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hospital consultant &specialist

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The SPA SQUEEZE

AT THE PODIUM: Paul Donaldson addresses TUC delegates
Photo: Jess Hurd/ reportdigital.co.uk

TUC BACKS HCSA WARNINGS ON IMPACT: NEWS P4

CHARTING SPAs' DECLINE: CLAUDIA PAOLONI P6

Bi-monthly journal of the Hospital Consultants and Specialists Association

Dedicated to you
HCSA
Hospital Consultants and Specialists Association

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

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HCSA AT THE TUC

In September HCSA attended the annual Trade Union Congress conference as the only TUC-affiliated union that represents solely hospital doctors. The TUC speaks up for all working people and is at the heart of the mainstream trade union and professional association network. Being an affiliate gives our members that collegiate strength and support that is so important and unique. More about our TUC participation is on page four.

EXIT PENALTIES

The government has recently released its response to the consultation on public-sector exit payments.

The outcome was no surprise and will reduce and restrict exit payments for the majority of NHS staff and all of our members if and when the situation arises.

Putting to one side the reductions in payments, the key issue here is that all of these agreements, such as redundancy and retirement, were negotiated with the trade unions, and this response will now override those hard-fought negotiations. Morale among hospital doctors is already at its lowest ebb. This latest measure will only exacerbate the situation.

RECOGNITION WHERE IT'S DUE

Last month we issued an email to all members giving an update on the discussions we have been having with the government, NHS Employers and the BMA on our journey towards full and formal trade union recognition.

We have felt for many years that the HCSA should be recognised and as such have been pressing our case for a considerable time. These efforts have made steady progress and our pending recognition was confirmed in writing earlier in the year by NHS Employers.

Our final task is to work out the formalities and arrangements for this process to take shape, which will see us fully participate in negotiations on all relevant medical contracts.

PARLIAMENTARY LINKS

A high-level HCSA delegation including President Ross Welch, Chair Claudia Paoloni, past president John Schofield and myself met recently with Commons Health Select Committee chair Dr Sarah Wollaston. We raised a number of issues with her including NHS funding, safe seven-day services, HCSA recognition and matters relating to various contract negotiations. We were delighted to meet with Dr Wollaston and give a voice to our members to the chair of such an important and influential body.

in this issue

Call for contributions

If you'd like to submit an article or suggestion for the magazine, we'd love to hear from you. Please get in touch via *RBagley@hcsa.com*.

Spread of the annualisation bug

HR departments are increasingly catching doctors out with sleights of hand that can bring annualised hours by stealth. It pays to remain vigilant, says President Ross Welch

Frustration is rising across the Consultant workforce as the NHS efficiency drive and financial squeeze is felt in every aspect of our work.

HCSA view
Ross Welch

In this environment it is necessary to remain vigilant to the methods through which managers are seeking to reduce their spending, more often than not at the expense of clinical staff.

Skirmishes are increasingly taking place around annualised contracts – for some a practical and mutually agreed choice, but in a growing number of cases a forcible one where hospital doctors are losing out.

Part or fully annualised contracts were established in the 2003 consultants contract, intended for certain specific situations – for example a consultant wishing to spend as much time as possible during the school holidays at home and delivering their direct clinical care during term time.

It also allowed employers and consultants to match variations in demand with available resources, but was to be subject to a number of principles – including that the decision to annualise must be by mutual agreement.

Indeed NHS Employers' own guidance advises among other points that the job planning process must be "undertaken in a spirit of collaboration and co-operation," and be "consistent with the objectives of the NHS, the organisation, teams and individuals."It should be "transparent, fair and honest," and "fully agreed and not imposed."

All the guiding principles are designed for fairness and transparency within the annual process of job plan and contract negotiation, while focused on patient need.

But things have changed since then – and not usually in favour of doctors.

Amid current NHS resource pressures, cases where scheduled work does not happen for reasons outside the consultant's control are becoming commonplace – lists cancelled at less than 24 hours' notice because of lack of bed availability, black alerts, strikes or lack of required equipment or facilities, let alone Norovirus outbreaks.

These situations, which are now almost everyday events across the NHS, have seen hospital management seeking to deploy their senior and most experienced workforce more "efficiently" or perhaps, more honestly, simply wanting to recoup some of these lost sessions. Consultants who have fulfilled their non-annualised contract by being available have nevertheless found themselves facing managers demanding the time be rescheduled.

At the end of the job plan year, during discussions for the following year, some consultants are being told, despite not having previously agreed an annualised contract, that they have underprovided in the previous year and that the underprovision has to be added to the coming year's work or repaid.

Funnily enough, when the shoe is on the other foot – where consultants have agreed fully or partly annualised job plans and have completed their sessions early – they seem rarely to be asked to down tools and sit idle until the next year begins. Neither are they offered pay for continuing to work their timetable and overproviding, which would actually increase throughput and efficiency. If they are offered additional remuneration to overprovide, this is often in ad hoc ways and at ad hoc rates of payment.

Across the country Local Negotiating Committees (LNCs) have been asked to agree local principles and practices to work around this national problem. In some hospitals, for instance, it has been agreed that if a session will not be available perhaps six weeks ahead, consultants will agree to reprovide that session flexibly within a year, but, if less than 48 hours' notice is available, the session will be deemed to have been provided.

Unsurprisingly these issues have led to trusts trying to move more and more consultants onto annualised contracts.

NHS Employers, on its job planning web pages, urges NHS organisations "to review how job planning can be used to drive improvements and quality of patient care. Some trusts are looking at new IT tools, some at annualisation, others at team or departmental job planning amongst other initiatives."

Many consultants are working in trusts that are using all of these techniques to entangle the unwary.

In particular, new IT systems can have hidden pitfalls, including moving people onto an annualised plan by stealth via the way in which sessions are recorded – and certainly without the mutual agreement detailed in the 2003 principles. Some have programmed in a standard number of weeks across the workforce for the job plan year, which goes against another of the principles of individual job planning.

Consultants may not be aware of their trust's approach until faced with a demand for repayment of sessions or, worse still, demands to return pay.

It is clear that many individuals may benefit from the annualisation of some or part of their job plan.

The key message, though, is beware what you agree. Understand your job plan and the software used. Document very clearly at annual review whether all or any part of next year's job plan is annualised.

If so, what happens when a list does not go ahead because of bed problems, what notice is acceptable for management to demand reprovision, and what happens at the year's end when they think you have underprovided or you think you have overprovided. In many cases your LNC should have clear guidance.

Only then can it be clearly evidenced that the process has been mutually agreed and properly documented.

Remember that, since annualisation is an option, if your job plan doesn't say it is annualised then it isn't. And remember, too, that HCSA National Officers are always there to help as your last line of defence.

HCSA wins TUC backing for SPA squeeze focus

Association delegation wins annual conference backing for warning over decline of Supporting Professional Activities time • Member survey points to widespread pressure to accept hours cuts

Consultant shortages and the "deplorable" squeeze on SPA time facing HCSA members were placed front and centre by our delegation at the annual TUC conference in Brighton in September.

While the sun shone beyond the main hall, inside around 1,000 delegates and guests were debating the many issues affecting people employed in every sector, from the senior Civil Service to street sweepers.

HCSA greatly values its links with the TUC, which offers support and assistance and allows us many additional avenues through which to pursue and represent the interests of our members. Those links were underlined when delegates unanimously backed the two motions tabled by this year's HCSA representatives, General Secretary and Chief Executive Eddie Saville and Executive member Dr Paul Donaldson (pictured, right).

Consultant microbiologist Dr Donaldson, delivering his first ever address at TUC, relayed HCSA's "deep concern" that the local drive to reduce SPA time well below the 7.5-2.5 ratio – as detailed in the national 2003 consultant contract – could impact on patient care.

He warned the move by many Trusts to cut back on SPA time would ultimately have a major impact on patient care.

"Trusts see lower SPA allocations as a way to get more clinical work out of Consultants," he warned.

"More clinical work equals more throughput equals better value for money.

"This, however, ignores the value of the work that is done in SPA time, which in many ways is what defines a Consultant."

The motion followed the results of polling of HCSA members on the subject of SPA time which indicates a major and wide scale squeeze. Half of respondents said their SPA time had been reduced in the past five years, and eight in 10 of these reported that the cut had been imposed.

As a result, those affected reported a major reduction in the time available to carry out important research, professional development and teaching tasks.

As Dr Donaldson noted, "it is not good for Consultants, it is not good for the future of the NHS, and it is not good for the patients we treat. For the future of our health service, this squeeze has to stop."

Saville also secured delegates' unanimous support for HCSA's campaigning on the issue of consultant shortages.

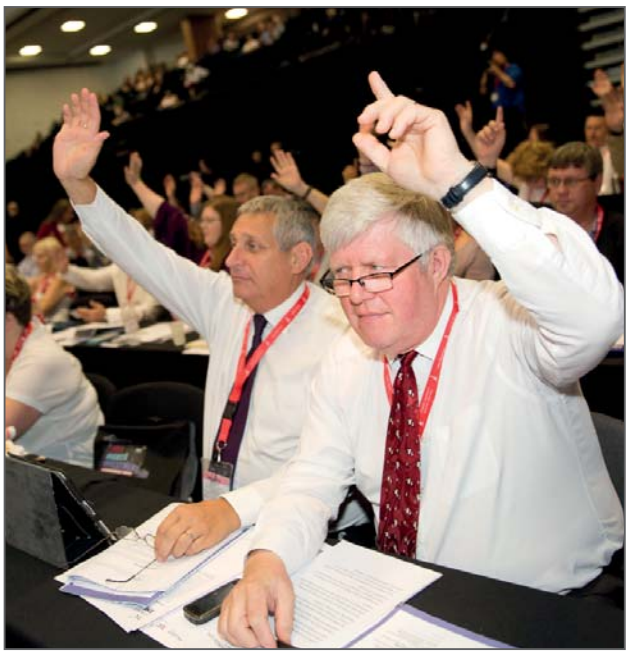
"There are just not enough hospital consultants – full stop," he warned.

"We also hear a lot these days about the seven-day NHS. The HCSA, like many other health unions, has no issues with the principles of a seven-day service, although we know we already have a seven-day service.

"However it must be a safe seven-day service, fully staffed, fully funded and delivered safely for both patients and staff.

"With hospital consultant shortages running at such a high level, along with other staff groups in the NHS also running short, the notion of such a service with the current numbers seems a long way off."

Saville branded a 10 per cent fall since 2013 in the number of FY2 trainees starting specialist training "astonishing," warning: "These were the consultants of tomorrow lost to us and our communities, and when you couple this with those consultants who have already gone and those who are heading for the exit doors for various reasons, including working overseas, early retirement and burnout, the position is a scary one."



HCSA General Secretary and Chief Executive Eddie Saville (pictured, left) was re-elected to the governing TUC General Council at the annual conference in Brighton. His election with a resounding 217,000 votes means that the association continues to maintain not just the influence and links that TUC membership affords but also a direct voice at the decision-making table itself.

Photo: Jess Hurd/ reportdigital.co.uk

SPA squeeze takes grip

Thank you to all HCSA members who responded to our call for information on your experiences of SPA time.

The results indicated a sharp decline in time available for essential additional work.

These initial results will now form the basis for a bigger research project as part of a campaign to protect this time from an HR pincer movement.

Claudia Paoloni: p6

At your service! Introducing...

Association members will soon be able to access a wide range of high-quality services and discounts with the launch of our new HCSA Concierge service.

HCSA Concierge

This new online portal is part of plans to broaden the benefits HCSA membership beyond our excellent core in-work representation and professional advocacy.

HCSA Concierge sees the association link up with specialist provider Parliament Hill, who will tailor the benefits to members and work with us to ensure that we are making available the the type of offers you want.

The range of deals include cashback schemes with retailers that will cut your shopping bills, big guaranteed discounts on your existing car, home, travel and life insurance, as well as savings on holidays, new cars, Apple products and office supplies. HCSA Concierge will also allow members to access corporate bulk rates for a range of services such as gym membership.

All the offers will be covered by guarantees of the best price for the product or the best price available to anyone from a specific provider.

Parliament Hill's Jamie Capaldi explains: "Across all our clients, there are in excess of 2 million members which gives us masses of buying power when it comes to negotiating offers.

"It is becoming increasingly easy to find 'competitive' deals and offers through work or on the internet.

"That's why roughly half of the benefits available to members will be backed by a National Price Promise, which means that members will get the best price in the whole of the UK for that product or service.

"Roughly the other half of benefits will be backed by a provider price promise, which means it is the best deal or offer that company gives to any group."

When the new portal launches this November all members will be able to gain access from the HCSA website after logging in.

We will be in touch by email as soon as the facility goes live.

When it does an online savings calculator will allow members to input their monthly or annual spend on certain everyday products and tell them how much they can expect to save over a year if they use HCSA Concierge to access those services.

The aim is that, whether you're planning some Christmas gifts – for you or loved ones – or just want to pick up your weekly food shop for less, a visit to HCSA Concierge first will always be worthwhile.

in brief

Jersey Pay Claim

HCSA has submitted a fresh pay claim for Jersey hospital doctors in a bid to restore income parity with the UK.

The association was instrumental in winning a landmark 4 per cent rise earlier this year but is now targeting 2017 with the aim of matching mainland wages over three years. Jersey hospital doctors' rates currently lag 14 per cent behind the UK following a spate of low pay rises.

HCSA submitted a wealth of evidence to support the claim at a recent LNC and the management side will now discuss it with the State Employment board before responding.

Recruitment Challenge returns for '17

We may have just entered a new membership year, but our Recruitment Challenge carries on regardless.

Given the growing and relentless pressures facing Consultants, Specialists and Specialty Trainees, there hasn't been a more important time to make sure your colleagues have the protection that HCSA membership affords.

But doing so also means existing members get something back.

For those of you who have not yet taken advantage of this initiative – or for those that did so in 2016 and wish to again – we're offering existing members 10 per cent off next year's fees (October 1st 2017-September 30th 2018) for every new member they sign up.

So, in order to save at least £275 all you need to do is sign up 10 members and ensure that the new member notes your membership number and name when making their application.

There's a space on the online form and the print form (see page 11) to do just that.

We'll keep track of your discount and deduct it when next year's fees are processed.

Charting the decline of SP

HCSA chair CLAUDIA PAOLONI looks at unprecedented pressure on consultants' time

This morning, as I was standing in the corridor waiting for my next patient, my concerns over the insidious destruction of Supporting Professional Activity (SPA) time were confirmed.

One of my colleagues was called upon to provide support to the paediatric service, for which she has no allocated direct clinical care (DCC) time but which now regularly takes up a large proportion of her SPA time.

In fact, as a surgeon in a small expertise field, she routinely has to give up her SPA to meet clinical demand.

There are not enough consultants available to be able to annualise her clinical work, meet clinical demand and all maintain their SPA, while the Trust's financial situation means there is no scope for consultant expansion in that field.

While I applaud my colleague for her professionalism and commitment to her clinical role, I also feel that we as individuals are losing the ability to recognise the importance of defending SPA time or the need to join the negotiating battle to ensure adequate resources to meet clinical demand and individual SPA need.

4 in 10 reported a cut in SPA time in the past 5 years...

...in **85%** of these cases it was enforced

The 2003 consultant contract implemented SPAs to reflect essential activities that an individual needs to undertake to ensure the long-term assurance of quality of service provision, but which are not directly related to patient clinical care.

This includes activities such as teaching, training, education, CPD (including journals), audit, appraisal, research, clinical management, clinical governance, service development and dealing with non-clinical e-mails.

Consultants should have enough time in their job plans for non-clinical work to improve their skills, research, innovate, develop techniques and build new services.

Yet while the 2003 contract detailed 2.5 SPAs as the standard allocation, this position has become increasingly eroded as Trusts find themselves under financial pressure.

This trend has seen a reduction by many Trusts to 1.5 SPA, and worryingly more recently a move down to 1 SPA.

It is apparent that Trusts have also moved towards splitting SPA into a "core" allocation plus an "additional" portion which needs evidence to support its award.

The core initially seemed established at 1.5 SPA to cover everything necessary for GMC and revalidation, general CPD and teaching and basic service provision, with the additional portion often set against a list of "acceptable" activities.

But the overall trend remains a steady ongoing degradation of SPA allowances.

Added to this in many cases is the loss of professional leave or external duty leave allowances, where all activity outside SPA has morphed into a reduced study leave, often spread over a three-year period.

It is becoming increasingly common for consultants to be utilising their study leave to undertake external responsibilities rather than to maintain their CPD through conference attendance or improve their skills on training courses.

In some Trusts this approach is even advocated by the HR department. So we find there is a further gradual erosion of time for maintaining or developing skills for the wider NHS.

When we surveyed HCSA members over the summer the results reflected this concern.

Around half of our survey participants did not feel they were allocated a reasonable amount of SPA time to undertake their duties.

Six in 10 undertake SPA activities that are not paid for.

Four in 10 reported a reduction in their SPA allocation over the past five years, which was enforced rather than negotiated in the vast majority of cases.

In the meantime, however, demands on our SPA time have only increased. Revalidation has been introduced, while CQC inspections mean further governance targets, invariably requiring more paperwork and extra training exercises.

The Royal Colleges are increasingly setting up functions with individuals undertaking peer assessment roles. Research has become ever more protocol driven with increased bureaucratic buoys to navigate.

The demands of training are greater too, with more paperwork, clinical assessments and competencies to formally sign off according to deanery requirements.

With Jeremy Hunt announcing an increase in medical school places, time pressures facing existing consultants are set to increase still further in future.

But these roles and responsibilities are often overlooked by many hospital managers, for whom the financial survival of their Trust outweighs the interests of the wider NHS.

External activities are less likely supported, whether that be inspections for CQC, peer assessments for the Royal Colleges, external memberships of advisory appointments committees, or roles for National Clinical Activity Assessment authorities, government bodies, the GMC or trade unions.

While Trusts and consultants need to minimise the impact on services and the ability to deliver negotiated job plans, Trusts must accept that undertaking duties such as

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PA time

and warns of dire future consequences

Claudia Paoloni

these are essential for the wider NHS.

In 2010 HCSA noted that this "SPA time is critical for reasons of clinical governance and patient safety. That was the case accepted by the government in 2003 and is as relevant perhaps more so, today." Six years on and this is increasingly pertinent as the SPA allocation is whittled away bit by bit.

While as clinicians we want to do the best for our patients, it is clear to me that we also have a duty to ensure that we protect our own and departmental SPA - not only to benefit the wider NHS but also for our own professional interests and job satisfaction, which can only improve our working life experience and by extension the patient experience.

To do this it is necessary to individually collect evidence to take to job planning to strengthen our negotiating positions.

With an impending modified consultant contract it is even more important to be able to demonstrate what we actually do by diarising all the roles we undertake and seek support from our colleagues or the HCSA team, if necessary, to ensure our job plans reflect our working practice and protect our SPA time for the demands of the future NHS.

59%

some form of unpaid SPA activity

Letters

Coverage of Brexit

The recent coverage on Brexit (HC&S July-August, p6-7) was somewhat pessimistic or, dare one say, biased.

The NHS has always employed "overseas" doctors and nurses, largely because we have never produced enough home-grown ones ourselves.

Prior to our joining the EU, most of them came from Commonwealth countries. I am informed that in fact, since our membership and the recent restrictions on "non-EU" immigrants, doctors from Commonwealth countries have found it more difficult to get jobs here.

There is also no reason to believe that any EU doctor or any other EU citizen already working here would have to leave – unless they committed a crime – and the same should apply to UK citizens living in the EU. Prior to the existence of the EU, people lived and worked "abroad."

When it comes to EU-derived legislation, nobody wants to go back to the "bad old days" of working over 100 hours per week, but it is worth remembering there were agreements in place about "reduced" hours in place before laws based on the European Working Time Directive were introduced.

Since then, there has been considerable discussion in the surgical press about how the regulations are adversely affecting surgical training – trainees are finding it difficult to get the necessary operative experience needed to complete their training. Also, "compliant" rotas are endangering the "continuity of care" of patients.

On other laws emanating from the EU, for instance TUPE (Transfer of Undertakings – Protection of Employment), there is no reason why these should necessarily be abandoned when we leave. As I understand it, a new Act of Parliament would be required to repeal any existing UK law.

Finally, "professional standards" in the UK were regarded as "high" prior to our joining the EU – indeed, that is why so many overseas doctors wanted to come here for training.

In fact, when standards had to be "agreed across the EU," many thought that our standards had to be lowered in order to get agreement across all EU countries.

I believe that the main difference when we "leave," so far as the employment of doctors and other healthcare workers is concerned, is that it will then be our UK Parliament and professional bodies that will control how many doctors are needed in which branches of medicine (regardless of their country of origin), the terms and conditions of employment, and the professional standards that will apply to all.

However, regardless of whether we are in or out of the EU, there will still be a "staffing crisis" in the NHS!

Malcolm Morrison
Retired Orthopaedic Surgeon
HCSA Fellow, Swindon

Know your rights: When a new employer is taking over

Increasing numbers of hospital doctors have contacted HCSA over restructuring plans that will see their team or department transferred to another Trust.

Here, National Officer and legal expert Richard Wilde explains the legal ins and outs of the TUPE – Transfer of Undertakings (Protection of Employment) – regulations that govern such cases.

So, what is TUPE?

TUPE is a common legal procedure often found between NHS Trusts.

In basic terms, the TUPE statutes apply to organisations of all sizes and protect employees' rights when the organisation or service they work for transfers to a new employer. This sounds beautifully simple.

However, when placed against a backdrop of HR, differing NHS Trusts and outsourcing, a TUPE can quickly become a complex legal minefield where rights and conditions need vociferous protection.

TUPE has impacts for the employer who is making the transfer of staff and the employer who is taking on the transfer.

How does it affect me?

There are two situations when the TUPE regulations may apply: business transfers and service provision transfers. Both of these circumstances can affect NHS staff of all disciplines and grades.

Business transfers

The TUPE regulations apply if an NHS Trust wishes to move a service provision to another Trust. Recent changes between Exeter and Plymouth NHS Trusts are an example of this. HCSA members there had a brand new employer.

HR from both Trusts must work in collaboration and according to strict timeframes. It is here where there can be a problem. Bureaucracy, lack of communication and sometimes a lack of knowledge can cause delay.

Your HCSA national officer will take ownership of this situation, particularly if an entire department of several clinicians is moving.

Service provision transfers

If a Trust privatises or quasi-privatises a service provision, your employment rights can be affected.

The TUPE regulations apply in the following situations:

- a contractor takes over activities from an NHS Trust (known as outsourcing).
- a new contractor takes over activities from another contractor (known as re-tendering).
- a client takes over activities from a contractor (known as insourcing).

Requirements under TUPE

When TUPE applies, the employees of the NHS Trust automatically become employees of the incoming employer at the point of transfer. They carry with them their continuous service from the outgoing employer, and should continue to enjoy the same terms and conditions of employment with the incoming employer.

An individual's refusal to move over with a TUPE transfer can be deemed a resignation.

In negotiations, it is best to highlight objections or disputes rather than an outright refusal to transfer. It is imperative at this stage to have your HCSA officer with you.

Following a transfer, employers often find they have employees with different terms and conditions working alongside each other and wish to change/harmonise terms and conditions.

Richard Wilde

However, TUPE protects against change/harmonisation for an indefinite period if the sole or principal reason for the change is the transfer. Any such changes will be void.

Employers must inform/consult with employees through "appropriate" elected representatives who could be trade union representatives and trade union officials.

Keep everything in writing – not verbal

The matters of transfer of undertaking and its contractual obligations are extremely serious. However harmonious your relationship with HR, record TUPE matters regularly and in writing.

The employer must disclose in writing:

- the fact that the transfer is going to take place, approximately when and why. Time frames can be estimated if necessary.
- any social, legal or economic implications for the affected employees for example a change in location or risk of redundancies. On-call accommodation as part of the transfer is often a negotiating point if your new place of work is far from home.
- any measures that the outgoing and incoming employers expect to take in respect of their own employees (even if this is nothing).
- the number of agency workers employed, the departments they are working in and the type of work they are doing if agency workers are used.
- the outgoing employer must provide information about any measures which the incoming employer is considering taking in respect of affected employees.

And remember, if in doubt, always contact your HCSA national officer.

Trusts break ranks

NHS Providers chief warns over viability of STP plans

Simmering tensions between NHS Trusts and policy-makers bubbled over in October with NHS Providers Chief Executive Chris Hopson going public on the financial crunchpoint facing hospitals.

Giving evidence to the Commons Health Committee the leader of the English Trusts body cast doubt on the viability of the 44 Sustainability and Transformation Plan (STP) footprints.

These, alongside regional devolution, have become the focal point of policy impacting on the shape of hospital services and their integration with primary and social care.

Parties brought under the STP umbrella filed their plans at the end of October – but MPs on the committee pointed to public concern that the motivation was more about meeting stringent budgets than their higher stated priorities of closing gaps in quality and care.

The plans are being drawn up against a backdrop of "frontloaded" additional Treasury funding that the committee has previously warned is far short in real terms of the amount requested by NHS England.

"What worries us is if you look at the funding increases that are coming over the next few years," said Hopson.

"Cost and demand, as we know, in the NHS rises by 4 per cent a year, and we are going from a 3.7 per cent increase this year to a 1.3 per cent increase next year, 0.3 per cent the year after and 0.7 per cent the year after.

"We are struggling to make the numbers add up this year. I think all of us are asking how this looks when we go from plus 3.7 per cent to plus 1.3 per cent to 0.3 per cent and then 0.7 per cent."

Hopson agreed that there was a danger that the STP process "has become mesmerised by money" due to the "very aggressive" 2021 targets facing Trusts.

"People have been told specifically that they cannot submit a plan unless it balances to this very aggressive 2021 figure, and then when people look at their 2021 figures, to be frank, they are mesmerised because they are being asked to create plans that talk about identifying hundreds of millions of pounds of efficiencies.

"We have not found anybody really yet who says to us they can, with complete confidence, get all the way there."

In the same session NHS Clinical Commissioners Chief Executive Julie Wood echoed this concern, admitting that the "predominant focus of STPs has been on closing the financial gap. We need to make sure that we are putting emphasis on the care and the quality gap as well as that so that we then make the right level of investment."

Hopson also complained of a skills shortage at the top of Trusts. "We recognise there is more to go at in terms of efficiencies, but we simply do not have the capacity and capability at the moment to do that because we are so busy keeping this very wobbly day-to-day system upright."

Recruitment

UK student boost

Secretary of State Jeremy Hunt announced his intention at his party's conference to train 1,500 extra UK doctors a year to compensate for a possible exodus of EU staff post-Brexit.

While final status negotiations have not yet begun, over 15 per cent of specialists hail from the bloc, prompting fears of a shortage.

Currently half of those applying to medical school are rejected due to a 6,000 cap. But the proposal attracted immediate questions over funding and timeframes, given the additional years it would take to train the 2017-18 intake.

A Department of Health consultation will be launched on the plans shortly.

Finances

3 more in 'measures'

NHS Improvement troubleshooters are descending on three more acute trusts whose financial health the regulator said "has simply not been good enough."

Essex Sussex Healthcare Trust, Gloucestershire Hospitals Foundation Trust, and Brighton and Sussex University Hospitals Trust have been placed into "financial special measures," adding to five in July. All three trusts were a long way from meeting local "savings targets."

Under the regime the regulator sends in a team to agree a recovery plan within a month. They can also choose to control spending decisions and have the power to remove senior Trust management.

Vanguards

Ambitions trimmed

NHS "vanguard" projects which have been slated as a key part of transformation plans in the Five Year Forward View have faced substantial funding shortfalls, it was reported in September.

The schemes, designed to trial various innovations in care, had received £69.6 million of the £215.9m 2016-17 funding they requested. Several Vanguard Trusts told the HSJ that the shortfall had seen them trim back their initial ambitions.

The Light Side

All you need is love, allegedly

It was a somewhat uneven start by NHS England's new whistleblowing guardian Dr Henrietta Hughes, at least in the public realm.

Her first significant press outing saw her speared by the media for purportedly suggesting doctors are too gloomy and just, well, need to get on with it and cheer up.

"If you think about that scene in Love Actually where everybody is meeting at the airport, that's the oxytocin feeling," she told the Times. "So wouldn't it be better if oxytocin was the predominant neurotransmitter in the NHS?"

It would be charitable to assume that this was a rather clumsy way of highlighting low morale, and the coverage proof that one should never trust a journalist to play a straight bat.

Incidentally, though, while we wouldn't choose Hughes's words "trust, joy and love," a more positive working atmosphere wouldn't go amiss. Could hospital managers and policy-makers please be sent the memo?

A man of many talents

HCSA members are blessed with many talents, and not just in their medical field.

So it was no surprise when news reached our head office that Northern Ireland Consultant Anaesthetist Dr Mukesh Chugh had picked up an award in the Derry Journal People of the Year Awards.

The category, however, was intriguing – Contribution to Arts and Culture. It turns out that Mukesh, also an HCSA Council member, has several strings to his bow, and is a driving force behind the city's Diwali project Festival of Lights.

The audience at the award ceremony heard that his efforts had "helped to shape an inclusive society which is respectful, embracing and reflective of the multiple identities living in Derry." Congratulations, Mukesh, and we look forward to hearing similar stories from other HCSA members.

You heard it here first…

A few months ago this column relayed a seemingly outlandish policy proposed by think tank Civitas.

The prospect of "indentured servitude" through billing new doctors £150,000 in training costs if they exited the NHS too early appeared a mere outrider.

But in a classic case of having to eat one's own words, it appears not – Secretary of State Jeremy Hunt unveiled plans at the Conservative conference to compel trainees to work for the NHS for four years upon graduation. If not, they may face a £220,000 charge.

That's one way to "improve" morale…

Readers can send their confidential snippets, news nuggets and other tidbits from day-to-day life to RBagley@hcsa.com

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HCSA Hospital Representatives

If you are unsure who your local Hospital Representative is, or would like to find out more about becoming one, contact your national officer or ring our national office on 01256 771777.

sudoku

9	7				1			4
5	4			3				
1			9		4	8		
	8		1					
6		1				7		8
					7		4	
		5	3		6			2
				9			3	7
3			4				8	5

5	8	9	2	1	4	7	6	3
7	3	6	5	9	8	2	1	4
2	1	4	6	7	3	5	9	8
3	4	1	7	8	6	9	5	2
8	2	7	9	4	5	1	3	6
9	6	5	3	2	1	4	8	7
6	7	8	4	5	9	3	2	1
1	9	2	8	3	7	6	4	5
4	5	3	1	6	2	8	7	9

Difficulty: HARD

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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 _____

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RG25 3JA

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Service user number:

9	9	7	5	7	2

Payment reference (To be completed by HCSA):

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Address

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Signature

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DIRECT Debit

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