

Your Voice Matters



North Cumbria
Integrated Care
NHS Foundation Trust

Learning from Your Experience

Children's Services - Parents Questionnaire

Service: Children's Speech & Language Therapy

We are committed to improving the standard of care delivered within the Trust. To help us do this we would be grateful if you would complete this questionnaire about the care you have been receiving within North Cumbria integrated Care NHS Trust.

Your comments will be reviewed by our Patient Experience Team and will be anonymously shared (including online) to help others get great care.

1. Was your child treated with kindness?

Yes To some extent No Prefer not to answer

2. Did you feel listened to?

Yes To some extent No Prefer not to answer

3. Were you provided with clear information?

Yes To some extent No Prefer not to answer

4. Did you have confidence and trust in the staff member that saw your child?

Yes To some extent No Prefer not to answer

5. Was the location suitable for your child's needs?

Yes To some extent No Prefer not to answer

6. Overall, how was your child's experience of our service?

Very Good Good Neither good nor poor Poor Very Poor Don't know

7. Thinking about your child's recent outpatient appointment or inpatient stay, please can you tell us why you gave this answer?

Please tick this box if you DO NOT wish your comments to be made public

13. Does your child have any of the following? (Select ALL conditions that have lasted or are expected to last for 12 months or more)

- | | |
|--|--|
| <input type="radio"/> Blood disorder | <input type="radio"/> Diabetes |
| <input type="radio"/> Bowel condition, such as Crohn's disease | <input type="radio"/> Heart problem |
| <input type="radio"/> Breathing problems, such as asthma | <input type="radio"/> Joint problem |
| <input type="radio"/> Blindness or partial sight | <input type="radio"/> Kidney or liver disease |
| <input type="radio"/> Cancer in the last 5 years | <input type="radio"/> Learning disability |
| <input type="radio"/> Chromosomal condition, such as Down's syndrome | <input type="radio"/> Mental health condition |
| <input type="radio"/> Deafness or hearing loss | <input type="radio"/> Neurological condition, such as epilepsy |
| <input type="radio"/> Development disability, such as Autism Spectrum Disorder (ASD) | <input type="radio"/> Another long term condition |
| | <input type="radio"/> N/A |
| | <input type="radio"/> I'd prefer not to say |

14. Thinking about your answers to questions 9 and 13 do you feel your child has experienced any barriers when accessing our services as a result of their protected characteristics?

- Yes Yes, to some extent No Prefer not to answer

15. If you answered yes or yes, to some extent to question 14 could you please let us know the barriers you have experienced:

16. Do you or have you (or a family member) ever served in the Armed Forces?

- | | |
|---------------------------------|--|
| <input type="radio"/> Serving | <input type="radio"/> Spouse / partner |
| <input type="radio"/> Reservist | <input type="radio"/> Dependent |
| <input type="radio"/> Veteran | <input type="radio"/> N/A |

You can ask a member of staff how to take part or use the QR code to complete the survey online:



The team name for this department is:
Childrens Speech & Language Therapy

Please return your completed survey in the freepost envelope provided to:

Patient Experience & Involvement Team

The Cumberland Infirmary | Newtown Road | Carlisle | CA2 7HY

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