Report of Secretary for Scotland to Guild Council Meeting 24/11/10

Group Meetings

There have been no Group meetings since the last council meeting. The meeting of reps to discuss on-call has yet to be arranged. Once there is greater clarity on the plans for NHS Scotland, the meeting will be arranged and publicised. An update on the current situation can be found below in the report of this Scotlish Senior Health Representatives meeting.

In the Press

22.9.10 - Christine Grahame, Convenor of the Health and Sport Committee, has presented the Committee's report on clinical portals and telehealth to the Parliament. Progress in this area is key to creating an environment where health information may be more effectively shared between health professionals. Liberal Democrat Public Health spokesman Jamie Stone said his party had "often highlighted the carelessness with which public bodies, including the NHS, have treated our personal data" and stressed that the NHS must improve its record. The BMA also called for greater security with new electronic patient records between GP surgeries and hospitals.

23.9.10 –Five health boards and four councils are considering merging managerial services and facilities. The plans reportedly could put hundreds of jobs at risk across Scotland. NHS Lothian, NHS Fife, NHS Borders, NHS Tayside and NHS Forth Valley will look at sharing more back-office departments and systems, at a meeting next month. Possibilities are also being explored with Edinburgh City Council and the other Lothian councils and a report on progress is expected to be published before the end of November. Among the areas where mergers and other cost cuts are being considered are catering, capital planning, recruitment, financial services, information technology, communications and HR. (*For West of Scotland, see Senior Health Reps report below*)

23.9.10 - In response to a question from Lib Dem finance spokesperson Jeremy Purvis at First Minister's Questions, Alex Salmond said more than 520 public sector workers in Scotland earn more than £150,000. "We have statistics for the numbers in Scotland paid more than £150,000 across the public sector. There were 529 people in that position – but 500 of them were clinical staff in the NHS." Mr Purvis said the pay bill for the highest earners is "too high", and called on the First Minister to support measures allowing the Scottish Parliament to approve the biggest public sector salaries.

21.11.10 - Agreement has been reached at the NHS Staffs Council on amendments to the Terms and Conditions of Service Handbook. The amendments concern on-call working and mileage rates for lease cars. A copy of the updated complete Handbook can be downloaded from the Scottish Management Steering Group website.

Scottish Senior Health Representatives Meeting 12.11.10

Internal matters: everyone was encouraged to return their ballot papers for the General Secretary election. An announcement should be made later this month. Once that process has completed, the vacant post of Regional Secretary for Scotland will be advertised for open competition.

Michael Fuller: Michael reminded everyone that he was retiring on 21 March 2011. He has been asked to stay on the pensions group until the Hutton report has been published.

Reps school: the reps school takes place on the second and third of December. There has been some difficulty in getting speakers; he has general commitments from people but nothing definite.

No fault compensation: a report on no-fault compensation is going to the Cabinet Secretary. The report says that Scotland should move to a position whereby if a patient is injured, they do not need to sue the professional involved. This is based on the Swedish model and may require legislation; if so, it will not be introduced before the Scottish parliamentary elections. The eligibility for compensation is based on which injuries are **not** eligible. It would apply to all medical injuries and all registered healthcare professionals. Any award would be based on need and not tariff-based. It would not be necessary for the injured party to prove negligence of an individual. All that would be required would be an expert opinion and then it would be proved. There would then be an expert assessment of the patient's need. Apparently, the SNP is committed to this, but Labour have not yet back to it. The compensation may be partly by provision of services rather than cash alone. There will still, however, be a financial compensation part.

Pensions: the "choice" exercise resulted in 130,000 staff staying with the existing scheme and 2036 staff moving to the new scheme. The exercise raised a lot of queries about current pension schemes. It was noted that the average retirement age in the NHS is now 63.

Pension Review: Lord Hutton met all of the trade unions in each of the four countries. He had separate meeting in Scotland with Michael Fuller and Dave Watson (Unison). There is likely to be an increase in staff contributions in public sector pensions. It was argued that some of the data about the previous increase of contributions was invalid. The size of the increase is a matter for government to decide. It was clear that he did not like final salary pension schemes, saying they discriminate against the low paid. He is not moving to a money purchase scheme but will stick with defined benefits. He is, however, more in favour of a career averaged scheme. There was some discussion over this assertion, as it does lift the low paid but also saves a lot of money. The argument against this was that if a person was low paid at retiral, they were likely to have been poorly paid all of their career. It was noted that the NHS puts more money in than it gets out of the Treasury, currently to the tune of around £2 billion.

Pay: There was some discussion about the pay freeze and the fact that, in Scotland, freezing of the implements has not been ruled out. It was suggested that an incremental freeze would effectively scrap partnership and the eKSF – increments are contractual.

Finance: the UK Government Comprehensive Spending Review has cut 7.8% of the allocation to Scotland. An announcement is expected next week about the Scottish figures. Even if health boards are protected, NHS inflation of 3.1% will mean an effective cut. The only political announcement has come from Labour, calling for a reduction in the number of health boards. They do not see a need for the eight special health boards they think they should be linked to or become entirely part of National Services Scotland (NSS). Although primary legislation would be required to merge the main health boards, there is no such requirement for the special health boards. Potential link ups that have been rumoured include Borders Health Board with Lothian Health Board and the Scottish Ambulance Service with NHS 24. It was questioned whether the

SNP conference motion for a 25% reduction in NHS management will include savings made in the last financial year.

West of Scotland Planning Group: there was a meeting a couple of weeks ago of chief executives and finance directors of Lanarkshire, Greater Glasgow and Clyde, Ayrshire and Arran, Forth Valley and Golden Jubilee Health Boards. It was agreed that if health boards can do particular tasks themselves they do it and if they can "buddy" with another health board they will do that. They are looking at five areas on which to reduce costs by 25% over the next four years. These are

- procurement
- recruitment
- payroll
- health
- public health

Greater Glasgow and Clyde has stated that some services will not be shared. It believes that the resilience of TSSU and laundries is poor in Scotland and wishes to maintain its own service. It was noted this group is supposed to have been set up in partnership.

On-call: there was some discussion on setting up of a Unite on-call reference group for Scotland and nominations are to be sought. There has been one initial meeting of the STAC subgroup, but management were unable to negotiate as the paper had not been issued by the Cabinet Secretary to mandate them to negotiate. A further meeting is to be held on 26 November. Donald Sime and Gordon Casey are on the group.

AfC

There are still problems with agenda for change reviews in Greater Glasgow and Clyde and Lothian health boards.

Membership

I have dealt with several membership queries and other queries regarding professional indemnity insurance.

Colin Rodden 22.11.10