

## **Scottish Hospitals Inquiry**

### **Witness Statement of**

**Jeane Freeman**

### **Witness Details**

1. I am Jeane Tennent Freeman OBE. I am the former Cabinet Secretary for Health and Sport.
2. The purpose of this witness statement is to supplement my witness statement dated 18 December 2023 and address a request for clarification from the Inquiry as to the extent to which matters raised by certain doctors in relation to the Queen Elizabeth University Hospital ("QEUII") (characterised and hereinafter referred to as "Whistleblowing" issues) influenced my decision-making in relation to the Royal Hospital for Children Young People/ Department for Clinical Neuroscience ("RHCYP/DCN").

### **Process of dealing with correspondence to the Cabinet Secretary**

3. In order to put my role as Cabinet Secretary, and how matters are raised with and dealt with by the offices of a Cabinet Secretary into context, it is perhaps relevant to explain, at a high-level something further about my day to day experience of working as a Minister within the Scottish Government. During my time as Cabinet Secretary for Health & Sport I had a robust process in place that allowed me to review and prioritise my workload.
4. Many hundreds of emails would be received every week into my Cabinet Secretary Ministerial email inbox. These emails would be triaged by the Scottish Government's central correspondence unit ("CCU"). Correspondence was either marked as "MR", meaning "Ministerial Response", or "OR", meaning "Official Response". Any correspondence marked as MR was reviewed by me personally before being issued. Any correspondence marked as OR would be

drafted by Scottish Government health department officials and I would not necessarily see this correspondence before it was issued. Any correspondence categorised as MR would come to my Private Office for direct input and/or my direct sign-off. Where CCU or health officials were unsure whether a matter should be made known to me or believed that it should before they issued a response, they would seek advice from my Private Office. Many emails sent to my Ministerial inbox were, thus, dealt with by CCU and Scottish Government health department officials without me having ever had sight of them.

5. Those within my Private Office would highlight to me urgent matters that required my personal attention, to be dealt with throughout each day. At the time when I was in post, the majority of my workload and correspondence requiring personal attention was printed, prepared and allocated to categorised folders, which made up my ministerial box. Much of this work would relate to matters to be addressed in parliamentary questions relating to my portfolio, meetings that I would have scheduled and wider issues across the business of government in relation to which I had collective responsibility. My ministerial box also contained folders where parliamentary questions and correspondence were prepared, printed and marked for signature. These folders were prioritised by due date. The folders in my ministerial box were broken down in to the following four categories – (i) immediate; (ii) for consideration; (iii) to note; and (iv) for information. My Private Office would allocate the papers into these folders based upon the urgency of marking on the submissions and the recommendations contained within them.
6. My daily folder was also held in my ministerial box. This was an important folder that set out work for the following day. It also contained briefings required for meetings/parliamentary work that I was due to attend.
7. As I mentioned at paragraph 10 of my previous statement (**A46622450 - Witness Statement Bundle, Volume 1, Page 163**), I took my ministerial box away with me at the end of each day and worked through the documentation within it during the evening. My overwhelming experience was that my Private

Office was sufficiently skilled and experienced to undertake this allocation / prioritisation in an appropriate way.

### **Correspondence from QEUH Whistleblowers**

8. The Inquiry has provided me with certain email correspondence sent by Doctors Redding, Inkster and Peters to, variously (but not exclusively), NHSGGC, a range of Scottish Government officials and the Cabinet Secretary email address. Some of the exchanges are incomplete, but I comment upon what has been provided to the best of my ability in the given time and with the given information.
9. From emails highlighted by the Inquiry, I can see that various emails received to the Ministerial inbox from Dr Peters dated January and February 2019 (as examples) were marked as MR, so would have been sent on to my Private Office (**A47340875 – Email from Christine Peters to Jeane Freeman – 23 January 2019 – Bundle 13, Volume 10, Page 65**) (**A47341011 – Email from Christine Peters to Jeane Freeman – 23 February 2019 - Bundle 13, Volume 10, Page 61**). I cannot say with absolute certainty at this distance in time whether I would have seen any or all of this correspondence first-hand or the extent to which the detail of issues raised within the correspondence would have been flagged to me. My recollection, however, is that the matters raised within these emails would have been brought to my attention by my Private Office.
10. From emails provided to me by the Inquiry, I can see that various emails received to the Ministerial inbox from Dr Redding dated between March and June 2019 (as examples) were marked as OR and received responses from Scottish Government officials (**A47341080 – Email from Penelope Redding to Jeane Freeman – 12 March 2019 - Bundle 13, Volume 10, Pages 19 to 22**), (**A47341050 – Email from Penelope Redding to Jeane Freeman – 2 May 2019 – Bundle 13, Volume 10, Pages 24 to 58**), (**A44677629 – Penelope Redding – 12 May 2019 – Bundle 13, Volume 10, Pages 112 to 114**), (**A47341077 – Email from Penelope Redding to Jeane Freeman – 11 June**

**2019 - Bundle 13, Volume 10, Pages 22 to 23).** Those emails were also forwarded to my Private Office for information. I cannot say with absolute certainty at this distance whether I would have seen any or all of them first-hand or indeed whether the issues raised within the correspondence were flagged to me at the time.

11. From emails provided to me by the Inquiry, I can see that Dr Inkster was in correspondence in 2019 and beyond with NHS Greater Glasgow & Clyde Health Board and others in relation to concerns she had **(A38378617 – Various emailed correspondence involving Christine Peters and Teresa Inkster between 2018 and 2019 - Bundle 13, Volume 10, Pages 82 to 111), (A41745851 – Email from Christine Peters and Teresa Inkster to Jeane Freeman – 2<sup>nd</sup> December 2019 – Bundle 13, Volume 10, Pages 78 to 81).** Others will be better placed to assist the Inquiry in relation to when Dr Inkster first contacted Scottish Government officials in relation to this. I cannot recall at this distance in time based upon the documentary information available to me the extent to which I was personally aware of issues being raised by Dr Inkster in late 2019.
12. Regardless of what exactly was brought to my attention, I am clear that I was aware of the fact that Whistleblowing concerns were being raised in relation to QEUH at the point in July 2019 when I was making my decisions in relation to the delay to the opening of RHCYP/DCN. I am also clear that there was ongoing engagement at my request by Scottish Government officials with those who had raised Whistleblowing concerns in relation to the QEUH throughout the period during which I was making decisions in relation to the RHCYP.
13. I recall various steps that I took as a result of the Whistleblowing concerns raised, including meeting with those who raised the Whistleblowing concerns and, through Scottish Government officials, arranging for communication by and with those who raised the Whistleblowing concerns in relation to other measures I had commissioned to examine the situation at QEUH, including the Independent Review and Independent Case Note Review.

14. I am also clear in my view that any Whistleblowing concerns that were raised with me/ my office and/or Scottish Government officials, should be treated very seriously. In relation to the Whistleblowing concerns raised in respect of the QEUH, I am of the view that I took all appropriate steps to ensure that concerns raised should be considered as part of the whole information available to those I commissioned to examine all of the emerging issues at QEUH. Those concerned in those examinations would be better placed than I to assist the Inquiry should it wish to examine in detail the matters dealt with by them.
15. I will be happy to assist the work of the Inquiry by provision of a full statement addressing in detail all matters that I dealt with in relation to the QEUH. Scottish Government officials will also be able to provide additional evidence both in relation to the Whistleblowing and the wider context of Scottish Government involvement in relation to the QEUH.

**Experience at QEUH and influence upon decision-making regarding RHCYP/DCN**

16. In my witness statement dated 18 December 2023, I mentioned that the experience at the QEUH influenced my decision making in relation to the RHCYP/DCN (**A46622450 - Witness Statement Bundle, Volume 1, Page 170**). That experience included an awareness of Whistleblowing concerns having been raised in relation to the QEUH, as well as other issues that were brought to my attention concerning the potential link between the built environment at the QEUH and its impact on patient safety, infection prevention and control. I was also acutely aware of issues in relation to the handling of communications with patients, relatives and staff at QEUH.
17. As I stated in my statement of 18 December 2023, my primary consideration in relation to the RHCYP was for patient safety (**examples of this can be found in A46622450 - Witness Statement Bundle, Volume 1, Pages 176, 178 and 183**). The whole breadth of my experience arising from QEUH fed into my

understanding and assessment of patient safety and, therefore, my decision-making at RHCYP/DCN.

**Handling of communications in relation to the decision to delay the opening of RHCYP/DCN**

18. My previous experience as Chair of an NHS Board, combined with all of the experience I had already gained within the Scottish Government and the information coming through to me as Cabinet Secretary for Health & Sport in relation to the QEUH significantly influenced my approach to my decision-making in relation to delayed migration, split-site working, on-site retro-fitting, investigations and reporting commissioned and thereafter later opening of the RHCYP/DCN facilities. That included my approach to communications. I wanted to ensure that all communications were consistent, transparent, open and straightforward. I thought that would be best achieved by all communication going through me and my office so that I could be certain that all messages going to patients, staff, the wider public and reflected to the Scottish Parliament, to whom I was answerable as Cabinet Secretary, were crystal clear and devoid of jargon. The decision not to open RHCYP/DCN on the planned date was my decision so, to my mind, it was entirely right for me to be the person to lead on that communication and deal with any criticism from the public and indeed staff and others in relation to that decision. NHSL already had a multitude of operational issues to deal with as a result of the situation facing them, so that was something I, and the communications team at the Scottish Government, could immediately help with.
19. I was also very conscious of my duty to report to the Scottish Parliament and other stakeholders on all decisions taken and progress made in relation to the RHCYP/DCN. Any communications that were opaque or did not address directly the situation that presented and what was known and, importantly, not known at any given point, could, in my view, create potential additional difficulty. Everyone concerned had their hands full in dealing with the situation on the ground and it would not be useful for time to be taken up dealing with any potential confusion arising from communications. This created an

imperative in my mind for me to co-ordinate and lead on all communications, acting as a central point of co-ordination on briefing. I knew that I would have multiple key stakeholders to engage with, from individual patients and their families, to hospital staff and unions, NHSL and other NHS Territorial and National Boards impacted as well as Local and Scottish Government officials, local Councillors, MPs, MSPs, the First Minister and members of the Scottish Parliament from all parties with an interest in this situation. I was very clear throughout my time in office that I had an absolute obligation to answer to Parliament at all times for all matters falling within my brief. I took that extremely seriously. There may be varying views as to the degree of direct intervention required at any given point in order to fulfil this responsibility. I had a clear view at the time and in these particular circumstances, with the benefit of my years of wider experience, and also particular experience and learning from the particular issues arising at QEUH, that a directive approach in relation to communications around the issues at RHCYP/DCN would be beneficial to all concerned.

20. For the avoidance of doubt, the Whistleblowing concerns being raised at QEUH were an influencing factor in my decision-making. As Cabinet Secretary, I had the perspective of being briefed on all key issues arising across the whole of the NHS in Scotland. This necessarily includes the whole range of issues from NHS waiting-list times to infrastructure needs and everything in between. The briefings I received across this full range of issues in relation to the operation of the NHS throughout Scotland, including all emerging issues as regards QEUH (including all Whistleblowing matters) were fully taken into account throughout my decision-making in relation to RHCYP/DCN.

### **Final remarks**

21. I welcome the future opportunity to provide the Inquiry with a full statement in relation to my engagement with all issues to be addressed by the Inquiry in relation to the Terms of Reference pertaining to the QEUH.

## **Declaration**

22. I believe that the facts stated in this witness statement are true. I understand that this statement may form part of the evidence before the Inquiry and be published on the Inquiry's website.