**HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION**

A pair of glasses

Description automatically generated with low confidence

**Patient and Public Involvement in**

**Health and Social Care**

**ANNUAL REPORT and**

**FINANCIAL STATEMENT**

**For the year ended 31 December 2022**

**HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION**

[**WWW.HAPIA2013.org**](http://WWW.HAPIA2013.org)

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**Special Thanks to our Excellent Team**

- Ruth Marsden for her great Bulletins

- John Larkin – Company Secretary

- Polly Healy for her excellent support with our research projects,

reports, publicity and websites

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**HAPIA STEERING GROUP MEMBERS 2022 and their PORTFOLIOS**

|  |  |
| --- | --- |
| RUTH MARSDEN   Yorkshire and Humberside  **Trustee, Vice Chair** | Information and Communications Lead |
| ANITA HIGHAM  South East | Integrated Care for Older Adults, Care of young people with MH Problems |
| ELLI PANG  South West | General Practice |
| ELSIE GAYLE  West Midlands, **Trustee** | Maternity, Obstetrics, Patient and Public Voice, Patient Safety |
| JOHN LARKIN  **Trustee** | Company Secretary |
| LEN ROBERTS  South East | Communications |
| MARY LEDGARD  East of England | Theory and Practice of PPI |
| MALCOLM ALEXANDER  London, **Trustee, Chair** | Patient Safety, Mental Health,  Urgent and Emergency Care |

[**WWW.HAPIA2013.org**](http://WWW.HAPIA2013.org)

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**REPORT AND FINANCIAL STATEMENT FOR THE YEAR ENDED**

**31st DECEMBER 2022**

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The Trustees have pleasure in presenting their Report and Financial Statement for the year ended 31 December 2022.

**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 - Elsie Gayle - John Larkin - Ruth Marsden

The 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.

The Healthwatch and Public Involvement Association (HAPIA) is a not-for-profit company with exclusively charitable objects. The Company is committed to acting for public benefit through its pursuit of wholly charitable initiatives, comprising:

**OBJECTS OF THE HEALTHWATCH AND**

**PUBLIC INVOLVEMENT ASSOCIATION**

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.

**MISSION STATEMENT**

**HAPIA seeks to:**

1. Provide a national voice for Healthwatch and Healthwatch members.
2. Promote public involvement that leads to real change and the ability to influence key decisions about how care services are planned and run.
3. 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. Promote community involvement in public consultations designed to influence key decisions about health and social services and hold service providers, commissioners, NHS England, Integrated Care Systems (ICS) and the Department of Health to account.
5. Promote open and transparent communication between communities across the country and their health services.
6. Promote accountability in the NHS and social care to patients and the public.
7. 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 the long-term development and strengthening of Healthwatch, as powerful, independent, campaigning, 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 WEBSITES**

The main HAPIA website is updated regularly and provides information about Healthwatch and other major developments in the NHS and social care provision. The 2022 websites were as follows:

* [**www.hapia2013.org**](http://www.hapia2013.org) **-** The main HAPIA website.
* [**http://www.achcew.org**](http://www.achcew.org) **-** Archive site celebrating the work of Community Health Councils and public involvement between 1974 & 2003.

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**CONFERENCE Reports and Presentations can be seen at:**

[**www.hapia2013.org/2015---agm.html**](http://www.hapia2013.org/2015---agm.html)

**HAPIA NORTH – RUTH MARSDEN**

**HAPIA ACTIVITIES IN 2022**

Horizons have reduced in terms of the work it was possible to undertake during 2022.

**COMMUNICATIONS**

The major component of input from HAPIA North is still the communications hub. Information goes regularly to the membership. Sends are prompted by information received. We are fortunate to have accrued and retained many contacts and colleagues, both formal and informal, who share material with us. This greatly enriches the effectiveness of our communications, and we remain most grateful for sources acknowledged and for those whom we cannot acknowledge. The BBC’s Health Correspondent continues to receive our newsfeed.

**SPECIALIST WORK**

1. Prisons and prison health and the role of the Secure Services take much time and attention and provide insight into one of the most deprived sectors of society’s healthcare needs and how these are met.

Category A and Category B prisons are supplemented by Secure Services, which provide a step down from the facilities at Rampton, Ashworth and Broadmoor. Secure Services are managed under the auspices of forensic psychiatry and are part of the NHS England, Health & Justice Department. The facilities are provided in closed and secure establishments for those convicted of serious offences and considered a danger to society, but too ill to be cared for in prison premises.

1. Primary care is a major cause for concern, as there are too few GPs and Nurse Practitioners at every level, to meet the growing demands and needs of patients. Extended roles, e.g. Pharmacists, are less well understood.

The tenure of staff often seems too brief for the effective care of patients with complex conditions. Work has been done to connect with Practices using useful information provided by NHS England.

This enables patients and the public to better understand the role of additional primary care services and the skills and expertise that are available from extended-role practitioners.

1. Research links, mainly with the primary care sector, have been refreshed and significant cohorts of patients in GP Practices now volunteer to take part in projects run by NIHR. The Covid Pandemic brought to public attention the vital importance of research and the contribution that many members of the public can make in accelerating solutions to treating a wide range of conditions and diseases.
2. PPGs often struggle at a time when the NHS is under stress and this year has proved to be no exception. It has been difficult in the extreme to foster this contractual requirement of GP practices, but it is nevertheless work in progress. The balance between patients and professionals is key - different responsibilities, but parity of power is of fundamental importance.
3. HAPIA North is a dementia champion and has been for many years. Local links have been created with carers and sufferers to obtain a realistic picture of their difficulties and local mitigations.
4. Work with two local authorities is formally embedded, focusing on access to the outdoors and the countryside for the disabled. Covid and the lockdown highlighted sharply the deleterious impact of confinement on the whole population. Many disabled people and those with mobility issues experience such impact every day through poor awareness and simple lack of information amongst those responsible for planning and maintaining our wider physical environment.
5. Pharmacy provision is at times precarious, both in their high street presence and in the timely and efficient delivery of services, especially prescriptions. Some work has been undertaken with the General Pharmaceutical Council to address this. Regional Directors of the big Pharmacy chains have been involved, with many of the problems being due to a shortage of Pharmacists, resulting in the closure of pharmacies.

**MIDWIFERY SERVICES – ELSIE GAYLE**

Maternity services over the last year have continued to be keenly examined by a number of responsible organisations. Overall ongoing concerns, largely from the public, continue to be highlighted as resourcing issues, which have impacted even more since the Covid Pandemic.

The ability to be accompanied for all clinical procedures, as in pre-Pandemic times, has been welcomed by pregnant women as a return to normality in maternity services. However, prominent concerns focus on shortages of workforce, equipment, high numbers of inductions of labour, and informed choice. Research reports have been launched, which as well as highlighting concerns have made recommendations for significant improvements.

Lewisham and Birmingham partnered to examine the issues for the most disparate communities. Their report, BLACHIR, will inform recommendations to the Health and Wellbeing Boards, the NHS and both Councils, for improvements to maternal and child health in those communities. [**https://tinyurl.com/4azdc72t**](https://tinyurl.com/4azdc72t)

Healthwatch Birmingham also undertook research on the barriers encountered by Black African and Caribbean women to receiving safe maternity care. [**https://healthwatchbirmingham.co.uk/report/maternity-services-in-west-birmingham-the-experiences-of-black-african-and-black-caribbean-women/**](https://healthwatchbirmingham.co.uk/report/maternity-services-in-west-birmingham-the-experiences-of-black-african-and-black-caribbean-women/)

During 2022, the Care Quality Commission [CQC] published findings that called for services to prioritise action to ensure safety, and personalised quality of maternity care. It found that women from ethnic minority groups continue to suffer greater disparities in mortality and morbidity than others. Consequently, it has committed to prioritise its inspection functions to improve the performance of maternity services. [**www.cqc.org.uk/publication/state-care-202122/concern**](http://www.cqc.org.uk/publication/state-care-202122/concern)

Ockenden Maternity Reviews continue to be commissioned, the latest being at Nottingham University Hospitals Trust, which was set up in September 2022. In keeping with previous investigations, this review was called because of significant concerns by the CQC and the public.

The review is due to report in March 2024. [**https://tinyurl.com/yc5wp52h**](https://tinyurl.com/yc5wp52h)

Having completed a number of maternity services reviews and reports, the Health Services Investigation Body [HSIB] is reorganising its functions to focus on other areas in healthcare and is handing over its maternity investigative functions to the CQC. [**www.hsib.org.uk/what-we-do/maternity-investigations/**](https://www.hsib.org.uk/what-we-do/maternity-investigations/)

The Nursing and Midwifery Council [NMC] has responsibility for ensuring that the high quality of education standards is met by providers of nursing and midwifery degrees, in order to ensure the fitness of graduates to register as providers of safe care. The NMC saw fit to finally withdraw its approval for the midwifery programme at Canterbury Christ Church University, on finding significant evidence that safe maternity educational provision was being undermined.

[**https://www.nmc.org.uk/news/news-and-updates/nmc-withdraws-approval-of-midwifery-programme-in-interest-of-safety/**](https://www.nmc.org.uk/news/news-and-updates/nmc-withdraws-approval-of-midwifery-programme-in-interest-of-safety/)

**In Parliament**

The All Party Parliamentary Group held its AGM on 1 November 2022. Speakers included the Chair of the Women’s and Equalities Committee, Caroline Nokes, who discussed many of the findings of the Third Report into Black Maternal Health.

[**https://committees.parliament.uk/publications/38989/documents/191706/default/**](https://committees.parliament.uk/publications/38989/documents/191706/default/)

**On the international scene**, the United Nations Permanent Forum on People of African Descent was launched in Geneva, Switzerland in December 2022. Issues of mortality and morbidity disparities, including the United Kingdom, were highlighted. Elsie Gayle was invited to join the main panel in New York at the second session, and made recommendations to improve poor outcomes: measures which would enable all aspects of improvements to maternity services to be implemented. **https://tinyurl.com/yws77xeb**

About the Permanent Forum on People of African Descent

[**https://www.ohchr.org/en/permanent-forum-people-african-descent**](https://www.ohchr.org/en/permanent-forum-people-african-descent)

On 2 August 2021, the General Assembly adopted its resolution [**75/314**](https://undocs.org/en/A/RES/75/314). This formally operationalized the Permanent Forum: "as a consultative mechanism for people of African descent and other relevant stakeholders, and as a platform for improving the safety and quality of life and livelihoods of people of African descent, as well as an advisory body to the Human Rights Council, in line with the programme of activities for the implementation of the International Decade for People of African Descent and in close coordination with existing mechanisms".

**THEORY AND PRACTICE OF PPI**

**MARY LEDGARD**

**‘Patient and Public Involvement in Health and Social Care Research: An Introduction to Theory and Practice’**

HAPIA activist, Mary Ledgard, together with Jurgen Grotzand and Fiona Poland, published this book, which provides a comprehensive overview of the latest theory and practice on Patient and Public Involvement (PPI) in research.

The book’s seven Chapters cover:

* The historical and conceptual background.
* The various ways implementation can be approached and how they are put into practice.
* Ethical considerations and critical perspectives, including the potentially negative impacts of PPI.
* Approaches to meaningful evaluation.
* A step by-step guide to planning PPI
* Conclusions with considerations for future research.

Drawing on current literature, this book provides a reference work for research students and all who want to better understand PPI in practice.

It offers exercises to address key questions, case examples and a checklist for planning PPI and includes a valuable glossary of terms.

[**https://www.amazon.co.uk/Patient-Public-Involvement-Health-Research/dp/3030552888#immersive-view\_1686983992439**](https://www.amazon.co.uk/Patient-Public-Involvement-Health-Research/dp/3030552888#immersive-view_1686983992439)

**MENTAL HEALTH EMERGENCY**

**HAPIA SOUTH – MALCOLM ALEXANDER**

**MENTAL HEALTH CRISIS IN A&E**

In November 2022, a Public Meeting was held on the crisis in A&E, which has caused extremely long waits for patients with severe mental health problems. A report on the crisis was also produced following the discovery that 110 patients, suffering from a mental health crisis, remained in Homerton Hospital A&E in

excess of 12 hours from decision to admit, during the period April 1st 2021 to September 30th 2022.

**MASSIVE DOWNGRADING OF TARGETS FOR ADMISSION**

The original target for admission from decision to admit was 4 hours for 98% of patients, but this has been extended to 12 hours. Many such breaches appear to be happening in many London acute hospitals.

**SERIOUS INCIDENT INVESTIGATION**

The initial data was provided by Homerton Healthcare, where one patient waited in excess of 47 hours for a bed. A serious incident investigation was carried out into the patient’s “absconsion” from A&E on two occasions while waiting for admission.

**DUTY OF PARITY OF ESTEEM NOT IMPLEMENTED**

It was also discovered that patients from areas not included within the catchment area of the local Mental Health Trust (East London Foundation Trust) were transferred to the Mental Health Unit closest to the patient’s usual residence, unless their local Mental Health Commissioners ‘spot purchased’ a bed for them at the ELFT Mental Health Unit, or in another location where a bed was available.

This is a completely different approach from that adopted for people with physical health problems who would be admitted to a bed in the hospital where they received emergency care. We discovered that, in some cases, sending the patient back to their home area meant sending them to a private bed which was sometimes far from where they lived.

These examples suggest a breach of the Statutory Duty of Candour, which requires equal treatment for patients with physical and mental health problems.

**SUPPORT FROM THE GOVERNORS**

As a Governor of the Homerton Healthcare our member was able to submit the following motion to the Council of Governors, which was supported by the Chair of the Board:

**“The Council of Governors is concerned about the large number of 12 hour plus waits in the Homerton Emergency Department in recent weeks for patients suffering from a mental health crisis. This is bad for the patients and puts a strain on the ED staff and capacity. It calls upon the Homerton Healthcare NHS Foundation Trust to work with ELFT and other partners in the City and Hackney Health and Care Partnership and the NEL ICS to reduce and eventually eliminate these very long waits with the aim of bringing waiting times for patients in a mental health crisis back to no more than four hours for admission.”**

**PUBLIC MEETING ON THE CRISIS IN A&E**

We invited Chair and Medical Director of the North East London Integrated Care Board, and the Manager of the mental health services in Hackney, to speak at the Public Meeting. All these speakers have a long history of running mental health services.

**WERE SOLUTIONS PROMISED TO RESOLVE THE APPALLING CONDITIONS IN A&E?**

**THE CHAIR AND MEDICAL DIRECTOR SAID:**

* Waits of over six, or even worse, over 12 hours for Mental Health Service users in ED are unacceptable. That is not the right place to be waiting for a bed for a person who is seriously ill. I don't think there's any excuse for that at all.
* EDs are not areas where service users can receive treatment and care. They are places for assessment. It is unacceptable for patients to wait for long periods in A&E because they cannot receive the care and treatment they require there.
* We know, for a fact, that there is an increased risk of harm to service users who remain within ED for over six hours. Overall, this is a patient safety issue as well as a quality-of-care issue. It is really urgent that we do something about this.
* This is not just a North East London problem, but it is a national problem. It has been a national problem for quite a few months. As a result of COVID, patients presented in a far more complex and more acute state, requiring longer lengths of stay, resulting in greater pressures on beds and inadequate funding – “I must admit this was the worse period in my whole 10 years in North East London”.
* Dr Paul Gilluley said that they get daily reports from the whole team, and in addition a specialist team is available at night to deal with complex problems, and they can link in with service providers. There are also weekly meetings with all providers, including mental health service providers, to support each other and to address major issues.

He also said: “We have also set up a ‘task and finish’ group to look at mental health service users’ needs in emergency departments in North East London. We are trying to get a system in place, which includes an escalation process for patients who are in A&E for between 6 and 12 hours, so that senior staff, up to Chief Executive level, can take action to remove blockages and move the patient as quickly as possible to the place where they can get the right care and treatment to meet their needs”.

* Improve outcomes in the population’s health and health care. This means tackling inequalities between the different population groups, and the inequalities faced by people with severe and enduring mental health conditions.
* NHS data suggests that 1.6 million people are waiting for mental health services. People presenting at our mental health Trusts have more serious and complex needs and many of them have not been seen by a Mental Health Trust before.
* There has been a 30% increase in mental health crisis referrals since 2019.
* The Royal College of Emergency Medicine has found that patients with mental health problems are twice as likely to spend 12 hours or more in most departments than patients with physical health problems.
* Since the Pandemic, mental health ‘crisis lines’ have been established across the country. There has been a 16% increase in the mental health workforce and a 40% increase in staff working with children and young people, and the demand is increasing.
* Housing and social care are some of the top reasons for delayed discharges from Hospital, which lead to no beds being available for those arriving in A&E. It is important to see how to improve support for those people in crisis, rather than forcing them to turn to emergency care for treatment.

**RECOMMENDATIONS**

**20 recommendations were put to the three speakers after the meeting. Some responses are still awaited. The outcome of the recommendations will be placed on the HAPIA website.**

**HAPIA PUBLICATIONS**

|  |  |
| --- | --- |
| **PUBLIC INVOLVEMENT IN THE NHS: LEGISLATION, REGULATIONS AND DUTIES**  **2017** | The law on public involvement. |
| **HEALTHWATCH CAMPAIGNING BRIEFING NOTE - 2017** | A collation of evidence demonstrating the right of local Healthwatch to campaign for service improvements. |
| [**HAPIA CONFERENCE REPORT 2014**](http://www.hapia2013.org/uploads/6/6/0/6/6606397/hapia_conference_rept_30oct2014_copy.pdf)  Cath Gleeson & Mary Ledgard | Summary of Speakers’ Presentations.  Conference Speakers’ Biographies. |
| [**PATIENT TRANSPORT SERVICES (PTS)** HAPIA's recommendation for changes to PTS contracts](http://www.hapia2013.org/uploads/6/6/0/6/6606397/hapia-pts_standards-october_26-2014-final-.pdf).  October 2014 | 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. |
| [**QUALITY ACCOUNTS AND THE SCRUTINY ROLE OF LOCAL HEALTHWATCH**](http://www.hapia2013.org/uploads/6/6/0/6/6606397/quality_accounts_-_hapia_-_october_30_-final-ma-2014.pdf)  HAPIA Briefing Note  Catherine Gleeson  27 October 2014 | 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. |
| [**HEALTHWATCH AND IMMIGRATION REMOVAL CENTRES**](http://www.hapia2013.org/uploads/6/6/0/6/6606397/detention_centres_-_final-ok2-31-7-2014.pdf)Healthcare for Asylum Seekers in Detention Centres  August 2014  **HEALTHWATCH AND**  **IMMIGRATION REMOVAL CENTRES** - Continued | 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”. |
| **COMPLAINTS AGAINST**  **DOCTORS. SHARING INFORMATION WITH**  **PATIENTS AND CARERS**  **Improving Doctor’s performance** | 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. |
| **REVALIDATION OF DOCTORS**  The Role of Case Manager in Improving the Performance of Doctors Sharing Information with Patients, Carers and the Public | 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. |

|  |  |
| --- | --- |
| **LEAFLET** | |
| **REVALIDATION OF DOCTORS**  Working with Your Doctor to Improve Medical Care – A Guide for Patients | August 2014 |

**MEMBERS AND AFFILIATES**

During the year ended 31 December 2022, membership remained active. 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 2023 and is signed on their behalf by:

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Malcolm Alexander John Larkin

Director/Chair Director/Company Secretary

**INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 DECEMBER 2022**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Unrestricted**  **Funds**  **2022** | **Total**  **2022** | **Total**  **2021** |
| **Incoming Resources.** | £ | £ | £ |
| **Donations.** | - | - | - |
| **Membership fees.** | 80 | 80 | 480 |
| **Total Incoming Resources.** | 80 | 80 | 480 |
| **Resources Expended.** |  |  |  |
| Websites and Administrative Expenses. | 88 | 88 | 35 |
| Copyright fee for use of photograph. | 180 | 180 | - |
| Companies House fees expenses. | 40 | 40 | 40 |
|  |  |  |  |
| Total Resources Expended. | 308 | 308 | 75 |
|  |  |  |  |
| Net Income(expenditure) for the year. | (228) | (228) | 405 |
| Total funds brought forward. | 1671 | 1671 | 1266 |
| Total funds carried forward. | 1443 | 1443 | 1671 |

**2022 2021**

**BALANCE SHEET DECEMBER 31, 2022**

|  |  |  |
| --- | --- | --- |
| **Current Assets** | **£** | **£** |
| Cash in hand | - | - |
| Cash in bank | 1443 | 1671 |
| Debtors | - | - |
| **Creditors** |  |  |
| Amounts falling due within one year | - | - |
| Total assets less current liabilities | 1443 | 1671 |
| **Total net assets** | **1443** | **1671** |

**Reserves**

|  |  |  |
| --- | --- | --- |
| Unrestricted funds | 1443 | 1671 |
| **Total Charity Reserves** | **1443** | **1671** |

**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 2022 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) 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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2023 and signed on their behalf by:

Malcolm Alexander John Larkin

Director/Chair Director/Company Secretary

**GLOSSARY**

AvMA … ... Action against Medical Accidents

BHA … … Black Health Agency

CPD … … Continuing Professional Development

CCG … … Clinical Commissioning Group

CQC … … Care Quality Commission

CRG … … Clinical Reference Group

DH … … Department of Health

E&V … … Enter and View

ELFT … … East London Foundation Trust

EOC … … Emergency Operations Centre

GMC … … General Medical Council

HAPIA … … Healthwatch and Public Involvement Association

HCPC … … Health Care Professions Council

HMCIP… … Her Majesty’s Chief Inspector of Prisons

HMIP … … Her Majesty’s Inspectorate of Prisons

HSJ … … Health Service Journal

HWBB … … Health and Wellbeing Board

HWE … … Healthwatch England

IAS … … Independent Advocacy Service

IC … … Intelligent Conveyancing

ICAS … … Independent Complaints Advocacy Service

IRP … … Independent Reconfiguration Panel

IMB … … Immigration Monitoring Board

IRC … … Immigration Removal Centre

LA … … Local Authority

LAS … … London Ambulance Service

LHW … … Local Healthwatch

MSLC … … Maternity Services Liaison Committee

MHCC … Manchester Health and Care Commissioning

NAOPV … … National Association of Prison Visitors

NHSE … … NHS England

NHSI … … NHS Improvement

NHSR … … NHS Resolution

NICE … … National Institute for Health and Care Excellence

NIHR … … National Institute for Health and Care Research

NMC … … Nursing and Midwifery Council

OPD … … Outpatients Department

OPV … … Official Prison Visitor

OSC … … Overview and Scrutiny Committee

PHE … … Public Health England

PoS … … Place of Safety

PPG … … Patient Participation Group

**GLOSSARY - Continued**

PPI … … Patient and Public Involvement

PRF … … Patient Report Form

PTS … … Patient Transport Service

RAG … … Red, Amber, Green

SALS… … Staff Advice and Liaison Service (WMAS)

STP … … Strategic Transformation Plan

TB … … Tuberculosis

URL … … Uniform Resource Locator

WMAS… … West Midlands Ambulance Service

WTE … … Whole time equivalents

**APPENDIX ONE – NHS CONSTITUTION - 20 PLEDGES**

**Pledges**

This Constitution also contains pledges which the NHS is committed to achieve, supported by management and regulatory systems. The pledges are not legally binding because they express an ambition to improve, going above and beyond legal rights.

There are 20 Pledges which are as follows:

**The NHS pledges to:**

1) Provide convenient, easy access to services within the waiting times set out

in the Handbook to the NHS Constitution.

2) Make decisions in a clear and transparent way, so that patients and the

public can understand how services are planned and delivered.

3) Make the transition as smooth as possible when you are referred between

services, and to put you, your family and carers at the centre of decisions

that affect you or them.

4) Identify and share best practice in quality of care and treatments.

5) Provide screening programmes as recommended by the UK National Screening Committee.

6) Ensure those involved in your care and treatment have access to your health information so they can care for you safely and effectively.

7) Ensure if you are admitted to hospital, you will not have to share sleeping accommodation with patients of the opposite sex, except where appropriate, in line with details set out in the Handbook to the NHS Constitution.

8) Anonymise the information collected during the course of your treatment and use it to support research and improve care for others.

9) Ensure where identifiable information has to be used, to give you the chance to object wherever possible.

10) Inform you of research studies in which you may be eligible to participate.

11) Share with you any correspondence sent between clinicians about your care.

12) Inform you about the healthcare services available to you, locally and nationally.

13) Offer you easily accessible, reliable and relevant information in a form you can understand, and support to use it. This will enable you to participate fully in your own healthcare decisions and to support you in making choices. This will include information on the range and quality of clinical services where there is robust and accurate information available.

14) Provide you with the information and support you need to influence and scrutinise the planning and delivery of NHS services.

15) Work in partnership with you, your family, carers and representatives.

16) Involve you in discussions about planning your care and to offer you a written record of what is agreed if you want one.

17) Encourage and welcome feedback on your health and care experiences and use this to improve services.

18) Ensure that you are treated with courtesy, and you receive appropriate support throughout the handling of a complaint; and that the fact that you have complained will not adversely affect your future treatment.

19) Ensure that when mistakes happen or if you are harmed while receiving health care you receive an appropriate explanation and apology, delivered with sensitivity and recognition of the trauma you have experienced, and know that lessons will be learned to help avoid a similar incident occurring again.

20) Ensure that the organisation learns lessons from complaints and claims and uses these to improve NHS services.

**APPENDIX TWO – SUMMARY OF INFORMATION ABOUT HAPIA**

**Company Secretary:**

John Larkin – Fornham Lodge, 4 Verna Street, Marham Park, near Fornham All

Saints, Bury St Edmunds, Suffolk, IP32 6FU.

<Tel:07493686549>

Email: [**larkinjg1946@gmail.com**](mailto:larkinjg1946@gmail.com)

**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**](mailto:Ruth@myford.karoo.co.uk)

**HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION - SOUTH**

30 Portland Rise, London, N4 2PP

Tel: 020 8809 6551 or 07817505193

Email: **HAPIA**[**2013@aol.com**](mailto:2013@aol.com)

Website: [**www.hapia2013.org**](http://www.hapia2013.org)

**Trustees of the Charity:**

|  |  |
| --- | --- |
| John Larkin | Malcolm Alexander |
| Elsie Gayle | 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 the company name changed in December 2013 to Healthwatch and Public Involvement Association (HAPIA).

**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 the 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 THREE – 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, Patients’ Forum Ambulance Services (London) Ltd and the Friends of the Halcyon Birthing Centre.

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.

**FUNDING**

* Subscriptions for individuals, LHWs and other organisations.
* Consider applications for funding to the DH, Department of Communities and Local Government (DCLG), HWE and grant giving bodies.
* Consider raising funds from payments for commissioned research and survey work.
* Consider raising income via an independent fundraiser working on a commission basis.