



Health and Community Care Committee

AGENDA

14th Meeting, 2001

Wednesday 9 May 2001

The Committee will meet at 9.30 am in Committee Room 2

1. **Budget 2002/03:** The Committee will take evidence from—

Judith Illsley, Director of Planning and Performance, Argyll and Clyde Health Board, David Sillito, Chief Executive, Argyll and Clyde Acute Hospitals Trust, Michael Bews Chief Executive, Lomond and Argyll Primary Care Trust, Dr Erik Jespersen, Clinical Director, Argyll and Bute LHCC and Mr Paul Martin, Director of Nursing, Renfrewshire and Inverclyde Primary Care Trust.

Jim Devine, Scottish Organiser for Health, UNISON
Eddie Egan Chairman of the Scottish Health Committee, UNISON
Karie Murphy, Vice Chairman of the Scottish Health Committee, UNISON
John Gallacher, Lead officer for Staff Governance, UNISON

2. **Subordinate Legislation:** The Committee will consider the following negative instruments—

National Assistance (Assessment of Resources) Amendment (No.3)
(Scotland) Regulations 2001 (SSI 2001/138)

The NHS 24 (Scotland) Order 2001 (SSI 2001/137)

3. **Regulation of Care (Scotland) Bill:** The Committee will consider the Bill at Stage 2 (Day 4)

Jennifer Smart
Clerk to the Committee
Room 2.5
email jennifer.smart@scottish.parliament.uk

The following papers are attached for this meeting:

Agenda Item 1

Written submission by UNISON

HC/01/14/1

Agenda Item 2

Abridged 16th Report, 2001 of the Subordinate Legislation Committee

National Assistance (Assessment of Resources) Amendment (No.3) (Scotland) Regulations 2001 (SSI 2001/138) and The NHS 24 (Scotland) Order 2001 (SSI 2001/137) were previously circulated

Agenda Item 3

Marshalled list and groupings to follow when available.

Agenda item 1

Health & Community Care
Committee
9 May 2001



**HEALTH AND COMMUNITY
CARE COMMITTEE**

**BUDGET PROCESS
PRESENTATION**

**Wednesday, 9th May 2001
Parliament Committee Chambers
Scottish Parliament
Edinburgh EH99 1SP**

INTRODUCTION

UNISON welcomes the significant real terms increase in health spending as a modest start in addressing the urgent need to rebuild the NHS in Scotland. However, due to the absence of detailed figures it is unclear how much of these additional resources will go into Hospital and Community Health Services, which as all the recent indicators show are under severe pressure.

Most of the additional resources appear to be allocated to specific initiatives which means that Trust and Health Boards are not funded to deal with financial pressures outwith these targeted areas. For example the cost of pay awards (Junior Doctors pay in particular), the implementation of the Working Time Regulations and new drug costs have not been fully funded. This also has to be put in the context of the debt crisis which exist in many Trusts.

PAY

Low pay is endemic in the Scottish Health Service. The starting salary for ancillary staff is £4.05 per hour. The top level for this grade of worker is pay spine point 44, which pays £237.06 per week or £6.07 per hour. Nearly one in three student nurses leave prior to completing their training because of poverty. These staff “earn” the princely sum of £2.80 an hour. A qualified nurse with a degree earns £5,000 a year less than a 19 year old starting in Strathclyde Police. Medical Secretaries throughout Scotland are presently in dispute about their salary. The maximum pay for many of these staff is £12,815 per year. These staff are central to the Government’s waiting list initiative, yet in the largest acute trust in Scotland, North Glasgow, at any given time one in three of these posts are vacant.

WORKLOAD

UNISON compared the numbers of staff employed in the Scottish Health Service with the throughput of patients in the years 1985 and 1999 (the last available figures). The results are startling. In 1985 there was one staff member for every 5.6 patients treated, but by 1999 this figure had fallen to one staff member for every 11 patients treated. Almost 100% increase. There was nearly one doctor for every 70 patients who were treated in the NHS but by 1999 one doctor was treating nearly 110 patients per year. The nursing workload almost doubled from one nurse providing care for 13 patients in 1985 and in 1999 it one nurse providing care for 24 patients. Lab technicians who are involved in services like cancer screening have seen the throughput of patients increase by 70% during the same timescale. Admin and Clerical staff have also endured a similar increase in workload. The biggest increase has been suffered by domestic staff, who have seen the throughput of patients rise from 60 in 1985 to 301 per domestic.

POLICY/...

POLICY

The continued use of the Private Finance Initiative is an inefficient use of resources. One small PFI project in West Lothian is estimated to be costing the tax payer £200,000 a year more than if traditional funding methods had been used. By using the Private Finance Initiative to build new hospitals in Lanarkshire and Lothian the Scottish Government will have privatised more support workers jobs over a 7 month period than the Tories privatised in Scotland over the last 7 years of their Government.

CULTURE AND MORALE

Low morale is still a major problem in the Scottish Health Service. The average age of a Scottish nurse is 47. The number of trained nurses aged 30 and under account for only 7% of the total nursing workforce. This profile can be spread to nearly every other discipline in the NHS. The Scottish Health Service has major problems recruiting and retaining staff. A blame culture still prevails within the service. UNISON was very concerned to learn that the first question that the Chair of the Audit Committee asked when questioning senior managers from Tayside was "which one of you is to blame". This message percolates throughout the Scottish Health Service.

PROPOSALS FOR IMPROVEMENT

1. Fully funded pay deals.
2. Legislation, which has a cost implication for the National Health Service, should be funded centrally, e.g., working time directive.
3. All Government announcements on NHS initiatives should be fully costed and funded centrally.
4. A one-off payment should be made to the Scottish Health Service to standardise Terms and Conditions for staff in advance of Agenda For Change.
5. Resource transfer arrangements for Care in the Community need to be transparent.
6. Remove private contractors from the NHS.
7. Investigate alternative methods to fund the NHS building programme.
8. Re-establish salaried student nurses.

9. Ensure that the new Unitary Boards identify a Senior Manager with responsibility for liaising with the Scottish Parliament and local MSPs.
10. Extend the role of the Scottish and Local Partnership Forums to include financial planning and management.
11. Consider extending the role of the Scottish and Local Partnership Forums to liaise more closely with local MSPs and the Scottish Parliament's Health Committee.
12. Recognising that as 78% of NHS expenditure here in Scotland is on salaries, that the present ad hoc arrangements to settle pay and conditions issues on a Scottish basis is inadequate.

JIM DEVINE
Scottish Organiser
Health

EDDIE EGAN
Chair
Scottish Health Committee

KARIE MURPHY
Vice Chair
Scottish Health Committee

Agenda item 2

Health & Community Care
Committee
9 May 2001

**Subordinate Legislation Committee****ABRIDGED****16th Report, 2001****Subordinate Legislation**

The Committee reports to the Parliament as follows—

1. The Committee met on 24th April 2001 and determined that the attention of the Parliament need not be drawn to the instruments listed at Annexe A. The Committee draws the attention of the Parliament to the Executive's responses to questions from the Committee on the instruments listed at Annexe B.
2. The report is also addressed to the following committees as lead committees for the instruments specified:

Health and Community Care	SSI 2001/137
	SSI 2001/138

Negative Instruments

The NHS 24 (Scotland) Order 2001, (SSI 2001/137)

**The National Assistance (Assessment of Resources) Amendment (No.3)
(Scotland) Regulations 2001, (SSI 2001/138)**

To All Members of the Health and Community Care Committee

3 May 2001

Dear Member

Health and Community Care Committee

The 14th meeting in 2001 of the Health and Community Care Committee will be held at **9.30am on Wednesday 9 May 2001 in Committee Room 2**. An agenda is enclosed.

The Committee will take evidence from Argyll and Clyde Health Board and UNISON on the Executive's 2002/03 Budget proposals. Members are requested to bring along their copies of "The Scottish Budget". This was sent to all MSPs and spare copies are available from the Document Supply Centre.

Briefing and suggested questions for the witnesses is enclosed. **Would members please aim to arrive by 9:10 am in order to discuss lines of questioning.**

The Committee will consider the Regulation of Care (Scotland) Bill Stage 2 (Day 4). A marshalled list and groupings of amendments will be distributed as soon as they are available.

The Committee will also consider the following negative instruments—

National Assistance (Assessment of Resources) Amendment (No.3)
(Scotland) Regulations 2001 (SSI 2001/138)

The NHS 24 (Scotland) Order 2001 (SSI 2001/137)

which were circulated to members on 25 April. Spare copies will be available at the meeting.

If you have any queries regarding any of the procedures or any other aspect of the agenda please contact me, Peter McGrath or Joanna Hardy.

Yours sincerely

Jennifer Smart
Clerk to the Committee