

Complaints Survey

What is the survey about?

We would like to understand your experience of raising a complaint with us.

Results from the survey will be used to **make improvements** to the complaints process and how we respond to complaints.

Who is the survey for?

The survey is for people who have raised a complaint with The Christie NHS Foundation Trust.

If you have not raised a complaint, this questionnaire may have been sent to you by mistake.

The person who **made the complaint** should complete the questionnaire.

Completing the questionnaire

The questionnaire should take no longer than 5 minutes to complete.

For most questions, please tick clearly inside one box . For some questions you may be asked to tick more than one box.

Not all sections will apply to you. Sometimes you will find the box you have ticked has an instruction to go to another question. By following the instructions carefully, you will miss out questions that do not apply to you.

Help or opting out

If you have any questions, would like to opt out, or if you would like to complete the questionnaire over the phone, please call the PALS service on 0161 446 8217.

Taking part in this survey is voluntary. Your answers will be treated in confidence and will not affect your care or the outcome of your complaint.



SECTION 1: THE COMPLAINT

N.B: If you have taken your complaint further, please think about the initial complaint that you made to the organisation.

Q1 Did you feel that you were taken seriously when you **first** raised your complaint?

- Yes, definitely 1
 Yes, to some extent 2
 No 3
 Not sure/ don't know 4

Q2 Was this your first attempt to make this complaint?

- Yes 1
 No, I had tried to make it somewhere else or with someone else first 2

Q3 Did you find it easy to raise your complaint?

- Yes, completely 1
 Yes, to some extent 2
 No 3

Q4 Did you feel confident that future care would not be affected negatively **by making a complaint?**

- Yes, definitely 1
 Yes, to some extent 2
 No, and this bothered me 3
 No, but I did not mind 4
 Not applicable 5
 Don't know/ can't remember 6

Q5 Did the organisation summarise the main points of your complaint?

- Yes, and these were correct 1
 Yes, but these were not correct 2
 No 3
 Not sure/ don't know 4

Q6 Did you feel that you were updated **enough** about what was happening to your complaint?

- I did not receive any updates 1
 Yes, completely 2
 Yes, to some extent 3
 No 4
 Don't know/ can't remember 5

Q7 If you received updates about your complaint before you received the outcome, did you feel that these were personal to you and your complaint?

- Yes, completely 1
 Yes, to some extent 2
 No 3

Q8 Was the outcome of your complaint explained to you in a way that you could understand?

- Yes, completely 1
 Yes, to some extent 2
 No 3

Q9 Did you feel that the response you received addressed the points you raised in your complaint?

- Yes, all points 1
 Yes, most of the points 2
 Yes, a few of the points 3
 No, none of the points 4

Q10 Were you satisfied with the outcome of your complaint?

- Yes, completely 1
 Yes, to some extent 2
 No 3
 Don't know/ can't remember 4

Q11 Were you made aware of your right to take your complaint further if you were not completely satisfied with the outcome **and/or** the recommendations?

- Yes, by the organisation I complained to 1
 Yes, but not by the organisation I complained to 2
 Yes, by both the organisation and another source 3
 No 4

Q12 Do you feel that as a result of **making a complaint** your care (or the care of the person on behalf of whom you complained) has been affected?

- Yes, it has made the care better 1 Go to Q13
- Yes, it has made the care worse..... 2 Go to Q13
- No, it has not affected the care 3 Go to Q14
- Care has not been received from this organisation since making my complaint 4 Go to Q14

Q14 If you felt you needed to, would you complain to or about this organisation again?

- Yes, definitely..... 1
- Yes, maybe..... 2
- No..... 3

Q15 Did you receive any explanation of how your complaint would be used to improve services

- Yes, completely 1
- Yes, to some extent..... 2
- No, but I did not mind..... 3
- No, but I would have liked this..... 4
- Not sure/ don't know..... 5

Q13 Please tell us how making the complaint affected the care received:



Is there anything else you would like to tell us or any suggestions for improvement of the process:

SECTION 2: ABOUT YOU

Please give a little more information about yourself. Your responses will be completely confidential.

You do not need to answer these questions if you do not wish to.

Age 16 - 24 25 - 34 35 - 44 45 - 54 55 - 64 65+

Gender : Please tick the box that best describes you

- Male Non-binary Prefer to self describe
 Female Prefer not to say Other

Please enter your description here

Sexual Orientation: Which of the following options best describes how you think of yourself?

- Heterosexual or straight Bisexual Prefer not to say
 Gay or lesbian Other Do not know / not sure
-

Disability: Under the Equality Act 2010, a person has a disability if the person has a physical or mental impairment which has a substantial and long term adverse effect upon her/his ability to carry out normal day-to-day activities

Do you have a disability? Yes No

Ethnicity: Please tick the box that best describes you

- | | |
|--|--|
| <input type="checkbox"/> White : British | <input type="checkbox"/> Black or Black British : African |
| <input type="checkbox"/> White : Irish | <input type="checkbox"/> Black or Black British : Caribbean |
| <input type="checkbox"/> White : Gypsy or Irish Traveller | <input type="checkbox"/> Black or Black British : Other |
| <input type="checkbox"/> White : European | |
| <input type="checkbox"/> White : Other | |
| <input type="checkbox"/> Asian or Asian British : Indian | <input type="checkbox"/> Mixed : White and Black African |
| <input type="checkbox"/> Asian or Asian British : Pakistani | <input type="checkbox"/> Mixed : White and Black Caribbean |
| <input type="checkbox"/> Asian or Asian British : Bangladeshi | <input type="checkbox"/> Mixed : White and Asian |
| <input type="checkbox"/> Asian or Asian British : Chinese | <input type="checkbox"/> Mixed : Other |
| <input type="checkbox"/> Asian or Asian British : Other | |

Please detail your other ethnic group

Thanks very much for your help.