



Annual Report 2024–2025

Unlocking the power of people driven care

Healthwatch Wakefield

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“The impact that local Healthwatch have is vitally important. Healthwatch are empowering their communities to share their experiences. They’re changing the health and care landscape and making sure that people's views are central to making care better and tackling health inequalities.”

Louise Ansari, Chief Executive, Healthwatch England

A message from our Chair



The recruitment of new trustees and a new leadership structure meant we entered 2024/25 well placed to continue to develop the ways we engage with patients, carers, and service users across the District.

We have visited local health and care settings and listened to people using these services. Our monthly Insight Reports capture these experiences of health and social care in considerable detail.

This has enabled us to steadily increase both the quantity and quality of information which we share with local providers which, in turn, leads to improvements in local services.

As you will see from this Annual Report, Healthwatch Wakefield remains a well respected and highly relevant stakeholder with colleagues across the local NHS, Wakefield Council, and the voluntary and community sector.

We continue to work with our valued volunteers, members of our various panels and partnerships, and a wide range of other partners, all of whom are vital to our success.

We produced a major study of how our veterans are treated by health and care providers which highlighted several weaknesses across the system.

We have continued to advocate on behalf of people wishing to complain about a service, helping them through the sometimes complicated processes involved.

In addition, we have strengthened our governance arrangements and our financial controls.

We do not, however, propose to rest upon our laurels. We have ambitious plans to strengthen our profile and how we engage with the public, including the use of digital. We will continue to ensure that the voice of the public remains at the heart of service provision.

I am immensely proud of what our team has achieved during the year and, as you read through this Annual Report, hope you will share that sentiment.

Roger Grasby, Chair, Healthwatch Wakefield

About us

Healthwatch Wakefield is your local health and social care champion.

We make sure that health and care leaders and decision makers hear your voice and use your feedback to improve care.

We can also help you find reliable and trustworthy information and advice.



Our vision is that:

We are the 'go-to' organisation for members of the public in Wakefield District to talk about their experiences of health and care, and we will be known for making a difference by influencing positive change.



Our mission is to:

- Inform and advise
- Involve
- Explore
- Influence and impact
- Advocate and support



Our values are:

Active listening, we listen with compassion.

Candour, we offer critical friendship to system partners speaking with tenacity as an independent source of telling truth to power.

Impact, we amplify the voices of local people with a view to making a purposeful and positive difference.

Healthwatch Wakefield is both a Registered Company No. 09907848 and a Charity No. 1166797 Registered in England and Wales.

Our year in numbers

We supported 1,616 people to have their say and get information about their care through engagement and surveys. We currently employ 11 staff and, our work is supported by 62 volunteers.

Reaching out

Not including our Panels and Partnerships, **1,375** people shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care. Another **241** took part in our surveys.



People came to us for clear advice and information on topics such as mental health support and finding a dentist.

155 people were supported through the NHS complaints process by our independent Advocates.

22,206 people visited our website, looking for information on things like Pinderfields Hospital, Gate 12, and the new Community Diagnostic Centre.

Championing your voice



We published **4** reports about the improvements people would like to see in areas like maternity, and school nursing.

Our most popular report was our veterans report, 'Serving those who served', highlighting people's struggles in accessing care that is tailored to their needs.

Statutory funding



We're funded by Wakefield Council. In 2024/25 we received **£298,668**, which is the same as last year.

Working together for change

We've worked with neighbouring Healthwatch and West Yorkshire Voice to make sure people's experiences of care in West Yorkshire are heard at a regional level. These local voices have informed and influenced decisions made about health and care services.

Informing key regional decision makers



We worked closely with local commissioning organisation West Yorkshire Integrated Care Board to make sure your voice was heard in strategic and operational meetings including the Integrated Care Partnership Board, the Power of Communities Board and the System Oversight and Scrutiny Group.

Improving end of life care



We helped bring local voices to an event which launched the West Yorkshire Integrated Care Board [End of Life Care Health Needs Assessment](#), which was heavily influenced by our [Healthwatch End of Life report](#).

“The Healthwatch report was instrumental in capturing these insights, forming a vital part of the health needs assessment.”

Amy Kenyon, Macmillan Transformation Lead for Palliative and End of Life Care, West Yorkshire Integrated Care Board

West Yorkshire Voice in Wakefield District



West Yorkshire Voice Coordinator, George, worked with local charities to reach people in spaces they feel safe and comfortable in, talking to people at CAP, Project Hope, and Belle Isle Church Drop In. They ran workshops on equality and inclusion to collect experiences from diverse communities with representation from organisations like Spectrum, Turning Point, One Ummah, Evergreen Active, West Yorkshire Sight Loss Council, and Memory Action Group. They supported the development of the NHS 10 Year Plan meeting with a local Patient Experience Group and the Stronger Together Group of local peer leaders.

Listening to your experiences

Services can't improve if they don't know what's wrong. Your experiences shine a light on issues that may otherwise go unnoticed.

This year, we've listened to feedback from all areas of our community. People's experiences of care help us know what's working and what isn't, so we can give feedback on services and help them improve.



Listening to your experiences

Partners get to stay overnight on Gate 18

What did we do

Game changer for partners and overnight stays on maternity.

Feedback was gathered from almost 1,000 people online and followed up with 17 in-person conversations on Gate 18, the Maternity Ward.

The focus was whether and how birth partners should be able to stay overnight on the ward and access basic facilities.

What did we find

Overnight Stays

There was strong support for allowing partners to stay overnight, especially after C-sections, or challenging birth experiences.

People said they wanted to be able to make sure privacy was maintained and they would feel safe during their stay on the ward.

Some families were not informed they could have a partner stay, leaflets were missed, and staff communication was inconsistent.

Access to toilets

There was clear support that partners should have access to a toilet on the ward. Suggestions included a designated toilet for them to avoid delays and maintain safety and privacy for those who'd given birth.

Food for partners

There was mixed feedback on this. Many agreed partners should sort out their own food, but some supported having the option to buy a meal or access food when arrival on the ward made it difficult to leave.

Additional insights

Some parents felt emotionally unsupported when information was missing or unclear.

A few reported physical discomforts, for example, gaps in pain relief support.

Feedback was broadly supportive across all backgrounds, with none being more positive or negative than another.

Listening to your experiences

Partners get to stay overnight on Gate 18

Recommendations

To improve communication. Make sure all families get clear, consistent information, both verbal and written about overnight stays and facilities.

To explore basic provisions. Look into toilet access and comfortable seating for partners.

To consider other trusts' approaches to overnight stays for shared learning.

To run a focus group and discuss policy updates and lived experiences in more detail with families and staff.

What difference did it make

- Since September 2024, partners are now supported to stay overnight on Gate 18.
- Comfortable reclining chairs are now available to facilitate partners being able to stay.
- There is a designated bathroom on the ward for partners to use, and a clear process to ensure any partners staying overnight can be clearly identified so that everyone feels safe.
- No major concerns were raised about noise or disruption from partners staying when we visited after the changes. "Everyone has been so careful and respectful."
- Families described the presence of a partner as reassuring, comforting, and a "game changer".

"It's baffling that birth partners aren't allowed to stay [...] Every night when he had to go, I would cry and literally count the hours until he could come back. I'm sure this additional stress contributed to me taking longer to recover."

Listening to your experiences

Postnatal care and support

What did we do

We championed women who had recently given birth.

We kept hearing concerns from local parents about their 6-week postnatal checks, so we ran a survey to dig a little deeper.

We had 98 people take part from across the district. Most had given birth in the last 18 months.

What did we find

More than a third told us that they were not offered support for their physical recovery. That stitches, healing wounds, and pelvic health concerns were not discussed or checked on.

"I also had stitches and wasn't asked if I would like them checked which I would have wanted but didn't feel like I could ask."

People felt that telephone appointments made it harder to get support for their physical recovery, spot problems, or talk about how they were really doing.

"I worry that if I had been struggling with anything it wouldn't have been picked up."

The focus was mainly on the baby. Even though most said the check was meant for both parent and baby, many felt the appointment was mostly about the baby.

From 93 in-depth responses, five key things mattered most to people:

- Time
- Kindness and compassion
- Support for physical recovery
- Personalised care
- Space to talk openly

Listening to your experiences

Postnatal care and support

How did it affect people

Health issues were missed. Infections and prolapses weren't picked up early enough in some cases.

People felt unheard. Some stopped going to the GP because they didn't feel listened to.

There wasn't enough follow-up or support. People said they weren't told where to get more help if they needed it.

Mental health took a hit. Some parents were left feeling anxious, alone, or just unsure if they were healing properly.

"I wanted reassurance that I was healing. [...] I hate my body now, but I guess as a mum it no longer matters to anyone but me."

What difference did it make

- We've asked GPs to look at ways to make sure everyone can get a proper physical check.
- We've asked GPs to improve how they link people to other helpful services.
- We have started working with GPs in 2025 to co-create better resources and processes for postnatal care.

"I had all the symptoms of a prolapse and significant pain, but no one checked and was told I'd had a baby 8 weeks ago so what did I expect."



Listening to your experiences

Parent and carer panels

What did we do

We brought together 326 parents and carers whose voices shaped local family services and support.

- We coordinated over 60 Parent and Carer Panels across the district as part of the national 'Start for Life' programme.
- We engaged parents and carers through in-person and online sessions, including evenings and weekends for better access.
- We worked in six Family Hubs: Cedars, Castle, Pomfret, Lupset, Kendal Drive, Oakhill.
- We partnered with voluntary services, Family Hubs, and community groups to increase reach.
- We held tailored panels for specific groups: families with children with special educational needs, dads, refugees, and young care leavers.

What did we find

Elective home education

Growing numbers of families are choosing to home educate, with 947 children registered in Wakefield District in November 2024. Panels called for more support.

Special Educational Needs And Disabilities (SEND) Support

Panels highlighted gaps in SEND provision, prompting new sessions, staff training, and wider access to tailored activities.

Parental Mental Health

Isolation, loneliness, and lack of awareness about support were recurring concerns.

Support for Dads

Dads also requested more support as they felt isolated and there was little support or activities for them.

Family Hub Awareness

Many still see hubs as only for 0–5s or social services, misconceptions that need ongoing work to address.

Listening to your experiences

Parent and carer panels

What difference did it make

- A Warm Spaces for families with children with special educational needs and disabilities were introduced; quiet, sensory-friendly sessions based on feedback.
- The 'Happy Healthy Holidays' programme codesigned with parents with children with special educational needs and disabilities was launched.
- A Complex Needs Parent Support Group was set up at the Kendal Drive Family Hub.
- New groups at Hubs for those home educating and involvement in strategic discussions, including parent representation on a district-wide working committee.
- Improved special educational needs support and training has been developed and introduced in Family Hubs.
- Hubs now better signpost families to local groups, with strong input from the Perinatal Mental Health Team.
- The first Dads and Kids event was held in March 2025 following input from the dads' panel.
- We helped shape key services and resources, like: 'Start for Life' leaflet, Family Hub timetables, and Wakefield's Speech, Language and Communication Strategy.
- We shared insight with 10+ strategic partners to influence broader system change.

"I want a support group to help people to be able to sit and chat to each other, feel comfortable about chatting about their children's conditions, asking questions about the unknown and get advice on how others dealt with it....

Setting up a peer support group means a lot to me as none currently exist.... With the help of the Parent and Carer Panel that I am involved with this issue has been highlighted and finally we are establishing one."



Hearing from all communities

We're here for all local people and over the past year we've worked hard to reach out to those communities whose voices may go unheard.

Every member of the community should have the chance to share their story and play a part in shaping services to meet their needs.

This year, we have reached different communities by:

- Talking to local veterans, service leavers, and non-mobilised reservists.
- Listening to carers and mental health service users across the District.
- Listening to newly settled women and inviting them to become involved in shaping local maternity services, especially for those whose first language is not English.



Hearing from all communities

Serving those who have served

Uncovering the health and social care needs of local veterans, service leavers, and non-mobilised reservists

What did we do

We engaged with local veterans between April and May 2024 to explore their awareness, access, and experiences of health and care services.

The engagement included:

- 74 survey responses.
- 5 in-depth interviews.
- Community outreach, online engagement, and partnership working.

They told us about their experiences with health and care services and shared what it's like to be a veteran trying to access services.

What did we find

Low awareness

Over 70% hadn't heard of key veteran specific services like Op COURAGE or Op RESTORE.

Limited use

The majority had not accessed veteran-specific services, and some were unaware such services existed.

Positive experiences

General healthcare, especially from GPs and mental health charities, Turning Point, Rock 2 Recovery, received good feedback.

Key barriers

Long waits for appointments, poor communication, lack of service promotion, and failure to identify veterans.

Veteran voices

Interviewees described isolation, confusion about entitlements, and gaps filled by veteran charities.

Over half said they had long-term health conditions.

Financial wellbeing was linked to better overall health.

Hearing from all communities

Serving those who have served

What difference did it make

Healthwatch shared the report with service providers and commissioners.

The findings highlighted urgent gaps and actionable improvements.

Recommendations were made to:

- Increase service awareness.
- Improve access.
- Promote local veteran friendly GP services as good practice.
- Implement routine veteran identification.

The goal is to inform service design and commissioning to better meet the needs of Wakefield District's 11,700+ veterans, amplifying their voices and ensuring they receive the recognition and support they deserve.

A resource with veteran specific health and care information was also developed and publicised. You can find out more about this under the section on Information and signposting.

"Veterans are a hidden population, especially those who have been involved in conflict, they don't want to talk about it to anybody except other veterans as they don't know how they will be received, if that makes sense.

The thing people don't understand about veterans is it takes time to get their trust."



Information and signposting

Whether it's trying to find a dentist, getting an appointment, or making a complaint, we're here to help. This year people have continued to reach out to us for advice, signposting and support.

This year, we've helped people by:

- Providing up-to-date information that people can trust
- Helping people access the services they need
- Signposting people to additional support services
- Providing the Independent NHS Complaints Advocacy Service



Information and signposting

Veteran specific information and support

Many Armed Forces veterans aren't aware of the support available for their health and wellbeing.

We created a resource with details of services like Op COURAGE for mental health and Op RESTORE for physical health, plus support from charities and the government. It's designed for veterans, service leavers, and non-mobilised reservists, as well as the professionals who support them.

In November, ahead of Remembrance Sunday, we launched the 'Have you asked?' campaign to encourage health and care staff to ask if someone is a veteran when providing services.

Find it here:

[Information and advice for veterans](#)

Self help information to make a complaint

Not sure how to raise a healthcare complaint?

In February, we launched a self-help pack to guide patients, carers, and families through the complaints process. It includes:

- Step-by-step guidance on making a complaint
- Easy-to-use template letters
- Information on your rights
- Details of support and advocacy services
- Advice on what to do if your complaint isn't resolved

Why it matters

Everyone deserves safe, compassionate care. Speaking up helps improve services for all. Your feedback can lead to real change.

Get the pack

It's free to download from our website or request a printed copy. If you or someone you know has concerns about health or social care, this resource can help.

For more information, go here '[I want to complain about](#)' or contact us for further support. You can also find out about our NHS Complaints Advocacy Service here '[Helping you with NHS Complaints](#)'.

NHS Complaints Advocacy

NHS Complaints Advocacy supports people to raise their concerns and questions and identify the outcomes they would like to achieve when making an NHS Complaint. Outcomes can include an apology, answers to questions, reassurances, and service improvements.

Improvements to end-of-life and palliative care

A seriously ill patient was discharged home for end-of-life care, but essential equipment was missing, and existing wounds were not properly dressed. The family were unprepared for the intensity of 24/7 care and expected support from the Palliative Care Team, which did not happen. They had to manage complex tasks like administering medication, changing catheter bags, and relocating drains. There was no guidance on medication, nutrition, and hydration difficulties. The family were unable to find time to sleep and were overwhelmed, exhausted and frightened.

What changed?

- In addition to daily nurse checks the Matron conducts monthly meetings with the team to discuss pressure sores and ensure appropriate interventions. Visual prompts have been introduced at the bedside to support the team.
- A bespoke teaching package, facilitated by end-of-life specialists, ensures learning is carried through to bedside cares.
- Staff are reminded to have a full discussion with families about all aspects of end of life when a patient's wishes are to be nursed at home.
- Discharge processes are now overseen by a Senior Nurse and include a checklist to ensure nothing is missed and families have everything they need from day one.

Better communication on medication shortages

A patient collecting their HRT prescription was told the pharmacy had no record of it. The GP resent the prescription, but the patient was told it couldn't be dispensed due to stock shortages. GP staff then helped the patient to locate a pharmacy that did have it in stock.

What changed?

- The pharmacy now contacts patients sooner if there are stock issues.
- A new approach helps track and resolve missing prescriptions more efficiently.
- Communication has improved between the pharmacy and GP practice to better coordinate repeat prescriptions.

NHS Complaints Advocacy

Improvements to NHS 111 for Deaf callers

A Deaf person called NHS 111 for help, by video call. The call handler failed to follow the instructions in the person's Special Patient Notes about 'warm transfer' to a clinician while the person is still on the video call. The call handler told the person they would receive a call back from a doctor and ended the call. The person waited over 5 hours but didn't receive a call back.

What changed?

- Yorkshire Ambulance Service reviewed the incident and procedures.
- Staff were reminded to check and follow 'Special Patient Notes' for callers with communication needs.
- NHS 111 is improving training on BSL and relay systems for consistency.
- The complainant was invited to join the Critical Friends Network to help improve services for Deaf users and advise on future changes.

ENT Clinic appointment improvements

Following radiotherapy, a patient recovering from cancer began experiencing severe pain. Despite raising concerns with their consultant, they were told they wouldn't be seen for three months. Through the persistence of their Specialist Nurse an MRI scan was carried out which indicated a suspicious lump. The patient was seen urgently by neurosurgeons. Following further investigations, it was identified as something caused by radiotherapy. Without intervention the patient would have been left in severe pain for months and with the anxiety of not knowing what was causing it.

What changed?

- ENT clinics have restructured their appointment system to ensure timely follow-ups.
- If patients can't be seen quickly, their cases are now discussed at weekly team meetings for action.
- Two additional consultants have been recruited, expanding capacity across three hospital sites.
- This ensures patients see the right specialist sooner.

We're here to help

If you need advice, information, or support, contact us to find out how we can help.



www.healthwatchwakefield.co.uk



01924 787379



enquiries@healthwatchwakefield.co.uk

Showcasing volunteer impact

Our fantastic volunteers have gone above and beyond to support our work. Thanks to their dedication to improving care, we can better understand what is working and what needs improving in our community.

This year, our volunteers:

- Took part in events like Armed Forces Day to promote our work.
- Collected experiences and supported communities to share their views.
- Carried out visits to local services to help them improve.
- Participated in our panels and partnerships.



Showcasing volunteer impact

At the heart of what we do

From finding out what residents think to helping raise awareness our volunteers have championed community concerns to improve care.

Volunteering at the Community Diagnostic Centre

Community Diagnostic Centres offer quick access to tests, scans and checks, outside of hospital settings. Our Centre is based at Westgate Retail Park.

Services include x-rays, ultrasounds, CT, MRI, and bone density scans, blood tests, cardio-respiratory tests, dermoscopic imaging and some eye tests. Emergency and inpatient diagnostics remain at hospital.

Our volunteers were asked to survey people attending the Centre to ask them about their experiences.

The surveys were done on different days and times to meet a broader range of people. The questions were designed to elicit responses that explained how people were feeling emotionally, not just about their physical wellbeing.

“As a Young Healthwatch volunteer, I conducted patient experience questionnaires at the Community Diagnostic Centre, engaging with over 10 patients to gather detailed feedback about their visits. The patients shared overwhelmingly positive reviews about the Centre, praising its modern facilities, comfortable environment, and the excellent communication skills of the staff. This left everyone feeling reassured about their health, and it felt extremely rewarding as a volunteer to facilitate this!

I asked questions about their experiences before, during, and after appointments, communication methods, and ease of access to the Centre. When one patient didn't fully understand his next steps, I referred him to the main desk, where he gained clarity about his situation and felt more confident moving forward. It's great to have the opportunity to improve healthcare experiences for our local community.

I also needed to adapt to some unique communication needs, such as speaking through a patient's partner while making sure they felt included. This opened my eyes to the diverse needs of patients and the importance of involving family members, if appropriate, to make sure everyone feels supported and understood.

This opportunity allowed me to develop valuable skills, and I thoroughly enjoyed contributing to improving services.”

Hareem, Young Healthwatch Volunteer



Panels and Partnerships

Accessible involvement

Our panels and partnerships are a place where people can volunteer their time and energy in a less formal way whilst speaking directly to decision makers.

Adult Social Care Citizen Panel

This year's topics included: the Carers Hospital Discharge Toolkit; Technology Enabled Care; Adult Social Care Audit; Brigit Care website; Unpaid Carers Survey; Primary Care; Digital Champions; Complex Needs Team; health passports; Community Diagnostic Centre; integrated care; updates in Adult Social Care; Memory Action Group; training for caring for people with learning disabilities; experiences of care; belongings going missing in hospital; and the Dementia Services Review.

Maternity and Neonatal Voices Partnership

Information at pages 8 and 10 looks at some of the work of this Partnership.

Mental Health Community Panel

This year's topics included: the Recovery College; Personalised Care and Support, the Care Programme Approach; Mental Health Services Survey; Mental Health Services Mapping Project; Creative Minds; NHS Peer Leadership Development Programme; an update on the 'Culture of Care' at South West Yorkshire Partnership NHS Foundation Trust; Complex Needs Team; Education Development Trust; carers; Spectrum People; Individual Placement and Support; GASPED; Mental Health Alliance Partnership; and reflections on joining the panel and moving forwards.

Parent and Carer Panels

Information at page 12 looks at the work of the Parent and Carer Panels.

Be part of the change.

If you're feeling inspired, contact us today and find out how you can be part of the change.



www.healthwatchwakefield.co.uk



01924 787379



enquiries@healthwatchwakefield.co.uk

Finance and future priorities

We receive funding from Wakefield Council under the Health and Social Care Act 2012 to help us do our work.

Our income and expenditure

Total income **£481,717**

Total Expenditure **£466,044**

Income		Expenditure	
Annual grant from Government	£298,668	Expenditure on pay	£328,500
Additional income	£183,049	Non-pay expenditure	£74,368
		Office costs and premises	£67,161
Total income	£481,717	Total Expenditure	£466,044

Additional income is broken down into:

- £54,000 received from the Mental Health Alliance for delivery of the Mental Health Community Panel.
- £49,435 received from Wakefield Council Children's Services for delivery of Parent and Carer Panels.
- £32,000 received from Wakefield Council Adults and Health Services for delivery of the Adult Social Care Citizen Panel.
- £20,000 received from West Yorkshire Health and Care Partnership for delivery of the Maternity and Neonatal Voices Partnership.
- £14,000 received from West Yorkshire Health and Care Partnership for a Project Hope Placement.
- £5,835 from St George's Lupset for an evaluation research project.
- £5,000 from West Yorkshire Health and Care Partnership for Healthwatch Working Together across West Yorkshire.
- £2,779 Bank interest.

Finance and future priorities

Integrated Care System (ICS) funding

Purpose of ICS funding	Amount
Delivery of the Maternity and Neonatal Voices Partnership	£20,000
Healthwatch Working Together across West Yorkshire	£5,000

Healthwatch across West Yorkshire also receive funding from our Integrated Care System to support new areas of collaborative work at this level, including:

- Delivery of West Yorkshire Voice.
- Attendance and input of Healthwatch leaders in strategic ICS meetings.
- Dedicated Associate Director role.

Finance and future priorities

Next steps

Over the next year, we will keep reaching out to every part of our district, especially to people in the most deprived areas, so that those in power hear their views and experiences.

We will also work together with partners and our local Integrated Care System to help develop an NHS culture where, at every level, staff strive to listen and learn from patients to make care better.

Three priorities for the organisation next year are:

1. To implement and mobilise the next 3 years of the Healthwatch Wakefield core contract, extending our established model and continuing to provide a high-quality service for residents and those who receive care in the district.
2. To embed involvement and listening to patient and carer's voices into the emerging neighbourhood health teams across the district.
3. To engage with the emerging Provider Alliance for Wakefield and to keep pace with the changing landscape for health and social care, always ensuring that patient and carer experiences are a core aspect of all changes to frontline delivery.

Statutory statements

Healthwatch Wakefield, The Plex, 15 Margaret Street, Wakefield WF1 2DQ

**Young Lives Consortium provided our Young Healthwatch function,
Lightwaves Leisure Centre, Lower York St, Wakefield WF1 3LJ**

Healthwatch Wakefield uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch Board consists of eight members who work voluntarily to provide direction, oversight, and scrutiny of our activities.

Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community.

Throughout 2024/25, the Board met 12 times and made decisions on matters such as increasing our membership and developing a new vision, mission, and values. We ensure wider public involvement in deciding our work priorities.

Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible can provide us with insight into their experience of using services.

During 2024/25, we have been available by phone and email, provided a web form on our website and through social media, and attended meetings of community groups and forums.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on our website and provide alternative formats when requested.

Statutory statements

Responses to recommendations

We had 0 providers who did not respond to requests for information or recommendations. There were no issues or recommendations escalated by us to the Healthwatch England Committee, so there were no resulting reviews or investigations.

Taking people's experiences to decision-makers

We ensure that people who can make decisions about services hear about the insights and experiences shared with us.

For example, in our local authority area, we take information to the Wakefield District Health and Care Partnership, the Health and Wellbeing Board, and the Wakefield District Safeguarding Adults Board.

We also take insight and experiences to decision-makers in West Yorkshire Health and Care Partnership. For example, we attend as a named representative of Healthwatch across West Yorkshire, the System Oversight and Assurance Group, and the Power of Communities Board. We also share our data with Healthwatch England to help address health and care issues at a national level.

Healthwatch representatives

Healthwatch Wakefield is represented on the Wakefield Health and Wellbeing Board by Roger Grasby, Chair, and Lewis Smith-Connell, Chief Officer.

During 2024/25, our representative has effectively carried out this role by engaging in discussions on topics ranging from carers support to health protection. They have also been active participants in development work and creating connections with other VCSE organisations to champion the voice of the sector.

Healthwatch Wakefield is represented on Wakefield District Health and Care Partnership by Roger Grasby, Chair, and Lewis Smith-Connell, Chief Officer; and West Yorkshire Integrated Care Board Sub Committees by Lewis Smith-Connell, Chief Officer.

Statutory statements

Enter and view

Location	Reason for visit	What you did as a result
GP Practice Ferrybridge Medical Centre	Patients raised safety concerns about booking appointments, poor communication and medication errors.	We shared the findings and recommendations with the Practice. Following on from this we are visiting the site again to capture any improvements made.

Other quality visits and assessments

Our staff and volunteers also participate in Patient and Resident Safety Walkabouts and PLACE (Patient Led Assessments of the Care Environment) Assessments.



“The Integrated Care Board at Wakefield place has maintained its strong and positive relationship with Healthwatch Wakefield in 2024/25.

The feedback you gather from our local communities is a significant and beneficial source of insight we actively use to understand what people’s experience of health and care services is and to inform decisions to improve services. We have continued to welcome your volunteers as valuable members of our quality visits to hospitals, GP practices and care homes.”

Laura Elliott, Senior Head of Quality
Wakefield District Health & Care Partnership

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