I have gained the impression from reading the proceedings of the Inquiry on 30 September and 3 November that it might have been expected that there would have been a rigid structure of communication between SHHD and the CSA, with communications being 'fed up' SHHD (Sandy Murray, to Duncan Macniven, to me) and thereafter 'down' CSA to SNBTS (me to the Management Committee of CSA, then ultimately back to John Cash). It did not work like that, and such a structure would have introduced significant delays in communications. In my experience of both the public and private sectors, communications between different organisations take place at many different levels. For example, two government departments might communicate from Branch Head to Branch Head, from Under Secretary to Assistant Secretary or Under Secretary, or from Minister to Minister. The level at which communications take place will depend among other things on the complexity of the issue, the financial implications, and the extent of disagreement, if any – and even who is available.

The main links between SNBTS and SHHD were at the branch level, i.e. Sandy Murray communicating with either CSA (Mr Mutch) or SNBTS directly. If a more difficult issue arose, it may have been referred to the Head of Division (Duncan Macniven) for him to liaise with CSA/SNBTS. It would have been rare for me to get involved, although I would be briefed on certain issues for the purposes of attending CSA meetings.

The question was raised whether difficulties might have been avoided if the CSA had in fact been subsumed into SHHD. I do not believe that this would have made any difference. There was regular formal and informal contact between the Department and the CSA, as there would have been if they were both part of the same Department. And failures of communication can equally happen within Departments as between them. It appears from my reading of such papers and evidence that I have seen that, so far as problems arose, they did so because of the failure to prioritise an issue, which led to a failure to communicate it.
The CSA was created as a body separate from the SHHD to place it in an analogous position to Health Boards and to distance its activities from political interference. (While Ministers are responsible for general policy in relation to non departmental public bodies (NDPBs), they are not involved in the day to day management.) The decision to appoint senior officials of the SHHD to the Management Committee was taken before I took up post and I am unaware of the rationale for such appointments; I can only speculate that Ministers took the view that as the CSA was providing services of national importance and which gave rise to questions of national policy, it would be desirable for senior officials to be represented on the Management Committee. It has to be granted that this runs slightly counter to the principle of NDPBs outlined above, but I regarded my own position on the Committee as being analogous to that of a non executive director; that is to say, I had responsibilities for general oversight and policy, but not for day to day management.

I am told that there has been some comment about the fact that the Management Committee of CSA was made up, in general, of people who were not medically qualified. This never created any difficulties that I can recall; the Management Committee was not concerned with matters of medical judgement, and expertise was always available from within CSA divisions if required. Equally, the kind of issues dealt with by the Committee required the range of expertise represented on the Committee.

As with any external body reliant on public funding, there were inevitable debates between the CSA and the Department about budgeting, efficiency savings and the allocation of resources. But relations between me and those at the top of the CSA hierarchy were always very cordial and constructive, particularly after the appointment of Jim Donald as General Manager. Jim Donald was appointed not to alleviate any particular difficulties that CSA/its divisions were experiencing, but in line with the general policy to introduce general management across the whole of the NHS.

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