

the hospital consultant and specialist



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May 2013

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bi-monthly journal of the
Hospital Consultants and
Specialists Association

Above: HCSA Council



Right: New president, John Schofield & Professor Ross Welch write



the hospital consultant and specialist

bi monthly magazine of the Hospital Consultants and Specialists Association

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Hospital Consultants & Specialists Association

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April Pay Increase

We have received an update regarding the pay increase applied following the DDRB recommendations and information from the NHS Employers.

We can advise that a 1% increase has been applied from 1 April 2013 and that salaries have been revised accordingly. The main threshold points on the consultant salary scale in England are as follows:

| Previously | | Revised |
|------------|---------|----------|
| £83,829 | point 5 | £84,667 |
| £89,370 | point 6 | £90,263 |
| £94,911 | point 7 | £95,860 |
| £100,446 | point 8 | £101,451 |

These rates should be in payment from 1 April 2013. Further details of all salary levels can be provided upon request to the Overton office.

chief executive's notes



The HCSA has a new leadership team.

At this year's annual general meeting Dr John Schofield was elected as president and Professor Ross Welch as chair of our executive. They both have the vision and wisdom to lead the HCSA in what are bound to be challenging times for our members. My thanks to our past president Dr Umesh Udeshi who has been a magnificent president and leaves a legacy of greater influence, improved services and the start of the modernisation of the HCSA.

After 65 years in the wilderness of formal NHS engagement and involvement, the HCSA will now take a seat at the NHS Staff Council. The health service unions overwhelmingly endorsed the HCSA's application for a seat on this key body that brings unions and employers together. This complements our seat at the Social Partnership Forum which we have held for many years. This is a real game-changer in terms of our influence and presence and we will seek to add strength and unity to the national staff side. *See page 5 for more on how the HCSA is gaining influence.*

The defeat in the House of Lords on section 75 of the regulations on competition was a great disappointment. Along with our sister unions, professional bodies and the Royal Colleges we lobbied peers and MPs to set out the dangers of the re-worded regulations and the potential for increased privatisation, sounding the alarm at the impact that it could have on services and quality. In a lengthy and detailed debate the coalition government defeated the resolution comfortably. We will now have to see how the process will bed-in and wait for the first challenges to arise.

The South West Pay Cartel which was set up to reduce pay and conditions has been put on the back burner. The efforts of all NHS trade unions, local MPs, local authorities and, importantly the staff, seems to have paid off. As a result of the national agreement reached at the NHS Staff Council a number of trusts pulled out of the cartel preferring to negotiate properly with the trade unions. The HCSA played a key role in this process; it was our resolution to the national TUC congress in September last year that called for resistance to the cartel's proposals. Whilst we can celebrate this victory the war on pay and conditions will continue and we must remain vigilant.

The Francis report continues to be a major topic of debate, and our affiliation to the TUC will give the union the opportunity to meet with the man himself at the end of May. The TUC are to facilitate the meeting and on behalf of the HCSA Council I will be raising the issue of the accountability of senior managers and proposing that managers at a senior level should work within a similar regulatory system to consultants and specialists and thus face sanctions if they fail. I will also make the point that the criteria when judging trust senior management teams should not just be targets, KPI's or financials but on clinical outcomes also.

Our new president, John Schofield, writes



It is a great honour to be asked to be president of the Hospital Consultants and Specialists Association for the next three years, and I am delighted

to be taking over this role from Dr Umesh Udeshi. Under Umesh's expert guidance HCSA has emerged as a strong and resolute association supporting hospital doctors and specialists both individually in the workplace and collectively in a rapidly changing medical landscape.

I am looking forward to working closely with chief executive/general secretary, Eddie Saville, the HCSA executive (chaired by newly appointed Professor Ross Welch), the HCSA Council, our Overton office team and the highly talented group of HCSA industrial relations officers in the coming years.

In the light of the Francis report, we need to maintain and develop our core functions of supporting hospital doctors and specialists and representing their interests to build a flourishing medical community, and thereby protecting patients. We endorse the concept of the duty of candour, and accountability which needs to encompass all professional

groups including doctors, nurses and managers.

The primary focus for us all is, and will remain, the care of the patient. The development of the HCSA can only be achieved by us working closely together, and I am committed to ensuring that there is a local HCSA representative in every hospital in the UK. If you don't have a local representative, and would be interested in taking on this role, please contact me directly or email the Overton office. I believe that it is only by providing a firm structure of local representatives that our council and executive can truly have a mandate.

Many of our colleagues are not members of any professional association and don't have the protection and peace of mind that membership brings. Don't forget that employment contracts can be challenging documents, and some cash-strapped trusts are under pressure to impose reductions in remuneration through a range of means including punitive job planning. Our industrial relations officers have extensive experience in guiding members through the process of contract negotiation, and supporting colleagues in difficult job planning situations. Please take the time to introduce your colleagues, whether old or new, to the HCSA and let them know about the benefits of membership.

I still hear people who say "who are the HCSA? – first I've heard of them". In order to address this, we are working hard on improving communication and explaining why it is important to join. Following the appointment as our head of communications and web services, Jenifer Davis, we are about to embark on a radical refresh of our communications strategy and website, so watch this space! We will shortly be able to allow potential members to join on line and instantly gain access to benefits and support, and for the younger (and young at heart) members we hope to go 'social' by launching our Twitter account in the next few months.

On the broader political front, as a union affiliated to the TUC we engage with NHS Employers on a range of issues and have recently gained a seat on the NHS Staff Council, staff side due to the diligence of our chief executive/general secretary. This is a real achievement which will allow us to represent you more effectively at a national level – just look at our three year strategy to see where our ambitions lie.

I really think that we can make a difference, for the profession and for patients, but we need to do this together. Please spread the word and promote the HCSA.

John Schofield

Professor Ross Welch sets the agenda

Back in 2000 a colleague told me about HCSA and I was persuaded to join, since then I've been a committed member, being elected to council in 2007 and also serving on the finance sub-committee. I'm both honoured and excited to be the new chairman and to be able to support our president in steering the organisation through the next three years.

I have always been impressed by the service HCSA are able to deliver at a local level and this continued support means that our members often choose to stay with us until they retire. I am conscious that most members, like me, join through word of mouth, through the advice of

colleagues, and this kind of recruitment is excellent for increasing our membership.

I want to take that excellent local recognition and build upon it, to give the organisation greater visibility on a national scale. I am looking forward to seeing HCSA participate more widely, at the NHS Staff Council and other key forums, so that we can ensure that our voice is heard where it matters.

Expanding our membership, increasing local representation and gaining national recognition are vital to the HCSA's success. Much work has been done in these areas over the last year and I am determined, together with the executive and council, to continue that momentum and make the HCSA a stronger and even more successful organisation.

Ross Welch



About the author: Professor Welch qualified in 1981 from Kings College in London and started his first consultant post in 1994. He is now a consultant in Fetomaternal Medicine, working in a large teaching hospital running a tertiary service. He is also a local RCOG College Tutor and an active researcher.

Personal Health Budgets

HCSA was represented at a meeting recently to discuss the proposed introduction of Personal Health Budgets (PHBs). Ian Smith reports.

Held under the auspices of the National Social Partnership Forum (SPF) with Department of Health (DoH) representatives the meeting was attended by health unions and received a presentation, giving recap on the background of PHBs.

Whilst these are not directly concerned with secondary care and HCSA members, one of the results in the control group pilot study showed that there was a reduction in the number of hospital admissions.

The DoH said that PHBs are not applicable for all things, specifically acute unplanned A & E hospital admissions. In reality the number of people this will apply to will be very limited – estimated to be no more than 56,000 people nationwide, who are those with NHS continuing care and in particular the higher need group, where the higher benefits may be obtained from having PHBs.

There are issues around the direct payments made to patients and a check to ensure that this is being spent on healthcare purposes (and not on the electric bill for example).

The government want the regulations in place by this summer. The NHS Commissioning Board has taken over responsibility for this from 1 April.

Regarding workforce issues, the main concern is that money will be diverted away from mainstream NHS activities to other service providers.

The role of a 'Personal Assistant' will be crucial going forward and in many cases may be filled by private agencies or the third sector. There is further thought being given and work to be done on the implications for TUPE* and pay and conditions of current NHS staff.

* See our guide to TUPE: Page 6



Campaigning to build stronger unions

The HCSA – as the only TUC-affiliated trade union in Britain solely representing consultants and specialists – is to play its part in a new campaign to strengthen trade unions.

The TUC's General Council has taken the lead to make Britain a better and fairer place to live and work with a campaign plan to build stronger unions, defend employment rights and support the NHS. On employment rights the TUC campaign will defend workers and union rights and, in particular, expose discrimination.

The TUC says that while trade unions have helped achieve some advances on family friendly rights, rights at work are still under attack. Strong trade unions are a vital part of any fair and prosperous society. Societies with weak unions are less fair and more unequal. Unions and the TUC face a range of challenges and need to organise in the community as well as the workplace. Defending living standards and pressing for fair pay will be top of the union negotiating agenda.

New fees for workers taking cases to employment tribunals threaten the practical enforcement of basic rights. Protection against unfair dismissal and redundancy has been reduced. Inequality still exists and strengthening workers' voices is key to securing a productive and fair economy, says the TUC.

HCSA chief executive/general secretary Eddie Saville said: "This campaign is about raising awareness and making the case for trade unions in the workplace. It's about speaking up and creating a culture that expects openness, transparency, respect and dignity. Stronger unions make for better workplaces. We know that respect and partnership are the foundation of positive engagement between employers and unions. The TUC campaign will put the spotlight on the need for high standards of corporate governance and the HCSA will highlight the issue of senior management accountability."



- A key objective of the TUC campaign is to strengthen bargaining and campaigning. A core role of the TUC is support for unions in their day-to-day work, through training and help for officers and local representatives.
- Eddie Saville, who was elected to the TUC General Council last September and plays an active part in its work, is taking the lead in the union's contribution to the campaign, with a special emphasis on strengthening the structure of local hospital representatives.
- You can play your part in this campaign, go to: www.stopemploymentwrongs.org and www.goingtowork.org for further information.

Trade union resistance results in cartel collapse

The South West Pay Cartel has ceased to exist. The steering group responsible for co-ordinating the work programme has stood down.

The consortium, and its member Trusts, have issued statements that the work is now complete. Since the consortium was established national negotiations have progressed and it is now the view of the employers that further changes to pay, terms and conditions should be taken forward at national level through proper collective bargaining rather than on a regional basis.

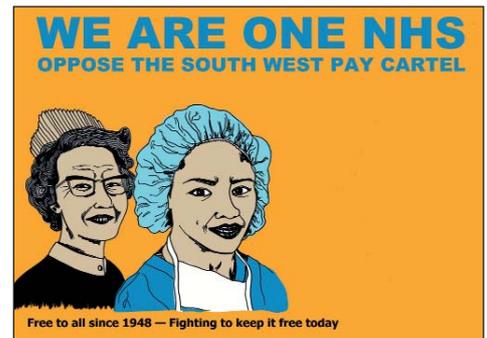
Speaking for the HCSA Ian Smith said "The ending of this body, which was never formally recognised as an entity with any validity by the trade unions, is very welcome. It is undeniable that the strong co-ordinated campaign took many employers in the cartel

by surprise and won much influence and support from MPs and local authorities, while even the health minister Dr Daniel Poulter described the cartel as heavy handed.

While we are delighted with this news, this is no time for triumphalism. We still need to be watchful of other networks that exist through which these or similar proposals may resurface in future."

One factor influencing the formation of the cartel was the perception that union membership levels were low in the region and that therefore opposition would be muted.

This has been proved wrong. The formation of the cartel and its proposals acted as a powerful recruitment tool for many unions.



Ian Smith added: "This shows the benefits of a co-ordinated campaign, of unions working together, the importance of strong union membership and the clear link that exists between strong unions and fairer treatment. It really does make a difference, so ask a colleague to joins us today."

HCSA to take its seat on the NHS Staff Council

In a major breakthrough for the association and a sign of its growing influence, the HCSA is to take a seat on the NHS Staff Council alongside all other unions, employers, the Department of Health and the devolved governments.

The HCSA request to join the NHS Staff Council, staff side, was accepted in March this year when NHS unions met to consider the union's request that it should form part of the national staff side. The HCSA case – that it represents thousands of consultants and specialists, holds local recognition in a number trusts, health boards and in Jersey and is a TUC affiliated union and as such should be recognised by fellow trade unions – was accepted. The HCSA will be represented at its first meeting on 25 June 2013.

The NHS Staff Council is one of the key forums where engagement and negotiations take place between NHS employers and the trade unions. The recent collapse of the South

West Pay Cartel was a direct result of the intervention of the NHS Staff Council.

The union's membership of the NHS Staff Council sends a strong signal to employers that the HCSA is an organisation they can deal with at local level on issues relating to consultants and specialists. Commenting on this breakthrough, chief executive/general secretary Eddie Saville said: "Achieving a seat alongside our trade union colleagues on the NHS Staff Council is a massive boost for us.

I hope it will see greater collaboration between ourselves and other unions. Working together has to be the best approach as we face the challenges that lie ahead.

We have already received encouraging comments from the Department of Health and NHS Employers. It will allow us to work more closely with the key industrial relations

leaders across the NHS and will give our members far more exposure to national negotiations. In a nutshell this is a game changer for the HCSA that will open doors to wider participation and greater presence.

We will also bring unity to the NHS Staff Council. Our membership now ensures that all trade unions in the NHS will be working together for the good of the entire workforce. We have much to offer our trade union colleagues, and as the only union that solely represents the interests of medical consultants and specialists we will bring our unique skills to the table. On the 25 June when I take our seat at the NHS Staff Council, it will be a great moment for our union, but more importantly for our members. This is real progress and there has never been a better time to join the HCSA."

HCSA and Welsh Health Board agree local recognition

Joe Chattin discusses the key importance of local recognition

A central part of HCSA's strategic plan is to gain more influence in workplaces. The HCSA already has recognition in many trusts and most recently has strengthened its recognition rights at Cardiff and Vale University Health Board – one of the UK's largest NHS employers – with a new local representative in place.

In fact we have always had recognition at Cardiff, however the local representative

position became vacant and the engagement and influence which comes with this was unfulfilled. This raises important points about the nature of local trust/health board recognition and how important it is for the union to have a representative in every hospital.

Through an energetic use of employment law the HCSA has had great success in representing its individual members in job planning, contract, grievance and disciplinary procedures. The statutory framework allows for individual employees to be accompanied

by a trade union representative in discussions with employers on such matters.

The importance of formal local recognition is that HCSA is accepted as an active partner in the formation of trust /health board policies and the procedures which apply to members. We are then able to actively influence the ethos of the workplace and the procedures which govern how issues are viewed and handled. Importantly, it lets the HCSA put its own stamp on the future direction of that employer's employment practices.

Locally recognised unions are not only invited to discuss management's proposals for the development and renewal of policies and procedures but are involved in the early stages of any new proposals. Local formal recognition allows HCSA representatives and our council members to benefit from time off with pay to attend HCSA training programmes and important conferences, which, in turn, helps them to carry out their roles in an informed and confident way.

Local recognition magnifies the engagement and influence which the HCSA can exert in representing and advancing the interests of members. Gaining and maintaining local recognition of HCSA by trust and health boards thus has manifold benefits for members.

At local level many HCSA activists are established as elected members of local negotiating committees. Our intention is to strengthen our support for their role and further develop our network of local representatives with the formal local recognition of HCSA in those trusts and health boards where this does not already exist. To do this the union needs more members to come forward as local representatives. The message is clear - the HCSA has local recognition, it is the only TUC union that solely represents the interests of consultants and specialists.

Think national, act local



Quick Guide to TUPE

The Transfer of Undertakings (Protection of Employment) Regulations (TUPE) aims to protect the rights of employees when businesses change hands. It is a complex piece of legislation that has tested the courtrooms for many years and is still doing so. This brief summary highlights the key areas.

Rights of Employees. Any individual employed in the 'organised grouping' before the transfer automatically transfers with the business, or contract. Under TUPE reg. 4 all terms and conditions transfer except those relating to retirement benefits.

NB. Public sector pension provisions go beyond retirement benefits, e.g. redundancy payment rights, and these do transfer. The new employer cannot change terms and conditions because of the transfer, for example to harmonise conditions across the workforce. However, changes can be made if there is 'an economic, technical or organisational reason entailing changes in the workforce' (The ETO clause).

Duty to inform and consult. Under regulation 15, both the old and the new employers must inform and consult the representatives of 'affected employees.' They must explain why the transfer is taking place, when it will take place, what the legal, economic or social implications are and what actions the employer might take in relation to the transfer. The employer must allow trade union access

to affected employees and provide facilities for consultation. If a tribunal finds that an employer has failed to consult it will issue a declaration and can also make an award of up to 13 weeks wages for affected employees.

Dismissal because of a relevant transfer. It is automatically unfair unless there is an ETO reason justifying dismissal. If an employee refuses to transfer the contract is terminated but there is no dismissal. However, if the transfer involved a 'substantial change' for the worse to the employees' working conditions they could potentially claim constructive dismissal.

What should I do if TUPE is on the horizon in my Trust? Whenever there are proposals to transfer a business, or a contract, members should seek information on changes affecting the workforce at the earliest opportunity. Talk to your local HCSA rep or contact headquarters. Where an employer intends to make changes, relying on the ETO exemption, members should contact the local IRO for further advice. Whatever the situation, whatever your employer says, TUPE is not an issue that can be sorted out without the advice of union. It's a phone call that could prove very important.

● For more details on TUPE contact headquarters on 01256 771777.

Defend the NHS

Joe Chattin reports on the Northern TUC conference

Trade unionists in the North of England have voted to step up the campaign to defend standards and jobs in the NHS and increase public awareness of the impact of health service reforms as these effect local communities.

Delegates to the Northern TUC in April debated the potential for destabilisation of the NHS as the changes brought about by the Health and Social Care Act replace publicly provided service delivery with private corporate providers. The conference highlighted the clear impact on the quality of patient services and universal standards as shown by the performance of recently privatised Out of Hours Services.

Over one hundred delegates from unions and local trades councils debated the pitfalls in the formation – by workers in public services – of mutual social enterprise organisations aiming to bid for tendered-out

services. This widely promoted option, seen as a means of workers securing the right to deliver services against corporate interests, holds within it the serious risk that employees could lose employment rights against their employer should the bid fail. It also encourages the 'market place' in public services provision. Successful bids would inexorably require lower rates of pay and terms of service since the purpose of tendering exercises is to secure lower cost providers. The conference voted to highlight the risks as well as benefits of public sector mutual organisations so that informed decisions are made about the provision of public sector services.

On the economy, the Northern TUC welcomed the launch of the Peoples Charter. The Charter – which has the support of the national TUC as well as the Women's, Welsh and Scottish TUCs calls for more jobs, skills and support for industry and public services. With echoes of the Chartist movement of



the early 19th Century, the Peoples Charter focusses on economic improvement rather than the democratic franchise. A fairer economy, more housing, and a secure and sustainable economic future are at the core of the Charter. The conference voted inter alia that affiliated unions should include information about the Peoples Charter in communications with members.

The conference debated the feminisation of the recession and its impact on women of the changes to the tax and spending policies of government. Evidence shows that present policies are having a disproportionate impact on women. Two thirds of the savings made from changes to the tax and welfare system have been paid for by women. Women's earnings are vital to the income of families and increasing numbers of children go to school hungry. Unemployment among women is at a 24-year high. The conference voted to support unions and other groups working to monitor, highlight and publicise growing inequalities.

The address to conference by Frances O'Grady, TUC general secretary, captured the challenges facing unions from the economic recession. She argued that the NHS's privatisation should be stopped: "Trade unions remain a force for social justice in society and the work of unions must continue. Unions are the key force fighting to secure a living wage and with it the relief from poverty in work" she said.

Northern TUC secretary Kevin Rowan outlined the regional situation with 50,000 public sector jobs lost but no corresponding increase in private sector employment. The fall in real wages experienced in the North East has been £1200 per annum since 2010 and in Cumbria £1800 per annum.

Women have borne the brunt of job losses with 40% female unemployment in the region he said and noted the 'union pay premium' which averaged around 18% extra across the board and argued for unions to focus on the recruitment of young people.

WOMENS TUC

Women trade unionists oppose regional pay

Delegates to the 2013 TUC Women's Conference gave unanimous support to an HCSA motion – backed by The Chartered Society of Physiotherapists (CSP) – warning against the disproportionate impact on women of regional pay in the public sector and the damage it could inflict on local economies.

There were supporting speeches from the teaching unions and UNITE.

Women trade unionists were meeting against a background of cuts and austerity and heard from Leslie Mercer of the CSP, the current TUC president; Claire Courteille, director of equalities at the International Trade Union Congress and Frances O'Grady who is the first woman general secretary of the TUC.

The union was represented for the first time at the TUC Women's Conference. Regional officer Annette Mansell-Green spoke in the debates on violence against women and women and mental health, stressing alarm at the removal of protection

from third party harassment and bullying from the Equality Act.

Annette Mansell Green said: "This is a serious issue and the government has a duty to protect our members, who should not feel vulnerable. We called for lobbying and campaigning to protect mental health services, particularly child and adolescent mental health services and women's services.

Both Frances O'Grady and Lesley Mercer showed their continued support for the NHS with Frances calling for an end to the privatisation of the NHS in its 65th year.

● The text of the regional pay motion can be found in the last issue of *HCSA News*.

● <http://www.thepeoplescharter.org>
● http://www.tuc.org.uk/tuc/regions_info_northern.cfm

Council reviews NHS changes

Managerial responsibility, clinical commissioning groups, union organisation and pay featured at the union's Spring council



Keynote speaker at the Spring HCSA council meeting in April was Dean Royles, chief executive of the NHS Employers organisation. A lively question-and-answer session followed his presentation which focused on NHS finances, the Francis report and the reconfiguration of services. A vigorous debate followed with seven day working a repeated concern raised by council members present.



HCSA council members listen to Dean Royles, chief executive of the NHS Employers organisation

In his final address before stepping down at the end of his term of office as HCSA president, Dr Umesh Udeshi dealt with the development of the first phase of clinical commissioning groups, and the impact of competitive tendering for services. He also detailed the work that had been carried out on the HCSA's own internal processes and procedures.

Dr John Schofield now takes over as president while council agreed that Professor Ross Welch now becomes the chairman of the executive.

Council recognised that the HCSA constitution was becoming out-of-date and is

insufficiently detailed. A sub group of nominees from the executive committee and council was proposed to draft a revised constitution to be put to the October council meeting.

The news, reported by general secretary/chief executive Eddie Saville, that the union had been granted a seat on the NHS Staff Council was welcomed as a significant achievement for HCSA.

In a separate debate on the Francis report into the failings at Mid Staffs hospital, discussion centred on the accountability of managers. It was felt strongly that they should be subject to the same regulatory rigours and checks as doctors and that such regulatory bodies should have the same power of sanction on managers as does the GMC for doctors.

In the context of the widely-held perception that failing managers can reappear in another trust, the view was expressed that these should include the power to strike-off and prevent continued practice.

It was felt that there had been an over-reliance on purely financial information when judging targets/KPIs. This was especially true at Mid Staffs, but also featured in other trusts. The criteria for judging the performance of trust managements should not be purely financial, but should also take account of clinical outcomes.

A detailed update was given on the disbanding of the South West Pay Cartel with a warning of the need to be aware that a steering group remained in existence and that monitoring progress on the national Agenda for Change should continue. An update was also given on the DDRB proposals for



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 2012 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 £664,925. This amount included payments of £662,988 in respect of membership of the union. The union's total expenditure for the period was £781,221. 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 £79,083 in respect of salary and £9,205 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 2012. 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.

* Footnote: Total paid to two people holding office as general secretary within the period and is not the sum paid to one individual.

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, 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 2012 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
Sandison Lang & Co, 2 St Mary's Road, Tonbridge, Kent TN9 2LB



consultants' pay and CEAs, the discussions for which were still to get off the ground.

Jenifer Davis, the union's newly appointed head of communications and web services, gave a report on progress with the communications strategy. This rolling programme includes a refresh of the website, a new member joining pack and increased support and information for our representatives.

It was reported that more than 60 HCSA representatives had now been appointed and recruited in trusts around the country.

Council also agreed unanimously to award Fellowship of the Association to Dr Thomas Goodfellow in recognition of his valued work on behalf of the HCSA.

The meeting took place on 26 April in the excellent setting of the teachers' union NASUWT at its well equipped conference centre on the outskirts of Birmingham. Following an excellent meeting all left Birmingham with a renewed vigour to make HCSA even more successful in the future.

In the context of the widely-held perception that failing managers can reappear in another trust, the view was expressed that these should include the power to strike-off and prevent continued practice

HCSA contacts

Executive Committee

President Dr. John Schofield
Chairman of Executive Professor Ross Welch
Immediate Past President Dr. Umesh Udeshi
Honorary Treasurer Dr. Mukhlis Madlom
Honorary Secretary Mr. Gervase Dawidek
Honorary Secretary Dr. Bernhard Heidemann
Honorary Secretary Dr. Cindy Horst
Honorary Secretary Dr. Ross Welch
Honorary Secretary Dr. Claudia Paoloni
Chairman – Ed & Stan S-C Prof. Amr Mohsen
Independent Healthcare Mr. Christopher Khoo

Education & Standards Sub-Committee

Chairman - Professor A Mohsen
Dr. Mukhlis Madlom Dr. C Morgan
Mr. Olanrewaju Sorinola Dr. Bernhard Heidemann
Dr. Umesh Udeshi Dr. Bernard Chang
Dr. Hiten Mehta Mr. Christopher Welch
Dr. T Goodfellow Dr. S Ariyanayagam

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Chairman Dr. M.M. Madlom
Mr. M.J. Kelly [Trustee] Dr. U. Udeshi
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Membership Application 2013/14

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

Specialist Registrar *Within two years of CCT*

Staff Grade/Trust Speciality Doctor

Please tick as appropriate

Signature

Date

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.

Current Subscription Rates

Annual - £210 per annum commencing 1 October 2012

(pro rata for first year of membership)

Monthly - £18.25 per month

Please tick preferred payment choice

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

Introduced by

(If applicable)



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

Please fill in the whole form using a ball point pen

HCSA
1 Kingslere Road
Overton
BASINGSTOKE
Hampshire
RG25 3JA

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| 9 | 9 | 7 | 5 | 7 | 2 |
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Name(s) of account holders

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Payment reference (To be completed by HCSA)

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Bank/Building society account number

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Branch sort code

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Name and full postal address of your bank or building society

| | |
|----------------|--------------------------|
| To the manager | Bank or building society |
| Address | |
| | |
| Post code | |

Instructions 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.

| |
|--------------|
| Signature(s) |
| |
| 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 Hospital Consultants and Specialists Association** will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request **The Hospital Consultants and Specialists Association** 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 Hospital Consultants and Specialists Association** 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 Hospital Consultants and Specialists Association** 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 us.

