



# 15 Steps Visits to Kettering General Hospital: Summary and Impact Report

April 2019 - March 2020





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## Acknowledgements

We are very grateful to Kettering General Hospital for enabling these visits and responding to the findings, and to all those who took the time to share their views and experiences with us. We would especially like to thank Wendy Patel and Sheila White for their continued hard work and commitment to these visits.

## Background: The 15 Steps Challenge

It was a mother's comment at a patient and family involvement workshop that kick-started The 15 Steps Challenge<sup>1</sup>. She said, "I can tell what kind of care my daughter is going to get within 15 steps of walking onto every new ward". Her comment highlighted how important it is to understand what good quality care looks and feels like from a patient and carer's perspective. This quote inspired the development of a series of 15 Steps Challenge guides. 'The 15 Steps Challenge' is a tool that uses an easy methodology in line with NHS strategic drivers, addressing the following criteria:

- Welcoming
- Safe
- Caring and involving
- Well organised and calm

These resources support staff and volunteers to listen to patients and carers and understand the improvements that can be made.

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<sup>1</sup> The Fifteen Steps Challenge: [www.england.nhs.uk/participation/resources/15-steps-challenge/](http://www.england.nhs.uk/participation/resources/15-steps-challenge/)



## Method

1. The **15 Steps Visits** at Kettering General Hospital (KGH) are undertaken by Healthwatch Northamptonshire Authorised Representatives<sup>2</sup> Wendy Patel and Sheila White.
2. After each visit a report is completed which includes their findings and recommendations for improvement. Once the report is agreed by the visit team, it is sent to the appropriate clinical lead or manager at KGH to include in their response.
3. Any issues identified from the visit that need prompt escalation are actioned by the Quality and Compliance Manager, as well as liaising with Governance Managers to ensure feedback is discussed and wider sharing of learning takes place via relevant governance meetings.
4. The findings are reflected in the area reports whereby each clinical lead or manager is responsible for formulating an action plan that addresses the recommendations for improvement. To embed learning and achieve best practice, the clinical lead or manager is required to share the findings from the report with staff, highlighting both good practice as well as recommendations for change. Action plans are monitored by the Quality Governance Managers who report back to Healthwatch Northamptonshire, advising how the actions have been/will be addressed.
5. Immediate risks to patient safety and quality are raised with the nurse in charge on the day and included as areas for improvement in reports. The feedback from the visits inform the risk assessments, which are then added to local and/or divisional risk registers.

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<sup>2</sup> An authorised representative is a trained volunteer who can 'enter and view' health and social care settings in Northamptonshire and help to gather the experiences and views of patients, consumers, carers and the wider public. They may also represent Healthwatch at meetings and be a member of the planning group, [www.healthwatchnorthamptonshire.co.uk/volunteer-roles](http://www.healthwatchnorthamptonshire.co.uk/volunteer-roles)



## Key findings

Our volunteers Wendy Patel and Sheila White have been committed to conducting these visits throughout the year. They undertook a total of 43 visits to 36 wards and departments at Kettering General Hospital using the 15 Steps Challenge tool in 2019-20. This report summarises their findings and highlight the improvements Kettering General Hospital has made as a result.

The following findings are a summary of all the visits conducted during the year April 2019 to March 2020.

### Welcoming

The volunteers were always acknowledged upon arrival with staff greeting them in a friendly manner. There were facilities for hand washing and sanitising. Staff supported and accompanied the volunteers to some of the areas they visited.

The volunteers generally observed welcome signage with ward details and contact information. Spacious seating areas were noted within some reception areas. Relevant information was displayed on boards within the reception areas, waiting rooms and wards in the majority of the places they visited. This included information explaining the different uniforms, information about the Staff Team, including who was the Nurse in charge. The majority of areas displayed visiting times which were evident on the ward boards or in the approaching corridors. Mealtimes were displayed, along with evidence of protected mealtimes.

Areas were all accessible to those with disabilities and information displayed was reader accessible and user friendly. Seating was adequate, but patients reported the chairs were not very comfortable to sit on for long periods of time. In some areas the lack of space was described by staff as “*challenging*”. However, it was clear throughout the wards visited that the use of space was maximised to its potential where it could be.

Patients all had identification (ID) bracelets and all staff had visible ID. On children's wards babies' names were clearly displayed on the doors of each room and staff all wore visible ID badges. The parents have access to call bells and staff were always nearby.

### Safe

There was evidence of infection control information and hand washing guidance in all areas, with hand sanitiser available for visitors and staff to use. Patients were sometimes offered hand wipes at mealtimes. On children's wards all infection control figures were clearly displayed on boards.

Most hospital environments visited were clean and tidy with no visible signs of rubbish and minimal clutter considering the number of patients present at that time. Rubbish and dirty linen were disposed of appropriately. Other areas appeared to be cluttered, particularly noted on the windowsills, but this was observed to be because of limited space as opposed to being untidy.

Throughout the hospital, general wear and tear of the building/area was observed, including scuff marks on the walls and the hospital appearing tired and dated. This was evident particularly in the older areas of the hospital.

All medication was stored securely either in a cupboard or a medical storage room. All IV (intravenous) fluids were stored in the same room throughout the hospital. The medical fridge and room temperatures were taken and recorded daily. The volunteers noted that individual air



conditioning units were installed in some medication rooms to maintain the room temperature and prevent overheating. Sharps bins<sup>3</sup> were evident in all areas and all were noted to comply to (below) the maximum fill level.

Ward kitchens were generally clean and tidy. However, in some areas the ward kitchen worktops and the drinks trollies appeared untidy. The food fridge temperatures were also taken and recorded daily. Some ward kitchens were witnessed to be very hot with little or no means of ventilation.

All staff had a visible identification badge and were dressed appropriately. The Fire Marshall was identified in the majority of areas visited. However, there were some areas where this needs to be identified and displayed clearer.

Books, magazines and a television are available for patients registered in outpatient waiting areas. However, the television was not on during the visit. Staff were busy and patients felt that having the television on may have supported in relieving patients' anxieties and/or their frustrations while waiting.

Drinks, call bells, side tables and walking aids are available to patients in all ward areas. All equipment appeared to be clean and well-maintained. Urine bottles were observed to be on bedside tables. This was discussed with nursing staff who advised that they should consider storing them in a carrier or place them more discretely. Patient notes were stored securely until needed; where computers were used to access online records or clinical information, the screens were locked when not in use. Where appropriate, patients were observed to be identified as 'nil by mouth', either displayed upon their ward bed/bay board or upon the 'Patient at a Glance' board. However, in some areas bedside information was not noted.

Information and data was displayed in the majority of areas regarding complaints and compliments. Not all areas displayed the current (or any) data relating to the reported incidences of complaints/compliments, infections and/or tissue viability.

### Caring and involving

Staff contact was evident during the visits and all patients confirmed that staff were available before, during and after treatment. Patients were observed to be dressed appropriately to protect and maintain their privacy and dignity. Patients are supported with washing. Curtains within the ward and clinical areas were also observed to be long enough and closed fully to maintain patient privacy and dignity. On the children's wards the curtains and blinds were appropriate for the individual needs in each area.

All patients spoken to reported that they were treated with care, dignity and respect and that staff interaction was "*positive and friendly*". On children's wards the staff were friendly and caring and were observed interacting with parents and babies. Many patients reported there was no need to use the call bell as staff checked them regularly. Others reported that the call bell was answered "*fairly promptly*". Vulnerable patients who were at risk of falling or wandering had constant support. The caring nature of the staff undertaking this role was noted.

Patient feedback was displayed on boards within the areas visited, in the form of Friends and Family Feedback, thank you cards, messages and letters. However, in some areas there was no, or dated, information displayed regarding the feedback from the Friends and Family survey,

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<sup>3</sup> [www.nhs.uk/common-health-questions/accidents-first-aid-and-treatments/how-should-i-dispose-of-used-needles-or-sharps/](http://www.nhs.uk/common-health-questions/accidents-first-aid-and-treatments/how-should-i-dispose-of-used-needles-or-sharps/)



despite evidence of a box for the completed forms to be posted. On the children's wards the feedback from Friends and Family was displayed, as were cards and letters from parents.

Patient information was readily available throughout the visits. Set visiting times were displayed but flexibility was offered to various patients where appropriate to meet patient's needs. Patients were aware of doctors and observation rounds with some patients knowing when they were to be completed. On children's wards there is comprehensive information about visiting, which is open-ended for parents and specific for siblings and other visitors. There is accommodation available for parents to stay overnight should this be required.

Patients reported that menus were brought round each day for them to choose their meals for the following day. During the visits we spoke to hospital Volunteers who reported that they support with the drinks trolley and other ward tasks. In some areas there were 'Hydration Stations' where patients/visitors could access a water cooler. Other than drinks, the trolley also supplied light snacks. A 'Snack Menu' was available to patients and used where appropriate. Special dietary requirements were available to meet individual patient need(s). Vending machines are accessible where there are no snacks available, however, these can sometimes be located at a distance from the ward or area.

In the majority of areas, there were leaflets and information available on how to complain and/or provide a compliment. In some areas there was not any information displayed regarding carer/support groups or services. Where this was questioned, nursing staff advised that the information was provided where appropriate or upon request.

The 'Helping Me in Hospital' booklet supports equality and diversity by providing accessible information for people with a learning disability. There are also activities for dementia patients including books, mindful colouring, puzzles, and fiddle mats. Where these are not available, staff are able to source them from another ward. The Dementia System is in place with support from Age UK Northamptonshire<sup>4</sup>. The Activities Co-ordinators organise activities and interact with patients.

### Well organised and calm

Areas were witnessed to be well maintained, clean and tidy, despite where scuffs on the walls and general deterioration (through age) were evident. Nursing staff informed us of areas which were planned to be redecorated but are reliant on another area of the hospital being able to accommodate patients for the work to be completed.

Lighting in all areas was appropriate for the time of day and was all in good working order. Signage throughout the areas visited within the hospital was clear, with notices laminated, appropriate and in date. Some areas were observed to display notices which were dated.

The trust-wide Patient at a Glance Board, was clearly set out and constantly updated within the majority of areas, providing easily accessible patient data. Patient admissions and discharges were identified to support transfers from other wards or to communicate capacity issues. In some areas a Discharge Co-Ordinator was identified on the ward full time. The Patient at a Glance Board in some areas was noted to be incomplete and information was not updated regularly.

Many areas provided evidence of co-ordination with the multidisciplinary team, including Physiotherapist, Occupational Therapist and Pharmacy staff. In some areas there did not appear to be many members of ward staff, although it was noted that staff were very busy attending to

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<sup>4</sup> [www.ageuk.org.uk/northamptonshire/](http://www.ageuk.org.uk/northamptonshire/)



patient's individual needs. The majority of the patients interviewed advised that regular updates from ward staff and more information with regards to their diagnosis, treatment and/or pathway to discharge, would support to help relieve patient anxiety.

Equipment is stored as tidily as possible within the area available, however, it is noted that there is limited storage space in some areas to be able to do this. Despite this there was evidence of equipment managed well and stock being checked. Cupboards were observed to generally be *"fairly"* tidy.

## What people told us

One patient told us how helpful and relaxed the staff had made her feel as she had felt particularly worried following a previous hospital experience. Another patient who was apprehensive about being in a room on their own, advised of a positive experience with staff regularly checking their wellbeing. Patients also reported to appreciate the support volunteers gave them in having someone to talk to while in hospital. The majority of patient feedback consistently reported that they were positive about their treatment and care. Patients were equally positive in their remarks regarding staff and the running of departments.

One patient fed back that the flexibility of visiting times had allowed their daughter to support them while in hospital where the patient's first language is not English. Similar patients said that *"staff were helpful in supporting them with communication"*.

A few patients said their operations *"keep being cancelled"* which they found unsettling and frustrating. Seven patients provided individual patient experience following their confusion and frustration, requesting clarity and further information with regards to their diagnosis, treatment and discharge planning.

On children's wards parents said they were aware of the ward routine saying that doctors were around during the morning and a registrar during the day. They told us that staff were *"absolutely fantastic, kind and friendly and that nothing was too much trouble"*.

In general, Kettering General Hospital patients reported that call bells were responded to *"promptly or fairly promptly"* and that food was *"fair to good"*. Parents praised the hospital for the *"extra warmth of staff and the homeliness"* of the children's wards.



## Areas of good practice

- The 'Helping Me in Hospital' booklet was available for all people, but particularly supported people with a learning disability and people with dementia. The Learning Disability Assistant visited the wards each day to offer further patient liaison and support. Cohort bays were designated for patients with specific needs, for example, for those at risk of falls or wandering.
- Excellence was noted with regards to volunteers supporting throughout the hospital, where they provided support and activities for dementia patients including, mindful colouring, puzzles, fiddle mats. We also applaud the energy and enthusiasm of the Activities Co-ordinators and encourage more of this to continue throughout the hospital.
- It was good to see the long, yellow board with black print that supports accessibility for those with a visual impairment, across the wall of the Eye Clinic waiting room. This identified the clinic running on the day, the consultants and if the clinic was running late.
- The flexibility of visiting times throughout the hospital were appropriate and beneficial to the patient's individual needs.
- When visiting the Chest Pain Unit, improvements were noted on each return visit. For example, the Fire Marshall was identified, and notice boards were updated.
- It was good to see a separate snacks menu available to patients (as appropriate), to provide further variety and choice. In areas where availability of drinks can be at a distance, 'Hydration Stations' promote patients to drink water.
- Although space in many areas is limited, every area is used to its best advantage. Clinics are efficient and well organised, where the running of the clinic can be under challenging circumstances.
- The Chronic Pain Clinic held a Pain Education Group weekly for patients, following a visit to Guy's Hospital to review how they address pain management
- It was good to see an area displaying a suggestion box in the Outpatients Reception area.
- It was great to hear that the Friends and Family scores in Maple were recorded as 100%.



## Measuring impact

### Actions completed by KGH in response to the findings of the 15 Steps visits:

- Health and Safety posters that were missing at the time of visits were immediately rectified. The Health and Safety Manager is now undertaking a rolling program of health and safety audits across the Trust.
- The Medical Staff that were non-compliant with bare below the elbow, was immediately escalated.
- Issues regarding missing important signage has been addressed, for example identification of staff uniforms.
- An individual air conditioning unit has been installed in Geddington Ward into the medication room improving the storage of medication.
- Where the Fire Marshall and Nurse in Charge were not identified in some areas, this was rectified before the end of each visit.
- Since reporting, patients have been observed appropriately dressed in public areas.
- The freestanding directions board in Triage was moved to a more suitable position to allow room for people with walking aids to access the area.
- Hand wipes on meal trays has now been adopted across the hospital since findings were reported to infection control.
- One patient was noticed sitting on the floor in A&E because they felt too unwell to stand. It was suggested that there should be a designated row of priority seating for people who feel unable to stand, this was put into place before the next visit.

### Actions planned or in the process of being addressed by KGH in response to the findings of the 15 Steps visits:

- There are plans for the Day Room in Geddington to be redecorated, as well as the stock cupboards to be reorganised. The Ward Sister is also requesting a Pharmacy Technician to free staff time to care.
- Plans to extend the area in Eye Clinic are now in place to increase space and promote safety.
- Limited storage space is being addressed in the Digestive Diseases Unit.
- The hospital radio is to be reintroduced.
- The Chronic Pain Clinic is now requesting an automated response station to enable patients to give their immediate feedback following their appointment.
- Separate air conditioning units are proposed to be installed in all the medication storage rooms throughout the hospital.
- CSSTU (Chemotherapy Support Services Treatment Unit) have advised of a proposal to start a 'two stop' routine, for patients to have a test on one day and then return to the clinic for treatment the following day. Although this would mean two visits to the hospital, it is proposed this would help reduce waiting times.



- Consideration is now being given to moving waiting areas/rooms as the limited space in some waiting areas, for example outside of the consulting rooms, allows no privacy or space for pre-consultation tests; addressing this will also increase patient safety.
- A proposal for an Activities Co-ordinator on Cranford ward would support staff to have more time to care and for patients to have specific designated activity interaction.
- The Audiology Children's Waiting Room is currently not in use (at the time of reporting in January 2020) , as it is waiting for a roof leak to be repaired; there does not appear to be any heating in the room either. The signage to the toilets is also required where patients have reportedly found it difficult to find the facilities. This was in the process of being addressed.

### Recommendations to be addressed (As of last visit, April 2020)

1. Minor repairs are required to rectify damage to the walls throughout all areas due to the general wear and tear of the building. Other areas requiring to be tidied include the removal of all clutter from the windowsills and the storage of all urine bottles in a carrier and not on bedside tables.
2. Current information regarding Friends and Family feedback, complaints/compliments, infection control, tissue viability data and carer support groups/services needs to be displayed consistently in all areas.
3. All 'Staff on Duty Today' posters need to be completed, with bedside information and information on ward boards to be provided for all patients; ensuring that it is maintained and up to date. Regular updates need to be provided to patients regarding their health, including diagnosis, treatment and discharge planning. Uniform information needs to be displayed in all areas, as does the identification of the Fire Marshall, even where this role may be shared with another area.
4. Each area (where applicable) needs to have their own resources to support activities for patients, in particular those with dementia.
5. Ventilation is required in the ward kitchen areas where they are prone to overheating. Despite the use of a fan, ventilation is also required in the medication storage rooms to maintain the room temperature and improve the storage of medication.
6. Areas identified where patients report long waiting times need to provide facilities for refreshments and more comfortable seating made available, particularly where patients may have to wait for an extended length of time.
7. Staff expressed that although they are skilled, they are overstretched at times, which should be picked up and addressed regularly by senior manager.



## Kettering General Hospital response

*“Kettering General Hospital NHS Foundation Trust would like to thank Healthwatch and in particular Wendy and Sheila for their work with the 15 Step Challenge. Their observations and feedback are always well received and helps us make improvements which are monitored via action plans.*

*15 Step Challenge feedback compliments other feedback sources and Healthwatch have the opportunity share this with our Patient Experience and Involvement Steering Group, which they are members of, as well as being monitored by the Quality and Compliance Manager.*

*The 15 Step Challenge tests us in a robust and structured way that has been developed over time and highlights and test things with a fresh eyes approach.”*

Helen Mills, Quality and Compliance Manager

## What our Representatives say:

*“There have been several examples of the impact made following issues we have raised at KGH but the following are two we cherish.*

*In relation to Infection Control one of the questions we ask patients when we audit the wards is ‘Are you offered hand washing before meals?’. When we found the answer was often no, we suggested that hand wipes were included on all meal trays. This has now been adopted across the hospital.*

*In relation to dignity and privacy we observed patients were being transferred on trolleys from one area to another lacking appropriate covering. We reported our concerns, and this was remedied. Visitors were also getting into the lifts with these patients. We also saw patients from the wards near the front entrance and in the coffee shop, inappropriately dressed and nothing on their feet. We discussed these issues with the Director of Nursing and Quality who expressed her concern and gave us her mobile phone number to enable us to contact her immediately when similar incidents occur.”*

Wendy Patel and Sheila White





## Dates and wards visited

Ward/Area	Date visited
Accident and Emergency	October 2019, January 2020
Ambulatory Care	April 2019
Barnwell B (Orthopaedics)	August 2019, October 2019
Barnwell C (Orthopaedics)	August 2019, October 2019
Cardiac Centre	April 2019
CCSTU (Haematology)	June 2019
Centenary (Cancer Treatment)	October 2019, November 2019
Chest Pain Clinic	April 2019
Chronic Pain Clinic	November 2019
Cranford (Stroke)	June 2019
DASU (Surgery)	July 2019, October 2019
Day Case (Day Surgery)	February 2020
Deene B (Surgery)	August 2019
Digestive Diseases Unit	July 2019
Discharge Lounge	February 2020
Eye Clinic/ Ophthalmology	January 2020
Frank Radcliffe (Fracture Clinic)	October 2019
Geddington (Day/Short Stay Surgery)	February 2020
Harrowden A (Medicine)	June 2019
Harrowden C (Medicine)	July 2019
Lampport	May 2019
Lilford (Haematology)	June 2019
Main Outpatients	June 2019
Maple (Gynaecology)	October 2019
Maxillo Facial	April 2019
Naseby A (Dementia)	May 2019
Naseby B (Dementia)	May 2019
Oakley & CCU (Cardiac)	April 2019
Poplar (Female Medicine)	October 2019
Pretty A (Elderly Medicine)	September 2019, October 2019
Pretty B (Elderly Medicine)	September 2019, October 2019
SCBU (Special Care Baby Unit)	December 2019
SDEC (Same Day Emergency Care)	November 2019
Skylark and PAU (Children)	December 2019
Spencer (Eye Surgery)	January 2019
Twywell (Elderly Medicine)	May 2019



## About Kettering General Hospital

Kettering General Hospital provides acute healthcare services for the people of North Northamptonshire and South Leicestershire.

The services are delivered from the main hospital site in Kettering, and satellite outpatient facilities at Nene Park in Irthlingborough, Corby Health Complex and Isebrook Hospital in Wellingborough. They employ around 4,000 staff.

### Basic facts and figures

Kettering General Hospital see approximately:

- 255 patients per day in Accident and Emergency department
- 310,000 outpatients each year
- 41,500 inpatients
- 43,500 day case patients
- 3,500 births

### How they are governed

Kettering General Hospital became a Foundation Trust in 2008 and is led by a Board of Directors comprising a Non-Executive Chairman, Chief Executive, eight Executive Directors, and eight Non-Executive Directors. The Board is accountable to the Council of Governors that is made up of elected and nominated representatives of the population they serve. The Board meets in public every two months.

### How their services are organised

The services are grouped into three Divisions, each Division is led by a Chief of Service, Divisional Director and Divisional Head of Nursing, to help ensure that clinical leadership is central to the organisation.

For more information please visit: [www.kgh.nhs.uk](http://www.kgh.nhs.uk)



**Kettering General Hospital**  
NHS Foundation Trust



## About Healthwatch Northamptonshire

Healthwatch Northamptonshire is the local independent consumer champion for health and social care. We are part of a national network of local Healthwatch organisations. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. This involves us visiting local services and talking to people about their views and experiences. We share our reports with the NHS and social care, and the Care Quality Commission (CQC) (the inspector and regulator for health and social care), with recommendations for improvement, where required.

Our rights and responsibilities include:

- We have the power to monitor (known as "Enter and View") health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care.
- We report our findings of local views and experiences to health and social care decision makers and make the case for improved services where we find there is a need for improvement
- We strive to be a strong and powerful voice for local people, to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we find out what local people think about health and social care. We research patient, user and carer opinions using lots of different ways of finding out views and experiences. We do this to give local people a voice. We provide information and advice about health and social care services.

Where we feel that the views and voices of Healthwatch Northamptonshire and the people who we strive to speak on behalf of are not being heard, we have the option to escalate our concerns and report our evidence to national organisations including Healthwatch England, NHS England and the Care Quality Commission.

Find out more at [www.healthwatchnorthamptonshire.co.uk](http://www.healthwatchnorthamptonshire.co.uk)

**healthwatch**  
Northamptonshire





## About Connected Together

Connected Together Community Interest Company (CIC) is the legal entity and governing body for Healthwatch Northamptonshire.

The remit of the Connected Together CIC includes:

- Contract compliance
- Legal requirements
- Financial and risk management
- Sustainability and growth
- Agreeing strategy and operations
- Agreeing policies and procedures



Connected Together CIC is a social enterprise and a partnership between the University of Northampton and Voluntary Impact Northamptonshire. It aims to be first for community engagement across the county of Northamptonshire and beyond.

By using our expertise and experience, we can help you in delivering community engagement programmes including workshops, research, surveys, training and more. Contact us to find out how we can help your community.

We welcome ideas and suggestions for projects that benefit Northamptonshire and its community.

Find out more at [www.connectedtogether.co.uk](http://www.connectedtogether.co.uk)





## Contact us

Address: Healthwatch Northamptonshire  
Moulton Park Business Centre  
Redhouse Road  
Northampton  
NN3 6AQ

Phone: 0300 002 0010  
Text: 07951 419331

Email: [enquiries@healthwatchnorthamptonshire.co.uk](mailto:enquiries@healthwatchnorthamptonshire.co.uk)  
Website: [www.healthwatchnorthamptonshire.co.uk](http://www.healthwatchnorthamptonshire.co.uk)

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