healthwatch
in Devon, Plymouth and Torbay

Patient experience of the complaints process at Royal Devon University Healthcare NHS Foundation Trust: An Insight Report

July 2026

Contents

Executive Summary 3

About Us 4

Introduction 5

Background 6

Methodology 8

Key Findings 9

Detailed findings 10

Observations 16

Recommendations 18

Stakeholder Response 20

Acknowledgements 21

Appendix A Questionnaire 22

Executive Summary

The experiences shared by the 20 participants suggest that the complaints process at Royal Devon University Healthcare NHS Foundation Trust is generally easy for people to access but inconsistent in how it supports them once a complaint is made. While most individuals were able to submit a complaint without difficulty and typically received an initial acknowledgement, the timeliness and reliability of early responses varied.

Some respondents described positive experiences, including straightforward access, timely communication and feeling reassured that their complaint had been understood.

Other respondents in this sample reported limited proactive contact from staff, and although a small number were satisfied with basic email updates, most felt poorly informed and insufficiently involved in the investigation process. Delays and lack of communication emerged as persistent concerns. The way investigation findings were shared differed widely, with detailed reports being uncommon.

Where the procedure worked well, patients were satisfied with the outcome, but this was the case in a minority of responses. Many people expressed disappointment with both the quality of the investigation and the eventual outcomes. A recurring theme was the absence of meaningful engagement, leaving complainants feeling that their concerns were not taken seriously. Few believed that the Trust had learned from their experiences, and signposting to the Ombudsman was inconsistent and not always trusted.

Across the feedback, suggestions for improvement centred on clearer and more timely communication, genuine listening, and a shift in organisational culture to ensure complaints are handled with transparency, respect, and a commitment to learning.

These findings reflect the detailed experiences of 20 self-selecting participants and should be read as qualitative insight rather than a representative assessment of all Royal Devon complainants.

About Us

Healthwatch in Devon, Plymouth, and Torbay (HWDPT) are the local independent consumer champions for people using health and social care services across Devon.

Local Healthwatch organisations were established as independent bodies run by local people, for local people. They are part of a national network of Local Healthwatch in England that was set up under the Health and Social Care Act 2012.

Healthwatch engages with the local community to give residents of Devon, Plymouth & Torbay a stronger voice to influence and challenge how health and social care services are provided for them.

Devon County Council, Plymouth City Council and Torbay Council jointly commission local Healthwatch in Devon, Plymouth and Torbay. This jointly commissioned Healthwatch service is provided by Colebrook Southwest Ltd, Citizens Advice Devon & Engaging Communities Southwest Ltd.

Introduction

In its own complaints training programme for staff, the Royal Devon University Healthcare NHS Foundation Trust (hereafter referred to as Royal Devon) states that "Repairing relationships is a primary goal of complaint handling." This highlights the fact that complaint handling is not just an administrative process—it is a relational process. A successful complaints process can help improve patient experience, restore trust and demonstrate a culture of openness and learning.

As Royal Devon tells people in their *Complaints and PALS* leaflet, "We know we don't always get it right." In an organisation as large as the Royal Devon, which serves around 615,000 people across Devon and deals with over 200,000 inpatient and day-case admissions per year, there will inevitably be occasions when service does not meet the expectations of either patients or the Trust itself.

A healthy and robust complaints service will seek to continually review and improve procedures based on patient feedback. Currently, the oversight and handling of NHS complaints operates in two stages: local resolution by the specific healthcare provider or commissioner, and independent, national oversight by the Parliamentary and Health Service Ombudsman (PHSO), which acts as the final tier of appeal for unresolved complaints in England. At the time of writing, national work is under way to strengthen patient experience and complaints handling. Learning from local reviews such as this can help inform how complaints processes are improved in practice.

This report considers people's experiences of the complaints process; it is not an assessment of individual members of staff or the clinical care involved in their complaints.

Background

In 2023, Healthwatch Plymouth produced a summary report drawing on experiences recorded during conversations with patients or relatives who had recently been through the complaints process at University Hospitals Plymouth NHS Trust (UHP). This report had been initiated following conversations between Healthwatch Plymouth and the Patient Advice and Liaison Service (PALS) manager at UHP. UHP subsequently responded that the report "...provides valuable insights that will help us to improve our complaints services with both immediate and long-term impacts."

In early 2025, and in light of the report on UHP, the Complaints Manager of the Patient Experience team at Royal Devon entered discussions with Healthwatch Devon with a view to conducting a similar piece of research into patient experience of their own complaints procedures. A methodology was agreed and the research commenced in July 2025. This report is the result of that research.

Further information from Royal Devon University Healthcare NHS Foundation Trust

As one of the largest NHS organisations in the South West, the Royal Devon University Healthcare NHS Foundation Trust provides services for more than 615,000 people across over 2,000 square miles of Northern, Eastern and Mid Devon. The Trust employs more than 15,000 staff and delivers a wide range of acute, community and specialist services. Given the size and complexity of the organisation, feedback from patients, families and carers plays an important role in helping the Trust understand where services are performing well and where improvements may be needed. Complaints and concerns provide valuable insight into patient experience and support learning, quality improvement and service development across the organisation.

During 2025/26, the Trust received 1,561 formal complaints and closed 1,409 complaints. A further 56 complaints were reopened following review, representing 3.6% of complaints received. Alongside formal complaints, the Patient Advice and Liaison Service (PALS) closed 3,391 contacts during the year, comprising 3,311 PALS cases and 80 loss and compensation claims. PALS provides an important service for patients and families by helping to resolve concerns, answer questions and provide support at an early stage, often preventing issues from escalating into formal complaints.

The Trust is committed to resolving concerns as quickly as possible and ensuring patients and families receive timely responses. During 2025/26, 382 complaints, representing 27% of all complaints closed, were resolved through the Early Resolution process within 14 days. To strengthen this approach, the Trust introduced an improvement initiative in January 2026 aimed at increasing the use of early resolution. This work resulted in a 107% increase in complaints resolved through the Early Resolution process between April 2025 and March 2026. Whilst some complaints require more detailed investigation due to their complexity, 96% of all complaints closed during the year were concluded within six months. Together, these approaches help ensure concerns are responded to in a timely manner whilst maximising opportunities for learning and service improvement.

Methodology

It was decided that the research would consist of a series of guided conversations with people who had been through the Royal Devon complaints process in the past 24 months. These conversations would be based on a mix of binary Yes/No questions with the chance to expand on responses.

A public call-out for participants was made by both Royal Devon and Healthwatch in the following ways:

- A news story on both the Royal Devon and Healthwatch public websites.
- An article on the Royal Devon 'get involved' webpage.
- An article included in both Healthwatch and the Trust's stakeholder newsletters.
- An email for Trust governors, encouraging them to share the opportunity with their communities.
- Opportunity shared with Royal Devon Community Voices Groups.
- Regular Healthwatch and Royal Devon social media posts.
- Information circulated to previous complainants by Royal Devon.
- Posters located at PALS offices within Royal Devon premises.

Participants were invited to call the Healthwatch freephone contact number to register their interest, after which their details were forwarded to Healthwatch Engagement staff or Healthwatch Champions to arrange a suitable time for the telephone appointment to take place.

Despite the extent of publicity for the research, initial response was lower than expected and it was decided to forgo conducting telephone interviews for the remainder of the project and promote the survey through websites and social media to see if this would produce a better result. By the close of the survey timeframe, a total of **20** questionnaires had been completed through completed surveys or guided telephone interviews.

For context, Royal Devon received **2,767** formal complaints across 2024/25 and 2025/26. The 20 people who contributed to this Healthwatch work therefore represent a very small, self-selecting sample of overall complaints activity. Also, as participation was voluntary, people with particularly strong experiences may have been more likely to respond. The findings should be read as qualitative insight into individual experiences rather than a representative assessment of the Trust's complaints service.

Key Findings

This section highlights a summary of the key themes gathered from our research. These themes reflect the experiences of this small, self-selecting sample and should be considered alongside the wider Trust data set out in the Background section.

Summary of Key Themes

- Most people found it straightforward to learn how to submit a complaint, but their overall experience varied, and although most received an acknowledgement, the timeliness of those responses was inconsistent.

- Early contact from Royal Devon staff was uncommon, and while a few complainants were satisfied with basic email updates, most felt neither well informed nor involved in the investigation, with timeliness emerging as a major concern throughout the process.

- A minority described clear or efficient responses; however, most respondents expressed dissatisfaction with both the quality and outcome of the investigation.

- A lack of meaningful engagement left many feeling their concerns were not taken seriously; very few believed the Trust had learned from their complaint, and signposting to the Ombudsman was inconsistent and not always trusted.

- Suggestions for improvement centred on better communication, genuine listening, and cultural change.

Detailed findings

Our findings are derived from a combination of online survey responses and telephone interviews. A total of 20 individuals fed into the data for this insight. Findings are presented thematically, following the main stages of the complaints process, rather than question by question. The full set of questions used in the survey and telephone interviews can be found in Appendix A.

Please Note: Response totals may vary because not every participant answered every question. Comments are included verbatim to illustrate key themes; not all comments are shown, and some relate to more than one theme. Comments reflect individual perceptions and have not been independently verified.

Raising the complaint (Questions 1 – 3)

The 19 responses to question 1 suggest that people generally found learning how to submit a complaint to Royal Devon straightforward.

The greatest number of respondents (8 - 42.11%) learnt about the process from PALS, whilst 2 were directed by ward staff. 6 respondents researched online (2 simply cited Google whilst 4 specified the Royal Devon website), whilst 2 were already aware of the process. 1 participant simply answered, "*Easy to find.*"

As a result of their research or directions they were given, most people (12 - 63.16%) submitted their complaint in writing; email was generally specified. 2 submitted their complaint at least partly by phone, 1 raised their issue directly with a member of staff and one respondent answered 'AI'. It is unclear whether this referred to using an artificial intelligence tool to support drafting their complaint. This may be an area to monitor in future, but no significant conclusions can be drawn from one response.

In question 3, when it came to judging how easy the process of raising their concerns was, 12 (60%) of the 20 respondents gave a high score of 7 or more, with half of those providing a response of 10 ("very easy"). However, we also note that 35% of scores (7) were 3 or less, with 3 respondents using 0 to suggest that they found the experience "*not easy at all*" and bringing the average score down to 6.

Responding to the complaint (Questions 4 – 7)

13 of the 19 people (68.42%) who responded to Question 4 received an acknowledgement of their complaint submission.

The Trust website states, *"We will acknowledge your complaint within three working days from receipt."* 6 of the respondents report receiving an acknowledgement within this timeframe; overall, 8 of the 13 respondents received their acknowledgement within a week. 2 simply described the response as "*timely*" but one response took 2 weeks, and another complainant reported waiting over a month.

Of the 6 people who did not receive an initial acknowledgement, in one instance, the complainant was told their submission would not be read because the incident it described was beyond the 12-month complaints threshold, whilst another respondent maintains that despite submitting their complaint by both phone and email, they received no response whatsoever and that no investigation has taken place.

Although Royal Devon guidance suggests that in handling complaints, investigating staff should offer to discuss the complaint and how it will be handled, 15 of 19 respondents were not contacted at the start of the investigation. One expressed the opinion that Royal Devon *"…are adverse [sic] to contacting or speaking to you if you submit a complaint, they prefer no contact other than writing."* However, one respondent who did attend an arranged meeting was less than happy with the process, detailing that they were not made aware who would be at the meeting beforehand and subsequently found being faced by several members of staff "*intimidating*." Another complainant who attended a meeting with a staff member felt that the occasion was a matter of "*obviously covering backs*," whilst one described how the response to their request for a meeting was "*treated sub optimally*."

Three people were satisfied to receive an email response from staff explaining that their complaint was being investigated with one person feeling "*reassured*" that their complaint had been understood.

The investigation process (Questions 8 – 13)

36.84% of complainants (7 of the 19 who responded to question 8) said that they were kept informed of progress throughout Royal Devon's investigation of their complaint, with one of those who were not kept informed concluding:

> *"RDE, PALS, Patient Experience never update you, give you any indication of when to expect a response…"*

Of those kept updated, the majority received news of progress via email, but 2 respondents only received updates after chasing the matter up, whilst one person is apparently still awaiting word: "*It's been nearly 6 months. No updates.*"

Consistent with these responses, two thirds of respondents (66.67%) described not feeling involved in the process. 8 answered question 11 - *How were you kept involved? What worked for you?* – and 2 of those did not directly answer the question but instead gave further detail of their dissatisfaction. But 6 respondents were happy with their experience. Most of those 6 were satisfied by email and phone communications, with one reporting that they were "*Kept up to speed on how everything was progressing through the complaints system*," and another stating:

> *"I'm not sure how else I could have been included, they gave me updates."*

Responding to question 12, 3 of the 18 who answered felt that the process was timely. Asked in question 13 to elaborate, one person complained "*It took 4 months to receive an appalling reply,*" whilst another described how "*I was told on the phone by a PALS person that they did not need to respond for 6 months because that's how long the process allows!!*" Similarly, another respondent reported that they were:

> *"informed by the PALS staff member that a 50-day turnaround was needed for complaints to be processed. I was already aware of this and had waited 50 days before I made my approach to PALS to find out what was happening."*

Findings and outcome (Questions 14 – 20)

18 responses were received to the question *How were the findings shared with you*? 7 people received the investigation findings by email or letter (1 via both methods), 2 by phone call and 4 describe being relayed the findings in a face-to-face meeting. 1 respondent described the response simply as verbal and for 3 people the question was not applicable. 1 person received an investigation report.

At question 15, 4 of the 17 people who answered felt positive about their findings: "*Excellent – very clear communication*," "*It was quick and efficient,*" and *"…it was clear where the learning was*," are examples of their opinions. However, the majority of respondents expressed dissatisfaction with the response they received from Royal Devon.

Descriptors used by these respondents ranged from "*Underwhelming*" and "*Disappointing*" to "*Disgusting and dangerous.*" Some respondents made serious allegations about records, staff behaviour and safety. These comments are reported as patient experience insight and have not been independently verified as part of this report.

14 (77.78%) responses to question 16 recorded dissatisfaction with the outcome and findings. Asked to give detail to their answer in question 17, respondents describe feeling, variously, "*dismissed,*" not listened to or that the outcome had been a "*whitewash*." Although one person felt that "*I don't know how things can be improved with an already stretched service*".

Some complaints had resulted in apologies from the Trust, although this did not satisfy everyone. In one instance where mistakes were admitted, the complainant felt that *"there should have been a face-to-face apology and explanation,"* whilst another was unhappy with how the apology was conveyed, saying they felt "*the letter was…quite wishy washy and didn't get to the point."*

14 of 17 respondents (82.35%) completing our survey reported that they were not offered any opportunity to meet and discuss the findings. Alongside this, 15 of 19 respondents (78.95%) to question 19 stated they did not believe Royal Devon had taken their concerns seriously. Going into detail on this, we were told by one respondent that *"The length of time it*

took, and lack of contact made me feel they didn't care," whilst another described the complaints process as *"...a tick box exercise so that it would look like it was resolved for CQC requirements*."

One complainant took exception to the style of communications, objecting to the frequent use of the phrase "*we take all complaints very seriously,*" judging it *"meaningless, unquantifiable and disdainful"* and pointing out that to have their concern taken seriously is "*the most base of expectation and requirement of all complainants."*

Post outcome (Questions 21 – 26)

Four people believed that the Royal Devon had learnt from their complaint. 14 responses were negatively oriented with the few comments under 'other' including *"How could they?*" and "*Incidents are on repeat*." When offered the opportunity to give further detail at Question 22, 2 of the 9 who answered reported that action had been taken in response to their complaint and 2 felt that external factors such as "*money being taken away and reducing education,*" were wider contributory problems. Others saw the problem as one of culture, describing "*a Trust deaf to patient care*" in one instance, whilst another detailed that:

> *"We have complained via PALS on several occasions - very little changes as a consequence. They just go through a tick box procedure - which loses the application of a personal touch, humanity and common sense!"*

Questions 23 and 24 asked if complainants had been signposted to the Parliamentary and Health Service Ombudsman. All participants answered this, with just under half (9 of 20) confirming that they had received such signposting, although 1 respondent said that it was an external charity supporting them that suggested taking that direction. Another expressed scepticism of the value of the Ombudsman service, describing their relationship with the Royal Devon as "*very chummy.... That closeness devalues the process & reduces patient confidence."*

The final 2 complaints-related questions sought participants' suggestions

as to how they felt Royal Devon could improve their complaints handling. Some respondents simply felt that the process could be quicker, or that communications needed to be improved:

> *"Initial acknowledgement of a complaint should be better than a standard automated email."*

Many spoke in general terms about *"… listening better and learning from past mistakes,"* and suggesting that the Trust "*Be respectful, maintain contact and where they have made mistakes be open and honest …*"

One respondent called for a complaints support process they perceived as more independent and patient-focused.

Observations

The following observations summarise the experiences reported by our 20 participants and should be read alongside the Trust-wide information in the Background section.

Submission - Most respondents found it straightforward to learn how to submit a complaint, but experiences of ease were mixed: while 60% rated the process highly (7–10), seven respondents (35%) rated it poorly (0–3), pulling the average score down to 6.

Acknowledgement – The majority of complainants received an acknowledgement, but timeliness varied with fewer than half receiving it within the Trust's stated three-day target. Early contact from Royal Devon staff was uncommon, with 15 of 19 respondents reporting no initial discussion about how their complaint would be handled. Some who did attend meetings described the experience as intimidating, poorly communicated, or defensive.

Investigation - Few complainants felt well-informed during the investigation, with around a third receiving progress updates and most did not feel involved in the process, with two-thirds reporting a lack of engagement. Among the small number who felt included, clear email or phone communication was what worked best, providing reassurance and a sense of being kept "*up to speed*." Timeliness was a major concern, with 3 of 18 respondents describing the process as timely. Several reported long waits—ranging from 50 days to six months—and expressed frustration at being told that lengthy delays were permissible within the system.

Findings - How findings were shared varied, and detailed reports were rare. Most respondents received outcomes by email or letter, with smaller numbers receiving phone calls or face-to-face meetings. One person received a full investigation report.

Outcome – Most respondents were dissatisfied with the quality and outcome of the findings. While a minority praised the clarity or efficiency of the response, the majority described their findings negatively, using terms like "*underwhelming*," "*disappointing*," or stronger criticisms. Over 80% were not offered a meeting to discuss findings. Alongside this, respondents described a sense that their concerns were not taken seriously. Respondents cited long delays, poor communication, formulaic language, and a perception that the process served organisational requirements rather than complainants' needs. Additionally, signposting to the Ombudsman was inconsistent and not always trusted.

Four respondents believed the Trust had learned from their concerns, while most expressed scepticism or frustration, citing cultural problems and a perceived 'tick-box' approach that lacked humanity and meaningful change.

Suggestions for improvement - these centred on better communication, genuine listening, and cultural change. Respondents called for quicker responses, clearer and more personal communication, honesty when mistakes occur, and a more patient-centred approach. One respondent called for greater perceived independence and patient support within the complaints process.

Recommendations

In light of the relatively small but detailed sample, we have grouped our recommendations around the main themes raised by respondents. These are intended to support improvement in communication, involvement, transparency and learning, rather than to prescribe every operational detail of the complaints process.

Recommendation 1 – Strengthen acknowledgement and early contact.

The Trust promises acknowledgment of receiving a complaint within 3 working days[1], but our feedback reports fewer than half of survey respondents having that target met. We recommend that the Trust considers these experiences alongside its Trust-wide acknowledgement data to identify whether any gaps in process or communication require further attention.

Recommendation 2 – Explain the scope and process early on with complainants.

Trust complaints information states that if they have a contact telephone number, they will attempt to contact the complainant to discuss their concerns and explain the process and point of contact for the complaint. Our survey respondents indicated that in the majority of cases, this did not happen. We cannot deduce from our data how many of those respondents had provided a contact number. We recommend that information about submitting a complaint asks complainants to provide one where possible and explains why this may be helpful.

Recommendation 3 – Keep people informed throughout.

Much of the complainant frustration reported to us was due to people not feeling adequately informed or involved in the procedure, with a third saying they received progress updates.

We recommend maintaining consistent communication throughout the course of all complaint investigations, perhaps considering a standard update schedule - regardless of progress - to reassure people that there is active attention to their complaint.

Recommendation 4 – Improve consistency in reporting findings.

The Royal Devon states that it will provide complainants with a written response at the close of investigation, detailing the complaint, what the investigation involved, findings and outcomes. Some respondents reported receiving findings verbally; our survey did not establish whether they also subsequently received a written response. We recommend ensuring complainants receive a clear written record of findings and outcomes.

Recommendation 5 – Offer meaningful discussion after the outcome.

Royal Devon could consider offering a follow-up call, where appropriate, to confirm whether a complainant feels their concerns have been fully resolved. Introducing such a call could help clear up any lingering misunderstandings or dissatisfaction, strengthen trust, and reduce the likelihood of needing to revisit or reopen the investigation.

Recommendation 6 – Make learning more visible.

The Trust already releases annual "You said / we did" reports on its website, but we recommend that updates be included on a more regular basis and included in Trust newsletters and on social media.

The 2019 Healthwatch England report, Shifting the Mindset[2], contains helpful support and recommendations for improving complaints systems, including publishing regular, detailed complaints reports with learning outcomes and improving communication of learning through accessible formats such as leaflets and display screens.

[1] https://www.royaldevon.nhs.uk/patients-visitors/patient-advice-and-liaison-service-pals/complaints/

[2] Shifting the Mindset: https://nds.healthwatch.co.uk/reports-library/shifting-mindset-closer-look-hospital-complaints

Stakeholder Response

"The Royal Devon University Healthcare NHS Foundation Trust would like to thank everyone who took the time to share their experiences of the complaints process. We recognise that giving feedback about a complaint, particularly where an individual has had a difficult experience, requires further time and effort, and we are grateful to those who contributed.

Seeking meaningful feedback specifically about the complaints process can be challenging, and we therefore welcome the independent insight provided through this Healthwatch work. We recognise that the findings are based on a small, self-selecting group of 20 respondents and are not representative of the experience of everyone who has used our complaints service. Nevertheless, the experiences described are important and provide valuable insight into how the process can feel from the perspective of patients and families.

The report highlights particular concerns around timeliness, communication, involvement, the quality and consistency of responses, and demonstrating learning following a complaint. It also identifies examples where people experienced clear communication and felt reassured and kept informed, reinforcing the importance of consistent, meaningful contact throughout the complaints process.

Like many NHS organisations, the Royal Devon is operating within a significantly pressured environment. Managing complaints requires us to balance timely and thorough investigation with the clinical responsibilities of the staff whose expertise is frequently essential to answering patients' concerns. This context is important, but we also recognise that organisational pressures should not diminish the experience of people who are waiting for answers or leave them feeling uninformed.

The findings from this report have therefore helped to inform and focus our complaints improvement work for 2026/27. This includes an in-depth review of the end-to-end complaints pathway, looking at opportunities to simplify and streamline processes, reduce avoidable administrative

delays and make better use of technology. Alongside this, we are deliberately looking beyond process and performance measures to consider how the complaints journey feels for the person making the complaint, including the quality and frequency of communication, opportunities for meaningful conversation, the clarity and accessibility of responses, and how we demonstrate that learning has resulted from concerns raised.

We have already made progress in developing alternative approaches to formal investigation where these are appropriate. During 2025/26, 382 complaints, representing 27% of complaints closed, were resolved through Early Resolution within 14 days, with the use of this approach increasing substantially during the year. We recognise, however, that improving timeliness alone is not enough. A good complaints process must also listen, communicate openly, provide meaningful answers and help rebuild trust when someone's experience of our care has fallen short.

We welcome the recommendations from Healthwatch and will use them alongside our wider complaints data, feedback from patients and families, and our ongoing improvement programme to help shape the next stage of this work. We will continue to work with Healthwatch and, importantly, with people who have direct experience of our complaints process as we develop and evaluate these improvements."

Acknowledgements

Healthwatch in Devon Plymouth and Torbay would like to thank everyone who contributed their experiences to this report through online surveys or telephone interviews.

We would also like to thank Royal Devon University Healthcare NHS Foundation Trust for requesting our services to independently research and prepare our report, which demonstrates a commitment on the Trust's part to involving patient voice in developing and improving services.

Appendix A
Questionnaire

Patient experiences of the RDUH complaints procedure

Healthwatch is the independent champion for people using health and social care services, making sure community voices help shape and improve local care. The Royal Devon University Healthcare NHS Foundation Trust complaints team has asked Healthwatch Devon to survey patients who recently made a complaint, so your experience can help improve how Royal Devon handles concerns.

Your feedback will be shared anonymously with NHS colleagues at Royal Devon and used to strengthen the complaints process. Key findings will also appear in a public report on the Healthwatch Devon website, but you will not be identified. All information will be stored only for the purpose of producing this report.

You do not need to answer every question but we ask you to provide as full a response as possible.

If you need support completing this survey please contact us on 0800 520 0640 or info@hwdpt.org.

The survey is open until Monday 30 March 2026.

1. How did you find out information about making a complaint?

2. How did you raise the complaint?

3. From 0-10, where 10 is very easy and 0 is not easy at all, how easy was it to raise your concerns?

0----------10

4. Did you receive an acknowledgement via email or letter to your complaint once submitted?

Yes

No

Other (please specify)

5. If yes, how long did it take to receive an acknowledgement?

6. Did a Royal Devon officer contact or meet with you at the start of the investigation?

yes

no

Other (please specify)

7. If you wish, provide more detail about this.

8. Were you kept informed of progress throughout the investigation?

Yes

No

Other (please specify)

9. If yes - how were you kept informed? How often? If no, please provide detail.

10. Did you feel involved and included in the process?

Yes

No

Other (please specify)

11. If yes – how were you kept involved? What worked for you? If no, please give detail

12. Did you think this was a timely process?

Yes

No

Other (please specify)

13. If no, why not? If yes, please provide detail.

14. How were the findings shared with you? Please provide detail.

15. What was your opinion of the quality of the response?

16. Were you satisfied with the outcome/findings?

Yes

No

Other (please specify)

17. Please provide detail about your thoughts on the outcome.

18. Were you offered an opportunity to meet and discuss the findings?

19. Do you believe that Royal Devon have taken your concerns seriously?

Yes

No

Other (please specify)

20. Use this space to provide detail to the previous question.

21. Do you believe that Royal Devon have learnt from your experience?

Yes

No

Other (please specify)

22. Use this space to provide detail to the previous question.

23. Were you appropriately signposted to the Parliamentary Health & Social Care Ombudsman?

Yes

No

Other (please specify)

24. Use this space to provide detail to the previous question.

25. How do you think Royal Devon could improve their complaints handling?

26. Use this space to provide any further detail to the previous question.

27. Would you be happy to be contacted about involvement in this work at a later date? If yes, please provide your contact details

28. First part of postcode?

29. What is your age?

Under 18

18-25

26-35

36-45

46-55

56-65

66-75

76-85

86+

prefer not to say

30. What is your gender?

Female

Male

Intersex

Non-binary

Transgender

Prefer to self-describe

Prefer not to say

31. What is your sexual orientation?

Heterosexual

Bisexual

Gay man

Lesbian / gay woman

Pansexual

Asexual

Prefer to self-describe

Prefer not to say

32. How do you describe your ethnicity?

Arab

Asian

Asian British

Black British: African

Black British: Caribbean

Black British: other

Mixed / multiple heritage

White British / English / Northern Irish / Scottish / Welsh

White: Gypsy / traveller

White: Roma

Any other ethnic group

Prefer to self-describe

Prefer not to say

33. Do you consider yourself to have a disability?

Yes

No

Prefer not to say

34. if yes, please tell us what form of disability

Physical disability

Long-term health condition

Mental illness

Learning disability

Cognitive impairment

Visual impairment

Hearing impairment

Speech impairment

Other (please specify)

35. Do you have a religion or belief?

Agnostic

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

Other

No religion

Prefer not to say

Other (please specify)

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