 18 systemic issues within NHS Tayside. The reviews 19 highlighted important points for NHS Tayside to address 20 relating to professional governance, creating a culture 21 for staff and patients to speak up about safety concerns 22 and the importance of clinical effectiveness.</p> <p>23 As the Inquiry will consider the reviews undertaken 24 under terms of reference 12. In the written opening 25 statement, quite a lot has been said about the most</p> <p>Page 125</p>	<p>1 signs of poor practice could appear, the way in which 2 those signs were considered collectively was lacking and 3 feedback from trainees was not always seen by line 4 managers.</p> <p>5 Since Mr Eljamel practised in NHS Tayside, the 6 joining up of potential alerts is achieved, now, through 7 an executive director-led safety oversight group which 8 responds to emerging potential issues.</p> <p>9 Third, it was found that there was variability in 10 the organisational response to signs of poor practice 11 within the system. Some complaints did not lead to 12 formal investigation using governance processes and 13 there was a variation in response times. Once multiple 14 signs of poor practice were considered together, 15 decision-making related to Mr Eljamel's practice was 16 delegated too far down the organisation in 2013.</p> <p>17 Restrictions placed on Mr Eljamel's practice in 2013 18 were not adequate and decision-making was not 19 sufficiently well documented. The level of supervision 20 decided upon was not proportionate to the concerns being 21 raised at the time and once implemented, were not 22 monitored effectively.</p> <p>23 During the period of Mr Eljamel's employment, there 24 was an absence of an advanced process of professional 25 governance from concerns being raised to their being</p> <p>Page 127</p>
<p>1 recent review which was this NHS Tayside due diligence 2 review of documentation held relating to 3 Professor Eljamel, dated 25 August 2023. I don't repeat 4 just now all that is set out in the written opening 5 statement about this review. Instead, I summarise by 6 explaining that this review was instructed in 2023 to 7 try to get a better understanding of what had happened, 8 what had gone wrong in NHS Tayside's systems and 9 processes and what actions were needed to strengthen the 10 systems and processes.</p> <p>11 The review was undertaken by a team led by the 12 associate medical director of clinical governance. The 13 findings of the review included conclusions as to past 14 events and considered the clinical and professional 15 governance arrangements in place in 2023.</p> <p>16 An non-exhaustive summary of the findings includes, 17 first, that Mr Eljamel was not open and honest with 18 patients and colleagues. Whilst such behaviours are 19 rare within the medical profession, there is a need to 20 have systems in place to detect and act on these if they 21 occur.</p> <p>22 And since Mr Eljamel practised in Tayside, 23 NHS Tayside has overhauled the governance and alert 24 systems in place for professional governance.</p> <p>25 Second, while there were multiple ways in which</p> <p>Page 126</p>	<p>1 acted upon and in ensuring clear documentation of 2 decisions made.</p> <p>3 Now, however, there is a process in place through 4 the establishment of the responsible officer advisory 5 group.</p> <p>6 Fourth, there was a finding that reliable 7 documentation of actions arising from recommendations 8 from previous reviews from 2013 to 2022 was not 9 consistently present and monitoring and assurance routes 10 for those actions were variable. However, now, revised 11 systems have greatly improved the opportunities connect 12 signs of poor practice and adopt whole system learning 13 from events.</p> <p>14 Fifth, it was found that the communication with 15 patients affected by Mr Eljamel's practice was of 16 variable quality, fragmented and generally poor. There 17 had been no central coordination to ensure a truly 18 person-centred approach. When concerns were raised by 19 patients, the issue was managed through a small subset 20 of the acute management team. There was a lack of 21 visibility within NHS Tayside, no governance routes to 22 assure and scrutinise and no indications or reporting of 23 improvement through action plans.</p> <p>24 Since the establishment of the patient liaison 25 response team in early 2023, patients with long-running</p> <p>Page 128</p>

<p>1 concerns have a single point of contact to build</p> <p>2 improved relationships and understanding of concerns to</p> <p>3 achieve a more consistent and person-centred approach.</p> <p>4 At the conclusion of the review, NHS Tayside's</p> <p>5 executive medical director made nine recommendations, in</p> <p>6 relation to professional governance, clinical governance</p> <p>7 and corporate governance which were presented to</p> <p>8 NHS Tayside.</p> <p>9 NHS Tayside fully accepted the review's</p> <p>10 recommendation and developed an action plan to address</p> <p>11 them.</p> <p>12 In actioning the recommendations arising from the</p> <p>13 review, NHS Tayside has sought to achieve improvements</p> <p>14 in patient safety and the quality of patient care. It</p> <p>15 considers that its systems are now better placed to</p> <p>16 respond to any future clinical concerns and potential</p> <p>17 harm to patients from the practices of individual</p> <p>18 clinicians. The aim is that the positive changes which</p> <p>19 have been made will reduce the risk of and prevent</p> <p>20 events such as those being considered in this Inquiry</p> <p>21 arising in future.</p> <p>22 While the systems and processes now in place are</p> <p>23 very different to those which existed at the time of</p> <p>24 Mr Eljamel's employment at Tayside, NHS Tayside</p> <p>25 recognises that there will always be more to learn. It</p> <p>Page 129</p>	<p>1 Scottish Government, but, as set out in the written</p> <p>2 opening statement, this is not NHS Tayside's</p> <p>3 understanding of the position and, rather, as I've</p> <p>4 already said, NHS Tayside has offered these independent</p> <p>5 psychological support services for ICR applicants.</p> <p>6 Counsel to the Inquiry this morning has confirmed</p> <p>7 that it is, in fact, as NHS Tayside had understood, that</p> <p>8 it is funding the independent psychological support by</p> <p>9 the Association of Clinical Psychologists, not the</p> <p>10 Scottish Government.</p> <p>11 And support to current and former employees of</p> <p>12 NHS Tayside. In advance of the preliminary hearing on</p> <p>13 10 September, counsel to the Inquiry asked NHS Tayside</p> <p>14 to confirm its position in relation to the provision of</p> <p>15 representation and support to its current and former</p> <p>16 employees in connection to the Inquiry. NHS Tayside's</p> <p>17 position was set out in written submissions dated</p> <p>18 4 September 2025 and have been clarified in its</p> <p>19 submissions dated 13 November 2025.</p> <p>20 NHS Tayside wishes to reinforce that it is keen to</p> <p>21 fully support all of its current and former employees</p> <p>22 throughout the Inquiry. There is, however, an important</p> <p>23 distinction between representation and support.</p> <p>24 NHS Tayside's legal team are not the legal</p> <p>25 representatives of any individual in this Inquiry.</p> <p>Page 131</p>
<p>1 is keen to learn lessons from this Inquiry to enable it</p> <p>2 to do what more it can to ensure the safety of its</p> <p>3 patients.</p> <p>4 I turn, now, to my third chapter which is support to</p> <p>5 those directly impacted by the Inquiry. In relation to</p> <p>6 support to former patients of Mr Eljamel, NHS Tayside</p> <p>7 wishes to offer its support those directly impacted by</p> <p>8 the Inquiry.</p> <p>9 On 3 October this year, the Executive Medical</p> <p>10 Director of NHS Tayside, Dr James Cotton, sent a letter</p> <p>11 to the ICR setting out the support options offered to</p> <p>12 former patients participating in the ICR. Patients are</p> <p>13 being offered the opportunity of independent,</p> <p>14 confidential and trauma-informed psychological support</p> <p>15 and care. Patients participating in the ICR will self</p> <p>16 refer to this service via the ICR website.</p> <p>17 NHS Tayside is making the same offer to all former</p> <p>18 patients of Mr Eljamel regardless of their participation</p> <p>19 in the ICR and this can be accessed through the patient</p> <p>20 liaison response team.</p> <p>21 Counsel to the Inquiry had indicated in his note</p> <p>22 that the ICR had secured agreement in principle for</p> <p>23 psychological support services for applicants to the</p> <p>24 ICR, organised via the Association of Clinical</p> <p>25 Psychologists UK, which was to be funded by the</p> <p>Page 130</p>	<p>1 They're instructed by and represent the public body</p> <p>2 NHS Tayside. In terms of the Inquiry rules, they are</p> <p>3 the recognised legal representatives of NHS Tayside, not</p> <p>4 any individual. This does not mean that NHS Tayside</p> <p>5 will not provide support to current and former employees</p> <p>6 of NHS Tayside. Its intention has always been to</p> <p>7 provide as much support to individual employees as is</p> <p>8 considered acceptable by the Inquiry.</p> <p>9 Steps have already been taken by NHS Tayside to</p> <p>10 provide a range of pastoral and practical support to its</p> <p>11 current and former employees as set out in its written</p> <p>12 submissions dated 4 September 2025. In those</p> <p>13 submissions, NHS Tayside sought guidance from</p> <p>14 the Inquiry in relation to the nature of legal support</p> <p>15 which it ought to offer its current and former</p> <p>16 employees. This guidance was sought because NHS Tayside</p> <p>17 fully appreciated the distrust felt by some of the</p> <p>18 former patients of Mr Eljamel towards it. Considering</p> <p>19 this, the concern was that issue may be taken with</p> <p>20 NHS Tayside and its legal team being too closely</p> <p>21 involved in the provision of written and oral evidence</p> <p>22 by its current or former employees.</p> <p>23 NHS Tayside does not want to cause any further</p> <p>24 trauma or distress to the patient group. It is also</p> <p>25 important that current or former employees of</p> <p>Page 132</p>

<p>1 NHS Tayside feel able to provide their best evidence. 2 Those individuals may not feel comfortable with 3 NHS Tayside's legal team being involved in the provision 4 of their evidence to the Inquiry. 5 NHS Tayside also considers that it would not be 6 appropriate for its legal team to have any involvement 7 in the preparation of an individual current or former 8 employee's evidence in circumstances where the 9 individual's position diverges from that of NHS Tayside. 10 It is anticipated that a conflict of interest will not 11 likely occur in most cases, but such a situation could 12 nevertheless arise. 13 At the preliminary hearing, oral submissions by both 14 counsel to the Inquiry and counsel for the patient group 15 indicated that the expectation is for NHS Tayside to 16 provide legal support to individual current and former 17 employees in connection with the preparation of their 18 evidence. NHS Tayside is grateful for this confirmation 19 and has set out, in its submissions dated 20 13 November 2025, a proposed approach to the provision 21 of legal support for current or former employees in 22 connection with their evidence to the Inquiry. 23 Counsel to the Inquiry has indicated that the 24 proposed arrangements are broadly acceptable. He did 25 seek some further clarification, which was provided, as</p> <p>Page 133</p>	<p>1 access to the necessary information of patient names and 2 addresses. 3 To help the ICR progress its investigations without 4 unnecessary delay, NHS Tayside therefore wrote out to 5 the Eljamel patient cohort as requested. 6 My fifth chapter is data protection breaches. 7 Regrettably, there have been some data breach incidents. 8 These have been dealt with by NHS Tayside and reported 9 appropriately to the Information Commissioners' office 10 which is the regulatory body for data protection. 11 NHS Tayside also sent letters to the individuals 12 affected to inform them of this error relating to their 13 personal data, explaining what had happened and to offer 14 its sincerest apologies. 15 NHS Tayside would like to sincerely apologise again 16 to those affected. It recognises that these incidents 17 may have compounded patients' distress and further 18 eroded confidence in NHS Tayside. 19 Following the data breaches, the chief executive 20 commissioned a learning review. This sought to evaluate 21 the systems and processes in place in relation to 22 information governance, identify improvements required 23 to data security across NHS Tayside and make 24 recommendations for organisation-wide learning. 25 The learning review has identified areas for</p> <p>Page 135</p>
<p>1 he confirmed in his opening address this morning. Today 2 he has sought some further clarification and we will 3 come back to the Inquiry with the clarification sought. 4 It is hoped that the suggested approach will be 5 acceptable to both the Inquiry and the core 6 participants. 7 Turning, now, to the fourth chapter, which is 8 assistance to the ICR, the Independent Clinical Review. 9 NHS Tayside wishes to offer its assistance and support 10 to the work of the ICR. It has previously provided 11 assistance to the ICR by contacting those patients who 12 had advised NHS Tayside's PLRT that they would like to 13 be engaged with the ICR. This communication was to 14 advise them of the online public engagement session to 15 be held by Professor Wigmore of the ICR on 16 26 February 2025. 17 NHS Tayside's intention in assisting in this way was 18 simply to allow the ICR to make progress with its 19 important work. 20 The ICR also sought assistance from NHS Tayside to 21 write out to the whole Eljamel patient cohort to advise 22 of its work. As the Inquiry had not yet been formally 23 set up when this assistance was sought, the ICR had no 24 means of compelling NHS Tayside to provide the required 25 information. NHS Tayside was the only organisation with</p> <p>Page 134</p>	<p>1 improvement relating to organisational data protection 2 awareness and its consistent application in practice and 3 the requirement to strengthen information governing 4 structures. An improvement plan will now be developed 5 and will report, for security and assurance, to 6 NHS Tayside's clinical governance committee. 7 Turning, now, to my sixth chapter which is 8 preliminary comments on the Inquiry's approach. Counsel 9 to the Inquiry has produced a very detailed and 10 comprehensive list of issues. NHS Tayside is grateful 11 to have been afforded the opportunity to input into this 12 document. It welcomes the close assessment by 13 the Inquiry of the matters contained within the list of 14 issues and considers that all the listed issues are 15 important and merit detailed attention in the Inquiry's 16 investigations. 17 There are a number of comments which NHS Tayside 18 makes in an attempt to assist the Inquiry at this stage. 19 First, the scope of Mr Eljamel's practice within the 20 NHS in Scotland. NHS Tayside supports a broad and 21 thorough investigation by the Inquiry into Mr Eljamel's 22 practice within the NHS in Scotland. Neurosurgery 23 within NHS Tayside was originally established as 24 a purpose built unit in Dundee Royal Infirmary in 1966. 25 Whilst Ninewells Hospital officially opened in 1974,</p> <p>Page 136</p>

<p>1 neurosurgery services remained at Dundee Royal Infirmary 2 until its closure in 1998.</p> <p>3 Mr Eljamel will therefore have worked at 4 Dundee Royal Infirmary for a period. The Inquiry may 5 therefore wish to investigate Mr Eljamel's practice at 6 Dundee Royal Infirmary.</p> <p>7 As far as NHS Tayside is aware, Mr Eljamel did not 8 practice in any other health board in Scotland. It has 9 noted that counsel for the patient group raises the 10 point that some patients of Mr Eljamel were from the 11 NHS Fife area. As NHS Fife does not have its own 12 neurosurgery unit, patients from that health board area 13 may be referred to NHS Tayside for neurosurgery 14 treatment. It is not uncommon for patients from other 15 health boards to receive treatment within NHS Tayside.</p> <p>16 NHS Tayside considers that any NHS patients treated 17 by Mr Eljamel during his employment with NHS Tayside 18 should come within the scope of the Inquiry.</p> <p>19 It is noted that if another health board is 20 identified as being of relevance to the Inquiry's 21 investigations, this may require that board to become 22 a core participant in the Inquiry which could result in 23 some delay to proceedings.</p> <p>24 Next, Mr Eljamel's involvement in research projects. 25 NHS Tayside recognises that Mr Eljamel held,</p> <p style="text-align: center;">Page 137</p>	<p>1 Previous investigations and reviews relating to 2 Mr Eljamel's practice within NHS Tayside. NHS Tayside 3 recognises that there are some very detailed questions 4 in the list of issues about how the investigations 5 listed under terms of reference 12 were conducted and 6 the outcomes.</p> <p>7 The due diligence review which I have already 8 mentioned was conducted because of the recognition that 9 previous investigations and reports into Mr Eljamel's 10 practice did not sufficiently address the full range of 11 issues. It is acknowledged by NHS Tayside that there 12 was previously a lack of oversight around the timing and 13 nature of reviews and the actions taken to address 14 review findings.</p> <p>15 As I've already explained, the focus of the due 16 diligence review was to assess the governance position 17 with recommendations and actions. That review looked at 18 the systems in place and improvements that could be made 19 going forward, rather than individual actions by former 20 employees. NHS Tayside therefore considers that 21 the Inquiry's investigation into previous reviews would 22 benefit from detailed consideration of the rationale 23 behind individual decision-making within NHS Tayside at 24 the relevant time, which was outwith the scope of the 25 due diligence review, as this may give rise to further</p> <p style="text-align: center;">Page 139</p>
<p>1 concurrently, a research position with the 2 University of Dundee alongside his patient practice at 3 NHS Tayside. It is understood that given his academic 4 position, research projects were a component of 5 Mr Eljamel's workload. As such, this area will likely 6 be of interest to the Inquiry. NHS Tayside does not 7 have access to information about Mr Eljamel's research. 8 Accordingly, this area did not form part of 9 NHS Tayside's internal investigations in relation to 10 Mr Eljamel's practice.</p> <p>11 NHS Tayside therefore welcomes the Inquiry's 12 investigation in this area, as part of term of 13 reference 2 subsection (e).</p> <p>14 I now turn to complaints or concerns regarding 15 Mr Eljamel's practice prior to 2012. NHS Tayside's 16 knowledge regarding any complaints made prior to 2012 is 17 limited. This is because its complaints systems were 18 changed in 2012 and the information contained 19 electronically on its old systems was not retained. 20 Notwithstanding the limited information available to it, 21 NHS Tayside would welcome investigation by the Inquiry 22 into any complaints or concerns raised about 23 Mr Eljamel's practice prior to 2012 in terms of 24 reference 4 and 5, some of which will, no doubt, be 25 informed by the work of ICR.</p> <p style="text-align: center;">Page 138</p>	<p>1 learning points.</p> <p>2 Possession of documents relevant to the Inquiry.</p> <p>3 NHS Tayside holds many documents which will likely be of 4 assistance to the Inquiry and is working hard to respond 5 to any requests for evidence it receives from 6 the Inquiry. Given the passage of time, however, some 7 documents have been destroyed in accordance with the 8 contemporaneous NHS Tayside's health records strategy 9 and management policy, its health records operational 10 guidance and service operating procedures and 11 Scottish Government guidance.</p> <p>12 These indicate a minimum number of years for which 13 documents ought to be retained, after which they're 14 eligible for destruction. Some documents were therefore 15 destroyed long before the setting up of this Inquiry.</p> <p>16 More recently, however, and as the Inquiry has been 17 advised, NHS Tayside has discovered that a number of 18 hard copy theatre log books, some of which would have 19 contained information relating to Mr Eljamel's surgeries 20 during the period 1995 to 2013, were unfortunately 21 destroyed on around 24 January 2025. It is estimated 22 that there were probably around 40 of these log books 23 which dated from the 1960s onwards.</p> <p>24 NHS Tayside understands that some log books may have 25 contained information of potential assistance to</p> <p style="text-align: center;">Page 140</p>

<p>1 the Inquiry's investigations. It also recognises that</p> <p>2 the destruction occurred following a formal "do not</p> <p>3 destroy" notice for information that may be relevant to</p> <p>4 the work of the Inquiry issued on behalf of the Chair on</p> <p>5 11 October 2024.</p> <p>6 As soon as the incident became apparent, the matter</p> <p>7 was escalated immediately within NHS Tayside.</p> <p>8 An internal investigation has taken place. It has been</p> <p>9 ascertained that the theatre log books were destroyed by</p> <p>10 members of the department in which they were held. The</p> <p>11 individual involved were not aware of the connection</p> <p>12 between the theatre log books and Mr Eljamel. The</p> <p>13 destruction was carried out in accordance with the NHS</p> <p>14 and Scottish Government guidance policies already</p> <p>15 mentioned.</p> <p>16 The destroyed theatre log books related to surgeries</p> <p>17 undertaken by Mr Eljamel and by other members of staff.</p> <p>18 Given the importance of this matter, it has been</p> <p>19 raised at the senior level within NHS Tayside. Renewed</p> <p>20 instructions have been communicated to staff in relation</p> <p>21 to identification, logging and retention of</p> <p>22 documentation relevant to Mr Eljamel to try to ensure</p> <p>23 that there is no further destruction of documents in</p> <p>24 error.</p> <p>25 NHS Tayside has ascertained that much of the</p> <p style="text-align: center;">Page 141</p>	<p>1 the Inquiry for allowing it the opportunity to review</p> <p>2 and input into the draft ICR letter of instruction to</p> <p>3 expert neurosurgeon and for counsel to the Inquiry's</p> <p>4 confirmation that it will be given the same opportunity</p> <p>5 in respect of further experts instructed by the Inquiry.</p> <p>6 And we are grateful for the confirmation given today</p> <p>7 by counsel to the Inquiry that the identity of the</p> <p>8 Inquiry experts will be disclosed to core participants.</p> <p>9 In relation to the ICR's expert neurosurgeons, we do</p> <p>10 consider that it would be useful to know the identity of</p> <p>11 these experts in advance of seeing their reports.</p> <p>12 And finally in this section, the rule 8 request to</p> <p>13 NHS Tayside. A rule 8 request for evidence relevant to</p> <p>14 section 1 of the evidential hearings was received by</p> <p>15 NHS Tayside on 6 November with a response deadline of</p> <p>16 4 December 2025, so four weeks later. The request seeks</p> <p>17 a draft corporate witness statement and disclosure of</p> <p>18 documents. The information sought is extensive and</p> <p>19 covers many areas of the Inquiry's terms of reference.</p> <p>20 Although many people within NHS Tayside are working on</p> <p>21 the response, the challenge of the short timescale has</p> <p>22 been increased by the planned annual leave and sickness</p> <p>23 absence of some individuals.</p> <p>24 NHS Tayside has already sought an extension of the</p> <p>25 response deadline of 4 December and is grateful that</p> <p style="text-align: center;">Page 143</p>
<p>1 information normally contained within the destroyed log</p> <p>2 books should be contained in patient records if those</p> <p>3 still exist. It is hoped that much of the information</p> <p>4 will still be available to the Inquiry, albeit in</p> <p>5 a different format.</p> <p>6 NHS Tayside deeply regrets this error and is</p> <p>7 committed to ensuring that it does not happen again.</p> <p>8 Next, I turn to identification of witnesses to</p> <p>9 the Inquiry. NHS Tayside previously provided</p> <p>10 the Inquiry with a list of individuals it employed in</p> <p>11 management roles at the relevant time. It is considered</p> <p>12 that these individuals may be able to assist the Inquiry</p> <p>13 with the provision of written and/or oral evidence.</p> <p>14 NHS Tayside does not, however, have witness</p> <p>15 statements from any individual. Mr Eljamel worked in</p> <p>16 various wards and clinics for a period of almost</p> <p>17 20 years. NHS Tayside is providing to the Inquiry</p> <p>18 medical records sought by section 21 notice which</p> <p>19 contain information about clinical personnel involved in</p> <p>20 patient care. This information may be of assistance to</p> <p>21 the Inquiry's identification of individuals whose</p> <p>22 evidence may be relevant to its investigations.</p> <p>23 NHS Tayside offers to further assist the Inquiry as far</p> <p>24 as it's able to do so.</p> <p>25 Expert evidence. NHS Tayside is grateful to</p> <p style="text-align: center;">Page 142</p>	<p>1 the Inquiry is considering this.</p> <p>2 Turning, now, to the final chapter, time-bar for</p> <p>3 civil claims by patients of Mr Eljamel. Under</p> <p>4 section 17 of the Prescription and Limitation (Scotland)</p> <p>5 Act 1973, a claim for damages for personal injuries must</p> <p>6 be brought within three years, often described as</p> <p>7 "time-bar", unless the court exercises its discretion in</p> <p>8 terms of 19(a) to allow an action to proceed outwith</p> <p>9 that timeframe. NHS Tayside is aware of a view reported</p> <p>10 in the press that patients of Mr Eljamel ought to be</p> <p>11 exempt from the three-year limitation period.</p> <p>12 In claims for damages for personal injuries by</p> <p>13 former patients of Mr Eljamel raised outwith the</p> <p>14 three-year limitation period, NHS Tayside has committed</p> <p>15 to actively reviewing the facts and circumstances on</p> <p>16 a case-by-case basis when considering whether to plead</p> <p>17 that the claim is time-barred. NHS Tayside believes</p> <p>18 this approach accords with the expectation of the</p> <p>19 Scottish Government, as stated by the First Minister on</p> <p>20 2 October 2025 at First Minister's Questions.</p> <p>21 So, in conclusion, NHS Tayside remains sincerely</p> <p>22 sorry for the distress experienced by patients of</p> <p>23 Mr Eljamel. It is acknowledged that NHS Tayside failed</p> <p>24 to put in place sufficient measures to safeguard</p> <p>25 patients once concerns were raised about Mr Eljamel and</p> <p style="text-align: center;">Page 144</p>

<p>1 this placed the safety and well-being of patients at</p> <p>2 risk. NHS Tayside recognises that in many cases it has</p> <p>3 added to the distress and trauma experienced by patients</p> <p>4 in the way it has handled ongoing complaints and</p> <p>5 concerns. It is also sincerely sorry for this.</p> <p>6 As I have already said, the due diligence review in</p> <p>7 2023 found that NHS Tayside's communication with</p> <p>8 Mr Eljamel's former patients was poor. This was not</p> <p>9 appropriate nor acceptable. NHS Tayside understands</p> <p>10 that all of these factors have undermined the trust and</p> <p>11 confidence of patients, families and staff and has been</p> <p>12 working hard to rebuild that trust. It has sought to</p> <p>13 understand and learn lessons from the events surrounding</p> <p>14 Mr Eljamel. It has taken seriously and acted upon the</p> <p>15 findings and recommendations arising from internal and</p> <p>16 external reviews.</p> <p>17 The clinical and professional governance processes</p> <p>18 within which NHS Tayside's teams operate today are</p> <p>19 demonstrably different to those which were in place more</p> <p>20 than a decade ago. Positive changes have been made to</p> <p>21 systems and processes within the organisation to seek to</p> <p>22 safeguard against the possibility of any such incidents</p> <p>23 arising again in the future.</p> <p>24 Nonetheless, it is recognised that there's always</p> <p>25 room for further learning and improvement. NHS Tayside</p> <p>Page 145</p>	<p>1 NHS Education for Scotland and</p> <p>2 Healthcare Improvement Scotland. There will also be</p> <p>3 a submission on behalf of the Independent Clinical</p> <p>4 Review and after all of that has been done, I will</p> <p>5 invite Mr Dawson to respond, as he sees appropriate, to</p> <p>6 the matters that have been raised during the course of</p> <p>7 the statements today.</p> <p>8 So that is, I hope, a steer as to what happens next.</p> <p>9 We will be starting again tomorrow at half past 10.</p> <p>10 I mention that now just in case I forget to tell you</p> <p>11 when we reach the conclusion of today's proceedings.</p> <p>12 But with that in mind, may I invite Ms Thomson to</p> <p>13 address the hearing on behalf of the Scottish Ministers.</p> <p>14 Ms Thomson.</p> <p>15 Opening statement by MS THOMSON</p> <p>16 MS THOMSON: Thank you, sir. My name is Laura Thomson.</p> <p>17 I represent the Scottish Ministers, assisted by</p> <p>18 David Blair and instructed by Harper Macleod.</p> <p>19 I'm grateful to counsel to the Inquiry for making</p> <p>20 clear that I represent the Scottish Ministers in their</p> <p>21 capacity as core participants and that I do not</p> <p>22 represent the sponsored team.</p> <p>23 At the outset, the Scottish Ministers wish to thank</p> <p>24 you, sir, for affording them core participant status.</p> <p>25 The Scottish Ministers welcome the opportunity to</p> <p>Page 147</p>
<p>1 is keen to continue to learn lessons for the future. It</p> <p>2 is hoped that any recommendations arising from this</p> <p>3 Inquiry will lead to further organisational improvement</p> <p>4 which will positively impact on the quality of patient</p> <p>5 care.</p> <p>6 NHS Tayside wishes all the former patients of</p> <p>7 Mr Eljamel and their families to know that it is</p> <p>8 entering this Inquiry with openness and transparency at</p> <p>9 the forefront of its participation. NHS Tayside will</p> <p>10 contribute openly to this Inquiry. It will be</p> <p>11 accountable for the decision-making and actions taken</p> <p>12 while Mr Eljamel was working in NHS Tayside and for its</p> <p>13 handling of complaints and investigations thereafter.</p> <p>14 As a learning organisation, NHS Tayside is committed</p> <p>15 to improving services. It wishes to take whatever steps</p> <p>16 are necessary to ensure that its systems and processes</p> <p>17 are the best that they can be to provide safe, effective</p> <p>18 and patient-centred care for the population of Tayside.</p> <p>19 Thank you, sir.</p> <p>20 LORD WEIR: What I propose to do now is to invite one</p> <p>21 further statement this afternoon and that will be given</p> <p>22 by Ms Thomson on behalf of the Scottish Ministers.</p> <p>23 Those who have an agenda will be aware -- and if</p> <p>24 not, I will tell you anyway -- that that will leave for</p> <p>25 tomorrow's hearing oral opening statements on behalf of</p> <p>Page 146</p>	<p>1 participate in this Inquiry and to assist the Inquiry in</p> <p>2 its work. The Scottish Ministers recognise that</p> <p>3 legitimate questions and concerns exist regarding their</p> <p>4 responsibility to secure the effective provision of</p> <p>5 national health services in Scotland and in particular,</p> <p>6 oversight of NHS Tayside and the handling of complaints</p> <p>7 about Mr Eljamel.</p> <p>8 They welcome both the scrutiny and the opportunity</p> <p>9 for learning that this Inquiry will bring. The</p> <p>10 Scottish Ministers wish to ensure the Inquiry of their</p> <p>11 commitment to learning lessons and to taking positive</p> <p>12 steps to improve the experience of all who receive</p> <p>13 treatment and care within the NHS. Patient safety is</p> <p>14 the ministers' priority.</p> <p>15 The Scottish Ministers offer their sincere sympathy</p> <p>16 to all patients who have suffered at the hands of</p> <p>17 Mr Eljamel and wish to repeat the sentiments expressed</p> <p>18 by the Cabinet Secretary for Health and Social Care in</p> <p>19 his speech to Parliament on 29 February 2024, where he</p> <p>20 recorded his regret and sorrow that the search for</p> <p>21 answers by patients and their families had taken so</p> <p>22 long.</p> <p>23 The Scottish Ministers are therefore pleased that</p> <p>24 this Inquiry and also the clinical review intend to</p> <p>25 adopt a patient-centred and trauma-informed approach to</p> <p>Page 148</p>

<p>1 their investigations.</p> <p>2 The Scottish Ministers are grateful for the guidance</p> <p>3 issued by the Inquiry on 29 October in respect of</p> <p>4 matters that could most usefully be addressed in opening</p> <p>5 statements. Having regard to that guidance, I propose</p> <p>6 to address the following matters: I will begin by</p> <p>7 providing an outline of the remit and responsibilities</p> <p>8 of the Scottish Ministers in relation to the NHS.</p> <p>9 I will then provide a brief chronology of the</p> <p>10 Scottish Ministers' principal involvement in respect of</p> <p>11 the complaints made against Mr Eljamel. I will then</p> <p>12 address you, sir, in relation to the terms of reference</p> <p>13 of particular relevance to the role of the</p> <p>14 Scottish Ministers and in respect of which they are</p> <p>15 likely to be well placed to assist the Inquiry in its</p> <p>16 work, and, finally, I'll make certain observations in</p> <p>17 respect of matters arising from paragraph 13 of the</p> <p>18 guidance note.</p> <p>19 The remit and responsibilities of the</p> <p>20 Scottish Ministers. The Scottish Ministers are</p> <p>21 established as the devolved Government of Scotland in</p> <p>22 terms of section 44 of the Scotland Act 1998. Health,</p> <p>23 and in particular the operation and administration of</p> <p>24 the National Health Service in Scotland, are matters</p> <p>25 devolved to the Scottish Ministers.</p> <p>Page 149</p>	<p>1 for the 14 territorial and seven special health boards</p> <p>2 that collectively form NHS Scotland. Their</p> <p>3 responsibility is discharged through the</p> <p>4 Scottish Government's health and social care</p> <p>5 directorates. Directors General are responsible for</p> <p>6 families of directorates within the Scottish Government.</p> <p>7 The Director-General Health and Social Care is also</p> <p>8 the Chief Executive of NHS Scotland and has overall</p> <p>9 responsibility for the work of the health and social</p> <p>10 care directorates, with directors and senior clinical</p> <p>11 advisers such as the chief medical officer and chief</p> <p>12 nursing officer, taking responsibility for particular</p> <p>13 directorates.</p> <p>14 The Director-General delegates, through a scheme of</p> <p>15 delegation, financial responsibility for particular</p> <p>16 budgets and expenditure incurred against these budgets</p> <p>17 to individual directors.</p> <p>18 The health and social care directorates that sit</p> <p>19 within the portfolio of the Director-General and</p> <p>20 contribute to the delivery of policy for health and</p> <p>21 social care, as well as the administration of the NHS in</p> <p>22 Scotland, include the directorate of the chief medical</p> <p>23 officer, the directorate of the chief nursing officer,</p> <p>24 the directorate of the chief operating officer NHS</p> <p>25 Scotland, the directorate for health and social care</p> <p>Page 151</p>
<p>1 In terms of section 1 of the National Health Service</p> <p>2 (Scotland) Act 1978, the Scottish Ministers are subject</p> <p>3 to a statutory duty to promote, in Scotland,</p> <p>4 a comprehensive and integrated health service designed</p> <p>5 to secure, A, the improvement in the physical and mental</p> <p>6 health of the people of Scotland and, B, the prevention,</p> <p>7 diagnosis and treatment of illness, and for that purpose</p> <p>8 to provide or secure the effective provision of</p> <p>9 services.</p> <p>10 Section 1(a) imposes an obligation on the</p> <p>11 Scottish Ministers to promote the improvement of the</p> <p>12 physical and mental health of the people of Scotland.</p> <p>13 Whilst the 1978 Act provides for the establishment of</p> <p>14 individual geographical and thematic health boards for</p> <p>15 the delivery of health services to patients across</p> <p>16 Scotland, the Scottish Ministers retain ultimate</p> <p>17 responsibility for the NHS in Scotland.</p> <p>18 The Scottish Minister with portfolio responsible for</p> <p>19 the NHS in Scotland is the Cabinet Secretary for Health</p> <p>20 and Social Care. During the period since it appears</p> <p>21 concerns were first reported by NHS Tayside to the</p> <p>22 Scottish Ministers regarding the practice of Mr Eljamel</p> <p>23 in December of 2013, there have been six</p> <p>24 Cabinet Secretaries.</p> <p>25 The Scottish Ministers hold ultimate responsibility</p> <p>Page 150</p>	<p>1 finance, the directorate for health workforce, the</p> <p>2 directorate for mental health, the directorate for</p> <p>3 primary care, the directorate for population health and</p> <p>4 the directorate for social care and national care</p> <p>5 service.</p> <p>6 The Scottish Cabinet is the Scottish Minister's main</p> <p>7 decision-making body. It comprises the first minister</p> <p>8 and all Cabinet Secretaries, all of whom are bound by</p> <p>9 the Scottish ministerial code and the doctrine of</p> <p>10 collective responsibility.</p> <p>11 The primary role of the health and social care</p> <p>12 directorates in relation to Cabinet is to provide advice</p> <p>13 to the Cabinet Secretary and to draft and advise on</p> <p>14 papers going to Cabinet in the Cabinet Secretary's name.</p> <p>15 The Scottish Government's health and social care</p> <p>16 management board is the main decision-making body of the</p> <p>17 health and social care directorates. The board is</p> <p>18 accountable for the strategy and performance of the NHS</p> <p>19 and health and social care directorates, ensuring that</p> <p>20 resources are best used to respond to the priorities set</p> <p>21 by Ministers and deliver the best services possible for</p> <p>22 the people of Scotland.</p> <p>23 The permanent secretary holds the Director-General</p> <p>24 to account with the board being used as the vehicle by</p> <p>25 which the Director-General discharges their functions.</p> <p>Page 152</p>

<p>1 The Scottish Ministers are also assisted in relation 2 to matters of medical policy and clinical standards by 3 the chief medical officer. There have been four 4 office-holders during the relevant period.</p> <p>5 A brief chronology of the Scottish Ministers' 6 involvement. On 7 September 2023 the then 7 Cabinet Secretary, Michael Matheson MSP, announced 8 an Independent Clinical Review into the clinical care 9 provided to Mr Eljamel's patients and that a Public 10 Inquiry would be held in respect of the actions of 11 Mr Eljamel and the previous steps taken to investigate 12 his conduct and clinical governance issues arising.</p> <p>13 The Scottish Ministers anticipate that detailed 14 chronologies setting out the Scottish Ministers and 15 Scottish Government officials' engagement with the 16 issues under investigation by the Inquiry will be of 17 assistance to the Inquiry. They will be pleased to 18 provide detailed chronologies and associated 19 documentation under the Inquiry's direction in due 20 course.</p> <p>21 What follows is but a high level chronology of the 22 Scottish Government's involvement.</p> <p>23 On 19 December 2013, the Scottish Government 24 received formal notification from NHS Tayside that it 25 had suspended Mr Eljamel from practice following</p> <p>Page 153</p>	<p>1 On 1 November 2018, the then Cabinet Secretary wrote 2 to health boards, setting out the requirement to share 3 good practice to ensure that boards learn from each 4 other and an event was being set up to facilitate and 5 progress this.</p> <p>6 On 4 December 2018, a meeting was held attended by 7 senior representatives of the territorial health boards 8 and facilitated by Professor Craig White, then 9 divisional Clinical Lead Director of Healthcare Quality 10 and Improvement and now Associate Director of the 11 directorate, to share good practice and take forward 12 work on what would become the openness and learning 13 commission.</p> <p>14 The directorate of Healthcare Quality and 15 Improvement now sits within the directorate of the chief 16 operating officer NHS Scotland.</p> <p>17 On 18 December 2020, the then Cabinet Secretary met 18 with two former patients of Mr Eljamel to discuss their 19 concerns regarding the treatment and care provided by 20 him, together with NHS Tayside's response to those 21 concerns.</p> <p>22 On 11 March 2021, the Cabinet Secretary commissioned 23 a review of unresolved and outstanding concerns 24 regarding Mr Eljamel to be led by Professor Craig White. 25 Clinical reviews of the treatment and care provided by</p> <p>Page 155</p>
<p>1 concerns raised by 55 separate patients. This followed 2 a report provided by the Royal College of Surgeons to 3 NHS Tayside consequent to its invited review 4 in September 2013.</p> <p>5 On 24 April 2014, the Scottish Government was 6 informed that Mr Eljamel had indicated his intention to 7 retire at the end of May. He also resigned as a member 8 of the General Medical Council at the end of May 2014.</p> <p>9 Between 2014 and 2017, the Scottish Government 10 received substantial correspondence from a former 11 patient of Mr Eljamel setting out concerns he had raised 12 with NHS Tayside regarding the treatment and care he had 13 received.</p> <p>14 On 1 December 2016, the then Chief Medical Officer, 15 Dr Catherine Calderwood, met with the GMC to discuss the 16 frustrations felt by former patients that Mr Eljamel had 17 been able to voluntarily remove himself from the 18 register prior to the conclusion of a fitness to 19 practice investigation.</p> <p>20 On 1 September 2018, the then Cabinet Secretary, 21 Jeane Freeman MSP, wrote to all NHS health boards in 22 Scotland seeking confirmation from each health board as 23 to the steps they were taking as a matter of clinical 24 governance to properly handle complaints regarding 25 clinicians.</p> <p>Page 154</p>	<p>1 the two patients I have referred to were also 2 commissioned.</p> <p>3 On 10 May 2022, the report on the review of 4 unresolved and outstanding concerns was published. It 5 made a series of recommendation to NHS Tayside including 6 in respect of complaint handling and measuring the 7 effectiveness of actions taken following previous 8 reviews.</p> <p>9 Certain recommendations were also made to NHS 10 Scotland in respect of developing national guidelines 11 for consultant supervision and a national neurosurgical 12 audit programme.</p> <p>13 On 9 February 2023, the then Cabinet Secretary, 14 Humza Yousaf MSP, met with a number of MSPs to discuss 15 their constituents' concerns regarding prior 16 investigations into the actions of Mr Eljamel and the 17 calls which had been made for a Public inquiry.</p> <p>18 On 20 April 2023, the then Cabinet Secretary 19 Michael Matheson MSP, directed that an independent 20 commission led by an independent legal expert be 21 established to review, one, individual cases in which 22 patients considered they had suffered at the hands of 23 Mr Eljamel and, two, learning systems and governance 24 within NHS Tayside.</p> <p>25 On 31 August 2023, NHS Tayside published its due</p> <p>Page 156</p>

<p>1 diligence review report identifying various failings in</p> <p>2 NHS Tayside's handling of the concerns regarding</p> <p>3 Mr Eljamel.</p> <p>4 On 7 September 2023, and in light of the findings in</p> <p>5 the due diligence review report, the Scottish Government</p> <p>6 announced the establishment of this Public Inquiry and</p> <p>7 the Independent Clinical Review, replacements for the</p> <p>8 previously planned Independent Commission.</p> <p>9 Turning to the Inquiry's terms of reference, sir.</p> <p>10 The guidance issued to core participants invited them to</p> <p>11 identify those aspects of the Inquiry's terms of</p> <p>12 reference, and list of issues as updated, that are of</p> <p>13 particular importance to them or that they consider</p> <p>14 merit particular, or particularly detailed, attention on</p> <p>15 the part of the Inquiry.</p> <p>16 It is anticipated that the Scottish Ministers can</p> <p>17 best assist the Inquiry in relation to issues arising in</p> <p>18 respect of the adequacy of the reviews and</p> <p>19 investigations carried out since Mr Eljamel's suspension</p> <p>20 in 2013.</p> <p>21 Whilst the ministers are committed to assisting</p> <p>22 the Inquiry in any way they can, they're not currently</p> <p>23 aware of any information available to them relating to</p> <p>24 concerns regarding Mr Eljamel until they were advised of</p> <p>25 his suspension on 19 December 2013.</p> <p>Page 157</p>	<p>1 of issues 234 to 239 and 255 to 261, which relate to</p> <p>2 term of reference 6, and 299 to 327, which relate to</p> <p>3 term of reference 12.</p> <p>4 They also have an interest in issue 75, which asks</p> <p>5 whether Mr Eljamel held an advisory role with the</p> <p>6 Scottish Government; issue 266, which relates to</p> <p>7 NHS Tayside reporting obligations to the</p> <p>8 Scottish Government; and issue 228, which references</p> <p>9 reports made by NHS Tayside to the Scottish Government.</p> <p>10 In due course, it is anticipated that the Inquiry's</p> <p>11 attention in respect of the Scottish Ministers might</p> <p>12 reasonably be detected at two broad questions.</p> <p>13 First, could, or should, the Scottish Ministers have</p> <p>14 identified issues in respect of Mr Eljamel prior to</p> <p>15 notification of his suspension being received on</p> <p>16 19 December 2013? And, second, whether the</p> <p>17 Scottish Ministers' response to the issues once raised</p> <p>18 was adequate and timely.</p> <p>19 Moving on to matters arising from the guidance note</p> <p>20 of 29 October, sir, that note invited core participants'</p> <p>21 comments and observations on a variety of matters. In</p> <p>22 their written submission, the Ministers offer their</p> <p>23 views on the scope of the terms of reference and explain</p> <p>24 that they do not, at this time, wish to suggest further</p> <p>25 lines of investigation or propose additional issues for</p> <p>Page 159</p>
<p>1 In particular, the Scottish Ministers consider that</p> <p>2 the terms of reference upon which they are most likely</p> <p>3 to be able to assist the Inquiry are term of</p> <p>4 reference 6, to investigate the role of any other bodies</p> <p>5 which played or could have played a role in the care</p> <p>6 provided by Mr Eljamel to his former NHS patients,</p> <p>7 including but not limited to the Scottish Executive or</p> <p>8 Scottish Government relating to its overall</p> <p>9 responsibility for the NHS in Scotland, and term of</p> <p>10 reference 12, which includes an examination of all</p> <p>11 previous reviews or investigations undertaken by or</p> <p>12 behalf or on the instructions of the Scottish Executive</p> <p>13 or Scottish Government into the professional activities</p> <p>14 of Mr Eljamel during the course of his employment with</p> <p>15 NHS Tayside and to consider the adequacy and timeliness</p> <p>16 of those reviews or investigations, including the</p> <p>17 adequacy of steps taken in light of the findings and</p> <p>18 recommendations of them.</p> <p>19 A non-exhaustive list of investigations is then</p> <p>20 provided and this includes the Scottish Government's</p> <p>21 review of unresolved and outstanding concerns regarding</p> <p>22 Mr Eljamel, former consultant neurosurgeon at</p> <p>23 NHS Tayside in 2022.</p> <p>24 Having regard to the list of issues, the</p> <p>25 Scottish Ministers have a particular interest in respect</p> <p>Page 158</p>	<p>1 consideration by the Inquiry or suggest possible</p> <p>2 recommendations, but that they will keep these matters</p> <p>3 under review.</p> <p>4 In my oral submission today I wish to restrict</p> <p>5 myself to saying a few words in relation to documents,</p> <p>6 witnesses and areas where the Ministers might best</p> <p>7 assist the Inquiry.</p> <p>8 Dealing firstly with witnesses, paragraph 13(d) of</p> <p>9 the guidance note invites suggestions as to the identity</p> <p>10 of witnesses whom core participants submit the Inquiry</p> <p>11 should take written statements or perhaps hear oral</p> <p>12 evidence from and to identify the role which such</p> <p>13 individuals are expected to be able to play and the</p> <p>14 areas which and why their involvement in those ways</p> <p>15 would be beneficial to the Inquiry's fulfilment of its</p> <p>16 terms of reference.</p> <p>17 Having regards matters on which the Inquiry might</p> <p>18 best be assisted by the Scottish Ministers, it is</p> <p>19 anticipated that the Inquiry may wish to hear evidence</p> <p>20 from the following witnesses: firstly, the various</p> <p>21 Cabinet Secretaries in office during the relevant</p> <p>22 period, who might speak to the dialogue between</p> <p>23 NHS Tayside and the Scottish Government, dialogue with</p> <p>24 other key stakeholders including former patients, the</p> <p>25 decision to initiate the review of unresolved and</p> <p>Page 160</p>

<p>1 outstanding concerns, the decision to convene the</p> <p>2 Independent Clinical Review and, of course, the decision</p> <p>3 to announce this Public Inquiry.</p> <p>4 Then, the various chief medical officers in office</p> <p>5 during the relevant period, to speak to engagement with</p> <p>6 stakeholder regarding the clinical care provided by</p> <p>7 Mr Eljamel.</p> <p>8 The Inquiry may wish to hear from</p> <p>9 Professor Craig White, Associate Director of the</p> <p>10 Scottish Government's Healthcare Quality and Improvement</p> <p>11 directorate to speak to his role in relation to the</p> <p>12 review of unresolved and outstanding concerns.</p> <p>13 The Inquiry may also wish to receive evidence from</p> <p>14 the two consultant neurosurgeons to speak to the case</p> <p>15 note review of the care of two patients that was</p> <p>16 associated with the review of unresolved and outstanding</p> <p>17 concerns.</p> <p>18 Next, the various Directors General of health and</p> <p>19 social care during the relevant period, to speak to the</p> <p>20 corporate knowledge and responsibilities of the</p> <p>21 Scottish Ministers during the various period subject to</p> <p>22 inquiry. And finally, the various Chief Operating</p> <p>23 Officers of the health and social care directorates</p> <p>24 during the relevant period to speak to the corporate</p> <p>25 knowledge and responsibilities of the Scottish Ministers</p> <p>Page 161</p>	<p>1 ingather documentation that it is anticipated</p> <p>2 the Inquiry will wish to consider and in response to the</p> <p>3 rule 8 notice intimated on 10 November.</p> <p>4 However, given the large volumes of data held by the</p> <p>5 Scottish Ministers and the nature of the platforms on</p> <p>6 which such information is stored, full review and</p> <p>7 disclosure will inevitably take some time.</p> <p>8 Paragraph 13(g) of the guidance note invites comment</p> <p>9 on those aspects of the Inquiry's terms of reference and</p> <p>10 list of issues and sectional evidence plan to which core</p> <p>11 participant groups think they can contribute to the</p> <p>12 greatest extent.</p> <p>13 The Scottish Ministers anticipate their principal</p> <p>14 contributions to the Inquiry being in respect of terms</p> <p>15 of reference 6 and 12. In that context, the</p> <p>16 Scottish Ministers' main involvement is likely to arise</p> <p>17 in respect of the following sections of the Inquiry:</p> <p>18 section 1, setting the scene. In particular, the</p> <p>19 Scottish Ministers can provide evidence setting out the</p> <p>20 roles and responsibilities of the Ministers, the</p> <p>21 Cabinet Secretary, the Chief Medical Officer, NHS</p> <p>22 Scotland and the directorates for health and social</p> <p>23 care, as well as the formal mechanisms in place for</p> <p>24 sharing of information between those various parts of</p> <p>25 government.</p> <p>Page 163</p>
<p>1 during the various periods subject to inquiry.</p> <p>2 It may be, sir, that as the Inquiry's investigations</p> <p>3 progress, additional former or current Scottish</p> <p>4 Government officials will be able to assist the Inquiry</p> <p>5 with the provision of corporate statements or individual</p> <p>6 witness evidence on particular points of interest. The</p> <p>7 Scottish Ministers will work collaboratively with</p> <p>8 the Inquiry to ensure that it has access the most</p> <p>9 relevant witnesses to assist it in its important work.</p> <p>10 Turning to consider paragraph 13(f) of the guidance</p> <p>11 note which references key material which core</p> <p>12 participant groups hold, the Scottish Ministers hold</p> <p>13 substantial documentation particularly in relation to</p> <p>14 the commissioning of the review of unresolved concerns,</p> <p>15 the Independent Clinical Review and this Public Inquiry.</p> <p>16 The Scottish Ministers respectfully agree with the</p> <p>17 proposals set out within the note by counsel to the</p> <p>18 Inquiry of 10 September 2025 that disclosure should be</p> <p>19 made by reference to appropriate rule 8 requests and</p> <p>20 where necessary section 21 notices, that rule 8 requests</p> <p>21 be issued on an iterative basis, focusing on specific</p> <p>22 topics or issues.</p> <p>23 The Scottish Ministers respectfully request that as</p> <p>24 much notice as possible is given in respect of any</p> <p>25 rule 8 request. Steps have already been taken to</p> <p>Page 162</p>	<p>1 They can also provide an overview of their</p> <p>2 involvement in the various reviews that fall within the</p> <p>3 remit of term of reference 12.</p> <p>4 Section 5, corporate clinical oversight complaints,</p> <p>5 the role of the Scottish Ministers' investigations and</p> <p>6 organisational candour. In particular, the</p> <p>7 Scottish Ministers can provide detailed evidence in</p> <p>8 respect of their role and responsibilities and the</p> <p>9 investigations undertaken by, or on behalf of, the</p> <p>10 Scottish Ministers during the period from December 2013</p> <p>11 onwards.</p> <p>12 Section 6, lessons to be learned. The</p> <p>13 Scottish Ministers anticipate that, as regards their</p> <p>14 role, there may be lessons to be learned in respect of,</p> <p>15 firstly, oversight of health boards by central</p> <p>16 government and whether the level of oversight provided</p> <p>17 is adequate or requires to be increased.</p> <p>18 Secondly, the extent and effectiveness of</p> <p>19 information sharing between relevant agencies.</p> <p>20 Thirdly, whether the steps taken by the</p> <p>21 Scottish Ministers as matters were reported to them was</p> <p>22 adequate.</p> <p>23 Fourthly, whether a Public Inquiry should have been</p> <p>24 convened earlier.</p> <p>25 Fifthly, the extent to which recommendations of</p> <p>Page 164</p>

<p>1 previous reviews have been implemented.</p> <p>2 And, sixthly, the extent to which such</p> <p>3 recommendations might protect against any repeat of the</p> <p>4 issues that gave rise to this Public Inquiry.</p> <p>5 In conclusion, sir, the Scottish Ministers are</p> <p>6 grateful for the opportunity to contribute to</p> <p>7 the Inquiry's work by making this opening statement.</p> <p>8 They reiterate their willingness to work collaboratively</p> <p>9 with the Inquiry and to assist the Inquiry in fulfilling</p> <p>10 its terms of reference.</p> <p>11 Thank you.</p> <p>12 LORD WEIR: Thank you.</p> <p>13 Ms Thomson, just before you sit down, I wanted to</p> <p>14 just clarify one matter and that was whether you had any</p> <p>15 observations in relation to paragraph 13(b) or 13(c) of</p> <p>16 the guidance that was issued? It's a matter entirely</p> <p>17 for you, but I wanted to be clear whether these featured</p> <p>18 as any part of your submissions.</p> <p>19 MS THOMSON: They did, sir. I read them short, but if I may</p> <p>20 elaborate, paragraph 13 -- sorry, 13(b) -- sorry, sir.</p> <p>21 LORD WEIR: 13(b)(ii).</p> <p>22 MS THOMSON: (b)(ii), I'm sorry.</p> <p>23 LORD WEIR: 13(b)(vii), 13(b)(x), 13(b)(xi) and 13(c). Now,</p> <p>24 it may well be that that was intended to be covered in</p> <p>25 brief and I'm happy if you're content that you have</p> <p style="text-align: center;">Page 165</p>	<p>1 investigate complaints or concerns about Mr Eljamel's</p> <p>2 practice prior to 2012 and the nature of any such</p> <p>3 complaints or concerns. And the Ministers' position is</p> <p>4 quite simply that the terms of reference are</p> <p>5 sufficiently broad to allow consideration of those</p> <p>6 issues.</p> <p>7 The other subparagraphs to which you drew my</p> <p>8 attention, sir, were all matters in respect of which the</p> <p>9 Ministers' position was, ultimately, we have no</p> <p>10 suggestion to say make at this time in relation to</p> <p>11 further investigations, additional issues for the lists</p> <p>12 of issues or draft recommendations. However, we will</p> <p>13 keep those matters under review and, no doubt, it goes</p> <p>14 without saying, sir, that in the event that the</p> <p>15 Ministers wish to contribute in any way to shaping the</p> <p>16 scope of the lines of investigation, the list of issues</p> <p>17 or draft recommendations, then they won't hesitate to</p> <p>18 bring any thoughts or observations or suggestions that</p> <p>19 they have to make to the attention of your team, sir.</p> <p>20 LORD WEIR: All right, thank you very much indeed.</p> <p>21 MS THOMSON: Thank you.</p> <p>22 LORD WEIR: As I indicated before Ms Thomson addressed the</p> <p>23 hearing room this afternoon, I don't intend to take any</p> <p>24 further statements this afternoon. We will resume again</p> <p>25 at 10.30 tomorrow morning and deal with the matters that</p> <p style="text-align: center;">Page 167</p>
<p>1 covered them. I just wanted to be clear that --</p> <p>2 MS THOMSON: I'm obliged for that opportunity, sir. I chose</p> <p>3 to read them short. Paragraphs 13(b)(ii) and 13(b) --</p> <p>4 I think it was (iii) both related to the scope of the</p> <p>5 terms of reference.</p> <p>6 LORD WEIR: Yes.</p> <p>7 MS THOMSON: Sir, you have the brief comments that were</p> <p>8 offered by the Ministers in their written submission.</p> <p>9 In short, in relation to whether the remit should extend</p> <p>10 beyond Mr Eljamel's practice at Ninewells Hospital into</p> <p>11 other parts of the NHS, the Ministers' position is that</p> <p>12 it's ultimately a matter for you, sir, to interpret the</p> <p>13 terms of reference, but the Ministers would query</p> <p>14 whether work carried out work by Mr Eljamel for NHS Fife</p> <p>15 would fall within the current terms of reference, as</p> <p>16 NHS Fife were not referenced within the Inquiry's terms</p> <p>17 of reference and are not a core participant to</p> <p>18 the Inquiry. But notwithstanding that observation, it</p> <p>19 does not seem to be problematic for the Inquiry to</p> <p>20 consider the extent to which the workload within</p> <p>21 NHS Tayside was perhaps increased as a consequence of</p> <p>22 Mr Eljamel taking on work from other parts of the NHS.</p> <p>23 The other paragraph that touched on terms of</p> <p>24 reference was -- I'm sorry, it wasn't (b)(iii), it was</p> <p>25 (b)(vii), is in relation to whether the Inquiry should</p> <p style="text-align: center;">Page 166</p>	<p>1 I mentioned some moments ago.</p> <p>2 Can I thank you all for attending today, whatever</p> <p>3 your interest is in the Inquiry. As I say, we will</p> <p>4 start again with Mr Dundas addressing you on behalf of</p> <p>5 Health Improvement Scotland and NHS Education for</p> <p>6 Scotland in the morning, after which there will be</p> <p>7 a final address from Mr Dawson for you to consider.</p> <p>8 Let me, in the meantime, wish you all a safe journey</p> <p>9 home and for those who are coming tomorrow, we will meet</p> <p>10 again tomorrow, but thank you and I wish you a good</p> <p>11 afternoon. Thank you.</p> <p>12 (3.21 pm)</p> <p>13 (The hearing adjourned until 10.30 am on Thursday,</p> <p>14 27 November 2025)</p> <p>15</p> <p>16</p> <p>17</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p> <p style="text-align: center;">Page 168</p>

<div>1</div> <div>2</div> <div>3</div> <div>4</div> <div>5</div> <div>6</div> <div>7</div> <div>8</div> <div>9</div> <div>10</div> <div>11</div> <div>12</div> <div>13</div> <div>14</div> <div>15</div> <div>16</div> <div>17</div> <div>18</div> <div>19</div> <div>20</div> <div>21</div> <div>22</div> <div>23</div> <div>24</div> <div>25</div> <div>INDEX</div> <div>Housekeeping1</div> <div>Opening statement by MR DAWSON3</div> <div>Opening statement by MS CHERRY77</div> <div>Opening statement by MS O'NEILL114</div> <div>Opening statement by MS DOHERTY120</div> <div>Opening statement by MS THOMSON147</div> <div>Page 169</div>	

A				
ability 58:13 75:25 96:8	accountability 83:17 85:18 87:8,25 89:7,7 89:9,10,12 108:6 113:8	acts 37:19 actual 5:7 acute 128:20 add 27:5 added 145:3 addition 27:21 47:16 116:14 additional 9:7 41:11,14 96:21 159:25 162:3 167:11 Additionally 15:4 additions 28:11 73:9 99:2 address 3:19 12:24 13:16 15:17 17:12 18:7 29:3 49:9 62:17 72:1,21 73:1 84:25 101:24 102:24 110:7 113:24 117:7,25 120:16 125:14 125:19 129:10 134:1 139:10 139:13 147:13 149:6,12 168:7 addressed 14:2 36:5 44:4,4 52:15 54:8 56:9 64:25 125:17 149:4 167:22 addresses 135:2 addressing 17:14 124:7 168:4 adequacy 49:19 61:16 121:2 157:18 158:15 158:17 adequate 30:16 84:18 100:21 121:23 122:4	127:18 159:18 164:17,22 adequately 25:20 adhered 123:24 adjourned 168:13 adjournment 113:17 adjunct 107:9 adjust 113:21 adjustment 23:8 administration 72:8 149:23 151:21 administrative 9:25 33:23 34:2 39:2 59:12 113:19 adopt 110:14 114:6 128:12 148:25 adopting 98:12 advance 2:5,11 6:1 26:12 114:5 117:23 131:12 143:11 advanced 15:7 127:24 adverse 91:24 117:9 advice 36:25 37:1,10 66:14 66:25 116:25 152:12 advise 123:10 134:14,21 152:13 advised 134:12 140:17 157:24 advisers 36:7 151:11 advising 37:13 advisory 128:4 159:5 advocates 3:25	affect 19:18 affiliates 115:6 afforded 40:5 98:4 105:13 106:21 113:7 136:11 affording 147:24 afraid 80:21 aftermath 73:9 afternoon 13:22 14:1 113:21 146:21 167:23 167:24 168:11 agencies 41:20 164:19 agenda 2:10 15:14 17:23 120:15 146:23 ago 84:2 145:20 168:1 agree 162:16 agreed 51:2 55:7 55:16,23 56:11 56:23 71:4 119:10 agreement 18:19 29:5,9 56:11 57:9 65:23 67:10 99:10 130:22 agreements 29:14 ahead 19:12 aim 3:16 129:18 aims 5:18 54:11 albeit 142:4 alert 126:23 alerted 122:12 alerts 127:6 Alex 3:24 alive 82:7 110:2 allay 62:3 alleged 60:9,14 105:23 allergy 81:3

allocation 17:24 59:6	153:7 157:6	37:20 68:18	128:18 129:3	159:19
allow 6:18 12:10 15:11 20:12	annual 143:22	150:20	133:20 134:4	arose 46:21
24:4,19 25:6	anonymity 11:2 52:22	appended 62:9	136:8 144:18	arranged 76:2
25:11 26:3	answer 63:4 95:4	applicant 21:19 22:9,13,25	148:25	arrangements 3:14 33:9,12
39:25 49:5	answers 82:22 83:18 101:25	50:7 54:14,18	appropriate 2:22 35:24	33:19,25 36:11
54:15 56:13,16	148:21	54:21,24 55:6	36:24 37:21	42:17 58:5
56:19 57:7	anticipate 68:16 109:8 153:13	63:1,3,6,22	38:15 39:4	62:22 67:25
63:7 64:1,25	163:13 164:13	66:9,13 67:12	46:15 50:10	68:3 124:21
65:11 66:8	anticipated 12:3 22:10 32:6	68:19,21 69:15	55:17 56:10	126:15 133:24
68:21 134:18	43:24 49:9	applicants 22:7 31:21 51:2	57:23 64:24	arrive 60:1
144:8 167:5	66:6 109:21	54:15,19 57:5	70:8,10,20	arrogant 97:5
allowed 51:24 68:9 82:18,19	133:10 157:16	57:12,15 63:3	77:8 120:12	ascertained 141:9,25
allowing 11:24 36:7 68:23	159:10 160:19	66:1,20 130:23	133:6 145:9	aside 105:7
88:1 101:22	163:1	131:5	147:5 162:19	asked 7:5 9:6
143:1	anticipation 50:18	application 30:19 31:7,22	appropriately 54:8 121:23	12:19 16:21
alongside 138:2	anxious 97:16	136:2	135:9	23:19 24:5,24
altered 42:3	anyway 55:4 146:24	applications 24:11 31:5	approval 88:10	36:23 55:10
alternative 34:15	apologies 5:25 121:9 135:14	32:9	April 19:3,23	57:25 58:20
ambit 45:20 47:1 66:7,12	apologise 135:15	applies 44:3	23:1 24:16	60:11 62:22
ambitious 57:8	appalled 103:16	apply 5:11 54:23	25:11 26:18	72:21 73:1
amenable 62:4	appalling 78:14 80:7 81:18	appointed 70:18	69:14 108:19	131:13
amendment 67:7	apparent 15:25 32:20 37:2,24	appointment 28:6 70:14	154:5 156:18	asks 159:4
amount 53:4 61:10	64:13 88:7	appointments 7:25 42:8	apt 83:11	aspect 66:22
amply 18:3 23:6	141:6	45:15 72:10	area 28:4 116:13	aspects 7:9 8:22
analysing 51:13	apparently 60:5	appreciate 78:22	125:2,9 137:11	10:10,24 12:25
analysis 46:10 60:15 93:6	appear 3:23 13:13 17:20	appreciated 90:2 110:21	137:12 138:5,8	24:20 27:15
and/or 9:13 10:6 28:13 103:5	49:25 50:17	132:17	138:12	44:14 48:12
142:13	56:24 60:4,8	appreciates 78:10	areas 10:19 11:6	49:24 63:20
angry 107:6	60:22 61:19	approach 6:18 10:25 11:12	11:11 41:14	77:2 116:2
Angus 124:25	65:8 77:13	12:7 18:14	45:7,13,23	157:11 163:9
Annex 119:9	88:11,12	46:16 52:22,25	71:13,15	aspirations 11:20 41:4
announce 161:3	120:20 127:1	53:3 54:9	119:16 124:7	asserted 8:25
announced 10:4 10:16 19:4	appeared 23:2 36:14 66:3	61:18 63:5	125:3 135:25	assertions 9:4
20:15 57:1	appears 36:1	73:17 74:12,21	143:19 160:6	63:15 110:13
85:24 107:2		75:20 98:12	160:14	assess 119:12
		123:23 124:13	arisen 101:25	139:16
			arising 1:18 2:9	assessed 24:11
			23:17 48:4	assessing 115:23
			66:14 69:25	assessment 36:11 42:6
			89:5 128:7	56:22 59:5,12
			129:12,21	59:24 60:3
			145:15,23	68:16 123:1
			146:2 149:17	
			153:12 157:17	

136:12 assigned 70:15 assimilated 63:9 assist 5:8 23:9 50:20 62:23 70:12 73:11 106:4 119:21 120:4,11 136:18 142:12 142:23 148:1 149:15 157:17 158:3 160:7 162:4,9 165:9 assistance 10:1 10:9,14,23 11:1 27:17 30:15 34:5 55:17 85:10 117:20 119:20 124:10 134:8,9 134:11,20,23 140:4,25 142:20 153:17 assistant 28:7 assisted 147:17 153:1 160:18 assisting 123:20 134:17 157:21 associate 94:25 126:12 155:10 161:9 associated 35:14 72:5,17 108:4 153:18 161:16 associates 115:6 Association 47:11 130:24 131:9 assume 38:20 66:19 assumed 98:21 assumption 35:6 assumptions 59:13 61:16 assurance 116:6 116:11 128:9	136:5 assurances 108:23 assure 128:22 assured 67:23 68:5 attempt 136:18 attempted 101:12 attend 105:22 attendance 3:7 6:7 18:4 67:21 104:21 attended 1:7 13:4 155:6 attending 2:21 4:8 25:22 168:2 attention 7:13 8:24 11:9 23:9 39:10 43:10 112:6 136:15 157:14 159:11 167:8,19 attitude 83:4,6 audit 156:12 August 126:3 156:25 authorities 83:4 83:14 autumn 19:24 20:14 108:21 avail 33:24 availability 40:21 available 4:14 18:25 19:22,23 34:8 41:13 46:10 51:22 59:2 60:7 61:10 67:13 71:17 76:5,15 92:20 107:10 112:9 138:20 142:4 157:23 avenue 107:4	average 102:13 102:15 avoid 5:16 89:5 avoided 23:4 100:24 avoiding 83:6 122:21 aware 18:17 24:18 28:20 30:1 32:1 56:18 88:11 118:20 137:7 141:11 144:9 146:23 157:23 awareness 101:3 117:2 136:2 awe 94:10 <hr/> B <hr/> b 21:17 30:8 31:15 90:7 119:9 150:6 165:22 166:24 166:25 baby 80:17 back 20:5,12 61:1 80:20 81:9 96:1 108:10 114:10 134:3 background 45:10 71:19 114:17 bad 80:14 badly 81:6 balance 20:18 20:23 21:6 28:25 39:5 Barr 28:8 base 59:16 based 11:10 17:23 28:2 36:13 60:6,18 68:23 74:22 112:8 basic 101:2	basically 87:1 basis 8:10 16:6 21:14 38:6 75:22 111:13 144:16 162:21 batch 57:20 62:6 BBC 47:13 bear 49:18 bearing 26:23 49:14 beggars 103:22 beginning 96:1 begun 51:12 112:22 behalf 2:20 5:17 13:6,13,21 14:1,19,23 15:2,17 17:21 37:3,19 38:16 40:25 51:21 53:24 58:3 62:5 65:18 69:19 85:12 99:6 113:13,25 114:3,13 120:17,21 123:15 141:4 146:22,25 147:3,13 158:12 164:9 168:4 behaved 97:3 behaviour 78:14 78:17 93:21 97:17 101:4 110:8 behaviours 126:18 belief 103:22 121:16 believe 87:7 88:17 92:5,10 92:15 93:19 106:1 believes 43:15 144:17	beneficial 9:16 160:15 benefit 11:8 27:4 67:21 85:11 100:6 139:22 benefited 28:5 55:20 bespoke 2:24 74:21 best 3:12 13:2 21:6 75:25 92:24 101:20 123:10 133:1 146:17 152:20 152:21 157:17 160:6,18 betrayal 82:18 better 7:17 9:1 64:9 119:15 126:7 129:15 beyond 5:5 7:19 7:25 9:25 10:4 10:15 22:2 26:25 29:20 31:6 51:11 71:1 97:9,20 166:10 bid 76:8 bit 114:17 blacklisted 103:7 110:13 bladder 81:7 Blair 13:24 147:18 bleep 105:24 blind 89:10 blindness 81:14 blows 81:22 board 32:22 35:4,11,11,22 36:16 37:1,3,9 37:13,19,22,25 39:6,9 89:24 103:17 111:14 124:8,16,17,22
--	--	---	---	--

124:23 125:3 137:8,12,19,21 152:16,17,24 154:22 board's 36:1 boards 72:9 119:8 124:18 125:10 137:15 150:14 151:1 154:21 155:2,3 155:7 164:15 bodies 9:2 31:5 31:23 43:10 47:22 72:10,16 72:17 73:11 76:3 117:5,14 158:4 body 23:5 33:9 71:16 124:22 132:1 135:10 152:7,16 body's 110:23 bond 82:16 bone 81:9 book 112:12 books 103:18 104:3 140:18 140:22,24 141:9,12,16 142:2 borne 30:14 65:6 botched 79:17 bottom 105:8 bound 152:8 brain 81:11,13 105:16 breach 135:7 breaches 124:12 135:6,19 break 3:15,16 5:24 44:11,17 44:20,23 109:10 114:10 breaks 18:5 brevity 94:21	brief 3:18 149:9 153:5 165:25 166:7 briefly 95:9 124:16 bring 49:17 148:9 167:18 brings 35:12 British 47:11 62:20 broad 8:14 11:17 12:12 20:12 26:11 34:12 39:3 45:15,20 47:1 49:2,4,14 52:1 136:20 159:12 167:5 broadly 10:24 21:15,16 34:1 133:24 broken 79:24 86:11 101:22 109:21 brought 43:9 82:8 88:22 99:13 112:6 144:6 budgets 151:16 151:16 build 123:12 129:1 building 4:10 40:2 built 74:18 136:24 bullying 61:24 101:4 burden 22:22 business 80:11 busy 41:2 <hr/> C <hr/> C 30:10 119:9 Cabinet 1:19 14:8,11 63:18	64:17 65:18 66:11 67:6,23 68:5 85:23 86:17 148:18 150:19,24 152:6,8,12,13 152:14,14 153:7 154:20 155:1,17,22 156:13,18 160:21 163:21 Calderwood 154:15 call 48:25 104:19 called 4:18 22:9 38:17 46:7 50:2 52:11 83:24 91:7 104:25 calls 84:3 156:17 Cameron 3:25 28:6 campaign 84:8 campaigned 83:23 Campaigners 83:24 campaigning 47:15 48:15 49:22 Campbell 102:10 cancellation 108:17 candidate 80:1 candour 8:14 48:17 72:2 87:11 101:6 120:2 164:6 capabilities 42:7 capacities 16:25 capacity 14:5,8 14:8,12 16:14 16:17,18,24 36:1 65:19	147:21 captured 92:19 102:20 care 1:20 14:11 35:19 41:17 71:22 85:24 86:6 87:14 92:13,24 101:19 102:25 112:1 115:8,9 117:3,15 122:6 125:8,8,8 129:14 130:15 142:20 146:5 146:18 148:13 148:18 150:20 151:4,7,10,18 151:21,25 152:3,4,4,11 152:15,17,19 153:8 154:12 155:19,25 158:5 161:6,15 161:19,23 163:23 career 27:11 45:16 115:11 careers 115:23 116:1 careful 106:14 carefully 41:11 123:14 124:2 carried 81:11 101:1 105:20 118:18 141:13 157:19 166:14 carry 105:24 119:6 case 4:22 14:3 34:18 54:17 56:3 58:8 59:14 76:13 97:8 98:23 107:5 111:13 111:13 147:10 161:14	case-by-case 144:16 cases 5:6 22:7,25 34:24,24 37:16 49:3,10,12,13 50:17,18 51:15 51:16,20,23,25 54:23,25,25 55:1,2,6,13,14 56:1,15,23,24 56:25 57:3,11 57:16,17,20,22 57:25 58:21,25 59:7,8,11,14 59:20 60:2,4 60:16,23 61:4 61:5,7,12,19 62:6 69:16 98:18,23 99:2 107:6 121:19 133:11 145:2 156:21 Cat 13:18 120:21 categories 49:2 50:6,25 category 57:23 62:10 Catherine 154:15 cause 33:9 58:11 132:23 caused 2:19 117:18 cautious 100:8 central 4:6 34:13 37:12,16 37:18 120:22 128:17 164:15 centre 12:10 23:11 centred 78:25 certain 34:2 35:12 36:5 38:11 50:16 52:10 118:5
---	---	--	--	--

125:5 149:16 156:9 certainly 74:25 chain 105:3 chair 2:18 6:15 9:20 31:2 53:18 59:10 62:13 88:23 109:6 112:25 113:3 117:24 141:4 challenge 143:21 challenged 81:23 88:11 challenging 3:6 93:21 change 20:16 21:5 22:4 110:4 changed 79:14 138:18 changes 116:10 122:8,11,20 123:5 129:18 145:20 chapter 85:8 95:8,17 101:10 106:5 109:15 109:15 124:15 125:14 130:4 134:7 135:6 136:7 144:2 chapters 84:25 124:6 charged 49:15 charitable 28:3 charity 76:16 115:1,2 charter 114:19 chauvinist 97:5 Cherry 13:12,16 21:20 77:5,10 77:11,12 85:16 109:14 169:6 chief 105:2,3	135:19 151:8 151:11,11,22 151:23,24 153:3 154:14 155:15 161:4 161:22 163:21 child's 107:18 children 76:18 80:10 chipped 81:9 choice 74:19 choices 91:2 chose 166:2 chosen 83:3 Christine 15:1 chronologies 153:14,18 chronology 149:9 153:5,21 Circle 47:12 50:23 circulated 2:5 2:11 12:19 52:17 circulation 1:24 circumstances 23:24 61:19 84:11 104:2 106:1 133:8 144:15 citing 111:8 City 124:25 civil 27:11 110:23 111:5 124:13 144:3 claim 144:5,17 claiming 103:2 claims 61:23 110:16 124:13 144:3,12 Clair 28:7 clarification 17:21 33:5 36:23 38:23 98:25 133:25 134:2,3	clarified 32:25 35:5 37:9 38:9 66:15 67:5,14 91:4 131:18 clarifies 33:21 clarify 16:16 165:14 clarity 12:14 13:2 19:15 24:22 36:21 39:6 59:19 64:14 65:1 66:3 67:3 75:11 98:17 clear 5:6 24:4 28:24 35:2 36:10 63:15 64:7 81:1 84:12 94:21 128:1 147:20 165:17 166:1 clearer 47:23 clearly 23:10 107:5 client 58:16 clients 12:10,23 15:18 41:4 51:22 58:4 59:3 65:24 66:5,12 clients' 11:19 58:21 59:3 clinical 2:19 8:18 14:10,13 15:5 18:12 20:3 21:11 42:24 43:2 44:2 48:3,4,8 48:21,22 49:4 49:18 51:24 53:7 55:12 60:2,10 61:7 61:19,21 62:1 72:5,11,13 85:6 91:15 92:20 93:2,3	93:22 98:19 99:9 100:5,8 100:10 102:20 106:7,19,20 107:1,8,24 108:7 115:17 116:1,5 117:2 118:18,24 119:23 120:6 121:24 122:9 122:13 124:11 125:22 126:12 126:14 129:6 129:16 130:24 131:9 134:8 136:6 142:19 145:17 147:3 148:24 151:10 153:2,8,8,12 154:23 155:9 155:25 157:7 161:2,6 162:15 164:4 clinically 21:15 52:2 53:11 60:5 clinician 105:20 clinicians 41:16 81:25 87:1,19 88:16,24 95:12 129:18 154:25 clinics 42:15 142:16 close 79:20 88:15 136:12 closely 124:1 132:20 closure 137:2 clues 92:2 code 118:14 152:9 cohort 58:17 134:21 135:5 collaborates 114:23 collaboration	24:23 74:20 75:11,24 collaboratively 123:21 162:7 165:8 colleagues 12:23 17:24 20:8 28:11 61:25 88:10 93:17 100:20 118:25 126:18 collective 152:10 collectively 127:2 151:2 college 2:15 14:24 47:8,9 102:7 105:14 113:25 114:3 114:14,18,19 114:24,24,25 115:3,3,7,15 115:19 116:2,7 116:10,14,20 117:11,21,25 118:2,4,6,10 118:14,16,17 118:19,23 119:1,6,14,20 120:4,8,11 154:2 college's 115:13 116:5,15 colleges 114:21 117:5 colloquial 92:11 come 4:19 61:4 61:7 73:24 79:20 81:21 103:14 113:24 134:3 137:18 comes 90:14 109:25 comfortable 133:2 comforted 106:24 108:2
--	--	---	--	---

coming 109:6,15 112:14 114:10 168:9	116:8,11,12 136:6	8:12 45:12,13 48:14 49:20	comprises 77:20 152:7	157:24 158:21 161:1,12,17
command 105:4	common 84:13 84:16 100:17	50:9,14,21 61:11,12,12	comprising 30:25 115:5	162:14 167:1,3
commence 43:21 56:17 66:10 68:12	commonly 124:17	72:14 78:16 102:3,8,13,14	compulsion 17:5	conclude 112:13
commenced 57:19 76:2	communicate 3:1 73:23 75:20	102:24 110:15 118:8 121:21	concept 35:25	conclusion 109:6 129:4
commencing 19:22 26:17 50:11	communicated 73:19 141:20	122:17 127:11 138:14,16,17	concern 22:3 33:8 99:15	144:21 147:11 154:18 165:5
comment 40:9 73:14 89:21 163:8	communication 63:17 74:5 87:10 101:5 128:14 134:13 145:7	146:13 148:6 149:11 154:24 164:4 167:1,3	103:4 105:17 105:22 108:7 109:13 117:13 132:19	conclusions 123:6 126:13
commenting 120:5	communities 86:4	complete 22:24 68:24 69:15 82:15	concerned 18:16 21:23 32:18 38:11 45:4 56:12 63:19 67:12 90:10 99:20 106:11 109:20 110:18 110:18	concurrently 138:1
comments 124:12 136:8 136:17 159:21 166:7	community 119:5	completed 22:15 41:25 42:2 46:20 63:7 68:4,22 69:3,4 71:7	concerns 8:11 8:12 16:15 21:20 33:9 39:12 54:7 61:3 62:3 84:16 85:20 86:5,8 87:2,6 87:12,15 89:12 90:1 93:22 94:12 95:14,15 101:3,24 102:4 103:8,25 105:12 106:12 107:21 110:12 119:12 121:21 121:24 122:13 122:16,17 125:21 127:20 127:25 128:18 129:1,2,16 138:14,22 144:25 145:5 148:3 150:21 154:1,11 155:19,21,23 156:4,15 157:2	condescending 83:6
commission 155:13 156:20 157:8	compassion 113:4	completeness 41:19		condition 82:2 92:13 96:19
commissioned 135:20 155:22 156:2	compel 104:20 107:11	completion 47:24 55:19 57:10 58:4 63:21		conditions 100:19
Commissioners' 135:9	compelling 134:24	complex 55:25		conduct 26:10 88:11,13 101:12 109:23 109:25 115:17 118:14 153:12
commissioning 162:14	compensated 111:16	complexities 56:6		conducted 62:18 139:5,8
commissions 125:5	compensation 111:8,23	complexity 55:14		conducting 119:8
commitment 2:25 11:23 12:1,13 74:2 75:25 148:11	competence 115:17	compliance 41:21 42:23 43:6 95:5		confidence 76:11 89:1 110:5,6 112:25 122:2,6 123:12 135:18 145:11
commitments 91:24	compilation 52:5 57:19 58:24 59:10 63:5	complications 80:7		confident 112:22
committed 74:5 74:23 75:19 104:16 113:5 123:20 142:7 144:14 146:14 157:21	compiled 51:25 compiling 52:6 62:7	comply 20:25 104:8		confidential 5:1 130:14
committee 106:2	complain 61:9 complaint 51:22 61:16 105:19 106:1 156:6	component 138:4 compounded 135:17 comprehensive 136:10 150:4		confirm 131:14 confirmation 133:18 143:4,6 154:22 confirmed 66:11 131:6 134:1 conflict 36:14 105:18 117:8 133:10 confused 16:18

35:21 97:16 connect 128:11 connected 11:6 63:21 76:1 97:23 connection 8:17 35:16 38:16 52:18 53:18 73:21 76:13 103:13 105:25 131:16 133:17 133:22 141:11 conscious 77:6 consent 42:5 54:25 55:2,13 60:12 72:2 100:18 consented 101:1 consents 54:24 82:11 consequence 166:21 consequences 39:2 97:10 consequent 96:21 111:24 154:3 consider 9:8 22:6 26:18 29:13 31:5 34:15 35:7 46:13 70:17,24 92:5 93:12,19 95:11 103:10 112:11 125:23 143:10 157:13 158:1,15 162:10 163:2 166:20 168:7 considerable 27:16 28:12 39:19 consideration 8:21 38:14 69:23 139:22 160:1 167:5	considerations 20:20 21:9 26:4 39:1 considered 10:18 11:7 41:10 59:10 75:17 126:14 127:2,14 129:20 132:8 142:11 156:22 considering 70:16 73:8 85:19 132:18 144:1,16 considers 23:23 120:12 129:15 133:5 136:14 137:16 139:20 consistent 122:18 129:3 136:2 consistently 63:24 123:11 128:9 constant 20:22 79:23 constantly 20:18 constituents' 156:15 constituted 124:22 constitutes 119:25 constrained 94:24 constraints 16:9 94:19,22 95:4 constructively 3:1 40:25 consultant 68:2 71:21 121:1 156:11 158:22 161:14 consultants 42:1 115:12 consultation	1:23 18:13 25:24 39:14 40:3 46:22 73:16 74:9,11 75:18,22 76:14 89:19 consulted 79:9 98:13 99:1 contact 73:24 129:1 contacting 134:11 contain 5:20 54:22 95:25 142:19 contained 63:9 103:19 136:13 138:18 140:19 140:25 142:1,2 containing 72:20 contains 54:18 74:11 92:9 95:22 114:8 115:7 contemplated 36:2 contemporane... 94:8 140:8 contemporane... 42:2 content 22:16 69:1 165:25 context 25:4 45:8 46:5 47:4 61:21 163:15 contextual 114:16 continue 5:15 24:15 27:25 31:4 51:1,8 62:22 78:19,24 87:20 88:2,13 89:11 93:7 101:23 102:23 110:10 146:1	continued 54:10 77:25 84:6 95:13 102:25 continues 28:15 29:13 87:4 110:14 continuing 97:14 continuously 87:18 116:17 contract 66:16 67:7 contracting 80:4 contraction 80:8 contracts 65:9 contrary 110:14 contribute 9:19 10:13 11:16 15:11 18:2 24:5,24 40:1 40:11 57:25 59:15 119:18 146:10 151:20 163:11 165:6 167:15 contributed 91:24 103:10 117:18 contributing 16:10 103:11 contribution 10:14 25:7 75:16 77:1 contributions 5:14 7:7 11:20 12:5 24:6 25:25 40:17 41:10 73:20 75:18 163:14 contributor 5:20 control 6:17 22:3 29:7,20 controversial 60:5 controversy 46:9	convene 161:1 convened 164:24 convenient 77:8 coordinating 27:19 117:1 coordination 72:14 128:17 copy 54:1 140:18 core 1:15 2:8,13 4:7,11,12,17 6:10,12,19,19 7:5,11,12,16 8:4,17,23 9:6,8 9:12,21 10:2,5 10:12,18,21,25 11:4,7,10,15 11:18,24 12:9 12:17,23 13:5 13:11,11 14:5 15:8 16:7,12 16:17 17:11,16 18:9 20:9 21:10 24:8,12 24:19,24 25:2 25:6 26:6,25 27:6 29:25 30:7,18,20,24 31:3,6,7,9,13 31:20,24 32:11 33:2,10,16 39:25 40:5 41:1,7 43:21 43:25 46:2,22 51:5 54:2,4,5 55:20 57:24 62:5 70:18,19 71:7 72:22,23 73:1,5,15,20 74:8 75:12,15 77:1,14,24 94:16 116:16 117:22 119:17 134:5 137:22 143:8 147:21
--	---	--	---	--

147:24 157:10 159:20 160:10 162:11 163:10 166:17 corporate 17:8 43:2 46:17 72:13 129:7 143:17 161:20 161:24 162:5 164:4 correct 35:6 correctness 61:17 correspondence 154:10 cost 79:6 Cotton 130:10 Council 34:21 47:10 90:22 118:12 154:8 counsel 2:5,13 3:23 12:18 28:6 33:3,13 35:18 38:15,23 38:24 54:1 59:1 64:19 73:12 77:18 88:23 91:3 94:15 95:1 98:14,16 99:6 104:24 106:24 108:3,9 109:2 110:23 112:25 113:3 130:21 131:6,13 133:14,14,23 136:8 137:9 143:3,7 147:19 162:17 counsel's 13:1 counselling 76:17 counselors 76:7 couples 76:18 course 11:13 15:14 18:3	20:10 21:25 22:9,19 23:12 36:6 40:16 47:21 50:5 52:9 56:14 70:23 75:9 81:10 84:1 90:2,20 91:22 92:21 93:8,15 94:16 95:2 100:11 104:5 104:16,20 106:8 107:8,24 108:19 147:6 153:20 158:14 159:10 161:2 courses 115:25 court 144:7 courtesy 3:9 cover 6:21 7:5 10:20 32:4,8 44:15 47:18 55:10 66:19,19 cover-ups 83:20 83:20 covered 3:5 31:14 41:9 45:23 46:25 47:3 66:8,17 93:18 165:24 166:1 covering 6:7 55:13 covers 143:19 COVID-19 18:19 20:9 CPs 9:25 Craig 155:8,24 161:9 create 74:20 created 57:3,5 59:25 creating 125:20 creation 51:14 90:15 criminal 110:23	criminality 111:1 critical 86:3 criticism 96:22 criticisms 90:12 90:13 CTI 13:15,20 15:10,18,24 40:16 52:17 65:13 culture 125:20 current 13:25 28:3 31:11 32:15,21 33:23 34:9 35:3 37:6 37:10,23 39:7 51:19 118:7 131:11,15,21 132:5,11,15,22 132:25 133:7 133:16,21 162:3 166:15 currently 17:6,9 21:13 59:22 94:19 157:22 cut 5:23 CVs 71:9 <hr/> D <hr/> D 169:3 daily 96:13 damaged 111:15 damages 144:5 144:12 Dan 27:23 daring 82:22 103:8 dark 79:20 data 56:7,11,16 56:21 57:9 58:9 68:15 102:25 124:11 135:6,7,10,13 135:19,23 136:1 163:4 date 100:16	111:14 113:5 124:21 dated 39:20 102:7 126:3 131:17,19 132:12 133:19 140:23 dates 18:8,15 114:18 David 13:24 147:18 Dawson 2:12 3:19,19,21,22 3:22 44:13,14 44:23 77:4 147:5 168:7 169:5 day-to-day 75:22 days 12:6 17:25 103:15 deadline 143:15 143:25 deadlines 23:15 24:10 deal 40:21 109:5 167:25 Dealing 124:15 160:8 dealt 135:8 deaths 27:13 decade 84:2 145:20 deceased 96:20 deceit 83:18 December 73:15 102:8 143:16 143:25 150:23 153:23 154:14 155:6,17 157:25 159:16 164:10 decided 127:20 decision 19:11 90:16,18 160:25 161:1,2	decision-maki... 127:15,18 139:23 146:11 152:7,16 decisions 16:13 20:25 29:15 60:6 128:2 dedicated 29:1 deemed 9:9 16:22 39:17 deeply 142:6 defective 53:15 defence 34:20 34:22 defensive 110:15 deficiencies 117:17 defined 38:8 60:10 degree 37:21 114:8 delay 4:24 20:4 25:10 58:12 68:7 108:2 135:4 137:23 delayed 1:3 delaying 24:16 delays 22:6 29:19 50:11 84:7 99:5 108:24 delegated 127:16 delegates 151:14 delegation 151:15 deliberately 39:25 107:23 deliver 13:21,25 152:21 delivered 13:7 53:24 85:21 delivers 123:13 125:6 delivery 125:7 150:15 151:20
---	--	--	--	--

demand 7:4	detail 9:7 39:22	124:20 129:23	disappointed	132:24 135:17
demanded 21:24	53:2 99:4	142:5 145:19	107:6 108:17	144:22 145:3
demands 47:3	detailed 2:6 7:13	differing 43:1	disappointing	distressing
68:10	39:18 40:9	difficult 3:5	65:15	86:14
demonstrably	41:3,24 46:9	20:23 22:11	disaster 83:8	distrust 121:14
145:19	47:2,4 65:9	58:18 99:25	disbanded 116:9	132:17
denied 111:7	118:24 136:9	121:8	discharge 91:6	distrustful
dental 115:8,25	136:15 139:3	difficulties 99:3	discharged	110:11
department	139:22 153:13	102:23 106:20	151:3	diverges 133:9
9:24 141:10	153:18 157:14	difficulty 107:14	discharges	divisional 155:9
dependent 21:3	164:7	diligence 61:11	152:25	doctors 93:21,24
28:22	details 39:12	86:10 124:8	disciplinary	doctrine 152:9
deputy 27:11,23	51:19 57:10	125:15 126:1	118:15,16	document 39:21
75:23	68:3 88:15	139:7,16,25	disclose 71:11	45:19 48:18
derived 50:6	detect 53:13	145:6 157:1,5	disclosed 53:5	72:17 136:12
describe 42:3	126:20	direct 21:17	71:7 72:21	documentation
83:3,11 97:5	detected 92:3	26:23 118:1	143:8	107:12 126:2
97:12,15	159:12	directed 66:21	disclosure 24:8	128:1,7 141:22
described	determine 39:23	156:19	24:13 47:16	153:19 162:13
123:16 144:6	90:9 110:22	direction 153:19	53:1 71:3	163:1
describes 79:12	determined 21:6	directly 25:15	143:17 162:18	documented
81:18 97:6	90:3	124:3,10	163:7	127:19
description 1:14	developed 22:20	125:11 130:5,7	discovered	documents 10:8
deserve 23:25	44:6 129:10	director 126:12	103:17 140:17	16:23 17:7
designated 31:6	136:4	129:5 130:10	discretion 144:7	24:8 34:11
designed 20:6	developing	155:9,10 161:9	discretionary	46:18 47:19
22:21 23:11	156:10	Director-Gene...	21:7	104:11 105:1
45:8 56:10	development	151:7,14,19	discuss 154:15	140:2,3,7,13
75:23 84:17	19:18 27:18	152:23,25	155:18 156:14	140:14 141:23
86:20 87:24	developments	director-led	discussing 93:24	143:18 160:5
107:8 150:4	12:18 28:3	127:7	discussions	Doherty 13:18
desirable 37:4	devices 42:12	directorate	64:12 88:7	13:20 14:2
despite 63:15	100:22	151:22,23,24	dishonesty	113:13,14
81:1 87:8,15	devised 39:25	151:25 152:1,2	87:11	120:16,18,19
110:13	65:11	152:2,3,4	dismay 97:7	120:20,20
destroy 104:5,9	devolved 149:21	155:11,14,15	dismissive 83:6	169:8
141:3	149:25	161:11	displayed 83:5	doing 12:11
destroyed	diagnoses	directorates	disposition 83:2	109:8
103:20 105:1,4	121:16	151:5,6,10,13	83:10	Donald 102:10
105:9 107:17	diagnosis 150:7	151:18 152:12	disseminated	doubt 38:14
107:23 140:7	dialogue 160:22	152:17,19	73:14	138:24 167:13
140:15,21	160:23	161:23 163:22	distance 37:21	DPIA 57:10
141:9,16 142:1	dictated 59:21	directors 151:5	distinction	Dr 130:10
destruction	died 96:16,18	151:10,17	131:23	154:15
104:7 140:14	diet 109:4	161:18	distress 96:21	draft 55:19
141:2,13,23	different 54:22	directs 6:15	97:11 121:13	66:13 72:19

120:5 143:2,17 152:13 167:12 167:17 drafted 65:13 73:10 drafting 52:14 73:13 draw 64:7 drawer 107:19 drawing 79:7 drawn 116:19 drew 167:7 due 11:13 15:14 19:20 21:25 22:19 36:5 40:16 44:10 47:21 52:9 58:9 61:11 75:9 86:10,23 87:2 93:8,15 103:5 104:20 124:8 125:14 126:1 139:7,15 139:25 145:6 153:19 156:25 157:5 159:10 Dundas 14:18 14:22 168:4 Dundee 7:22 15:20 16:1 42:22 47:7 93:20 94:9,16 97:24 124:25 136:24 137:1,4 137:6 138:2 duties 72:2,6,16 125:5 duty 58:21 70:12 120:2 150:3 dying 82:4	60:20 95:1 98:15 99:7 106:25 164:24 early 22:9 56:14 57:6 60:6 68:22 69:4 81:16 122:12 128:25 economy 18:18 21:9 Edinburgh 1:7 2:15 4:7 14:24 18:21 47:9 80:22 113:25 114:4,14,20 115:4,16 118:17,23 119:21 education 2:16 14:20 47:8 96:9 115:22 147:1 168:5 educational 116:16 educators 117:4 effect 60:21 103:7 effective 75:19 146:17 148:4 150:8 effectively 127:22 effectiveness 93:8 125:22 156:7 164:18 effects 8:1 20:4 89:15 96:24 efficient 15:11 63:7 efforts 112:17 egregious 60:9 either 64:22 70:6 elaborate 165:20 elected 88:12	106:18 electronically 138:19 eligible 140:14 Eljamel 4:1 8:4 13:8,9 30:21 41:18 42:12 43:9,12 45:16 48:23 49:19 50:16 58:17 71:20 75:1 77:15,22 78:12 79:11,22,25 80:12 81:1,5 81:11,19,21 82:2,3,8 83:12 84:14 85:3 86:23 87:3,13 87:16,18,21 88:1,6,8 89:11 91:9 92:7,10 92:16 94:10 95:14,18,23 96:14,21 97:2 97:7,11 101:12 101:16,23 102:9 103:6,12 105:21 106:3 107:18 109:23 111:15 112:7 112:16 117:15 118:2,3,15 121:1,6,11,12 122:3,4,8 124:14 126:3 126:17,22 127:5 130:6,18 132:18 134:21 135:5 137:3,7 137:10,17,25 141:12,17,22 142:15 144:3 144:10,13,23 144:25 145:14 146:7,12 148:7 148:17 149:11	150:22 153:11 153:25 154:6 154:11,16 155:18,24 156:16,23 157:3,24 158:6 158:14,22 159:5,14 161:7 166:14,22 Eljamel's 7:15 7:20 8:2,11,15 8:18 42:6,12 42:15,19,21 43:5 48:5 60:17 62:1 78:1 79:7,13 82:6 83:19,25 91:23 93:3,6 93:17 94:1 96:24 97:18,21 100:14 102:4 103:19 105:22 110:8 111:6 118:8,24 119:4 121:24 125:17 127:15,17,23 128:15 129:24 136:19,21 137:5,24 138:5 138:7,10,15,23 139:2,9 140:19 145:8 153:9 157:19 166:10 167:1 emanating 20:2 emerge 49:10 100:14 emerged 48:3 emergency 115:9 emerging 49:4 127:8 emotional 96:7 empathy 113:4 emphasis 3:11 107:3	emphasise 102:21 emphasised 46:3 92:18 100:11 employed 88:24 142:10 employee 37:7 employee's 133:8 employees 32:15 32:21 33:24 34:9 35:3,20 37:11,23 39:8 88:16 101:18 103:21 110:20 131:11,16,21 132:5,7,11,16 132:22,25 133:17,21 139:20 employers 118:25 employment 60:17 127:23 129:24 137:17 158:14 empowerment 74:20 75:24 enable 31:2 54:7 56:18 65:9 69:2,5 75:24 130:1 enabled 30:7 90:20 109:24 enabling 92:23 encountered 29:20 encourage 111:18 encouraged 92:10 100:9 encroaches 77:7 endeavour 19:15 endure 78:24 endured 78:24
---	---	--	---	---

79:3 enduring 121:13 engage 3:1 25:2 25:14 28:15 65:16 67:5 75:6 76:4 100:9 engaged 66:4 74:24 116:22 117:5 134:13 engagement 11:14 15:25 16:5 26:2 27:20 28:1 30:10 74:15 75:5 118:1 134:14 153:15 161:5 engages 74:7 engaging 29:8 England 102:7 105:14 114:24 118:19 enquire 43:18 enquiry 52:14 ensure 20:22,24 35:20,24 55:10 56:3 85:17 87:23,25 91:15 94:4 102:1 116:15 122:3 122:12 123:23 128:17 130:2 141:22 146:16 148:10 155:3 162:8 ensured 36:24 122:15 ensuring 41:21 62:14 128:1 142:7 152:19 entered 18:18 entering 146:8 entirely 26:14 29:16 113:19 165:16	entitled 83:2 112:7 environment 117:6 epilepsy 81:14 equal 98:23 equally 22:15 31:10 86:2 111:3 eroded 122:2 135:18 error 135:12 141:24 142:6 errors 117:10 escalated 141:7 escalating 122:13 essential 98:6 Essex 27:14 establish 85:17 106:10 established 25:12 114:19 120:25 124:19 136:23 149:21 156:21 establishment 1:13 83:23 128:4,24 150:13 157:6 estimated 140:21 ethics 71:25 Euan 13:13 77:13 Europe 80:13 evaded 87:7 evaluate 135:20 evasive 97:5 evasiveness 87:11 event 5:19 58:24 155:4 167:14 events 42:2 76:14 113:21 121:18 126:14	128:13 129:20 145:13 eventually 106:9 evidence 3:12 9:13 10:20,22 16:21,22 17:3 20:1,2,11 21:17 23:5,9 23:13 24:5 25:3,9,22 26:21 34:7 38:18 39:7 43:20 44:7 45:5,7,14,15 45:17,18,22 46:4,7,10,14 48:2,2,6,21 49:1,10,17 50:1,6,8,10 52:1,5,7,12 53:3,5 55:12 59:9,9,16 61:10 63:8 70:9 71:14,16 71:18 82:9 84:12 88:17 91:4,8,19 95:6 98:13 104:3,7 104:20,25 105:4,9 119:2 119:24 120:9 124:2 132:21 133:1,4,8,18 133:22 140:5 142:13,22,25 143:13 160:12 160:19 161:13 162:6 163:10 163:19 164:7 evident 89:12 evidential 10:11 10:24 11:3 19:5,5,7 21:14 25:4,10 26:5,8 26:10 28:9 30:4 32:4	38:19 40:19 41:3 43:23 44:5 45:8 46:19 57:4 68:10 70:25 75:9 143:14 evidentially 21:12 evolved 107:9 Ewan 15:15 exacerbated 121:20 exactly 108:24 examination 90:17 93:2,4 105:10 106:14 106:19 158:10 examinations 115:24 118:5 examine 90:6 106:10 examined 47:4 83:15 101:14 examiner 118:5 example 7:21,22 11:2 34:18 38:16 49:17 60:11,13 96:4 96:24 107:11 examples 60:9 103:1 exasperated 97:17 Excellent 109:14 exclude 90:16 excluded 90:1 exclusively 70:16 executive 43:7 47:12 90:23 91:13,18 105:2 127:7 129:5 130:9 135:19 151:8 158:7,12 exemplary 49:3 exempt 144:11	exercise 21:7 75:4 89:19 exercised 21:4 exercises 144:7 exhaust 104:21 exhaustive 101:7 exist 142:3 148:3 existed 41:16 53:12 129:23 existing 67:7 87:15 expect 2:11 24:14 34:23 62:24 89:16 expectation 69:22 89:3 133:15 144:18 expectations 29:11 85:7 109:16 expected 9:14 25:8 26:22 29:24 40:24 68:12 160:13 expects 88:23 89:6 expediency 18:18 expedient 113:20 expedition 99:19 expenditure 151:16 experience 27:10 28:2,12 48:11,13,15 70:10 79:2 83:11 84:13,16 92:19,24 94:9 100:15 102:23 106:15 116:22 148:12 experienced 19:9 29:1 48:9
---	--	--	---	--

67:9 74:17 87:9 107:13 121:12 144:22 145:3 experiences 11:11 50:1 54:16 59:4 60:14 74:17 78:23 85:2,4 86:15 95:18 96:12 101:11 102:22 123:11 123:16 experimental 80:1 94:14 100:21 experimentally 42:14 expert 10:19,20 10:21 18:12 25:3,3 45:22 55:9,16 62:11 69:2 70:2,23 71:13,16,18,25 72:20,22 73:5 120:6 142:25 143:3,9 156:20 expertise 70:5 70:10,13 100:23 101:20 116:24 experts 25:1 40:13,18 60:11 62:15,19 70:4 70:5,9,14,15 70:24 71:3,5 71:10,25 72:19 72:25 73:6,7 73:10,12,13 119:11 143:5,8 143:11 explain 4:20 108:13 124:15 159:23 explained 139:15	explaining 126:6 135:13 explanation 31:21 40:22 104:13 118:3 exploration 46:8 explore 49:5 107:4 109:19 113:1 explored 106:13 express 11:1 expressed 148:17 extend 7:19 87:13 97:20 121:9 166:9 extended 15:8 24:10 36:13 53:17 extends 97:9 extension 143:24 extensions 23:22 24:15 extensive 28:2 143:18 extent 7:18 8:9 10:13 11:15 38:23 43:11 48:4 59:21 78:1,22 93:6 93:10 95:2 103:10 105:13 108:4 117:16 163:12 164:18 164:25 165:2 166:20 external 43:5 125:16 145:16 extracting 52:4 extracts 52:23 eye 22:17 89:10 eyes 81:15 <hr/> F <hr/> face 60:4,8 84:6	faced 110:11 121:15 facilitate 35:25 155:4 facilitated 155:8 fact 21:2 29:22 58:24 60:21 67:15 90:9 98:20 131:7 factor 16:11 factored 24:1 factors 21:7 48:10 117:2 145:10 facts 85:17 89:3 144:15 factual 46:4 faculties 115:7 116:20 fail 104:6 failed 89:8 110:7 121:22 144:23 failings 118:25 119:1,3,5 157:1 failure 105:22 105:24 failures 78:11 78:13,22 83:7 88:5 111:20 122:3 123:3 fair 107:19 fairly 23:25 89:4 fairness 21:9 faith 101:16 fall 7:24 9:10 43:7 49:2 50:5 57:12,22 58:22 58:23 62:9 64:15 164:2 166:15 falling 50:25 61:20,25 falls 79:23 99:23 falsification 42:4	falsified 107:23 familiar 82:24 89:25 families 76:18 83:5 96:10,10 121:7 123:10 145:11 146:7 148:21 151:6 families' 82:25 far 18:15 19:10 21:22 32:17 41:17 50:21 56:12 61:1 67:12 69:18 127:16 137:7 142:23 Farthing 27:23 27:25 fashion 56:4 fast-tracked 92:14 fault 81:8 99:11 favour 89:1 113:2 fear 89:1 93:4 113:1 featured 59:4 165:17 features 7:14 February 19:2,2 19:6,12,21 24:16 25:19 69:3,13,24 105:7 134:16 148:19 156:13 February's 108:18 fed 75:4 feed 4:23 5:23 feedback 48:14 49:20 72:15 127:3 feel 88:20 97:16 103:7 110:12 110:13 133:1,2 feeling 90:5	97:15 feels 37:16 fellow 118:4,9 fellows 115:5 116:24 felt 7:16 8:23 132:17 154:16 Fernbrae 42:18 42:20 92:7 fields 70:4 Fife 7:23 80:21 95:9,13 137:11 137:11 166:14 166:16 fifth 85:6 128:14 135:6 Fifthly 18:11 25:14 164:25 files 50:9,14,22 51:22 61:12 fill 104:4 filled 27:7,9 final 56:22 66:14 99:10 144:2 168:7 finalise 56:21 finalised 54:14 56:3 63:19 finalising 62:19 62:21 finality 66:3 finally 11:12 52:13 72:8 85:6 94:1 112:5 113:7 143:12 149:16 161:22 finance 152:1 financial 16:9 27:18 65:2 94:18,22 95:4 151:15 find 3:3 18:23 77:8 78:18 99:22 finding 53:9
---	---	--	---	---

75:19 128:6 findings 45:20 48:22 91:12,13 111:1,4,23 118:20 124:9 126:13,16 139:14 145:15 157:4 158:17 finds 94:19 finish 109:7,10 firm 30:23 first 6:6 19:1,6 19:17 21:10 23:2 26:4 32:5 49:3 57:1,4 63:14 78:22 80:13 83:24 84:25 85:8,16 89:6,9 95:8 124:15 126:17 136:19 144:19 144:20 150:21 152:7 159:13 firstly 13:8 18:8 51:14 160:8,20 164:15 fiscal 96:19,23 fit 21:8 88:5 fitness 118:11 154:18 five 30:21 84:25 116:3 fix 21:8 fixed 1:19 89:19 flavour 79:6 82:9 floor 12:8 flow 56:16 flyers 97:14 focus 6:24 7:1 20:1 28:8 47:23 48:1 78:10 95:24 98:2 123:25 139:15 focused 7:7	116:17 focusing 162:21 follow 20:6 45:9 46:5 69:6,17 follow-up 49:20 97:4 followed 1:23 26:11 32:24 55:5,25 98:20 154:1 following 1:22 7:6 13:5 18:7 27:6,7 41:15 51:2,13 54:12 59:25 63:4 83:25 84:5 85:13 89:18 124:7 135:19 141:2 149:6 153:25 156:7 160:20 163:17 follows 13:7 20:17 153:21 forefront 101:21 146:9 foremost 89:6 forget 147:10 form 11:13 16:23 21:18 24:25 40:12 55:7 56:22 78:6 138:8 151:2 formal 42:16 104:5 127:12 141:2 153:24 163:23 formally 58:3 99:8 114:18 120:16 134:22 format 6:16 142:5 formative 40:2 former 13:8,9 27:22 29:3 30:21,22,25	31:1 32:15,21 33:24 34:9 35:3 37:7,10 37:23 39:7 41:18 50:16 74:25 77:14,20 77:21 78:5 103:9 112:16 116:12 117:15 130:6,12,17 131:11,15,21 132:5,11,15,18 132:22,25 133:7,16,21 139:19 144:13 145:8 146:6 154:10,16 155:18 158:6 158:22 160:24 162:3 forms 25:3 forthcoming 80:24 forum 1:15 17:15 forward 3:13 51:10 64:8 73:8 98:13 139:19 155:11 found 49:6 76:23 81:25 86:25 127:9 128:14 145:7 foundation 21:16 four 20:7 68:23 102:8 109:1 114:20 143:16 153:3 four-week 99:23 fourth 128:6 134:7 Fourthly 18:10 24:18 85:4 164:23 fragmented	128:16 framework 43:17 framing 55:17 Fraser 15:15 free 11:19 Freeman 154:21 frequent 97:14 frequently 97:4 friend 13:17 99:17,19 100:2 100:13 friends 13:12,24 14:4 frightening 121:15 frontline 125:7 frustrations 154:16 fulfil 98:10 106:17 110:2 112:15 125:4 fulfilled 75:25 fulfilling 165:9 fulfilment 9:16 160:15 full 46:10 79:2 84:3 90:21 93:6 139:10 163:6 fuller 46:1,8 90:17 fully 31:10 89:4 90:6 98:1 110:21 112:14 121:19 123:20 129:9 131:21 132:17 function 25:20 81:7 110:22 functions 91:14 125:5 152:25 fundamental 122:22 fundamentally 122:5	funded 65:24 66:2 125:10 130:25 funding 31:24 32:3,4 58:5 67:15 94:13 131:8 funds 65:8 further 9:6 11:1 17:13,21 23:21 26:15,25 27:1 30:2,21 31:20 32:2 33:17 39:10 44:6 52:3,13 60:6 62:17,18 64:14 68:7 69:1,9 76:24 80:9,20 87:2 88:12 99:2 103:4 105:5 108:23 113:5 123:5 132:23 133:25 134:2 135:17 139:25 141:23 142:23 143:5 145:25 146:3 146:21 159:24 167:11,24 future 18:8,15 18:16 30:16 31:20,22 85:7 85:18 87:19 89:6 107:4 109:17 112:2 129:16,21 145:23 146:1
G				
gallery 4:9 gaps 104:4 gaslit 97:15 Gate 4:6 18:21 gathered 50:8 77:12 84:9 general 39:3				

45:9 47:10,16 50:23 80:19,22 84:23 90:22 118:12 151:5 154:8 161:18 generally 36:20 52:21 60:18 120:8 128:16 generics 52:20 gentleman 81:15 genuine 11:23 62:14 geographical 125:2,9 150:14 getting 65:3 68:14 100:4 106:23 ghost 100:25 gift 67:25 Gillies 102:10 give 38:17 46:7 52:7,11 69:23 98:17 104:25 114:17 139:25 given 6:25 11:18 12:17 23:21 24:16 25:24 29:6,16 30:17 33:7 36:17 38:14 53:16 54:1,3 58:21 60:3,18 61:4 61:13,22 73:17 74:15 76:9 93:9 102:5 104:10 105:17 108:12 113:12 119:3 138:3 140:6 141:18 143:4,6 146:21 162:24 163:4 giving 39:9 70:8 71:14 glad 95:6 106:8 Glasgow 114:25 global 115:4	glue 80:2,6,14 GMC 91:5,7 154:15 go 12:7 13:1 19:12 61:9 72:6 73:10 79:15 80:21,22 92:10 99:4 goes 95:3 108:16 167:13 going 3:13 51:9 53:13 60:19 77:5 84:24 92:2 93:2 98:4 99:18 109:1 113:22 114:9 139:19 152:14 good 3:22 77:11 98:25 99:1 116:25 119:22 119:25 155:3 155:11 168:10 governance 27:19 42:24 43:2,2,3 72:12 72:13 86:9,11 116:10 121:3 122:10 124:20 125:20 126:12 126:15,23,24 127:12,25 128:21 129:6,6 129:7 135:22 136:6 139:16 145:17 153:12 154:24 156:23 governing 35:13 36:19,19 136:3 government 27:13 28:23 29:4,9 30:5,15 43:13 65:6,16 66:5 67:8 68:1 83:14 84:2,8 90:4,19,24 91:1 99:6,13	106:9,18 111:11,14 125:11 131:1 131:10 140:11 141:14 144:19 149:21 151:6 153:15,23 154:5,9 157:5 158:8,13 159:6 159:8,9 160:23 162:4 163:25 164:16 Government's 29:22 65:7 107:3 151:4 152:15 153:22 158:20 161:10 GP 51:17,19 GPs 95:12 grant 31:2,20 granted 16:6 30:20 31:13 32:3 granting 92:6 grateful 2:21 12:21 33:4 39:8 41:9 64:13 77:16,18 89:20,22 98:3 98:11,16 99:12 100:3,5 108:11 109:2 113:3 114:2 133:18 136:10 142:25 143:6,25 147:19 149:2 165:6 gratefully 75:17 grave 92:13 great 99:4 123:6 greater 9:7 26:3 39:22 59:19 61:13 greatest 10:13 10:14 56:25 163:12	greatly 128:11 gross 104:14 ground 100:5 grounds 8:24 group 7:12 13:13 15:24 23:7 30:24 31:11 33:15 52:10 58:16,20 62:5,9 70:6,15 77:14,20,25 78:3,6,8,10 79:8,10 81:12 83:11,16,22 84:19,22 85:12 87:12,16 88:8 88:23 89:6,16 89:20 90:1,5 90:14,25 92:9 93:24 94:8 95:17,22,25 96:12,15,17 97:1,6,9,18 98:3,8,11,20 99:22 100:7 101:15,16,25 102:2,23 103:7 103:15 105:11 106:8,22 107:13,17,20 108:8,13,17,22 109:18 110:1 110:10,16,17 111:7,10 112:2 112:6,10,14,22 116:15,19 117:4 123:15 123:18 127:7 128:5 132:24 133:14 137:9 group's 85:2,3 101:11 102:22 groups 10:6,12 162:12 163:11 groups' 11:10 grow 77:25	guidance 6:20 6:24 11:2,17 41:15 73:2 75:12 117:22 132:13,16 140:10,11 141:14 149:2,5 149:18 157:10 159:19 160:9 162:10 163:8 165:16 guide 55:23 61:18 guidelines 156:10 <hr/> H <hr/> half 19:1 102:12 147:9 hampered 60:22 hand 38:5 handle 154:24 handled 145:4 handling 42:11 104:11 146:13 148:6 156:6 157:2 hands 44:11 79:11,13 82:6 82:13 83:12,13 85:2 87:10 95:18 96:13 97:11,18 109:9 148:16 156:22 happen 82:19,19 102:1 111:19 117:10 142:7 happened 15:4 43:24 57:13 86:13 89:14 102:1 104:7 121:18 126:7 135:13 happening 108:14 112:18 happens 68:11
---	--	---	---	--

98:7 147:8 happy 62:25 109:10 165:25 hard 82:14 99:20 140:4,18 145:12 hard-copy 103:18 hard-fought 70:1 112:14 harm 53:13 92:4 116:18 117:19 129:17 Harper 147:18 health 1:20 14:11 27:14 43:7 47:12 72:8,9,10,16 72:16 76:17 85:21,23 86:2 90:23 91:12,13 91:17,18 92:16 92:22,24 101:17 119:8 124:8,16,17,18 124:19,22,23 124:25 125:1,3 125:10 137:8 137:12,15,19 140:8,9 148:5 148:18 149:22 149:24 150:1,4 150:6,12,14,15 150:19 151:1,4 151:7,9,18,20 151:25 152:1,2 152:3,11,15,17 152:19 154:21 154:22 155:2,7 161:18,23 163:22 164:15 168:5 healthcare 2:16 14:16 47:7,12 50:23 85:21 86:4 88:10	90:7,18 91:21 93:10,15 101:18 115:19 117:18 119:11 121:14 147:2 155:9,14 161:10 hear 2:11 6:10 9:21 48:6,21 91:19 97:19 98:16 99:1 108:14 160:11 160:19 161:8 heard 17:12 45:5,7 77:24 79:4 82:10 94:15 99:16 103:1 105:5 108:15,20 hearing 1:7,10 1:15,25 2:3,10 2:22,24 3:3,19 4:1,3,4,5,6,18 4:19,22 5:10 6:9,10,23 7:1 10:5,16 12:2,3 12:13,15 13:3 13:4 14:3,15 14:18,22 15:1 15:5,6,12,22 16:14 17:16,25 18:15,24 19:4 19:23 20:10 21:21 26:16 27:2,4 32:13 32:20,24 39:24 40:7,14 41:6 45:9 52:19 53:19 54:9,12 57:2 62:4 63:13,17 64:23 64:24 65:18 69:20,24 70:9 73:3,9,18,22 75:13 76:14,15 76:25 91:4	104:18 108:10 110:24 114:5 120:16 123:9 131:12 133:13 146:25 147:13 167:23 168:13 hearings 4:2 11:3 17:9 18:8 18:16,20,22 19:1,5,7,11,20 19:25 20:5 23:1,2 24:2,12 24:16 25:11,16 25:16,19 26:3 26:5,7,8,10,13 26:17,22,24,25 28:10,17 30:11 33:4 38:18 46:2,15 48:20 49:1 52:12 69:5,7,10,12 69:14 70:25 105:6 108:18 108:24 109:5,5 109:18 112:4 143:14 heart 112:17 123:8 heavily 28:22 heavy 22:22 held 10:6 18:20 19:6,12 26:16 50:22 91:1 94:10 126:2 134:15 137:25 141:10 153:10 155:6 159:5 163:4 help 75:2 91:5 119:12 135:3 helpful 12:5 38:25 39:15 41:7 59:18 64:12 helpfully 37:9 91:3	helping 94:12 117:7 hesitate 104:19 167:17 high 115:16,20 120:9 153:21 higher 60:14 highlight 16:4 83:5 highlighted 98:9 125:19 highly 26:4 Hillsborough 82:25 83:4 historic 60:23 96:12 102:22 103:6 histrionics 81:18 hold 12:1 19:25 47:19 90:18 150:25 162:12 162:12 holders 97:13 holding 2:24 12:3 40:6,13 69:23 holds 17:3 140:3 152:23 holiday 99:24 home 79:15,19 168:9 homes 96:9 honest 126:17 honesty 101:20 hope 3:2 25:11 25:25 30:13 76:22,23 88:21 99:18 104:23 105:6 111:17 147:8 hoped 17:5 20:11 23:8 40:24 51:25 93:12 111:19 134:4 142:3 146:2	hopes 22:8 84:21 90:14 hoping 106:22 hospital 7:20 42:18,20 51:16 72:13 80:22 92:7 97:21 136:25 166:10 hospitals 7:21 97:22 125:9 hour 3:16,16 Housekeeping 1:5 169:4 HSE 91:5 human 79:6 117:2 Humza 156:14
<hr/>				
I				
<hr/>				
ICR 15:13,14,16 21:21 22:7,10 22:14 25:1 26:23 40:13 49:4,11 50:7 50:11,19,20 51:2,12,15,20 53:6,10,18,19 53:23 54:1,7 54:13,15 55:8 55:16 56:2,14 57:4,5,15,20 57:21 58:3,9 59:8,8,15 60:3 60:11 62:7,12 62:13 63:8,10 63:13,21,24 64:2,10,16,19 64:20 65:3,5,7 65:11,12,19 66:9 67:3 68:2 68:8,14,19 71:4,5,8,18 99:3 130:11,12 130:15,16,19 130:22,24 131:5 134:8,10				

134:11,13,15 134:18,20,23 135:3 138:25 143:2 ICR's 21:14 53:9 55:4,11 61:21 71:3 108:11 143:9 ICR-related 22:1 idea 97:8 ideation 96:8 identification 11:6 73:11 106:16 141:21 142:8,21 identified 71:12 86:12 98:9 125:17 135:25 137:20 159:14 identify 88:21 100:17 101:8 106:15 110:3 135:22 157:11 160:12 identifying 157:1 identities 71:5 identity 5:13 9:11,22 10:20 22:18 71:3 73:4 143:7,10 160:9 idle 50:12 ignored 100:19 110:13 ii 165:22 iii 166:4,24 illness 150:7 image 110:18 imagine 82:14 immediately 3:4 68:9 141:7 imminent 57:10 imminently 32:2 impact 56:21	68:16 83:20 87:21 93:20 96:10 97:9 101:13 146:4 impacted 22:4 97:1 111:22 124:10 130:5,7 impediment 37:24 38:2 58:10 impediments 65:3,4 68:14 impending 41:2 imperative 86:12 110:4 implement 74:10 implementation 43:1 implemented 127:21 165:1 implications 22:6 79:17 importance 1:18 3:8 7:12 16:2,5 23:5,10 25:25 29:16 76:9 82:17 87:20 98:24 100:10 121:5 123:7 125:22 141:18 157:13 important 1:11 2:1 11:14,22 20:20 24:21 25:4 26:4 27:8 27:24 28:17 30:2 40:2 46:4 48:25 49:17 50:1 53:16 55:5 59:14 60:25 63:6 65:21 74:15 75:8 77:2 85:19 86:1 93:16,19 99:5	102:21 112:5 122:5 125:19 131:22 132:25 134:19 136:15 162:9 importantly 23:3 99:21 imposed 41:20 49:18 imposes 150:10 impression 94:11 improve 74:6 117:2,6 123:12 148:12 improved 128:11 129:2 improvement 2:16 14:16 47:7 91:14,17 92:22 119:11 128:23 136:1,4 145:25 146:3 147:2 150:5,11 155:10,15 161:10 168:5 improvements 129:13 135:22 139:18 improving 116:17 146:15 inaccurately 42:5 inaction 84:15 inactions 79:7 inadequate 61:24 87:5 inadvertently 6:4 incident 141:6 incidents 135:7 135:16 145:22 include 34:12,19 36:11 40:6 43:17 71:15 74:25 75:1	100:17 105:2 151:22 included 34:16 38:22 39:16 40:6 41:12,14 46:20 55:21 98:22 126:13 includes 92:23 97:24 114:16 115:10 116:20 126:16 158:10 158:20 including 6:7 7:6,9 9:9,23 11:5 16:14 26:20 27:11,18 28:17 30:9 36:6 38:23 40:7,14 42:1 45:9,15 48:9 48:13 49:22 52:14,17 71:19 72:9 73:6 74:8 77:14 80:3,8 95:13 115:9,21 116:24 123:15 125:7 156:5 158:7,16 160:24 inclusion 62:6 inclusive 24:3 68:25 incomplete 93:5 104:1 107:22 incorporate 12:5 incorporated 39:19 incorrectly 60:12 increased 80:4 143:22 164:17 166:21 increasing 117:1 increasingly 23:3	incumbent 88:20 108:22 incurred 151:16 independence 62:14 76:9 independent 2:18 10:19 14:9,13 15:5 18:12 20:3 21:11 30:9 44:2 45:22 48:3,21 53:7 55:9 67:22 70:11 76:8 85:6 92:20 93:1 98:18 99:9 100:4,8 100:10 102:20 106:6,20 107:1 107:7,24 108:6 114:20 123:1 124:11 130:13 131:4,8 134:8 147:3 153:8 156:19,20 157:7,8 161:2 162:15 indicate 94:23 119:18 140:12 indicated 9:20 31:19 33:7 104:23 130:21 133:15,23 154:6 167:22 indication 43:19 54:12 indications 128:22 individual 13:10 34:16 35:9 36:9,13,15 37:6,10 39:7 88:16 119:7 129:17 131:25 132:4,7 133:7 133:16 139:19
--	---	---	--	---

139:23 141:11	118:24 134:25	21:12,13,22	73:8,17,20,23	133:14,22,23
142:15 150:14	135:1,9,22	22:1,5,8,15,17	74:4,7,8,12,21	134:3,5,22
151:17 156:21	136:3 138:7,18	22:19,25 23:6	74:22 75:6,9	136:9,13,18,21
162:5	138:20 140:19	23:11,13,14,22	75:19,23 76:1	137:4,18,22
individual's	140:25 141:3	24:18 25:1,5	76:6 77:17,19	138:6,21 140:2
133:9	142:1,3,19,20	25:14,18 26:7	78:11,18,25	140:4,6,15,16
individually	143:18 157:23	27:3,4,5,9,12	82:17 83:15,24	141:4 142:4,9
70:6	163:6,24	27:13,17 28:14	83:25 84:3,8	142:10,12,17
individuals 5:4	164:19	28:15,20,24	84:13,21 85:1	142:23 143:1,5
5:10,16 9:14	informative	29:3,11,13,23	85:5,9,16,25	143:7,8 144:1
9:19,22 27:8	1:23 3:3 76:23	30:2,3,7 31:4	86:18 87:23	146:3,8,10
29:2 31:5,12	informed 20:10	31:15 32:1,2,3	88:18,24 89:17	147:19 148:1,1
31:22 34:6,14	27:1 51:5	32:12,17,18,24	90:6,8,12,13	148:9,10,24
36:25 37:15,25	52:13 57:13	33:4,14,14	90:14,15,19,20	149:3,15
38:10,16,17	70:19 100:18	34:1,3,6,8,23	91:3,11,22	153:10,16,17
76:18 79:8	138:25 154:6	35:5,9,14,19	92:1,21 93:4	156:17 157:6
86:3 87:25	informing 51:14	36:2,5,19	94:2,16,17,25	157:15,17,22
89:9,10,13	ingather 163:1	38:12,18 39:4	95:1,5,11	158:3 160:1,7
102:2 109:24	initial 31:7	39:8,22,24	97:20 98:5,11	160:10,17,19
133:2 135:11	98:22	40:21 41:5,6,9	98:14,16 99:7	161:3,8,13,22
142:10,12,21	initiate 160:25	41:11 43:15,18	99:12 103:9	162:1,4,8,15
143:23 160:13	injuries 86:24	44:2,25 45:2,5	104:4,24	162:18 163:2
induction 72:10	96:3,5,13,16	46:11,13 47:15	105:11,25	163:14,17
inevitable 58:11	144:5,12	47:22 48:6,15	106:4,6,10,17	164:23 165:4,9
inevitably 22:22	injury 121:12	48:20,25 49:5	106:24 107:9	165:9 166:18
39:2 163:7	inoperable	49:15,23 50:3	107:11,25	166:19,25
inferred 111:2,5	79:23	50:8,12,17,21	108:3,9,21	168:3
Infirmary 7:23	input 54:15 69:1	51:1,5,8,12,19	109:3,20 110:2	Inquiry's 1:9,12
97:24,25	69:3 75:14	52:9,25 53:8	110:24,25	1:21 2:25 3:8
136:24 137:1,4	136:11 143:2	54:2,7,13,25	111:19,25	4:2,5 6:6 7:8,9
137:6	Inquiries 6:14	55:3,7,11,17	112:11,13,15	7:19 8:20 9:10
inflicted 101:14	28:13 104:17	55:20 56:12,24	112:17,21,22	9:16 10:4,10
103:12	inquiry 1:22 2:2	57:2,5,6,19	112:25 113:4,6	10:15,16,23,24
inform 50:10	2:5 3:11,23 4:1	58:13,23 59:1	114:4,15	11:5,6,8,12,22
52:2 91:5	4:4,14 5:7 6:13	59:7,9,15,19	117:20 119:3	11:23 12:13,15
111:21 135:12	6:22 7:14,18	59:22,25 60:25	119:15,19,20	16:3,24 17:4,9
information 5:1	8:5,7,10,16 9:9	61:3,15 62:7	119:21 120:5	18:10,13 21:8
5:21 6:4 9:2	9:12 10:1,3,7	62:22,23,25	120:11,12,24	22:3 24:1,22
10:8 12:17	10:17 11:21	63:1,10,18,24	121:6,7 122:25	25:5,10,23
26:9 27:6	12:1,4,18,20	64:1,8,13,19	123:4,19,21,22	26:9,12 27:16
42:16 43:20	14:6,9 15:12	65:11,23 66:24	124:10 125:23	27:20,22 28:1
44:9 51:18,20	16:2,6,12,20	67:24 68:10,18	129:20 130:1,5	29:6,17,20
51:23 56:8,13	16:21 17:21	69:1,3,6,9,23	130:8,21 131:6	30:8,11 31:2,7
60:7 62:23	18:9,17,20,22	70:3,5,6,13,14	131:13,16,22	31:11,16,18
100:16 101:8	18:25 19:9	70:17,25 71:9	131:25 132:2,8	32:4,8,23
102:19 103:19	20:7,9,12,18	71:10,12,17,18	132:14 133:4	35:14,17 39:13

39:17,20 40:1 40:3,9,18 41:2 41:13 43:22 44:5 45:3,24 46:12,19,23,25 47:19 48:1 50:4 52:3,5,8 52:18,19,21 53:8,11 56:15 57:7 59:14 61:21 64:3 68:8 69:22 70:2 73:16 74:1,14 75:5,8 75:10,14 76:3 76:13,25 78:7 98:2,10 110:22 115:14 117:12 118:22 123:6 123:22,25 124:12 136:8 136:15 137:20 138:11 139:21 141:1 142:21 143:3,19 153:19 157:9 157:11 159:10 160:15 162:2 163:9 165:7 166:16 inserted 80:25 insist 70:5 insisting 84:3 inspection 91:15 instance 21:4 instincts 97:17 institution 110:20 institutions 86:20 87:14 103:10 110:7 instruct 5:22 40:12 55:15 64:24 65:17 70:4 instructed 34:21	38:15 40:25 58:3 62:24 66:20 70:20 72:1,23 99:8 105:15 120:22 126:6 132:1 143:5 147:18 instructing 99:1 99:8,11,21 instruction 18:12 24:25 25:2 40:12,17 55:8,18,19 62:11,12,19 70:2,11 73:13 120:6 143:2 instructions 34:24 41:4 58:6 72:19 141:20 158:12 insufficiently 42:5 insurance 92:17 integral 20:20 115:19 integrated 150:4 intelligible 41:24 intend 18:7 44:8 71:10 99:3 148:24 167:23 intended 37:20 45:6 46:4,8 49:25 65:12 96:23 165:24 intends 39:22 48:25 68:25 71:18 74:10,12 75:6 intent 112:15 122:20 intention 3:15 32:23 53:10 132:6 134:17 154:6 interact 106:22	interacting 3:8 interacts 93:10 interest 1:18 4:16 8:5 11:11 17:19 18:17 28:19 29:17 36:14 39:12 69:12 73:19 74:2,7 75:7 76:22 78:7 105:18 115:14 117:12 133:10 138:6 158:25 159:4 162:6 168:3 interested 3:2,7 9:21 interests 31:14 89:8 101:21 interim 27:22 112:3 internal 43:5 84:4,5 105:19 125:15 138:9 141:8 145:15 internationally 115:20 interpret 166:12 interpretations 43:1 interrogated 90:19 interruption 6:1 intervening 122:8 intimated 64:19 68:21 163:3 intimation 23:15 intimidating 101:4 introduction 3:18 95:20 introductory 45:6 46:24 invented 80:6 invention 65:7	investigate 8:7 8:10,16 39:23 53:12 61:15 86:13 90:15 91:23 94:3 105:12,15 111:20 120:25 137:5 153:11 158:4 167:1 investigated 9:8 47:22 86:6,8 89:4 123:19 investigating 49:16 87:21 investigation 8:20 10:2 21:17 60:6 90:21 101:2 111:6 127:12 136:21 138:12 138:21 139:21 141:8 153:16 154:19 159:25 167:16 investigations 3:13 5:9 7:3 8:22,25 16:4 16:24 20:19 41:5 45:3,21 48:1,16 49:22 52:3 60:22 64:2 103:5 105:11 110:25 111:4 124:1 135:3 136:16 137:21 138:9 139:1,4,9 141:1 142:22 146:13 149:1 156:16 157:19 158:11,16,19 162:2 164:5,9 167:11 investigative 72:15 invidious 58:19	invitation 2:18 32:3,8 53:17 57:16 invite 3:19 113:22 120:16 146:20 147:5 147:12 invited 6:21 14:12 15:5 33:10 35:4 53:20 73:1,20 75:1,15 117:24 119:6,17 154:3 157:10 159:20 invites 160:9 163:8 inviting 76:3 involve 55:15 60:16 69:8 76:5 85:20 involved 8:4 22:23 24:14 27:15 32:11 41:21 52:4 87:14 101:19 118:18 132:21 133:3 141:11 142:19 involvement 9:15 38:24 42:18 43:23 68:1 103:6 133:6 137:24 149:10 153:6 153:22 160:14 163:16 164:2 involves 53:4 125:7 involving 61:23 80:2 Ireland 114:22 115:1 iron 100:1 ironed 39:3 68:17 issue 15:25
---	--	---	---	---

25:18 32:2,13 51:8 63:13 68:19 71:2 91:21 93:16 128:19 132:19 159:4,6,8 issued 40:17 45:1 46:20 47:20 52:18 63:24 104:5,12 117:23 141:4 149:3 157:10 162:21 165:16 issues 1:21 3:4 7:10 8:14,16 9:7,17 10:11 12:25 18:2,10 19:10 21:11 22:2 23:15,17 23:22,25 26:20 32:19 39:13,20 40:10,21 41:9 41:11 42:11,14 43:6,9,16,17 44:3 46:6,9,23 48:4,17 52:6 63:16 66:14 69:19,25 70:16 71:21 72:2,20 89:5,22,23 92:6 98:3,8 102:25 105:12 106:11,13,16 106:19,23 108:4 109:19 110:3 113:1 116:8,25 125:18 127:8 136:10,14,14 139:4,11 153:12,16 157:12,17 158:24 159:1 159:14,17,25 162:22 163:10 165:4 167:6,11	167:12,16 item 15:13 iterative 162:21 <hr/> J James 130:10 Jamie 3:22 January 69:13 140:21 Jeane 154:21 Jennifer 28:8 Joanna 13:12 77:12 job 79:19 80:15 jobs 96:8 join 4:15 joined 4:5 joining 4:13 127:6 joint 22:12 90:18,20 journey 168:8 judgment 20:24 21:4 59:24 July 103:21 juncture 57:23 70:20 June 39:20 43:16 junior 8:8 28:6 41:25 42:23 61:24 71:24 72:4 77:13 85:12 93:24 100:20 101:8 120:1 juniors 3:24 jurisdiction 90:8 justice 82:8 83:1 83:17 85:4 89:16 96:17 101:12 113:8 <hr/> K KC 3:22 13:12 13:18,24 15:1 keen 78:7	117:16 119:2 123:23 130:1 131:20 146:1 keep 56:18 121:17 160:2 167:13 keeping 72:7 kept 107:18 key 10:5,8 24:20 25:15,19 27:5 28:21 31:15 42:7 45:10,11 45:11,23 48:8 48:12 49:4 52:1 74:16 115:15 160:24 162:11 kindly 5:4 kinds 49:5 86:14 Kingdom 114:21 Kinross 125:1 knew 92:16 know 19:25 107:24 108:24 109:1 143:10 146:7 knowing 113:6 knowledge 78:16 88:9 118:7 138:16 161:20,25 known 54:25 67:1 71:5 78:2 105:18 119:9 124:17 knows 121:22 <hr/> L lack 8:14 15:25 16:16 32:20 42:22 48:17 60:12,22 63:12 63:19 87:10 100:23 101:5,6 128:20 139:12	lacking 127:2 lady 82:6 Lampard 27:12 large 163:4 largely 6:25 12:22 85:13 98:2 106:19 larger 4:11 lasting 87:21 89:14 Lastly 95:8 launched 74:9 75:8 Laura 13:24 147:16 Law 66:21 lawyers 65:25 layout 85:13 lead 27:25 62:14 76:24 127:11 146:3 155:9 learn 119:14 129:25 130:1 145:13 146:1 155:3 learned 3:24 7:17 13:12,17 13:23 14:4 77:13 85:12 99:17,19 100:2 100:13 112:20 164:12,14 learning 85:4 107:6 123:9 128:12 135:20 135:24,25 140:1 145:25 146:14 148:9 148:11 155:12 156:23 learnings 106:5 leave 12:22 110:3 113:14 143:22 146:24 leaves 69:4 lectern 113:24	led 75:22 78:11 78:13 126:11 155:24 156:20 left 79:22 81:14 81:15,17 82:3 84:19 86:24 96:5 107:5 121:13 legacy 110:4 legal 1:16 4:16 6:11,12 12:9 15:19 28:5 31:25 32:9,10 32:20 33:12,22 34:8,14,19,25 35:1,7,8,10,16 35:21,22,25 36:7,8,12,17 36:19,22 37:9 37:12,15,16,17 37:18,22 38:6 38:7,10,13,21 38:22,24 39:5 39:8 58:19 65:25 66:4,8 66:12,14,16,22 87:8 103:15 108:13 110:15 111:8 120:22 124:20 131:24 131:24 132:3 132:14,20 133:3,6,16,21 156:20 legible 41:23 legislation 35:13 125:4 legitimate 107:20 148:3 length 46:25 lengthy 24:15 88:20 lessons 7:17 112:20 130:1 145:13 146:1 148:11 164:12
--	---	--	--	---

164:14	48:14 87:12	26:8	Lothian 47:9	managing 5:22
let's 120:15	106:21 118:1	lived 116:22	loved 78:23 79:3	manifestations
letter 40:12 55:7	138:17,20	livestream 4:13	79:4 80:11	8:1
55:18 65:20	158:7	living 39:21	82:21 83:12,16	manner 63:7
120:6 130:10	line 46:15 127:3	local 106:2	96:11	88:2 106:12
143:2	lines 10:2 52:14	125:6	lunch 3:17	March 69:4,14
letters 24:25	159:25 167:16	locked 107:19	113:11,15	155:22
40:17 51:7,9	lingering 22:3	lodged 85:12	luncheon 113:17	market 100:22
55:19 72:19	39:12	log 103:18 104:3	lunchtime 77:7	marks 1:11
73:10,13	list 1:21 7:10	140:18,22,24	113:20	marriage 79:18
135:11	10:10 18:10	141:9,12,16		marriages 96:9
level 66:2	39:13,20 40:10	142:1	M	material 14:6
127:19 141:19	41:9,12 43:15	logging 141:21	Macleod 147:18	16:19,25 36:8
153:21 164:16	44:3 46:23	logical 38:20	MacQueen	57:4 114:17
Levy 2:14 13:10	51:14,24 52:6	65:2 68:18	13:18 120:21	162:11
30:19 51:21	52:6 57:3,12	long 27:11 78:12	MacRoberts	materials 10:5
58:15,20 59:1	57:14 58:9,12	82:20 83:1	15:15	15:7 51:11,13
65:24 66:6,12	59:20 62:8	88:3 93:7 96:1	main 152:6,16	52:17 54:24
66:16 78:3,9	69:17 88:19	112:13,24	163:16	55:4 58:14,25
liability 110:23	89:21,23 98:22	140:15 148:22	maintained	59:2,21,24
111:5	101:7 102:6	long-running	20:23	63:5 124:2
liaising 62:20	136:10,13	128:25	maintaining	Matheson 153:7
liaison 25:17	139:4 142:10	long-term 79:16	120:9	156:19
28:18 128:24	157:12 158:19	96:24	maintenance	matter 16:10
130:20	158:24 163:10	longer 68:13	42:19	32:24 39:9
libraries 112:10	167:16	look 92:1 98:13	major 65:4	58:24 68:15
licences 118:11	listed 7:25 8:22	105:25	majority 115:6	71:4 90:11
lie 65:5	43:10 48:10,11	looked 45:21	making 5:14	95:3 100:1
life 79:21 82:13	48:16 136:14	61:6 139:17	20:25 36:1	103:14 141:6
life-changing	139:5	looking 60:25	117:21 130:17	141:18 154:23
86:24 96:3	listen 39:10	looks 73:8	147:19 165:7	165:14,16
life-limiting	119:2 124:2	LORD 1:6 44:13	malice 104:15	166:12
96:13	listened 110:12	44:16,22 77:4	malicious 78:15	matters 1:17 2:6
lifetime 31:3	112:19 123:14	85:15 109:12	managed 121:20	2:9 6:16,21,25
102:15	listening 1:8	113:10,19	122:18 128:19	7:6,8 8:6 9:7
light 33:12,18	17:19 74:2	114:9 120:14	management	10:13,18 15:9
37:2 50:11	75:11 98:7	146:20 165:12	27:18 29:4	15:18 16:2
56:7 81:20	103:9	165:21,23	45:19 48:18	17:13,20 22:1
103:14 112:23	lists 71:23 92:14	166:6 167:20	71:23 72:8,11	22:3 26:19
157:4 158:17	167:11	167:22	72:17 88:24	31:14 33:16
limbs 79:24	literally 82:13	loss 96:4	118:7 128:20	34:2 39:16,22
limit 93:8	little 60:23 74:4	lost 79:18 80:9	140:9 142:11	41:8 43:18
limitation 144:4	84:19 95:19,20	80:15 81:7	152:16	46:21 47:1,3
144:11,14	115:13	96:8	manager 25:17	47:22 48:11
limited 26:20	live 66:17 96:13	lot 17:18 95:24	28:18	52:7 53:22
38:12 47:3	live-streamed	125:25	managers 127:4	54:5,6,19

55:11,21 56:9 60:10 61:20 62:16 64:14,21 64:25 65:2,21 68:6 70:13,16 71:19 72:25 73:5,24 92:21 107:9 117:24 119:22 123:17 136:13 147:6 149:4,6,17,24 153:2 159:19 159:21 160:2 160:17 164:21 167:8,13,25 maximum 60:20 McGillivray 2:21 15:15,17 McRae 2:14 13:10 30:19 51:21 58:15,20 59:1 65:24 66:6,12,16 78:3,9 mean 47:2 132:4 meaning 81:6 meaningful 11:25 24:6 101:5 meaningfully 40:1 means 18:20 37:14 59:23 75:6,10 101:6 108:19 134:24 meant 101:6 107:3 108:1 measures 144:24 measuring 156:6 mechanism 4:25 mechanisms 41:16 56:2 163:23 media 4:9,11,13	6:8 118:21 medical 9:23 28:13 34:18,19 34:21 41:19,23 41:24 42:1,3,4 42:4 47:10,11 50:9,13,22 51:6 52:21,23 53:1,5 56:7 71:25 81:2 90:22 91:10 100:19,22 103:3,25 106:2 107:14,15,16 107:18,21 108:1,5 115:11 117:4 118:12 119:5 126:12 126:19 129:5 130:9 142:18 151:11,22 153:2,3 154:8 154:14 161:4 163:21 meet 91:16 168:9 meeting 23:15 155:6 meetings 42:15 100:6 105:23 member 94:8 96:17 97:6 101:15 107:17 112:6 154:7 members 4:7,9 4:12 6:7 25:15 25:19 27:5 47:13 83:22 84:19 88:8 96:12 97:18 98:7,20 100:7 101:14 102:22 103:15 106:8 107:13,20 110:1,10,16,17 111:7 115:5	116:24 118:15 141:10,17 membership 115:10 116:19 memorandum 51:3 57:18 64:4 91:17 meningitis 80:4 80:8 mental 27:14 76:17 96:7 150:5,12 152:2 mentally 86:23 mention 95:9 99:16 147:10 mentioned 9:3 99:6 139:8 141:15 168:1 mentioning 5:4 merit 60:6 136:15 157:14 merited 8:23 meriting 7:12 merits 3:10 8:20 23:10 mess 79:22 Messrs 51:21 met 64:8 154:15 155:17 156:14 metal 81:3 methodology 98:17 Michael 153:7 156:19 microscope 109:25 mid-morning 3:15 Midwifery 34:20 mind 30:14 31:19 65:6 79:14 147:12 mindful 31:9 minds 101:21 minimise 22:22	110:8 minimum 53:4 140:12 minister 14:9,13 90:4 93:13 144:19 150:18 152:7 Minister's 144:20 152:6 ministerial 152:9 ministers 2:14 13:23 14:5,7 47:6 63:14 64:16,21 91:1 125:12 146:22 147:13,17,20 147:23,25 148:2,10,15,23 149:2,8,14,20 149:20,25 150:2,11,16,22 150:25 152:21 153:1,13,14 157:16,21 158:1,25 159:11,13,22 160:6,18 161:21,25 162:7,12,16,23 163:5,13,19,20 164:7,10,13,21 165:5 166:8,13 167:15 ministers' 148:14 149:10 153:5 159:17 163:16 164:5 166:11 167:3,9 minor 68:15 minutes 4:24 44:17 109:8 missing 10:8 mistakes 100:24 mitigate 20:4 moment 19:17	25:18 moments 168:1 momentum 84:9 Monday 12:20 monitored 127:22 monitoring 128:9 months 50:12 69:5 79:9 moral 87:7 morning 1:7 2:12 3:22 12:20 14:19,23 15:3 77:11,19 79:5,12 84:24 88:18 92:18 94:15 95:1 97:19 99:4,7 104:24 106:25 108:3,15 109:3 109:16 113:24 131:6 134:1 167:25 168:6 Morton 15:15 mother 82:5 motivated 12:1 move 1:12 44:8 113:11 moves 30:3 75:9 moving 99:14 159:19 MSP 153:7 154:21 156:14 156:19 MSPs 156:14 multidisciplin... 42:14 105:23 116:19 multiple 73:23 79:11 80:9 125:15 126:25 127:13 mum 80:18 mutual 54:11
---	---	---	---	--

N	22:14 63:6	70:21 71:2	136:6,10,17,20	normally 142:1
N 169:3	80:18 126:9	76:9 77:23	136:20,22,23	note 12:18 13:1
name 77:12	needs 18:4 69:6	80:21 83:13	137:7,11,11,13	13:15,20 15:10
91:10 102:5	107:3 110:9	84:1,4,7,15,20	137:15,16,16	15:18,22,24
120:20 147:16	negligence	84:22 85:3,23	137:17,25	30:6 33:3,8,14
152:14	104:14	86:19 87:6,7,9	138:3,6,9,11	33:21 35:1,18
named 5:10	negotiate 29:3	87:10,13,20,22	138:15,21	36:10 40:16
names 5:5,8	network 115:4	88:14,16,21,25	139:2,2,11,20	48:25 52:18
106:3 135:1	neurosurgeon	88:25 91:8,25	139:23 140:3,8	54:1 64:19,23
naming 5:16	82:12 121:1	92:4,14 93:11	140:17,24	65:13 73:2
Natalie 27:9	143:3 158:22	93:17,18,22	141:7,13,19,25	91:3,11,21
national 85:21	neurosurgeons	95:9,13,18	142:6,9,14,17	92:18 94:17
101:17 148:5	55:9 62:11,24	97:12,15,22	142:23,25	110:23 130:21
149:24 150:1	68:2 71:21	101:24 102:24	143:13,15,20	149:18 159:19
152:4 156:10	143:9 161:14	103:1,16,21	143:24 144:9	159:20 160:9
156:11	neurosurgery	104:8 105:2,19	144:14,17,21	161:15 162:11
nature 6:15 8:12	7:15 71:15	109:21,22	144:23 145:2,7	162:17 163:8
34:12 36:17	72:2 112:8	110:6,11,14,17	145:9,18,25	noted 52:25
45:17 46:24	136:22 137:1	111:8,10	146:6,9,12,14	108:9 137:9,19
48:4 56:7 78:1	137:12,13	113:13 117:4	147:1 148:6,13	notes 72:7
132:14 139:13	neurosurgical	117:15 119:16	149:8 150:17	notice 34:11
163:5 167:2	8:8 9:24 22:14	120:17,21,24	150:19,21	37:6 104:9
nearly 56:22	42:9 54:16,20	121:2,3,5,8,14	151:2,8,21,24	141:3 142:18
nears 31:18	62:11,21 66:15	121:17,18,22	152:18 153:24	162:24 163:3
necessary 1:12	71:6,9,16	122:1,5,9,12	154:3,12,21	notices 18:11
6:3 16:23 17:5	156:11	122:21,25	155:16,20	44:10 45:1
17:6 24:7 37:4	nevertheless	123:7,16,18,20	156:5,9,24,25	52:16 104:6
40:23 46:6	78:6 133:12	124:7,8,16,17	157:2 158:6,9	162:20
48:7 53:5	new 68:22 80:13	124:24 125:4,6	158:15,23	notification 51:7
78:22 86:7,19	94:14 100:22	125:7,10,14,18	159:7,9 160:23	51:9 153:24
92:5 106:15,17	NHS 2:14,16	125:19 126:1,8	163:21 166:11	159:15
135:1 146:16	7:21,23 9:22	126:23 127:5	166:14,16,21	notwithstandi...
162:20	13:17 14:20	128:21 129:4,8	166:22 168:5	78:13,18 88:5
necessitate 79:2	32:15,16,25	129:9,13,24	NHS's 34:13	95:14 103:23
neck 81:17	33:1,5,7,11,18	130:6,10,17	37:12	115:3 138:20
need 5:9,25 6:1	33:21 34:4,10	131:2,4,7,12	nine 129:5	166:18
7:1 22:12,15	35:2,5,6,20	131:13,16,20	Ninewells 7:20	November 1:1
25:21 30:8	36:10,12,22	131:24 132:2,3	80:20 97:21	23:20 64:18
31:9 36:20	37:5 41:17,18	132:4,6,9,13	136:25 166:10	131:19 133:20
39:2,5 55:15	41:20 42:8,10	132:16,20,23	nominated	143:15 155:1
56:20 63:16,25	42:17,19,23	133:1,3,5,9,15	56:15	163:3 168:14
67:11 69:12	43:3 45:20	133:18 134:9	non-consent	number 4:7,9,11
83:16 93:25	47:6,8,9,17	134:12,17,20	55:1,13	19:9,13 27:5
97:14 109:4	50:14,22,23	134:24,25	non-exhaustive	28:16 30:23
126:19	60:17 61:4,5,7	135:4,8,11,15	126:16 158:19	39:14,19,25
needed 20:22	62:15 67:16,17	135:18,23	normal 34:25	44:14 45:7

47:3 54:18 56:9 63:20 64:14 65:1 71:12 74:16 77:24,25 88:15 102:14 105:12 109:18 117:23 136:17 140:12 140:17 156:14 numerous 78:15 nurse 79:14 81:21 nursing 9:23 34:20 151:12 151:23	obtained 10:7 107:15 obtaining 107:14 obvious 102:15 104:2 obviously 106:16 occasion 3:10 occasioned 96:22 occur 126:21 133:11 occurred 94:3 103:22 104:14 141:2 occurring 53:14 122:21 October 7:10 41:13 73:3 104:6 130:9 141:5 144:20 149:3 159:20 offences 104:16 offer 33:22 34:6 37:16 40:22 60:3,5 75:24 130:7,17 132:15 134:9 135:13 148:15 159:22 offered 32:14,21 34:13 36:13,18 37:10,23 38:13 42:9 53:21 66:25 67:3,4 130:11,13 131:4 166:8 offers 115:25 142:23 office 34:14 37:12,16,19 115:2 120:23 135:9 160:21 161:4 office-holders	153:4 officer 25:17 28:18 105:3 128:4 151:11 151:12,23,23 151:24 153:3 154:14 155:16 163:21 officers 161:4,23 officially 136:25 officials 162:4 officials' 153:15 old 138:19 once 1:6 44:6 53:17 65:16 109:23 127:13 127:21 144:25 159:17 ones 28:4 59:11 61:23 78:23 79:3,4 82:22 83:12,16 96:11 ongoing 27:12 30:15 74:1 111:6 145:4 online 74:9 134:14 onward 24:8 onwards 140:23 164:11 open 2:7 33:15 126:17 opened 136:25 opening 1:9,17 1:25 2:24 3:21 3:25 5:3 6:13 6:22 12:24 13:3,4,6,14,19 13:21 14:1,17 14:19,21,25 15:2,21,22 17:11 18:23 23:7 33:17 40:13 53:19,20 54:3 58:15 62:9 64:23	67:17,19 73:4 75:13,15 77:10 77:17 94:18,22 95:10 103:16 113:12 114:1,2 114:13 117:21 120:19 123:14 124:6 125:24 126:4 131:2 134:1 146:25 147:15 149:4 165:7 169:5,6 169:7,8,9 openly 146:10 openness 12:14 19:14 24:22 122:19,22 124:4 146:8 155:12 operate 28:14 29:25 74:3 75:2 82:1 145:18 operated 28:22 95:25 124:20 operating 97:2 105:3 140:10 151:24 155:16 161:22 operation 56:1 81:3 149:23 operational 55:23 65:10 140:9 operations 25:16 28:18 81:13 opinions 70:8 opportunities 24:21 40:5,20 128:11 opportunity 2:2 5:11 12:4,12 25:1,7 40:8,9 40:11,14,16 53:21 68:25	72:24 76:21 77:16 80:10 89:20 98:4 111:22 113:7 123:1,17 130:13 136:11 143:1,4 147:25 148:8 165:6 166:2 opposed 7:8 14:7 38:7 41:25 option 17:1 options 130:11 oral 5:14 6:23 9:13 13:6,21 13:25 14:18,22 15:2 16:22 20:11 33:17 38:17 40:8,15 46:14 49:1 52:11 53:22,24 70:9 85:8 113:12 132:21 133:13 142:13 146:25 160:4 160:11 order 5:12 6:6 12:9 20:4 24:2 24:17 26:15 29:2 50:9 52:20 62:3 64:7,9 71:15 74:6 78:21 94:23 102:1 104:21 113:21 122:23 orderly 56:3 orders 52:23 95:5 organisation 34:20 42:9 111:21 123:9 127:16 134:25 145:21 146:14 organisation---
--	---	--	---	--

135:24	overhauled	11:14,23,25	54:2,4,5 55:21	7:13 9:20
organisational	126:23	12:13 25:4,9	57:24 70:18,19	61:20 82:12
16:19 127:10	overheard 93:24	32:5,7 33:25	71:7 72:22,23	89:22 93:9
136:1 146:3	overly 110:15	35:19 36:7	73:1,5,15,21	104:9 157:14
164:6	override 111:11	44:24 48:23	74:8 75:12,15	162:13
organisations	overriding	58:13 67:10	77:2,14,24	partner 93:23
23:18 31:12	70:12	70:6 74:1,15	117:22 119:17	parts 7:21 54:23
34:22 43:20	oversee 116:4,8	78:6,8 80:5	134:6 143:8	163:24 166:11
45:11 87:17,24	oversight 87:24	109:6 111:20	147:21 157:10	166:22
88:1,4 89:8,13	101:2 122:4	112:21 116:9	160:10	party 35:16
90:21 94:13	127:7 139:12	138:8,12	participants'	39:11 69:19
107:11 108:6	148:6 164:4,15	157:15 165:18	159:20	pass 12:8 31:17
organised	164:16	partial 107:16	participate	56:8 67:1,6,8
130:24	overstated 87:22	partially 61:14	11:16 17:2	67:12
original 1:24	overview 164:1	participant 4:12	24:20 31:10	passage 111:9
originally 20:6	owe 58:21	6:12 7:12 10:6	148:1	140:6
103:12 105:7		10:12 11:10	participating	passed 31:17
107:2 136:23	P	12:23 16:7,12	76:6 130:12,15	passing 99:16
ought 5:21 8:7	pace 24:15	18:9 30:18,20	participation	pastoral 33:23
49:8 90:6	121:23	31:3,8,13,20	6:19 11:3 15:9	132:10
132:15 140:13	page 95:7	32:11 62:5	16:14,16,18	patient 13:11
144:10	paid 60:23	94:17 137:22	25:12 31:16	15:24 20:1
outcome 43:11	paper 74:11	147:24 162:12	32:1 94:24	21:18 22:18
80:14 81:24	papers 152:14	163:11 166:17	115:14 130:18	23:6,7 30:23
outcomes 61:17	paragraph	participants	146:9	30:24 31:1
91:25 117:9	15:23 53:4	1:16 2:8,13 4:7	particular 7:5	33:9,14 42:5
139:6	58:1 67:17,18	4:11,17 6:11	7:11,13,14 8:6	48:13 49:7,16
outline 2:6	70:21 73:2	6:19,20 7:5,11	8:16,24 9:17	51:7,8 52:11
26:11 74:11	75:14 117:12	7:16 8:4,17,23	11:10,11 14:14	57:24 62:5,9
149:7	120:1,3 149:17	9:6,8,12,21	29:7,24 32:20	66:25 69:15
outlined 98:14	160:8 162:10	10:3,18,21,25	34:4 37:2	78:5,25 79:12
output 21:14	163:8 165:15	11:4,7,15,18	38:18 42:13	79:25 80:12,25
outset 78:4	165:20 166:23	11:24 12:9,17	45:12 49:11	81:5,12,17,18
147:23	Paragraphs	13:5,11,11	50:17 55:9,14	81:20 82:4,11
outsource	166:3	14:6 15:8	56:5 62:15	82:15 85:12
106:19	paralysed 81:17	16:17 17:11,17	63:21 70:4,11	88:8 93:23
outstanding	paralysis 96:5	20:9 21:10	70:16,25 91:7	96:18,20 99:22
64:18 67:25	paramedics	24:9,12,19,24	103:4 111:19	100:15 101:1
155:23 156:4	115:9	25:2,6 26:6	117:12 119:24	102:20 104:4
158:21 161:1	parameters	27:1,6 29:25	148:5 149:13	106:14 108:16
161:12,16	11:17	30:7,24 31:6	149:23 151:12	110:5,19
outwith 6:5	Parliament	31:10,24 33:2	151:15 157:13	116:14,17,23
139:24 144:8	47:14 125:13	33:10,16 39:15	157:14 158:1	116:25 117:18
144:13	148:19	40:1,5 41:1,7	158:25 162:6	122:1 123:15
overall 151:8	part 4:17,25	43:21,25 46:2	163:18 164:6	123:16,18
158:8	7:14 8:15	46:22 51:6	particularly	128:24 129:14

132:24 133:14 134:21 135:1,5 137:9 138:2 142:2,20 146:4 148:13 154:11 patient's 81:23 84:11,18 patient-centred 146:18 148:25 patients 7:16 8:2 13:8,9 20:1 21:18 22:7,18 23:11 27:14 30:21,22,25 41:18 48:2,7,9 49:3,8 50:5,16 50:24 51:5 52:10 58:14,17 61:8 67:5 68:20 74:25 77:14,21,21 78:5,20,23 79:3,4,10 81:25 82:2,21 84:9 86:2,4,21 87:5,9,17 89:14 91:25 92:4,9,12,14 92:19 95:14,16 95:22,22 96:15 97:2,12,23 98:8,21 101:13 103:2,6,9,24 107:2 108:20 111:15,22 112:16 116:22 117:15 118:2 121:4,6,9,12 121:15,25 122:6,23 123:8 123:10 124:5 124:13 125:2 125:21 126:18 128:15,19,25 129:17 130:3,6 130:12,12,15	130:18 132:18 134:11 137:10 137:12,14,16 144:3,10,13,22 144:25 145:1,3 145:8,11 146:6 148:16,21 150:15 153:9 154:1,16 155:18 156:1 156:22 158:6 160:24 161:15 patients' 89:8 121:20 135:17 patronising 83:2 83:10 pattern 101:7 102:16 patterns 52:1 pause 114:10,11 peculiarities 72:1 pending 58:4 people 29:8 44:24 45:11 61:9 76:19 85:22 86:22 92:23 95:25 99:25 111:21 115:10 121:8 122:16 143:20 150:6,12 152:22 perception 110:16 perfect 80:1 perform 100:23 performance 60:10 152:18 performed 60:12,13 71:20 100:20 period 1:23 20:11 31:7 40:24 54:11 60:17 62:1	68:23 69:13 80:16 81:8 95:24 96:2 99:23,24 103:20 124:21 127:23 137:4 140:20 142:16 144:11,14 150:20 153:4 160:22 161:5 161:19,21,24 164:10 periods 162:1 permanent 152:23 permissions 36:6 permit 57:10 93:2 permitted 87:19 88:13 89:11 permitting 24:7 person 4:8,15 80:13 110:22 person-centred 128:18 129:3 personal 77:15 77:21 135:13 144:5,12 personnel 142:19 persons 43:19 70:7 perspective 33:19 49:7,16 110:4 119:22 perspectives 11:20 124:3 Perth 97:25 124:25 peruse 71:10 phase 1:13 24:21 30:4 31:18 32:4,7 40:2 43:23 73:18 75:10	phases 41:3 phrase 83:3,9 physical 81:22 96:6 97:9 150:5,12 physically 86:22 Physicians 114:25 pick 80:17 place 4:3,25 19:7,21,21 20:14,17 24:19 25:12 35:24 40:4 49:8 58:5 65:8 66:7,16 66:23 69:7 77:8 84:17 88:14 99:10 104:8 108:25 121:3 126:15 126:20,24 128:3 129:22 135:21 139:18 141:8 144:24 145:19 163:23 placed 109:22 123:10 127:17 129:15 145:1 149:15 placing 87:8 plan 10:11 13:25 17:17 19:3,5 20:12 38:19 40:19 46:12,19 64:7 66:22 70:1 99:17 129:10 136:4 163:10 planned 17:23 19:13 25:13 56:17 143:22 157:8 planning 7:2 11:21 18:7,15 19:19 21:5 22:12 24:2	58:13 plans 6:9 10:15 20:10 24:13 27:1 30:10,14 31:16 56:19 63:19,24 64:5 125:5 128:23 plate 80:25 platforms 163:5 play 4:17 9:15 11:25 74:14 75:7 160:13 played 117:14 117:14 158:5,5 plead 144:16 please 44:22 pleased 65:19 97:19 108:14 148:23 153:17 PLRT 134:12 pm 113:18 168:12 poignantly 82:4 point 7:2 21:25 26:14 29:21 58:1,6 99:15 112:5 129:1 137:10 pointed 21:10 35:18,23 points 125:19 140:1 162:6 police 47:13 111:6 policies 41:15 45:11 141:14 policy 11:13 25:23 26:1 27:19 28:2 74:10,14,18 75:2,15 76:1 140:9 151:20 153:2 poor 87:10 127:1,10,14 128:12,16
---	---	--	---	---

145:8 population 125:6 146:18 152:3 portfolio 116:3 150:18 151:19 portfolios 116:4 position 16:11 32:16,18 33:1 33:6,21 36:15 36:15 42:21 49:14 67:16 95:9 131:3,14 131:17 133:9 138:1,4 139:16 166:11 167:3,9 positions 28:16 28:17,21 30:3 positive 129:18 145:20 148:11 positively 146:4 Possession 140:2 possibility 34:14 38:20 145:22 possible 3:12 9:19 24:3 26:15 38:24 42:10 55:2 57:6 61:23 63:11 66:10 69:18 104:14 105:8 111:17 152:21 160:1 162:24 possibly 11:9 69:24 71:1 97:24 post 1:11 78:12 78:13 post-consultat... 7:11 post-mortem 96:20 postgraduate 115:23 postponed 64:6	postponement 26:2 108:18 potential 73:10 93:24 105:18 127:6,8 129:16 140:25 potentially 60:9 power 83:3,5,10 111:3 powerful 123:16 powers 17:4 50:14 55:4 104:19 107:10 practicable 29:19 practical 3:14 99:15 132:10 practicalities 34:5 practice 7:20 8:11 42:16 43:13 48:5,9 48:22 72:3 75:3 78:1 87:15 88:2 91:20,24 92:3 94:6 97:21 100:14 115:12 116:2 117:1 118:8,11 119:4 119:7,23,25 120:10,25 121:24 122:14 125:17 127:1 127:10,14,15 127:17 128:12 128:15 136:2 136:19,22 137:5,8 138:2 138:10,15,23 139:2,10 150:22 153:25 154:19 155:3 155:11 166:10 167:2 practiced 7:22	practices 94:5 102:4 129:17 practised 97:22 126:22 127:5 practising 42:20 89:11 92:6 101:23 practitioner 80:19 practitioner's 80:23 practitioners 50:24 115:9 pre-hospital 115:8 pre-operative 42:15 precise 20:10 47:21 precisely 17:23 predominantly 17:16 49:15 77:1 preface 79:5 prefer 109:11 preliminary 1:13 2:3 4:3,19 4:22 7:1 10:5 10:16 12:15 14:3 15:4 19:4 21:21 24:21 26:16 27:2,3 30:3 31:18 32:13 40:2,7 41:6 52:18 54:9,12 57:2 63:13 73:18,21 76:14 91:4 104:18 105:5 108:10 110:24 124:12 131:12 133:13 136:8 premature 59:13 premises 18:21 preparation	23:12 26:25 133:7,17 preparations 28:9 43:22 64:10 69:10 prepare 41:1 prepared 2:10 47:17 69:9 Prescription 144:4 present 4:10 12:14 69:20 77:23 128:9 presented 129:7 press 109:12 144:10 pressing 109:13 pressure 88:22 99:12 pressures 8:2 72:3 prevent 5:1 53:13 59:17 86:13 129:19 prevented 94:5 prevention 150:6 previous 28:12 38:21 43:11 49:21 60:21 105:10 128:8 139:1,9,21 153:11 156:7 158:11 165:1 previously 2:25 20:15,17 68:20 70:3 82:1 134:10 139:12 142:9 157:8 Price-Marmion 3:24 primarily 6:10 45:4 61:3 90:10 primary 125:8 152:3,11	principal 1:14 149:10 163:13 principle 38:2 60:19 65:24 75:21 130:22 principles 5:18 21:1 24:22 74:19,22 75:11 prior 8:11 77:22 102:4 138:15 138:16,23 154:18 156:15 159:14 167:2 priorities 152:20 prioritise 57:21 prioritised 22:12 priority 29:5,14 30:16 49:11 51:15,24 56:15 56:23,25 57:3 57:11 58:12 59:7,11,20 60:3,18 61:4,7 61:13,22 62:6 69:17 98:18,22 99:2 148:14 private 61:5 72:3,13 90:7 90:17 91:21,24 92:2,11,12,16 92:19,25 93:3 93:10,15 privileges 42:20 92:6 probably 109:4 140:22 Problem 112:7 problematic 166:19 problems 71:21 procedural 6:25 7:8 12:25 15:9 53:22 54:6 65:10 99:25 procedure 55:5
---	--	---	---	---

80:1,3 procedures 10:25 21:8 22:20 35:15 51:2 92:15 97:23 140:10 proceed 5:25 57:17 64:1,11 67:20 99:19 144:8 proceedings 1:3 1:9 4:10 137:23 147:11 proceeds 38:5 process 2:20 7:18 21:11 22:11 25:12 26:1,11 39:16 48:24 49:6,21 50:10,20 52:4 52:13 56:1,18 57:4 59:19,21 59:25 62:14 63:23 64:16 66:4 68:2,12 70:20 73:12 76:2,7 85:5 106:5 116:11 127:24 128:3 processed 57:1,6 processes 11:2 22:13,21 28:16 28:21,22 29:15 29:23 30:1 42:24 48:14 51:4 52:21 53:17 54:10 55:16,24 56:5 56:10,13,17,20 56:23 61:17,22 64:5 65:11 122:11 123:25 126:9,10 127:12 129:22 135:21 145:17 145:21 146:16	processing 24:7 procrastination 84:6 procurator 96:19,23 produce 22:9 64:2 91:7 produced 136:9 production 46:18 55:6 104:10 productive 24:2 productivity 76:24 products 42:12 profession 126:19 professional 43:3 72:12 94:6,9 102:14 116:7,12,16 119:23 120:25 122:9 125:20 126:14,24 127:24 129:6 145:17 158:13 professionals 34:18 36:20 115:5,8,18 121:14 Professor 2:19 62:13,18 64:9 68:24 100:6 108:12 126:3 134:15 155:8 155:24 161:9 profound 96:11 programme 17:9 156:12 progress 1:12 7:2 18:6 19:10 21:21,23,24 22:2 23:19,21 26:22 44:1,9 44:25 54:13 56:2,19 57:7	59:8 63:8,12 65:5,12 76:24 108:10,14 134:18 135:3 155:5 162:3 project 21:21 27:18 65:5 projections 17:24 projects 8:3 137:24 138:4 prolonged 83:7 prominent 47:14 promote 75:10 84:18 150:3,11 promotes 115:20 promoting 94:14 116:25 promotion 115:16 pronounce 5:12 proper 43:17 88:3 104:8 108:5 properly 20:23 98:9 106:15 109:19 110:3 154:24 proportionate 127:20 proposal 38:21 70:24 proposals 73:3 162:17 propose 11:15 33:20 146:20 149:5 159:25 proposed 7:15 11:12 33:11,25 73:6 98:14 133:20,24 prospect 22:24 protect 49:8 84:17 86:20	92:4 121:3 165:3 protecting 5:12 110:18 protection 56:7 56:21 58:9 68:16 102:25 124:11 135:6 135:10 136:1 protective 60:21 protests 84:10 protocol 10:17 26:13 31:8 50:4 53:2 104:10 protocols 10:17 provide 1:15 2:1 2:2 5:7 9:6 10:22 12:19 16:21 17:2,3 23:19 24:6,14 25:22 29:5 34:25 36:23 45:8 46:4,14 50:1,2 51:25 59:18 64:21 71:9 72:24 76:12,22 87:2 87:24 89:21 103:2 107:4,12 119:10,24 120:8 132:5,7 132:10 133:1 133:16 134:24 146:17 149:9 150:8 152:12 153:18 163:19 164:1,7 provided 5:7 13:14,19 14:16 14:20,25 15:16 34:12 35:1 36:25 37:1,11 38:3,6 39:7 51:21 53:23 55:3 58:25	66:9 67:7,15 72:24 76:16,19 88:18 104:3 106:3 117:15 133:25 134:10 142:9 153:9 154:2 155:19 155:25 158:6 158:20 161:6 164:16 provider 16:25 providers 14:6 16:19 provides 43:16 61:18 76:17 117:8 125:1 150:13 providing 30:17 33:12 35:16 37:24 44:8 59:23 62:23 67:9 115:22 116:24 117:20 119:15,22 142:17 149:7 provision 29:10 32:9 35:15 70:7 119:12 131:14 132:21 133:3,20 142:13 148:4 150:8 162:5 provisional 39:20 40:10 43:15 46:1 52:6 provisionally 71:12 provisions 29:11 29:14 38:11 52:19 64:4 PSG 116:18 psychological 67:2,14 96:6 97:10 130:14 130:23 131:5,8
---	--	--	--	--

Psychologists 130:25 131:9	pursuing 115:18	87:6 94:23	22:10 25:8	145:2
public 4:2,8,8,13	purview 92:22	95:14 102:3,16	29:18 59:17	recognition
5:2,10 16:10	put 49:7 58:5	103:25 119:13	159:12	78:25 83:16
17:14 18:22	65:8 66:7 73:6	121:24 122:17	reasons 12:8	139:8
25:23 26:7,13	86:18 89:8	123:17 127:21	14:14 18:18	recognitions
26:19 27:12	100:4 101:16	127:25 128:18	19:13 20:16	123:24
28:13 39:13	104:8 144:24	138:22 141:19	29:10 113:19	recommendati...
40:3 48:15	putting 82:13	144:13,25	reassurance	90:9 129:10
49:22 70:9	Q	147:6 154:1,11	67:22	156:5
74:9,21 75:18	qualified 70:4	159:17	rebuild 122:23	recommendati...
75:22 76:14	quality 91:16	raises 137:9	145:12	11:4,9 85:18
78:11 83:24,24	92:24 116:5,10	raising 17:13	rebuilt 110:6	89:4 93:9
84:3,8,10,23	122:6 128:16	64:18 93:22	recall 21:24	111:1,4,18,24
85:1,5,9 88:4	129:14 146:4	range 31:14	recalls 82:4	112:1,4,11
89:19 92:25	155:9,14	46:10 55:11	receipt 17:7	123:4 124:9
106:6,10	161:10	116:23 132:10	23:18,24	128:7 129:5,12
109:22 110:5,6	queried 70:21	139:10	receive 31:24	135:24 139:17
110:21 122:24	queries 64:18	rank 58:20	34:10,23 65:25	145:15 146:2
124:22 132:1	66:18 102:16	60:14	67:10 118:6	156:9 158:18
134:14 153:9	query 166:13	rare 126:19	122:7 137:15	160:2 164:25
156:17 157:6	question 32:22	rationale 139:22	148:12 161:13	165:3 167:12
161:3 162:15	63:14	reach 147:11	received 15:7	167:17
164:23 165:4	questions 52:14	reached 44:23	23:14 30:19	record 16:10
public's 29:17	54:19,22 55:10	64:10	41:7 44:7	78:14,17
publication 1:24	55:13 63:4,15	reaching 113:22	65:20 75:17	recorded 102:11
52:20 53:1	70:24 72:20	react 121:22	77:22 84:14	148:20
publicly 51:22	139:3 144:20	read 37:8 81:16	87:5 121:10	recording 42:5
52:17 59:2	148:3 159:12	86:15 102:17	143:14 153:24	records 41:19
published 5:6	quite 16:4 82:14	103:16 165:19	154:10,13	41:23,25 42:1
10:17 26:9	88:19 125:25	166:3	159:15	42:3,4,4 50:9
33:3 43:16	167:4	readiness 64:11	receives 140:5	50:13,22,24
46:3 52:24	quote 85:25	reading 114:6	recipients 23:16	51:1,6,9,16,17
53:5 112:8	86:16 102:11	ready 3:20 44:1	34:17 47:5,21	52:21,23 53:2
156:4,25	102:18	67:20 120:18	recognise 3:4	60:22 72:7
purchase 112:9	R	realise 99:5	21:2 38:12	81:2 100:19
purpose 1:14	raise 16:2 58:1	realising 97:7	148:2	102:8 103:3,25
2:1 6:2,9 84:25	69:21 103:8,13	really 82:14	recognised 1:16	104:4 107:15
85:9,16,17,19	raised 8:11	reason 68:18	35:7,8,10,22	107:15,16,18
88:5 89:17	10:19 13:1	92:9	36:8,22 37:15	107:21 108:1,5
107:7 110:2	15:10,18,25	reasonable 8:24	58:19 85:24	140:8,9 142:2
136:24 150:7	21:20 23:17	9:3 20:19 25:6	132:3 145:24	142:18
purposes 25:20	32:19 34:3	28:25 29:16	recognises 58:16	recover 50:13
41:24 51:13	54:5 63:14	30:6 35:25	121:5 122:22	51:1 55:4
53:6 107:25	64:22 71:2,21	61:10 74:23	123:2 129:25	104:20
Pursuant 2:10	85:20 86:5	84:16 121:16	135:16 137:25	recovered 50:21
		reasonably	139:3 141:1	50:25 51:7,12

51:17 59:23 recovering 108:1 recovers 51:9 recovery 26:21 50:15 53:1 85:23 95:6 recruited 29:2 recruitment 28:16,21,22 29:6,11,12,15 29:23 30:2,16 redress 82:23 111:23 reduce 129:19 reducing 116:18 refer 50:19 95:13 130:16 reference 1:19 7:4,9,25 8:3,6 8:9,13,15,19 8:19,23 9:3,10 9:17,17,18 10:10 11:7 16:9 20:21 21:1 29:19 39:14,18 40:4 41:22 42:8,16 42:18,21,25 43:4,8,10,14 45:14,19,22,24 46:20 47:20 48:10,11,12,16 48:17,19 49:19 49:21,23,24 52:8 53:8 60:10 61:1,6 61:25 62:2 67:18 71:22,24 85:1,10 89:18 89:21 90:2,3 90:16 91:6,9 91:23 92:1,8 93:14,18 94:7 95:12 98:2,10 104:22 111:25	117:13 120:1,2 120:3,3 125:24 138:13,24 139:5 143:19 149:12 157:9 157:12 158:2,4 158:10 159:2,3 159:23 160:16 162:19 163:9 163:15 164:3 165:10 166:5 166:13,15,17 166:24 167:4 referenced 166:16 references 159:8 162:11 referral 57:17 referred 5:21 6:4,5 28:10,19 46:23 87:18 97:13,22 99:23 137:13 156:1 refers 94:18 reflective 60:14 reflects 2:25 refrained 5:4 refused 82:1 103:5 refusing 103:1 regard 16:16 20:25 21:25 32:16 33:6,13 39:11 50:2 56:6 58:25 60:23 62:3 63:25 72:7,10 74:4,13 108:7 111:24 117:22 121:25 149:5 158:24 regarding 41:18 93:16 106:3 138:14,16 148:3 150:22 154:12,24	155:19,24 156:15 157:2 157:24 158:21 161:6 regardless 130:18 regards 29:24 49:14 73:18 122:5 160:17 164:13 region 124:24 register 91:10 154:18 registered 57:15 115:1 registrations 56:14 regret 148:20 regrets 142:6 Regrettably 19:9 135:7 regular 56:16 regularly 34:21 regulate 118:10 regulation 91:15 117:17 regulations 41:15 Regulator 115:2 regulators 118:12 119:1 regulatory 135:10 rein 11:19 reinforce 131:20 reiterate 3:6 21:13 165:8 relate 16:3 25:16 159:1,2 related 22:5 29:12 43:12 52:22 56:6 127:15 141:16 166:4 relates 45:1 101:11 109:16	159:6 relating 7:25 8:7 26:21 29:10,14 32:14 34:4 41:8,16 45:7 45:14,18,19,23 47:19 48:8,12 50:16 52:23 59:2 68:1 71:2 72:3,14 73:4 75:13 91:8 92:6 103:19 111:9 122:13 125:20 126:2 135:12 136:1 139:1 140:19 157:23 158:8 relation 36:6 47:15 63:20 71:13 88:6 91:14 93:14 94:7 99:9 116:1 117:20 120:6 123:18 125:16 129:6 130:5 131:14 132:14 135:21 138:9 141:20 143:9 149:8,12 152:12 153:1 157:17 160:5 161:11 162:13 165:15 166:9 166:25 167:10 relationship 53:16 94:13 relationships 129:2 relative 96:18 relatively 11:19 36:17 relatives 95:22 released 46:2 relevance 27:17 52:8 137:20 149:13	relevant 16:23 17:4,8 18:2 41:17 43:20 46:18,21 47:20 48:13 52:5 54:4,19 61:20 89:3 90:4 93:13 96:2 107:12 111:21 124:1 139:24 140:2 141:3,22 142:11,22 143:13 153:4 160:21 161:5 161:19,24 162:9 164:19 reliable 128:6 reliant 21:12,13 107:25 reluctant 87:2 rely 77:7 remain 3:5 30:9 39:21 69:21 100:7 108:7 113:3,5 remainder 51:18 remained 32:18 63:19 67:3,24 68:4 137:1 remaining 63:16 68:15 remains 16:11 29:9 33:15 37:13,17 38:20 74:5 90:5 144:21 remembers 79:15 reminded 26:6 remit 7:19 20:21 39:17 46:25 50:18 61:21 64:15 92:23 97:20 106:17 112:16 149:7
---	--	---	---	--

149:19 164:3 166:9 remote 37:20 remotely 1:9 removal 91:9 remove 154:17 removed 38:1 56:1 renders 82:15 Renewed 141:19 repeat 93:25 126:3 148:17 165:3 repeatedly 82:19 84:2 103:24 replace 116:12 replacements 157:7 replicating 94:5 reply 15:9 17:18 17:20,21 report 29:18 59:11 66:15 82:25 83:1 102:7,10,11 136:5 154:2 156:3 157:1,5 reported 43:13 135:8 144:9 150:21 164:21 reporting 43:6 72:16 118:21 128:22 159:7 reports 9:2,4 23:21 69:2,4 70:8,23 71:6 72:22 125:10 139:9 143:11 159:9 represent 5:5 14:4 31:13 35:3 57:12,24 58:18 77:20 82:10 98:21 100:7 113:6	132:1 147:17 147:20,22 representation 31:25 32:9,11 32:22 34:15,19 34:25 37:22,25 38:3,7 64:24 65:17 95:2 131:15,23 representations 62:4 93:13 representative 6:12 30:24 37:15 38:10 representatives 1:17 2:8 4:12 4:16 6:11 12:9 13:5,9 15:19 20:2 21:18 22:8,18 30:22 31:1 32:25 33:5,16 34:3 35:2,7,8,10,22 36:9,22 39:9 43:25 48:8 52:11 57:22 58:19 62:17 77:15,21 78:5 96:15 103:24 108:13,20 112:19 116:21 131:25 132:3 155:7 represented 2:13 13:10,12 13:17,23 14:12 14:15,17,21 15:1,6,14,21 17:12 30:22 66:2 69:20 78:3,9 representing 2:13 12:23 14:7 represents 58:16 request 17:7	34:10 37:5,8 44:7 47:16,18 54:18,21 63:4 71:8 106:10 143:12,13,16 162:23,25 requested 24:10 96:19 135:5 requesting 64:20 requests 18:11 23:16,18,22,24 30:6,13 32:6 34:16 44:9 45:1 46:17 47:5,25 52:9 54:14 68:19 69:8 140:5 162:19,20 require 17:2 24:1 26:19 31:21 34:2 35:19,23 36:4 38:11 47:1 52:24 61:1,5 61:15 88:15 92:1 112:19 137:21 required 11:1 20:24 23:20 29:15 44:1 56:5,9 64:15 109:19 125:4 134:24 135:22 requirement 29:18 30:14 39:5 51:11 136:3 155:2 requirements 29:7 43:6 68:10 72:14 74:23 requires 16:12 23:4 25:14 28:24 29:1 55:11 64:2	65:8 91:22 110:6 164:17 research 8:3 61:23 72:4 94:13,14 137:24 138:1,4 138:7 reserved 20:7 resigned 154:7 resisted 84:3 resolution 26:20 resolve 47:2 resolved 58:10 63:16 68:6 resources 117:8 152:20 respect 2:7 3:9 117:24 119:16 143:5 149:3,10 149:14,17 153:10 156:6 156:10 157:18 158:25 159:11 159:14 162:24 163:14,17 164:8,14 167:8 respectful 18:4 83:9 98:6 respectfully 93:5 94:2 162:16,23 respective 124:24 respectively 54:23 respects 5:9 36:5 respond 66:17 129:16 140:4 147:5 152:20 responds 127:8 response 30:19 37:7 44:6 64:22 74:4 84:16 87:6 118:25 119:4	127:10,13 128:25 130:20 143:15,21,25 155:20 159:17 163:2 responses 47:24 responsibilities 27:24 35:13 71:20 72:15 116:4 149:7,19 161:20,25 163:20 164:8 responsibility 58:22 72:9 90:24 148:4 150:17,25 151:3,9,12,15 152:10 158:9 responsible 83:7 87:14 89:13 105:21 124:23 124:24 128:4 150:18 151:5 rest 45:4 restore 84:21 86:19 restored 110:9 restrict 160:4 restriction 5:12 52:22 restrictions 52:20 58:10 127:17 restructuring 42:11 result 19:10 21:5 64:12 74:17 93:5 137:22 results 75:4 81:19 95:16 resume 44:17 167:24 retain 59:7 150:16 retained 138:19
--	--	---	---	---

140:13	160:3,25 161:2	91:8,12,13	163:3	2:17 6:14
retention 104:11	161:12,15,16	93:20 94:12	rules 6:14 7:24	14:16,20 35:9
141:21	162:14,15	116:15 117:13	31:2 35:9,14	47:7,8,13 67:1
retire 154:7	163:6 167:13	117:14 120:9	36:3,18 45:22	85:22 91:14,17
retired 115:12	review's 129:9	124:7,16	132:2	92:22,23 93:11
retirement	reviewed 49:11	149:13 152:11	run 17:22 69:1	119:11 124:18
81:16	reviewing 120:5	158:4,5 159:5	76:3 80:10	136:20,22
retrospectively	144:15	160:12 161:11	running 20:7	137:8 144:4
42:3	reviews 22:14	164:5,8,14	<hr/> S <hr/>	147:1,2 148:5
return 14:14	43:11 51:12	roles 27:7 45:10	sadly 80:23	149:21,22,24
15:13 21:24	54:16,20 56:3	72:4 142:11	safe 121:17	150:2,3,6,12
23:14 25:17	84:4,6 105:10	163:20	146:17 168:8	150:16,17,19
28:4 40:10	119:6,9 125:16	room 4:11 6:6	safeguard	151:2,8,22,25
45:25 46:14	125:18,23	19:23 82:25	144:24 145:22	152:22 154:22
49:12 51:15	128:8 139:1,13	107:19 145:25	safety 43:7	155:16 156:10
58:7 120:15	139:21 145:16	167:23	47:12 74:19	158:9 163:22
reveal 84:13	155:25 156:8	rotations 93:25	86:1 90:23	168:5,6
review 2:19	157:18 158:11	route 75:16	91:12,16,18	Scott 13:13
14:10,13 15:6	158:16 164:2	routes 128:9,21	110:19 116:14	77:13
18:12 20:3	165:1	routine 105:23	116:18,23,25	Scottish 2:14
21:11 44:2	revised 64:6	royal 2:15 7:22	117:3 123:7	13:23 14:5
48:3,21 50:7	68:8 128:10	14:24 47:8,9	125:21 127:7	18:19 20:9
50:19 53:7	right 6:12 21:7	97:24,25 102:7	129:14 130:2	28:23 29:4,22
57:1 60:11	29:8 30:8	105:14 113:25	145:1 148:13	30:5,15 43:13
61:7,11 63:6	44:16 74:6	114:3,14,18,19	sake 13:1 16:15	47:6,14 64:16
85:6 92:20	81:14 96:1	114:19,21,23	sat 87:17	64:21 65:6,7
93:2 98:19	105:4 124:5	114:24,25	satisfied 88:4	65:16 66:5
99:9 100:5,8	167:20	115:3,13,15,19	saying 95:3	67:8 68:1
100:10 102:20	rightly 16:4	116:14,15	108:16 160:5	83:14 84:2,8
105:19 106:7	58:15 95:24	117:5,11,21,25	167:14	90:4,10 91:1
106:20,21	rights 15:8	118:2,4,6,10	scared 79:13	99:6,13 106:9
107:1,8,25	35:12	118:14,16,17	scene 45:4	106:18 111:11
108:7 118:18	rise 23:21	118:19,22	163:18	115:2 119:8
118:20 120:7	139:25 165:4	119:1,6,14,20	scenes 100:1	125:11,12,13
124:1,8,11	risk 80:4 129:19	120:4,8,11	schedule 20:16	131:1,10
125:15 126:1,2	145:2	136:24 137:1,4	scheduled 23:1	140:11 141:14
126:5,6,11,13	risks 80:3	137:6 154:2	25:9 26:17,24	144:19 146:22
129:4,13 134:8	robust 86:9	rule 6:14 17:7	scheme 118:15	147:13,17,20
135:20,25	rogue 88:9	18:11 23:15,18	151:14	147:23,25
139:7,14,16,17	role 9:13 25:15	34:10,16 37:5	scope 46:1,18,21	148:2,10,15,23
139:25 143:1	27:8,15,23,24	44:6,9 45:1	72:25 93:14	149:2,8,10,14
145:6 147:4	35:20,21 39:6	46:17 47:5,16	136:19 137:18	149:20,20,25
148:24 153:8	42:10,21 47:14	47:18,24 52:9	139:24 159:23	150:2,11,16,18
154:3 155:23	47:21 53:11	52:15 69:8	166:4 167:16	150:22,25
156:3,21 157:1	59:7 60:25	143:12,13	Scotland 2:16	151:4,6 152:6
157:5,7 158:21	75:7 90:6,17	162:19,20,25		152:6,9,15

153:1,5,13,14 153:15,22,23 154:5,9 157:5 157:16 158:1,7 158:8,12,13,20 158:25 159:6,8 159:9,11,13,17 160:18,23 161:10,21,25 162:3,7,12,16 162:23 163:5 163:13,16,19 164:5,7,10,13 164:21 165:5 Scottish-based 76:16 scrutinise 88:24 128:22 scrutinised 86:9 87:25 scrutiny 88:3,15 148:8 search 83:1 148:20 season 97:13 seated 44:22 second 4:2 49:13 125:14 126:25 159:16 secondary 125:8 Secondly 18:8 22:5 52:4 85:2 164:18 secrecy 112:24 Secretaries 150:24 152:8 160:21 secretary 1:19 14:8,11 27:8 27:12,22,23 63:18 64:17 65:18 66:11 67:6,23 68:5 75:23 85:23 86:17 124:23 148:18 150:19	152:13,23 153:7 154:20 155:1,17,22 156:13,18 163:21 Secretary's 152:14 section 17:8 18:11 19:5,7 19:20,25 20:14 23:2,13 25:10 25:11 26:16,22 26:24 34:10 37:6 38:19 40:18 44:10,13 44:25 45:1,3,6 46:1,3,7,19,21 47:3,5,18,24 48:1,6,20 49:1 50:15 52:12,15 69:5,12 71:1 71:14 73:7,12 73:13 98:5 104:17 108:18 108:21,24 109:5 112:4 142:18 143:12 143:14 144:4 149:22 150:1 150:10 162:20 163:18 164:4 164:12 sectional 10:11 163:10 sections 28:9 44:5 45:9 46:5 46:11,24 163:17 sector 28:3 90:7 90:18 93:3,10 93:15 sectors 92:25 secure 148:4 150:5,8 secured 130:22 security 135:23	136:5 see 21:8 22:15 82:7 91:1 104:6 110:2 111:10,12 112:10 113:8 seeing 85:11 96:17 143:11 seek 20:5 22:19 29:2 55:16 71:18 74:6,20 82:22 111:23 120:11 133:25 145:21 seeking 15:10 34:15 50:10 75:10 83:18 154:22 seeks 143:16 seen 95:10 127:3 sees 147:5 select 98:18 selected 58:12 62:12,12 selection 30:9 48:7 self 130:15 self-evident 95:15 send 80:19 senior 2:5 3:23 27:7 37:11,14 37:18 38:3,9 42:1 141:19 151:10 155:7 sensitivities 56:6 sent 6:20 11:18 15:6 23:16 33:2 34:16 37:6 52:9 55:8 57:15 63:3 73:2 75:12 130:10 135:11 sentiments 148:17 separate 15:13	37:12 38:3 40:13 67:2 114:23 154:1 separately 5:8 93:23 separation 36:24 37:20 39:4 72:12 September 2:4 4:3,19,23 12:16 20:8 21:22 26:24 30:18 32:13 40:7 57:2 108:10 109:2 131:13,18 132:12 153:6 154:4,20 157:4 162:18 series 84:5,9 156:5 serious 103:14 123:17 seriously 145:14 serves 1:25 service 27:11 36:12 42:9 66:8 67:1,2,6,8 67:12,15,22 76:3,4,10 85:21 86:2 101:17 119:12 130:16 140:10 149:24 150:1,4 152:5 services 25:14 34:9,13 66:4 66:25 67:4 76:15,19 91:15 119:7 123:12 124:19,25 125:1,6,7 130:23 131:5 137:1 146:15 148:5 150:9,15 152:21	session 134:14 set 11:19 12:12 19:7,14,18 20:21 23:6 26:5,12 27:13 30:11 31:7 32:16 39:24 52:19 53:2,10 67:16 70:3 75:5 90:13 105:7 116:11 126:4 131:1,17 132:11 133:19 134:23 152:20 155:4 162:17 sets 55:24 setting 39:21 45:4 85:5 106:6 115:23 120:9 130:11 140:15 153:14 154:11 155:2 163:18,19 seven 124:6 151:1 severe 79:18 94:18 severity 81:23 shame 82:7 Shane 14:18,22 shape 75:2 shaping 167:15 share 58:8 123:11 155:2 155:11 shared 6:5 51:19 54:4,7,24 55:23 56:13 57:11,21 sharing 18:19 42:17 56:11 57:9 163:24 164:19 Sherrard 28:7 shine 112:23 shocking 78:14
---	--	---	---	--

short 5:24 15:20 16:8 44:20 143:21 165:19 166:3,9 shortly 12:8 86:18 shown 113:5 shrink 123:3 shrouded 112:24 sickness 143:22 side 9:23,25 81:15 sight 37:5 96:4 signature 57:9 significance 50:18 56:25 significant 16:9 27:10 44:13 58:17 71:16 80:16 81:7 107:14 123:25 signpost 34:8 signs 127:1,2,10 127:14 128:12 silent 87:17 similar 66:1 71:2 89:5 122:21 simply 25:20 59:12 82:22 88:9,13 92:15 134:18 167:4 sincere 148:15 sincerely 30:13 135:15 144:21 145:5 sincerest 121:9 135:14 single 129:1 sir 3:22 4:5 5:11 6:9,17 12:11 14:2 16:7 17:13,22 18:6 18:7 19:11,25 20:17 23:10	24:18 26:14,18 30:20 31:4,9 31:19 44:8,23 47:1 53:18 62:17 63:18 64:17 67:23 68:5 69:22 76:21 77:11 78:10 79:6,10 81:25 82:9,24 86:18 88:7 89:25 91:17 92:9 93:1,12 94:21 95:10 100:3 103:13 104:5,11,18 109:9 112:13 114:2,7,13,16 115:13 119:17 120:13,20 146:19 147:16 147:24 149:12 157:9 159:20 162:2 165:5,19 165:20 166:2,7 166:12 167:8 167:14,19 sit 151:18 165:13 site 100:25 sits 155:15 situation 21:22 82:17 86:25 99:22 121:19 122:21 133:11 six 69:5 150:23 sixth 136:7 sixthly 25:23 165:2 sizeable 115:7 skewed 93:5 slightly 99:20,25 slot 19:22,23 20:7 69:24 small 79:6 80:10 80:18 112:5	128:19 Smith 3:25 27:9 27:10 28:6 social 1:20 14:11 85:24 92:24 148:18 150:20 151:4,7,9,18 151:21,25 152:4,11,15,17 152:19 161:19 161:23 163:22 Society 62:20 66:21 solely 87:12 solicitor 32:2 37:11,14,18 38:4,9 solicitors 13:10 15:16 28:7 34:21 66:20 100:12 solutions 40:22 soon 24:13 29:18 31:17 57:13 58:10 63:10 66:10 71:6 141:6 sorrow 148:20 sorry 114:9 121:18 144:22 145:5 165:20 165:20,22 166:24 sort 49:9 52:1 sorts 6:20 sought 6:24 7:7 23:13 29:3,5 30:15 51:18 65:1,16 88:17 91:5 97:4 101:24 110:8 120:4 129:13 132:13,16 134:2,3,20,23 135:20 142:18 143:18,24	145:12 sound 20:24 source 21:17 space 4:5 81:13 102:13 Spark 76:16 speak 2:22 5:17 78:8 122:16 125:21 160:22 161:5,11,14,19 161:24 special 151:1 specialist 71:13 specific 39:18 100:23 116:3 162:21 speech 148:19 speed 20:18 28:25 29:7,24 spent 22:1 sphere 28:13 spinal 79:17 81:6,10 105:15 spine 79:22 81:1 spirit 3:11 19:14 spoke 100:13 spoken 13:16 113:23 sponsor 64:20 65:19 sponsored 147:22 sponsoring 14:9 14:12 sponsors 29:4 64:16 spread 45:17 spring 19:3,8 staff 8:8 9:24 30:2,10 41:25 42:1,23 71:24 72:4 97:12,15 120:1 125:21 141:17,20 145:11 staffing 18:9	25:18 27:3 stage 11:5 12:10 12:22 17:14,18 36:21 46:15 58:11 59:18 64:10 115:10 118:22 122:12 136:18 stages 31:15 55:25 116:1 staging 1:11 84:9 stakeholder 161:6 stakeholders 27:20 74:16 160:24 stance 110:15 stand 2:6 21:13 standard 24:25 40:11 55:7 standards 91:16 115:16,21 116:5,8,8,12 116:16 120:10 153:2 standing 22:2 71:8 start 7:2 49:10 71:6 114:12 168:4 started 73:12 starting 50:13 147:9 state 34:23 124:23 stated 2:25 32:23 106:17 144:19 statement 3:21 3:25 6:13 13:4 13:15,19,21 14:1,17,19,21 14:23,25 15:2 15:21 16:8,22 17:8 18:23
--	--	--	---	---

23:7 34:11 40:14 53:19,20 53:22 54:14,18 54:21 58:15 62:9 63:1,4 64:23 66:13 67:17,19 68:19 75:13 77:10,17 84:24 85:8,11 85:14 94:18,22 95:11 103:17 113:11,12 114:1,2,5,6,8 114:13,15,16 117:21 120:19 123:15 124:6 125:25 126:5 131:2 143:17 146:21 147:15 165:7 169:5,6 169:7,8,9 statements 1:9 1:17,25 2:24 5:3,16 6:22,23 6:24 7:6 9:13 11:21 12:24 13:3,6 17:11 17:17 21:19 22:10,13,20,25 23:1 24:7 32:7 32:10 33:17 40:15 46:17 50:3,7 52:10 53:3 54:3 55:6 63:7,22 66:9 67:11 68:22 69:9,15 73:4 75:16 102:21 142:15 146:25 147:7 149:5 160:11 162:5 167:24 statistical 45:16 status 16:7 30:20 31:3,13 31:20 35:12	38:12 147:24 statutory 50:15 55:4 104:19 118:12 150:3 steer 147:8 step 63:2,22 steps 35:23 39:25 94:3 132:9 146:15 148:12 153:11 154:23 158:17 162:25 164:20 stepwise 63:5 stipulates 76:7 stop 5:23 77:9 stored 163:6 story 98:5 113:7 strategic 27:19 strategy 11:14 26:2 28:1 74:15 75:5 140:8 152:18 strengthen 122:9 126:9 136:3 stress 79:1 106:14 stressed 59:6 106:13 strive 89:2 112:23 striven 99:20 strives 20:18 strong 90:5 structure 45:10 structures 136:4 student 93:21 students 115:11 study 80:5 sub-standard 48:9,22 60:9 subject 6:6 21:8 34:1 39:1 50:4 54:20 70:12 86:9 118:16 150:2 161:21	162:1 submission 2:20 2:22 13:15,20 15:16,23,24 30:6 32:17 33:2 35:5 38:5 44:15,24 53:23 53:24 58:1 64:22 67:18 70:22 77:7 83:9 89:17 95:8 98:6 101:10 147:3 159:22 160:4 166:8 submissions 2:8 2:12 6:2 8:14 12:20,25 33:10 39:11 40:8,15 53:21 54:6 59:3 109:16 117:25 131:17 131:19 132:12 132:13 133:13 133:19 165:18 submit 8:5 111:25 160:10 submitted 5:3 7:18 8:17 9:12 9:25 11:4 13:7 15:20 17:19 54:3 112:2 114:5 suboptimal 94:5 subparagraphs 167:7 subsection 138:13 subsequent 63:17 83:19 subset 128:19 substance 7:7 substantial 154:10 162:13 substantially 65:1	substantive 6:25 7:3 63:22 112:21 succumbed 96:16 suffer 80:7 suffered 74:24 86:22 96:3,7 121:10 148:16 156:22 suffering 83:7 83:17 87:3 97:18 suffers 79:23 sufficient 43:19 65:14 84:4 144:24 sufficiently 41:23 127:19 139:10 167:5 suggest 37:24 38:2 44:15 94:2 159:24 160:1 suggested 62:8 111:13 134:4 suggestion 167:10 suggestions 9:11 10:2 39:15 41:7 54:8 55:20 70:17 89:23 160:9 167:18 suggests 1:14 suicidal 96:7 suite 1:7 summarise 86:18 126:5 summary 126:16 summer 103:21 supervising 105:21 supervision 8:8 8:18 48:24	49:18 61:24 62:1 72:5 93:17 94:1,4 100:21 105:13 120:1 122:4 127:19 156:11 supplement 71:15 supplemented 40:20 support 3:12 31:25 32:14,21 33:12,22,23,25 34:9,13 35:16 35:25 36:12,18 36:25 37:1,17 37:22 38:7,8 38:13,22,22,24 39:5 65:25 66:1,13,22,24 67:1,2,4,9,14 76:3,5,11,15 76:17 80:23,23 100:11 106:21 112:2 116:13 116:23 117:9 119:16 124:9 130:4,6,7,11 130:14,23 131:5,8,11,15 131:21,23 132:5,7,10,14 133:16,21 134:9 supported 82:5 supporters 35:21 supporting 112:15 117:7 supports 119:8 136:20 sure 18:1 100:1 102:19 surgeon 81:22 82:12 88:9 102:12,15
---	---	--	--	---

surgeon's 82:13	sympathy	109:9,20	120:21,24	166:21
surgeons 2:15	148:15	113:15 146:15	121:2,5,8,17	Tayside's 32:25
14:24 47:8,9	system 38:1	155:11 160:11	121:18,22	33:1,11,18
62:21 102:7	98:19 115:19	163:7 167:23	122:1,5,9,12	35:6 36:10
105:14 113:25	117:18 127:11	taken 4:3 11:22	122:21,25	67:17 84:22
114:3,14,20,21	128:12	19:11 22:6	123:7,16,18,20	103:16 105:2
114:24,25	systemic 21:16	26:3 27:23	124:7,16,17,17	124:8 125:14
115:1,4,6,8,15	52:7 56:25	35:23 69:9,18	124:19,24	126:8 129:4
115:22,25	78:11,12,21	86:7 88:18	125:4,10,18,19	131:2,16,24
117:11 118:17	83:3 98:3,8	89:23 94:4	126:1,22,23	133:3 134:12
118:19,23	106:16 110:3	110:5 132:9,19	127:5 128:21	134:17 136:6
119:21 154:2	125:18	139:13 141:8	129:8,9,13,24	138:9,15 140:8
surgeons'	systems 4:25	145:14 146:11	129:24 130:6	145:7,18
118:10 119:7	24:19 35:24	148:21 153:11	130:10,17	155:20 157:2
surgeries 79:11	41:15,20 43:9	156:7 158:17	131:4,7,12,13	teach 87:19
80:9 92:12	43:12 45:12,18	162:25 164:20	131:20 132:2,3	team 4:4 12:20
100:20,23,25	45:19,23 48:13	takes 30:23	132:4,6,9,13	22:1,5 25:15
100:25 103:19	49:7,14,20	talk 59:11	132:16,20,23	25:19 27:5,21
140:19 141:16	53:12,14 56:10	talking 110:20	133:1,5,9,15	28:5,11,17
surgery 42:7,13	56:24 61:3,16	tampered 104:1	133:18 134:9	29:2 37:12
60:12,13,16	65:9,10 72:15	Tayside 2:14	134:20,24,25	38:22 40:21
71:19,22 72:1	72:17 84:17	9:22 13:17	135:4,8,11,15	41:11 58:23
79:13,16,17	88:14 104:8	32:15,16 33:5	135:18,23	64:20 73:8
80:14 81:6,10	109:24 121:3	33:7,21 34:4	136:10,17,20	99:12 103:15
81:11,19	122:3,11	34:10 35:2,5	136:23 137:7	113:1,4 116:21
100:25 105:15	123:24 126:8	35:20 36:12,22	137:13,15,16	118:7 123:22
105:16 117:10	126:10,20,24	37:5 41:17,20	137:17,25	126:11 128:20
surgical 9:23	128:11 129:15	42:8,10,17,19	138:3,6,11,21	128:25 130:20
71:23 100:24	129:22 135:21	42:23 43:3	139:2,2,11,20	131:24 132:20
115:17,24,25	138:17,19	45:20 47:6,17	139:23 140:3	133:3,6 147:22
116:21 117:3,6	139:18 145:21	50:14,22,23	140:17,24	167:19
117:7,9 118:4	146:16 156:23	60:17 62:15	141:7,19,25	teams 117:7,8,9
119:7 120:10		67:16 70:21	142:6,9,14,17	145:18
surrender 82:14	T	71:2 76:9	142:23,25	technical 10:22
surrounding	tacit 88:10	77:23 83:13	143:13,15,20	42:6
43:12 66:3	take 3:16 4:15	84:1,7,15 87:6	143:24 144:9	technicalities
106:1 145:13	8:5 12:10,11	87:7,10,13	144:14,17,21	111:8,12
suspect 94:22	18:16 19:7,20	88:14,16,21,25	144:23 145:2,9	techniques
109:3	19:21 22:16	88:25 91:8	145:25 146:6,9	94:14 100:21
suspended 94:1	25:12 27:25	93:22 101:24	146:12,14,18	tell 79:9 80:5
153:25	28:19 30:6	102:24 103:1	148:6 150:21	98:5 113:7
suspension 8:19	33:16 34:7	103:21 104:8	153:24 154:3	146:24 147:10
72:6 77:23	41:3 44:11,17	105:19 106:2	154:12 156:5	telling 109:3
83:25 157:19	53:9 69:11	110:14,17	156:24,25	ten 24:17
157:25 159:15	74:12 81:16	111:8,10	158:15,23	tend 37:23 38:1
sutures 80:2	88:12 108:25	113:13 120:17	159:7,9 160:23	61:9

tender 76:2,7	166:13,15,16	164:20	144:2,7	79:25 80:12,21
tendered 2:20	166:23 167:4	Thomson 13:24	time-barred	81:2,5,8,20,21
term 7:24 8:3,6	territorial 151:1	13:25 146:22	144:17	94:10 107:16
8:9,15,18,19	155:7	147:12,14,15	timeframe 144:9	107:17
8:22 9:3 29:19	tertiary 125:8	147:16,16	timeliness	tomorrow 14:19
41:21 42:8,16	tested 109:23	165:13,19,22	158:15	14:23 15:3,18
42:18,20,25	text 24:25 54:22	166:2,7 167:21	timely 122:18	53:25 113:23
43:3,8,10,14	textbook 112:7	167:22 169:9	159:18	147:9 167:25
45:14,18,21	thank 44:16,22	thorough 136:21	timeously	168:9,10
48:10,11,16,18	44:23 77:4,9	thoroughness	111:22	tomorrow's
49:19,23 61:6	77:11 85:15	20:19 28:25	times 79:20	146:25
61:25 62:2	109:14 113:9	thought 9:18	87:11 102:12	top 57:12,14,25
71:23 90:16	113:10,15	10:3,6,8,12,21	127:13	58:25 59:4
91:8,22,25	120:13,14	63:15 73:6	timescale 66:6	60:1,2 62:10
92:7,11 93:18	146:19 147:16	105:17 107:2	143:21	63:3 68:20
94:7 95:12	147:23 165:11	113:20	timescales 68:3	69:16
111:25 138:12	165:12 167:20	thoughts 167:18	timetable 12:12	topics 18:8
158:3,9 159:2	167:21 168:2	three 19:2,3	13:3 20:6 23:8	162:22
159:3 164:3	168:10,11	47:13 81:12	30:11 57:8	total 30:23,25
terms 1:19 3:14	thanks 76:21	102:9,12 144:6	64:3 68:8	124:18
7:3,9 8:13 9:10	theatre 97:3	three-week	timetables 65:10	touch 34:22
9:16,18 10:10	103:18 140:18	19:21	68:21	touched 166:23
11:7 20:21	141:9,12,16	three-year	timetabling	Tracey 120:22
21:1 35:9	thematic 150:14	144:11,14	20:14 22:4	tracing 34:6
36:18 39:3,14	themes 48:8	Thursday	63:25	tracking 56:2
39:18 40:3	49:4 100:13,17	168:13	timing 31:22	train 87:19
45:24 47:19	thing 79:15	ticket 97:13	48:4 139:12	trained 76:7
48:12,17 49:21	80:15	time 2:23 12:2	timings 17:22	trainee 93:21
49:24 52:8	things 7:16	13:2 19:24	tirelessly 83:23	trainees 94:4
53:7 56:11,21	21:12 49:6	21:23 22:1,6	titanium 80:25	115:11 127:3
57:17 61:1	52:1 53:13	23:17 24:4,5	today 1:11 2:6	training 8:8
71:22 84:14,15	61:9 69:7 72:6	31:3 42:7	13:14 18:24	42:22 43:5
85:1,9 89:18	78:19 86:1	46:25 54:2	30:12 64:25	67:10 71:24
89:21 90:2,3	99:14,24 109:7	65:13 68:7	65:17 67:21	72:4,11 115:22
91:6 93:14	124:4	69:14,24 73:18	76:15 77:12	116:16 117:1
98:2,10 104:10	think 17:13	80:16,18 81:8	87:20 98:15	119:25
104:21 117:13	104:23 107:19	86:10 88:19	106:11,14	trajectory 45:16
120:2,3 125:24	108:2 109:12	105:6 108:12	120:20 123:14	tranche 23:2
132:2 138:23	119:18 163:11	109:20 111:9	134:1 143:6	Transcripts
139:5 143:19	166:4	112:13 118:6	145:18 147:7	26:8
144:8 149:12	thinking 11:5	121:8,15	160:4 168:2	transitional
149:22 150:1	third 79:12	127:21 129:23	today's 3:14	73:17
157:9,11 158:2	105:17 127:9	139:24 140:6	65:17 114:5	transmission
159:23 160:16	130:4	142:11 159:24	147:11	5:23,24
163:9,14	Thirdly 18:9	163:7 167:10	toddler 80:17	transmitted
165:10 166:5	23:12 85:3	time-bar 124:13	told 66:17 79:14	4:24 5:2

transparency 101:5 122:19 122:22 146:8 transpires 57:14 trauma 74:17,24 82:5 132:24 145:3 trauma-infor... 11:13 18:14 25:23 28:1 73:16 74:10,14 74:18,21 75:14 75:20 76:1 79:1 98:12 123:23 130:14 148:25 traumatic 86:15 treated 8:2 23:25 80:13 82:22 95:23 97:12 98:23 137:16 treating 78:19 treatment 42:6 60:16 77:22 80:20 82:11 84:11,14 86:6 87:2,18 95:16 97:15,23 103:4 107:4 112:1 121:10 122:7 137:14,15 148:13 150:7 154:12 155:19 155:25 treatments 97:10 triage 59:25 98:19 tried 106:13 trouble 12:21 true 78:1 truly 128:17 trust 76:11 82:16,18 84:20 84:22 86:3,5,8	86:11,19 87:8 97:16 101:16 101:22 109:21 109:22 121:16 122:1,23 123:8 145:10,12 trusted 101:18 101:19 trustworthiness 74:19 truth 83:1 89:16 112:23 try 4:25 12:22 12:24 20:4,5 22:21 64:7 99:13 126:7 141:22 trying 74:5 85:4 turn 19:17 26:1 38:1 65:22 77:3,5 85:8 93:16 95:17 101:10 106:5 125:12 130:4 138:14 142:8 Turnbull 120:22 turned 89:9 turning 85:16 89:18 91:21 105:10 134:7 136:7 144:2 157:9 162:10 two 12:6 17:25 22:13,21 28:7 30:21 31:12 49:2 51:3 53:16 54:10,21 55:12,24 56:5 56:10,13,17,20 56:23 64:5 81:13 102:13 109:7 155:18 156:1,23 159:12 161:14 161:15 two-day 4:6	types 71:19 <hr/> U <hr/> UK 27:11,13 90:19,24 115:20 130:25 ultimate 50:7 150:16,25 ultimately 11:9 17:1 39:23 55:3 76:5 166:12 167:9 Una 13:18 120:20 unable 80:16 81:15 97:16 103:2 unaccountable 83:2,10 unclear 32:19 37:13,17 68:4 uncommon 137:14 unconnected 29:10 uncontroversial 29:13 uncover 112:23 undated 102:10 undergone 79:10 underlying 100:18 undermined 145:10 underpinning 45:18 understand 14:15 17:10 29:12 33:18 58:2 64:9 66:21 67:20 68:24 78:21 90:25 91:16,20 102:2 117:16 119:2 124:3	145:13 understanding 14:4 21:15 51:3 57:18 64:4 65:4 68:13 79:2 91:18 126:7 129:2 131:3 understands 63:2 65:23 66:24 121:7 122:1 140:24 145:9 understood 38:21 62:18 67:24 98:1 131:7 138:3 undertake 19:15 41:2 110:25 111:3 undertaken 7:15 10:3 25:5 46:11 93:25 125:16,23 126:11 141:17 158:11 164:9 underway 25:24 30:1 65:3 68:9 68:14 underwent 81:12 92:15 unfair 23:3 unfairness 23:4 unfortunate 90:8 unfortunately 140:20 unique 84:12 100:15 unit 136:24 137:12 United 114:21 university 15:20 16:1,3,11 17:1 17:6 42:22 47:7 93:20	94:9,11,12,16 94:19,24 95:3 112:10 138:2 university's 16:5 16:8 unlicensed 42:13 unnecessary 58:12 92:11,15 135:4 unrealistic 23:3 unreasonable 23:23 unresolved 155:23 156:4 158:21 160:25 161:12,16 162:14 unsatisfactory 84:5 unsigned 29:9 untouchable 94:11 unusual 36:17 update 2:3,9 12:14 18:6,9 18:10 27:3 30:18 64:21 65:21 76:22 77:18 updated 1:21 7:10 24:12 33:1 41:12 43:16 56:20 157:12 updates 23:19 24:13 updating 44:24 upheld 61:13,14 upsetting 80:15 urge 69:20 urgent 21:23 use 13:2 17:4 42:12 55:3 68:25 76:10 80:2 100:21
--	--	--	---	---

104:19 useful 3:4 38:8 61:18 143:10 usefully 149:4 utmost 82:17	views 73:22 122:25 159:23 vigilance 20:22 vigilant 5:15 vii 166:25 visibility 128:21 vital 103:8 104:3 104:7 105:9 108:11 vividly 97:6 voice 11:24 79:3 voices 108:19 volumes 163:4 voluntarily 154:17 voluntary 91:9 vomited 79:14 vulnerable 82:16 101:18	21:5,6 22:2 34:25 39:4 51:7 53:14 59:23 60:13 64:3,7 70:7 75:2 82:21 90:13 97:11 112:3 118:11 118:21 121:20 122:18 127:1 134:17 145:4 157:22 167:15 ways 9:15 74:6 75:19,21 115:21 120:12 122:15 126:25 160:14 we're 44:10 77:6 77:17 95:6 106:22 weakness 86:11 website 1:22 26:9 41:13 130:16 Wednesday 1:1 week 12:19 19:22 26:17 64:20 68:17,20 68:23 weeks 19:2,3 20:7 24:17 81:13 99:18 109:1 143:16 WEIR 1:6 44:13 44:16,22 77:4 85:15 109:12 113:10,19 114:9 120:14 146:20 165:12 165:21,23 166:6 167:20 167:22 welcome 1:6 4:21 16:12 27:21 28:11 65:14 78:24	138:21 147:25 148:8 welcomes 120:24 123:4 123:17,22 136:12 138:11 well-being 84:18 87:9 110:19 123:7 145:1 well-known 83:22 went 21:15 49:6 53:11 59:16 80:7 123:2 whilst 65:15 84:11 98:1 110:21 126:18 136:25 150:13 157:21 whistleblower 102:3,5 whistleblowing 42:24 White 155:8,24 161:9 wholly 23:23 84:18 87:5 90:10 wide 31:14 116:22 widely 78:2 widen 93:14 wider 5:2 11:14 60:14 75:5 109:22 116:9 116:21 119:4 122:23 widespread 78:16 Wigmore 2:19 62:13,18 64:9 68:24 100:6 108:12 134:15 willing 46:13 willingness 124:4 165:8	window 19:6 23:1 windows 18:25 wish 4:15 6:21 10:25 26:15 31:6,24 33:11 33:18,18,24 34:15 73:22 74:3 76:8,10 91:1 94:25 95:11 100:14 103:13 105:11 105:24 109:9 137:5 147:23 148:10,17 159:24 160:4 160:19 161:8 161:13 163:2 167:15 168:8 168:10 wishes 16:13 25:6 34:7 80:19 121:8 130:7 131:20 134:9 146:6,15 withdrawal 42:11 witness 16:25 17:8 25:17 28:18 32:10 50:2 52:10 53:3 106:3 142:14 143:17 162:6 witnesses 9:11 10:19,21 16:19 18:13 23:6 25:3 36:9 46:6 46:14 49:17,25 52:7,15 70:2 71:13 72:21 73:5 88:21 102:6 104:21 104:24 105:2 142:8 160:6,8 160:10,20
V value 59:13 variability 127:9 variable 128:10 128:16 variation 127:13 variety 115:21 159:21 various 32:19 45:10 55:24 77:2 86:20 142:16 157:1 160:20 161:4 161:18,21,22 162:1 163:24 164:2 vehicle 152:24 ventilate 69:25 ventilated 18:3 32:14 46:6 63:13 ventilation 26:19 venue 18:19 verbatim 114:7 verged 78:15 version 1:22 41:12 versions 54:21 55:12 vice-president 116:13 vice-presidents 116:3 victim 81:5 video 4:23 view 11:1 41:8 105:1 113:22 119:15 144:9 viewed 36:18	W wait 68:12 92:12 waited 68:11 waking 79:16 want 18:2 95:9 95:20 101:10 101:25 115:13 132:23 wanted 79:15 165:13,17 166:1 wanton 104:7 wants 119:14 123:9 wards 142:16 warn 80:3 warnings 100:18 wasn't 90:25 166:24 watching 1:8 4:10 Waverley 4:6 18:21 way 8:2 12:2 16:21 18:6			

162:9 wording 40:11 words 67:11 82:4 97:4 160:5 work 2:3 3:2,8 4:16 5:25 6:19 7:8 10:15,23 11:21,22,25 12:7,15 15:11 17:4 18:17 19:16 22:16 24:15,20 25:5 26:4,23 27:16 27:17 28:8,12 28:20 29:1,17 30:8 31:11 32:8 35:17 41:2,5 43:22 44:1,3 45:17 50:11 53:6,9 54:10 59:14 62:19 63:8,10 63:12,20,25 64:2,11 65:9 65:12 66:8,12 68:8,14 69:6,8 73:20,25 74:3 74:8,11,16,25 75:8 76:4,6,8 76:23,25 77:2 78:7 87:20 93:3 96:9 100:4 108:11 115:14 116:5 116:13 117:5 118:22 119:15 119:16,19 123:8,21 134:10,19,22 138:25 141:4 148:2 149:16 151:9 155:12 162:7,9 165:7 165:8 166:14 166:14,22	worked 9:1 17:10 29:23 81:3 122:8 137:3 142:15 workers 88:10 workforce 152:1 working 9:22 41:16 48:23 113:5 121:1 140:4 143:20 145:12 146:12 workload 8:1 71:23 138:5 166:20 workloads 72:11 workplace 117:6 works 75:21 91:20 117:4 worth 17:14 worthy 17:20 wouldn't 104:18 write 81:16 134:21 written 5:3 6:22 9:13 12:20 13:6,14,15,19 13:19 14:17,20 14:25 15:16,20 15:22,23 16:8 16:22 23:7 32:6,17 33:1,7 34:11 35:1 40:8,15,15 46:17 50:7 53:21,23 54:5 64:22 67:17,18 70:7,21 85:11 85:13 94:17 95:10 103:16 112:7 114:4,6 114:15,16 125:24 126:4 131:1,17 132:11,21 142:13 159:22	160:11 166:8 wrong 21:15 49:6 52:2 53:11,13 59:16 60:19 61:9 72:6 81:6,20 100:24 123:2 126:8 wrongs 101:14 103:11 wrote 64:17 135:4 154:21 155:1 <hr/> X X 169:3 <hr/> Y year 2:4 4:4 19:1 23:17 40:4 68:22 130:9 years 68:11 76:20 78:20 80:19 82:5 83:17,18 86:10 102:13 116:7 122:8 140:12 142:17 144:6 yesterday 65:20 young 76:18 80:18 Yousaf 156:14 YouTube 4:23 5:22 <hr/> Z <hr/> 0 <hr/> 1 1 3:17 7:25 17:8 19:5,20 23:13 25:10,11 26:16 26:22 28:9 40:18 42:8 45:3,14 46:1,3 46:7,19,21	47:3,5,18,24 69:12 71:1,14 73:7,12,13 108:18 143:14 150:1 154:14 154:20 155:1 163:18 169:4 1(a) 150:10 10 2:4 4:3 6:14 12:16 32:13 70:21 131:13 147:9 156:3 162:18 163:3 10.00 1:2 10.06 1:4 10.30 167:25 168:13 11 44:10 48:12 91:9 104:6 141:5 155:22 11.02 44:19 11.23 44:21 114 169:7 12 8:23 43:14 45:22 48:16 49:23 77:6 90:16 125:24 139:5 158:10 159:3 163:15 164:3 12.58 113:16 120 169:8 125 50:24 13 9:3 48:17 131:19 133:20 149:17 165:20 13(b) 165:15,20 166:3 13(b)(ii) 165:21 166:3 13(b)(vii) 165:23 13(b)(x) 165:23 13(b)(xi) 165:23 13(c) 165:15,23 13(d) 160:8 13(f) 162:10	13(g) 163:8 13(h) 73:2 13(k) 75:14 138 13:8 30:25 14 41:22 45:19 48:19 124:18 151:1 147 169:9 15 44:17 109:8 1505 114:18 159 30:25 77:25 16 53:8 17 144:4 18 111:25 155:17 1851 114:19 19 29:19 153:23 157:25 159:16 19(a) 144:8 1960s 140:23 1966 136:24 1973 144:5 1974 124:19,21 136:25 1978 150:2,13 1995 95:23 103:20 121:2 140:20 1998 137:2 149:22 <hr/> 2 2 19:7,25 20:14 23:2 26:24 28:9 48:1,6,10 48:20 49:1 52:12 69:5 71:24 95:17 98:5 108:21,24 109:5 112:4 113:14 120:1 138:13 144:20 2(a) 91:23 92:8 2(b) 8:9 61:25 93:18 2(c) 8:3
--	---	---	---	--

2(d) 94:7	157:4	35 104:17	46:17 47:5,16
2(e) 8:6 61:23	2024 104:6		47:18,24 48:11
2.00 113:18	141:5 148:19	4	49:19 52:9
20 19:3,23 23:20	2025 1:1 7:10	4 8:13 49:21	62:2 67:18
26:18 64:18	30:18 39:20	71:22 106:5	69:8 104:12
142:17 156:18	41:13 43:16	131:18 132:12	143:12,13
2003 118:4	103:21 131:18	138:24 143:16	162:19,20,25
2005 50:15	131:19 132:12	143:25 155:6	163:3
104:17	133:20 134:16	40 103:18	8s 52:15
2007 6:14 31:2	140:21 143:16	140:22	
2011 102:9	144:20 162:18	44 149:22	9
112:8	168:14		9 8:19 19:2 58:1
2012 8:12 102:4	2026 19:2,8,23	5	156:13
102:9 138:15	19:24 20:8,15	5 8:13 38:19	
138:16,18,23	26:18,24	44:24 49:21	
167:2	21 13:9 18:11	71:22 109:6,15	
2013 77:23 81:4	31:1 34:10	109:15 138:24	
95:23,24 102:8	37:6 44:10	164:4	
102:16 103:20	45:1 50:15	50 51:16,24	
105:13 125:15	52:15 142:18	57:11,12,14,25	
127:16,17	162:20	58:25 59:4	
128:8 140:20	228 159:8	60:1,2 62:10	
150:23 153:23	234 159:1	63:3 68:20	
154:4 157:20	239 159:1	69:4,16	
157:25 159:16	24 103:21	55 154:1	
164:10	140:21 154:5	57 53:4	
2014 83:25	25 30:18 126:3	59 76:20	
121:2 154:5,8	255 159:1		
154:9	26 1:1 67:17	6	
2015 105:19	134:16	6 15:23 43:10	
118:5	261 159:1	95:12 102:8	
2016 154:14	266 159:6	117:12 143:15	
2017 154:9	27 168:14	158:4 159:2	
2018 154:20	29 73:3 148:19	163:15 164:12	
155:1,6	149:3 159:20		
2020 155:17	299 159:2	7	
2021 155:22		7 8:15 20:8	
2022 84:10	3	48:17 120:3	
128:8 156:3	3 42:16,18,21,25	153:6 157:4	
158:23	43:4,8 61:6	75 159:4	
2023 61:11	92:1 101:10	77 169:6	
84:10 124:9	130:9 169:5		
125:15 126:3,6	3.21 168:12	8	
126:15 128:25	31 156:25	8 8:19 17:7	
145:7 153:6	327 159:2	18:11 23:15,18	
156:13,18,25	34,000 115:5	34:10,16 37:5	
		44:6,9 45:1	