Independent Review Report: Destruction of Theatre Logbooks

NHS TAYSIDE

AUGUST 2026

Private & Confidential

AAB

CONTENTS

AAB

1 ENGAGEMENT INSTRUCTIONS AND CAVEATS

1.1 Instructions

1.1.1 We have been engaged by NHS Tayside to undertake an independent, external review to examine the circumstances surrounding the destruction of theatre logbooks associated with the theatre in which Mr Eljamel operated, despite a “Do Not Destroy” notice from the Public Inquiry being in place since October 2024.

1.1.2 This engagement, conducted under ISRS 4400 (Revised) Agreed Upon Procedures, focuses on factual assessment rather than assurance or opinion. The aim is to assist NHS Tayside to ascertain what occurred in relation to the destruction of theatre logbooks, why this occurred, and what measures are required to prevent recurrence.

1.1.3 The review is structured around four key scopes of work, each addressing a distinct aspect of the events and organisational response.

1.2 Caveats

1.2.1 This report has been prepared for the Directors of NHS Tayside in accordance with the terms of our engagement letter dated 26 January 2026.

1.2.2 Its purpose is to present the findings arising from our agreed-upon procedures relating to the circumstances surrounding the destruction of theatre logbooks and NHS Tayside’s response to the Do Not Destroy (DND) notice issued by the Public Inquiry, announced on 7 September 2023, to investigate the practice of Mr Eljamel.

1.2.3 This report is provided solely for this purpose and is not intended to be relied upon by any third party. It should not be distributed, quoted, or disclosed to external parties without our prior written consent. No responsibility is accepted to anyone other than NHS Tayside.

1.2.4 If further information is produced and brought to our attention after issuance of this report, we reserve the right to revise our assessment as appropriate.

1.2.5 Except to the extent set out in this report, we have relied upon the documents and information provided as being accurate and genuine. To the extent that any statements relied upon are not established as accurate, it may be necessary to review our conclusions.

1.2.6 This work does not constitute an audit performed in accordance with Auditing Standards.

1.2.7 We have anonymised the individuals referred to in this report.

1.2.8 Except where stated, all job roles referred to are within NHS Tayside.

2 PROGRESS OF REPORT

2.1.1 In this section we have highlighted the information that we have not obtained and interviews that we have not conducted in preparing this report.

2.1.2 In an interview, it was mentioned that logbooks were retained at the ask of Neuro Consultants in Theatre 8. We have not interviewed any Neuro Consultants as it is understood that the logbooks were not under the responsibility of Neuro Consultants.

Information Outstanding	Now received (Yes/No)
The original Public Inquiry question list provided to NHS Tayside received in June 25. Follow on request from AAB: The Public Inquiry List of Issues (received as a publicly available document) This provided a more detailed guide to the areas of interest the inquiry would be investigating. We followed up the request for the List of Issues to seek NHS Tayside responses to the questions contained in the list of issues. We have not received this document as the List of Issues was used by NHS Tayside as a guide to collect documentation in anticipation of preparing Witness Statements. The preparation work using the list of issues was overtaken by receipt of the Rule 8 request for a witness statement. NHST are unable to provide their response to the Rule 8 as they are bound by confidentiality agreements with the Public Inquiry.	Yes No

List of individuals still to be interviewed	Interviewed (Yes/No)
Operating Department Practitioner	No – no response
Charge Nurse – Orthopaedics	No – on leave

3 EXECUTIVE SUMMARY

3.1.1 We were engaged by NHS Tayside to undertake an independent review into the destruction of neurosurgical theatre logbooks in July 2025, despite a DND notice being in place following its issuance by the Public Inquiry in October 2024.

3.1.2 Our review found that the systems and processes put in place following receipt of the DND notice were inadequate and contributed to the destruction of the logbooks. NHS Tayside did not establish clear governance arrangements, active oversight or effective operational guidance to ensure compliance across NHS Tayside.

3.1.3 The internal investigation was inadequate in scope, as it focused narrowly on the act of logbook destruction rather than examining the full sequence of events from receipt of the DND notice through to destruction. During this period, multiple systemic failures occurred, including weaknesses in information handling, record identification and oversight. In the internal investigation report, the circumstances surrounding the destruction event were not clearly established, with inconsistent witness statements not being adequately challenged or followed up to achieve clarity on what occurred.

3.1.4 The findings from our investigation highlight systemic failings in communication and information governance from the time the DND notice was received until the logbooks were destroyed. Responsibilities were unclear, escalation was ineffective and there was no consistent or organisation-wide approach to identifying, preserving, and collating relevant information.

3.1.5 The key recommendation arising from the review is that NHS Tayside should implement robust and clearly defined systems and processes for responding to any future DND notice. Accountability should begin at Executive Team level and be clearly cascaded through management to all staff. This should include clear guidance on what constitutes relevant information, how it should be identified and preserved, and the actions staff are required to take. Consideration should be given to establishing a dedicated team responsible for the central coordination and collation of information to ensure clarity, consistency and compliance across NHS Tayside.

3.1.6 Our investigation identified no evidence of malicious intent or suspicious activity in the circumstances that led to the destruction of the logbooks.

4 GLOSSARY

4.1.1 **AAB**
The external professional services firm engaged by NHS Tayside to undertake this independent review.

4.1.2 **Agreed Upon Procedures (AUP)**
An engagement conducted in accordance with ISRS 4400 (Revised), where specific procedures are agreed in advance and reported factually without providing assurance or opinion.

4.1.3 **Chief Executive Team (CET)**
The senior executive leadership group within NHS Tayside, collectively responsible for organisational management, governance and oversight.

4.1.4 **Confidential Waste**
Material containing sensitive or patient-identifiable information that must be destroyed securely in accordance with NHS information governance and data protection requirements.

4.1.5 **Coordination Group**
This group was created to be responsible for managing the flow of information, to ensure consistent responses to the Eljamel Inquiry. It supports the operational delivery of all components related to the Eljamel Inquiry. This group evolved from earlier “Eljamel Huddles”.

4.1.6 **Do Not Destroy (DND) Notice**
A formal legal instruction issued by a Public Inquiry or other authority requiring that relevant documents, records, communications and information are preserved and not destroyed, deleted or disposed of.

4.1.7 **Eljamel Huddles**
Informal internal discussion groups formed within NHS Tayside to consider issues arising from concerns about Mr Eljamel and preparatory work relating to the Public Inquiry.

4.1.8 **FOISA (Freedom of Information (Scotland) Act 2002)**
Legislation providing a general right of access to recorded information held by Scottish public authorities, subject to exemptions.

4.1.9 **Health Records**
Records containing information relating to an individual’s health and clinical care, managed in accordance with NHS Scotland retention schedules and information governance policies. Health Records are considered patient files and the responsibility of the Health Records Department.

4.1.10 **IFIT (Intelligent File and Inventory Tracking)**
A records management system used by the Health Records Department to barcode, track and monitor the physical location and movement of Health Records i.e. patient records.

4.1.11 **Independent Clinical Review**
Independent Clinical Review is a review of the care and treatment of each former patient of Mr Eljamel to provide clarity to the patient or their authorised relative/ representative as to what happened in the case of the patient. This is independent of the Scottish Government an NHS Tayside.

4.1.12 **Information Asset Register (IAR)**
A formal record identifying the information assets held by an organisation or department, including their location, ownership and governance arrangements.

4.1.13 **Information Governance**
The framework of policies, procedures and responsibilities to ensure information is managed lawfully, securely and effectively, including compliance with data protection, records management and confidentiality requirements.

4.1.14 **Internal Investigation**
The investigation undertaken by NHS Tayside following the discovery of the destruction of theatre logbooks, involving staff interviews and document review.

4.1.15 **ISRS 4400 (Revised)**
The International Standard on Related Services governing Agreed Upon Procedures engagements.

4.1.16 **Operation Stringent**
A criminal investigation led by Police Scotland into the professional conduct of Mr Eljamel.

4.1.17 **Oversight Group**
A senior oversight group linked directly to the Chief Executive Team. Its purpose is to ensure governance processes are followed, provide scrutiny and delivery of information for all components of the Eljamel Public Inquiry. To oversee and direct the work required to support enquiries relating to Mr Eljamel as for the Eljamel Public Inquiry, Independent Clinical Review and Operation Stringent. There are eight members of this Group. This evolving from earlier “Eljamel Huddles”.

4.1.18 **Patient Liaison Response Team (PLRT)**
A specialist team established by NHS Tayside to manage and coordinate patient complaints and concerns, including those related to Mr Eljamel.

4.1.19 **Public Inquiry**
The statutory inquiry established by the Scottish Government to investigate the practice and conduct of Mr Eljamel.

4.1.20 **Retention Period**
The length of time records must be kept before they are eligible for destruction, as defined by relevant retention schedules and legislation.

4.1.21 **SAR (Subject Access Request)**
A request made under data protection legislation by an individual seeking access to their personal information held by an organisation.

4.1.22 **SBAR (Situation, Background, Assessment, Recommendation)**
A structured communication framework used to escalate issues and support decision-making within healthcare organisations.

4.1.23 **Theatre Logbooks**
Historical operating theatre registers recording details of surgical procedures, which may contain patient-identifiable and clinically relevant information.

4.1.24 **Vital Signs**
NHS Tayside’s organisation-wide internal communication bulletin used to disseminate messages, updates and instructions to staff.

5 SCOPE OF WORK

5.1 Scope 1: Processes, Procedures & Actions

5.1.1 Reviewed NHS Tayside's systems, processes, actions, and governance arrangements in response to the DND notice issued in October 2024.

5.2 Scope 2: Internal Investigation

5.2.1 Reviewed the internal investigation report. Identified and considered any issues to assess whether the Health Board had a comprehensive understanding of how theatre logbooks were destroyed, despite the DND notice being in place.

5.3 Scope 3: Failings

5.3.1 Assessed whether there were systemic or procedural failures that contributed to the destruction.

5.4 Scope 4: Recommendations

5.4.1 Recommended measures to strengthen controls and prevent recurrence of similar incidents.

5.5 Limitations of scope

5.5.1 The following limitations applied to the scope of this engagement and should be considered when interpreting the findings and conclusions of this report:

Targeted Interview Approach

5.5.2 Interviews were limited to individuals whom we deem to have direct relevance to the engagement objectives. This targeted approach ensured that interviews remained proportionate and focused on those with material knowledge of the processes, actions, or decisions under review. See section 6.6 'Sources of information', linked with appendix 1 where we have highlighted all individuals selected for interviews.

Selective Review of Minutes and Governance Documentation

5.5.3 We did not conduct a full review of all Board minutes, Executive Team minutes, huddle notes or Coordination-Group records, again instead taking a targeted approach. See section 4 where we detail the glossary for the report explaining the groups noted here. See section 6.6 'Sources of information,' linked with appendix 2 where we have highlighted all information received

Potential for Additional Information Not Identified

5.5.4 We acknowledge that additional information may exist within NHS Tayside that was not identified, disclosed, or made available during the course of this engagement. Within the timeframe agreed, we gathered and reviewed the information provided to us and which we considered relevant. Our conclusions are based on the available evidence within the constraints of the engagement period.

5.5.5 Our initial discussions and understanding of the scope highlighted there could be around 700+ documents of use to our investigation. During our work, we identified that this number relates to the number of documents collated that may be of relevance to the Public Inquiry or that have helped in answering questions to date from the Public Inquiry. We have not obtained all 700+ documents related to the Public Inquiry. Our scope is centred on the DND notice and destruction of theatre logbooks. We received documents from NHS Tayside that it considered relevant to our scope. We also requested information we considered relevant to the scope, which has developed from reviewing documents and conducting interviews.

5.5.6 Should NHS Tayside identify further information or individuals which may be relevant to our work, we can, upon request, extend our work, providing an update to this report.

6 METHODOLOGY

6.1.1 This section details what procedures have performed in line with the scope of this engagement.

6.2 Scope 1: Processes, Procedures & Actions

6.2.1 This scope focuses on assessing the adequacy and effectiveness of NHS Tayside's systems, processes and actions in response to the formal DND notice. Our work under this scope item includes:

- Interviewing the individuals identified as relevant in the internal investigation to establish an understanding of the events, including those involved directly with the logbooks and those with wider responsibility for DND notice communication, governance and compliance.
- Engaging with individuals who were not part of the internal investigation, where doing so may provide additional context, clarify inconsistencies, or strengthen understanding of organisational processes.
- Reviewing documentation relevant to the DND notice, including documents referenced in interviews and further materials identified during the process.
- Evaluating relevant organisational policies, including record-keeping, retention, communication, governance and escalation policies, to assess whether existing procedures were sufficient and complied with.
- Assessing action plans and procedures put in place following the DND notice to determine whether they were appropriate, clearly communicated and effectively implemented.
- Reviewing email chains, communication flows and dissemination routes relating to the DND notice, to identify whether the message reached all relevant staff.

6.3 Scope 2: Internal Investigation

6.3.1 This scope item examines the robustness, comprehensiveness and conclusions of NHS Tayside's internal investigation into the destruction of the logbooks. Our work under this scope item includes:

- Analysing the internal investigation report, including methodology, evidence gathered and conclusions reached.
- Identifying differences or inconsistencies in accounts provided by individuals during the internal investigation.
- Assessing the selection of individuals included in the investigation, examining the rationale for their inclusion and evaluating whether any relevant personnel were omitted.
- Considering whether the internal investigation provided a complete and accurate picture of the events leading to the destruction of the logbooks or whether gaps remain that require further clarification.

6.4 Scope 3: Failings

6.4.1 This scope item seeks to identify underlying systemic or organisational failures that may have contributed to the destruction of the logbooks and the failure to comply with the DND notice. Our work under this scope item includes:

- Analysing the factors that contributed to the breakdown in compliance with the DND notice, including communication failures, process gaps, human error and unclear responsibilities.
- Reviewing the organisation-wide communication mechanisms used to cascade the DND notice, assessing whether these methods were effective, timely and appropriately targeted.
- Identifying whether cultural, procedural or structural weaknesses within NHS Tayside created conditions which resulted in the destruction of records.

6.5 Scope 4: Recommendations

6.5.1 This scope item consolidates findings from across the engagement and sets out practical, evidence-based recommendations to strengthen NHS Tayside's controls and prevent recurrence.

6.6 Sources of information

6.6.1 Below are the sources relied on and used throughout this report.

- Interviewees both identified by NHS Tayside and AAB (*Appendix 1*)
- Documents provided by NHS Tayside (*Appendix 2*)
    - Emails
    - Policies
    - Actions plans
    - Board minutes
- Additional documentation identified by AAB (*Appendix 2*)
- Synopsis of internal investigation report prepared by NHS Tayside (*Appendix 4*)

7 DETAIL OF EVENTS LEADING TO AAB SCOPE OF WORK

7.1.1 This section provides a timeline of the events surrounding the destruction of the theatre logbooks. It outlines the organisational activity prior to the issuance of the DND notice, the point at which the notice was formally issued, and the sequence of events leading to the physical destruction of the logbooks.

7.2 Prior to the DND notice

7.2.1 Operation Stringent is a criminal investigation led by Police Scotland into the professional misconduct and alleged criminal actions of Mr Eljamel, a former neurosurgeon at Dundee's Ninewells Hospital. The investigation was formally named "Operation Stringent" after a public inquiry into his actions was announced, and the case was handed to the Major Investigation Team. It has been ongoing since 2018.

7.2.2 In March 2023, NHS Tayside established the Patient Liaison Response Team ('PLRT'). The PLRT's core role is to provide direct contact and support to patients, particularly those affected by adverse events or complex care issues. This support is described as trauma informed, recognising the sensitive nature of cases (e.g. patients affected by the Eljamel Inquiry). The team acts as a key access point for patients and families, helping them navigate services, raise concerns, and connect with the organisation.

7.2.3 The PLRT, on establishment, was aware of a significant and increasing number of communications from individuals who had already made complaints relating to the clinical practice of Mr Eljamel. Due to the volume and complexity of these concerns and the current Operation Stringent investigation, we understand that the PLRT began compiling and maintaining structured records, documents and correspondence associated specifically with these patient complaints. We understand from various interviews that the Neurosurgery ward was an area that was identified as holding potentially relevant information and that information was collected from the Neurosurgery ward. Interviews did not identify the Neurosurgery theatre as a potential area holding potentially relevant information. Over time, this evolved into a dedicated document repository containing all materials identified as relevant to the issues raised about Mr Eljamel.

7.2.4 In April 2023, and in recognition of the scale of these communications and complaints, the Executive Medical Director in role at the time issued an instruction to retain 'all medical records that are still in existence that have the patient being referred to Neurosurgery and that were seen or operated on by Professor Eljamel' and instructed that they be retained for a further 10 years. We understand that this instruction was given to the Health Records Department to retain all health records for patients relating to Mr Eljamel. This internal instruction operated as an early DND notice directive. Following receipt of this instruction, the Head of Health Records instructed their full that certain patient records should not be destroyed, specifically those with correlation to Mr Eljamel, where such documents were labelled with a DND sticker to distinguish them. At this time, the department was using Intelligent File and Inventory Tracking (IFIT, a records-tracking technology system that assigns a unique barcode to each physical record, facilitating its movement and storage location within the hospital estate to be accurately monitored).

7.2.5 Subsequently in August 2023, the Executive Medical Director published a due diligence review considering the findings and recommendations arising from the PLRT's early document-repository work. The due diligence report aimed to assist the Executive Medical Director in their assessment of adequacy of procedures to detect signals of concerning practice relating to Professor Eljamel. It focuses on the period leading up to the point where Professor Eljamel was placed under supervision on 21 June 2013 to his suspension on 10 December 2013. The aim of this review is to enable the Executive Medical Director to provide a fresh assessment to Tayside NHS Board of the professional, clinical and corporate governance position relating to Professor Eljamel's tenure with associated recommendations and actions for the Board for assurance and ongoing monitoring.

7.2.6 In September 2023, the Scottish Government Cabinet Secretary publicly announced that a Public Inquiry would be established to investigate the practice and conduct of Mr Eljamel. This marked an escalation in the external scrutiny of NHS Tayside's handling of the issues and reinforced the importance of robust document preservation at this early stage.

7.2.7 In April 2024, there was a Freedom of Information (Scotland) Act ('FOISA') request where an individual had requested specific information relating to 'theatre 8' logbooks where they had their operation. Such information was appropriately disclosed to the patient with a screenshot of the extract of the logbook relating to their operation.

7.2.8 On 3 October 2024, the Board secretary confirmed via email with the Head of Corporate Governance, that the Public Inquiry terms of reference had been received. The Board Secretary suggested further work on the collation of records by going out to specific parts of NHS Tayside for related documents for the Public Inquiry.

7.3 DND notice being issued

7.3.1 On 11 October 2024, the senior solicitor at NHS Tayside received the formal DND notice from the Public Inquiry. This was emailed to the Board Secretary, the Executive Medical Director and Head of Corporate Governance on the 12th of October 2024. On 17 October the Board Secretary sent this email to Head of Information Governance and Corporate Records Manager.

7.3.2 This DND notice required that NHS Tayside staff take all necessary steps to ensure that no material or documents with potential relevance to the Public Inquiry be destroyed, deleted or otherwise disposed of. The instruction explicitly applied to any documentation relating to Mr Eljamel, his clinical work and his patients and to NHS Tayside systems or processes connected to the matters under investigation. The DND notice is shown in Appendix 5.

7.3.3 The Board Secretary briefed via email the Chief Executive's team on the 18 of October 2024 on the organisational next steps and confirmed that the DND notice would be formally cascaded to staff through a "Vital Signs" post. At this point the Board Secretary reiterated 'that no documents, files, emails and electronic messages relevant to the Eljamel Inquiry are destroyed'. Vital Signs is a bulletin routinely used to communicate organisation-wide instructions, and this post served as a key mechanism to formally cascade the DND notice requirements to the whole of the NHS Tayside.

7.3.4 During Chief Executive Team meetings, it was emphasised that each Executive Director bore responsibility for ensuring that staff within their remit were aware of the DND notice and understood how it applied to their role, particularly in relation to record management and preservation.

7.3.5 On 8 November 2024, a Vital Signs post was issued to all NHS Tayside staff, instructing all personnel to retain any records and communications relating to Mr Eljamel (Appendix 3).

7.3.6 Around this time, the PLRT team identified an opportunity for NHS Tayside to begin proactively collecting relevant information from the wider Health Board departments. This being linked to the 3 October 2024 action by the Board Secretary at paragraph 7.2.8. We understand that the Head of Corporate Governance via email on 1 November, did not think this suggested further work was necessary at the moment. The Board Secretary and PLRT however, took the opportunity to collect and identify relevant information. The PLRT issued an email to around forty key individuals, attaching a structured spreadsheet and requesting that each department populate the template with details of documentation held in relation to the DND notice. Only nine responses were received of which three refused to complete the template. The PLRT raised the low response rate with the Eljamel Huddles.

7.3.7 The Eljamel Huddle groups were formed in January 2025, comprising Executive Medical Director, Director of Communication and Engagement, Board Secretary, PLRT (two staff), Head of Health Records and Head of Information Governance, who came together to discuss all information regarding the three ongoing investigations, this being the Independent Clinical Review, Public Inquiry and the Operation Stringent. There were no formal terms of reference for the huddle group.

7.3.8 In March 2025, the Information Governance Team received a FOISA request. The DND notice was in place at this time (since October 2024). The requester sought personal information relating to their clinical procedure and specifically asked whether relevant theatre logbooks existed and whether any complaints had been raised regarding Mr Eljamel. The information was appropriately disclosed to the patient.

7.3.9 Information Governance had previously provided this same individual with logbook information in April 2024, following an earlier FOISA request. To respond to the March 2025 request, the team contacted the relevant department (Neurosurgery theatre) to obtain the logbook again. The department initially advised that it was unable to locate it and it was not with the other logbooks. Information Governance reminded them that the same logbook had been sourced and provided in April 2024 (see paragraph 7.2.7) and reminded them of their importance as they were relevant to Mr Eljamel and therefore the Public Inquiry. The logbook was subsequently provided after some investigating on its whereabouts, which we understand was isolated in another office separate from the logbooks in the filing cabinet in the Neurosurgery office, enabling Information Governance to issue the information the requester was entitled to.

7.3.10 Following its use, we understand that the Information Governance Team retained the logbook rather than returning it to the theatre department. This approach was taken because legislation allows a requester to submit follow-up questions within three months of receiving a response. Retaining the logbook supported subsequent queries to be addressed without delay. Information Governance retained this until the Police requested the logbooks in August 2025. This was one of a few logbooks that was not destroyed.

7.3.11 On 12 May 2025, NHS Tayside established the Coordination Group and Oversight Group as part of the organisational response to the Eljamel Inquiry.

7.3.12 The Coordination Group was created to be responsible for managing the flow of information, ensuring consistent responses to the Eljamel Inquiry. It supports the operational delivery of all components related to the Eljamel Inquiry. There are 12 members of this Group. We have had sight of the terms of reference.

7.3.13 The Oversight Group, is linked directly to the Chief Executive Team. Its purpose is to ensure governance processes are followed, provide scrutiny and delivery of information for all components of the Eljamel Inquiry. Its purpose is also to oversee and direct the work required to support all enquiries relating to Mr Eljamel being the Eljamel Inquiry, Independent Clinical Review and Operation Stringent. There are eight members of the Group. We have had sight of the terms of reference.

7.3.14 In June 2025, the Public Inquiry provided NHS Tayside with a formal list of areas it considered relevant to the investigation. This step further clarified the scope and provided NHS Tayside a list of questions that they thought to be of relevance to the Public Inquiry in which NHS Tayside was required to internally analyse to ensure that they could comply with the request.

7.4 Logbook destruction

7.4.1 In April 2025, the Charge Nurse for the Neurosurgery Department moved into a seconded role elsewhere in the hospital. The theatre office, located adjacent to Theatre 8, had previously been managed by this individual who maintained oversight of documentation stored within it.

7.4.2 In July 2025, a clearance of the Charge Nurse office space within the theatre department was undertaken. Within the theatre complex, we understand that Theatre 8 is designated for neurosurgical procedures due to the specialised equipment required. Adjacent to this theatre is a small Neurosurgery office space, containing a desk, computer equipment, brain lab computer and a filing cabinet. Our understanding is that this is widely known as the Charge Nurse room. It should be noted that the brain lab computer is used by surgeons for specific information related to Neurosurgery.

7.4.3 During the office clear-out, staff nurses discovered in a filing cabinet a series of theatre logbooks, dating back to the 1960s through to 2014. The staff contacted the Health Records Department for guidance. They were advised of the standard eight-year retention policy. Two Health Records staff members, an Assistant Health Records Manager and a Team Lead, visited the office to give advice surrounding the logbooks.

7.4.4 Based on this advice, the staff nurses disposed of the logbooks, placing them into confidential waste bags. A confidential waste uplift was requested on 18 July 2025 and the documents were removed from the hospital site on 24 July 2025.

7.4.5 In August 2025 Operation Stringent formally requested seizure of the Eljamel theatre logbooks (1995–2014). It is believed that this request was as a consequence of the patient who had requested the logbook from their operation via the FOISA request in March 2025, thus the Police knew that the logbooks existed.

7.4.6 The request was issued directly to the Head of Health Records, who was not aware at that time that the logbooks had been destroyed. The Head of Health Records knew that the logbooks existed within the Neurosurgery Theatre 8 area as they were asked to provide patient records in relation to the March 2025 FOISA. Information Governance had told Head of Health Records that they would obtain the logbook from the Neurosurgery theatre to provide the information request from the patient. When the Neurosurgery Theatre 8 team attempted to locate the logbooks, the office space clear-out became known. It later emerged, through the internal investigation, that Health Records staff had attended the theatre office to provide disposal advice, as referred to above. However, we understand that the Head of Health Records was not aware that two of their staff had attended the theatre office until after the internal investigation was underway.

7.4.7 In September 2025, following the news that the logbooks had been destroyed, NHS Tayside issued a further Vital Signs communication reminding all staff of the ongoing Public Inquiry and the importance of document preservation.

7.4.8 In September 2025, a SBAR (Situation, Background, Assessment, Recommendation) report was submitted to the Eljamel Public Inquiry Oversight Board, outlining the known facts surrounding the destruction of the logbooks and recommending that a full investigation be undertaken. The Director of People and Culture, the Chief Officer Acute Services, the Board Secretary and the Director of Communication and Engagement met to determine next steps, followed by a presentation to the Chief Executive's Team setting out the actions underway.

7.4.9 An internal investigation commenced involving staff interviews and document review. This investigation was completed in October 2025, culminating in a formal Internal Investigation Report.

7.4.10 Following the investigation, the Board Secretary instructed the Chief Executive Team to confirm what actions they took in response to the original DND notice. In parallel, the Programme Management Office, acting on the Board Secretary's behalf, contacted the Chief Executive's Team seeking assurance regarding dissemination of the DND notice.

7.4.11 The Chief Executive Team, consisting of twelve members, was asked to confirm the steps taken within the departmental areas which covered the whole of NHS Tayside, to ensure all staff were aware of, understood, and were complying with the DND notice instructions issued by the Public Inquiry.

7.4.12 Following this, AAB was engaged in December 2025 to undertake this review. We undertook our work between January and June 2026.

8 SCOPE 1: PROCESSES, PROCEDURES & ACTIONS

8.1.1 In this section, we comment on the processes, procedures and actions taken by NHS Tayside following the issuance of the DND notice. For each required action, we outline our understanding of NHS Tayside's actions and our assessment of the adequacy and effectiveness.

8.2 Action 1: Communication of the DND notice

8.2.1 Following receipt of the formal DND notice in October 2024, NHS Tayside issued an NHS Tayside-wide Vital Signs communication in November 2024. This bulletin was sent to all staff, including the Chief Executive Team, administrative teams, clinicians, allied health professionals and front-line nursing staff. The communication instructed staff to not destroy any documentation relating to Mr Eljamel or material potentially relevant to the Public Inquiry, see below extract from the Vital Signs post.

8.2.2 'NHS Tayside has now received a formal DO NOT DESTROY legal notice from The Eljamel Inquiry. This notice advises that all records/information held that may be of potential relevance to the Inquiry must not be destroyed, deleted or disposed of.

Any information relating to Mr Eljamel, his work, his patients or any systems operated by NHS Tayside which may have any bearing (direct or indirect) on the work of the Inquiry related to Professor Eljamel should be retained until further notice. This is to ensure any records required can be submitted, when requested, to the Inquiry.

Please note that we are required to retain all information which still exists relating to systems, processes, guidance and SOPs in place up to 2013, even if those systems etc have been updated since then.

Staff must ensure that all communication, information and documents including, but not limited to, MS Word, MS Excel, MS PowerPoint, Adobe PDF, emails, and text and WhatsApp messages created in the course of the business of NHS Tayside related to Professor Eljamel are retained and not destroyed. This means that the retention periods in NHS Tayside's Retention Schedules for these particular records are now paused until further notice.' – Appendix 3 for full Vital Signs

8.2.3 Vital Signs is a high-volume, mixed-purpose bulletin. Staff told us that there are up to eight posts per day and examples of content unrelated to vital activities (such as advice for travelling during icy weather, or information regarding public holidays). Other interviews identified that there are two communication methods to reach out to staff to share information; one being Vital Signs and the other being the Staff Brief. Interviews with Chief Executive Team highlighted that there wouldn't be eight vital sign posts per day but recognised that there could be confusion surrounding the different between a vital signs post and a staff brief. This thus highlights that the DND notice message did not stand out among routine or low-priority communications. The Vital Signs was not targeted to areas that were specifically relevant to Eljamel i.e. Neurosurgery theatre.

8.2.4 In a few interviews we were told there is a colour system used for Vital Signs and different types of communications use different colour system. Some interviewees suggested either black and red signs as being of extreme importance, however there were inconsistencies in the colour interviewees told us was used. From interviews, some did not know there was a colour system for Vital Signs and so did not know what the colours meant. This was found with members of the Chief Executive Team through to staff interviews. It was confirmed with the Director of Communications & Engagement that there is no colour system in place and the fact that Vital Signs were issued in different colours, did not explain levels of importance.

8.2.5 The Vital Signs post instructed managers to print copies of the DND notice for those "in areas where staff do not have access to email or the intranet" and to place these on staff notice boards. Our interviews with Neurosurgery theatre staff and management indicated that these printed notices were not produced, nor were staff briefed consistently on their content and little/no reinforcement or structured discussion of the DND notice occurred at Neurosurgery theatre departmental level.

8.2.6 Vital Signs stated that '*Further information on the Inquiry and appropriate retention of the information/records relating to it will be shared in due course'*. From interviews, it was confirmed that further information was not shared.

8.2.7 No further organisation-wide communication was issued until September 2025, when it became known that the theatre logbooks had been destroyed. There was therefore no sustained reinforcement or follow-up communication at an organisation wide level during the period of compliance risk.

8.2.8 We do not consider that Vital Signs was an effective communication method for delivering a message of such significance. Front-line clinical staff explained that they do not have allocated time during shifts to check emails, and many confirmed that they did not see the DND notice at all. Others saw the message but did not understand the full operational implications due to the lack of detail and absence of follow-up discussion within their department.

8.2.9 Given the size and complexity of NHS Tayside's workforce, and the varying access to technology across roles, reliance on a single electronic channel did not provide adequate assurance that staff were aware of, understood, and were able to comply with the DND notice requirements. The approach did not account for staff working night shifts, staff absent at the time of issuance, or those working in high-pressure clinical areas with limited opportunity to review internal communications.

8.2.10 The Vital Signs post instructed managers to print copies of the DND notice for staff notice boards for staff who did not have access to email or the intranet. However, evidence from interviews shows that this was not done or not adequately done.

8.2.11 Interview evidence and documentation show that the Chief Executive Team held responsibility for cascading the DND notice and ensuring that staff within their remit understood the requirements and did not destroy material relating to Mr Eljamel. However, it became evident that once the initial communication was issued, responsibility was effectively passed down to individual departments without clear guidance or structured oversight. Several interviewees described the approach as one where, because the notice had been communicated once, line managers and teams were expected to manage compliance independently.

8.2.12 This resulted in variable interpretation of responsibilities and inconsistent follow-up across departments.

8.3 Action 2: Policies Surrounding DND Notices

8.3.1 We understand that there was no specific and separate action plan / policy created and implemented when NHS Tayside received the DND notice. We understand that DND notices are not common or frequent but are not unheard of in the environment, as confirmed with many interviewees.

8.3.2 Below we include an extract from the Records Management Code of Practice for Health and Social Care, where, as highlighted in green, the operating theatre register (logbook) is listed under the patient / clinical management section. The Records Management Code of Practice for Health and Social Care shows a retention period of eight years and states that before destroying records material that might be historically significant, NHS Tayside must contact the archivist as this information might be relevant to them.

Records Management Code of Practice for Health and Social Care Extract

2.4	Patient / Clinical Management			
2.4.1	A&E register (paper)	End of year to which it relates	8 years	
2.4.2	Admission book (paper)	Date of last entry	8 years	- Where registers of all the births that have taken place in a particular hospital / birth centre exist, these will have archival value and should be retained for 25 years and transferred to the designated place of deposit at the end of this retention period.
2.4.3	Blood bank register	Date of last entry	30 years	
2.4.4	Clinical diary	End of year to which they relate	2 years	- It is not good practice record personal data in diaries. Patient relevant information should be transferred to the patient record.
2.4.5	Discharge book (paper)	Date of last entry	8 years	- Where registers of all the births that have taken place in a particular hospital / birth centre exist, these will have archival value and should be retained for 25 years and transferred to the designated place of deposit at the end of this retention period.
2.4.6	Operating theatre register	End of year to which they relate	8 years	- Consult with the organisation's designated place of deposit about potential transfer for archival preservation.

8.3.3 This links to the archivist policy where the requirement is that staff consult the University of Dundee Archivist when identifying historically significant documents, yet the policy does not specify who holds that responsibility in NHS Tayside to contact the archivist, which documents qualify or the process to be followed. We understand from interviews that Head of Health Records is the only person who has remit to contact the archivist.

8.3.4 In the Health Records Strategy, there is reference to the definition of a "health record":

8.3.5 'A health record is anything that contains information, which has been created or gathered as a result of any aspect of the delivery of patient care.'

8.3.6 This indicates that logbooks are documents that are part of a patients health record as they contain patient identifiable information and used in capacity of delivering patient care.

8.3.7 Interviews identified differing views on the classification of theatre logbooks. Some considered them to be patient records, others health records, and others theatre documents.

8.3.8 In our assessment, as referenced in the Records Management Code of Practice for Health and Social Care, Operating Theatre Registers fall under Patient / Clinical Management; the logbooks should be understood as patient-related clinical management documents held under the responsibility of the Theatre Department. Although they contain patient-identifiable information, our understanding is that they are not classified as core "health records" i.e. patient health record file, within NHS Tayside for which the Health Records Team have responsibility.

8.3.9 From interviews, it is our understanding that the responsibility for the Neurosurgery theatre logbooks lies with the Neurosurgery theatre team. It is a collective responsibility, with overall responsibility of the theatre lying with Lead Nurse of Theatre 8 and Clinical Care Group Manager of Theatres.

8.3.10 Within the Records Retention Policy there is commentary that upon the destruction of a record, the information asset owner should retain the following information:

- Description of record
- Reference number if applicable
- Number of records destroyed
- Date of destruction
- Who authorised destruction
- Who carried out the process
- Reason for destruction (this should refer to the retention/disposal policy)

8.3.11 We understand that a confidential waste form was completed when the logbooks were destroyed.

8.3.12 Our work has shown that inconsistencies existed in the application of retention policies. While logbooks were understood by several staff to have an eight-year retention period, the Head of Health Records confirmed that staff could override retention requirements if they believed there was a valid clinical or administrative justification, such as for research. We have not identified a defined criteria for such overrides, and we understand that these decisions are not subject to approval or review, resulting in discretionary practices across NHS Tayside.

8.3.13 They considered the logbooks to have ongoing training and research value and therefore assessed they should be kept beyond their standard retention period. We understand that they also viewed the office as a safe and controlled space where the records would not be at risk. During interviews, the Charge Nurse emphasised that the logbooks were well-known to them, where they were used as part of educational discussions within the department, and that they understood their relevance to the historic concerns surrounding Mr Eljamel and the importance and relevance of them for the Public Inquiry and DND notice.

8.3.14 However, in the absence of a clearer DND notice, or DND notice policy, they received no direction indicating that special safeguarding, relocation or enhanced protection of the logbooks was required once the DND notice came into effect. For example, the DND notice communication did not instruct staff to collect documents, relocate them to a secure central area, or take steps to prevent accidental disposal. As a result, the Charge Nurse assumed that the logbooks were safe in the office during the secondment and did not anticipate that the space would be cleared or that the records would be disposed of in their absence.

8.3.15 At the time of the destruction of logbooks, we consider that NHS Tayside did not have adequate systems or processes to effectively respond to a DND notice. No formal DND policy existed at any time, before the notice, during its implementation or after the logbooks were destroyed. The absence of a structured framework contributed to uncertainty across NHS Tayside regarding expectations, responsibilities and escalation procedures.

8.3.16 Executive-level interviewees noted that public inquiries are not unusual within the NHS, referring to the Infected Blood Inquiry and COVID-19 Inquiry. Their responses indicate that there should be an expectation that staff are assumed to understand the implications of a DND notice and how it applies to their role daily. However, our interviews with front-line and administrative staff revealed significant gaps in understanding how a DND notice applied to their daily work, demonstrating a disconnect between senior expectations and operational comprehension.

8.3.17 Although NHS Tayside has received DND notices in the past, there is no written evidence of learning being captured to address shortcomings, no procedural policies or systems introduced and no organisational guidance developed to strengthen future compliance of DND notices. This suggests a pattern of treating DND notices as relatively unimportant, rather than identifying the need to educate staff on their importance, developing appropriate policy.

8.3.18 The Records Management Code of Practice does classify a logbook under Patient/Clinical Management Section however does not specify which role within NHS Tayside holds responsibility for logbooks. Where responsibilities are not defined, neither ownership nor accountability can be meaningfully established. This is reflected in the inconsistent understanding across staff groups about whether logbooks were patient records, health records or operational documents, and who was responsible for safeguarding them.

8.3.19 The absence of clear supporting policies further contributed to uncertainty. Staff expressed confusion about:

- what constituted "relevant information,"
- what to do when older records are found, and
- to whom to escalate queries.

8.3.20 None of this was communicated when the DND notice was issued.

8.3.21 While it is recognised that a "one-size-fits-all" policy cannot apply to every type of DND notice, there should be a baseline organisational process which is triggered whenever a DND notice is received. This should include clear responsibilities, cross-departmental meetings and a defined action plan tailored to the specific requirements of each notice.

8.4 Action 3: Information Asset Register

8.4.1 In November 2024, as part of efforts to gather information relating to Mr Eljamel, the PLRT team contacted forty individuals across NHS Tayside. Forty key individuals contacted included staff responsible for Neurosurgery, the area that Mr Eljamel worked. In total only nine responses were received of which three refused to complete the template. The remaining thirty-one non-responses indicates a disengagement from staff and a lack of organisational readiness to identify or report records relating to the Inquiry. Interviewees shared that before this point NHS Tayside did not hold an information asset register of information held by departments across the whole of NHS Tayside and therefore this was an attempt to gather details of information relating to the Public Inquiry.

8.4.2 The nine responses received were generally brief, incomplete and lacked detail regarding where staff had searched, what information existed within their areas or whether wider departmental records had been reviewed. Three individuals failed to complete the template provided by the PLRT, instead offering minimal or partial responses that did not reflect meaningful information-gathering efforts.

8.4.3 Neurosurgery individuals contacted were the Chief Office of Acute Services, Clinical Care Group Manager Specialist Services, Consultant Neurosurgeon, Neurosurgery Secretary, Administrative Services Supervisor (Neurology, Neurophysiology & Neurosurgery), Clinical Lead for Neurosurgery & Consultant Neurosurgeon and Associate Director of Access & Assurance (seven individuals). Reponses were received from Chief Office of Acute Services and Administrative Services Supervisor (Neurology, Neurophysiology & Neurosurgery). No response was received from Clinical Care Group Manager Specialist Services and Consultant Neurosurgeon. Refusals to complete the template were received from Neurosurgery Secretary and Clinical Lead for Neurosurgery & Consultant Neurosurgeon. The seven Neurosurgery individuals were contacted to ensure all levels of management relating to Neurosurgery were contacted to ask if they held relevant information.

8.4.4 Neurosurgery itself has two key areas, theatres and ward, with the Chief Officer of Acute Services responsible for both areas. From direct email chains, it was evident that the Chief Officer of Acute Services did reply to the email issued by the PLRT. However, the response was limited to documents held personally and did not seek to identify records held within the neurosurgery theatre or ward. As the Chief Officer of Acute Services, this represented a missed opportunity to engage with the departments under their responsibility to establish what information was held across the service as a whole and to ensure a more comprehensive response to the request.

8.4.5 The Neurosurgery Secretary responded to the PLRT email but refused to complete the template. We understand the secretary worked in the Neurosurgery ward. An initial response from a Neurosurgery Secretary acknowledged that the department held relevant documentation but expressed the view that it was not their responsibility to provide it. PLRT subsequently escalated the request to a more senior member of the Neurosurgery ward team, the Administrative Services Supervisor (Neurology, Neurophysiology & Neurosurgery). Emails confirm the initial response from the Administrative Services Supervisor (Neurology, Neurophysiology & Neurosurgery) confirmed there were no records held. PLRT told them of notes known to be held in Neurosurgery ward from earlier document repository work for the due diligence pre-Public Inquiry on Mr Eljamel and the response came back from the Administrative Services Supervisor (Neurology, Neurophysiology & Neurosurgery) confirming that approximately 4,000 operation notes were retained. This suggested to us that a proactive search may not have been undertaken, and departmental ownership of the records was not being taken.

8.4.6 There was no indication that staff undertook broader searches for additional documents or conducted local verification of what records were held. This demonstrates an absence of responsibility at departmental level for understanding or reporting what information existed within their areas.

8.4.7 The PLRT raised concerns about the low response rate to the emails at the Eljamel Huddle meetings. During interviews, PLRT expressed that from the discussions there was a perception that no further pressure should be applied for responses and so they stopped searching for hospital-held information. As a result, departments were not challenged on their failure to respond, and no escalation mechanism was used to ensure compliance. The thirty-one non-responders included some of the Chief Executive team.

8.4.8 Although this PLRT exercise occurred shortly after the DND notice was issued, it highlighted that NHS Tayside held fragmented knowledge regarding what information existed about Mr Eljamel i.e. 4,000 operation notes. However, this knowledge was neither centralised nor used to inform a structured information-asset approach once the DND notice came into effect.

8.4.9 The low response rate to the PLRT's request demonstrates a lack of understanding among staff regarding their responsibilities under normal record-management processes and under the DND notice. Staff either did not recognise their obligation to identify and report information relating to Mr Eljamel or were unaware of what documentation existed within their departments.

8.4.10 This also highlights a missed opportunity across NHS Tayside. Departments did not maintain an information asset register, meaning they had no structured understanding of the records held. Had asset registers been in place at departmental level, staff would have been able to identify relevant records quickly and provide accurate responses.

8.4.11 The Health Records Department maintains an information asset register, IFIT, for the records held within its remit. Each record is assigned a unique barcode, which is used to track and monitor the physical movement and storage location of documents as they move throughout the hospital. However, this asset register applies solely to records formally held by Health Records department and does not extend to documentation retained within clinical departments or other operational areas.

8.4.12 The lack of an information asset register meant there was no central visibility of documentation relating to Mr Eljamel. Departments were left to rely on individual knowledge and informal memory rather than structured inventories. While some staff were aware that the theatre logbooks existed, this knowledge was not documented, shared, or used to safeguard the records once the DND notice was in place.

8.4.13 It is evident that there was a missed opportunity with the PLRT not following up with individuals on the information that they held in relation to Mr Eljamel. Lack of responses meant that no information asset registers were formed.

8.4.14 This gap contributed directly to the circumstances in which the theatre logbooks were destroyed. Although the records were known to certain individuals, NHS Tayside had no systematic method for ensuring that known records were identified, protected and centrally monitored. Logbooks as well as other records held in departments were at risk of destruction without clear asset ownership, departmental accountability, or central registers/monitoring.

8.5 Action 4: Responsibility of the DND Notice

8.5.1 When the DND notice was received by the Chief Executive in October 2024, it was cascaded to the Chief Executive Team. Each member of the Chief Executive Team holds responsibility for a separate portfolio of departments that cover the whole of NHS Tayside. No single person or role was assigned overall responsibility for the coordination, oversight and monitoring of compliance with the DND notice across NHS Tayside. As a result, responsibility for the DND notice was effectively distributed across multiple executives to their departments, without a clearly led, strategy, or point of accountability.

8.5.2 NHS Tayside formed the Coordination Group and the Oversight Groups to have oversight of matters related to the Public Inquiry. However, interview responses indicate that the groups assumed that as the DND notice had been fully communicated via Vital Signs, that relevant staff understood their obligations. No verification or structured assurance process was carried out to confirm this understanding, nor were additional actions taken to ensure compliance across all different clinical and administrative areas by these groups.

8.5.3 Interviews highlighted that NHS Tayside appointed an employee from NHS Grampian in January 2024 to support its response to issues relating to Mr Eljamel. At the time, this individual held the role of Head of Corporate Governance and acted as the organisational lead for matters relating to the Public Inquiry. However, this individual was on a temporary secondment and left NHS Tayside at the end of November 2024. While they played a central role in coordinating Inquiry-related work, they did not take responsibility for ensuring full DND notice compliance across NHS Tayside. There were no processes to ensure staff awareness, to check document safeguarding arrangements or to issue periodic reminders.

8.5.4 This combination of devolved responsibility, untested assumptions, temporary leadership involvement and a lack of ongoing oversight meant that the DND notice was not actively managed by NHS Tayside.

8.5.5 Interview findings demonstrate that responsibility for the DND notice was interpreted inconsistently across the Chief Executive Team. Some executives took proactive steps by speaking with their teams, holding meetings and discussing the importance of the DND notice. Others assessed that once the Vital Signs communication had been issued, responsibility rested with individual staff members. This inconsistency filtered down through NHS Tayside and resulted in fragmented understanding at departmental level where Mr Eljamel worked and where information may have been found as crucial to the Public Inquiry.

8.5.6 We understand after the internal investigation was completed in October 2025 the Board Secretary instructed the Chief Executive Team to confirm what actions they had taken in response to the original DND notice. We have obtained the responses to the instruction. Some of the instructions detailed the steps that had been taken after the original DND notice was issued and others had responded that they had forwarded the most recent Vital Signs in September 2025 to their direct reports to enforce the importance of the notice. In the latter responses this did not follow the instruction which was to confirm what actions had been taken after the original DND notice in October 2024. From interviews with department management, they explained that the action taken by their direct Chief Executive Team from the September 2025 DND notice did not happen for the original DND notice. They expressed that this action should have occurred and would have been key in them understanding their responsibility for the DND notice.

8.5.7 From interviews it was understood that the Charge Nurse knew logbooks existed within their office and they were safeguarding them while in post in Theatre 8. This highlights that they took responsibility to safeguard the records when the DND notice was issued to the organisation. However there appears to be a missed opportunity as the Charge Nurse did not explicitly connect the logbooks with Mr Eljamel to other clinical staff e.g. staff nurses by putting a DND sticker on relevant logbooks.

8.5.8 From interviews we understand that logbooks were known within the theatre Senior Management Team to be held in the Neurosurgery department from the FOISA request received in March 2025. There was a collective responsibility to safeguard the records within the Senior Management Team and the full theatre team. However, from interviews with the Senior Management Team, it was believed that the logbooks were in a safe location being he charge nurse office as of March 2025. Our understanding from interviews is that no clear communication or processes were undertaken to ensure the safeguarding of the logbooks with the whole theatre team. It appears that it was assumed everyone knew of their importance and that they were in the Charge Nurse office and safe.

8.5.9 From interviews with clinical staff in the Neurosurgery theatre team, it is clear that the logbooks were known to be held in the Charge Nurse office. Our understanding from interviews is that the view was that if there were records of relevance to the Public Inquiry, they would have been identified and collected to be held centrally for ease of access for Inquiry questions. Therefore, assuming the logbooks kept in the charge nurse office were not related to the Eljamel Public Inquiry. This is why the team involved in the disposal of logbooks did not link the logbooks to Mr Eljamel and the Public Inquiry. The lack of communication from the theatre Senior Management Team that was responsible for the safeguarding of the documents and the assumption made by the theatre team contributed to the destruction of the logbooks.

8.5.10 Without a named DND notice lead, clear lines of accountability or an NHS Tayside-wide action plan, NHS Tayside was unable to ensure that all staff:

- understood the purpose and scope of the DND notice;
- recognised the types of information that required safeguarding;
- took appropriate action to protect legacy and at-risk records; or
- received continued communication or reminders reinforcing their obligations.

8.5.11 The reliance on assumptions, rather than structured assurance, monitoring or leadership oversight meant that the DND notice was not operationalised effectively, despite its legal significance. This contributed directly to the circumstances in which the theatre logbooks were destroyed.

8.6 Action 5: Procedures for staff when considering destruction of records

8.6.1 Across NHS Tayside, each department is responsible for managing the records it creates and holds. When staff have queries regarding retention, storage or destruction of Health Records, they routinely seek advice from the Health Records Department, which acts as the point of expertise for retention schedules and guidance on how to handle patient-identifiable information.

8.6.2 This process was followed by theatre staff when they identified logbooks during the office clear-out. Because the logbooks contained patient-identifiable information, theatre staff contacted the Health Records Department for advice. The Health Records Department therefore became involved. It provided guidance on retention periods and supported staff in interpreting organisational retention policies.

8.6.3 Interviews revealed inconsistencies in how this interaction took place. The Health Records Team reported that during its visit to the theatre department, it did not physically examine the logbooks before giving advice. In contrast, theatre staff stated that the Health Records Team did look at the documents. There are also conflicting accounts about whether theatre staff stated the records held patient identifiable information. The Health Records Team stated this was not said during the visit. Despite these conflicting accounts, neither group referenced or discussed the active DND notice, and there was no indication that the DND notice requirements formed part of the decision-making process. This indicates a missed opportunity by both teams to identify that the logbooks should have been protected.

8.6.4 It is unclear from our interviews to date if approval was sought within the theatres team with the Senior Management Team to clear out the office and specifically state to management that logbooks were in the office and part of the office clear out. We understand that management was aware of the logbooks and their importance to Mr Eljamel from our interview with the Charge Nurse of Neurosurgery theatre. The Charge Nurse confirmed in 2023 they were requested from Senior Management that the logbooks were to be destroyed as they were no longer being used and now recorded electronically. We understand the Charge Nurse told Senior Management the logbooks related to Mr Eljamel and should be kept as they could be of importance due to on-going complaints that were being received. We also know that management was aware of the logbooks being in the room from interviews, specifically from some of the management teams' involvement in the March 2025 FOISA (see paragraph 7.3.8) but it is unclear if it was asked about the logbooks being in the room. From interviews, there was an expectation that the first point of contact should have been the theatre Senior Management Team and if it was unavailable then the next senior person would be responsible for the approval. The approval process sought remains unclear.

8.6.5 Interviews with Information Governance indicated that its role is to set the organisational frameworks for handling information but that it did not have the capacity to support every department to operationalise the frameworks in practice. Evidence from emails relating to the FOISA request in March 2025 shows that Information Governance clearly communicated to theatre management that the theatre logbooks must be retained, specifically because they related to the Public Inquiry. See extract below:

8.6.6 '*Can you please let us know where this logbook is now located as this is a key record and may be required for the public inquiry and we need to know where it is currently being held.*'

8.6.7 This demonstrates that Information Governance was issuing correct guidance in March 2025, months before the destruction of logbooks, but this guidance was not cascaded to the full theatre team. This was a missed opportunity by management within the theatre team to safeguard the logbooks.

8.6.8 The process for staff seeking advice on the destruction of records was not effective, despite NHS Tayside having policies in place for both corporate and health records, and this identified a clear procedural gap. We understand that there is no single point of accountability or centralised mechanism within NHS Tayside that staff approach for definitive guidance when atypical or sensitive record-management decisions arise. Instead, staff go between Health Records Department, Information Governance Department and local management structures, which leads to variability and uncertainty.

8.6.9 We understand that Health Records Department and Information Governance Department sit in different directorates within NHS Tayside and operate under separate leadership structures, each with its policies, priorities and procedures. From interview with the Corporate Records Manager, this separation contributed to inconsistencies in the guidance issued to staff and created uncertainty about which team held ultimate authority in relation to record management decisions. Aligning these functions under the circumstances of a DND notice remit would support a more cohesive organisational approach. Consolidating oversight would enable information-related processes, whether concerning patient records or corporate records, to be aligned. This would reduce ambiguity and ensure staff receive clear, consistent and authoritative advice when handling sensitive or at-risk documentation.

8.7 Action 6: DND Notice communication from management

8.7.1 The DND notice was issued across all departments and it was the Chief Executive Team's duty to ensure that this communication was effectively delivered to all staff members through the direct management lines.

8.7.2 In relation to Neurosurgery, it was the responsibility of the Chief Officer of Acute Services to communicate the DND to direct line reports. From interviews with the clinical and theatre team, we understand that DND instruction to direct line reports did not happen when the DND was issued via Vital Signs. Our understanding of the reasoning for this action not being taken by the Chief Officer of Acute Services was that it was assumed that the Neurosurgery areas had been contacted and information gathered centrally from earlier document repository work done for the due diligence pre-Public Inquiry on Mr Eljamel that was conducted by PLRT (see paragraph 7.2.3). It was identified from interviews that this assumption was also made by the Lead Nurse for critical care.

8.7.3 Interviews identified that in the earlier document repository work done for the due diligence pre-Public Inquiry on Mr Eljamel that was conducted by PLRT, it was only the Neurosurgery ward that had been involved in providing relevant information centrally (see paragraph 8.4.5). The Neurosurgery theatre was not directly contacted as far as we are aware from interviews conducted. This indicates a missed opportunity to identify pre-DND for the Public Inquiry relevant information and records as Mr Eljamel operated in Neurosurgery Theatre 8. This assumption by key management of NHS Tayside resulted in no active actions being undertaken for Neurosurgery once the DND for the Public Inquiry was issued.

8.7.4 An interview with the Associate Nurse Director at the time of the DND being issued from the Public Inquiry, they confirmed they were aware of the logbooks being held in the Neurosurgery office in filing cabinets. The logbooks were known to exist by the Associate Nurse Director as they had been used to obtain information to respond to the April 2024 and March 2025 FOISA requests (see paragraph 7.3.9). From the interview, the logbooks were known to be relevant to Mr Eljamel. Like other Senior Management Team members who were aware of the logbooks, the filing cabinets in the Neurosurgery office were seen by the Associate Nurse Director as a safe place to store them until they were centrally collated. From our interviews, we understand that Neurosurgery theatre was not contacted regarding any relevant records to Mr Eljamel.

8.7.5 Senior Management Team Members in the Neurosurgery theatre team noted in interviews that they were not properly instructed on the DND in terms of what actions to take, who to contact with relevant information and where to store records found from management.

8.7.6 From interviews it was noted that a Staff Nurse (who joined Neurosurgery in October 2024) confirmed that the DND notice was not mentioned during their induction, and due to front-line requirements they had missed the original Vital Signs communication. This demonstrates that awareness of the DND notice was inconsistent and dependent on staff having visibility of internal communication channels rather than on any structured dissemination or briefing from management.

8.7.7 Others who read the notification stated that it lacked clear operational direction and did not state what steps staff should take to identify, secure or escalate existing records. Several staff interpreted the notice purely as an instruction not to destroy information, rather than a requirement to proactively safeguard it.

8.7.8 Taken together, these examples reflect a series of missed opportunities for departments to share information, confirm responsibilities and protect records. More effective communication, vertically (from management to staff) and horizontally (between colleagues and departments) could reasonably have prevented the destruction of the logbooks.

8.7.9 There was a lack of reminders of the DND notice by the communications team within NHS Tayside. Only one Vital Signs was issued to staff in October 2024 and there was no further reminder until it was discovered that the logbooks had been destroyed in September 2025.

8.7.10 From interviews, some of the Senior Management Team knew the logbooks were in existence in the Neurosurgery office but did not know they were linked to Mr Eljamel and the DND notice. Some did not take active steps to identify and safeguard records in their department as they were not sure what steps they were required to take and responsible for.

8.7.11 The evidence demonstrates that communication from Chief Officer of Acute Services, Associate Nurse Director, Lead Nurse for Critical Care to Senior Management to the theatre team regarding the DND notice was inadequate and inconsistent and partly due to uncertainties on what their responsibilities were in relation to the DND notice. Staff were not sufficiently aware of the DND notice's purpose, scope or relevance to their day-to-day responsibilities. In our assessment, this lack of awareness within the Neurosurgery department, where staff worked in the environment most closely connected to Mr Eljamel and potentially relevant records is not appropriate.

8.7.12 We consider that the lack of clear managerial and organisational direction resulted in staff not discussing the DND notice and it was therefore, not considered when clearing out the office space. As a result, the DND notice was not put into practice effectively and the failures in communication contributed directly to the theatre logbooks being destroyed.

8.8 Action 7: General Communication surrounding secondments and staff

8.8.1 Communication issues arose within the department following changes in personnel. When the Charge Nurse responsible for the logbooks went on secondment, we understand that there was no formal handover to the person covering their duties. This meant that critical knowledge, such as the importance and location of the logbooks, was not transferred. A structured handover process would likely have ensured the new post-holder was aware of the records and their significance.

8.8.2 We were informed that the Charge Nurse's name was on the door of the office to identify that it was their space. Following their departure, staff reported difficulty locating documents, as the former Charge Nurse had been the person who routinely identified, retrieved and managed materials kept within that office. The former Charge Nurse confirmed during interview that they had no knowledge of an office clear-out that took place, as they remained on secondment and had anticipated returning to their permanent post after the secondment period.

8.8.3 Interviews further highlighted that a Senior Charge Nurse in Neurosurgery instructed staff not to contact the previous Charge Nurse during their secondment. Staff were told to direct questions internally rather than seeking clarification from them. As a result, when the office was being cleared, staff did not consult the individual who was most familiar with the contents of the room. This contributed to incorrect assumptions about what materials could be discarded.

8.8.4 There was a vacancy in leadership within the Neurosurgery department during the period relevant to the destruction of the logbooks. The substantive Charge Nurse went on secondment in April 2025 and the new Charge Nurse did not take up post until 1 September 2025. During this time, Neurosurgery staff were temporarily reporting to the Orthopaedic Charge Nurse and other staff nurses were taking on some of the Charge Nurse duties within the Neurosurgery Theatre.

8.8.5 Interview evidence confirmed that the absence of a formal handover created uncertainty among staff within the Neurosurgery department. Reporting temporarily to the Orthopaedic Charge Nurse meant that staff potentially lacked access to someone with a direct understanding of the historical context and significance of the logbooks. When this was combined with instructions not to contact the previous Charge Nurse, staff were effectively operating without guidance. As stated in 8.6.4 we have been told other theatre Senior Management members were aware of the logbooks and their importance, but the approval process sought for clearing the Charge Nurse room remains unclear.

8.8.6 This communication deficiency, coupled with disrupted leadership and the lack of a structured transfer of knowledge, contributed to the environment in which the logbooks were disposed of in July 2025 despite the DND notice being in place. These failures highlight a weakness in how leadership transitions and information continuity were managed, and they played a role in the loss of records that should have been safeguarded.

9 SCOPE 2: INTERNAL INVESTIGATION

9.1.1 We reviewed the internal investigation undertaken by NHS Tayside to assess whether NHS Tayside had a comprehensive understanding of how the theatre logbooks were destroyed despite a formal DND notice being in place. Our review focused on the robustness of the investigation, the witnesses interviewed, the consistency of their accounts and the extent to which the findings addressed the root causes of the incident.

9.2 Synopsis of internal investigation

9.2.1 Appendix 4 provides a synopsis of the internal investigation, summarising the key events, findings and organisational learning arising from the disposal of the theatre logbooks.

9.3 AAB Analysis

9.3.1 Below we have identified and concluded on inconsistencies identified in the internal investigation report.

9.4 Analysis of the Internal Investigation Methodology, Evidence, & Conclusions

9.4.1 Our review of the internal investigation highlights limitations in scope, depth and approach. The investigation focused narrowly on the events immediately surrounding the destruction of the theatre logbooks and did not examine earlier stages in the organisation's handling of the DND notice, nor the actions taken when NHS Tayside became aware that a Public Inquiry would be established. As a result, the findings and recommendations address only the destruction of the records event rather than the multiple failings in safeguarding the records that preceded it.

9.4.2 While we recognise the relevance of the individuals who were interviewed, we consider that the investigation would have been strengthened by including more senior staff whose oversight, decision-making authority and organisational knowledge could have provided further understanding of governance arrangements and contributing factors. Specifically, the internal investigation interviewees were limited to those directly involved in the disposal of the logbooks who were largely clinical staff focussed on delivering patient care, without examining the role of executive and management-level staff who held responsibility for cascading the DND notice and ensuring that all relevant teams understood and implemented it appropriately.

9.4.3 In our view, the internal investigation being headed by two Acute Services Leads could be considered inappropriate given the investigation was about the destruction of logbooks within an area of their control. Leads not related to the Neurosurgery theatre could have offered independence.

9.5 Review of Inconsistencies or Variations in Witness Accounts

9.5.1 Our review of the internal investigation identified several inconsistencies across witness accounts, which raise concerns about the reliability, completeness, and robustness of the internal investigation's findings. The key areas of inconsistency are summarised below.

Physical Clear-Out

9.5.2 A significant inconsistency in the internal investigation report relates to the extent of staff involvement in the office clear-out and the disposal of the logbooks.

- Witness A stated that they and Witness E jointly cleared the office and disposed of the logbooks.
- Witness B supported this, believing Witness A and Witness E had initiated the clear-out.
- Witness E, however, denied participating in the office clear-out and stated that their only involvement was submitting a confidential waste uplift request after being asked.

9.5.3 These conflicting accounts were not addressed and clarified within the internal investigation. Such unresolved discrepancies weaken confidence in the internal investigation's accuracy and thoroughness.

Ownership and Use of the Office Space

9.5.4 There are further inconsistencies in the internal investigation report regarding who was responsible for the Neurosurgery office, where the logbooks were stored:

- Witness A described the office as a shared workspace used by various staff.
- Witness C confirmed that it was used by multiple individuals.
- Witness B indicated the office was being tidied ahead of a new Charge Nurse starting, implying transitional use.
- Witness G stated that the office was designated specifically for the sole use of the Charge Nurse and expressed frustration that it had been cleared without their knowledge. Witness G further confirmed they were on a six-month secondment and had expected to return to their substantive post.
- Witness H agreed the office was the Charge Nurse's designated space but acknowledged that surgeons also used it occasionally.

9.5.5 These differing accounts reflect a lack of clarity within the department about room ownership, responsibility for stored materials and authority to make decisions concerning the contents of the office. These differing understandings likely contributed to the disposal of the logbooks.

Handling of Documents During the Clear-Out

9.5.6 There were inconsistencies in the internal investigation report regarding how documents were reviewed:

- Witness A stated that they consulted Witness C and the Orthopaedic Charge Nurses when deciding what material to keep or discard. They stated these discussions were focused on logbooks.
- Witness C acknowledged being aware of an office tidy-up but stated they were not aware theatre logbooks had been disposed.

9.5.7 This suggests a lack of effective communication and awareness between staff involved in the tidy-up and those with managerial responsibility.

Removal of Document Bindings

9.5.8 There is another inconsistency in the internal investigation report regarding the removal of logbook bindings prior to disposal:

- Witness A reported that Witness C advised them to remove the bindings before placing items into confidential waste.
- As detailed above, Witness C stated they were not aware theatre logbooks had been disposed of.

9.5.9 This discrepancy further reflects an inconsistency in what documents were being consulted among the witnesses before destruction. It is unclear from the accounts above if logbooks were specifically discussed during the clear out. If Witness C did tell Witness A to take off the binding, then at this point Witness C did know that the logbooks were being disposed.

Contact with Health Records

9.5.10 The internal investigation report has conflicting accounts regarding the involvement of Health Records staff:

- Witness A stated they informed Witness C before contacting Health Records for guidance on disposing of older documents, as they contained patient information. Witness C did not mention this conversation.
- Witness A described Health Records staff visiting the office and reviewing documents.
- Witness I (from Health Records) indicated they attended the department but did not review the contents of the logbooks, relying solely on a verbal description from staff.
- Witness F, Head of Health Records, stated they were not aware that two Health Records staff had been contacted or that they had physically attended the theatre department. Witness F also confirmed that the team generally would not visit clinical areas without escalation.

9.5.11 These discrepancies indicate confusion about what advice was sought, what information was provided and the extent to which Health Records staff were involved. Without being addressed, these points undermine the internal investigation's account of decision-making prior to the disposal of the logbooks.

9.6 Assessment of the Selection and Inclusion of Individuals in the Investigation

9.6.1 In this section, we consider the individuals selected to take part in the interviews for the internal investigation.

Relevance of individuals to the internal investigation

9.6.2 We reviewed the internal investigation and identified all witnesses, their roles and their potential relevance to the issues examined. The internal investigation report does not provide clarity on why each individual was selected, how they were connected to the events or the reporting structures and departmental relationships involved.

9.6.3 To address this gap, we outline below our assessment of each individual's relevance and their connection to the circumstances surrounding the destruction of the logbooks.

Individual	Role	Relevance
Witness A	Staff Nurse	Individual involved in disposal of logbooks
Witness B	Operating Department Practitioner	Individual involved in disposal of logbooks
Witness C	Senior Charge Nurse	In charge of individuals who disposed of logbooks
Witness D	Operational Theatre Manager	In charge of the theatre area at time of disposal
Witness E	Staff Nurse	Individual involved in disposal of logbooks
Witness F	Head of Health Records	Head of Health Records department whose team gave advice to dispose of logbooks without Witness F's knowledge
Witness G	Charge Nurse	Individual whose office was getting cleared out and was on secondment at the time of disposal
Witness H	Senior Nurse	In charge of Senior Charge Nurse (Witness C & their direct line reports).
Witness I	Assistant Health Records Manager	Individual from Health Records who gave direct advice to dispose of logbooks

9.6.4 As noted in 9.4.2, the investigation would have been strengthened by including more senior staff whose oversight, decision-making authority and organisational knowledge could have provided further understanding of governance arrangements and contributing factors.

9.7 Evaluation of the Completeness and Accuracy of the Internal Investigation Findings

9.7.1 The Director of People and Culture told us that, in their view, the internal investigation was not sufficient, recognising the inconsistencies noted above. This was the origin of the commissioning of our work.

9.7.2 The Chief Executive told us that the internal investigation report lacked critical detail. They stated that the report did not provide enough information to allow the reader to fully understand the sequence of events or to form a complete picture of how the failings interconnected. Key elements were missing, making it difficult to “join the dots” and understand the systemic

9.7.3 nature of the issues.

9.7.4 There are also shortcomings in the internal investigation report that include inconsistences in questions asked between interviewees. If similar questions had been asked to each interviewee, it is likely that a better understanding could have been established regarding the events which took place. We have also identified additional staff members who, in our opinion, should have been interviewed originally.

9.7.5 In our view, the report is not robust due to interviewees being limited to those involved directly in the destruction of the logbooks and unaddressed inconsistencies in the interviewees’ responses. The internal investigation would have been improved if there had been follow-up conversations with interviewees where information provided was inconsistent and where information subsequently came to light that conflicted with what the investigator was initially told.

10 SCOPE 3: FAILINGS

10.1.1 In this section of the report, we outline two areas where we consider there to be the key systemic failings from our scope 1 and 2 findings, as follows:

- effective communication; and
- organisational failures in Records Management and Compliance Structures

10.1.2 Each of these areas contains multiple underlying issues that collectively contributed to the overall failure to comply with the DND notice.

10.2 Effective Communications

Reliance on Vital Signs (Finding from section 8.2)

10.2.1 NHS Tayside's dependence on Vital Signs as a key mechanism for communicating the DND notice to the whole organisation and this represents a systemic failing. Although Vital Signs, in theory, reaches all NHS Tayside staff, it functions predominantly as a bulletin used for a wide range of routine messages, including seasonal reminders and non-critical organisational updates. We understand other communications are also received by staff via the Staff Brief on a daily basis. The volume and mixed nature of content diluted the seriousness of the DND notice instruction. As a result, the DND notice did not stand out to staff as an operationally critical communication requiring immediate action.

10.2.2 Crucially, this method did not consider the realities of front-line clinical practice. Staff working in direct patient care roles do not routinely have access to computers or protected time to review electronic messages. Managers in clinical areas were instructed to print the Vital Signs post to ensure staff working in these areas saw and were aware of the DND notice. Several interviewees confirmed that they either did not see the notice (in email format or printed in departments) or did not see it early enough for it to influence their decision-making. This highlights a need to consider oversight in how NHS Tayside communicates high-risk or legally significant instructions.

Content of the DND Notice (Finding from section 8.2)

10.2.3 The wording of the DND notice lacked sufficient operational clarity. While it instructed staff to not destroy "relevant information", it did not define what "relevant" encompassed, nor provide clear actions for staff to contact with queries. No practical steps were outlined, such as identifying legacy documents, securing storage areas, reviewing older materials or transferring sensitive records to designated safe locations. Nor was it targeted to specific locations such as the Neurosurgery areas where Mr Eljamel operated. As a result, departments interpreted the instruction inconsistently and many assumed that simply avoiding immediate destruction was sufficient or they were unaware of links to their department with Mr Eljamel if they were relatively new staff.

DND Notice Follow-ups (Finding from section 8.2)

10.2.4 A systemic issue was the absence of timely follow-ups. After the initial Vital Signs publication in November 2024, no subsequent organisation-wide reminders were issued until after the destruction of the logbooks came to light in August / September 2025. This gap represents a missed opportunity to reinforce compliance and embed sustained organisational awareness. Interview evidence indicated that in some areas Vital Signs updates were not printed or cascaded in physical form, despite this being required for staff who do not routinely access digital systems. Collectively, these weaknesses demonstrate that communication processes were not fit for purpose for an instruction of this importance.

Executive and Management Responsibility for Dissemination (Finding from section 8.5, 8.6 and 8.7)

10.2.5 There was limited evidence of effective dissemination of the DND notice through management channels. Assumptions were made at all levels of management of compliance without clear evidence the DND had been understood. Staff repeatedly reported that they were either unaware of the notice or did not understand how it applied to their daily roles. The notice was not consistently raised in team meetings, nor was it reinforced through ongoing reminders. This indicates that Chief Executive Team and Senior Management Team did not sufficiently embed or escalate the importance of the DND notice within operational teams. The failure to cascade the DND notice instruction through the organisational hierarchy contributed significantly to staff not recognising its relevance when clearing the office space.

Breakdown in Communication within Health Records (Finding from section 9.5.10)

10.2.6 A further example of communication breakdown was seen within the Health Records Department. The Head of Health Records was unaware that two members of their team had been approached for advice about the logbooks and had subsequently attended the theatre area. They were unaware that advice about document destruction had been given. This lack of internal communication suggests an absence of oversight mechanisms and raises concerns about the consistency and traceability of records management advice.

Communication Barriers Between Management and theatre staff (Finding from section 8.6 and 8.7)

10.2.7 From interviews it was revealed that the Charge Nurse safeguarded the logbooks for around 10 years from coming into the post as Charge Nurse in 2015. We understand it was made aware from 2023 to various Senior Management in the theatre team that the logbooks were relevant to Mr Eljamel. We also understand that this was raised with theatre Senior Management in March 2025 from a FOISA request through information governance. These events did not appear to instigate Senior Management communicating to the full theatre team the importance of the logbooks and taking actionable steps to safeguard the logbooks. It was assumed everyone knew of the important and the whereabouts of the logbooks. This barrier contributed to the disposal of the logbooks.

Communication Barriers Between Theatre Staff and the Seconded Charge Nurse (Finding from section 8.8)

10.2.8 The investigation revealed that theatre staff were instructed not to contact the substantive Charge Nurse while they were on secondment. This restriction created barriers to accessing key knowledge relating to the contents and importance of the Charge Nurse's office. Staff reported difficulty locating or understanding materials stored there, which contributed to the likelihood of inappropriate disposal decisions.

Lack of Handover Between Outgoing and Incoming Charge Nurses (Finding from section 8.8)

10.2.9 No handover took place when the Charge Nurse from Neurosurgery went on secondment. Without any formal briefing on the content, importance, or governance arrangements relating to the documents stored in the office. Had a proper handover occurred, it is likely that the significance of the theatre logbooks, including their relevance to the Eljamel Inquiry, would have been emphasised, reducing the likelihood of the logbooks' destruction. This further reflects gaps in communication and transition management within, and across departments.

10.3 Organisational Failures in Records Management and Compliance Structures

Inconsistent Application of Retention Policies (Finding from section 8.3)

10.3.1 Systemic issues were identified within NHS Tayside's information governance environment. While NHS Tayside referenced an eight-year retention policy for logbooks, interviews revealed that this policy was frequently overridden. Staff could retain documentation beyond retention limits for "clinical or administrative reasons", but no formal criteria existed to define what constituted an acceptable justification. Such decisions were not documented, reviewed or authorised at a governance level, leading to inconsistent and discretionary retention practices.

Absence of a Formal DND Notice Policy or Procedural Framework (Finding from section 8.3)

10.3.2 The absence of a detailed DND notice policy or procedural manual further contributed to weaknesses. No guidance existed on how to implement a DND notice, how to identify records at risk, which team was responsible for oversight, or how compliance should be monitored. Without this, each department interpreted the notice independently, with no corporate standard, escalation mechanism or audit trail. This lack of structure undermined NHS Tayside's ability to protect records of Public Inquiry relevance.

Lack of Information Asset Registers (Finding from section 8.4)

10.3.3 Another failing relates to the absence of information asset registers. No department maintained a formal record of what documentation it held in relation to Mr Eljamel, nor was there a centrally controlled asset register to support organisation-wide visibility. As a result, there was no clear method for identifying legacy documents, understanding where key information was located or ensuring at-risk records were safeguarded. The fact that the PLRT contacted forty individuals but received only nine responses underscores the impact of this gap. Evidence suggests that departments were either unaware of the records they held, did not escalate to their direct reports that may have had information, did not have the appropriate time allocated to look for records, were unable to locate them or uncertain about what information the DND notice required them to identify. This represents a missed opportunity for early intervention and demonstrates a lack of information governance maturity.

No Central Oversight or Coordination (Finding from section 8.5)

10.3.4 The PLRT had been established to centralise oversight over patient communication relating to Mr Eljamel. However, there was no team established at the outset of the DND notice period to centrally log, monitor or collect information relating to the Public Inquiry. Responsibility for DND notice compliance was devolved to individual teams without adequate oversight. This decentralised approach, combined with the absence of tools, registers and policy guidance, created the conditions in which critical records were left unidentified and unprotected.

Fragmented Governance Between Health Records and Information Governance (Finding from section 8.6)

10.3.5 Due to the organisational placement of both Health Records Department and Information Governance Department, staff do not have a single, central point of contact when seeking advice on the handling or destruction of records. Health Records and Information Governance sit under different executive leadership structures, each with its own policies, priorities and processes. As a result, staff may receive differing or incomplete guidance depending on which team they approach. This separation leads to inconsistencies in advice, confusion around responsibilities and a lack of unified procedures for managing records; particularly in situations involving sensitive or high-risk documentation. A single, coordinated remit under the instructions of a DND notice between Health Records and Information governance would support clearer accountability and ensure a consistent approach to the retention, safeguarding and disposal of both patient and corporate records.

11 SCOPE 4: RECOMMENDATIONS

11.1.1 We set out practical and prioritised recommendations from the findings across the engagement and practical, evidence-based recommendations to strengthen NHS Tayside's controls and support no recurrence. They are designed to support implementation, assurance and Board oversight.

11.2 Executive Accountability and Governance

11.2.1 Recommendation 1:
Appoint a single Executive responsible owner for DND notice compliance. The key responsibilities of the owner would include:

- Owning the organisational DND notice framework
- Approving DND notice action plans
- Receiving compliance assurances from the Chief Executive Team and Management for each area of NHS Tayside
- Reporting formally to the Chief Executive and Team

11.2.2 This recommendation supports the finding that there was no single lead for the notice from the Eljamel Inquiry. Responsibility was fragmented across the Chief Executive Team and not adequately cascaded to direct line reports to cover all areas within NHS Tayside. The approach was based on assumptions that the Vital Signs would deliver the importance of the DND notice instead of assurance of actual compliance in all areas of NHS Tayside.

11.2.3 Recommendation 2:
Establish a standing DND notice Compliance Group, activated immediately upon receipt of any DND notice. This should be an operational group, not advisory. Responsibilities of the group would include:

- Approve DND notice action plans
- Track departmental compliance
- Resolve classification and escalation issues
- Maintain audit trails

11.2.4 This recommendation supports the finding that the Coordination and Oversight Group was set up six months after the DND notice was received in May 2025. From interviews it was found that members of the groups did not believe that the compliance with the DND notice was specifically within their remit. As the DND notice was issued to all staff via Vital Signs November 2024, it was assumed that action had been taken by individuals to comply with the DND notice. The groups formed did not verify compliance with the DND notice. There was therefore no central operational control or monitoring.

11.3 DND policy and procedural framework

11.3.1 Recommendation 3:
Develop and approve a formal DND notice policy. This should be a formal Chief Executive Team approved policy that is triggered automatically on receipt of a DND notice. The content of the policy should include:

- Legal status and severity of DND notices
- Clear definition of "relevant information" with examples. Noting this will be specific to individual DND notices but updated by the Executive responsible owner immediately after receipt of a DND notice.
- Roles and responsibilities (Executive → department management→ individual)
- Required actions within the first 5, 10 and 30 working days

- Prohibition on discretionary interpretation
- Mandatory escalation routes for information identified

11.3.2 This recommendation supports the finding that no formal DND notice policy existed at any stage from the receipt of the DND notice from the Eljamel Inquiry. We understand it is not unusual for NHS Tayside to receive DND notices and no policy has been developed from this exposure and therefore no organisational learning documented from this exposure.

11.3.3 Recommendation 4:
Standardised DND notice action plan template. This should be mandatory and issued centrally to be completed by every area / department within NHS Tayside. This must include:

- Confirmation of receipt of the action plan
- Confirmation staff briefing completed
- Identification of relevant physical and digital records
- Immediate safeguarding actions taken
- Named local DND notice lead
- Risks and issues

11.3.4 This recommendation supports the finding that there was no structured or consistent response after the DND notice was issued for the Eljamel Inquiry. There was also no requirement to actively identify and secure records and report this for monitoring centrally.

11.4 Communication and staff awareness

11.4.1 Recommendation 5:
Replace reliance on Vital Signs as a sole channel of communication and introduce a tiered communication model for legally significant instructions. For DND notices the model should mandate:

- Written executive instruction
- Face-to-face briefings (or recorded equivalents) at departmental level
- Agenda item at team meetings and safety huddles
- Visible physical notices in clinical areas
- Follow-up communications at defined intervals

11.4.2 This recommendation supports the finding that Vital Signs was ineffective for communicating the DND notice from the Eljamel Inquiry. Front line staff did not see or understand the responsibility for them.

11.4.3 Recommendation 6:
Require formal confirmation of understanding and not just receipt from Chief Executive Team, Heads of Departments and management. The formal confirmation should be a statement confirming the DND was explained, staff questions being addressed and what relevant records identified and should be stored for audit purposes.

11.4.4 This recommendation supports the finding that the DND notice was assumed to be understood from Chief Executive Team through to management without verification in all departments of NHS Tayside.

11.4.5 Recommendation 7:
Embed DND awareness into induction and leadership training using real scenarios.

11.4.6 This recommendation supports the finding that new staff were unaware of the DND notice issued before they joined NHS Tayside and that there was a disconnect between executive expectations and operational reality.

11.5 Information asset management

11.5.1 Recommendation 8:
Require every department to maintain an information asset register covering physical records, legacy records and informal documents. The details of the register should include details of the asset owner, location, description, format, sensitivity and retention and DND relevance. An annual review of the registers should be performed and signed off to confirm adherence and spot checks should be carried out.

11.5.2 This recommendation supports the finding that there was no central or department knowledge of what records existence and therefore their importance to the DND notice from the Eljamel Inquiry. The attempt of PLRT to gather relevant information failed due to the lack of asset registers.

11.5.3 Recommendation 9:
Establish a central Inquiry Records Register linked to DND notices and mandate that departments must log assets identified under a DND.

11.5.4 This recommendation supports the finding that there was no central visibility of inquiry-relevant information at department level despite groups being set up within NHS Tayside to respond to the Public Inquiry.

11.6 Clarification of record classification

11.6.1 Recommendation 10:
Ensure there is a mandatory labelling system for physical records e.g. stickers on documents, signage on cabinets, tags on storage boxes within all departments.

11.6.2 This recommendation supports the finding that logbooks were not visibly marked as DND protected.

11.7 Record destruction controls

11.7.1 Recommendation 11:
Introduce a mandatory escalation rule where any destruction involving legacy, unusual, historically significant or inquiry related records must be escalated to a dedicated responsible team e.g. health records and information governance and Chief Executive Team.

11.7.2 This recommendation supports the findings that when seeking advice, differing instructions were given to different groups of staff from different departments and therefore there was no central authority for recorded retention decisions.

11.8 Organisational improvements

11.8.1 Recommendation 12:
Align the Health Records and Information Governance team, with defined collective authority for record retention decisions.

11.8.2 This recommendation supports the finding that fragmented advice was given at different times by different teams to different staff in the Neurosurgery theatre team.

11.8.3 Recommendation 13:
Mandate handover procedures for secondments, acting roles and leadership transitions. This must include records held, DND/legal risks and inquiry relevant information.

11.8.4 This recommendation supports the finding that no handover was performed when the Charge Nurse went on secondment to communicate the logbooks in the Charge Nurse office were relevant to the DND notice from the Eljamel Inquiry.

11.9 Monitoring, assurance and learning

11.9.1 Recommendation 14:
Introduce DND compliance audits of awareness, asset registers, safeguarding actions and record destruction decisions.

11.9.2 This recommendation supports the finding that there was reliance on assumptions that the DND notice was understood and being complied with by all NHS Tayside staff rather than relying on evidence.

11.9.3 Recommendation 15:
After every DND notice conduct a lessons learned review, update of policies, templates and training, and report findings to the Chief Executive Team.

11.9.4 This recommendation supports the finding that repeated exposure to DND notices without improvement.

APPENDIX 1 – LIST OF INTERVIEWEES FOR ENGAGEMENT

The individuals and roles described below refer to the positions held at the time of the destruction of the logbooks. Roles and responsibilities may have changed since that point.

Relevant individuals identified by NHS Tayside		
Department	**Role**	**Interviewed by AAB (Yes/No)**
Chief Executive Team	Chief Executive	Yes
Chief Executive Team	Executive Medical Director	Yes
Chief Executive Team	Director, People & Culture	Yes
Chief Executive Team	Director, Communication & Engagement	Yes
Chief Executive Team	Director of Finance	Yes
Chief Executive Team	Executive Nurse Director	Yes
Chief Executive Team	Interim Deputy Chief Executive	Yes
Chief Executive Team	Chief Officer, Dundee HSCP	Yes
Chief Executive Team	Chief Officer, Angus HSCP	Yes
Chief Executive Team	Chief Officer, Perth & Kinross HSCP	No-one in post
Chief Executive Team	Board Secretary	Yes
PLRT Team	Head, PLRT	Yes
PLRT Team	Programme Manager, PLRT	Yes
Investigation Team	Chief Officer Acute Services	Yes
Investigation Team	Nurse Director Acute Services	Yes
Investigation Team	Head, HR Business Team	Yes
Witness A	Staff Nurse	Yes
Witness B	Operating Department Practitioner	No – no response
Witness C	Senior Charge Nurse	Yes
Witness D	Operational Theatre Manager	Yes
Witness E	Staff Nurse	Yes
Witness F	Head of Health Records	Yes
Witness G	Charge Nurse	Yes
Witness H	Senior Nurse	Yes
Witness I	Assistant Health Records Manager	Yes
Individuals mentioned	Charge Nurse – Orthopaedics	No – on leave
Individuals mentioned	Clinical Care Group Manager	Yes
Others	Director, Digital Technology	Yes
Others	Director, Pharmacy	Yes

Relevant individuals identified by AAB	
Role	**Interviewed by AAB (Yes/No)**
Corporate Records Manager	Yes
Team Lead Health Records	Yes
Lead nurse acute services	Yes
Associate Nurse Director	Yes

AAB

APPENDIX 2 – LIST OF DOCUMENTS USED IN ENGAGEMENT

Initial documents provided by client:

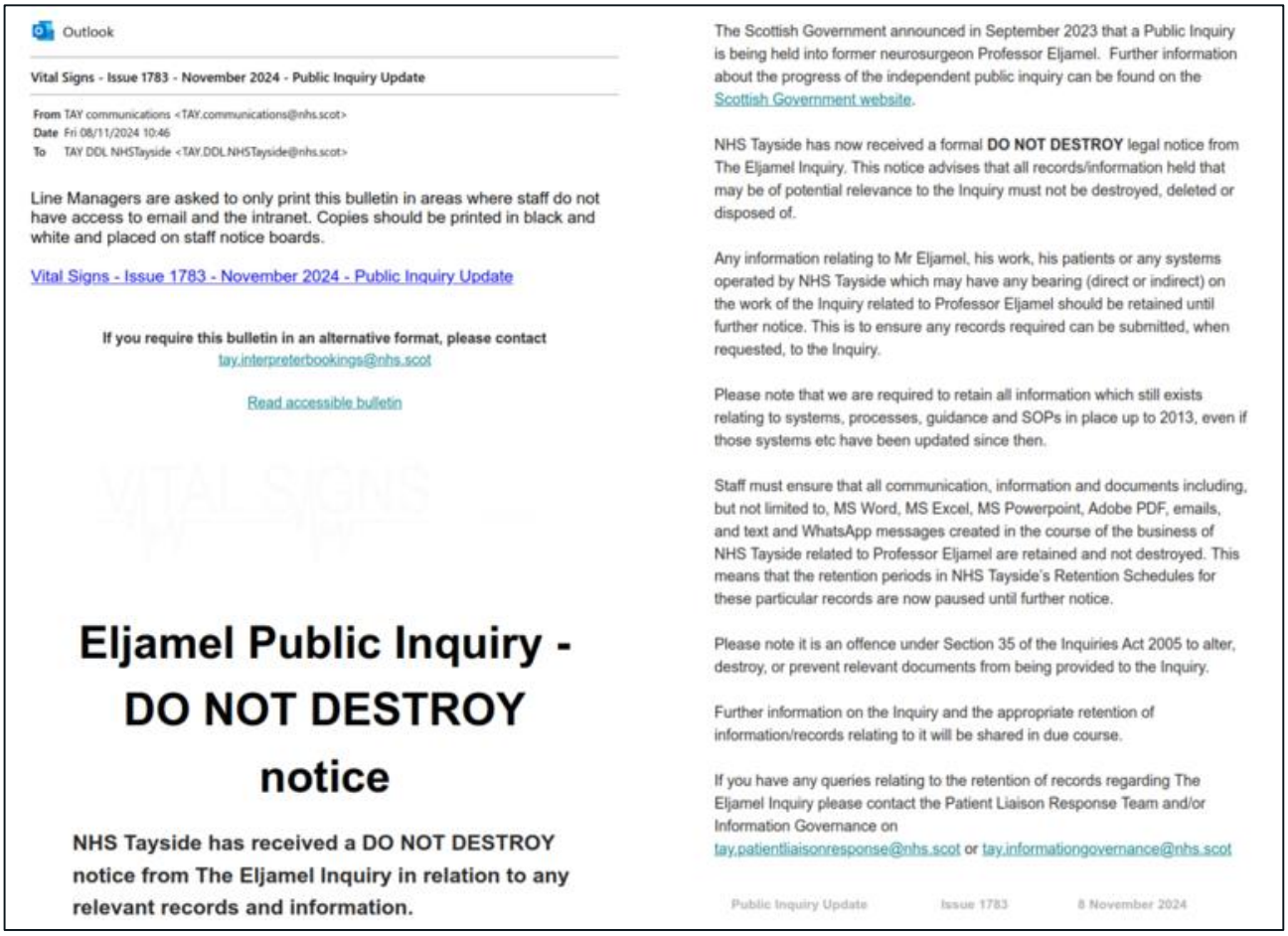
Category	File No.	Document Title	Date
Emails	1	Do Not Destroy Order – Health Records & Medical Director Email Chain	26 Apr 2023
Board / Oversight Materials	2	Due Diligence Review Findings Presented to NHS Board	Aug 2023
Formal Letters / Official Correspondence	3	Do Not Destroy Notice Letter from Inquiry Solicitor	11 Oct 2024
Emails	4	Inquiry Do Not Destroy Notice Shared by CLO	12 Oct 2024
Emails	5	Do not Destroy Notice Shared with the Chief Executives Team.	18 Oct 2024
Vital Signs Communications	6	Vital Signs – Do Not Destroy Notice (Issue 1783)	8 Nov 2024
Emails	7	ACTION REQUIRED – Public Inquiry Do Not Destroy Notice	26 Nov 2024
Policies / Guidance / Templates	8	Public Inquiry Information Catalogue Template	
Policies / Guidance / Templates	9	Public Inquiry Search Record Template	
Emails	10	ACTION REQUIRED – Public Inquiry Do Not Destroy Notice (1)	27 Nov 2024
Emails	11	ACTION REQUIRED – Public Inquiry Do Not Destroy Notice (2)	3 Dec 2024
Action Notes / Action Plans / SBARs	12	Coordination Group Action Note v0.1	9 Sep 2025
Vital Signs Communications	13	Vital Signs – Preliminary Hearing Update (Issue 1847)	9 Sep 2025
Formal Letters / Official Correspondence	14	Timeline of Do Not Destroy Communications – Acute	10 Sep 2025
Action Notes / Action Plans / SBARs	15	Oversight Group – Executive Actions	12 Sep 2025
Action Notes / Action Plans / SBARs	16	Oversight Group Action Note v0.1	12 Sep 2025
Action Notes / Action Plans / SBARs	17	SBAR – Theatre Logbook Issue	11 Sep 2025

Presentations / Slides	18	Corporate Executive Team Presentation – Do Not Destroy Communications	15 Sep 2025
Emails	19	Email to Health Records – Instruction to Recover Theatre Logbooks	24 Sep 2025
Formal Letters / Official Correspondence	20	Instruction from COPFS to Recover Theatre Logbooks	24 Sep 2025
Emails	21	Final Request to Directors – Inquiry Hearing & Do Not Destroy Assurances	7 Oct 2025
Emails	22	Example Communication for List of Issues Response	13 Oct 2025
Policies / Guidance / Templates	23	List of Issues Guidance Notes v1.1	
Policies / Guidance / Templates	24	List of Issues Questions & Responses (Q63–67)	
Presentations / Slides	25	Public Inquiry Engagement Session Slides v1.0	22 Oct 2025
Reports & Commissions	26	Governance & Information-Sharing Review Report (Commission v2)	4 Nov 2025
Emails	27	Rule 8 Request for Information – Email to Responsible Officers	11 Nov 2025
Policies / Guidance / Templates	28	Rule 8 Guidance Notes v1.0	
Formal Letters / Official Correspondence	29	COPFS Logbook Instruction – NHS Tayside Response	14 Nov 2025
Emails	30	Request for Assurance on Do Not Destroy Compliance	18 Nov 2025
Board / Oversight Materials	31	Opening Statement – Hearing Transcript	26 Nov 2025
Board / Oversight Materials	32	Written Opening Statement – NHS Tayside	19 Nov 2025
Emails	33	Suspension of Confidential Waste Disposal – Email Trail	5 Dec 2025
Vital Signs Communications	34	Vital Signs – Suspension of Shredding & Do Not Destroy Reminder (Issue 1875)	19 Dec 2025

Additional documents request from AAB:

Details of documents asked for	Received (Yes/No)
Chief Executive Board minutes for the period Oct 2024–Oct 2025.	Yes
Board minutes for the Eljamel Coordination Group for the period Mar/Apr 2025 (around the date of creation) to Oct 2025.	Yes
Board minutes for the Public Inquiry Oversight Group for the period Mar/Apr 2025 (around the date of creation) to June 2025.	Yes
Relevant policies and procedures relating to the destruction of records and specifically DND notices around the time of period October 24 through to August 25.	Yes
Official list originally provided for by the public inquiry.	Yes
Board Secretary's report to the executive team regarding the project March/April 2025 regarding public inquiry team to consider capacity, plans process etc.	Yes
FOISA Requests related to logbooks: A copy of each FOISA request, Details of what was asked, the response issued and timeframes for each request and response.	Yes
Emails from each executive team member asking what they had done following the DND notice within their team.	Yes
The responses that PLRT got when they request information held by key individuals.	Yes
A copy of the SBAR Action Plan that was implemented in September 2025 after the destruction of records was identified.	Yes
Any confidential waste forms completed at that time that the logbooks were destroyed.	Yes
A copy of the Health Records Strategy.	Yes

APPENDIX 3: SCREENSHOT OF VITAL SIGNS DND NOTICE ISSUED TO STAFF



Outlook

Vital Signs - Issue 1783 - November 2024 - Public Inquiry Update

From TAY communications <TAY.communications@nhs.scot>
Date Fri 08/11/2024 10:46
To TAY DDL NHSTayside <TAY.DDL.NHSTayside@nhs.scot>

Line Managers are asked to only print this bulletin in areas where staff do not have access to email and the intranet. Copies should be printed in black and white and placed on staff notice boards.

Vital Signs - Issue 1783 - November 2024 - Public Inquiry Update

If you require this bulletin in an alternative format, please contact
tay.interpreterbookings@nhs.scot

Read accessible bulletin

VITAL SIGNS

Eljamel Public Inquiry - DO NOT DESTROY notice

NHS Tayside has received a DO NOT DESTROY notice from The Eljamel Inquiry in relation to any relevant records and information.

The Scottish Government announced in September 2023 that a Public Inquiry is being held into former neurosurgeon Professor Eljamel. Further information about the progress of the independent public inquiry can be found on the Scottish Government website.

NHS Tayside has now received a formal **DO NOT DESTROY** legal notice from The Eljamel Inquiry. This notice advises that all records/information held that may be of potential relevance to the Inquiry must not be destroyed, deleted or disposed of.

Any information relating to Mr Eljamel, his work, his patients or any systems operated by NHS Tayside which may have any bearing (direct or indirect) on the work of the Inquiry related to Professor Eljamel should be retained until further notice. This is to ensure any records required can be submitted, when requested, to the Inquiry.

Please note that we are required to retain all information which still exists relating to systems, processes, guidance and SOPs in place up to 2013, even if those systems etc have been updated since then.

Staff must ensure that all communication, information and documents including, but not limited to, MS Word, MS Excel, MS Powerpoint, Adobe PDF, emails, and text and WhatsApp messages created in the course of the business of NHS Tayside related to Professor Eljamel are retained and not destroyed. This means that the retention periods in NHS Tayside's Retention Schedules for these particular records are now paused until further notice.

Please note it is an offence under Section 35 of the Inquiries Act 2005 to alter, destroy, or prevent relevant documents from being provided to the Inquiry.

Further information on the Inquiry and the appropriate retention of information/records relating to it will be shared in due course.

If you have any queries relating to the retention of records regarding The Eljamel Inquiry please contact the Patient Liaison Response Team and/or Information Governance on tay.patientliaisonresponse@nhs.scot or tay.informationgovernance@nhs.scot

Public Inquiry Update Issue 1783 8 November 2024

APPENDIX 4 – SYNOPSIS OF INTERNAL INVESTIGATION REPORT

What Happened
During a routine clear-out of the Neurosurgery office, carried out to prepare for a new Charge Nurse, staff disposed of old logbooks, believing they were outdated and cleared for destruction. Staff had sought advice from Health Records, but there is conflicting evidence about what advice was actually given. Much of the confusion stemmed from misunderstanding the contents of the logbooks and unclear ownership of record-keeping responsibilities.

Why It Happened
The investigation found systemic issues, not deliberate wrongdoing:

- Lack of awareness and inconsistent communication of the Do Not Destroy notice.
- No clear retention guidance or single responsible owner for theatre logbooks.
- Logbooks stored insecurely in an unlocked, shared office.
- Staff unable to reliably access or keep up with organisational email communications.
- A gap between policy expectations and operational realities on the floor.
- Assumptions that Public Inquiry-relevant documents would already have been collected centrally.

Impact
Although the destruction breached the Do Not Destroy notice directive, the investigation concluded no malicious intent and noted that all information contained in the logbooks is also available through existing clinical systems.

Individuals interviewed

- Witness A - Staff Nurse
- Witness B - Operating Department Practitioner
- Witness C - Senior Charge Nurse
- Witness D - Operational Theatre Manager
- Witness E - Staff Nurse
- Witness F - Head of Health Records
- Witness G - Charge Nurse
- Witness H - Senior Nurse
- Witness I - Assistant Health Records Manager

Key Findings

- Widespread lack of clarity around storage, retention and responsibility for theatre logbooks.
- System communication channels were ineffective for staff working clinically.
- Information governance practices were inconsistent, with unsecured storage of patient-identifiable information.
- No formal processes for scanning, backing up or tracking archival records.
- Organisational memory was limited, impacting understanding of the significance of older documents.

Recommendations

- No individual conduct or capability action.
- Strengthen information governance training and awareness.
- Review all clinical areas to ensure secure storage of patient data.
- Improve communication channels for critical notices beyond email / Vital Signs.
- Integrate key updates into team huddles and staff meetings.
- Implement digital tracking for theatre documentation.

Establish a secure central repository for all inquiry-related records

APPENDIX 5 – FORMAL DND NOTICE ISSUED TO NHS TAYSIDE

Solicitor to the Inquiry
[redacted]

E: Legal@eljamelinquiry.scot
T: [redacted]

THE ELJAMEL INQUIRY

FAO Nicky Connor
NHS Tayside
By email only

Dear Ms Connor

THE ELJAMEL INQUIRY
DO NOT DESTROY NOTICE

The Eljamel Inquiry is in its establishment phase. The Inquiry is currently in a period of consultation on the draft Terms of Reference. Upon finalisation of the Terms of Reference the Cabinet Secretary will formally announce the set up of the Inquiry. The Inquiry will then proceed to request evidence from those the Inquiry considers holds information relevant to the Terms of Reference. We anticipate that your organisation is likely to hold information relevant to the Inquiry's work.

In advance of calls for evidence being made, I write on behalf of Lord Weir to request that you take steps to ensure that no material of potential relevance to the Inquiry is destroyed, deleted or disposed of. We would ask that you preserve any documentation you hold relating to Mr Eljamel, his work, his patients or any systems operated by you which may have any bearing (direct or indirect) on the work of the Inquiry. I attach a copy of the draft Terms of Reference to assist in your determination of the relevancy of the material you may hold. You must take a cautious approach.

Your organisation must ensure that a full and clear record of its part in events relevant to the Inquiry's Terms of reference remain intact and accessible. This also includes retention of emails, text or WhatsApp messages and other communications.

You will be aware that it is an offence, under section 35 of the Inquiries Act 2005, to alter, destroy or prevent relevant documents being provided to the Inquiry.

Yours sincerely

[redacted]
Solicitor to the Inquiry

AAB

UNITED KINGDOM + IRELAND + INTERNATIONAL

Tel: +44 (0)3332 419887

hello@aab.uk

www.aab.uk