HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION

Patient and Public Involvement in Health and Social Care

ANNUAL REPORT & FINANCIAL STATEMENT

For the year ended 31 December 2021

Healthwatch and Public Involvement Association
Registered in England. Company Limited by Guarantee.
Company No: 6598770 Charity No: 1138181
Registered Office: 30 PORTLAND RISE, N4 2PP

HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION

WWW.HAPIA2013.org

CHAIR: MALCOLM ALEXANDER

HAPIA2013@aol.com

30 Portland Rise 07817505193
LONDON, N4 2PP

VICE CHAIR: RUTH MARSDEN

ruth@myford.karoo.co.uk

The Hollies 01482 849 980
George Street
COTTINGHAM, HU16 5QP

Special Thanks to our Excellent Team

Ruth Marsden for her great Bulletins
John Larkin – Company Secretary and
Polly Healy for her excellent support with our research projects, reports, publicity and websites

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CONTENTS

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HAPIA STEERING GROUP MEMBERS 2021 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, NHS Success Regime
ELSIE GAYLE West Midlands, **Trustee**	Maternity, Obstetrics, Patient and Public Voice, Patient Safety
JOHN LARKIN, **Trustee**	Company Secretary
LEN ROBERTS, South East	Communications and Lobbying
MARY LEDGARD, East of England	Rural Healthwatch
MALCOLM ALEXANDER London, **Trustee, Chair**	Patient Safety, Mental Health, Urgent and Emergency Care

WWW.HAPIA2013.org

REPORT AND FINANCIAL STATEMENT FOR THE YEAR ENDED 31st DECEMBER 2021

The Trustees have pleasure in presenting their Report and Financial Statement for the year ended 31 December 2021.

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

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.

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OBJECTS OF THE HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION

Healthwatch and Public Involvement Association (HAPIA) is a not-for-profit company with exclusively charitable objects. The Company is committed to acting 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.

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 and the Department of Health to account.

5. Promote open and transparent communication between communities across the country and their health service.

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.

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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 2021 websites were as follows:

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

CONFERENCE reports and presentations can be seen at:
www.hapia2013.org/2015---agm.html

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HAPIA ACTIVITIES IN 2021

HAPIA NORTH – RUTH MARSDEN

The **Communications Hub** continues, sourcing material from websites, periodicals, feedback from colleagues and regional BBC TV. The bulletins go to our members and hundreds are cascaded across England onto interested members of the public and healthcare professionals.

Work with two **Local Authorities** has developed considerably, with a focus on health and wellbeing with respect to access to the countryside for all, particularly disabled individuals. HAPIA North was appointed to a role with specific responsibility for disability and has recently collaborated on production of a paper 'Barriers to Access'.

Working as an elected Governor of the Humber Teaching NHS Foundation Trust, which is contracted to provide community and inpatient services, including mental health; learning disabilities; addictions; specialist services for children; forensic psychiatry; community hospital; GP practices and prison healthcare; HAPIA North is developing a remit for research and for medical education.

HAPIA North registered for participation in **Covid Research** and remains on the register for all further developments of vaccines and treatments.

Local Pharmacies have shown gaps in their dispensing range and HAPIA North has taken up issues with the General Pharmaceutical Council and with Regional Leads for Lloyds.

Work is ongoing to refresh **Patient Participation Groups (PPGs)**, some of which have become more opaque and much less active since the Covid lockdown.

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PRISON HEALTH

Involvement with a local **prison** recently permitted scrutiny of the dentistry and healthcare provision at this Category B establishment.

The facility has a 16-bed ward, a safe suite and an end of life care facility. A GP and Dentist attend and there are fulltime nursing staff. HAPIA North, as Chair of the OPVs [Official Prison Visitors], submitted concerns and recommendations to the Governor, which have been accepted in full and are to be rolled out and embedded within the prison.

The new Chief Inspector of Prisons, Charlie Taylor, was approached to clarify the right of OPVs to participate in his formal announced inspections of the establishment and that right is now confirmed.

Holding on average over 1000 men, this prison population has significant issues of illiteracy, learning difficulties, mental health problems, psychoactive substance use, and alcohol and sexual abuse.

As a national executive member of NAOPV, HAPIA North attended their Annual Conference in London. Speakers included Erwin James, Editor of the prisons' newspaper 'Inside Time' - a national newspaper for prisoners and detainees. This is distributed weekly through the UK prison estate, including Immigration Removal Centres and special hospitals.

The newspaper was launched in 1990 and is published by Inside Time Limited, a not-for-profit organisation and a wholly owned subsidiary of the New Bridge Foundation, a national charity for prisoners founded in 1956.

Editors and contributors involved with the newspaper include Noel "Razor" Smith, Erwin James, Terry Waite and Jonathan Aitken. Following conversations with Erwin James, HAPIA North has since begun writing articles for this newspaper, with the emphasis on hope, redemption, rehabilitation and wellbeing.

Links have also been made with the Royal Holloway, University of London following their receipt of a large grant to undertake prison research.

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MIDWIFERY SERVICES – ELSIE GAYLE

The past year has been challenging for NHS Services per se, and none more challenging than that of the maternity services.

The impact of COVID-19 posed significant challenges for pregnant mothers as they have naturally lowered immune systems. Very little was known about the transmission of the virus to new-borns from infected mothers. Policies of care pathways varied considerably nationwide, leading to separation of mothers from their infants and the wearing of facemasks by parents to prevent transmission, until further research gave more clarity.

The highly infectious nature of the virus also led to reductions in services offered to women and families. Appointments were reduced in number, with the addition of online and video conferencing. Face-to-face appointments, including screening tests, were limited to the woman alone. Many homebirth services and midwife-led units closed during this time and are yet to restart.

Maternity healthcare professionals continued to provide a level of service according to best practice in infection control, whilst NHS Trusts made provision for requisite personal protective equipment (PPE).

However, as Midwives, Obstetricians and maternity staff became unwell with the virus, there was significant 'burnout' reported, leading to a depletion of the staffing levels all round.

In order to alleviate the work pressures, the Nursing and Midwifery Council made provision for - and welcomed back - suitable midwives who had recently left the register to re-join and support maternity services.

Long Covid continues to plague the service as staffing numbers fall, despite the recruitment of midwives from overseas.

In response to the increasing challenges faced by maternity services, on the 23 November 2021, "March with Midwives" evolved as a grassroots campaign group that went on to hold 72 nationwide vigils in protest and with a manifesto of demands for changes in Maternity Services in the UK.
https://tinyurl.com/ymnnsbsc

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The Facebook group recruited over 22,000 members within a matter of 4 weeks.

During this reporting period for HAPIA, a number of reviews and research outputs on maternity services have now been presented and published. Much has focussed on the disparities in the services which were highlighted in the latest MBRRACE-UK Report from the University of Oxford (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK).

'Birthrights' - a human rights organisation - held a year-long enquiry into the treatment and outcomes for non-white women, entitled "*Systemic Racism, Not Broken Bodies".* Simultaneously, in May 2022, it was launched alongside the group 'Fivexmore' who presented their research to "The Black Maternity Experiences Report".

HAPIA Midwifery Lead, Midwife Elsie Gayle, leads with 'Fivexmore', to provide a member of the secretariat for the newly formed All Party Parliamentary Group (APPG) on Black Maternal Health. This APPG - registered in August 2021 - had its first meeting on 29 April 2022, at the House of Commons, aiming to raise awareness of maternity racial disparities and offer solutions to end severe harm and deaths cause by these racial disparities.

Whilst disparities have featured heavily, the number of continuing historical complaints from parents in the wider community has led to the latest Ockenden Review of the Shrewsbury and Telford NHS Trust. The report identified several failings, many of which were down to historical staff shortages and poor organisational culture.

Notwithstanding this, the structural changes in the NHS since 1 July 2022 will move towards positively impacting on maternity services as they work in collaboration with local maternity systems (LMS) and the clinical networks.

The Command Paper on Safety of Maternity services in England (CP513), presented to Parliament in September 2021, included the Government response to the recommendations to address deficiencies in resources, including staffing, in order to explore and improve the experiences of service users - and improve the quality and safety of service nationally.

HAPIA looks forward to reporting on the improvements to the NHS Maternity services.

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WEST MIDLANDS (WM) AMBULANCE SERVICE

VISIT TO DUDLEY, BIRMINGHAM, 111 SERVICE and the WEST MIDLANDS AMBULANCE SERVICE

Elsie Gale, John Larkin and Malcolm Alexander met with Mark Docherty who is the Director of Clinical Commissioning and Strategic Development and the Executive Nurse.

1) WM 111 service was run by NHS Direct. WMAS stepped in for a short time, and it was then taken over by Vocare Group. Care UK then took over the 111 service – it is run by a Saudi Arabian finance company. Care UK suffered from very high staff attrition – about 60% per year.

2) In 2019, the 111 service was transferred to WMAS and will eventually be integrated with their 999 service.

3) The cost of handling calls is very different between Care UK and WMAS. The current service is far more effective and comprehensive than the previous service. The 111 service covers Sandwell and West Birmingham (but does not include Staffordshire).

4) There are many different models of IUC – Integrated Urgent Care – in 111 Centres. In some models there is co-location of relevant staff, without appropriate integration. WMAS aims to produce a more integrated service through the joining of 111 and 999. Callers will be encouraged to use 111 rather than 999, in order to keep 999 for the most critically ill patients.

5) Care Homes are being encouraged to use 111 instead of 999. It is believed that the 111 service can support them through access to community healthcare services and care records.

6) The new clinical response model requires the recruitment of a significant number of clinical staff. 138 posts were advertised. The response was very positive and 142 staff were recruited including Nurses, Pharmacists and 120 additional Call Handlers. Diversity has been a key factor in recruitment.

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7) To ensure effective and appropriate educational facilities, WMAS purchased a college building for £750,000 and is setting up a training and teaching academy. The academy team is chaired by Ian Cummings.

8) WMAS is increasingly training its own staff, and is promoting diversity through local recruitment, rather than maintaining a less diverse service through selective recruitment. The aim is to achieve a target of at least 17% of ambulance staff having a BME heritage in the short term. About 300 new staff are recruited each year.

9) Many staff are recruited as students and are paid during their training period. During their first six-week training period they focus on getting their C1 Licence - and at the end of year one they are promoted to technicians. In year two staff receive a further upgrading and may then join a University Paramedic course. The student attrition rate is about 5%. The basic pay rate for students in training is £18,000.

10) WMAS is now a University Foundation Trust and is developing a long-term vision which includes linking the health of the population to a successful local economy.

11) WMAS is financially sound and never exceeds budget.

12) WMAS runs the National Academy Co-ordination Committee (NACC), which was originally started during the development stage for the Olympics. NACC aims to ensure that, if an AS (Ambulance Service) is affected by a significant emergency, other ambulance services can provide mutual support and aid.

13) Ambulances in the WMAS remain in use for five years and then are disposed of (sold off).

14) There are four charity-funded Air Ambulances in the West Midlands area.

15) We briefly visited the EOC which consists of an area for Call Handlers and a second area for Dispatchers.

16) Intelligent Conveyancing – This section of EOC is based on building effective relationships with clinical teams across the West Midlands, so that patients requiring care outside of A&E can receive it safely in their home or community clinic. Paramedics who are with a patient, whom they believe could receive the most appropriate care in the community, can contact Intelligent Conveyancing, who will attempt to arrange a package of community care.

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Currently, this service is not subject to clinical audit, although outcomes may be discussed between colleagues.

17) The IC Team recognises that most people do not want to be taken to Hospital and, being aware of the available local services, can organise appropriate non-emergency care.

18) The paper PRF is long gone in the WM and all Paramedic Reports are now available online. This means that both recent and historic Paramedic Reports can be easily accessed, enabling clinicians to contextualise the patient's current condition. It is also possible - with the patient's consent - to access Summary Care Records and photos of complex scenes.

19) Other resources include a 'mental health crisis car' and a 'stroke car' in Birmingham. The 'mental health car' includes a Paramedic and uniformed Police Officer. This team reviews, and possibly detains patients under s136 of the Mental Health Act. Specialist cars have been used in other areas, e.g. in the Black Country, but the density of population and demand was not deemed sufficient to continue using this resource.

20) WMAS also runs a PTS for a wide area, which includes Liverpool and Cheshire. The contract is valued at £8.5m and is believed to be the cheapest in the country.

21) Queuing outside Hospitals: ambulance queuing at hospital A&Es is a major cause of delay in the clinical handover of patients and responding to patients waiting for an emergency response. The cost to WMAS is about £120 for each hour spent queuing. **The WMAS charges the CCG hospital commissioners £170** for every hour spent queuing at A&Es and £85 for every 45 minutes spent queuing at A&E. This adds £1m to the income of the WMAS which can be spent on growing clinical services.

22) A&E departments which are not functioning well can be a huge drain on the NHS. Mark said that Shrewsbury and Telford, and Worcestershire/Alexandra (Redditch) Hospitals, have deficits in their budgets equivalent to 10% of the total NHS deficit – around £85m.

23) A priority for the WMAS is the **integration of 999 and 111 services.** This is both to produce a more effective service for patients and to reduce costs. The cost of responding to 999 calls is £150/patient and a 111 is £23**.**

24) In order **to facilitate the development and integration of the 111 and 999** services, WMAS has bought an adjacent building, which has been totally rewired

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in preparation for the integration. This will also house the HQ offices, a site for 330 ambulances, and a location for HART (Hazardous Area Response Team).

25) Responses Times: 111 calls should be answered within 60 seconds – the current rate of answering within 60 secs is 98.3% and the mean response is 23 seconds. 999 calls must be answered within 4 seconds.

26) What3Words App can be used to get a faster emergency response

- To find patients more easily, UK Emergency Services are encouraging people to share their 3-word address.
- To find the 3-word address for a current location, the free what3words app for iOS and Android is used. It works offline and is ideal for areas with unreliable data connection.
- The 3-word address can be shared over the phone to the Call Handler.
- The emergency service can then co-ordinate a response directly to the exact location where help is needed.

27) Opportunities for career development are improving, e.g. 111 staff can start a course to become a Technician and possibly to later become Paramedic.

28) We asked why 111 staff wear uniforms: Mark responded that staff generally feel very positive about wearing uniforms.

29) Body worn cameras are being introduced for front-line staff because of significant incidents of violence towards staff.

30) We met Kendal, Mental Health lead/manager for 111, who is a mental health nurse.

- Kendal told us there are 8 Mental Health Nurses working in the West Midlands 111 service and 3 new MH Nurses are joining the service – giving a total of 10 WTEs – 3 are part time.
- MH Nurses work in the 111 Centre; they do not go out to patients. They are specialists in crisis care and can direct callers to the right services. This includes 'liaison teams' in A&E. They do not do face to face assessments of patients.
- Kendal does outreach work – meeting with 'crisis teams' and 'single point of access' teams.
- Recruitment is no problem for the WMAS – responses to adverts for all grades of staff receive high levels of response.
- Staff well-being is supported by a 24-hour helpline and all staff have access to a generic email if they need personal support. There is also the SALS helpline – see below at the foot of page 15.

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- There are two Psychologists working in the 999 service to provide support to patients.
- Numbers of mental health staff on duty: 1-5pm, 5pm to 1am, night shift, weekends (update requested from Kendal).
- Patients with suicidal ideation are always prioritised. This is a frequent reason for people to call.
- There are many frequent callers, and their needs are being examined by a Frequent Callers Group, e.g. some callers may call 5 times each day.
- Relationships with GPs are being developed and GPs may be employed in the 111 service.
- Currently, GPs do not regularly provide appointments to 111 patients; a minority do, and this includes the GP out-of-hours service.
- Kendal felt that GPs need to understand much more about the expertise and support provided by the 111 Mental Health Team and to work more closely with 111.
- Assessing people with suicidal ideation is very important, “but it is important not to overtreat patients – because that can do more harm”. Therefore, a proper clinical assessment and risk assessment are needed.
- Some patients in crisis need a GP referral by a Crisis Team – which can cause a treatment delay if the GP does not act quickly. 111 cannot refer to Crisis Teams. Kendal feels that another route of access to Crisis Teams is needed to get faster care from these teams.
- Stigma – Kendal felt that being referred to MH Nurses reduces the stigma often experienced by people in a mental health crisis.
- Language Line is used for patients who do not speak English or who have poor English. All 111 staff have equality and diversity training.
- For Call Handlers, NHS Pathways training is extensive, and this includes a mental health module. https://digital.nhs.uk/services/nhs-pathways
- There are also 10 Mental Health First Aiders. All staff will be trained in Mental Health First Aid and the training will be provided by Kendal using a Red Cross package. A key component of this training is managing distress.
- The CAS (Clinical Assessment Service), apart from mental health professionals, also employs 30 Pharmacists. Advanced Nurse Practitioners and Advanced Paramedic Practitioners have prescribing powers. There is also a move towards staff becoming ‘independent prescribers. They will eventually be able to prescribe medicines for patients out of hours.
- CAS staff have access to Summary Care Records – subject to patient consent.

Note: SALS is a peer support network in WMAS that provides signposting, advice and a listening ear to all members of staff. They develop safe, confidential, non-stigmatising services for staff to turn to when they are struggling and need help.

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EMERGENCY CARE FOR PATIENTS SUFFERING FROM A MENTAL HEALTH CRISIS

HAPIA South has been very concerned about patients with a serious mental health diagnosis being held in A&E departments for many hours without being provided with appropriate mental health care and support. Some of these patients are detained in A&E on a section of the Mental Health Act.

When this situation was reviewed in 2017 it was considered reprehensible that some patients were held in A&E for over 8 hours. In 2022 we have had a report of a patient held in the Homerton Hospital A&E for 42 hours whilst on s2 of the Mental Health Act. Details of 12 hour plus waits in A&E are shown below on page 17.

The shortage of mental health beds is the cause of this problem, plus the policy of returning a patient to the mental health facility closest to their home. However, if the local service has no beds the patient could be held in A&E until a local bed can be found, or a bed 'spot purchased' from another provider. This system would not apply to a patient with a physical health problem, e.g. if you broke your leg, they would admit you to a local hospital, not wait to find a bed nearest your home. In the case of a patient in mental health crisis, the patient's local hospital may refuse to 'spot purchase' a bed and be unable to provide a local bed, so the patient remains in A&E. Which is an unacceptable way to treat a seriously ill patient.

HAPIA South raised this issue with Tracey Fletcher, the previous Chief Executive of the Homerton Hospital, who replied:

"You have probably outlined a reasonable summary of the situation. Unfortunately, this is not an uncommon event if the patients are from out of the local NEL area. I assume that on this occasion the patient was from south London if a bed was being sourced in Tooting. It does take the ED department a significant amount of time to locate a bed in these circumstances. ELFT (East London Foundation Trust) are usually very clear that they cannot take out of area patients unless the "home" organisation contracts them to spot purchase a bed, if indeed they have a bed. Other Trusts seem very reluctant to do this."

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HAPIA South will raise this issue with the Homerton Hospital ‘Council of Governors’. The following data has been provided regarding waits in Homerton Hospital A&E in excess of 12 hours.

Month	MH	Medical	Grand Total
Apr 21	3	1	4
May 21	7		7
Jun 21	9	4	13
Jul 21	7	4	11
Aug 21	11	1	12
Sep 21	4	9	13
Oct 21	7	8	15
Nov 21	13	21	34
Dec 21	9	37	46
Jan 22	17	9	26
Feb 22	17	9	26
Mar 22	18	11	29
Apr 22	24	17	41
May 22	30	12	42
Jun 22	37	6	43
Jul 22	18	23	41
Aug 22	7	1	8
Grand Total	**238**	**173**	**411**

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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 Cath Gleeson & Mary Ledgard	Summary of Speakers' Presentations. Conference Speakers' Biographies.
PATIENT TRANSPORT SERVICES (PTS) HAPIA's recommendation for changes to PTS contracts. 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 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 Healthcare for Asylum Seekers in Detention Centres August 2014	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**	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

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Improving doctor's performance	being revalidated, or undergoing complaints investigation or remediation.
HAPIA'S GUIDE TO CASUALTY WATCH 2014	Guidance Notes for Casualty Watch Examples of Data Collection 30- and 60-Minutes Handover Breaches
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

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MEMBERS AND AFFILIATES

During the year ended 31 December 2021, 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 2022
and is signed on their behalf by:

_____

Malcolm Alexander
Director/Chair

John Larkin
Director/Company Secretary

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INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 DECEMBER 2021

	2021 Unrestricted Funds	2021 Total	2020 Total
	£	£	£
Incoming Resources			
Donations	-	-	-
Membership and Conference Fees	480	480	555
Payment for use of HAPIA resources	-	-	-
Total Incoming Resources	480	480	555
Resources Expended			
Hire of Conference Halls and Events Management	-	-	-
Steering Group Expenses (including hire of rooms/travel)	-	-	120
Stationery, websites and other administrative expenses (including data analysis)	35	35	32
Companies House fees expenses	40	40	40
Total resources expended	75	75	192
Net Income (expenditure) for the year	405	405	363
Total funds brought forward	1266	1266	903
Total funds carried forward	1671	1671	1266

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BALANCE SHEET DECEMBER 31, 2021

CURRENT ASSETS	2021 £	2020 £
Cash in hand	-	-
Cash at bank	1671	1266
Debtors	-	-
CREDITORS		
Amount falling due within one year	-	-
Total assets less current liabilities	1671	1266
Total net assets	1671	1266
RESERVES		
Unrestricted funds	1671	1266
Total Charity Reserves	1671	1266

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 2021 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 2022 and signed on their behalf by:

_____

Malcolm Alexander
Director/Chair

John Larkin
Director/Company Secretary

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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
iOS … …	iPhone
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
LML … …	London Metropolitan Library
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
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

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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

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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.

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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.

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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

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
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.

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(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

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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.

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