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 2020

HEALTHWATCH AND PUBLIC INVOLVEMENT ASSOCIATION

Healthwatch and Public Involvement Association
Registered in England. Company Limited by Guarantee.
Company No: 6598770 Charity No: 1138181
Registered Office: 6 Garden Court, Holden Road, Woodside Park, LONDON, N12 7DG

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Special Thanks

- John Larkin – Company Secretary … for his outstanding work
- Polly Healy and Lynn Clark for their excellent support with our research projects, reports, publicity and websites

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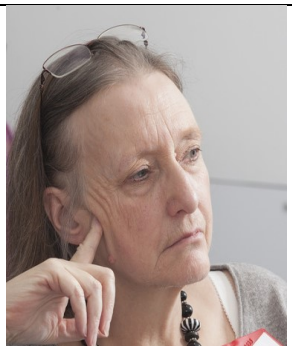
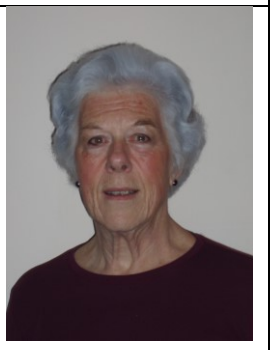
HAPIA STEERING GROUP MEMBERS 2020 and their PORTFOLIOS

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

			
Ruth Marsden	**Malcolm Alexander**	**Elsie Gayle**	**John Larkin**
			
Elli Pang	**Len Roberts**	**Mary Ledgard**	**Anita Higham**

WWW.HAPIA2013.org

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The Trustees have pleasure in presenting their Report and Financial Statement for the year ended 31 December 2020.

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.

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.

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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

HAPIA operates several 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 2020 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 ACHIEVEMENTS IN 2020

HAPIA'S AMAZING COMMUNICATIONS HUB

The Pandemic emergency prompted a change in the communications style from the HAPIA communications' hub. Composite bulletins were initiated as the flow of information was fast changing and often urgent. As many of the specialist health publications and organisations' newsletters offered a more 'open access' due to the emergency, HAPIA did the same, and circulated its bulletins to other networks. Early on in the Pandemic, the BBC tv for the North was included in our circulation and they have since become subscribers.

The bulletin seems to have been appreciated by all recipients. The onward cascade of the bulletins has increased. Many have remarked that they are better informed, can more easily access critical sources of the information, feel more empowered, and appreciate the swift response when any enquiries are made. HAPIA North thanks all those who have sent in information so that it can be added to the regular outgoing bulletins.

HAPIA NORTH – RUTH MARSDEN

DENTISTRY

Dentistry was a major concern during the year in terms of lack of accessibility, compounded by a failure in transparency and accountability. HAPIA North and South combined to make representations about Urgent Care Hubs to the Chief Dental Officer, Sara Hurley. As a result, HAPIA North has been added to the circulation list from the Chief Dental Officer, 'NHS dentistry and oral health update.' HAPIA North also joined the newly formed British Association of Private Dentistry - this gave wider insights and access to the real state of patient care.

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PATIENT PARTICIPATION GROUPS - PPGs

Patient Participation Groups locally have been hard hit by the shortage of GP Practice-staff to facilitate and participate in meetings, virtual or otherwise. Much of the value of PPGs in disseminating information, keeping patients up to date and messaging in plain-speak with a patient-voice that can be understood. Many patients felt that they had been ignored during the Pandemic by their Practice teams - patients need to have confidence that they have not been overlooked. Many PPGs found their ostensible partnerships with GPs and Practice Managers proved to be flimsy and token when the crisis hit.

LOCAL GOVERNMENT ASSOCIATION - LGA

The Local Authorities of Hull and of the East Riding of Yorkshire were seeking an individual with expertise in health, disability and rural life to join their Local Access Forum. HAPIA North applied and was appointed. The first meeting and AGM was ‘virtual’ but full meetings should resume soon. The impact of open space access on health has been powerfully highlighted during the Pandemic and the emphasis now is to ensure that all local area plans provide access-corridors, footways, bridleways, cycle paths, without stiles, allowing for all, including the less able, even ‘trampers’ scooters etc., to get into the outdoors and reap the health benefits, both physical and mental.

VACCINE RESEARCH

When the Pandemic was declared, there was a nationwide appeal for volunteers to participate in vaccine research. HAPIA North signed up and has since received the Covid 19 Vaccine Research Registry’s regular updates. These have been both authoritative and informative.

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PRISON HEALTH

All ‘non-essential work’ within the prisons ceased due to Covid. The incidence of infection, serious illness and death was hard to contain, due to the ‘churn’ of prison occupancy, sentencing and remand traffic, crowded conditions in most establishments, and the necessary comings and goings of staff and contractors. The Chief Inspector of Prisons, Charlie Taylor, new in post after the retirement of Peter Clarke, has managed to maintain some oversight of establishments’ conditions. HAPIA North has been in correspondence with HMCIP, pressing for OPVs to be third ‘party stakeholders’ in the assessment of prisons’ KPIs. Toby, Lord Harris, has been helpful in offering advice for contacts when the prisons have been unduly tardy and ‘opaque’ in fulfilling their responsibilities.

HAPIA North was granted ‘interested person’ status at the inquest of a ‘death in custody’ at HMP Hull and during the two days of proceedings was able to highlight the CQC’s pinpointing of the shortcomings in the prison healthcare system, the Inspector of Prisons’ recent inspection revealing unaddressed flaws in the physical environment, OPV Chair’s proof of the failure of in-house helplines and care-and-concern avenues, and the continued oppressive use of restraints on the sick and dying. HAPIA North had involved an independent clinical reviewer who concluded that the care of the deceased that care was “not of the standard he would have had in the community. It was not commensurate with good care”.

The Prison Service Ombudsman, also alerted by HAPIA North, investigated and his formal report concluded the same.

The Chief Coroner then pursued the matter by saying that the issue of over-use of restraint had come before him before and he had spoken about it being disproportionate. He called for an ‘appropriate Prison apology’ in this case.

www.ppo.gov.uk/app/uploads/2016/01/K210-15-Death-of-a-male-Prisoner-Hull-25-01-2015-SID-22-30.pdf

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NHS ENGLAND - SPECIALISED COMMISSIONING

Radiotherapy clinical reference group – CRG

NHS England Specialised Commissioning is responsible for commissioning all radiotherapy services across England. The exact scope of NHS England's commissioning responsibility is set out in the Manual for Prescribed Specialised Services. (www.england.nhs.uk/publication/manual-for-prescribed-specialised-services/).

This includes all forms of radiotherapy including brachytherapy and associated outpatient activity. In addition, the service includes provision of intracranial stereotactic radiosurgery/radiotherapy and extracranial stereotactic radiotherapy. This applies to provision for adults and children.

This service area is supported by a Clinical Reference Group (CRG) of which we are a member. The main function of a CRG is to provide clinical and lay advice for specialised services. The membership comprises clinical, Patient and Public Voice (PPV) representatives and professional associations. Each CRG is supported by an NHS England Commissioning Lead and Public Health Lead.

www.england.nhs.uk/commissioning/spec-services/npc-crg/group-b/b01/

NHS HEALTHCARE LEADERS' UPDATE

This is sent every Tuesday and Friday to CCG Clinical Leads and Accountable Officers, STP/ICS Leads, and NHS providers' Chairs, Chief Executives, Chief Operating Officers, Finance, Medical and Nursing Directors, and Board Secretaries. It also comes to HAPIA North inbox.

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HAPIA SOUTH

Devon Integrated Care Organisation (ICO)

Devon Health and Social Care Forum
South West Branch of HAPIA

We are following with great interest significant changes to the NHS following development of the Devon ICO (www.torbay.gov.uk/media/1903/mpf-2014-10-01- ico.pdf). We are following, participating in, and experiencing these developments at a local level, and examining innumerable documents from many sources, including the Health and Care Bill currently on its passage through Parliament.
Two issues that concern us and which we are raising persistently across NHS and Social Services and the emerging ICO, are the need to differentiate between:

(A) How, where and by whom services are 'provided' operationally, and the impact of the inclusion and partnership of 3rd sector organisations (community and voluntary organisations).

(B) The entirely separate need for genuine engagement with patients and communities (at a place level), to determine if services are adequate, appropriate and in the right place and duration, in relation to the needs of patients in all care environments, e.g. as part of a patient's care pathway.

We must also bear in mind that private, independent or 3rd Sector (voluntary/community) providers are 'businesses' - often using volunteers to provide services - in addition to, or in support of, health and care services (care in the community includes patients' homes or care homes) ... and now intended to be more and more 'integrated' into the ICO structure.
Genuine engagement surely means providing (and seeking) information in both directions across the health and social care economies, and especially:

- at all levels across the ICO structure, to improve communications with the public, listen to patients' experiences, and learn from those on the front line
- recommending how to improve services from a patient's and carer's perspective

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In Devon, there has existed for many years a 'Forum'- structure across all coastal and market towns ... a Forum consisting of members of the public (volunteers) and representatives with considerable experience of health and care services. The Forum aims to include democratic representatives and representatives from voluntary/community services. This democratic model, located at ‘place’, has worked well for many years, and we believe this system with some adaptations, will fit well into the new ICO structure, and would be the right model to service the great need for effective engagement.

The new ICO systems appear to require increased 'integration' of third sector and NHS services (community and volunteer organisations) and consequently the use of more volunteers (as assets) with different roles and functions. Examples of these additional roles include to support with provision of complementary/additional 'services', as part of patient care pathways, and general health improvement schemes such as 'Social Prescribing'. This raises questions regarding the difference between regulated and un-regulated services, and how through the patient journey, these two very different 'models' can interface safely, accountably and transparently. This begs the question: who, ultimately, holds responsibility for these 3rd sector services, and how does the ICO demonstrate effective governance in the commissioning and delivery of these services?
It is essential to know who is accountable for any errors in service provision, poor health and social care integration, and inadequate training, and how these services are regulated externally. Patient and public engagement is a core role in relation to effective service provision and governance that the ICO need to acknowledge and support.
These issues are well understood by the LGA (Local Government Association) but is not one that they can easily influence. Unfortunately, Local Healthwatch may not have the locus, or ability, to provide a ‘local/place engagement or representation.
The Devon Health and Social Care Forum will continue to bring to the attention of the ICO the need for differentiation of regulated and unregulated service provision in relation to accountability and governance. Clarification may also be needed from NHSE.

Elli Pang, South West Branch

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DEFIBRILLATOR CAMPAIGN

HAPIA OBJECTIVE: PROMOTING EMERGENCY CARE FOR PEOPLE SUFFERING A CARDIAC ARREST

BOOTS SAYS 'NO' TO INSTALLING DEFIBRILLATORS IN THEIR STORES

We wrote to Andy Thompson, Vice President of the General Council of Boots (Walgreens Boots Alliance – Retail Pharmacy International) asking him to reflect on our request for Boots Pharmacies to install defibrillators in each of their stores across the country. This is important because the stores are well located, and all have staff trained in CPR and use of defibrillators.

We explained the importance of Boots UK changing its national strategy on the installation of defibrillators, and suggested that in addition to allowing third party installation of defibrillators on the external walls of its stores (including seeking planning and landlord consents, surveys and electrical work), that Boots UK will also acknowledge its duty to the communities it serves, by bearing the cost of purchasing and installing the defibrillators from the considerable income Boots UK receives from local communities and the NHS.

We drew attention to the case of Christian Eriksen, who suffered a cardiac arrest during the Euro 2020 games. Christian suddenly fell to the ground near the end of the first half, during his side's clash with Finland. He was given CPR by medics who sprinted onto the pitch at the Parken Stadium in Copenhagen.

We asked Boots UK to accept that it is essential that they do everything possible to increase access to defibrillators and play their full part in saving the lives of staff, patients and members of the community, who suffer cardiac arrest. In response, Vice President Andy Thompson said:

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Boots continues to adopt a policy of allowing third party organisations to install defibrillators on the exterior of its stores in suitable locations. As previously discussed, we believe this is the most effective way of ensuring access to defibrillators during periods when stores are closed. It has worked well in the circumstances where third parties have approached us.

Many of our stores are not suitable for access in any event, for example where inside a shopping centre that may already have a defibrillator and on stores where the shop front is all glass. We are, however, committed to allowing access to third parties to install and maintain defibrillators where our stores are in suitable locations.

Whilst I am sorry that I am not able to confirm that defibrillators are available at all of our stores, Boots has a significant corporate social responsibility programme, working closely with organisations such as Macmillan Cancer Support, the Prince's Trust and The Hygiene Bank. We commit significant time, financial support and other resources to these partnerships and other charitable causes. Further details are available on our website at https://www.boots-uk.com/corporate-social-responsibility/.

Yours sincerely,

Andy Thompson

We shall continue to work with the Patients' Forum Ambulance Services (London) Ltd on this project and seek support from national charities to persuade Boots to change its policy.

HAPIA also supported the campaign for the DEFIBRILLATORS (AVAILABILITY) BILL intended to save more lives of people suffering a Cardiac Arrest. We have written to Maria Caulfield MP asking her if she will reintroduce the Bill to Parliament and she has advised us that Jim Shannon MP (Northern Ireland) will seek to take the bill forward in Parliament during 2021.

The Bill aims to save hundreds of lives each year by requiring provision of defibrillators in schools, leisure, sports and other public facilities, provision for the training of persons to operate defibrillators and funding the acquisition, installation, use and maintenance of defibrillators.

History of the Defibrillators (Availability) Bill 2017-19

The Bill was put to Parliament by Maria Caulfield MP and introduced under the 10-minute rule. HAPIA campaigned for the Bill by encouraging members to write to their MPs to support the Bill. Unfortunately, it failed to complete its passage through Parliament before the end of the session. This means the Bill will make no further progress unless Maria Caulfield MP reintroduces the Bill. HAPIA has written to the MP asking her to reintroduce it, but it may be some time before that is done.

https://services.Parliament.uk/bills/2017-19/defibrillatorsavailability.html

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Defibrillators give high energy electric shocks to the heart, through the chest wall, to someone who has collapsed following a cardiac arrest. Sudden cardiac arrest (SCA) is a leading cause of premature death, but immediate CPR and defibrillation saves many lives. SCA occurs because the electrical rhythm that controls the heart is replaced by a chaotic disorganised rhythm called ventricular fibrillation (VF). Seconds count, and ambulance services may not arrive quickly enough to resuscitate most victims. Bystander use of a defibrillator can save many lives.

- Estimated annual deaths from cardiac arrest around 60,000/year in the UK
- Fewer than 1 person in 10 survives when the SCA occurs out of hospital.
- CPR and the use of an automated external defibrillator (AED) significantly increases survival chances if performed promptly.
- AEDs provided in public places can be safely used by untrained members of the public while waiting for an ambulance.

PRIMARY CARE NETWORKS - HAPIA'S CONCERNS RAISED WITH SIMON STEVENS

HAPIA wrote to Sir Simon Stevens, Chief Executive of NHS England, concerning poor public involvement on the Draft Service Specifications for the Implementation of the Primary Care Networks (PCNs). These are local clusters of GP Practices designed to encourage more collaborative work between GPs and the development of more localised services.

We explained to him that he was in breach of statutory consultation procedures. We pointed out that he had allowed only 14.5 working days for the public consultation and that he had shown total disregard of his statutory duties, the NHS Constitution, Cabinet Office guidance and case law, which required him to provide adequate time for patients and the public to respond to this "engagement exercise". We pointed out that the short period for engagement suggested that NHSE had already determined their final view on the issues raised in the consultation document, and that NHS England were not genuinely interested in the views of patients or the public.

We reminded Sir Simon Stevens of the Secretary of State's 4 tests for service reconfiguration (in the Operating Framework) which include requirements for:

- Strengthened public and patient engagement
- Consistency with current and prospective patient choice

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We also pointed out that he had failed to show due regard to NHSE's Public Sector Equality Duty (PSED), which requires, when NHSE are proposing changes that will affect people with protected characteristics, due regard to the PSED (s149 (1) of the Equality Act 2010). NHSE were also required to comply with NHS England's Mandate, which includes the following priorities in relation to significant service changes:

a) Carry out a strategic sense check by exploring the case for change and level of consensus for change and ensuring a full range of options are considered and risks identified.
b) No decision to proceed with a particular option until the proposals have been **fully consulted on.**

We also reminded Sir Simon Stevens of the Gunning principles with which he has a duty to comply:

(i) Consultation must take place when the proposal is at a formative stage;
(ii) Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response;
(iii) Adequate time must be given for consideration and response;
(iv) Outcome of consultation must be conscientiously taken into account.

Sir Simon Stevens unfortunately showed a disregard for the law on public consultation, and the NHS Constitution, by failing to reply to our letter.

We further raised the issue with Healthwatch England who provided a detailed response (31 Jan 2020):

Audience: The lack of clarity regarding the intended audience for the consultation was unhelpful. When the documents were published on the NHS England website, the audiences were listed as Clinical Commissioning Groups (CCGs) and service providers, although the document itself describes its function as "to provide PCNs, community services providers, wider system partners and the public with further detail of – and seek views on – the draft outline requirements for the first five services, as well as how we plan to phase and support implementation". If the primary audience was CCGs and providers, that should have been the focus – with consideration given separately about how people's views would be gathered and used.

Timing: 14.5 days for the consultation. The Cabinet Office principles state that: *"Consultations are only part of a process of engagement -Consider whether informal iterative consultation is appropriate, using new digital tools and open, collaborative approaches. Consultation is not just about formal documents and responses. It is an on-going process".*

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The Cabinet Office principles do not set out specific timescales and so are subject to interpretation, particularly around what is “proportionate”. An assessment of what is proportionate would need to take account of the intended audience and the issues under consideration, which, as we mentioned above, were not fully clear.

The consultation was delayed by the election being called in November 2019 which affected the timetable. However, time pressure is not a sufficient reason to curtail expectations for an appropriate level of engagement.

The NHS England response to the consultation (published 30 January, 2020) says:
“*Draft outline service specifications for April 2020 were developed through a national co-design process with relevant stakeholder groups. In recognition of the breadth and importance of the proposals, NHSE&I took the unprecedented step of publishing drafts of the proposed service requirements prior to contract negotiations. We explicitly intended to provide stakeholders – particularly PCN members – with the opportunity to see early details of, and engage with, our proposals so that they could genuinely shape the outcome.”*

The NHS England’s engagement report notes over 4,000 responses to the survey. Imelda Redmond, Director of HWE, proposed to write to Sir Simon to raise these issues and to start a broader conversation about how NHSE/I will approach consultation in future and how HWE can support this. We await a copy of the correspondence from HWE.

IMPACT OF COVID ON NORTH OXFORDSHIRE GOVERNORS

2020-21 has been an extremely “quiet and inactive” year in terms of engagement between Health and Social Care across Oxfordshire. The Council of Governors (CoG) of the OUH Trust - (Oxford University Hospitals) - have only occasionally met, but always ‘on-line’. Unfortunately, there has been a very limited attendance and consequently, very little engaged or challenging questioning of the Executive Directors or of the Non-Executive Directors.

The CoG has had newly elected and appointed members, which has only added to the sense of a lack of informed engagement. In my opinion, the Governors barely know one another, now, I have attempted to encourage the Chair to design a system to ensure that this might happen.

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My final statutory term (I have been elected 3 times) as an elected Public Governor, which started in April 2015, is scheduled to end at the close of March 2022. I am not sure how I might be able to remain engaged, although I am seeking to discover how that might be, as I would be most interested to continue to represent the interests and concerns of the patients and public of North Oxfordshire in matters of the Trust.

Anita Higham, North Oxfordshire Branch

HAPIA EAST

Patient and Public Involvement in Health and Social Care Research – Just Published

Although the book is technically aimed at academic research, it applies equally to work within the health service and social care. It emphasises the importance of good communications throughout a project, being clear about the roles and expectations of those involved and giving patients and their carers their own voice rather than asking others to speak on their behalf.

With the health and care sector so quiet in 2020, apart from a profound focus on Covid, Mary Ledgard of HAPIA's East of England branch, wrote a book on patient and public involvement with Professor Fiona Poland, and Dr Jurgen Grotz from the University of East Anglia.

It starts with a history of public involvement going back to the 18th century, works through the various stages of the development of the NHS and ends with the practicalities of involvement from ethics to inclusion and accessibility.

Patient and Public Involvement in Health and Social Care Research: An Introduction to Theory and Practice: Grotz, J., Ledgard, M. and Poland, F. Palgrave Macmillan.

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HAPIA WEST MIDLANDS

MATERNITY SERVICES DURING COVID 19

Maternity services in England have been subject to a number of safety measures as a result of the ongoing COVID-19 Pandemic.

Many homebirth services were closed, with Antenatal Clinics moving to the community spaces e.g. football ground offices. Hospitals declined the attendance of partners for antenatal appointments, scans, visits to triage, and in-patient areas, with neonatal units only admitting one parent to visit.

The reduction in face-to-face antenatal appointments meant in some instances an increase in online engagement both antenatally, minimum stays in hospitals and a reduction in postnatal visits.

Private midwifery services noted an increase in bookings for full care including birth at home, but also antenatal and postnatal consultations.

Anecdotally, social media platforms were active in reporting an increase in the 'offering' of induction of labour, a rise in caesarean sections and very nervous parents with the increased rise in COVID-19 infections nationally.

One worrying feature of the Pandemic was the rise in the number of 'freebirths' where a choice was made to give birth without any midwifery or medical input. This appeared to occur when previously booked homebirth services were withdrawn, or through fear of engaging with hospital personnel or environments. Given the ‘sometimes severe’ challenges to calls on the emergency services during this period to date, some services employed a private ambulance system for maternity services, whilst some were able to continue their usual excellent maternity service delivery at all times.

A significant point of intense debate has been the latest draft NICE Guideline on Induction of Labour which has included the 'offering' of induction of labour at 39 weeks gestation for Black women.
https://www.nice.org.uk/guidance/indevelopment/gid-ng10082

There have been several ongoing concerns raised and investigated during the past year, leading to the latest Health Select Committee Inquiry, led by a former Health Secretary.

The inquiry examined "evidence relating to ongoing safety concerns with maternity services". It took its focus from those investigations at East Kent Hospitals University Trust, Shrewsbury and Telford Hospitals NHS Trust and that of the University Hospitals of Morecambe Bay NHS Trust, which was conducted a few years ago.

Finally, recognising the impact of the structures on outcomes, the inquiry explored the clinical negligence and litigation processes, the blame culture, and how change needs to be managed to improve the safety of maternity services.

The unique confidential inquiry into maternal mortality has for a number of years identified significant inequalities in maternity care and outcomes in England. The latest MBRRACE report identified that Black and Asian women are significantly more likely to die and suffer morbidity than their white counterparts. Consequently, a number of researchers, organisations and national bodies have undertaken to gather evidence and share their findings. Whilst some are reporting on an ongoing basis, some will report at the end of their research.

Similar to other health services, maternity services have suffered from workforce shortages as staff sickness, shielding and task shifting impacted during the Pandemic. The impacts of these changes have yet to be fully analysed; some audits are ongoing whilst some have provided guidance for the unprecedented challenges being faced by services already affected by inequalities in the services.

Some examples:

The Health Foundation is looking at "The impact of COVID-19 on service provision and maternal and neonatal outcomes, through the lens of inequalities". https://www.health.org.uk/funding-and-partnerships/programmes/the-impact-of-covid-19-on-service-provision-and-maternal-neonatal-outcomes

The Royal College of Midwives https://www.rcm.org.uk/news-views/news/2020/latest-midirs-packs-on-covid-19-and-the-midwife/

A research paper explored the socio-economic disadvantages in "The impact of the COVID-19 Pandemic on maternal and perinatal health: a scoping review" https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-021-01070-6

Elsie Gayle, West Midlands Branch

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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** **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.
HAPIA'S GUIDE TO CASUALTY WATCH 2014	Guidance Notes for Casualty Watch Examples of Data Collection

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	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
See also: http://www.revalidatingdoctors.net	

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MEMBERS AND AFFILIATES

During the year ended 31 December 2020, 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.

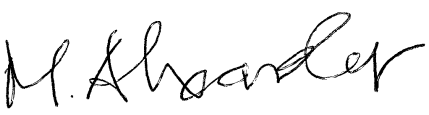
Affiliation is open to other organisations and individuals with an interest in supporting the objects of HAPIA. Affiliates are fully entitled to attend meetings of the Charity, but not to vote thereat.

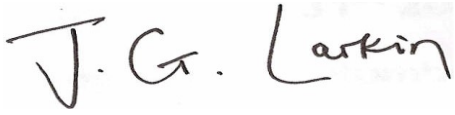
The annual Affiliation fee for local and regional groups/organisations is £50.00 and £200.00 for national organisations.

New Affiliates are welcome to join.

This Report was approved by the Trustees on August 18th, 2021

and is signed on their behalf by:





Malcolm Alexander John Larkin

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INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31 DECEMBER 2020

	2020 Unrestricted Funds	2020 Total	2019 Total
	£	£	£
Incoming Resources			
Donations	-	-	-
Membership and Conference Fees	555	555	225
Payment for use of HAPIA resources	-	-	-
Total Incoming Resources	555	555	225

Resources Expended			
Hire of Conference Halls and Events Management	-	-	-
Steering Group Expenses (including hire of rooms/travel)	120	120	28
Stationery, websites and other administrative expenses (including data analysis)	32	32	76
Companies House fees expenses	40	40	40
Total resources expended	192	192	144

Net Income (expenditure) for the year	363	363	81
Total funds brought forward	903	903	822

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Total funds carried forward	1266	1266	903

BALANCE SHEET DECEMBER 31, 2020

CURRENT ASSETS	**2020 £**	**2019 £**
Cash in hand	-	-
Cash at bank	1266	903
Debtors	-	-
CREDITORS		
Amount falling due within one year	-	-
Total assets less current liabilities	1266	903
Total net assets	1266	903
RESERVES		
Unrestricted funds	1266	903
Total Charity Reserves	1266	903

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 2020 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 August 18th, 2021, and signed on their behalf by:

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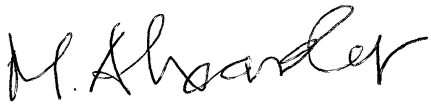

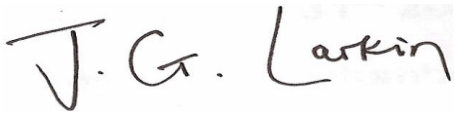

Malcolm Alexander
Director/Chair

John Larkin
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
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
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
LML … …	London Metropolitan Library
MHCC …	Manchester Health and Care Commissioning
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
RAG	… …	Red, Amber, Green
STP	… …	Strategic Transformation Plan
TB	… …	Tuberculosis
URL	… …	Uniform Resource Locator

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 include:

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.

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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.

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APPENDIX TWO – 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
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.

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(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:

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- 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.

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