

Penrose Inquiry

Statement of Alexander Murray

Introduction

1. At a hearing of the Penrose Inquiry on 30 September 2011, reference was made to a statement I had previously submitted to the Inquiry concerning the introduction of HIV testing (PEN.012.1899). At paragraph (ii) of the statement I stated that the remit of Branch 3 of SHHD Division 4, of which I was the Head, was to:

“carry out the Department’s administrative and executive functions in relation to (a) the Common Services Agency (CSA) as such; (b) a number of Divisions of the CSA including the SNBTS, Scottish Ambulance Service and the Scottish Antibody Production Unit ...”

Lord Penrose enquired as to the relationship between (a) and (b). Specifically, he raised the following queries:

“Should one understand a hierarchical structure with the SNBTS functions being subsumed under the CSA, or is care of the SNBTS separate from care of the Common Services Agency so that there is a direct relationship between branch 3 and the SNBTS, or what?”

Lord Penrose continued:

“Would the exercise of a function relating to SNBTS have been channelled through the CSA or would it have impact directly on the SNBTS?”

The purpose of this statement is assist the Inquiry by addressing the points raised by Lord Penrose.

2. The CSA existed as a composite entity, comprising all its Divisions together with such core offices as the Central Administration and the Treasurer’s

Department. The Divisions, such as SNBTS and the Scottish Ambulance Service, were essentially stand alone bodies, which technically fell within the remit of the CSA's management.

3. As well as responsibility for a number of individual Divisions including SNBTS, Branch 3 also had a largely coordinative function with respect to the CSA as a composite entity:
 - primarily coordinating the SHHD consideration of the annual omnibus financial bid by the CSA for each of its Divisions and functions;
 - also coordinating SHHD briefings for the Departmental Under Secretary in connection with meetings of the CSA Management Committee.

CSA Committees

4. SNBTS fell within the management remit of the CSA. As the Preliminary Report observed, SNBTS was accountable to the CSA Blood Transfusion Service Sub-Committee (the 'BTS Sub-Committee'):

"Until 1990 the regional transfusion directors were considered accountable to the CSA Blood Transfusion Sub-Committee of the CSA Management Committee, as was the SNBTS National Medical Director/National Medical & Scientific Director." (Preliminary Report, 5.28)

SHHD was represented on both the BTS Sub-Committee and the CSA Management Committee by the Deputy Chief Medical Officer (Dr. Graham Scott) and the Under-Secretary for Health (John Walker, and subsequently Hugh Morison). I note from the minutes of the BTS Sub-Committee meeting on 20 August 1986 that, in the absence of the Convener (Sir Simpson Stevenson, Chairman of the CSA), Hugh Morison acted as Convenor (SGH.002.0455). Furthermore, an SHHD medical officer (Dr Bell or Dr Forrester) and I attended, and actively participated in, meetings of the regional transfusion directors.

5. Thus, although the CSA was considered to be the middle tier of the hierarchy, senior officials from SHHD sat on CSA committees.

Communication

6. My routine communication (by letter or phone) would be with the Central Administration of the CSA or, less frequently, with the Treasurer's Department. I could however be in direct communication with the SNBTS when the following circumstances arose:
 - medical colleagues were in direct communication with SNBTS - I could, at some stage, become involved to a limited extent;
 - responding to a direct approach by SNBTS;
 - I attended the SNBTS Regional Directors meetings, which could give rise to subsequent direct communication.
7. On occasions SHHD medical staff communicated directly with SNBTS, with no involvement of CSA Central Administration. Before meetings of either the CSA Management Committee or the BTS Sub-Committee (I cannot recall which) Dr Cash would meet with the SHHD Under-Secretary for Health. I would attend these meetings for a short time before leaving, following which Dr Cash and the Under-Secretary continued their discussions. No minutes were kept of these meetings as my understanding was that they were to allow Dr Cash and the Under-Secretary to have a full and frank discussion of current matters. I cannot recall whether such discussions took place before every meeting of the CSA Management Committee/BTS Sub-Committee or whether I attended all such meetings. Moreover, I have no recollection of attending such meetings while John Walker was the Under-Secretary. However, it was my impression while Hugh Morison was Under-Secretary that such meetings were a continuation of a previous practice. Dr Cash could, and did, approach SHHD directly (by telephone and letter), both on the medical and administrative sides.

Statement of Truth

I believe that the facts stated in this witness statement are true.

Signed Alex J. Munnay

Dated 12/1/12