



Annual Report 2025 - 2026

Speaking up for better care

Healthwatch Richmond



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“Any future model must enhance – not weaken – the system’s capacity to hear, understand and respond to people’s experiences. It needs to maintain a level of independence from the health and care system to ensure that whatever is put in place can speak truth to power and raise difficult messages where necessary.”

The King’s Fund 2026

A Legacy of Leadership: Remembering Simon Boddis, Chair of Healthwatch Richmond



We were greatly saddened by the passing of our Chair, Simon Boddis, during the year. Simon joined Healthwatch Richmond in November 2022 as our Chair and brought with him a wealth of experience. As Chair, Simon led the organisation with professionalism, incisive decision making and pragmatic positivity.

He was well liked, respected and valued by those who served with him and is greatly missed. We worked together through challenging times effectively and positively managed tendering exercises, urgent matters, Simon's own health needs, and the news that Healthwatch would be abolished.

Since Simon's sad passing, Trustees have operated a collaborative leadership. Individual Trustees take the lead on specific work streams. The role of Chair rotates between all Trustees. This model ensures that all members of the Board are closely and actively involved in the leadership of the organisation.

We will remember Simon as a skilled Chair, a dedicated colleague, a champion for people living with cancer and for his wicked sense of humour. Our Board and staff have all expressed how much we enjoyed working with him, how grateful we are for the time, expertise and leadership that he provided.

The Future of Patient and Public Voice



The Health Bill before Parliament intends to abolish Healthwatch. At present, the plans do not provide the same independent voice for the public to influence decisions about care services, a legal role which has existed since 1974.

The Bill **removes the powers that enabled Healthwatch to deliver their work effectively** including the powers to Enter & View and to make recommendations. The Bill also removes the overarching signposting role leaving the community with limited and uncertain access to support if they have questions about health and social care. There is a real risk that the voice of the public, especially people from more marginalised groups will be weakened by this.

We expect that the Bill will come into force **at the end of March 2027** and will bring us to an end from that point. We are grateful for the strength of support from members of the community which we have enjoyed, and we are working hard to pass on a strong legacy to

whatever succeeds us.

At the time of writing, the Bill is still going through the House. We, and many other bodies such as The King's Fund, MPs and the wider Local Healthwatch network are campaigning to ensure that whatever replaces us will be **independent, powerful, local and integrated** across health and social care.

Throughout these changes, we are **committed to delivering the best service that we can** and to ensuring that we provide an effective handover so that what comes after us will build from strong foundations, we will also work to ensure that the legacy of patient and public voice is assured. The Board and staff are working to harness the strong relationships and achievements of Healthwatch to ensure those tasked with enacting the Bill's ambitions continue to listen to our residents.

“Whatever replaces Healthwatch must build on the core conditions that enabled it to have a positive impact: a voice independent of government and services; the capacity to gather unsolicited, varied and rich community insight, including from seldom heard groups; and a geographical scale that supports both local insight and system or national-level influence.”

The King's Fund 2026



About us

Healthwatch Richmond is the independent champion for people who use health and social care services.

We're here to find out what matters to people and to make change happen by sharing their views and experiences with those who have power. We ensure that support meets people's needs and uses limited resources effectively.



Our vision

Everyone in the borough of Richmond can get the health and care they need in a timely way.



Our mission

To understand people's experiences and ensure they help towards making health and care services better.

Our approach

Engage people where they are, listen to them and make sure their voices are heard.



Include everyone in the conversation, especially those who don't always have their voices heard.

Answer people's questions through our signposting service.



Prioritise our work to meet both the community's and the system's needs.

Research to give decision-makers the evidence and analysis they need to make meaningful improvements and better meet people's needs.



Communicate proactively so that everyone has access to the information they need, can take part in decisions, and knows what we have achieved.

Partner with stakeholders including the Local Authority, NHS, care services and the voluntary and community organisations to ensure that we understand their priorities and that we can influence change.





A Year of Making a Difference

Over the year we've been out and about in the community listening to your stories, engaging with partners and working to improve care in Richmond. Here are a few highlights.

Improving A&E

Our feedback from visits to Kingston Hospital during the peak of winter pressure informed the provider's structured improvement programme meaning that patients will experience better care and comfort, access to food and drink and a reduced reliance on corridor care.

The findings from this were also shared in the House of Lords to support wider national insights.

Collecting Patient Experience in GP Practices

We listened to over 200 patients at seven local GP practices. As a direct result of our feedback, **residents will experience reduced phone waiting times through new call-back features, clear communication via multilingual check-in screens, an improved environment and enhanced privacy at reception.**

Monitoring Progress in Mental Health Services

We shared patient experiences regarding service changes at South West London & St George's NHS Mental Health Trust. The Trust used this feedback to help achieve a **17% reduction in repetitive assessments.**

Better, Safer Inpatient Care

Our review of West Middlesex University Hospital's inpatient wards led the Trust to improve: **call-bell response times, dietary support and food availability, and the overnight environment to ensure patients can rest.**

Carers Charter

We gathered feedback from over 250 local carers to help shape a new Carers Charter. Using this, the Council has secured **commitments from all major local health and care providers to support carers more effectively.**



Informing services for people with Neurological Conditions

The lived experiences of people have informed Public Health Richmond's Neurological Needs Assessment. This identifies the key challenges that must be addressed to meet the needs of this growing population.

It also provides evidence for local commissioners to ensure these insights guide future health planning.

Collaborating on Holybourne Hospital

Residents will experience safer and more dignified care at Holybourne Hospital in Roehampton. **Issues with staff culture and services have improved** as a result of our collaboration with Healthwatch Wandsworth, resulting in a Healthwatch action plan to address outstanding issues.

A Year of Making a Difference: Our Year in Numbers



1,770 people shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care.

733 people shared their experiences through surveys or focus groups

488 people shared their experiences during Enter & View visits

549 people engaged with us directly through our outreach, by phone or email including:

108 people came to us for clear advice and information on topics such as GP registration, urgent care and complex NHS processes

Championing your voice:

We published:

13 reports and **2** responses to national consultations

2 major publications relied heavily on our work:

- **The Leng Review:** An independent UK evaluation of the role of physician associates.
- **The Richmond Neurological Conditions Health Needs Assessment:** A Public Health document setting out how to improve the lives of people with these conditions.



Taking Action on What we Hear

Our community outreach and engagement, as well as the experiences that we collect from our signposting work, provide us with rich evidence of the needs and experiences of our community. This evidence informs our work plans.

With the announcement that Healthwatch will transfer into the NHS and Local Authority, we have focussed on delivering the priorities on our work plans. As a result there was a shift away from collecting experiences to inform future work plans. This focus is a recognition that we must deliver what we can whilst we are still in a position to, and that we cannot commit to undertaking activity beyond the coming financial year.

As a result, we conducted Enter and View visits to **10** services (a combined **300 person hours across 28 Enter & View visits**), 3 focus groups, and a

large survey of carers experiences.

Our work on Community Nursing crossed 2024/25 and 2025/26 and was published this year both as a stand alone report and as part of our work across South West London reviewing community services more broadly.

Our project work drove substantial improvements for our community, leading to improvements in A&E, inpatient care, GP services, a Carers Charter and tangible actions to improve the lives of carers, and the recognition of the needs and experiences of people with Neurological conditions within Richmond's strategic planning for the first time.

These projects and their impacts are detailed over the following pages.





GP Enter & View Visits

What did we do?

In the summer of 2025, Healthwatch Richmond undertook a programme of Enter and View visits across **7** different GP practices. **Over 200 patients and 40 members of staff** were interviewed over the course of the project, with Healthwatch Richmond contributing **125 hours** of staff and volunteer time.

What did we find?

Patient experiences of their GP surgeries are overwhelmingly positive. Despite identifying areas for improvement, patients frequently described staff as helpful, professional and caring. The majority of practices we observed were clean and welcoming, with quality of care at the forefront.

“The practice is very understanding. They are there to support the patient. They do not see the patient as a number but as a person.”

Patients reported that digital tools such as the NHS app and Total Triage are effective and helpful, although digital isolation remains a problem for many. In almost every practice, patients expressed frustration with long waiting times when calling first thing for urgent appointments. Many also wished for more private ways to communicate with reception staff.



What difference did it make?

Following our recommendations, practices have ensured that **signage and literature is up-to-date**, and have purchased larger-font **name badges** to improve readability for patients. Efforts have also been made to make patients more comfortable, such as providing water cups and improving maintenance of the practice facilities.

Multiple practices have **promoted the call-back features** on their telephone systems and allocated **more staff to call handling to reduce waiting times**.

Providers of check-in screens have been contacted to **upgrade to multilingual support**. More **private alternatives** to communicate with reception have also been advertised.

Kingston Hospital Emergency Department



What did we do?

In November and December 2025, we visited the Emergency Department at Kingston Hospital to understand patient journeys and experiences. We carried out **6 Enter & View visits and spoke to 124 patients**, with Healthwatch Richmond **volunteers contributing over 60 hours of work**.

What did we find?

We witnessed an Emergency Department (ED) under extreme pressure, visiting *several times when Kingston was in 'business continuity mode.'* Despite this, patients were extremely grateful for the care they received and the kindness of the staff, who were described as attentive, helpful, and hardworking. This positive feedback is notable given the strain and pressure hospital staff were under.

Patients reported concerns around communication, navigation, safety, food provision, and cleanliness. Patients did not feel sufficiently informed about wait times or next steps in their care journey. The department was difficult to navigate. While the majority of patients felt safe in the ED, the corridors and Majors were described as hectic and security concerns were also observed in some areas.

"Individually, the interactions have been outstanding. Collectively, the process must be broken."



What difference did it make?

In response to our work, Kingston Hospital launched a systematic improvement programme for their Emergency Department. Some actions already taken include: **increased food and water availability** in waiting areas, additional **check-in seating**, and **improved signage** and navigational efforts. Kingston is also taking significant efforts to eliminate corridor care, aligning with national priorities.

Our recommendations also improved hospital systems, such as **a pager-style system** so patients can leave the department to access food without missing care.

Additionally, positive experiences were **referenced in the Lords** which helped the Peers understand how effective working relations can support patient flow and patient experience.



Adult Mental Health Report

What did we do?

South West London & St George's NHS Mental Health Trust have transformed their services to make improvements to how they operate. To monitor the impact that the transformation had, and the level of patient satisfaction during the process, we collected patient experiences across 3 phases: before, during and after the transformation.

What did we find?

Our work evidenced significant improvements in continuity of care, staff turn-over, waiting times and patients feeling that they get the help that they need. Nevertheless, several areas remain challenging and necessitate a revised approach, especially around patient satisfaction with discharge or transfer, and with the feeling of having received the help needed.

While some areas still required improvement, this three-phase survey demonstrated the positive outcomes of the Transformation process.

What difference did it make?

Whilst the Trust was already committed to a change process, our evidence provided them with clear insight, helping them to focus on what mattered to patients.

The final phase of our work shows the evidence of how our findings and recommendations led to improvements.

The number of people facing 4 or more assessments halved (from 35% to 18%). This was something that our work highlighted as a driver of poor experience and outcomes.

"We value the feedback from our service users and their carers, and your reports give us the opportunity to see things from their perspective."

We have welcomed the reports and the opportunities to continue to build on the findings."

— Trust Board Representative

Building on our work, the trust are:

- testing **new approaches for people waiting** for interventions, to improve communication, and support.
- **strengthening their discharge and step-down** processes by working more closely with primary care.
- **improving their care-planning**
- **extending peer support provision**

Carers and Young Carers Charter



What did we do?

We undertook a review of the experiences of unpaid carers to inform the refresh of the Richmond Carer's Strategy which had run from 2020-2025. Unpaid carers are: *"anyone providing unpaid care to family members and friends who due to illness, disability, a mental health problem or an addiction, cannot cope without their support."*

In partnership with carers, the Council and charities with an interest in supporting carers, we created, tested and distributed a survey to carers across the borough.

What did we find?

We gathered the qualitative experiences and views of **257 unpaid carers** in their own words, creating a data set containing the views of around **1.5% of all carers in the borough**. The **1,209** data points this provided enabled us to draw a detailed report for providers, based on rich evidence, about how they could better support residents. This work directly informed the Richmond Adult and Young Carer's Charter that was published in 2026.

What difference did it make?

All of the main health and social care providers, and many local Charities, have **pledged to take actions** aligned to the Charter **to improve the lives of local carers**. The Charter will leave a **lasting legacy** and drive improvements that matter for carers in Richmond.



Launch of the Richmond Adult & Young Unpaid Carer's Charter



West Middlesex Hospital In-Patient Care

What did we do?

In January and February 2026, Healthwatch Richmond, with support from Healthwatch Hounslow, undertook a project looking at West Middlesex University Hospital's (WMUH) in-patient wards. We visited **10 of WMUH's 12 in-patient wards**, speaking **to 98 patients and staff across 6 Enter & View visits**. Healthwatch Richmond **volunteers contributed 50 hours of work**.

What did we find?

Patient and staff experiences were largely positive. Patients reported **supportive, empathetic staff, good understandings of their care, generally clean wards, and good food options**. Staff members felt supported by the hospital and co-workers and felt the hospital effectively supports patients' needs and provides empathetic care.

Timely staff assistance, discharge planning, and involvement in decisions about their care were key concerns raised by patients. We also found a noticeable **lack of entertainment** options and found several bathrooms to have water damaged ceilings and **unsuitable shower chairs**. Patients also reported **excessive noise**, patients being **transported overnight**, and lights not always being dimmed or turned off at night - making it difficult to sleep.

What difference did it make?

In response to our recommendations, actions were taken to **address key safety concerns**, including **ensuring call buttons are accessible** and **improving staff response times when assisting patients**.

The Trust has taken steps to ensure all cupboards and storage areas remain closed and locked to protect wandering patients, all noticeboards are reviewed to ensure posters are up to date and laminated.

The Hospital has also **addressed food provisions**, reinforcing to staff that patients should have physical copies of menus, always have the full range of menu options, and have access to food outside of mealtimes.



Neurological Needs Assessment



People with neurological conditions experience a wide range of physical, cognitive and emotional symptoms. Some of these are progressive, others consistent, and some improve over time. This unique profile of experience has a profound impact on both the individuals living with neurological conditions and the people who care for them.

We were therefore delighted when Public Health Richmond began a Needs Assessment to understand the scale, scope and impact of neurological needs on our residents.

What did we do?

As well as sharing the intelligence that we had collected over hundreds of conversations with our residents, we agreed to undertake an in-depth review of patient and carer experiences. In partnership with the Council, the NHS, and community groups including Integrated Neurological Service (INS), **we held 3 focus groups for local people** living with these conditions.

The findings from this provided rich lived experience highlighting not just the systemic issues with care provision, but the personal impact of those. We ensured that the needs assessment **focussed on what mattered to people** rather than just what the data said was important, and were able to shed light on the particular concerns that people experienced with living with the condition.

What difference did it make?

Needs Assessments do not directly impact the provision of services, but they are considered widely across commissioning in health, social care and beyond. Our work, and **the experiences that people shared with us will ensure that the needs of people with neurological conditions are considered in all future commissioning decisions for many years to come.**

We are delighted that this community finally has the voice that they deserve and will be considered in all future commissioning as a result. Through our role on the Council's Health & Wellbeing Board we are working to ensure that all members take responsibility for driving improvements within their organisations.



People who stay on the acute mental health wards at Holybourne Hospital will see **improvements to their ward environment, care and activities** thanks to people who spoke to Healthwatch Wandsworth and Healthwatch Richmond.



What did we do?

We spoke with 16 people staying on acute wards at Holybourne Hospital. There was positive feedback, but their stories also highlighted a need for more consistency in the experiences for all patients, including better staff interactions, activities offered, improvements in the ward environment, and more information regarding care plans.

What did we find?

Most patients were highly satisfied with the therapy staff, and the majority of care staff showed a passion for helping patients recover. Patients highlighted a need for better, more frequent activities (especially on weekends), clearer information regarding their care plans, and stricter adherence to dietary restrictions.

Concerns were raised regarding ward culture including staff gossip and instances of unkind behaviour. Additionally, the physical environment felt uninviting due to poor natural light and harsh fluorescent lighting.

What difference did this make?

Holybourne Hospital management fully accepted our findings and are implementing improvements. To address cultural concerns, leadership initiated targeted staff engagement sessions to foster a more compassionate care environment.

Operational changes were implemented including expanding weekend activity schedules, improving communication to ensure patients fully understand their care plans, and tightening kitchen oversight to strictly protect patient dietary requirements. Progress against these commitments is tracked through contract monitoring by the commissioner.

“I want to thank Healthwatch for taking the time to visit and understand Holybourne Hospital and for the time your team have taken to ensure the report is accurate and detailed. I also want to thank you for the opportunity to address the outstanding issues.”

Steve Bradford – Hospital Director



Working Together for Change

We've worked with neighbouring Healthwatch to ensure people's experiences of care in Richmond are heard at the Integrated Care System (ICS) level, and that they influence decisions made about services in South West London.

This year, we've worked with Healthwatch across South West London to achieve the following:



A collaborative network of Local Healthwatch:

We have participated in a network of 6 local Healthwatch in South West London. Our network has collated residents' feedback about community services, and drawn together their experiences of adult mental health services. Our network's representative has worked with the ICS to connect its activities with these insights, receiving positive feedback: ***"we have heard what's most important through local engagement, including by our Healthwatch partners."***



A big conversation:

We conducted engagement with the deaf and deafblind community, their carers and GP Practice staff, to determine how well a new British Sign Language interpretation provider had been implemented in GP Practices. **We published two reports to highlight our recommendations**, one for GP Practices and another for our ICS. We are meeting with these stakeholders to press for improvements to BSL interpretation services, based on our recommendations.



Building strong relationships to achieve more:

We have continued to meet monthly with our neighbouring Healthwatch and ICS, to discuss engagement priorities and where our work can align. Our ICS representative has also attended a variety of stakeholder groups to champion our activities and identify further engagement opportunities. We look forward to developing new ways of working as both the Local Healthwatch and ICS structures change over the coming year.



Listening to Your Experiences

The decision to abolish Healthwatch was announced by the press on 28th June 2025.

This created a period of uncertainty during which we were unable to answer key questions that were necessary to continue our outreach work such as:

- Where should people go if they have questions about the NHS or social care?
- Where should people share their feedback?
- What will happen to the feedback that people share with Healthwatch?

In response to this uncertainty over who would receive the experiences that we would collect and what they would be used for, we took the difficult decision to reprioritise how we collected patient and public experiences. We ceased undertaking outreach and engagement work unless invited to attend events, and instead focussed on engaging patients and the public through our reviews of NHS and social care.

We had anticipated that the period of uncertainty might be reasonably limited. At the time of writing, the Health Bill has been published. Unfortunately, whilst the intention to abolish Healthwatch has been confirmed, the answers to the questions that prompted us to cease outreach activity remain uncertain.

Indeed, once we had conducted a final review of patient experience in 2025/26 and set our work plan for 2026/2027, it was clear we would not make use of any further experiences collected through general outreach work.

Our outreach and engagement activity is therefore much reduced from previous years. We engaged around 200 people through 7 sessions within the community.

By refocussing the capacity that outreach requires on project activity we have been able to undertake additional service reviews, publish more reports, and crucially, drive more impact and improvement than in previous years.



Hearing from all Communities

Our projects have focussed heavily on disadvantaged and marginalised communities. In particular, we have engaged effectively with people whose voices we have not seen represented effectively including:

- People with Neurological conditions through our work to inform Richmond's Neurological Needs Assessment
- People who are housebound through our work to review Community Nursing services
- People with serious mental health conditions staying as inpatients in Mental Health units
- Unpaid Adult and Young Carers through our work on the Carers Charter
- People from minority ethnic groups, socioeconomic deprivation through our more limited programme of outreach

We also heard from the wider community

- People using urgent and emergency care services through our reviews of Kingston Hospital
- People using Inpatient care at West Middlesex Hospital
- People using Community mental health services
- Patients of 7 GP through our work to review practices across our borough

As well as informing the findings of these service reviews, we heard from people about their wider experiences of NHS services and care.

Our final year may be impacted by similar limitations however we will continue to engage people through our projects. Once there is clarity over the future of patient voice, we will restart our outreach work with a renewed focus on explaining the transition to the new model that replaces Healthwatch and letting people know where they can share their experiences and what will be done with them once we have closed.



Communications



Reaching the community to ensure that people are aware of how they can have their say and engage with local decisions, or access support and opportunities is a key part of the work of a Healthwatch.

This has been an area of historical strength for us. In previous years, we have reported network leading website engagement during the pandemic, innovative use of print and digital media and extensive engagement.

Our communications were viewed over **180,000** times and received over **70,000** engagements. Whilst strong, this is down on previous years because the announcement of the abolition of Healthwatch and the following period of uncertainty impacted our ability to communicate. We chose not to update or distribute our signposting directories because their impact would have extended past our closure date, directing people to seek support from a service that no longer existed.

Despite this, we are still actively supporting local health and social care events, workshops and promoting public health campaigns. We have had considerable success with drawing attention to our work with both national and local media coverage.

Media coverage

National: The Telegraph, BBC, Pharmacy Magazine, The King's Fund, House of Lords Public Services Committee, Department of Health and Social Care
Local and regional: Healthwatch England, Teddington Nub News, Twickenham Nub News, Richmond Nub News.

Channel	Reach	Views	Engagement	Followers/ subscribers
Social media	75,643	151,147	1,036	909
Website	9,600	30,000	67,000	-
Newsletter	-	-	4,264	1,595
TOTAL	85,243	181,147	72,300	2,504

Information and Signposting



This year, our signposting service saw a significant shift in demand. While the total number of individuals requiring support decreased from 155 to **108**, overall signposting activity actually increased. This was driven by a sharp rise in people requiring complex support and multiple contacts, which nearly doubled from **18.7% to 34.3%** of our total workload.

We've helped people who have:

Navigated complex care and legal systems:

Provided detailed and personalised advice and information for dementia patients and family carers, explaining Deprivation of Liberty Safeguards (DoLS), Power of Attorney, and social care financial assessments.

Faced removal from GP registers:

Intervened in breakdowns of patient-practice relationships, mediating communication and advising on BMA guidelines and Ombudsman appeals to prevent breaks in care.

Faced urgent care delays:

Escalated serious service bottlenecks directly to hospital management to secure immediate appointments for patients,

successfully diverting individuals away from presenting at A&E.

Sought clarification on complex NHS processes:

Empowered residents to understand automated IT/coding errors in national screening programmes, demystified clinical referral routes, and shared official clinical guidance (e.g. the Green Book) to help patients to understand decisions.

Required direct inter-agency coordination:

Actively bridged communication gaps between disconnected NHS services (GPs, PALS, and Mental Health Trusts) where people have fallen through the net to resolve broken shared-care agreements and fast-track stalled referrals.

This work is of vital importance and is often required where the existing systems such as PALS or complaints have not met people's needs.

The Health Bill has not recognised this work and there are no plans for it to transfer when Healthwatch closes.

We feel this is a serious and unrecognised risk as it leaves patients and the public without any support to escalate issues when things go wrong.

To address this oversight we have written to the Public Bill Committee seeking amendments that would confer, or at least clarify where this role sits when Healthwatch ends.



Showcasing Volunteer Impact

Our fantastic Enter & View volunteers have contributed around 250 hours to support our work. Our special thanks to:

Rosanna King, Estelle Laybourne, Caroline Snow, Carole Haskel, Rachana Mane, Tadeusz Cordell, Bethel Tezera, Anjali Jain, Alan McNab, Annette Arnold, Lynda Crelin, Phil Bunell, Tony Carraro, and Bonnie Green.



They supported **28 Enter & View visits** and interviewed **488 patients and staff** throughout the year. Thanks to their dedication to improving care, we can better understand what is working and what needs improving in our community.



“Being in the hospital setting made me reflect. I got a different perspective: that of the patient. I think that so much about the patient experience gets undermined by poor management. I want to be part of the solution to that. I am very grateful for my time at Healthwatch as part of your team. It has given me a lot of direction for what I hope to do in my future.”

Anjali Jain, Student Placement Volunteer



This year, our volunteers:

- Visited local communities to promote our work and raise awareness
- Collected resident experiences and supported people to share their views
- Carried out Enter & View visits to help improve local services
- Represented us at key meetings and provided valuable feedback.



This year, we welcomed **4 new volunteers**. All volunteers completed our Enter & View, safeguarding and data protection training to ensure they were fully equipped for their roles.



“We are very proud of our volunteers’ achievements this year. From collecting patient experiences during Enter & View visits to representing us at external meetings and in local communities, they have worked hard to ensure local voices are heard. I am grateful to work with such a dedicated, talented group.”

Lillian Kerns, Projects & Engagement Officer



Finance

We receive funding to deliver Healthwatch Richmond under a contract from the London Borough of Richmond upon Thames. We also earn other income through additionally commissioned work and interest on savings which we invest in delivering further Healthwatch activity in Richmond.

Income

Healthwatch Income:	£ 135,000
Other Income:	£ 14,800
Total Income:	£149,800

Other Income

Interest:	£ 6,300
SWL ICS Income:	£ 4,000
Adult Mental Health Review:	£ 4,000
Other Income:	£ 500
Total Other Income:	£14,800

Expenditure

Staff Costs:	£ 129,200
Operational costs:	£ 25,800
Running costs	£ 600
Total costs:	£155,600

This financial statement provides figures accurate to the nearest £100. The contractual income for Healthwatch Richmond was reduced by 10% from 2024/25 and increased by 3.0% in 2025/26.

In addition to our contractual Healthwatch income, we generate additional income through commissioned work which is shown above as 'Other Income'.

This enables us to maintain financial stability over the medium to long term at a staffing establishment that we could not afford on the Healthwatch Contract alone.

A message from our Chief Officer



We celebrated securing long term funding in our last Annual Report. Within days of publishing our report, **the then Secretary of State announced his plans to abolish Healthwatch and merge the role into Integrated Care Boards and Local Authorities.**

We have been working under considerable uncertainty since June 2025 and at the time of writing the Health Reform Bill, which will enact this policy, is passing through the Parliamentary process. The Parliamentary process mean that the Bill will face challenges and may be amended. In addition, a change in leadership may have some impact. This limits how clear we can be on the end state and timeframe for change.

We have worked to maintain sustainability and have focussed our resources on delivering project work. This enabled us to deliver projects that can create meaningful change for our residents and is an approach that we will carry into 2026/27. Unfortunately substantial staffing and structural changes across the NHS make planning for this transition difficult at the present time.

Our Priorities for 2026/2027

Once the plans for our role transition to ICBs, providers and Local Authorities are clear, we will shift our focus to engage with their local delivery. As well as pushing for a local, independent and joined up model, we will also focus on communicating and engaging the community around the key messages from the transition. The timing of any announcements will have implications for how much of our work plan we can deliver in 2026/27 and we plan to support the transition to whatever comes after us.

Our Priorities for 2026/2027

Care Homes Reviews	Outpatient services
Discharge from Hospital	Child & Adolescent Mental Health Services
Mental Health Services	
Elective care	Physiotherapy (Musculoskeletal)

Healthwatch Richmond
82 Hampton Road
Twickenham
TW2 5QS

Registered Company 08382351
Registered Charity 1152333

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