

Report of Secretary for Scotland to Guild Council Meeting 26/2/13

Group Meetings

There have been no local meetings since my last report to Council.

In the Press

23/01/13 The existing number for NHS 24 will be replaced by 111 in April 2014, meaning people in Scotland will no longer be charged when calling the advice service from a landline or mobile. The current cost to call NHS 24 from a BT landline is the price of a local phone call, with calls from other landline service providers and mobile providers often costing more. After being charged almost £8 by her service provider for a call to NHS 24 from her mobile phone, a patient submitted a petition to the Scottish Parliament about the expense of accessing this vital service.

25/01/13 It was confirmed that doctors and Scottish Government are working on a wide-reaching emergency care action plan. The plan will see an extra £1 million invested over the next year to increase the number of consultants working in Scotland's A&E departments. The numbers of the consultants have increased from 76 (wte) in September 2006 to 144 (wte) in September 2012. This additional level of investment will provide extra help on top of existing board plans. Research has shown that the faster a patient is seen by a senior consultant the fewer delays they experience during their stay in hospital. It is estimated that improvements in the access to decision making and community support could result in up to 25 per cent of patients spending less time in hospital.

28/01/13 A pilot scheme is being launched to test new ways of delivering healthcare in remote areas of Scotland. NHS Highland will lead on the project to develop models of healthcare for testing in rural areas, in collaboration with local communities. The plans will then be evaluated to test their effectiveness, with recommendations being used to develop similar healthcare models across Scotland. Cabinet Secretary Alex Neil met with members of the local Emergency Responder Scheme, which was set up in March 2012 by the Scottish Ambulance Service. The Emergency Responder Scheme is reported to be working well and has received very positive support from the community and stakeholders. The intention is that the model should continue and two additional retired healthcare professionals are likely to join the existing team in the near future. The scheme involves training local people with a healthcare background to respond first to appropriate urgent or emergency calls until an air or road ambulance arrives.

05/02/13 Standards of cleanliness in hospitals are improving and helping in the battle against healthcare associated infections, according Scotland's top hospital inspector. A report by the Chief Inspector of the Healthcare Environment Inspectorate (HEI) found that the number of requirements and recommendations issued to health boards as a result of inspections reduced significantly last year. From October 2011 to September 2012, the HEI made 110 requirements and 81 recommendations, compared to 172 requirements and 180 recommendations in the first report in 2009-2010. Rates of C. diff in patients aged 65 and over reduced by 37 per cent, and the number of cases of MRSA fell by 35 per cent in the same time period. The report highlighted

improvements in cleaning in hospitals, fewer maintenance and repair issues, better awareness and access to training in infection control for all staff. It also highlighted some areas for improvement, with more attention to cleaning of hard-to-reach areas and patient equipment needed in some areas, and some issues with communication between infection control staff and ward staff highlighted.

6/02/13 Every vote cast in two of Scotland's health board elections cost the taxpayer almost £12 with the cost of rolling the experiment out across the country now put at £12 million. EVERY vote cast in two of Scotland's controversial health board elections cost the taxpayer almost £12 with the cost of rolling the experiment out across the country now put at £12 million.

The experiment, which was the brainchild of former health secretary Nicola Sturgeon before she took charge of the independence campaign, aimed to give the public a louder voice in the way hospitals and health centres are run. But new figures show the enormous cost of the operation after just 39,761 people, or 14% of the population, in Fife cast their votes at a total cost of £473,856 (£11.90 a vote). Ms Sturgeon's successor Alex Neil is now deciding on the next step as the Government digests the huge costs of mounting a Scotland-wide vote. The trial has been described as "extremely disappointing with a poor voter turnout, no real improvement in accountability of health boards and no evidence the trials have led to better management, more efficient services, or better patient care." In Dumfries and Galloway, the turnout was higher at 22.6%, but the 26,516 votes cost £299,406 to administer, around £11.30.

11/02/13 Territorial health boards across Scotland are to benefit from a 3.3 per cent increase in funding. All health boards are to share £9.1 billion in revenue funding in 2013-14, with territorial Boards being given a general allocation increase of £256 million for 2013/14. This is an overall increase of 3.3 per cent in 2013-14 for all territorial health boards – which is a real terms increase of 1.3 per cent above inflation. All health boards are still to make efficiency savings in excess of three per cent, to be reinvested in frontline services. Funding for territorial health boards will increase by a further 3.1 per cent in 2014/15, again a real terms increase. Over £525 million will also be invested in improving NHS buildings and equipment. This includes £105 million transferring from the revenue to capital budget, which is part of the Scottish Government's commitment to boosting economic activity.

Special Boards revenue allocations have increased by 0.2 per cent.

Revenue Resource Allocation

Territorial Boards	2013/14 Initial Allocation £ million	2013/14 Funding Uplift %	Special Boards	2013/14 Initial Allocation £ million	2013/14 Funding Uplift %
Ayrshire and Arran	603.4	2.8%	National Waiting Times Centre	44.7	1.0%
Borders	175.4	2.8%	Scottish Ambulance Service	207.6	1.0%
Dumfries and Galloway	253.3	2.8%	National Services Scotland	281.7	-0.4%
Fife	539.5	3.6%	Healthcare Improvement Scotland	15.9	-4.2%
Forth Valley	434.2	3.8%	The State Hospital	33.6	1.0%
Grampian	743.8	4.2%	NHS 24	61.5	1.0%
Greater Glasgow & Clyde	1,995.1	2.8%	NHS Education for Scotland	390.4	0.2%
Highland	509.8	2.8%	NHS Health Scotland	18.5	-4.2%
Lanarkshire	865.1	3.2%	Total	1,053.9	0.2%
Lothian	1,141.2	4.4%			
Orkney	34.3	4.6%			
Shetland	38.7	2.8%			
Tayside	629.1	2.9%			
Western Isles	60.7	2.8%			
Total	8,023.6	3.3%			

Capital Resource Allocation

Territorial Boards	2013/14 Initial Gross Allocation £ million	Special Boards	2013/14 Initial Gross Allocation £ million
Ayrshire and Arran	11.4	National Waiting Times Centre	4.8
Borders	3.4	Scottish Ambulance Service	13.5
Dumfries and Galloway	6.5	National Services Scotland	3.8
Fife	21.1	Healthcare Improvement Scotland	0.2
Forth Valley	6.4	The State Hospital	0.3
Grampian	34.3	NHS 24	0.3
Greater Glasgow & Clyde	293.6	NHS Health Scotland	0.7
Highland	15.5	Total	23.6
Lanarkshire	14.8		
Lothian	57.6		
Orkney	1.4		
Shetland	3.1		
Tayside	15.0		
Western Isles	1.3		
Total	485.4		

NHS Greater Glasgow and Clyde Reps Committee meeting 6.12.12

The meeting was addressed by Pat Rafferty the Unite Regional Secretary. Topics included Strategy for Growth, union mergers, branch reorganisation, the Vision for Unite in the next three years, the role of the Regional Industrial Sector Committees, the new UK Unite website, the Scottish Unite website www.UniteScotland.org, the development of a legal services app and the 2014 independence referendum.

Regional Officer, Gordon Casey, detailed the proposed amendments to Agenda for Change in England and noted that at the last staff side meeting, Unite and GMB were the only unions opposed to them.

On-call: payroll want all health boards in Scotland to go live at one time. The Scottish Terms and Conditions Committee (STAC) has recalled the on-call subcommittee in January. Local implementation groups have started to meet.

Maternity leave and public holidays: enough volunteers have come forward to allow a claim to be formulated.

Pensions: there has been little progress and staff side are awaiting details from Alex Neil, Cabinet Secretary for Health, about what differences are possible within Scotland.

NHS Greater Glasgow and Clyde Reps Committee meeting 10.1.13

The meeting was addressed by Head of Health Rachael Maskell. She discussed the proposed changes to Agenda for Change being proposed in England but also mentioned the Unite submission to the Pay Review Body.

Protection of Vulnerable Groups (PVG): it was noted that Alex Neil had asked STAC to put in place a system for management paying the PVG fee (about £59). Previously, only those earning less than £21,000 per annum were eligible to have the fee paid by the health board.

Public Holidays: It was reported that NHS Greater Glasgow and Clyde had asked staff side to consider changing public holidays to reduce the number of four-day weekends. It was noted this was not a reduction in the number of public holidays, but a change in those days designated as such. It was pointed out that the only four-day weekend over which the health board had any control would be the Good Friday/Easter Monday weekend.

Maternity leave and public holidays: STAC has now said that employees of NHS Scotland who take maternity leave will be entitled to the accrual of public holiday and annual leave as per their contract (i.e. as specified in the Agenda for Change Handbook or other Staff Handbooks).

On-call: it had been confirmed that there would be no clawback of any overpayment made between 1 October 2012 and the date of implementation of the new system. Local discussions on compensatory rest are to take place and Unite have formulated a claim.

Unlicensed Medicines Review

Further meetings to discuss the workforce plan and requirements for the new build have been arranged for this year. The Project Board decided that the new build should be on the Tayside site.

Other

I have dealt with a number of member queries and a couple of new membership and new PII applications.

Colin Rodden
18.02.13