



healthwatch

North Lincolnshire

Quarterly Report

Quarter 4 - 2020/21

Healthwatch North Lincolnshire quarterly performance report

Quarter 4 2020

Healthwatch North Lincolnshire are required to evidence activity and progress against each of the following outcomes which are in line with the statutory functions of a local Healthwatch.

Outcome 1: High public awareness of Healthwatch North Lincolnshire and the services it provides.

Outcome 2: People’s understanding of their rights as users of health and social care services will be improved.
--

Outcome 3: Greater patient and public involvement in the work of Healthwatch.
--

Outcome 4: Strong and effective relationships with commissioners and a credible voice on the Health and Wellbeing Board.

Outcome 5: Ability to show the impact of HWNL to challenge and speak on behalf of health and social care service users, for example at the Health and Wellbeing Board.

Outcome 6: Collective views, experiences and needs of local people are made known to Healthwatch England, local Overview and Scrutiny committees and to local health and social care commissioners and providers.
--

This report provides an overview of activity during quarter 4 2020, mapped against these outcomes.

Communications and engagement

At the beginning of quarter 4, England entered its third national lockdown, meaning that the public was asked to stay at home, and work from home where possible. This continued to have an affect on the way that Healthwatch North Lincolnshire was able to engage with individuals, and once again forced most of our communication and engagement to take place virtually.

Good News Report (outcomes 1+2)

During Q4 we continued to publish our ‘Good News Report’ but made the decision in March to reduce the number of weekly issues from 3 down to 2. It was felt its initial use was no longer as necessary, as people were more aware of COVID-19 news and guidance due to clearer communication regarding COVID-19 guidance from the British Government. In addition, information was no longer changing as rapidly as it was when we initially decided to implement the e-newsletter. We will however continue to monitor the situation, and should we receive feedback which indicates that more frequent newsletters are required, then this is something we can easily adjust. Throughout Q4 we have gained a total of 87 new subscribers, and our average

percentage of e-newsletter opens has steadily increased from 28.45% in January, to 29.9% in February and 30.88% in March.

Care homes engagement (outcome 3)

Quarter 4 also saw the completion of a pilot project across the Humber region, looking at an alternative approach to enter and view. Within North Lincolnshire, we carried out virtual visits to three local care homes. In total we spoke to 2 staff members, 3 residents, 7 relatives or friends and 3 registered managers.

The pilot process was challenging. Due to pressures around testing and the vaccination roll out, it was difficult to engage with as many residents as we aimed to. However, we did gather some valuable insight into how care homes have been managing during the pandemic, and some good quality feedback from those that took part in the project. This information has been shared with the provider development team, the CCG and the CQC.

The pilot was also a valuable learning experience, and we now have a model that has been tested and refined to use as an alternative to enter and view. We will be using this model to 'visit' another care home in North Lincolnshire and continuing this work through into quarter 1. The aim is the complete one such visit per month starting with the first 'visit' planned for 12 April 2021. We are also actively recruiting and training volunteers to complete this role.

Newsletter (outcome 1+2)

We produced 2 newsletters throughout Q4 - one issue in January and another in March. In January, 230 postal copies and 487 e-copies were distributed. The recipients included members of the public, GP practices, community hubs, charity organisations, departments within the local council, CCG, hospital trust, and more. In March, 320 postal newsletters and 412 e-copies were distributed.

The decrease in e-newsletter figures is due to the removal of contacts that have been inactive and not opening the newsletter for a lengthy period. We believe this inactivity may have been due to the contacts also receiving our 'Good News Report' between 2-3 times per week. The frequency may have resulted in some individuals no longer opening and reading all publications we sent through. In response to this, we created 2 separate categories of newsletter which will more effectively enable us to tailor which publications the audience members receive. We are now also able to remove contacts from just one mailing list should they so wish, rather than being forced to remove them from all mailing lists.

With regards to the increase in postal newsletters that were distributed, this occurred because of our COVID-19 vaccine survey which we published in December and remains active today. Respondents of the survey were asked at the end if they wanted to sign up to our newsletter. As most respondents at this time were in the over 70's category and therefore statistically less likely to use technology such as emails, it resulted in a much higher number of postal subscriptions than e-newsletter subscriptions.

Social Media (outcome 1+2)

As with quarter 3, social media has continued to play an instrumental role in the way that we communicate with our virtual audiences and stakeholders. The different platforms we utilise enable us to share important information about local services, post useful links/resources, keep people up to date with our work and current projects, and enables us to work more collaboratively with partner organisations.

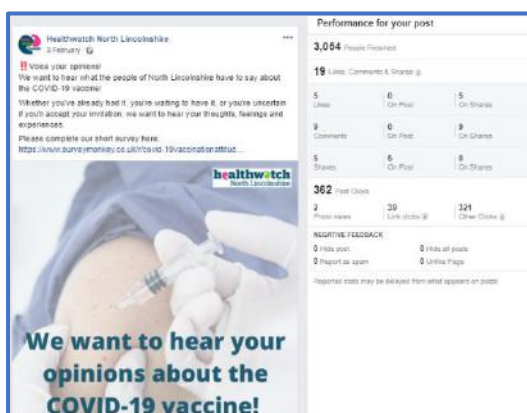
Whilst social media does have its limits when it comes to engaging with those individuals who are digitally excluded, it is a low-cost way to share information quickly and effectively. Through likes and shares, our posts can gain exposure not only from our followers, but also individuals who may not be aware of Healthwatch. This exposure can help to increase awareness of Healthwatch as an organisation, in addition to ensuring that the data collected (for example through our online surveys) reaches a larger audience.

Facebook

Throughout quarter 4, Facebook has continued to be our most interacted with social media platform and has been instrumental in helping us to raise public awareness of the work we do at Healthwatch North Lincolnshire and the services we provide.

This quarter we had a total of 30 new likes page likes, the majority occurring in January. One explanation for this could be the fact that it coincided with the beginning of the third lockdown and so there was a greater demand for clarification on COVID-19 guidance, as well as information on changes to local health and social care services. January also produced the most amount of page views this quarter, with 208 in the month. The total number of page views across all three months was 465.

A total of 164 posts were published over the course of the quarter, resulting in a total reach of 37,711. Reach considers the number of unique people who saw our content in their news feed. This may include those who have liked our page, but it also includes those who may see as a result of a 'Facebook Friend' having liked, shared, or commented on one of our posts.



Our top post was published in February and was a call-out for members of the public to share their experiences and opinions about the COVID-19 vaccine. This post reached 3,054 individuals, received 39 clicks on the attached link, and was shared 5 times.

Twitter

Throughout quarter 4, we published a total of 122 posts on our twitter account. These generated a total of 32,700 impressions, with the respective figures for each

individual month increasing from 8,800 in January, to 11,800 in February and 12,100 in March. By comparison, impressions across all three months in quarter 3 were under 9,000.

The most profile visits occurred in February (354), and we gained a total of 21 new followers throughout quarter 4, which is 11 more than we gained in quarter 3.

Mar 2021 · 31 days


TWEET HIGHLIGHTS

Top Tweet earned 1,906 impressions

HeadFIT is a mental health support website designed for people working in Defence, military and civilian.

The site features a range of tools to help manage your mental fitness. For more info, please visit:

headfit.org/home/
pic.twitter.com/oSNAOgEkM8



Our top post from this quarter was published in March and provided information about a mental health support website specifically for people working in defence, military and civilian services. The post gained 1906 impressions and had 24 engagements.

Instagram

This quarter we published a total of 15 posts. Our top performing post was in March and was in response to International Women's Day. This post gained 16 likes, which is the most we have had on a single post since establishing the Instagram account.

We gained 21 new followers this quarter, which is more than double compared to last quarter's increase. This brings the total number of followers now to 232.

We have also had some positive engagement from certain professional organisations including North Lincolnshire School nurses, who regularly like and share our content on our posts.



Partnership Building (outcomes 1,2,3)

Another area we have been focusing on is strengthening the relationship we have with our Healthwatch North Lincolnshire Partners. We have been continuing to send out a monthly e-newsletter to these contacts, updating them on our work and providing them with the opportunity to submit their own news and success stories for us to promote across our platforms. We are also in the process of recruiting two new local organisations to join our partnership. These are the North Lincolnshire PIP Parent Forum and North Lincolnshire Citizens Advice.

Website (outcomes 1,2,3)

Our website has continued to be one of our most valuable digital assets with regards to providing a bank of information and useful resources which members of the public can access 24/7. By containing information on topics such as different services available locally, how to access them and how to make a complaint should they need to, members of the public are educated on their rights as users of health and social care services and can therefore make informed choices which benefit their care/the care that their loved ones receive.

Other frequently viewed pages on our website included alcohol and drug information, general news, and information and signposting.

The website analytics show us that most of our users found our page via the search engine Google, however a number also searched for our website directly, and some reached it through links on other websites -in particular, Facebook.

Over the next quarter we are migrating the website over to a new format which is more user-friendly. The current website hosting platform is not easy to adjust and edit, which can sometimes make finding specific information difficult. By making the website more user-friendly, we hope it will encourage members of the public to use it more frequently as a one-stop-shop for all their health and social care queries/questions.

Makaton Video

During January we reached out once again to local performing arts group Starlight Arts, who provide classes to adults with learning and/or physical difficulties. One of their staff members and a regular participant of their sessions kindly took the time to translate a script we had written giving information on the new COVID-19 vaccine, to Makaton.

Makaton is a language programme that uses signs together with speech and symbols to engage people to communicate, and therefore is frequently used by children and adults with communication and learning difficulties.

By recording important information regarding the COVID-19 vaccine as a Makaton video, it helps to make the information we share more accessible and ensures that those with additional needs are not disadvantaged.

Similarly, we have continued to upload several useful Easy Read documents to our website and promoted them on social media so that should individuals require them, they know where to find them.

Projects

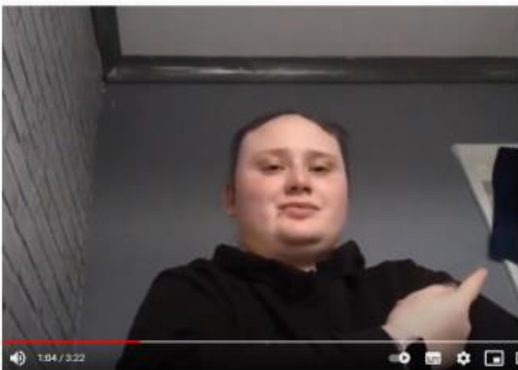
Mental Health workstream (outcomes 2,3)

Following on from work completed looking at the impact COVID 19 had on the mental health of local people, it became apparent that local people felt they would like the space and opportunity to speak openly about mental health. Therefore, we decided to create a new mental health Patient Participation group, supported by North Lincolnshire MIND in December 2020. This new group has seen a growing membership since December, with several regular faces now attending.

Recently, the group has been approached to participate in the design of a new service in North Lincolnshire. North Lincolnshire CCG and North Lincolnshire MIND are hoping to create a crisis house for service users to access support during crisis without the need for inpatient admission. North Lincolnshire MIND have initially approached the PPG for suggestions and ideas around the design of the building and

North

COVID-19 Vaccination - Makaton



Local group Starlight Arts have kindly created a wonderful video in Makaton for us to share.

In this video, they explain a little a bit about the new COVID-19 vaccine, including information on:

- The process of being vaccinated
- Who will get the vaccine first
- Possible side effects
- How to continue being safe after receiving the vaccination

To View the video, please [click here](#)

To find out more about Starlight Arts and their work, please visit their website at: <http://www.starlightarts.co.uk/> or alternatively, follow them on Facebook at: [@StarlightArts86](#)

Lincolnshire CCG hope to involve the group in the service design, at each stage of the process. Another key finding of the work completed last year was the need for low level support and services that are approachable and accessible. From this feedback we have started doing a Facebook Live event monthly which addresses a key theme with information, suggestions and signposting to suitable services. For example, we have covered topics such as ‘Staying mentally well during lockdown’, ‘Family mental Health during lockdown’ and anxiety and apprehension about ‘Leaving lockdown’. These events aim to engage service users with the Healthwatch team, putting a face to our organisation in a time when being face to face is difficult. They also inform service users about available information and support for mental health. Over the coming year this work will continue to grow and develop, with plans to hold open social sessions virtually. Doing this will provide space for people to build relationships with Healthwatch and develop trust in our work as well as provide accurate and appropriate signposting, as necessary. Further work is also planned to develop face to face events as well once it is appropriate to do this. Due to the pace of change and early recognition from the CCG and providers of the importance of improving mental health support, it was felt that smaller feedback reports would be more appropriate. These reports reflect wider feedback about services, as well as information received through the PPG and will be shared with commissioners and providers on a monthly basis.

Discharge from hospital (outcome 3)

In Quarter 4 we became involved in the planning of the ‘Welcome Home’ service in North Lincolnshire. This pilot service has been developed alongside colleagues from the VSCE Alliance to provide low level support to people who have been discharged from hospital. The aim of the service is to support the discharge to assess model and is hoped to reduce the number of readmissions into hospital. Healthwatch will be supporting this work through the development of an evaluation model to measure its impact. Volunteers will be carrying out 1-1 interviews with service users to understand their needs and experiences.

Additionally, we have been approached by North Lincolnshire council to carry out a similar piece of work to gather patient experience of the discharge to assess model to ensure that patients’ needs, and concerns are considered during the discharge to assess process.

Both pieces of work will develop in the coming months.

Ironstone Centre developments (outcomes 1, 2, 3)

During quarter 4, the manager of Healthwatch North Lincolnshire continued to be involved in discussions around the re- development of the Ironstone centre atrium area. Funding has been made available to create a more interactive and patient friendly space to be able to facilitate social prescribing activity.

As further funding opportunities became available through North Lincolnshire Council and the CCG during the quarter it became apparent that the centre could become part of a low-level intervention offer to support people in North Lincolnshire to access support at an earlier stage which in turn will have a positive impact on hospital admissions and need for adult social care support.

Building work is due to commence on the site in May 2021, and volunteers will be recruited and trained as ‘making every contact count’ / meet and greet volunteers in the coming months to support the service.

Young Healthwatch North Lincolnshire (outcome 3, 4 +5)

One area of particular focus in quarter 4 is setting up our new ‘Young Healthwatch’ North Lincolnshire group. One motivator for this group has been the previous lack of engagement we have from young people, which risks feedback and data we gather not being representative of the people in North Lincolnshire as a whole. In addition, by actively reaching out to younger people with the work that we do and providing a platform for them to share their opinions and experiences, we can hopefully get them involved more heavily in local decision-making and enable them to have a say in the way services develop. This may cover services which they use now, or which they are likely to access in the future.

To kick-start this group and future work surrounding local young people, we created a survey aimed at individuals aged 14-25 which asked several questions including:

- What services have they accessed in the previous 12 months?
- What services have they been unable to access?
- What areas of health and social care do they feel are most important to young people?

The end of the survey contained a short introduction to the plans for the Young Healthwatch North Lincolnshire group and provided the opportunity for those aged over 16 to get in touch and register their interest in joining. Out of 25 responses we had 6 individuals who showed interest in finding out more, but not all of these responded to further communications.

Responses and themes from the survey were shared with providers and commissioners in the Children and Young people’s partnership and the children and young people’s emotional health and wellbeing group.

In addition to raising awareness of the new Young Healthwatch group and recruiting through the survey, we also contacted several local organisations and other groups as a means of reaching out to young people who may be interested. These have included:

- All local secondary schools
- All local colleges
- North Lincolnshire Youth Council
- North Lincolnshire Children’s Services
- North Lincolnshire Care Leavers
- North Lincolnshire Parent Involvement and Participation Forum
- North Lincolnshire Learning Disability Partnership
- And more

Whilst engagement from certain groups such as secondary schools has been low, we have had some positive input and support from groups such as the Youth Council,

Care Leavers and colleges including Engineering UTC Northern Lincolnshire and North Lindsey College.

UTC North Lincolnshire have been very keen to get their students involved in the project as they are opening a brand-new Health and Social Care facility in September 2021, and acknowledge the value of volunteering with local organisations. In March, our Engagement and Communications Officer met with 4 students from the college to explain in more depth about plans for the group and offer the opportunity for them to ask any questions. All 4 of the students confirmed that they would be interested in participating in the group and have agreed to attend the initial virtual meeting which will be held on Thursday the 8th April at 4pm. This meeting will allow all participants to get to know one another, become familiar with the aims of the group, and begin to consider an area of work/enquiry which they are interested in pursuing.

Our volunteer co-ordinator is supporting this work by assisting with the recruitment and training of volunteers interested in joining the Young Healthwatch.

Feedback and signposting

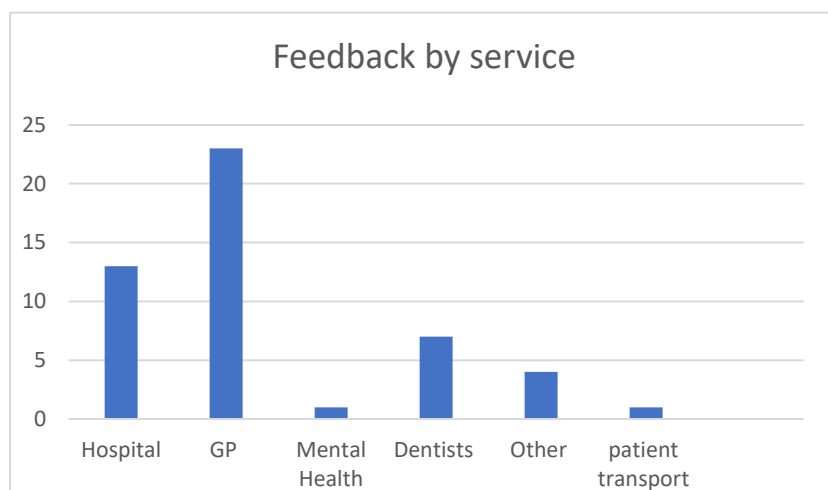
Information and signposting

During quarter 4, the majority of the information and signposting that took place was over the telephone from members of the public asking for advice, mainly around the covid restrictions and the coronavirus vaccine.

We were able to help 23 people with information and signposting and a range of services were signposted to (some people were signposted to more than one place). Throughout quarter 4 we had a total of 6,716 sessions on our information and signposting pages on our website. The highest figure (2,746) of these took place in January, reflecting the need for advice and guidance regarding COVID-19 in response to the beginning of the third national lockdown. This is also reflected in the most frequently viewed page on our website, which was the COVID-19 Information page. Collectively across the quarter, it received 4,908 views.

Feedback

The majority of feedback received in quarter 4 was related to GP practices in North Lincolnshire, followed by the hospital trust and dental practices.



Trends Identified

Negative

- Feedback for this quarter has highlighted problems local residents are facing in getting NHS dental treatment. HWNL has shared this intelligence with Healthwatch England.
- People were dissatisfied with the length of time doctors were taking to refer to hospital services.
- Some patients, who had telephone consultations, felt that face to face conversations with their doctors would have been more preferable.
- Some comments received highlighted dissatisfaction with Riverside Surgery. Comments included referrals going astray, miss-communication over Covid-19 vaccinations and a generalised feeling that services were not being provided.
- Comments have shown dissatisfaction with the level of communication, between the hospital and their patients over: appointments following referral and appointments for diagnosis. Patients waiting for these appointments wanted more information as to when they would be seen.

Positive

- People were pleased with how quickly doctors were seeing them for routine and coronavirus vaccination appointments.

Monthly intelligence reports are currently shared with providers and the CCG, and now include a pro forma for completion to show that the reports are being read and any recommendations are being actioned.

Issues around access to NHS dentistry are being shared continuously with Healthwatch England and are being escalated to the NHSEI dental commissioning group via the regional Healthwatch network. However, we recognise that the pace of change on this issue is slow and are considering other options for escalation in the coming months.

Covid-19 vaccine survey (outcomes 3,5,6)

During Q4 HWNL developed a survey to understand how patients were finding the Covid-19 vaccination process. This included looking at the information provided before and after vaccination, the location, volunteers, car parking, contact methods and much more. On the whole people are very complimentary about the vaccination process and highly praise the work of staff and volunteers.

Across North Lincolnshire the two themes that continually emerge for improvement, are:

1. Information provided before vaccination - this is not consistently provided.
2. Not knowing when second doses will be administered is causing anxiety amongst some people.

Reports have been produced every month for each of the Primary Care Networks. The reports are also sent to the Volunteer Alliance Hub. The reports are provided so that each area can see if any improvements can be made to improve patient satisfaction with the vaccination process. The opening of the Bath's Hall vaccination centre may mean that there will be a decrease in the number people visiting GP's for their vaccinations. In the next few months we will be looking at ways we can increase feedback form the mass vaccination site.

Volunteering

Throughout quarter 4 we had had a total of 62 (of which 50 are still active) volunteers across the four following roles:

- Telephone Support Buddy
- Supporting the vaccine roll out
- ISAB
- Read and Review

Volunteers were also given the opportunity to apply for short term work to support with an evaluation project. 1 volunteer expressed an interest in this.

Across all roles the volunteers have completed in excess of 155 hours throughout quarter 4 and continue to be valuable assets to Healthwatch.

Telephone Buddy Network Development and workforce capacity grant (outcome 2+3)

Throughout quarter 4 the hours logged by volunteers calling service users as part of the telephone buddy service rose from 61 hours in January to 77 hours. There was a slight dip in hours for this service in February, which could be attributed to there being fewer days in February. Over this quarter the day with the most calls was 12 January where 337 minutes of calls were recorded.

The amount of people receiving buddy calls has fluctuated slightly over the quarter but remains between 40 and 45 people. Whilst in January we were operating a waiting list for calls, over quarter 4 we have enlisted more volunteers and have been able to match everyone on the waiting list and are in a position where we are capable

of taking on more service users, with volunteers now waiting to be matched and a steady stream going through the application process.

Healthwatch North Lincolnshire were awarded the workforce capacity grant during quarter 4. The purpose of this grant is to provide extra capacity to health and social care services to ensure that people continue to be well supported during the pandemic.

This grant will allow us to further develop the telephone buddy service and help people to feel less isolated in North Lincolnshire. This also means we are now able to maintain a team of five core staff for the next 12 months.

As the telephone buddy service reached its one-year anniversary in quarter 4, it was an ideal opportunity to evaluate the service over the past year and start planning for where the service will go into the future. One of the first changes we have made is the slight change of name from Telephone Buddy service to the Telephone Buddy Network. This change of wording is to promote a more inclusive system, in which people are part of a network of contacts rather than receiving a service, with the aim to empower people to feel a valued part of our wider Healthwatch network. The change also reflects the aim of encouraging those we support to build networks, facilitated by our team.

A new call log has been introduced to better record signposting completed by volunteers during calls and gather information about the impact the service is having on those who receive calls. We have also implemented a new triage system to consider whether individuals may require additional support. This will enable us to accurately signpost people to relevant services sooner. We will also be offering blocks of calls followed by review to measure impact and ensure no further signposting is required.

We have also updated the Buddy Pack sent to volunteers to ensure information is accurate and up to date, including information they can use for signposting and training to enable them to complete their roles more effectively. This helps our volunteers to feel valued members of the team and equip them with skills they can use alongside the role with Healthwatch or in their wider life. Volunteers are regularly reviewed to ensure they are still satisfied with their role and whether they require any further support or training; this will be continued quarterly going forward.

Towards the end of quarter 4 we started hosting virtual coffee events for our volunteers, as a way of building long lasting relationships with them and helping them to keep up to date about information and signposted which can be used in their volunteering roles.

Over the duration of quarter 1 we will create further groups which will be open to members of the public. These sessions will be used to build relationships within the community and encourage more interaction with our work, and an opportunity to gather feedback on local services.

Read and review (outcome 2)

During quarter 4 our volunteers were also involved in two read and review projects. The first project was to read the NLaG quality strategy and share their opinions on its suitability for members of the public to read. Volunteers from Healthwatch North East Lincolnshire also took part in this project and submitted their views alongside those of our team. This feedback was shared with NLaG who committed to ensuring that the views of our volunteers were taken into consideration in the completed version of the strategy.

The second project was a focus group followed by a review of the end of life strategy. The focus group was hosted by Caroline Briggs from the end of life strategy group, and involved an in depth explanation of the strategy, how it came about and what it aims to achieve. Volunteers were able to share their opinions verbally and provide written feedback to influence the development of the strategy.

Looking forward

Our volunteer co-ordinator is planning ideas to celebrate volunteer week in June, to show our appreciation for the invaluable support we receive from our volunteers. Ideas include small gifts, volunteer network, and walk and talk sessions. Ongoing recruitment and retention of volunteers will continue alongside training and supervision for existing volunteers. In the coming months we will continue to develop a more uniform recruitment and training process across all the volunteer roles, this will enable volunteers to be more easily engaged in different aspects of the work we do, creating more flexibility.

Other activity

Meetings attended (outcomes 1,3,4,5,6)

An additional way in which we encourage greater patient and public involvement in the work of Healthwatch North Lincolnshire is through attending regular meetings with stakeholders. This enables information our current and upcoming projects to be shared more widely and helps us to identify which groups of individuals may benefit the most from our areas of enquiry, and where they may be opportunities for collaboration between organisations. More importantly these meetings are a platform for ensuring patient voice is heard by those with the power to make lasting change.

Attending regular meetings enables the profile of Healthwatch North Lincolnshire to be raised, and for the work we do and experiences we gather to have a greater impact on local services the people who use them. This helps to achieve one of our most important objectives, to influence those with the power to change services so that they better meet people's needs now and in the future.

Meetings attended during the quarter were a mixture of providers and commissioners across the public and voluntary sector. Some of the meetings attended by the team include;

- RDaSH - Equality, Diversity and Inclusion
- Children and Young People's Mental Health Forum
- North Lincolnshire Council Public Health
- Parkinson's Yorkshire and Humber Virtual Collaboration Event
- Children and Young People Emotional Health and Wellbeing
- Positive Steps
- Social Prescribing Alliance meeting
- Crisis House Mobilisation
- Community Champions
- North Lincolnshire VCSE Alliance
- Health scrutiny
- Monthly meeting with CCG
- Bimonthly meeting with NLaG community services lead
- Safeguarding Adults Board
- Health and Wellbeing Board
- Healthwatch regional network meeting
- Meeting with Dr Peter Reading (NLaG)
- CCG - Quality Surveillance group
- Volunteer managers network meeting
- Health and social care standards board

Health scrutiny panel (Outcome 5+6)

Following the health scrutiny panel meeting in December, the Manager met again with the panel in January 2021 to look at developing the relationship between the scrutiny panel and Healthwatch. It was acknowledged that each had their own strengths and skills that complemented the work of the other.

The manager shared the current workplan and recent feedback on local issues and the panel members discussed areas of concern and development that may need a joint response in the future.

In March, the Children and Young People's Emotional Health and Wellbeing group attended a joint health scrutiny and the children's scrutiny panel to give an overview of the impact of covid -19 on Children and Young People's Emotional Health and Wellbeing. The Chair of the panel invited the Healthwatch Manager to ask questions related to their presentation and it was a good opportunity to raise issues that have come to the attention of Healthwatch North Lincolnshire and seek assurance about the services that are being offered.

Training

In addition to meetings, several training sessions have been attended by the staff team to help develop knowledge and enable more effective signposting, support, and communication.

Training sessions attended this quarter have included;

- Engagement and Communication training
- Paid advertising campaign training
- Young Gamers and Gamblers Education Trust (YGAM)
- Mental health awareness
- Military human training
- Analysing qualitative and quantitative data
- Volunteer management training

Work planning 2021-2022

The HWNL annual workplan is currently in development. Items for the workplan are based on issues that local people have raised with the team, and involvement at an early stage in service change and development. The workplan will be finalised with the input from the Healthwatch Independent Strategic Advisory Body (ISAB) and shared with the public, commissioners and providers in quarter 1 2021.