



issue 21 | number 8 | June 2015

# hospital consultant & specialist

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Bi-monthly journal of the Hospital Consultants and Specialists Association



the hospital consultant and specialist: bi-monthly magazine of the Hospital Consultants and Specialists Association

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If you'd like to submit an article or suggestion for the Newsletter, we'd love to hear from you. Please get in touch via [RBagley@hcsa.com](mailto:RBagley@hcsa.com).



**With the general election behind us, it is time to see what the new government has to say about the role of consultants, specialists and trainees in the NHS. Those who work in the front line within our hospitals know the realities of the pressure hospital doctors face every day of the week.**

We now want to begin a dialogue with ministers to chart a sensible way forward that works for our members, the patients and government. The Queen's speech will certainly give us much to think about in coming months. A "truly seven-day" NHS by 2020 will need to be safe for doctors and patients, and ensure a fair balance of work, rest and family life. We will continue to speak up for members on this matter at every opportunity.

A new Trade Union Bill set out in the speech that will place a legal threshold of 50 per cent of total membership on public sector strike ballots, with a minimum of 40 per cent of total members required to vote Yes, was widely expected. Our preferred approach is to prioritise fair negotiations aimed at reaching a settlement, and avoid industrial action.

What does remain glaringly out of step with modern times is the postal vote. We know that members are more likely to engage online and deliver a healthy democratic outcome with maximum participation. To that end a welcome trade union reform would have been a move towards e-ballots.

### OUR NATIONAL OFFICERS: YOUR FIRST PORT OF CALL

We've been called upon to deal with an increasing number of individual cases in recent months, including serious issues that have required detailed representation and support.

Our team of national officers have the experience and professional knowhow to deal with the many different cases that confront them. However, it is of vital importance that if you face such a scenario you get in touch with us quickly.

Members who have attempted to deal with matters at a local level have soon discovered that intervention from HCSA can be of great benefit. So contact us as soon as a workplace issue arises — we will be able to offer you advice and guidance on the very best option to take.

### CAN YOU HELP RECRUIT TRAINEE MEMBERS?

Last year we changed our membership criteria to welcome speciality trainees into HCSA. We have been exploring many avenues to engage with trainees — the consultants of the future. We want to do more to explain the benefits of membership and how joining will promote and protect their interests at work. If you are working with trainees, please direct them to the HCSA website or to one of our national officers for further information.

# The NHS Plan of Action



HCSA president **John Schofield** looks at NHS England chief executive Simon Stevens's five-year plan for the service – but warns that financial issues threaten to cast a shadow over our ability to deliver quality patient care

**The NHS has dominated the headlines in recent months, not least because its new CEO, Simon Stevens, has launched his five-year forward view detailing a plan of action.**

The Stevens report highlighted several key areas:

- prevention – particularly obesity, smoking and alcohol
- breaking down traditional barriers between primary and secondary care, physical and mental health, and health and social care
- redesign of urgent and emergency care services
- introducing the concept of the multi-

speciality community provider and partnerships between smaller hospitals and larger speciality hospitals

- acknowledging our position in health spend per capita in relation to other countries and anticipating a £30 billion per year shortfall by 2020
- using money efficiently
- action on three fronts – demand, efficiency and funding.

His predecessor, Sir David Nicholson, has warned that political pledges made prior to the election will not alter the reality of the service's deteriorating finances.

Three-quarters of our hospitals can't balance their books and regulator Monitor put NHS England trusts' collective

overspend at the end of the 2014-15 tax year at £820 million.

Rapidly worsening balance sheets in a growing number of England's 211 clinical commissioning groups mean the overall deficit, in reality, is likely to have grown to between £2bn and £2.5bn.

The Department of Health's annual accounts, due in July, will reveal the parlous state of NHS finances and its deterioration over the last year or so.

The £8bn extra funding promised by 2020 from the new government will certainly prove to be too little to sustain services when balanced against an unrealistic £22bn efficiency savings target.

This is the environment in which we have to work day by day – providing higher and higher standards of care with dwindling resources, having to fight for money to ensure high-quality patient care, while still seeing money squandered on external consultants and service reviews.

While this sounds depressing, perhaps there is a ray of hope. In January, The King's Fund published its annual survey of public satisfaction in the NHS.

This is based on a general population survey, rather than a patient survey, and showed that 65 per cent of the population were very satisfied with the NHS, and only 15 per cent quite or very dissatisfied – one of the best results for several years with the exception of 2011.

We must be doing something right.

- *John Schofield on the Francis report: p7*



**The launch of a new online joining facility at the start of May fires the starting pistol on a fresh membership recruitment drive.**

We will also be running a HCSA representatives day in October to bring together those who carry out this important role.

Our goal is to see a representative in every hospital, helping with recruitment and spreading the association's message.

- To find out more about becoming an HCSA representative log in to the Help & Advice section of [www.hcsa.com](http://www.hcsa.com). Information packs are also available from our Overton office.

**A £235 million contract awarded to BUPA by the local Clinical Commissioning Group to provide musculoskeletal services in West Sussex has fallen through.**

The deal collapsed after the local hospital trust, fearing that it would end up unable to run its two A&E units, requested a review which backed its concerns.

It was accepted that the new model could compromise on the overall quality of care locally and destabilise other services.

A great relief to the hospitals concerned, but a huge disappointment to the local CCG, which will not achieve the savings it had anticipated.

## Online launch means signing up's a breeze

**If you know somebody who isn't an association member but should be, now is the time to remind them.**

Our new online membership payment portal, which launched last month, puts every consultant, specialist and specialty trainee just a few clicks away from joining the UK's only union body focused entirely on them.

Delivered in collaboration with web developers Unified Solutions and payment service BottomLine, the facility means that applications, including setting up a direct debit payment, can now be processed entirely online.

The latest investment in website and back-office systems, alongside the recruitment of new field officers to support members, is part of a three-year strategy centred on the vision of HCSA as "The doctor's advocate and the trade union of choice for consultants and specialists."



## New recruit aims to get our voice heard

**The NHS is sure to be high on the political agenda for the foreseeable future. The voice of consultants and specialists needs to be heard.**

To that end we are pleased to announce a new recruit to the HCSA team. Richard Bagley joins us from the print media, where he has spent many years working in the national press.

Aside from his role as online editor, he will play a part in a strategy to raise the public profile of HCSA. He said he was delighted to join a union of "passionate, expert professionals who have helped secure the UK's global reputation as a hotbed of medical excellence and as the home of the much-loved NHS."



## Low tax campaigners target the Clinical Excellence Awards system

Campaign group The Taxpayers Alliance turns sights on CEAs

**Campaign group The Taxpayers Alliance (TPA) has taken aim at the Clinical Excellence Awards system with a PR campaign designed to whip up public opposition to the scheme that recognises high achievement and innovation in the NHS.**

The TPA, which styles itself as a "grass-roots alliance" of concerned citizens and receives financial backing from big business, criticised the fact that CEAs worth millions were awarded to consultants by the Morecambe Bay and Mid-Staffs trusts.

The alliance claimed Freedom of Information requests had shown that the NHS bodies, which faced official probes into patient care, spent a combined £7 million on 429 CEAs between 2005-12.

The detail it supplied was less sensational – with Morecambe Bay awarding between 17-41 a year at mean average of between £12,078 and £14,254.

Nevertheless TPA chief executive Jonathan Isaby attacked the trusts for awarding "huge bonuses for supposed excellence."

In a subsequent message on its own website, the TPA praised an anonymous "unnamed critic" quoted in the press who described the awards as "nothing but a 'gray train'."

HCSA General Secretary Eddie Saville said such rhetoric was the reason why hard-working consultants felt undervalued and morale was at the lowest point for many years.

"We all know that the CEA system has

its critics but the fact is that they create the backdrop for consultants to go above and beyond their normal work, which is good for employers and patients alike," he said.

"The HCSA wants to work in partnership with employers and governments to ensure that we continue to recognise and create the research, development and clinical practice that keeps our NHS at the cutting edge of patient care."

This public attack on CEAs, just months before possible changes to the awards system and by an organisation with a track record of taking positions that are later adopted by the government, could be the canary in a coal mine for those currently in the scheme or planning to apply in future.

HCSA has warned in the past that the awards are under threat via the Consultant Contract review, whose findings are expected in July.

HCSA President Professor John Schofield said the union "will continue to argue for the continuation of a system which acknowledges clinical excellence and provides appropriate rewards to hospital doctors."

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*"The HCSA wants to work in partnership with employers and governments to ensure that we continue to recognise and create the research, development and clinical practice that keeps our NHS at the cutting edge of patient care"*

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# Double Indemnity?



With NHS staff increasingly called upon to operate on public patients at private sites, **Joe Chattin** explains what doctors need to do to make sure they are insured wherever they work

**Double indemnity. No, not a retropective on that excellent piece of 20th century crime fiction and Hollywood film noir, but a reference to the position of consultants and specialists treating NHS patients in non-NHS hospitals and clinics.**

The general rule is that the Clinical Negligence Scheme for Trusts (Crown Indemnity) does not cover practioners when treating patients in work that falls outside their NHS contract of employment.

This issue can arise where NHS patients are treated in a private hospital under a commission from or by arrangement with an NHS body.

Practioners are only covered by CNST if the work is part of their contractual job plan or takes place under additionally contracted time with their, or another, NHS employer. This situation has created uncertainty regarding patients treated in non-NHS hospitals under NHS waiting list initiatives.

Consultants often have queries about indemnity when they are being hired on a consultancy basis by a private body procured by an NHS commissioner to treat NHS patients.

Practioners who regularly undertake

private practice will already have indemnity cover from a medical defence body. These arrangements can be adjusted to provide sufficient cover. In fact, private providers also have the option to sign up to the CNST scheme. But the contractual documentation issued to consultants is rarely clear on whether the provider has joined.

It is more usual for contracts to contain a section stating that is the consultant's duty to ensure that insurance policies are in place to provide indemnity for the service they provide. Such a clause may echo this real-life example: "The Consultant shall maintain in force during the Engagement full and comprehensive medical indemnity ("Insurance Policies") in respect of the provision of the Services."

So, what action should practioners take if they are engaged by a non-NHS provider in this way?

First and foremost, they should ask whether the company is a member, or is aware that it can be a member, of CNST. In a number of cases this has resulted in confirmation that a company is indeed a member and indemnity under CNST applies.

In fact, despite the wording of the contract clause above, the private provider in question confirmed that it had become a

member of the scheme. The practioner concerned was able to maintain his usual level of personal indemnity cover as a result.

## What the medical defence bodies say:

### Medical Protection Society

*"In a situation where NHS indemnity does not apply, members may apply to MPS for assistance in respect of clinical negligence claims, assuming that they were in the correct membership grade at the time of the incident giving rise to the claim."*

### Medical Defence Union

*"Where a case does not attract NHS indemnity then members need simply to ensure that any earnings attributable to that case are included in the level of non-indemnified income that they declare to the MDU and which forms the basis for the subscription rate set. ... Such cases will then be regarded, by the MDU, as distinct from any other 'private' cases undertaken by that member during the membership year."*

### The Medical and Dental Defence Union of Scotland

*"Consultants will be covered by their indemnity arrangements, provided that they have given the medical defence organisation information as to the work involved and the level of fees. ... There should not be any difficulty with indemnity cover, given that the individual members liaise closely with ourselves."*

## news

# GMC meetings

Even General Medical Council chief executive Niall Dickson admits that the concept of 'professionalism' can seem nebulous — a world away from the front-line pressures within the NHS

**But "whatever you call it," he adds, "the attitudes, values and behaviour that drive each individual's practice are hugely important" and "highly susceptible to external factors."**

That context forms the backdrop to a series of meetings across the UK this year and next under the banner "medical professionalism matters."

While the key values within medical practice may remain constant, the tectonic

plates on which it is practised are perpetually shifting.

Dickson says: "The current period, if not unprecedented, certainly feels to many the most challenging of their careers.

"The time is right for us to consider both what doctors need to do and what we can do to support them in continuing to meet professional standards."

Each meeting focuses on an overarching theme, with contributions from the panel and floor feeding into a report in

2016 assessing the landscape facing medical professionals. HCSA members are encouraged to make their views heard.

- Meeting dates and themes: **16 July, Newcastle** – The resilient doctor; **9 September, Birmingham** – The doctor's dilemma; **19 November, Cardiff** – The compassionate doctor. Scotland and Northern Ireland dates in 2016 tbc. Register at [registration.livegroup.co.uk/gmcpromotingprofessionalism](http://registration.livegroup.co.uk/gmcpromotingprofessionalism)

# HCSA's post-election priorities

**Eddie Saville** sets out the association's plan for NHS progress under the new government

**Throughout the previous coalition government we sought to lay the foundations of partnership while at the same time giving voice to our members' concerns.**

We congratulate the new ministerial health team led by Health Secretary Jeremy Hunt and wish Dr Daniel Poulter, who has stepped down as a minister, well as he seeks to spend more time working as a hospital doctor. Our approach to the new government will be defined by five key themes which we believe form a solid foundation for meaningful dialogue.

- 1 An end to financial firefighting that relies on pay freezes, hospital restructuring and sees staff voting with their feet
- 2 An end to the culture that sees low morale amongst staff as normal and acceptable
- 3 Greater focus on better care rather than chasing targets
- 4 Support for seven-day services – but only with appropriate safeguards and if hospitals are properly staffed
- 5 Better integrated health and social care

As ever the top priority is sufficient NHS



*"HCSA supports the concept of a seven-day NHS, but only if hospitals are 'properly staffed so that quality of care is the same every day of the week' – a quote directly from the Conservative manifesto"*

funding. But morale is also at rockbottom and has been for some years. Consultants, specialists and trainees feel undervalued.

Unfortunately, instead of acknowledging this the approach has been to turn the screws in terms of both workload and stress.

While some targets may have their place, the provision of quality care to patients must always take priority. This means training and development, proper use of SPA time – a culture that seeks to innovate and nurture.

When it comes to seven-day services, many consultants provide them already. HCSA supports the concept of a seven-day NHS, but only if hospitals are "properly staffed so that quality of care is the same every day of the week" – a quote directly from the Conservative manifesto prior to the election.

Finally there must be better integration of services for everything to run smoothly. We care about the NHS and the patients our members treat and want only the best for both.

The HCSA stands ready to engage with government and employers and to give voice to our members' concerns and aspirations.

## PM in new push for 7-day service as

Prime Minister Cameron: 'Diseases don't work weekdays 9 to 5 and neither can we' • NHS Confed:

**Prime Minister David Cameron has reiterated plans for a seven-day hospital service in England and vowed to increase spending in real terms for the next five years – rising to an additional £8 billion a year by 2020. "Diseases don't work weekdays nine to five and neither can we," he declared.**

As the dust settled following the election the Conservative Party leader devoted his first policy speech to health, setting out his vision of joined-up care centred on patients' needs and better co-ordinating

the various sections of the service.

He was joined in the West Midlands by NHS England chief executive Simon Stevens, who gave his own views on the future of health services. On the seven-day NHS the Prime Minister said: "It's about different shift patterns, so that our doctors and nurses are able to give that incredible care whenever it is needed.

"It's about key decision-makers being around at the weekend. Junior doctors being properly supported and resources like scanners up and running."

No further details were revealed, but changes to the Consultants' Contract

expected in July may indicate the direction of travel, although nursing unions have already voiced fears that the push for a seven-day service may be funded by cutting anti-social hours and on-call payments.

Stevens also reiterated that the pressures of a growing and ageing population would demand more funding.

"Precisely how much, and with what phasing, will partly depend on how radical and how successful we are on prevention, on care redesign and on our broader efficiency programme," he said.

Referring to the £22bn target for savings set by the government, he noted:

# Whistleblowing report shows need for a cultural shift



The HCSA has just submitted its response to the Department of Health consultation on the Francis report into NHS whistleblowing. **John Schofield** reflects on Sir Robert's findings

**Sir Robert Francis's final report on whistleblowing makes a number of key recommendations for NHS organisations and regulators to help foster a culture of safety and learning in which all staff feel free to raise concerns.**

In particular, he emphasises a need for these conversations to take place as part of everyday practice, without fear of blame or reprisal.

Out of all the evidence gathered from staff who had reported concerns, the issue of bullying featured highly.

Sir Robert has identified the need for honest and direct feedback to staff about the impact of actions and behaviour.

Finally, the review heard many examples of reflective practice and how these are invaluable. Despite pressures on the system, he stresses the importance of staff having time to explore issues, analyse systems and share good practice.

It is useful to have these areas exposed, but we have known about this – and complained about it continuously – for years. Last October, I addressed the TUC Conference on the issue of bullying in the NHS.

Sadly, fresh evidence of this appalling culture seems to be identified on a regular basis, with Morecambe Bay yet another instance where it seems that awareness of patient safety issues was obfuscated by a bullying culture and tribal, institutionalised behaviour.

As an organisation and as a society, we need to make the changes now to eradicate this sort of culture.



## dust settles on May 9

Health service faces 'hard reality' of £30bn funding gap

"We already have an incredibly lean and efficient health service compared with just about every other industrialised country."

But he suggested there were differences between parts of the country, and between different hospitals, in areas such as procurement and the use of the voluntary sector. These should be targeted, he said, as should unused land and building.

A vow by Stevens to crack down on agency staff bills has since been echoed in a series of public statements (see page 7).

He concluded: "The health service is entering probably the most challenging period in its 67-year history.

"We'll certainly step up and play our part – but the NHS can't do it alone. We're going to need active support from patients, the public and politicians of all parties."

The appearance by Cameron and Stevens coincided with a warning from the NHS Confederation that the £8bn annual figure was a minimum and needed to come on top of sufficient funding for restructuring and social care.

The "hard reality" was a £30bn funding gap between now and 2020, warned chief executive Rob Webster in a letter signed by dozens of trusts and other health organisations.

## What we say about Francis

**HCSA has asked the Department of Health to enshrine the spirit of the Francis report on whistleblowing by ensuring independence and workplace rights for "guardians" of the Freedom to Speak Up.**

In its submission to the government consultation that will shape the new system, the association calls for staff, professional associations and trade unions to have a central role in the response to Sir Robert's recommendations.

We also argue that the network of local guardians that he proposed in his review must be granted the necessary authority, support, training and protection to perform unhindered as robust watchdogs for patient care.

In order to ensure that those principles are upheld the HCSA has detailed the steps and protections needed for the new role of "Freedom to Speak up Guardian":

- Free access to all areas inside and outside the organisation
  - Adequate paid time off to carry out their duties
  - A healthy separation between the individual in this role and parts of the management structure to avoid potential conflicts of interest
  - A clear and transparent process to select guardians
  - Engagement with all staff locally to determine the best candidate
  - A national programme of training
  - Annual refresher training as a minimum standard
  - Annual appraisals by the appropriate Independent National Officials as well as regular update meetings
  - No line management powers locally over staff who are carrying out their guardian duty
  - Extra protection against guardians to prevent malicious disciplinary cases being brought by management
- Read more at [www.hcsa.com](http://www.hcsa.com).*

# EU bids to dampen TTIP opposition

The European Commission believes new rules on trade disputes will ease public fears. Union experts disagree

**The European Commission has launched new proposals aimed at calming fears over the huge Transatlantic Trade and Investment Partnership (TTIP) free trade deal – but opponents warn they do not do enough to answer key concerns.**

Critics fear that elements of TTIP, which is being negotiated behind closed doors between the EU and United States, will allow big health companies from across the Atlantic to use international tribunals to force access to NHS services.

They also warn that any future attempt by governments to direct policy away from private providers could open the door for firms to sue for loss of earnings.

Public pressure over the so-called “investor-state dispute settlement” (ISDS) provisions of the treaty has prompted the commission to release a new concept paper aimed at answering its critics.

The proposals would improve transparency and strengthen the rules, membership requirements and framework for international trade arbitration tribunals, which exist outside the national courts system.

They also propose explicitly defining the right of governments to “take measures to achieve legitimate public policy objectives” in their interpretation of TTIP.

But crucially the system allowing companies to take governments to an international tribunal would remain in place.

This means that private providers would still have the right to claim damages from countries for loss of earnings or policies blocking “competitive” access to areas of the public sector covered by the deal.

Trades Union Congress international policy chief Owen Tudor labelled the commission’s proposals a brand of “diet-ISDS” that would deal with some of the “worst aspects” of the current system but “wouldn’t address our fundamental



objection, which is that foreign investors get special rights and a special court system.”

The possible risk of ISDS to the British taxpayer was laid bare when the City of London-backed London Court of International Arbitration upheld a claim against the government made by IT firm Fujitsu.

It was one of the contractors charged with implementing a new £6.2 billion NHS IT system but sacked by the Department of Health in 2011 after the bill spiralled to £12.7bn amid massive time overruns.

A behind-closed-doors arbitration panel reportedly awarded Fujitsu more than £700 million — the lion’s share of the £896m due if it had actually completed the contract.

## interview

# ‘You can’t really ask for more’

Member Professor Hasib Ahmed advises others to take the plunge and join HCSA



**As financial and political pressure on the NHS grows the pressure is rising on staff too.**

Hospital Consultants and Specialists Association national officer Emma Champion has a bulging case folder as medical staff across London and south-east England turn to their union for help.

“Doctors face an often difficult and stressful time when they are having problems at work,” she says.

“As an officer with the HCSA, I am in a position to offer guidance, support and advice with a personal touch, which really is what you can expect from being a member of our organisation.”

One man who appreciates the level of support that Emma and the HCSA give is surgeon Professor Hasib Ahmed (left).

It was a visit from the HCSA’s chief executive that convinced Prof Ahmed to sign up.

“Loads of us joined,” says the professor.

That decision has since paid off, with the union there to assist him several times during his career.

Most recently a problem at work brought him into contact with Emma.

Prof Ahmed is glowing in his praise of the HCSA officer, who supported him in beating off the challenge.

He says prospective members should not hesitate to join.

“I have always found a sympathetic but realistic approach from the association,” the professor says.

“It’s always taken my concerns seriously and gives me valuable advice.

“You can’t really ask for more.”

# A brief guide to Parental Leave

Gone are the days when parenthood was – legally at least – the preserve of mothers. The latest changes to paternity and maternity laws this year mean that managers and staff are working in an increasingly complex landscape.

**In a nutshell, the right to Shared Parental Leave, which applies to the parents of all children born or adopted since April 5, means that for the first time partners can decide to swap a shared pot of leave from week to week, or even take paid or unpaid time off in parallel.**

So far this new system has been relatively untested within the NHS, but, as the old adage goes, to be forewarned is forearmed.

Morrish Solicitors recommend that employees discuss their plans with their employer as early as they can.

## HOW DOES IT WORK?

The amount of leave available is calculated using the mother's maternity entitlement, which is up to 52 weeks.

A mother must take two weeks' compulsory maternity leave on the birth of the child, which means in practice the parents have up to 50 weeks left that they can choose to share.

Fathers are still entitled to two weeks' paid paternity leave in addition to the new Shared Parental Leave rights, but the previous system of additional paternity leave – the right for men to take over a

mother's remaining statutory period if she returns to work early – is no longer available to new parents.

To qualify for SPL a mother must first "curtail" her maternity entitlements, giving at least eight weeks' advance notice that she and her partner will take the remaining time as Shared Parental Leave.

This doesn't mean that she needs to return to work – the "balance" of time off can be used up at the same time by both partners.

Additionally, unlike maternity leave, employees can stop and start their Shared Parental Leave, with each parent able to request up to three periods so long as they give at least eight weeks' notice.

Requests for continuous periods of leave have to be accepted by the employer, but requests for discontinuous periods can be refused.

An employer can also legally require parents to present evidence of a birth as well as the name and address of a partners' employer, or a declaration if they do not have one.

## QUALIFYING REQUIREMENTS

- The continuity of employment test: a parent applying for SPL must have worked for the same employer for at least 26 weeks by the end of the 15th week prior to their baby's due date.
- The employment and earnings test: The other parent must have worked for at least 26 weeks out of the 66 weeks prior to the due date and earned at least £30 on average in 13 of those.

## SHARED PARENTAL PAY

- Paid at a statutory rate (£139.56 per week or 90 per cent of average weekly earnings if lower). Some employers may pay enhanced rates.
- As with applying for shared leave, you must give notice of your intention to claim – Acas ([www.acas.org.uk](http://www.acas.org.uk)) has produced template forms that you can use to apply.



## ADDITIONAL RESOURCES

- Advice guidance, forms and details of employer training events are available from [www.gov.uk](http://www.gov.uk) and [www.acas.org.uk](http://www.acas.org.uk), or contact Toni Haynes at Morrish Solicitors on **033 3344 9603** (charged at local rates) or by email via [toni.haynes@morrishsolicitors.com](mailto:toni.haynes@morrishsolicitors.com).

The flexible nature of Shared Parental Leave means that parents can share the caring responsibilities evenly or have one parent taking the main caring role, depending on their preferences.

Where both parents satisfy the continuity of employment test they will both be able to make use of the pot of Shared Parental Leave.

But a family can still use Shared Parental Leave even when only one parent actually meets the eligibility criteria. If one parent is employed and meets the continuity of employment test, but the other parent is self-employed and would not be eligible to take leave him/herself, the employed parent could still be eligible to take Shared Parental Leave if the self-employed parent meets the employment and earnings test.

This could be of particular benefit to families where the mother is self-employed – and would not be eligible to take maternity leave – and the father is employed. Under the previous system, the father would only be entitled to take two weeks' paternity leave. The new rules mean that he could take off the full period of leave provided that the self-employed mother has curtailed her right to maternity allowance.

- This article is not a substitute for legal advice



President Professor John Schofield  
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## HCSA Hospital Representatives

Local HCSA Hospital Representatives are listed at [hcsa.com/contact-us](http://hcsa.com/contact-us) – just click on national/hospital contacts and select your area.

## statement to members

HOSPITAL CONSULTANTS AND SPECIALISTS ASSOCIATION – STATEMENT TO MEMBERS ISSUED IN CONNECTION WITH THE UNION'S ANNUAL RETURN FOR PERIOD ENDED SEPTEMBER 30TH 2014.

AS REQUIRED BY SECTION 32A OF TRADE UNION AND LABOUR RELATIONS (CONSOLIDATION) ACT 1992

### Income and Expenditure

The total income of the union for the period was £698,239. This amount included payments of £695,195 in respect of membership of the union. The union's total expenditure for the period was £683,867. The union does not maintain a political fund.

Salary paid to and other benefits provided to the General Secretary, President and members of the Executive. The General Secretary of the union was paid £77,900 in respect of salary and £7,439 in respect of benefits.

### Irregularity statement

A member who is concerned that some irregularity may be occurring, or have occurred, in the conduct of the financial affairs of the union may take steps with a view to investigating further, obtaining clarification and, if necessary, securing regularisation of that conduct.

The member may raise any such concern with such one or more of the following as it seems appropriate to raise it with: the officials of the union, the trustees of the property of the union, the auditor or auditors of the union, the Certification Officer (who is an independent officer appointed by the Secretary of State) and the police.

Where a member believes that the financial affairs of the union have been or are being conducted in breach of the law or in breach of the rules of the union and contemplates bringing civil proceedings against the union or responsible officials or trustees, he should consider obtaining independent legal advice.

### Auditor's report

We have audited the financial statements of the Hospital Consultants & Specialists Association for the year ended 30th September 2014 on pages 4 to 6. The financial reporting framework that has been applied in their preparation is applicable law and the Financial Reporting Standard for Smaller Entities (effective April 2008) (United Kingdom Generally Accepted Accounting Practice applicable to Smaller Entities). This report is made solely to the association's members, as a body, in accordance with applicable law.

Our audit work has been undertaken so that we might state to the association's members those matters we are required to state to them in a Report of the Auditors and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the association and the association's members as a body, for our audit work, for this report, or for the opinions we have formed.

### Respective responsibilities of the Executive Committee and auditors

As explained more fully in the Statement of the Executive Committee's Responsibilities set out on page 1, the Executive Committee is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

### Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the association's circumstances and have been consistently applied and adequately disclosed; the

reasonableness of significant accounting estimates made by the trustees; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the financial statements to identify material inconsistencies with the audited financial statements. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

### Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the state of the association's affairs as at 30th September 2014 and of its surplus for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice applicable to Smaller Entities; and
- have been prepared to meet the requirements of the Trade Union and Labour Relations (Consolidation) Act 1992.

### Opinion on report of the Executive Committee

In our opinion the information given in the Report of the Executive Committee for the financial year for which the financial statements are prepared is consistent with the financial statements.

### Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where we are required to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit.

A C D Lang FCA, Senior Statutory Auditor  
Andrew Land Limited, 2 St Mary's Road,  
Tonbridge, Kent TN9 2LB.



## Hospital Consultants & Specialists Association

HCSA, Number One, Kingsclere Road, Overton, Basingstoke, Hampshire, RG25 3JA  
**T** 01256 771777 **F** 01256 770999 **E** [conspec@hcsa.com](mailto:conspec@hcsa.com) **W** [www.hcsa.com](http://www.hcsa.com)

# Membership Application 2014/2015

Title \_\_\_\_\_ Surname \_\_\_\_\_  
 Forenames \_\_\_\_\_ Male/Female \_\_\_\_\_  
 Qualifications \_\_\_\_\_  
 GMC No \_\_\_\_\_  
 Speciality \_\_\_\_\_  
 Year Qualified \_\_\_\_\_ Year of Birth \_\_\_\_\_  
 Main Hospital \_\_\_\_\_  
 Preferred Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Post Code \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Contact Telephone Number \_\_\_\_\_

Grade:       Consultant                       Associate Specialist                       Speciality Trainee  
                   SAS doctor                               Staff Grade/Trust Speciality Doctor

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Current Subscription Rates:**

- Full Annual** - £240 per annum commencing October 1st 2014 (pro rata for first year of membership)
- Full Monthly** - £20.75 per month
- Specialist Trainee Annual** - £192 per annum commencing October 1st 2014 (pro rata for first year of membership)
- Specialist Trainee Monthly** - £16.75 per month

Please complete the Direct Debit Mandate overleaf and send it to the Overton Office address on reverse.

Introduced by (if applicable) \_\_\_\_\_

**Important - Please Note:**

We are not normally in a position to provide personal representation over issues that have arisen prior to joining the HCSA. Please DO NOT fax or e-mail this application form - we need an original signature on the Direct Debit Mandate for your bank to authorise payments.

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Instruction to your bank or building society to pay by Direct Debit



HCSA  
1 Kindsclere Road  
Overton  
BASINGSTOKE  
Hampshire  
RG25 3JA

Please fill in the whole form using a ball point pen

Name(s) of account holders

\_\_\_\_\_  
\_\_\_\_\_

Service user number:

9 9 7 5 7 2

Payment reference (To be completed by HCSA):

□ □ □ □ □ □ □ □

**Instruction to your bank or building society**

Please pay The Hospital Consultants and Specialists Association direct debits from the account detailed in this instruction subject to the safeguards assured by the direct debit guarantee. I understand that this instruction may remain with The Hospital Consultants and Specialists Association and, if so, details will be passed electronically to my bank or building society.

Bank or building society account number:

□ □ □ □ □ □ □ □

Branch sortcode:

□ □ □ □ □ □

Bank or building society account number:

Address

\_\_\_\_\_  
\_\_\_\_\_

Post Code

Signature

Date

Banks and building societies may not accept Direct Debit instructions for some types of accounts

detach here

**The Direct Debit Guarantee**



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit the organisation will notify you (normally 10 working days) in advance of your account being debited or as otherwise agreed. If you request the organisation to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by the organisation or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
- If you receive a refund you are not entitled to, you must pay it back when the organisation asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify the organisation.

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