

THE ELJAMEL INQUIRY

OPENING STATEMENT

on behalf of

HEALTHCARE IMPROVEMENT SCOTLAND

Introduction

1. Healthcare Improvement Scotland (“**HIS**”) welcomes the opportunity to participate in this Inquiry which has been established to investigate Mr Eljamel’s practice as a consultant neurosurgeon between 1995 and 2014.
2. At the outset of its opening statement, HIS wishes to recognise that many of Mr Eljamel’s former patients and their families are participating in the Inquiry or watching the proceedings remotely. HIS wishes to acknowledge the profound harm which has sustained by them either directly or indirectly due to Mr Eljamel’s actions. It wishes to offer its thanks to the Inquiry for being invited to be a core participant and express both its willingness to assist the Inquiry in any way that it can and its commitment to taking forward what lessons may emerge from these proceedings which relate to the work undertaken by HIS.
3. HIS is conscious that some of those listening to or reading this opening statement may not be familiar with the work that it does. In these opening remarks, HIS wishes to explain who it is, what it does and how it can assist the Inquiry in fulfilling its Terms of Reference.

HIS: Background

4. HIS is the national agency for improving health and social care across Scotland. Since 2011 it has helped the providers of these services meet the challenges they face to deliver high quality, safe patient care. In NHS hospitals, HIS does this by carrying out inspections against a list of quality standards resulting in recommendations for change and improvement which regional NHS Boards are responsible for implementing. HIS

also supports Health Boards with knowledge resources to undertake improvement work more generally: for example, to reduce waiting times or tackle delayed discharges.

HIS: The Statutory Framework

5. HIS is a health body, constituted by legislation: the National Health Service (Scotland) Act 1978, as amended by the Public Services Reform Scotland Act 2010 and the Public Bodies (Joint Working) Act 2014.
6. HIS is not a Special Health Board, but it may be grouped with NHS Special Health Boards for the purposes of Scottish Government initiatives such as shared services. For example, payroll is a shared service, provided to HIS by a Special Health Board.
7. HIS is a unique combination of a range of statutory duties and other functions including quality assurance, improvement, service redesign, and strategic planning. It also provides evidence-based advice, guidelines and standards for health and care professionals, and resources for NHS Boards to conduct community engagement for service change. HIS is also responsible for the registration and regulation of independent healthcare, which was conducted by the Care Commission until HIS was established.
8. HIS's key duties, as set out in legislation, are as follows:
 - A general duty of furthering improvement in the quality of health care
 - A duty to provide information to the public about the availability and quality of services provided under the health service
 - When requested by Scottish Ministers, a duty to provide to the Scottish Ministers advice about any matter relevant to the health service functions of HIS
9. To fulfil its functions, certain statutory powers are conferred upon HIS. For example, powers of access and entry for the purposes of inspection. The Scottish Government expects HIS to review and inspect the quality of healthcare in any service in the NHS and independent sector based on intelligence and evidence at a time and manner of its choosing.
10. HIS works with over one hundred partner health and social care organisations, taking a quality management systems approach, in a range of different ways to strategically

redesign and continually improve services. It provides advice and shares knowledge that enables people to get the best out of the services they use and to help services improve, making the best use of resources.

11. HIS is not a healthcare provider and is not responsible for the performance management of any NHS or social care body, or individual practitioner, which does provide care. HIS scrutinises the safety and quality of NHS services in Scotland but it is not a regulator. In Scotland, NHS Boards are ultimately accountable to the Scottish Government Cabinet Secretary for Health and Social Care through well-established and rigorous performance management and escalation processes.
12. Over the period which the Inquiry is investigating there has been NHS reform along with many policy and practice changes that have taken place within NHS Scotland which have a focus on patient safety. These include for example the emphasis on Clinical Governance, introduction of the Duty of Candour, the Public Interest Disclosure Act, updated patient complaint regulations, to name a few. In this context, the Inquiry may wish to consider what kind of conditions existed at the time to create the environment which enabled the actions of Mr Eljamel and examine whether the same conditions exist today.
13. The methodology deployed by HIS itself in relation to monitoring, scrutinising, assuring, and improving the quality of service provision, and to measures undertaken to enhance patient safety, has also changed considerably. This is one of the key areas where HIS believes it can best assist the Inquiry's work.

Predecessor Bodies

14. As already mentioned, HIS was established as a health body in 2011. The Inquiry's investigations will consider events which took place before 2011 and for that reason HIS thought it may be of assistance to make brief comments about two predecessor bodies: in particular, the Clinical Standards Board for Scotland and NHS Quality Improvement Scotland.
15. The Clinical Standards Board for Scotland ("**CSBS**") was a Special Health Board established by the Clinical Standards Board for Scotland Order 1999. Its objectives related to quality assurance and accreditation. It had two overarching statutory functions:
 - Promoting public confidence that the services provided by the NHS were safe and that they met nationally agreed standards.

- Demonstrating that the NHS was delivering the highest possible standards of care based on the resources available. To do so, CSBS developed a standard setting and review process in partnership with healthcare professionals and the public. This process complemented the legal duty of the board of each NHS body to monitor and improve the quality of healthcare which it provides to individuals (this process is known as clinical governance).
16. CSBS was dissolved in 2003 by the NHS Quality Improvement Scotland Order 2002.
 17. NHS Quality Improvement Scotland ("**QIS**") was established in 2003, under the same order which dissolved CSBS. It was constituted as a Special Health Board with a remit to improve the quality of healthcare in Scotland. QIS was tasked with improving the quality of healthcare in Scotland by delivering on six key functions:
 - Providing advice and guidance on effective clinical practice
 - Setting clinical and non-clinical standards of care
 - Reviewing and monitoring NHS services
 - Supporting staff in improving services
 - Promoting patient safety
 - Implementation of clinical governance
 18. QIS was dissolved under the NHS Quality Improvement Scotland (Dissolution) Order 2011 and was replaced by HIS. HIS and QIS are separate bodies. However, HIS has taken over some of the functions of QIS which have already been set out.

The Involvement of HIS in this Inquiry

19. At the outset, HIS wishes to acknowledge that the Terms of Reference and List of Issues are thorough. HIS has not identified any areas, beyond those already identified by the Inquiry, which it considers should be investigated.
20. HIS seeks to comment only on those matters which fall within its remit and with which it can assist the Inquiry. HIS anticipates that the Inquiry will hear submissions from the relevant core participants who are best placed to assist the Inquiry in respect of other matters arising. However, HIS will keep these matters under review and will alert the Inquiry should any issues emerge which it considers it ought to bring to the attention of the Inquiry, beyond those which are addressed below, with which it can assist in the effective fulfilment of the Terms of Reference.

Aspects of the Inquiry's Terms of Reference and List of Issues of particular importance to HIS and how it can assist the Inquiry

21. One of the areas of investigation for the Inquiry is the role other bodies played or could have played in the care provided by Mr Eljamel to former NHS patients. In particular, the roles of CSBS, QIS and HIS in relation to the maintenance of healthcare standards over the relevant period (Terms of Reference, 6(b)). HIS notes that these issues will be primarily explored in section 4 of the evidence, but may be touched upon in section 1 (as part of the evidence relating to the general background to the Inquiry).
22. This is a matter central to HIS's participation in the Inquiry because it relates to the statutory role which HIS fulfils.
23. There are several functions of HIS where HIS considers it can contribute considerable knowledge, experience, and expertise to assist the Inquiry with its investigation. For example, it provides the expertise and resources to co-produce standards which are developed, informed, and shaped by people who commission, deliver and use health and/or social care services. It uses well established robust methodology to underpin standards development. NHS Scotland has a statutory duty to ensure and improve the quality of care that it delivers. HIS will undertake inspection against standards – or appropriate framework - for assuring the quality of service provision. This is one of the key areas where HIS can assist the Inquiry because it can provide evidence about how healthcare standards are devised, communicated, and ultimately fulfilled. The conditions in place now can be compared to the conditions in place over the relevant period to understand the environment in which Mr Eljamel was operating at the time.
24. Another core issue for this Inquiry is to identify any lessons and implications for the future arising out of its investigations and the making of recommendations (Terms of Reference, 18). HIS notes that these matters will be explored during section 6 of the evidence. HIS considers this to be an important part of the inquiry process and will provide such assistance that it can, based on the evidence heard, as to how matters of clinical governance may be capable of being improved upon in the future. HIS occupies an important statutory function in maintaining and improving quality in health services and it considers that it is well placed to assist the Inquiry in looking to the future by providing evidence about the underlying purpose and aims of healthcare standards and how those may best be fulfilled.

Witnesses who may assist the Inquiry

25. HIS have provided separately to the Inquiry a suggested List of Witnesses.

Documents

26. HIS has identified above the particular areas with which it can assist the Inquiry. It will produce such relevant documentation as it holds and can provide for the assistance of the Inquiry in relation to those matters in line with the Rule 8 Request for Evidence which it has received from the Inquiry.
27. As has been indicated above, CSBS and QIS are separate bodies to HIS and HIS does not hold all the documentation which would have been held by them which might assist the Inquiry. HIS is committed to assisting the Inquiry in any way it can to ensure that the available evidence necessary to fulfil its Terms of Reference is obtained and led. Whilst it has identified above witnesses who may be able to speak to matters which pre-date its inception, HIS seeks guidance on any further steps it can take to assist the Inquiry in this regard.

Learning and recommendations

28. HIS is conscious that the Inquiry is still at an early stage, and areas of learning and recommendations that follow are likely to be identified as the Inquiry progresses. HIS considers that it has an important role to play in this regard. HIS will carefully study the evidence that is presented and undertakes to highlight to the Inquiry any potential recommendations that may emerge as matters progress.

A trauma informed approach

29. At the outset of this opening statement HIS acknowledged that the subject matter of this Inquiry is likely to be traumatic for those who have been directly and indirectly affected by Mr Eljamel's actions. With that in mind, HIS is committed to participating in a trauma-informed approach.
30. HIS is familiar with the principles which underpin a trauma-informed approach. It is an approach which HIS applies in its own work, including for example the design of standards. All members of staff at HIS must complete a mandatory e-learning module on Trauma Informed Practice which must be renewed every two years. This is the foundational module for a set of learning resources for employees in NHS Scotland from the National Trauma Training Programme. It is designed to increase the understanding of what psychological trauma is, how it can affect the people staff work

with, and how people can be supported to recover. HIS can bring this knowledge to the Inquiry.

31. HIS will also carefully listen to the submissions of the Patient Group and others about how best to implement an approach to the issues in this Inquiry which is both sensitive and trauma informed. Such assistance as HIS can and will provide to this Inquiry will be done so through that important lens.

Conclusion

32. HIS looks forward to working with and assisting the Inquiry in fulfilling its Terms of Reference. It will share any knowledge and experience that it has in relation to the Inquiry's areas of investigation. HIS renews its commitment to supporting the Inquiry with its work in any way that it can.

19 November 2025

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