SCOTTISH HOSPITALS INQUIRY

Hearings Commencing
9 May 2022

Day 5
Monday, 16 May 2022
Alan Morrison

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16.05

THE CHAIR: Now, Mr McLelland, are you content to continue?

MR McLELLAND: Yes, I am, my Lord. I am hopeful that we should be able to complete Mr Morrison's examination before five o'clock.

THE CHAIR: Good afternoon, Mr Morrison.

THE WITNESS: Good afternoon.

THE CHAIR: Could I begin by acknowledging the fact that you will have been here since at least two o'clock and will have been waiting. So I regret you have had that wait, but you probably understand it is not always possible to predict. You are about to be asked some questions by Mr McLelland. Before then, will you take the oath or would you prefer to affirm?

A Affirm.

THE CHAIR: Sorry?

A Affirm, please.

THE CHAIR: Affirm.

MORRISON, Mr ALAN PAUL

(Affirmed)

THE CHAIR: Thank you, Mr Morrison. Now, you should get some help from the directional microphone but can I ask you perhaps to speak a little louder than you would in a conversation. Thank you. Mr McLelland?

Questioned by Mr McLELLAND

MR McLELLAND: Thank you, my Lord. Can you please confirm your name?

A Alan Paul Morrison.

Q Mr Morrison, you have, I think, provided two statements to the Inquiry and for the benefit of those who have the witness statement bundle those are at p.130 to p.157.

Mr Morrison, the contents of those statements will form part of your evidence to the Inquiry. We are able to take much of what you have said as read and I do not intend this afternoon to trouble you to repeat yourself, but I am going to ask you some brief questions and if you want to refer to your statement at any time, please, do say so.

What is your profession?

A I'm an accountant.

Q And when did you qualify?

A 1998.

Q And do you hold any accountancy qualifications?

A Yes, it's with CIPFA, which is the Chartered Institute of Public Finance and Accountancy.

Q And you are currently employed as a civil servant with the

Scottish Government; is that correct?

A I am.

Q And what is your current role?

A I am Interim Deputy Director of Health Infrastructure Investment and PPP.

Q And how long have you been in that post?

A Since about-- I took over from Mike Baxter after he left. My role has broadly changed (sic) the same, my job title has changed in that period.

Q I see. Okay. So what directorate or department do you work in?

A It's Director of Health Finance, Governance and Value.

Q How long have you worked in that directorate?

A Over 20 years.

Q This Inquiry concerns, in part, the project to develop the Royal Hospital for Children and Young Persons and the Department of Clinical Neurosciences at Little France in Edinburgh; have you been involved in work on that project?

A Yes.

Q And when did you first become involved with that project?

A About January 2015.

Q Briefly, what was the nature of your work on that project?

A It was-- it was initially a kind of focus on the finance side of things and then kind of throughout I was the kind of key point of contact between Scottish Government and NHS Lothian with progress of the project.

Q We have heard some evidence today about the Capital Investment Group; have you been involved with that body?

A Yes, I currently chair the group.

Q When did you become the chairman?

A December 2015.

Q So if you joined the Capital Investment Group in 2015, have you been involved in approving or recommending for approval any of the business cases for the Sick Kids at Little France?

A So I was not a member of the Capital Investment Group at any stage of the approval process. Latterly, when the full business case came to be approved and the project moved to financial close round about February 2015 I was involved in that process right at the end, but I was not involved in reviewing the detail of the business cases that were submitted over that period.

Q Okay. To be clear, you

were not on the Capital Investment Group when that full business----

A Correct.

Q -- case came for approval?

The Inquiry has already heard plenty of evidence about SHTMs (Scottish Health Technical Memoranda) and you have discussed these in your statement. The nature of these has been described by another witness to the Inquiry in the following way and I would just like to put this to you and ask you whether or not you agree. What he has said is that: "Those not close to the issue might assume that they (that is SHTMs) are an instruction manual handed out by the Government. This is not the case. They are the Health Service's interpretation of the responsibility it has under the applicable legislation, regulations, codes of practice and Government policy." Is that description that you would agree with?

A Yes.

Q At para.36 of your statement, Mr Morrison - for those with the bundle that is at p.143. You are discussing-- in fact, if you could just get that up in front of you. You are discussing here the process under which the Capital Investment Group reviews business cases and in the

course of doing that you say that the Capital Investment Group is conscious to ensure that the business case is fully compliant with the SPFM and SCIM guidance and requirements. Do you see that----

A Yes.

Q -- or recall it? Yes. Does that include ensuring that the project goes through the NDAP, or the NHS Scotland Design Assessment Process?

A Yes.

Q Can we please have the document at bundle 3, volume 3 at p.893. Do you have that on the screen in front of you, Mr Morrison?

A Yes.

Q Do you recognise that document?

A Yes, I do.

Q Could you just explain to us what that is.

A It's the Scottish Capital Investment Manual. This is the guidance that we have prepared to assist NHS boards in preparation and production of business cases.

Q If we go, please, to p.902 of that bundle.

THE CHAIR: Sorry, my fault. Which page?

MR McLELLAND: I am sorry, my Lord. I seem to have the wrong

page reference myself, so-- I am sorry, my Lord. Bear with me a moment, I will try and find the right reference. Sorry. The correct page is 1237.

THE CHAIR: Thank you.

MR McLELLAND: Do you see that on the screen, Mr Morrison?

A Not yet. Yes.

Q Okay. Do you recognise that document?

A Yes, it's commonly referred to as NDAP. It's guidance for the design assessment process that NHS boards follow.

Q Do we see at the bottom of that page it says, "Latest drafting 2 February 2017"; do you know if that is the current version of----

A It is, yes.

Q It is. Does that guidance still apply to projects today?

A Very much so.

Q Also at para.36 of your statement you say that; "CIG is concerned to note that all relevant requirements have been met, such as technical specifications." Can I just ask you to clarify what you mean by "technical specifications"?

A So it would cover the SHTM guidance that the suite of documents that Health Facilities Scotland prepare for to assist NHS Scotland in not only the production of their business cases but the management of their wider estate. But we would be particularly focused on expectation that would be that they would follow sort of any new developments.

Q Okay. You go on to say that if the Health Board undertakes that a certain element of its design is compliant with the relevant technical memorandum, then CIG does not check that the actual design is, as a matter of fact, compliant. That is what you say in para.36.

A Okay.

Q Do you mean that the CIG takes health boards at their word that designs are compliant with the relevant technical memorandums?

A So we take assurance that the NDAP process would, to some extent, check on the compliance with technical standards and guidance. We would not, or the Capital Investment Group would not look for further assurance beyond that.

Q I do not think it is necessary to go to the guidance unless you would find it helpful, Mr Morrison, so please do say so if that is the case. The Inquiry has already seen the guidance. The process, as I understand it, is that the health board

is expected to produce a list of the guidance with which it considers this project is required to comply, together with a schedule of derogations from that; is that your understanding?

A That would be my understanding, but it's not-- it doesn't form part of any submission to the Capital Investment Group.

Q Okay. That information, where would that information go?

A I would expect it to be held locally.

Q And by "locally" you mean?

A Locally by the local health board that is developing a particular business case. We would not typically-- any part of Scottish Government would not-- I would not expect them to submit it to Scottish Government for review or assessment.

Q Would you expect it to be submitted to Health Facilities Scotland for you?

A I think it kind of depends on where Health Facilities Scotland-- they're there to provide advice and guidance to the health board over and beyond just preparing written guidance. So, if there was an issue that they wanted to move away from then I could certainly anticipate them at times speaking to Health Facilities

Scotland to either get a view or help form a judgment, but if a board thought they could deal with an issue locally, if they thought they had professional expertise and experience to deal with it themselves then I would assume that that would be absolutely fine.

Q If we go into the NDAP Guidance document, at p.1241, just reading there from the text just above the box it says: "NDAP will assess for compliance with current published design guidance. To facilitate this, boards/clients must submit at initial agreement business case stage project specific list of the guidance they consider applicable to their development. This will be updated at OBC and FBC stage and will include any derogations, together with the technical reason for this proposed mitigation." Then there is a list of the guidance that the project submitted for NDAP will have to be assessed for compliance with. I had understood that that information was being submitted or was to be submitted by the Health Board to HFS. Are you saying something different when you say that the information is being held locally at the Health Board?

A No. So, as part of the NDAP process they will submit information to Health Facilities

Scotland but there can be derogations outwith the NDAP process, even during the construction phase. So, when I was-- when I mentioned that that kind of thing was held locally, that's what I was meaning, rather than NDAP, where it would go through HFS.

Q Okay. If a derogation is sought outside of the NDAP process, is that something that comes to the attention of the Capital Investment Group or does that rest with the Health Board and possibly----

A Not typically. So, since I've been chairing the Capital Investment Group there's not been one occasion where a health board has approached me in my capacity as chair to say can we derogate from whatever standard or requirement that it is. So, the one exception I'm aware of is the single room issue. Obviously, it happened before I was involved with CIG, but it was high profile enough that I was aware of it.

Q For those sorts of derogations, the ones that are not coming to the attention of the Capital Investment Group, are you aware of whether or not there is a procedure to be followed in relation to that?

A So I would expect there to be a procedure that the-- my

understanding, and you will probably get a better idea when you speak to colleagues from NHS Lothian, is derogations are not unusual and so there will be a process to be followed and I would expect it to be-- it would depend on the scale of the change that you are looking at would depend on the type of process in place, but I would expect to see evidence and signed off by an appropriate either corporate body or professional.

Q Am I right to understand what you are saying as being that the question of the derogation and the judgment to be made in relation to it is for the health board itself?

A Yes.

Q It is not something that would necessarily require the approval of the Scottish Government?

A No.

Q Now, at para.37 of your statement, and I think you must be talking here about the process of business case approval before the Capital Investment Group, you say that it would be for the Board to identify the derogation and seek approval from the Capital Investment Group. Then at para.47 you say that: "The Capital Investment Group expects a business case presented to it to be compliant with the relevant SHTMs; it is for the

Board to guarantee compliance." Do you accept that as being what you say---

A Yes.

Q -- in your statement? What is the basis for your view that a board is obliged to seek approval for any derogation from *inter alia* SHTMs?

A I think that there's an element of kind of speculation there as to what would happen if there was any significant movement from the agreed guidance. I suppose one thing I would kind of point out that there may be derogations that happen during the construction phase, but once the business case has been approved and CIG's involvement effectively has come to an end there would be derogations as they go through the construction phase.

Q The question is really concerned with identifying the basis for what you say in your statement, that it is for the Board to guarantee compliance; what is the basis for that view?

A It's partly through the NDAP process that that kind reviews what processes are followed but also that if they were to-- if there was any kind of significant movement from the guidance I would expect it to be kind of raised with us when the business case

has been developed. It is not something that happens very often.

Q Okay. Do you accept that it is up to health boards to set their clinical requirements for their rooms and it is only when those requirements have been set one can then identify the guidance in the SHTM which is relevant for that room?

A Yes, I think that's a fair assessment.

Q At para.39 of your statement you decided a two-stage approval for PPP project. Part 2 is at financial close. Would you expect health boards to be able to say at financial close whether or not the design meets the requirements of the SHTMs?

A So at financial close I understand that at that point it's more the project financing that is being resolved right at the end. All the design aspects of the business case would have been considered and reviewed prior to that as part of the submission to the Capital Investment Group.

Q So, I mean, the question was whether you would expect health boards to be able to say at that point whether or not the design meets SHTMs. Are you saying that you would or you would not expect them to

be able to say?

A Yes, I would expect that.

Q You would. Would you be able-- would you expect-- Would you expect a health board to be able to say that a reference design met the requirements of SHTMs?

A So, the expression “reference design”, which I know you discussed earlier today, was not a-- it’s not something I’m particularly familiar with and so I would-- I’m probably not best qualified to make that judgment.

Q Okay. Well, are you aware whether there was any procedure to deal with the situation where the design is not finalised at financial close and one cannot say, as a matter of fact whether it is or will be 100 per cent compliant with SHTMs?

A So I would expect at financial close pretty much everything to be finalised at that stage.

Q Yes, you would expect that it would be finalised, but are you aware of whether there is a procedure to deal with the situation where the design is not finalised in the specific context of knowing whether or not the design is compliant with the SHTMs?

A I don’t know. I would make an assumption that that’s the case, but I don’t know if I could evidence it.

Q Is it important for derogations which affect revenue cost, value for money or delivery of clinical services to be made clear in the business case?

A I’m not sure the business case would go into that level of detail.

Q At para.10 of your statement, Mr Morrison, you have a heading, which is "NHS Scotland Design Assurance Process." Can I clarify with you that the correct name for the process is in fact the, "NHS Scotland Design Assessment Process"?

MR MORRISON: Yes.

Q You would agree that "assessment" is the correct term?

A Yes.

Q I mean that is on one view just a matter of labeling but is there, in your view, any significance in the difference between design assessment and design assurance?

A So for the – there is clearly a difference and one of the things that we have recently kind of introduced is a Key Stage Assurance Review led by NHS Assure. That is very specifically there to give us assurance that there, in the review of critical systems, is – as being that they are satisfied with what the Board is proposing.

The Design Assessment Process is slightly different and while I am not, you know, fully aware of, of the detail that kind of goes behind that, behind that review there is – I know it's a collaborative approach that does take some time to take all the information available and to form a judgment on it, and ultimately they provide a recommendation to – on, on the status of the project and it forms part of the CIG Review.

Q Okay, we have looked at the 2017 guidance for NHS Scotland Design Assurance Process. I would like to ask you a question that relates to the earlier version from 2011. So if you could go please to bundle 8 at page 63. If you have got that page on screen, Mr Morrison, that is just the front page of the guidance. You will see that it is dated 5 July 2011, and if we go please to page 69 you will see there a heading, "Transitional Arrangements."

A Yes.

Q I mean are you familiar with this, Mr Morrison, that there were transitional arrangements that applied to the NDAP guidance on 2011?

A So I wasn't aware of it but I'm not surprised that, that there are transitional arrangements. But when – because major capital projects

take – cover such a long period of time there is a point where, if guidance does change, you – the judgment is to how it applies to projects that have already started. So, so in principle I can understand why the specifics, I am probably not placed to comment on.

Q Okay. But I understand that the transitional provision does not appear in the 2017 version of the guidance. Can I ask you if there was a change of policy within the Scottish Government, with the Scottish Government taking the view that all projects considered by the CIG would have to undergo an NDAP? Was there a change of policy about that or was it simply that the transitional provisions had served a purpose?

A I think the end result is the same. Quite whether it was the, the basis for making that determination I don't know. But ultimately it meant that all, all business cases submitted to the Capital Investment Group would need an NDAP Review and an NDAP sign off before we would approve any part of it.

Q Right. Could you go please to bundle 3, volume 3, page 1309?

THE CHAIR: Sorry, Mr McLelland, could you give me the page again?

MR MCLELLAND: 1309, my Lord.

THE CHAIR: Thank you.

MR MCLELLAND: This is an exchange of emails that you refer to in your statement, Mr Morrison. You may recall it. If we go down to the bottom of the chain, which is at page 1310, you see there it is an email from you to Susan Grant at NHS NSS.

A Yes.

Q Who is Susan Grant?

A So she was the Principal Architect at Health Facility Scotland.

Q Okay, and you send her an email dated 5 July 2019:

> "Hey, Susan, I am sure you can guess why I am asking this question. If a new hospital is being designed and the ventilation system in a critical care unit had a non-compliant number of air changes per hour, would the NDAP Review pick that up? If not, what would we need to do to make sure that it did?"

Can I ask you first of all, was your question hypothetical in the sense that, in this email at least, you are not making any comment one way or the other about whether or not an NDAP had in fact been carried out on the Sick Kids Project?

A So, so I am pretty sure when I asked the question I was unaware whether an NDAP Review had been undertaken. I don't think it even really crossed my mind to consider whether it had or not. It was more just trying to understand – really with it being 5 July it was after the problems at the Edinburgh Children's Hospital had been uncovered, and it was just to understand, trying to – what went wrong and what could, what would we need to do to avoid that situation repeating.

Q I mean do you know whether or not an NDAP Review was carried out on that project? You said you did not know, I think, at the time you wrote your email.

A At the time I didn't. I've simply not – I've looked for one and I've not found it. So my understanding is an NDAP Review was not undertaken, albeit I am aware that there were – that there's perhaps kind of comparable, kind of views under, that were undertaken, perhaps would have replicated what NDAP would have done. But I'm not sure about the detail of that.

Q Okay. Now you say to

Miss Grant that you are sure she can guess why you are asking the question. But what had prompted your question?

A It was the fact that the, the – we had heard that the Edinburgh Children's Hospital, that there was, that the independent tester had, when they were completing their final kind of checks just prior to the hospital services moving over, had noticed that the air change rate in the critical care units were not compliant with current standards.

Q Okay, and so you are asking Miss Grant whether, in her view, an NDAP Review would have picked that up. By the time you sent that email you had been on the CIG for three or four years, I think. Is that correct?

A Yes.

Q The NDAP Review was part of the CIG's Business Case Review Process. Did you yourself have a view on whether or not an NDAP should have picked that issue up?

A I mean given how serious the consequences of the problem emerging, I think it is kind of fair to kind of thing, "Well what do we need to do to ensure that that doesn't happen?" But the – I suppose

because the detail behind what, what the Review under, what the Reviews undertaken, the fact that hospital buildings are so complex, that there's a, I suppose, a balance between what you can realistically kind of review independently and what you, if you like, kind of delegate and trust to the Board delivering the project. So it's, you know it's, I think that it's – I suppose it's almost like looking at it with the benefit of hindsight, but clearly it is something that in retrospect that we would have wanted to have spent more time looking at.

Q Okay. If we read up to the next email in the chain, which is Miss Grant's reply to you, and she says:

> "Hi Alan. So a quick answer is 'mibbes aye, mibbes no'. As you know NDAP is only a proportionate review and we may or may not catch the many details in each project. What I can say is if we saw this in the derogation list that NDAP ask for we would flag it as a risk and request further details, plus technical reasons why."

Do you agree that that part of Miss Grant's response amounts to saying that the NDPA would pick up if the air changes were non-compliant, if the Health Board itself had identified that they were?

A Yes.

Q So at least under the NDAP process it is really for the Health Board to flag up whether there are departures from guidance?

A Yes.

Q Under the process as it stands, or as it then stood at the time of your email?

A Yes. I suppose if that is a – certainly if it was a planned departure.

Q Yes. Was there any part of the scope or purpose of the NDAP to detect unintentional departures from guidance?

A I'm probably not best placed to kind of comment on that. I think that would be difficult for the process to pick these things up.

Q At paragraphs 48 to 56 of your statement, which is page 146 on, you describe a body called "NHS Scotland Assure."

A Yes.

Q Now is that a new body?

A It is. Relatively.

Q When was it set up?

A So almost immediately after the issues at the Edinburgh Children's Hospital there was a commitment in the programme for Government. It was published in September 2019. Effectively saying that we will introduce a body that will have oversight over the design, construction and maintenance of NHS major infrastructure developments. NSS, or National Services Scotland, were commissioned with developing a blueprint or identifying how they would actually do that, implement it, and then from about March the next year there was a kind of shadow service that was in operation and they started introducing key stage assurance reviews for big construction projects. Of which there's not that many in, in development, and that is – then that NHS Assure were formally launched later on, and now it is an embedded part of our process.

My understanding is NHS Assure are still looking to fully staff and, and have – there's more staff that they're looking to employ. So it's still in development but it's, it's a change in our assurance process.

Q Okay. To what extent was NHS Scotland Assure set up in response to issues in the built environment at the Queen Elizabeth

Hospital in Glasgow and the Sick Kids in Edinburgh?

A It was, it was a joint thing that the – as you'll be aware that there were obviously ongoing issues at the Queen Elizabeth prior to July 2019 and – but the fact that the, the problems that we experienced at the Children's Hospital in Edinburgh were so significant that I think Ministers felt there was, there was no other choice but to do things differently, and I think there was an acceptance in the service that it was an appropriate tdo.

THE CHAIR: Sorry, Mr Morrison, I just missed that last sentence.

A So across NHS Scotland those involved with capital infrastructure projects, I think they accepted that given two or our biggest projects had, had experienced problems, that we needed to do something differently

THE CHAIR: Thank you.

MR MCLELLAND: Is it intended, Mr Morrison, that NHS Scotland Assure will have a role in ensuring that Health Boards comply with HFS Guidance such as SHTMS?

A Yes.

Q How will it do that?

A So they will – again I suppose that I might not be the best person to kind of make these judgments. But it's a, it's quite an intensive process. So it is they will work closely with the Boards. They will meet and discuss their plans on a regular basis. They will review their plans. They will review their design statements, their, their architectural kind of drawings, and they will speak to them regularly.

Q Now if you go to paragraph 52 of your statement at page 147 of the bundle, you begin by turning to the Business Case Review Process undertaken by the CIG, and then you say that:

> "NHS –
> (a) work with the Health Board during the preparation and presentation of its business case. In particular NHSSA will review business case proposals to ensure compliance with relevant technical standards and guidance. On1 June 2021 all Health Boards that require review and approval for CIG will need to engage with NHSSA, undertake key stage assurance reviews. Approval from CIG will only follow once the (ASAR has

been satisfactorily completed. ASARs have been designed to provide assurance to the Scottish Government guidance such as ASTMs has been followed."

To what extent does that differ from the NDAP procedure that was already in place?

A It was a more intensive review and more thorough review of the, the key systems in a hospital build.

Q Okay, and you have described it as "more thorough." In terms of who could explain to us what thoroughness involves, would that be somebody from NHS Assure, or is that something that you could----?

A I think NHS Assure would be better, and I believe you've got witnesses from NHS Assure that will give evidence to the Inquiry and simply do a better job than me.

Q At paragraph 53 you say that:

"NHSSA's engagement does not change accountability for the project. Health Boards remain accountable for their

delivery and NHSSA will be accountable for the services it provides to support delivery of the Health Board's project."

So in short it is the Health Board's responsibility to ensure its hospitals comply with the guidance?

A Yes.

Q Can I ask you just a point of language really? At paragraph 52 of your statement – it is the second last sentence – you have used this phrase:

"NHSSA will review business case proposals to ensure compliance with relevant technical standards and guidance."

Now it is that word "ensure." If I just ask you about that. Does the word "ensure" accurately reflect the degree of responsibility that is placed on NHS Assure?

A Well obviously "ensure" implies that they'll – nothing will go wrong and this will be – and, and I think the degree of complexity in a modern hospital built in – might mean that it is – it will, it will fall some way short of 100 per cent of assurance. It's – yeah, I think that would be kind of a

better way of putting it.

Q Now are you able to say what resources will be available to NHS Assure for carrying out this function?

A So we, we - the Government are committed to supporting NHS Assure setting up. So effectively we, we commissioned National Services Scotland to design a kind of team that would be appropriate for the work that we're asking, and then they have provided us with a cost, or an estimated cost as to what that will be, and we have supported it so – and it is a substantial cost. So it has been driven by NHS Assure themselves rather than any budget limitations that the Scottish Government have imposed.

Q Now I think you have perhaps answered this question already, but could NHS Assure realistically carry out a comprehensive check that every proposed hospital project will comply with every aspect of guidance?

A So it is, so in part it will be determined by how ambitious our hospital projects, or programmes that, that – and it is also that the people NHS Assure are looking to employ are in, in high demand. So I know that they have been recruiting for

engineers and architects and it, it's – but they're competing against the wider market. So we, we have kind of streamlined the process a bit that at the moment, until they're up to full establishment, the focus of the work is on the outline business case and the full business, full business case stage. The initial agreement because that's more strategic, the intent of what the service is going to do, they are just giving a very kind of high level, kind of review of, of the Board's proposal. Whereas outlining the full business case, it is a full, intensive review of what they're proposing.

Q A final point just for clarification, Mr Morrison. At paragraph 4 of your statement, which is page 130, just reading from that what you say is that:

> "In or around 2005 the Scottish Futures Trust developed a non-profit distributing model replacement to the traditional PFI model then in use, the capital infrastructure projects and so on."

It has been suggested to me that that might not be quite correct in that

the SFT did not exist in 2005. I am told that it was not incorporated until 2008 and became operational in 2009. Would you disagree with that?

A No.

Q No, and if I was to put to you the following, that the NDP model was developed around 2005 but not by the SFT and that the SFT evolved the NDP model from 2010 or so, would you disagree with any of that?

A No.

Q Thank you, Mr Morrison. Those are all the questions that I have for you, although it is possible that others may have questions.

My Lord, I have nothing more to ask Mr Morrison but others may do.

THE CHAIR: Thank you, Mr McLelland. Does anything arise from Mr McLelland's questioning of Mr Morrison?

Right, I see no indication that anything does arise therefore, Mr Morrison, that is the end of your evidence. Thank you very much for coming to give us evidence. Thank you for waiting patiently in order to do so. But that is the end of your evidence and you are free to go. Thank you very much.

A Thank you.

(The witness withdrew)

THE CHAIR: Now we have witnesses tomorrow, Mr McLelland, and beginning at ten o'clock.

MR MCLELLAND: Ten o'clock and it is Mr MacGregor who will be back tomorrow, my Lord.

THE CHAIR: Right. Thank you. Well we will see each other tomorrow at ten.

(Session ends)

16.55