



HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION

Patient and Public Involvement in Health and
Social Care

ANNUAL REPORT AND FINANCIAL STATEMENT

For the year ended 31 December 2014

HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION

Patient and Public Involvement in Health and Social Care

WWW.HAPIA2013.org

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Special Thanks

- John Larkin – Company Secretary ... for his outstanding work
- Polly Healy and Lynn Clark for their excellent support with research projects, reports, publicity and websites
- Conference Department of Action against Medical Accidents (AvMA) for providing excellent support for HAPIA's Annual Meetings

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**HAPIA STEERING GROUP MEMBERS 2014
AND THEIR PORTFOLIOS**

RUTH MARSDEN Yorkshire and Humberside	Information Communications Trustee, Vice Chair
ANITA HIGHAM South East	Integrated Care for Older Adults Care of Young People with MH Problems Parliamentary Briefings
ELLI PANG South West	General Practice
ELSIE GAYLE West Midlands	Maternity, Obstetrics Patient and Public Voice Patient Safety
CATH GLEESON North West	Quality improvement in nursing Long Term Conditions Rural Health Young People's Health
JOHN LARKIN	Company Secretary Trustee
LEN ROBERTS South East	Briefings and Lobbying
MARY LEDGARD East of England	Rural Healthwatch
MALCOLM ALEXANDER London	Patient Safety, Mental Health Medical Revalidation Trustee, Chair
MICHAEL ENGLISH London	Parliamentary Advisor, Trustee

HAPIA STEERING GROUP MEETINGS

Dates of Meetings of the Steering Group in 2014.

- 14 March 2014
- 29 May 2014
- 14 August 2014

The Minutes of these meetings can be found on the HAPIA website:

WWW.HAPIA2013.org

**REPORT AND FINANCIAL STATEMENT FOR THE YEAR ENDED
31st DECEMBER 2014**

The Trustees have pleasure in presenting their Report and Financial Statement for the year ended 31 December 2014

DIRECTORS AND TRUSTEES

The Directors of the company are its Trustees for the purpose of Charity Law. As provided in the Articles of Association, the Directors have the power to appoint additional Directors.

The Trustees, who have served during the year and subsequently, are:

- Malcolm Alexander
- Michael English
- John Larkin
- Ruth Marsden

Healthwatch and Public Involvement Association (HAPIA) comprises members of the public, including patients and carers who are members of Local Healthwatch. The office of Healthwatch and Public Involvement Association is located in London.

OBJECTS OF HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION

Healthwatch and Public Involvement Association (HAPIA) was formed under its original name of National Association of LINKs Members (NALM) as a not-for-profit company with exclusively charitable objects. The Company is committed to act for the public benefit through its pursuit of wholly charitable initiatives, comprising:

- (i) The advancement of health or the saving of lives, including the prevention or relief of sickness, disease or human suffering.
- (ii) The relief of those in need by reason of youth, age, ill-health, disability, hardship or other disadvantage, including by the provision of accommodation or care.

VISION STATEMENT

Healthwatch and Public Involvement Association (HAPIA) is a registered Charity that aims to provide a national voice for Healthwatch, and to help build the capacity of HAPIA members to achieve change and improvement in health and social care services at local, regional and national levels.

HAPIA aspires to facilitate the involvement of all people in the determination of health and social care policy, especially those whose voices are not currently being heard. HAPIA actively promotes diversity, inclusivity and equal opportunities in relation to the improvement of health and social care services.

MISSION STATEMENT

1. To provide a national voice for Healthwatch and Healthwatch members.
2. To promote public involvement that leads to real change and the ability to influence key decisions about how care services are planned and run.
3. To promote the capacity and effectiveness of Healthwatch members to monitor and influence services at local, regional and national levels and to give people a genuine voice in their health and social care services.
4. To support the capacity of communities to be involved with and engage in consultations about changes to services, to influence key decisions about health and social services and hold service providers and commissioners and the Department of Health to account.
5. To promote open and transparent communication between communities across the country and the health service.
6. To promote accountability in the NHS and social care to patients and the public.
7. To support the involvement of people whose voices are not currently being heard, and to promote inclusivity, diversity and equal opportunities.

HAPIA MANIFESTO

- HAPIA has produced a Manifesto based on its aim to provide Healthwatch and the wider public with a better understanding of HAPIA's work. The Manifesto is based on the following key points:
- Build HAPIA as the independent national voice for Healthwatch and users of health and social care services.
- Promote, for the benefit of the public, the long-term development and strengthening of Healthwatch, as powerful, independent and influential bodies for patient and public involvement in policy, strategy and delivery of care services.
- Support the growth and development of the NHS as the provider of health services free to all at the point of use.
- Campaign for the right of all vulnerable people to get the care and support that they need to lead fulfilled lives.

HAPIA ACHIEVEMENTS IN 2014

A. To Provide a National Voice for Healthwatch and Healthwatch Members.

HAPIA CONFERENCE THE HEALTHWATCH CHALLENGE TO PRIMARY CARE - BEYOND CHAOS AND COMPLEXITY -

HAPIA held a highly successful Annual Conference in London on Thursday, 30 October 2014 at Friends Meeting House, Euston Road, London, NW1 2BJ

Speakers and topics included:

Malcolm Alexander Elsie Gayle	Chaired the Morning and Afternoon Sessions
Malcolm Alexander Chair of HAPIA	Patients' Power in Primary Care
Marc Bush Director of Policy & Intelligence, Healthwatch England	Patient Leadership in the Re-development of Primary Care
Peter Walsh Director, AvMA (Action against Medical Accidents)	Is Primary Care Safe?
Kevin Holton NHS England	Reforming the NHS Complaints System
Mick Martin Managing Director Health Service Ombudsman	Empowering the Complainant and Developing the Role of the Ombudsman
Dr Jackie Applebee East London GP	The Crisis in Primary Care
Miriam Long Healthwatch Lewisham	Healthwatch and the Lewisham Hospital Campaign
Roger Clifton East London Vision	Community Involvement in Promoting Healthier Vision
Dr Kristin Harris and Dr Hilary Pickles Medical Justice	Medical Justice - Healthwatch Beyond the Barbed Wire

- The **ANNUAL REPORT** for 2013 was presented to the Conference.
www.hapia2013.org/uploads/6/6/0/6/6606397/hapia_annual_report-revised-2013.pdf
- The **CONFERENCE** report can be seen at:
www.hapia2013.org/uploads/6/6/0/6/6606397/hapia_conference_rept_30oct2014_copy.pdf
- **CONFERENCE FACILITATION:** The Conference Department of Action against Medical Accidents provided extensive support for HAPIA's Annual Meeting.

B. To promote public involvement that leads to real change and the ability to influence key decisions about how care services are planned and run.

DEVELOPMENT OF LOCAL HEALTHWATCH

HAPIA raised concerns about the development of LHW. These included the following:

- The expectation that LHW will become self-funding
- Independence of Local Healthwatch Organisations (LHWs) that is undermined by Local Authority direct funding. LHW cannot hold Local Authorities and other public sector organisations to account if they fear that their funding will be removed as a consequence.

HAPIA's website: www.healthwatchdevelopment.net contains details of the financing of every LHW. Data was obtained in 2014 from FOIs sent to 152 Local Authorities asking:

Question 1) Who holds the contract for your LHW?

- a) What is the name of the Social Enterprise body contracted by the Council to be the Local Healthwatch for your Local Authority area?
- b) On what date was the contract for the Local Healthwatch for your area signed?
- c) If a contract has not been signed for the Local Healthwatch for your area, when do you expect it to be signed?

Question 2) Are LHWs carrying out the following activities in relation to their statutory duties?

- a) Obtaining the view of local people about their experiences of local health and social care services
- b) Monitoring the standard of provision of local health and social care services, e.g. through 'enter and view'
- c) Influencing the commissioners of local services to achieve improvements in those services
- d) Influencing the provision and effectiveness of public health services
- e) Providing advice and information to the public about access to local care services
- f) Requesting Healthwatch England to conduct special reviews or investigations.

The rate of response to the first question was 100% and to the second 77%. All other data collected has been placed on our Healthwatch Development website. Some Local Authorities told HAPIA that they could not answer the questions, which suggests poor local monitoring of effectiveness of LHW.

HAPIA asked Steven Dorrell, as Chair of the Health Select Committee, to carry out a review of the effectiveness of LHW including Enter and View, but without success. HAPIA did submit evidence to their inquiry about the complaints system and then made a further request to Sarah Wollaston, the new Chair of the Select Committee, for an inquiry into LHW, but she has never provided any substantial reasons for failing to do so.

C. To promote the capacity and effectiveness of HAPIA members to monitor and influence services at local, regional and national levels, and to give people a genuine voice in their health and social care services.

COMMUNICATION WITH OUR MEMBERS

Ruth Marsden, as HAPIA's Information and Communications Lead, ensures all members are kept continuously up-to-date with the most recent and important information on key health and social care issues.

This service is highly valued by members and enables them to be well briefed in their interaction with their local health and social care providers and commissioners. HAPIA will add information from other sources, e.g. Bulletins produced by HAPIA member, Geoffrey Smith from Leicestershire that combine 12 sources and NHS Networks.

We have also successfully arranged with the King's Fund for free or reduced cost places at their conferences for HAPIA members.

INTERVIEWS WITH THE MEDIA – RUTH MARSDEN

- Radio and TV: Recruitment of overseas nurses
- TV – New GP contracts
- RADIO: Temporary ward opened due to A and E pressures.
- RADIO : Ratings for doctors
- RADIO: Care.data.com
- RADIO: Ward closures

HAPIA WEBSITES

HAPIA operates several websites. The main HAPIA website is updated daily and provides information about Healthwatch and other major developments in the NHS and social care provision.

The 2014 websites were as follows:

- www.hapia2013.org
The main HAPIA website
- <http://www.healthwatchdevelopment.net>
Details HAPIA's research into the development of LHW and monitoring the transition from LINKs to Healthwatch. The site presents data from Freedom of Information requests (Freedom of Information Act 2000) sent to 152 Local Authorities in England in 2013 and 2014.
- <http://www.rule43inquests.com>
Details of research into instances of Coroner's recommendations following a death.
- <http://www.revalidatingdoctors.net>
Contains information about revalidation of doctors and leaflets for patients.
- <http://www.achcew.org>
An archive site celebrating the work of the Community Health Councils, and the public involvement between 1974 and 2003.

WEBSTATS 2014

N/R = No Record

Site /Month	HAPIA	ACHCEW	RULE 43	HW DEV	REVALIDATION
January	n/r	n/r	n/r	n/r	n/r
February	5,206	1,825	4,238	9,871	1,462
March	4,623	1,617	3,030	6,360	1,755
April	3,761	3,989	2,494	8,200	1,833
May	5,224	1,849	2,709	10,302	2,130
June	5,930	2,149	2,909	9,159	2,646
July	6,051	3,699	2,861	9,159	3,450
August	n/r	n/r	n/r	n/r	n/r
September	n/r	n/r	n/r	n/r	n/r
October	4,856	3,105	3,423	13,132	19,933
November	3,285	3,285	3,005	11,425	3,292
December	3,181	1,930	2,741	6,698	3,114

D. To promote open and transparent communication between communities across the country, and the health service.

WORKING WITH NHS ENGLAND

NHS England Expert Patient Safety Groups

HAPIA has actively participated in one of the NHS England expert groups on patient safety dealing with mental health. The intention of the group is to bring together people with a range of skills and experience to focus on what can be done to improve the safety of services for patients receiving care for a mental health problem.

However, the objectives of the Patient Safety Groups are unclear and they do not seem to influence policy. HAPIA is working with other community representatives to steer the

groups to make them more effective so that they have more impact on the safety of local mental health services.

REVALIDATION OF DOCTORS

The licensing of doctors on a five-year cycle started in 2012, and by 2016 all doctors practising in the UK will be annually appraised and revalidated and the process will be repeated every five years. Each doctor has a Responsible Officer who is usually the senior doctor in the hospital where they work - or for GPs a doctor working for the regional branch of NHS England.

HAPIA has a seat on the English Revalidation Implementation Board (ERIB) that meets quarterly to review progress – for example:

- Are all doctors being appraised annually?
- Are all connected to a Responsible Officer?
- How are comments from patients and colleagues collected for discussion during Annual Appraisals?

HAPIA has asked the GMC to put the name of each doctor's Responsible Officer on the GMC website so that it is easy to ensure that every doctor is being properly connected to the revalidations system. This is particularly important for locums and doctors who are not in conventional systems of practice, e.g. those in the private sector.

The GMC is not responding positively to this request, but all other key bodies are supportive.

HAPIA has produced a leaflet about Revalidation that can be adapted for any location where doctors work. The leaflet has been adapted for each London hospital. More information and leaflets are available on the HAPIA website:

<http://www.revalidatingdoctors.net>

Although most doctors are connected with the system, concerns remain about the appraisal of locums who move jobs frequently. HAPIA has been active in pressing for more rigorous procedures to ensure that, where there have been complaints about locums or where they have been involved in poor practice, information about the doctor is relayed to their Responsible Officer and Appraiser.

HAPIA has also been actively involved with NHS England and the London Deanery to develop training for Healthwatch members and voluntary sector groups.

Developing effective patient involvement in Revalidation should be a major priority, but at the moment all that is required are 30 comments from patients within 5 year period.

COMPLAINTS AGAINST DOCTORS

HAPIA has produced: COMPLAINTS AGAINST DOCTORS – SHARING INFORMATION WITH PATIENTS AND CARERS - 2014

This suggests ways in which the performance of doctors can be improved through more effective patient involvement and openness. HAPIA has proposed that patient groups be informed when a doctor has been excluded from practising, or is in special measures to improve performance and safety of patient care.

http://www.hapia2013.org/uploads/6/6/0/6/6606397/hapia-revalidation-remediation-april9-2014-finaldraft_copy.pdf

REVALIDATING NURSES AND MIDWIVES

Nurses and midwives will be subject to a Revalidation process. HAPIA is considering how to make this new process effective - e.g. whether Quality Accounts should be used as a means of publicising the outcomes of Revalidation in terms of improved standards.

E. To support the involvement of people whose voices are not currently being heard, and to promote inclusivity, diversity and equal opportunities.

HEALTHWATCH AND DETENTION CENTRES

HAPIA has collaborated with the specialist medical charity – Medical Justice – to examine the role of LHW in monitoring health and social care in Immigration Detention Centres (IRCs).

The detention of asylum seekers and other migrants is carried out behind high walls and barbed wire fences. There is a lack of transparency about the conditions detained people have to endure, and an absence of effective public scrutiny of the care, treatment and assessment they receive in IRCs and in the NHS - for instance, the inhuman practice of handcuffing detainees when they are receiving medical care.

Healthwatch has unique statutory rights and duties in relation to IRCs in monitoring the access, quality, provision and commissioning of health and social care.

HAPIA wrote to the Home Secretary, Theresa May, to seek her agreement for LHW to visit IRCs to carry out their statutory duties to monitor the care provided to them. Agreement was reached with the Head of Estates for the Home Office for LHW to visit

IRCs in collaboration with Her Majesty's Inspectorate of Prisons and the CQC (who usually visit jointly).

However, a joint meeting between the Home Office and NHS England held to discuss the transfer of health care provisions from the Home Office to the NHS initially proffered and then withdrew an invitation to HAPIA to participate in discussions on monitoring health care provision.

HAPIA and Medical Justice produced a joint report on health care in Immigration Removal Centres and meetings have taken place with CQC and HWE to discuss how LHW will monitor IRCs. LHW across England are now preparing for the next stage in the monitoring process.

http://www.hapia2013.org/uploads/6/6/0/6/6606397/detention_centres_-_final-ok2-31-7-2014.pdf

LHW activities promoted by HAPIA include:

- Interviewing detainees to find out about the quality of care they receive.
- Following up reports on their local IRC from HMIP/CQC and Immigration Monitoring Boards (IMB), to ensure recommendations are implemented.
- Meeting with these bodies before, during and after their visits to IRCs.
- Ensuring that the local adult Safeguarding Boards are aware of, and discharging, their duties in relation to the many vulnerable adults held in detention.

F. To promote accountability in the NHS and social care to patients and the public.

INQUESTS – THE HAPIA PROJECT – PREVENTING FURTHER DEATHS

The aim of this Project is to gather information about Coroner's 'Preventing Further Deaths' recommendations made when a death occurs during the process of health or social care - and to build local knowledge about causes of deaths in the NHS that result in inquests.

When a Coroner's 'Preventing Further Deaths' recommendation is made, the body to which the recommendation is made is expected, within 56 days, to let the Chief Coroner know what action is to be taken to prevent further deaths from the same cause. The data is then published at:

<https://www.judiciary.gov.uk/related-offices-and-bodies/office-chief-coroner/pfd-reports/>

The HAPIA Project aims to share instances of Coroner's recommendations with local health economies - and record the action taken by the local NHS and related bodies, to prevent further deaths occurring from the same or related cause.

HAPIA contacted the bodies to which recommendations were made, and other bodies in the same area that might have wished to comment on the measures taken by the primary responder body (where the death occurred). The other bodies contacted were:

- Healthwatch (as representatives of local people in the NHS and social care).
- Clinical Commissioning Groups (CCGs) – as commissioners of local health services.
- Overview and Scrutiny Committees (OSCs) – the local authority bodies that can call local health services to account.
- Health and Wellbeing Boards (HWBBs) that have a strategic role in developing health and social care for each local authority area.

A dedicated website was established; <http://rule43inquests.com>. The site has contact details for the Chief Executive of the organisation to which the Coroner's Rule 43 recommendation was made, and contact details for the CCG, OSC and Healthwatch for the area.

After a Coroner makes a Rule 43 recommendation, and details are published by the Minister of Justice, HAPIA approaches the body to which the recommendation has been made, enquiring what their response has been, and puts their response on the HAPIA website.

HAPIA then asks the CCG, HWBB, the OSC and the Healthwatch whether they have monitored implementation of the recommendation/s, and whether they are satisfied that action has been taken to prevent further deaths. Their responses are placed on the website.

Eventually it is intended to let Coroners know that we hold information concerning the implementation of their Preventing Further Deaths recommendations.

The Francis Report recommended that the Care Quality Commission be advised of any recommendations made regarding bodies that the CQC inspects. Coroners may also make recommendations to the CQC, but we have found the CQC unwilling to provide details of the outcomes of such recommendations.

DUTY OF CANDOUR

HAPIA participated fully in the campaign to persuade the Government to adopt a statutory Duty of Candour so that patients would always be told if they had suffered moderate or severe harm, and families told if a relative's death had been caused by the action/s of healthcare staff.

HAPIA and AvMA (Action against Medical Accidents) met with Jeremy Hunt, the Secretary of State for Health, to persuade him to introduce the statutory Duty of Candour in relation to moderate and serious harm and death. Following a review by special advisors, the Secretary of State agreed and Regulations for the new Duty were finalised during 2014.

However, there continue to be concerns about the fact that the Duty of Candour lays a less onerous duty on GPs and the private sector (contrasting with a more onerous duty on hospital doctors) to inform patients of harm. Other concerns being investigated by HAPIA include:

- How is information given to people with dementia who have suffered harm?
- If an issue which should require disclosure though the Duty of Candour is being investigated as a serious untoward incident (SUI), is the patient and/or family told?
- How can people challenge NHS trusts to ensure that the Duty of Candour process is being followed?

HAPIA wrote to Sir David Nicholson, the former CE of NHS England, to complain that - despite a recommendation from the Health Select Committee in their report on Complaints and Litigation that NHS bodies should publish details of upheld complaints - many Trusts were not doing so - and some recorded that all complaints were upheld and some that none was upheld.

Sir David agreed with HAPIA that some organisations' returns were less than accurate and said this matter was being addressed by NHS England. He stated that:

"We will continue to ensure that complaints data is refined to make it as accurate as possible; however, as with all data returns, the responsibility for ensuring the accuracy of the data rests with the organisation submitting it and we anticipated that there could be problems with this particular set of data. However, we will be able from this year to start to compare this category of data year on year and will be picking up with individual organisations any anomalies identified".

This matter has also been raised with Monitor and current Chief Executive of NHSE, Simon Stevens. HAPIA is repeatedly told that data published in relation to the 2009 Complaints Regulations is *"still experimental"*.

PRIMARY CARE COMPLAINTS

The contract holder for most general medical practitioners (GPs), dentists, opticians and pharmacists is NHS England. Primary care providers are accountable to NHS England, not to the local Clinical Commissioning Group – this approach was designed to prevent GPs from being accountable to themselves or to their colleagues and friends.

HAPIA complained that NHS England has designed a complaints system in primary care in a way that undermines and confuses patients. In particular, if a patient makes a complaint directly to their primary care practitioner, the complainant cannot then make a second stage complaint to NHS England - the body that holds the GP's contract. The complainant has to go to the NHS Ombudsman instead. If the complainant makes a complaint directly to NHS England without first contacting the primary care practitioner, then NHS England will examine the complaint.

Although going to the Ombudsman seems like a good idea, the NHS Ombudsman will, in practice, rarely fully investigate primary care complaints – currently about 10% (495 out of 5289 submitted).

COMPLAINTS ADVOCACY

HAPIA has repeatedly raised concerns about the almost invisible complaints Independent Advocacy Service (IAS). Each Local Authority in England has a contract relating to signposting and a second relating to complaints. Signposting is usually with LHW and complaints with an independent complaints advocacy provider; however, LHW can set up a contract with an IAS organisation and run IAS under the LHW banner.

HAPIA is concerned about a lack of willingness by some Independent Advocacy Organisations (IAS) to share their data on health and social care with LHW. LHWs should be able to follow up complaints and recommendations arising from investigations, but there appears to be no willingness or process for advocacy services to pass information about complaints to LHWs, except through Local Authorities as commissioners. Despite repeated calls from HAPIA to reform this broken system, neither the advocacy organisations nor Local Authorities nor the Department of Health appear interested in reform.

A key challenge is to have appropriate governance arrangements that maximise transparency and accountability in these public organisations, so that they can more effectively serve local communities.

HAPIA PUBLICATIONS - 2014

<p>HAPIA CONFERENCE REPORT 2014 Catherine Gleeson and Mary Ledgard</p>	<p>Summary of Speakers' Presentations. Conference Speakers' Biographies.</p>
<p>PATIENT TRANSPORT SERVICES (PTS) HAPIA's recommendation for changes to PTS contracts October 2014</p>	<p>For everybody connected with PTS – service users, Local Healthwatch and community organisations working with service users and with commissioners and providers of PTS. The report is intended to help improve patient transport services across the UK.</p>
<p>QUALITY ACCOUNTS AND THE SCRUTINY ROLE OF LOCAL HEALTHWATCH HAPIA Briefing Note Catherine Gleeson 27 October 2014</p>	<p>Among the many priorities for Local Healthwatch Groups (LHW), commenting on Trust's draft Quality Accounts (QA) is of great importance. By providing knowledgeable commentary on QAs, LHW can influence improvements in local health services.</p>
<p>HEALTHWATCH AND IMMIGRATION REMOVAL CENTRES Healthcare for Asylum Seekers in Detention Centres August 2014</p>	<p>Numerous reports from Her Majesty's Inspector of Prisons (HMIP) indicate serious problems in the standards of healthcare provided. As HM Chief Inspector of Prisons, Nick Hardwick points out "...away from public scrutiny, it is easy for even well intentioned staff to become accepting of standards that in any other setting would be unacceptable".</p>
<p>COMPLAINTS AGAINST DOCTORS. SHARING INFORMATION WITH PATIENTS AND CARERS Improving doctors performance</p>	<p>This Good Practice Guide has been prepared by HAPIA, to enhance an understanding of the principles and benefits of sharing information with patients and carers, when a doctor is being revalidated, or undergoing complaints investigation or remediation.</p>
<p>HAPIA'S GUIDE TO CASUALTY WATCH 2014</p>	<p>Guidance Notes for Casualty Watch Examples of Data Collection 30 & 60 Minutes Handover Breaches</p>
<p>REVALIDATION OF DOCTORS The Role of Case Manager in Improving the Performance of Doctors Sharing Information with Patients, Carers and the Public</p>	<p>Good Practice Guide to support Case Managers in understanding the principles and benefits of sharing information with patients, carers and the public when a doctor is undergoing investigation or remediation.</p>

LEAFLET

<p><u>REVALIDATION OF DOCTORS</u> Working with Your Doctor to Improve Medical Care – A Guide for Patients</p>	<p>August 2014</p>
<p>See also: http://www.revalidatingdoctors.net</p>	

MEMBERS AND AFFILIATES

During the year ended 31 December 2014, membership remained steady. Each member guarantees, in accordance with the Company's Memorandum of Association, to contribute up to £10.00 to the assets of the Company in the event of a winding up.

Membership is open to:

- Local Healthwatch
- Individuals who live anywhere in the UK, who are either members of a Local Healthwatch or other organisations that support the objectives of HAPIA.
- Individuals active in developing more effective health and social care service and who support the objectives of HAPIA

Members are entitled to attend meetings of the Charity and to vote thereat.

The annual membership fee for individuals is £10.00 and for Local Healthwatch the fee is £50.00. New members are welcome to join.

Affiliation is open to other organisations and individuals with an interest in supporting the objects of HAPIA. Affiliates are fully entitled to attend meetings of the Charity, but not to vote thereat.

The annual Affiliation fee for local and regional groups/organisations is £50.00 and £200.00 for national organisations.

New Affiliates are welcome to join.

This Report was approved by the Trustees on

_____ 2015

and is signed on their behalf by:

Malcolm Alexander
Director/Chair

John Larkin
Director/Company Secretary

**INCOME AND EXPENDITURE ACCOUNT
FOR THE YEAR ENDED 31 DECEMBER 2014**

	2014 Unrestricted Funds	2014 Total	2013 Total
	£	£	£
Incoming Resources			
Donations	2000	2000	1000
Membership and Conference Fees	3496	3496	4279
Payment for use of HAPIA resources	-	-	25
Total Incoming Resources	5496	5496	5304

Resources Expended			
Hire of Conference Halls and Events Management	5736	5736	3101
Steering Group Expenses (including hire of rooms)	740	740	998
Stationery, websites and other administrative expenses (including data analysis)	1340	1340	201
Total resources expended	7816	7816	4300

Net Income (expenditure) for the year	(2320)	(2320)	1004
Total funds brought forward	2714	2714	1710

Total funds carried forward	394	394	2714
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BALANCE SHEET
31 December 2014

CURRENT ASSETS	2014 £	2013 £
Cash in hand	-	-
Cash at bank	1563	2410
Debtors - (outstanding payments for annual conference)	304	304
CREDITORS		
Amount falling due within one year	1473	-
Total assets less current liabilities	394	2714
Total net assets	394	2714
RESERVES		
Unrestricted funds	394	2714
Total Charity Reserves	394	2714

NOTES

1. These accounts have been prepared in accordance with the provisions applicable to companies subject to the small companies' regime and in accordance with the financial reporting standard for smaller entities historical cost convention and the charities statement of recommended practice 2005.
2. For the year ended 31 December 2014 the Company was entitled to exemption under Section 477 of the Companies Act 2006.
3. No notice from members requiring an audit of the accounts has been deposited under Section 476 of the Companies Act 2006.
4. The Directors acknowledge their responsibility under the Companies Act 2006 for:
 - (i) Ensuring the Company keeps accounting records which comply with the Act, and
 - (ii) Preparing accounts which give a true and fair view of the state of affairs of the Company as at the end of its financial year, and of its income and expenditure for the financial year in accordance with the Companies Act 2006, and which otherwise comply with the requirements of the Companies Act relating to accounts, so far as applicable to the Company.
5. HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION is a Registered Charity and a Registered Company Limited by Guarantee and not having a share capital; it is governed by its Memorandum and Articles of Association.

This Report and Financial Statements were approved by the Trustees on

_____ 2015 and signed on their behalf by:

Malcolm Alexander
Director/Chair

John Larkin
Director/Company Secretary

GLOSSARY

AvMA	...	...	Action against Medical Accidents
CCG	...	...	Clinical Commissioning Group
CQC	...	...	Care Quality Commission
DH	...	...	Department of Health
GMC	...	...	General Medical Council
HAPIA	...	...	Healthwatch and Public Involvement Association
HMIP	...	...	Her Majesty's Inspectorate of Prisons
HWBB	...	...	Health and Wellbeing Board
HWE	...	...	Healthwatch England
IAS	...	...	Independent Advocacy Service
ICAS	...	...	Independent Complaints Advocacy Service
IMB	...	...	Immigration Monitoring Board
IRC	...	...	Immigration Removal Centre
LA	...	...	Local Authority
LGA	...	...	Local Government Association
LHW	...	...	Local Healthwatch
NHSE	...	...	NHS England
NHSLA	...	...	NHS Litigation Authority
NICE	...	...	National Institute for Health and Care Excellence
OSC	...	...	Overview and Scrutiny Committee
PPI	...	...	Patient and Public Involvement
QA	...	...	Quality Audit

APPENDIX ONE – SUMMARY OF INFORMATION ABOUT HAPIA

Company Secretary:

John Larkin – Flat 6, Garden Court, 63 Holden Road, LONDON, N12 7DG

HAPIA Contact Details:**HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION - NORTH**

The Hollies, George Street, COTTINGHAM, HU16 5QP

Tel: 01482 849 980 or 07807519933

Email: ruth@myford.karoo.co.uk

HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION - SOUTH

30 Portland Rise, London, N4 2PP

Tel: 020 8809 6551 or 07817505193

Email: HAPIA2013@aol.com

Website: WWW.HAPIA2013.org

Trustees of the Charity:

John Larkin	Malcolm Alexander
Michael English	Ruth Marsden

Rotation of Directors

One third of Directors (or the number nearest one third) retire(s) each year by rotation in accordance with the Company's Articles of Association and may be eligible for re-election.

Date of Registration as a Charity: 27 September 2010

Charity No: 1138181 Originally known as National Association of LINKs Members until company name changed in December 2013 to Healthwatch and Public Involvement Association.

Date of Registration as a Company: 20 May 2008

Company No: 6598770. Registered in England. Company Limited by Guarantee.

Originally named National Association of LINKs Members from May 2008 to November 2013 until a new Certificate of Incorporation on Change of Name issued by Companies House on 2 December 2013 in name of Healthwatch and Public Involvement Association.

Governing Documents:

Memorandum and Articles of Association as incorporated.

Charitable Objects:

1. The advancement of health or the saving of lives, including the prevention or relief of sickness, disease or human suffering.
2. The relief of those in need by reason of youth, age, ill-health, disability, hardship or other disadvantage, including by the provision of accommodation or care.

Classification:

WHAT	The advancement of health or saving of lives
WHO	Elderly / old people - People with disabilities - People of a particular ethnic or racial origin - The general public / mankind
HOW	Provide advocacy / advice / information - Sponsor or undertake research / Act as an umbrella or resource body

APPENDIX TWO – MORE ABOUT HAPIA

AIMS AND OBJECTIVES

- (1) Support the development of Local Healthwatch (LHW) and Healthwatch England (HWE) as powerful and effective bodies that enable the public to monitor, influence and improve health, social care and public health services.
- (2) Promote democratic and accountable public involvement organisations across England, which genuinely empower patients, care receivers, carers, and all individuals and communities to influence planners, commissioners and providers of health, social care and public health services, in order to achieve safe and effective services.
- (3) Investigate, challenge and influence health, social care and public health bodies which fail to provide or commission safe, effective, compassionate and accessible services.
- (4) Collaborate with other community and voluntary sector bodies, patients and service users, to achieve HAPIA's objectives.
- (5) Hold the government to account for its legislative and policy commitments to public influence in health, social care and public health services.

KEY GOALS

- (1) To scrutinise effectiveness of HWE, LHW, IAS (Independent Advocacy Service) and complaints investigation as vehicles for public influence, redress, and improvement of health, social care and public health services.
- (2) To reflect continuously upon the effectiveness of Healthwatch in relation to recommendations of the Francis Report.
- (3) To advise on effective ways of influencing commissioners, providers, regulators and policy makers.
- (4) To advise on effective ways of learning from complaints, incidents, accidents and systemic successes and failures that occur in health and social care services.
- (5) To communicate key messages and information rapidly and continuously to HAPIA's membership, communities and the media.
- (6) To promote the accountability of providers, commissioners and regulators of health, social care and public health services.

PRIORITIES

- (1) Equality, inclusion and a focus on all regions and urban / rural diversity.
- (2) Continuous and timely information flows from and to members and the wider community.
- (3) Influence through interaction with Ministers, the Department of Health, NHS England, Regulators, Local Authorities, the Local Government Association (LGA) and other national and local bodies.
- (4) Ensuring members of HAPIA shape the strategy and policy that drive our work.

BUILDING RELATIONSHIPS WITH OTHER BODIES AND CHARITIES

Sustaining and developing relations with LHW, HWE, the DH, NHS England, LGA, National Voices, Action Against Medical Accidents (AvMA) and other national and local voluntary sector bodies on the basis of shared interests and objects, e.g.: National Association of Voluntary and Community Action (NAVCA), Community and Voluntary Services (CVS) and the NHS Alliance Patient & Public Involvement (PPI) Group.

FUTURE MEMBERSHIP

Membership will be invited from:

- Current membership
- Local Healthwatch organisations
- Individual Local Healthwatch members / volunteers / participants
- Individuals who support the aims and objectives of the Association and who are active in their community and / or nationally
- Organisations working locally and / or nationally to influence NHS, Local Authority, social care and public health services
- Lay people involved in Patient Participation Groups, Clinical Commissioning Groups, Specialised Commissioning Groups, Local Area Teams (NHS England) and Quality Surveillance Groups

PRIORITIES FOR YEARS 2 AND 3 – BUILDING RELATIONSHIPS WITH THE PUBLIC

- Holding the health, social care and public health systems to account in relation to their duties to involve and to consult the public and to demonstrate positive outcomes.
- Monitoring the effectiveness of HWE and LHW in relation to their statutory duties and accountability to the public.
- Acting as a source of information and advice regarding safety, quality and effectiveness of health, social care and public health services.
- Advising lay and community organisations on the levers of influence in health, social care and public health services.

FUNDING

- Subscriptions for individuals, LHWs and other organisations
- Applications for funding to the DH, Department of Communities and Local Government (DCLG), HWE and grant giving bodies
- Funds to be raised from payments for commissioned research and survey work
- Income via an independent fundraiser working on a commission basis.