



King's College Hospital  
NHS Foundation Trust

King's College Hospital NHS Foundation Trust

**Patient Experience Annual report:**

Complaints, Patient Advice and Liaison Service and  
Friends and Family Test performance

2025-2026

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## 1. Executive summary

Between April 2025 and March 2026, King's College Hospital recorded 62,211 instances of feedback from our patients and their friends, families and carers who utilised a formal complaints process, accessed our Patient Advice and Liaison service, submitted compliments and/ or completed the Friends and Family Test to share their experiences.

The Trust received 1,451 formal complaints; this represents 23% increase compared to the previous year. The main themes of formal complaints included communication, patient care, and values and behaviours displayed by our staff.

Patient Advice and Liaison service recorded 35,119 contacts, representing 22% reduction from the previous year. The decrease in contacts primarily reflects fewer queries relating to MyChart and general information requests. Despite the overall decrease in the number of contacts, concerns increased by 13% and enquiries by 5%. Compliments received through the service have continued to rise in recent years, with a total of 642 recorded, representing a 22% increase compared to the previous year.

The Trust also collected 25,641 responses to the Friends and Family Test with scores improving for most services, particularly maternity, emergency care and inpatient. However, outpatient services saw a slight decrease. The most common positive theme related to staff behaviour and patient care, while facilities, waiting times and communication were the most frequently reported negative themes.

The Trust implemented numerous initiatives based on patient feedback, focusing on communication, environment and waiting times, which were highlighted as significant areas for improvement across all feedback channels. There is however limited evidence of impact of improvement initiatives which the Trust will focus on in 2026-2027.

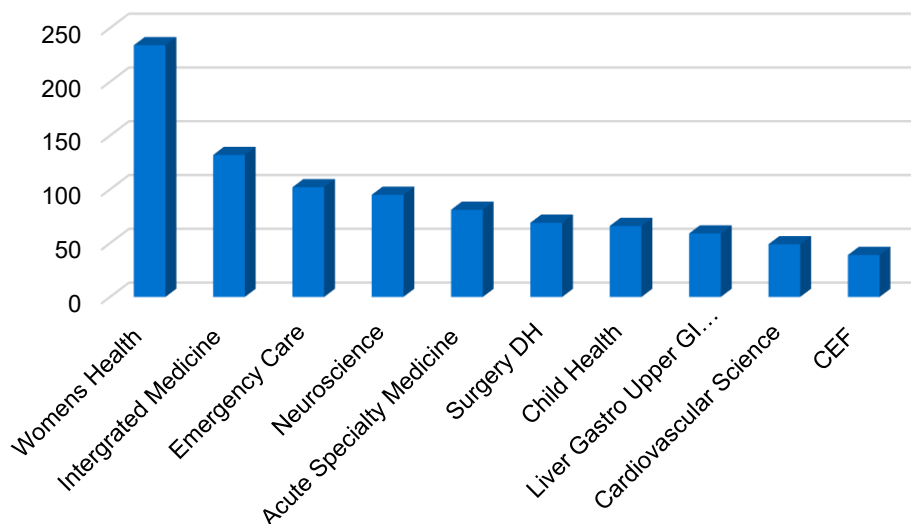
## 2. Trust-level data

On 1<sup>st</sup> July 2025, the Trust reorganised to a new divisional management structure, replacing site-based model previously in place. The data within this report, including the historical comparisons, reflects the new organisational structure.

### 2.1. Complaints

In 2025-2026, the Trust received 1,451 formal complaints. This represents 23% increase in comparison to the same period last year. Complaints are graded depending on complexity into categories, red, amber, green.

	2022-2023	2023-2024	2024-2025	2025-2026	Change
Number of complaints received	928	1,120	1,184	1,451	+ 23%



**Figure 1. Top 10 Formal Complaints by care group**

Of the complaints received, 664 related to Outpatients services. This represents 39% increase in the number of complaints relating to this area. Communication, attitudes and behaviours of staff, and matters relating to appointments were the most prominent reasons behind the complaints. Inpatient services received 317 complaints whilst 206 complaints related to emergency care. Apart from communication, complaints focused on patient care needs not being adequately met. Lastly, maternity services recorded 116 complaints that touched on behaviours from clinical staff including midwives, communication and patient care.

Data analysis indicated that the top five reasons behind formal complaints include communication, patient care, values and behaviours, admissions and discharges, and appointments.

During the reporting period, the Trust responded to 1,220 complaints with the following outcomes:

Upheld**	568
Partly Upheld**	559
Not Upheld**	93

\*\* please note due to reporting period some complaints remain open as they will not be due for closure until June/July if red or amber and received in March/April

During the previous year, the approach to informal complaints was revised to better define complaints compared to the Patient Advice and Liaison Service. In 2025-2026, the Complaints Team managed 27 informal concerns which required mediations or relevant action to resolve but were not a formal complaint. This is a significant decrease from 2024-2025 when 530 informal concerns were actioned by the Complaints Team. While the reduction does not necessarily indicate fewer concerns overall, it does demonstrate that there is improved clarity around the distinction between Complaints and Patient Advice and Liaison service with appropriate management of issues through the correct service pathway.

### 2.1.1. Reopened Complaints

The NHS Complaints Standards are clear that once a response has been provided, a provider can signpost to the Ombudsman if the complainant remains unhappy. This

reflects a 'do it once and do it well' approach. However, the Trust has continued to reopen some complaints when a further response is felt could be offered, resulting in 48 reopened complaints during the year.

### 2.1.2. Learning From Complaints

The Trust complaints responses reflect the commitment to learning and improving from our complaints. Complaints do feed into individual appraisals and are shared with clinical supervisors where indicated. Responses detail personal and team reflections and discussion of complaints, including presentation of complaints in peer group teaching sessions. At a care group level complaints are a set agenda item to ensure specialties regularly consider their complaints and any themes noted. Examples of improvements and changes made are outlined below:

- Integrated Medicine – Pathway review instigated for those patients transferred from other sites for specialist review, to ensure clearer communication and appropriate prioritisation.
- Specialist Medicine - Staff to undertake enhanced training in compassionate conversations and honest discussions about deterioration prognosis.
- Neurosciences – Active monitoring of outpatient cancellations, working with appointments team to maximise clinic slots, in addition review of cancellation letters to ensure clear communication for patients.
- Radiology - Discussion and review of the ankle fracture pathway between Consultant Radiologists and Consultant Orthopaedic Surgeons has been initiated as result of the complaint review to improve for future patients.
- Women's Health – Drafting of wound care advice sheet for surgical patients (Gynaecology).
- Women's Health – Sonographers to attend bereavement training to enhance care provided to those patients suffering early pregnancy loss.
- Child Health - Weekly referral meeting set up to review and identify urgent referrals for sooner appointments.

These improvements will benefit future patients; the care groups present regularly to the Divisional Quality Governance meetings which includes complaints speciality and learning is monitored within this setting/ these meetings.

### 2.2. Parliamentary Health Service Ombudsman Referrals

Parliamentary and Health Service Ombudsman offers a second stage review where the Ombudsman considers there has been an injustice. Between 1<sup>st</sup> April 2025 and 31<sup>st</sup> March 2026, seven complaints were referred to the Ombudsman, four of which have been resolved informally in agreement with the complainant and the Ombudsman. In general, these resulted in low level financial remedies. Of those taken forward for full review the following outcomes are noted:

- A Denmark Hill Surgery and Critical Care complaint was partly upheld by the Ombudsman. However, there were no recommendations or actions required
- Two complaints were upheld; these are both being monitored through Divisional Quality Governance meetings:

- A Haematology complaint in regard to communication around the administration of medication, where the relatives had raised concern at the time of care delivery. Complaint taken for review concluded as upheld with recommendations.
- A Neuroscience complaint was upheld by the Ombudsman; recommendations were to consider how the care group will define and report serious incidents, ensure CT scan undertaken post shunt insertion prior to discharge. The action plan was submitted to the Ombudsman

The Ombudsman publishes reports for those complaints that have been subject to full review on their website.

### 2.3. Patient Advice and Liaison Service

The Patient Advice and Liaison service recorded **35,119** contacts during the period, reporting an overall reduction of 22% in comparison to 2024-25.

PALS Type	2023-2024	2024-2025	2025-2026	Change
Compliment	298	527	642	+ 21.82%
Concern	3,764	4,548	5,151	+ 13.25%
Enquiry	5,248	5,093	5,343	+ 4.90%
Information Request	11,004	16,731	11,358	- 32.11%
MyChart	9,016	17,724	12,461	- 29.69%
Feedback	131	172	164	- 4.65%

In contrast to previous years, information requests have decreased by 32% and the number of contacts relating to MyChart has fallen by almost 30%. This may signify a plateauing effect of the amount of support required by the Trust's communities since Epic implementation in October 2023 alongside the success of improvements deployed. However, the decrease needs to also be considered in the context of reduced staffing levels within MyChart helpdesk with the team operating at an average of 65% staffing capacity throughout the year.

The Trust has seen 22% increase in the number of compliments recorded (642) by Patient Advice and Liaison service with 15% of these received by the Women's Health care group.

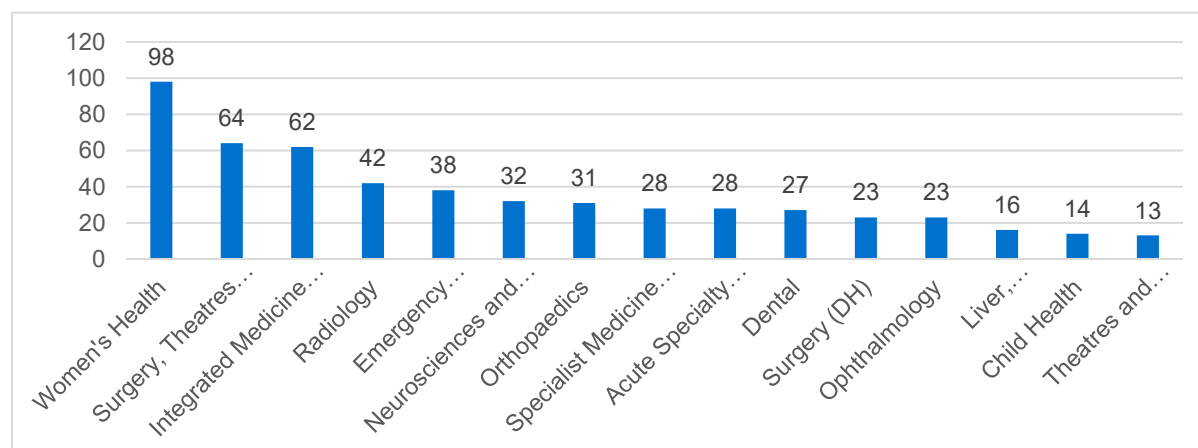
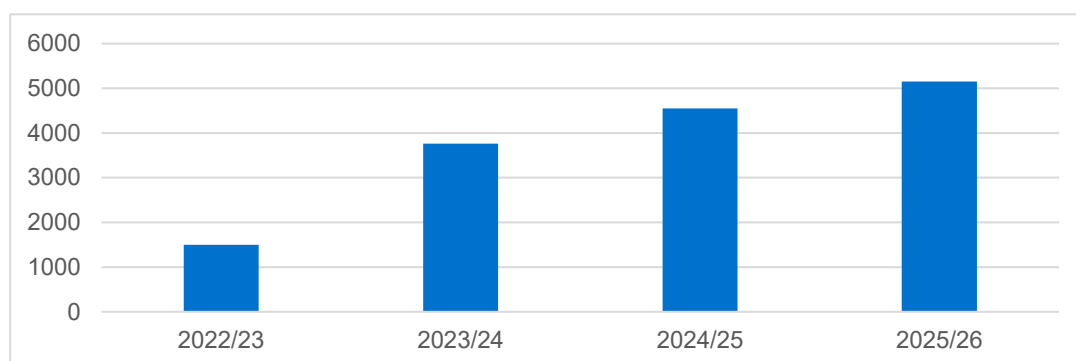


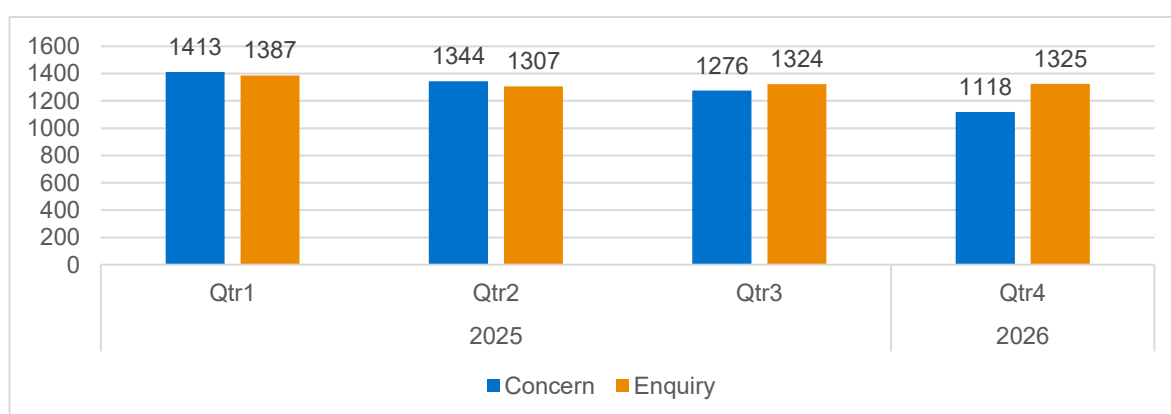
Figure 2. Patient Advice and Liaison service compliments received by care group (top 15)

Despite the overall reduction in the number of contacts recorded for the year, complex casework activity increased by 13% to 5,151 concerns reported. Since 2022, there has been a 243% increase in the number of concerns reported over the three-year period.



**Figure 3. Concerns raised through Patient Advice and Liaison Service since April 2022**

A total of 5,343 enquiries were also recorded, representing a further 5% increase in activity. The most significant increase in casework compared to previous years was within Division A, which experienced a 24% increase, particularly across Women’s Health and Radiology care groups.



**Figure 4. Patient Advice and Liaison service concern and enquiry breakdown by quarter**

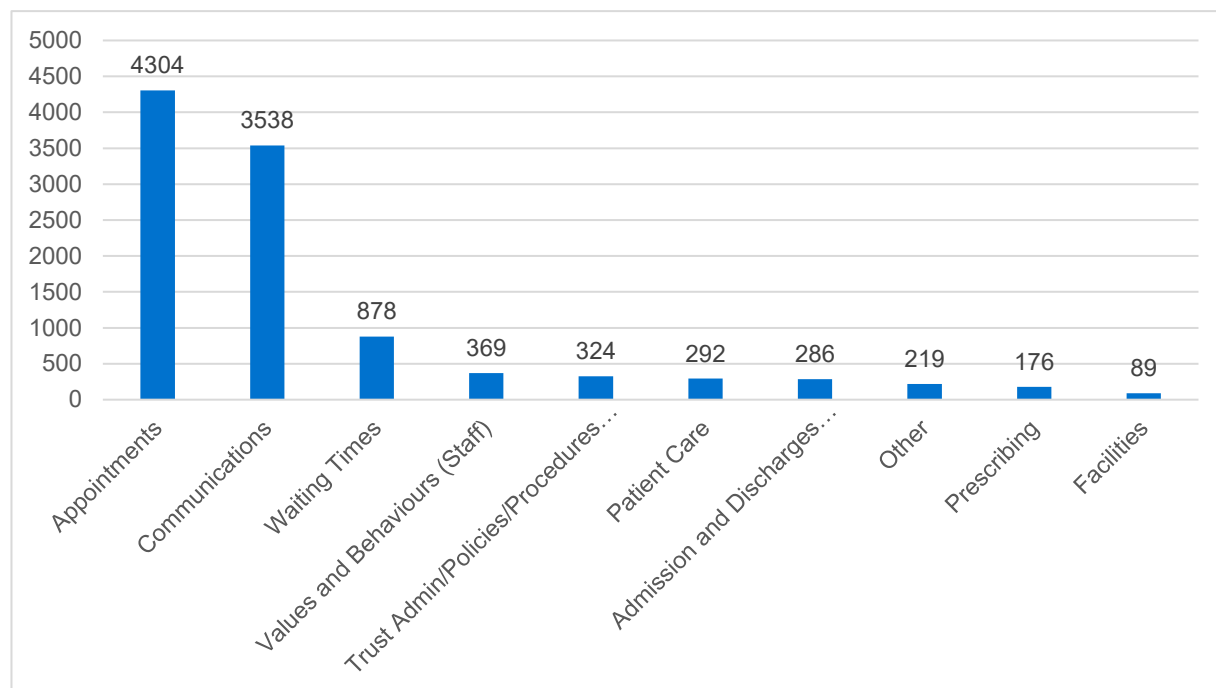
The Trust responded to and resolved 31,629 contacts within 5 working days, achieving an overall response rate of 90%, consistently exceeding the key performance indicator of 85%.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
% closed within 5 days	88.9	87.9	91.9	91.5	91.2	92.9	91.4	90.3	90.5	89.0	88.0	85.9

Appointments and communication issues continue to be the most prominent themes identified across all Patient Advice and Liaison contacts during 2025-2026 with 7,842 cases recorded across these two categories. Compared to the previous year, this represents a 15% increase in the number of contacts specifically raised by patients and relatives relating to appointments, communication or both. As communication is a cross-cutting theme that underpins patient experience, it consistently emerges as a leading area of feedback. Effective communication is a fundamental part of good patient care.

Notably in June 2025, July 2025 and January 2026, the number of contacts relating to delays in patients receiving appointments and issues reported in communicating with

patients spiked. The industrial action taken by resident doctors in July 2025 and December 2025 may be associated with the prevalence due to clinic alterations. However, the January 2026 increase has not plateaued and is continuing into the current financial year.



**Figure 5. Patient Advice and Liaison service top 10 subjects**

Further notable themes include:

- Long waiting times for surgery and cancelled procedures – uncertainty and communication quality for patients waiting.
- Communication with patients – concerns with fragmented communication, limited explanations, inconsistent information, poor access to clinical teams, and the quality of communication.
- Communication with relatives/carers regarding inpatient care, treatment and management – families feeling excluded or uninformed about care plans, requiring help to access support/information, clarification of treatment, updates, delays or changes in care.
- Discharge decisions and communication – relatives/carers raise concerns and challenge decisions when they feel a discharge is premature, planned discharge to home v transfer options for continuous care, medication and follow-up arrangements (including with community teams).
- Delay in reporting back to patients/ GP Practices on test/imaging results
- Delay in providing follow-up appointments or other discharge plan recommendations.
- Delays in providing referrals to other clinical teams.

#### 2.4. Friends and Family Test

The Trust recorded 25,641 responses to the Friends and Family Test survey between April 2025 and March 2026, 4% improvement from the previous year. The Trust's Friends and Family Test scores improved across inpatient and day case, maternity and emergency care services, with a minor decrease in outpatient. Emergency care services have improved by 15% since 2022.

Service	2022-2023 score	2023-2024 score	2024-2025 score	2025-2026 score	Change
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Inpatient and Day Case	93.8%	92.5%	93.4%	95.6%	+ 2.2
Outpatient	90.3%	90.6%	94.4%	94.3%	- 0.1
Maternity	88.9%	91.7%	91.1%	94.2%	+ 3.1
Emergency	64.2%	67.5%	72.1%	73.6%	+1.5

Service	Top 3 Positive Themes	Top 3 Negative Themes
Inpatient & Day Case	Staff Behaviour Patient Care Emotional and Physical Support	Food and Drink Facilities Waiting
Outpatient	Staff Behaviour Patient Care Waiting	Waiting Communication Facilities
Maternity	Patient Care Staff Behaviour Emotional and Physical Support	Communication Facilities Waiting
Emergency	Staff Behaviour Patient Care Waiting	Waiting Communication Quality of Care

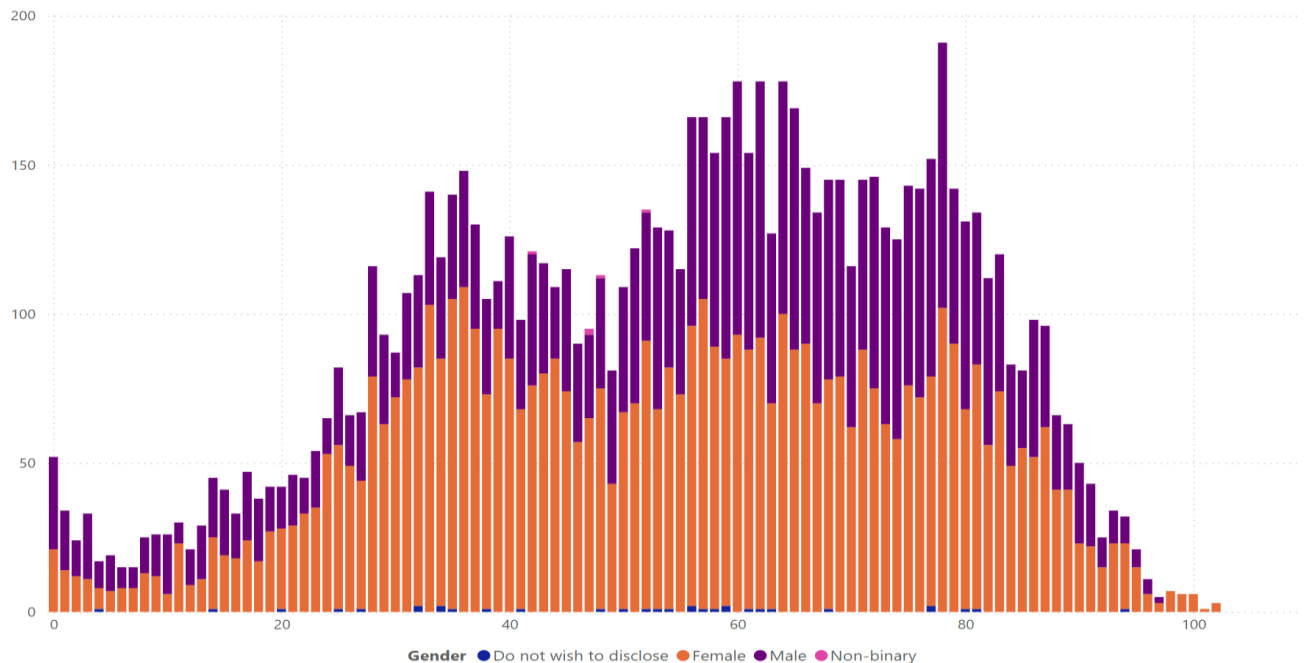
## 2.5. Demographics of respondents

Over the past 12 months, there has been increased focus on capturing protected characteristics of individuals providing feedback and sharing their experiences. This has included the introduction of new processes and targeted training for Patient Advice and Liaison Service staff. As a result, approximately 90% of casework recorded in 2025-2026 included partially completed or completed protected characteristic data, a 19% increase from the previous year.

Analysis of Friends and Family Test respondents and Patient Advice and Liaison Service contacts identified broadly consistent demographic patterns across age, gender, ethnicity and disability. Overall, the data suggests that the average respondent identified themselves as a 55-year-old female of white ethnic origin and living with a long-term health condition or illness. This is broadly consistent with national NHS patterns, where engagement is typically higher among older patients, females, and those with ongoing health issues. However, when compared to the diverse and relatively younger population served by King's College Hospital across Southwark, Lambeth and Bromley, there is indication that the respondents are not fully representative. For instance, Southwark and Lambeth has a median age in the early 30's with just over half the population female. Over the next 12 months, there will be further work to explore the demographic profile of our patient population to assess whether the contacts and respondents are representative.

### 2.5.1. Patient Advice and Liaison Service

The age of the patient involved in raising a concern or enquiry varied significantly, with the average age of 55 years old. Although the age was skewed positively above the age of 55, another peak between age of 28 to 45 years old was also noted. Within this peak, a significant portion of respondent identified as female. Overall, 60% of contacts identified as female and the most prominent disability types of a long-term health condition or illness.



**Figure 6. Age of the patient involved in concern or enquiry raised through Patient Advice and Liaison Service, by the gender identity**

66% of contacts who provided their ethnicity identified as White British. Patients who had a long-term illness or health condition were more also likely to raise a concern, compared to other contacts who reported other types of disability. Among those who provided information on religion or faith, the majority identified as Christian or reported having no religion and the distribution between concerns and enquiries was broadly evenly distributed.

### 2.5.2. Friends and Family Test

Overall, 23,371 respondents provided some or all their protected characteristics, which equated to 91% of responses collected. Similar to Patient Advice and Liaison Service, many respondents were over the age of 50 years old, although a secondary peak could be seen for those in their 30's.

Analysis of experience of care based on positive Friends and Family Test score, indicated poorer experience for patients with a Learning Difficulty and Learning Disability including Autism. Across all protected characteristics, respondents who chose not to disclose their demographic information reported a poorer experience, indicating potential reluctance to share this information in certain incidents although the numbers are small in comparison. Patients who identified as bisexual were more likely to negatively score their experience. Although analysis of comments did not highlight a correlation, it also highlights the importance of collecting demographic information to continuously monitor when certain groups of people may experience poorer care.

### 2.5.3. Complaints

Formal complaints received during the year were predominantly associated with patients aged between 26 to 55 years old, accounting for 48% of complaints. These were mainly

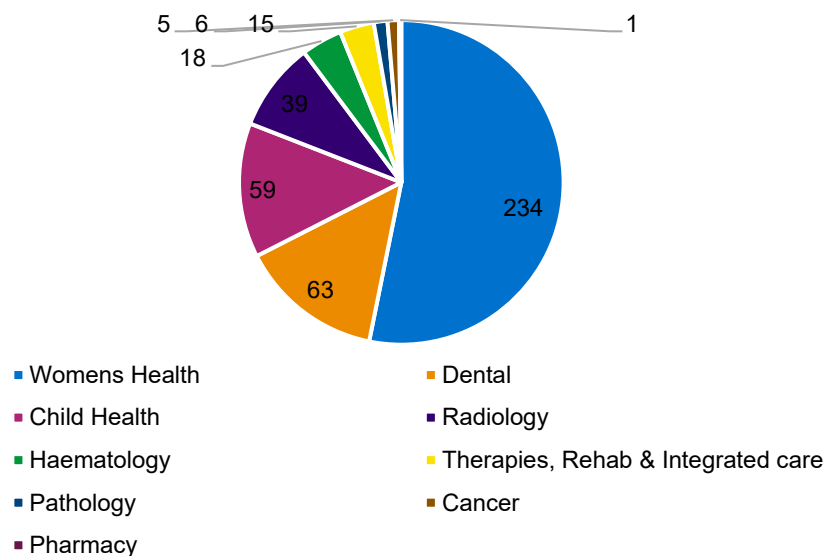
raised directly by the patient. Complaints received for patients over the age of 55 were more likely to be from both the patients and their relatives. Looking at the gender of the patients involved in the formal complaints, 65% were female. Females between 24 to 45 years old were significantly more likely be the patient in a complaint compared to males within the same bracket. The average age of a male patient in a complaint was 50 years old and above with a prominent spike at 78 years old. Analysis of the ethnicity recorded highlighted patients from a White or Black ethnic background were more likely to raise a severe complaint compared to other groups. However, as up to half the complaints did not have an ethnicity recorded, it is unclear whether there is a correlation between ethnicity and severity of complaint. In Maternity, patients who identified as Black ethnicity were more likely to raise a complaint with a red rag rating, although the numbers were minimal, highlighting the importance of collecting protected characteristics to monitor experiences of care.

### 3. Division A

#### 3.1. Complaints

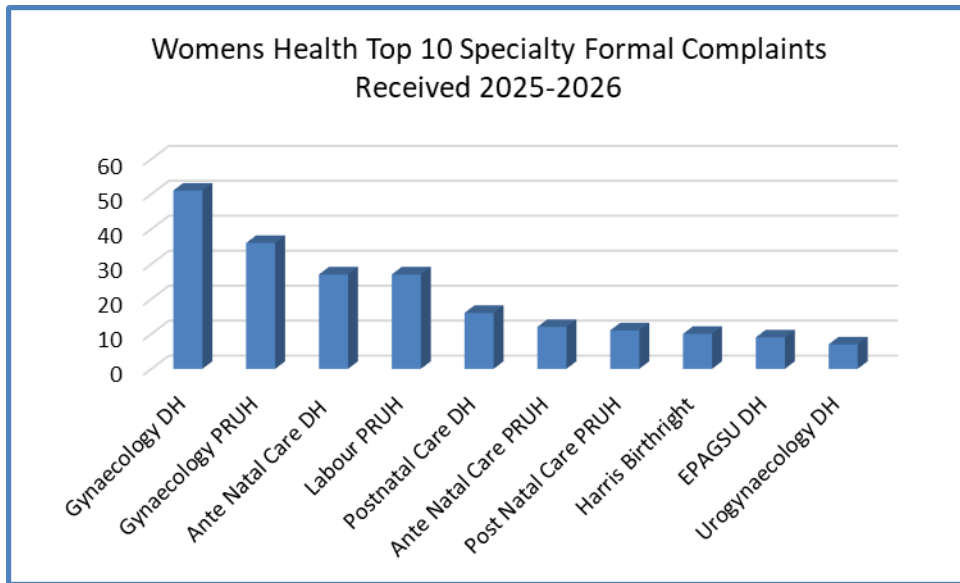
Division A received 440 complaints in 2025-2026 broken down as follows:

Red	64
Amber	174
Green	202

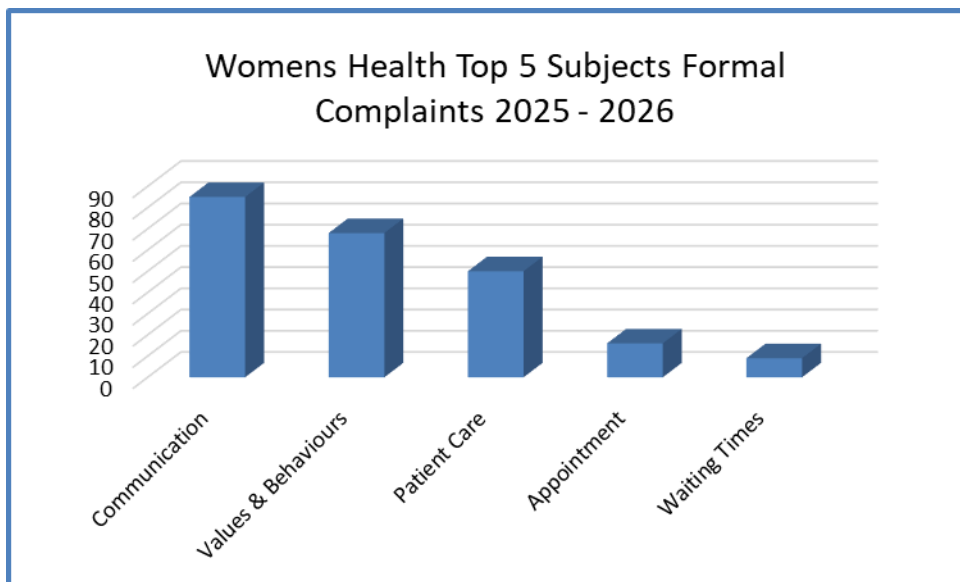


**Figure 7. Figure 8. Formal Complaints received for Division A**

Women’s Health care group received 88% of the complaints for Division A. Compared to the previous year, the number of formal complaints received by this care group has almost doubled. Issues around communication with the patient, including patients not feeling listened to and having conflicting information presented, were the most prominent subjects of complaints. Values and behaviours of staff were also commonly highlighted, particularly within Gynaecology and Antenatal Care, where patients told us about instances of incivility and unprofessional behaviour among nursing, midwives, medical and administrative staff. Patients within the Women’s Health care group have also reported their care needs not being adequately met (29) or failure to provide adequate care.



**Figure 8. Breakdown of Formal Complaints specialty in Women's Health**



**Figure 9. Top 5 subjects in Women's Health Formal Complaints**

Within Division A, further 14% of complaints related to Dental care group (63), 16% increase compared to the previous year. Communication and appointments were the most prominent themes with complaints primarily relating to difficulties in communicating and delays in appointments or referrals impacting care.

### 3.2. Patient Advice and Liaison Service

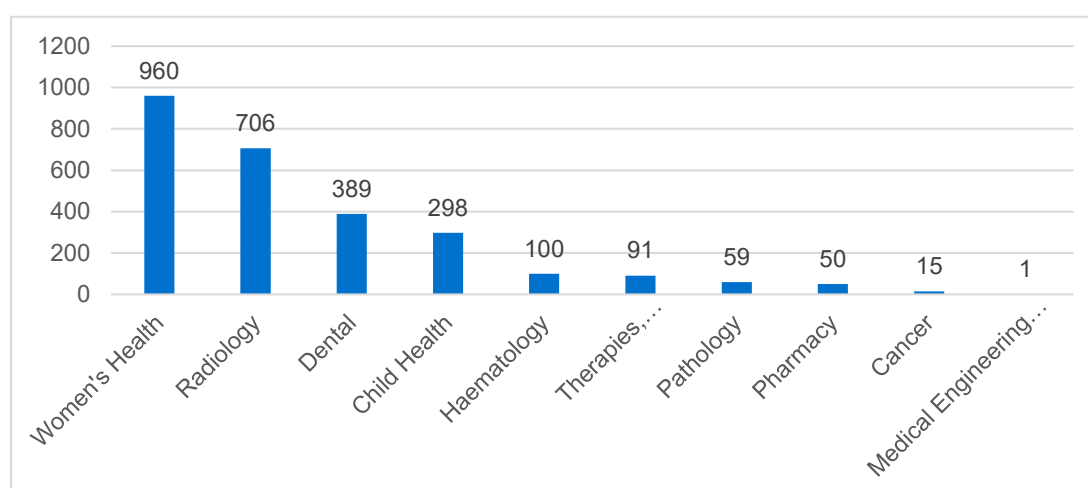
A total of 2,669 contacts were recorded for Division A between April 2025 to March 2026. Overall, there has been a 27% increase in the number contacts received, although there has also been a 28% increase in the number of compliments.

PALS Type	2023-2024	2024-2025	2025-2026	Change
Compliment	104	166	213	+ 28.3%
Concern	579	886	1,087	+ 22.7%
Enquiry	791	1,058	1,323	+ 25.0%

Information Request	5	5	*	*
Feedback	30	38	46	+ 21.0%

Women’s Health care group received the highest number of Patient Advice and Liaison service contacts within the Division, accounting for over 35% of casework. Women and birthing people raised concerns relating to long waiting times to receive appointments as well as significant waiting times for gynaecological operations and procedures. These concerns were further exacerbated by difficulties in contacting the clinics whilst in pain. Within Antenatal care, women highlighted incidents of incivility and issues of communication. Compared to the previous year, there has been 24% increase in case work for Women’s Health overall. Concerns and enquires related to Gynaecology rose by 17%, whilst maternity rose by 33%.

Radiology care group received the second highest number of contacts within the division, including 396 concerns raised. There was 11% increase in the number of concerns overall and 35% increase in total casework with a recurring theme of patients being unable to contact radiology teams. Delays in appointments and significant late reporting of results were also highlighted. Further data analysis identified a significant rise in concerns relating to CT scanning, which nearly doubled compared to the previous year and were largely driven by delays in communicating results to patients.



**Figure 10. Number of Patient Advice and Liaison Service contacts for Division A**

Division A received 213 compliments with 46% attributed to Women’s Health. These were predominately for maternity, accounting for 71%. Feedback mentions kind and professional staff providing exemplary care and treatment. Here are some examples of positive comments:

**Gynaecology:** *“I was referred under the 2-week wait pathway and was seen by a very calm and kind doctor who discussed the treatment I would need. The arrangements were all made swiftly by the admissions team. The pre-assessment staff were kind and explained everything to me and on the day of my surgery, staff took care of me and while I was so nervous, the whole service was brilliant. The kindness, care and professionalism from everyone really stood out. I am also enjoying the experience of MyChart.”*

**Radiology:** *“I had to attend my appointment in the Nuclear Medicine Department, and I cannot lie flat due to arthritis in both knees and left hip. The staff found pillows and wedges to elevate my legs and to support my back pain so that I could have two scans. Afterwards, the staff assisted me to my mobility scooter and to the accessible toilet. The staff were brilliant and I would like to pass on my thanks”.*

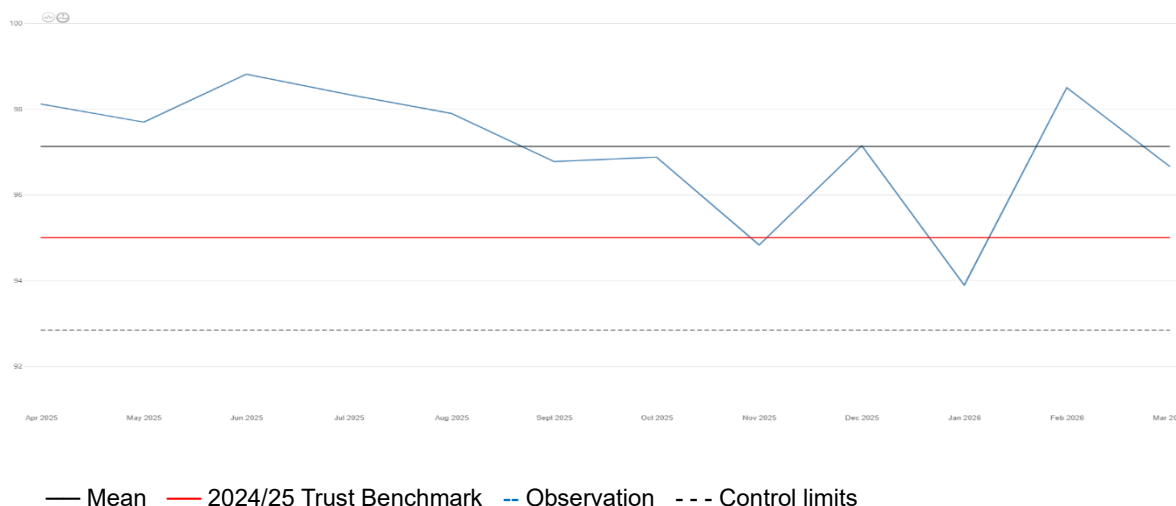
**Dental:** *“I felt it was important to write and express my heartfelt thanks for the exceptional care my son received during a very difficult and worrying time for our family. Following his frontal sinus fracture on 6 December 2025, and his transfer from the Princess Royal University Hospital to Denmark Hill, the entire team showed extraordinary professionalism, kindness and dedication throughout his care. Thanks to your expertise and support, my son has made a remarkable recovery, something for which I will always be deeply grateful”*

**Child Health:** *“Our son underwent an emergency appendectomy. The whole team on the short stay paediatric ward took such good care of him throughout his stay. We feel extremely lucky to have a hospital like King’s, so close to us.”*

### 3.3. Friends and Family Test

#### 3.3.1. Inpatient and Day Case

Inpatient and day case service for Division A received an overall score of 97.1% for the year from 1,329 responses, 0.9% increase in score from the previous year.



**Figure 21. Friends and Family Test performance for inpatient and day case services for Division A**

When looking at sentiment analysis, 4,012 sub-themes within the free text comments were identified of which 75% were positive in nature. There has been a small increase in positive themes identified, supporting the overall improvement of recommendation scores. Sub-themes were grouped, and the main positive and negative themes were analysed:

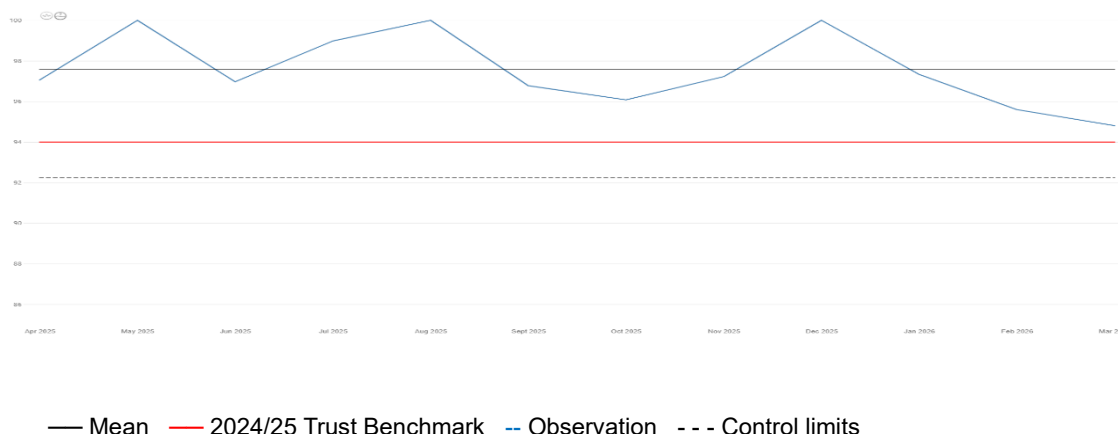
Top 3 Positive Themes	Count	Top 3 Negative Themes	Count
Staff Behaviour	1,062	Facilities	396
Patient Care	1,015	Food and Drink	271
Emotional and Physical Support	146	Communication	233

Throughout the year, patients commended staff on their positive attitudes, quality of care and emotional support provided which was a significant portion of feedback. Staff were often described as friendly and compassionate, which had a positive influence on their experience. Facilities were commonly noted as requiring improvement, which included

maintenance of toilet and shower on the wards, temperature and cleanliness. Food and drink were also mentioned often. Waiting for treatment, medication and support was frequently reported, along with communication with patient.

### 3.3.2. Outpatient

Outpatient service for Division A received an overall score of 97.0% for the year from 893 responses.



**Figure 32. Friends and Family Test performance for outpatient services for Division A**

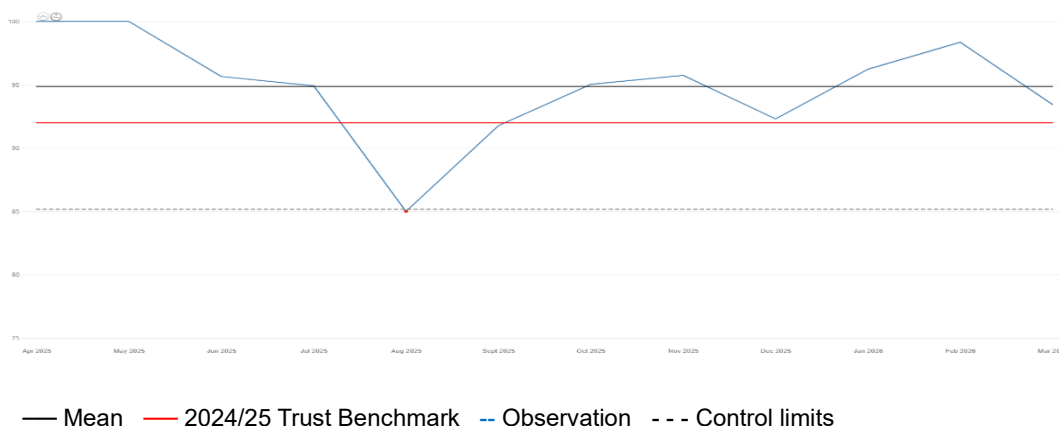
88% of 2,504 sub-themes identified from the free-text comments were positive in nature. Sub-themes were grouped, and the main positive and negative themes were analysed:

Top 3 Positive Themes	Count	Top 3 Negative Themes	Count
Staff Behaviour	744	Waiting	63
Patient Care	560	Communication	28
Emotional and Physical Support	173	Facilities	28

Overall, over 50% of feedback focused on praising the care provided and the staff on their conduct and attitude. Respect and dignity were often displayed and staff were described as informative and caring. Delays in getting appointments, the time spent in the waiting room and appointment were seen to be contributors to poorer experience scores. Some patients also felt that communication of reasons behind delays should be provided more often.

### 3.3.3. Maternity

Maternity services received an overall score of 94.2% for the year and from 841 responses; a small increase compared to the previous year.



**Figure 43. Friends and Family Test scores for maternity services**

When looking at sentiment analysis, 2,360 sub-themes within the free text comments were identified, of which 71% were positive in nature. The sub-themes were grouped, and the main positive and negative themes were analysed:

Top 3 Positive Themes	Count	Top 3 Negative Themes	Count
Staff Behaviour	605	Communication	94
Patient Care	565	Facilities	72
Emotional and Physical Support	102	Waiting	72

Staff were continuously praised for the quality of care provided throughout the year. Many patients reported positive interactions with staff, commenting on their professionalism and respect and dignity shown. Within antenatal, issues with communication, overrunning of clinics and some incivility contributed to poorer scores throughout the year. In Labour and postnatal wards, women noted conflicting information was sometimes provided or wanted to be kept informed more regularly. Facilities in labour wards were mentioned as requiring some improvement, such as controlling the temperature and cleanliness of toilets.

### 3.4. Improving our services in Division A

Utilising patients' feedback, the Division has deployed numerous improvement initiatives with a sample of these highlighted below:

Care group	Service	Patient feedback	Improvements undertaken
Women's Health	Maternity	New parents wanted to learn more about infant first aid.	Infant first aid sessions led by St John Ambulance are regularly (monthly) delivered in the Oasis unit at Princess Royal University Hospital
Cancer Services	All	More support needed for patients post treatment – highlighting what's available	Bespoke task and finish group set up to look at potential to expand the content of health and well-being events and publicity
Child Health	Inpatient	Lower scores on the Care Quality	Recruitment of more play specialists

		Commission's survey for staff playing with children or doing any activities with them while they were in hospital	Spread a Smile entertainers enrolled to provide activities such as storytelling and 4 x music sessions per month. This also includes additional special events throughout the year.
Child Health	Inpatient	In the CQC survey, parents reported the wards were not always suitable for children of 0-7 years of age.	Play specialists deployed in all ward areas  Playrooms have been refurbished.
Radiology - Breast Screening	Outpatient	Patients wanted clearer information and access to correspondences	Breast screening awareness video developed to encourage attendance and improve uptake.  Development of easy-read correspondence for women with learning disabilities to improve accessibility and understanding.  Introduction of digital invitation and results letters by the Breast Screening Hub to improve accessibility and communication with clients

### Example outcomes from improvements

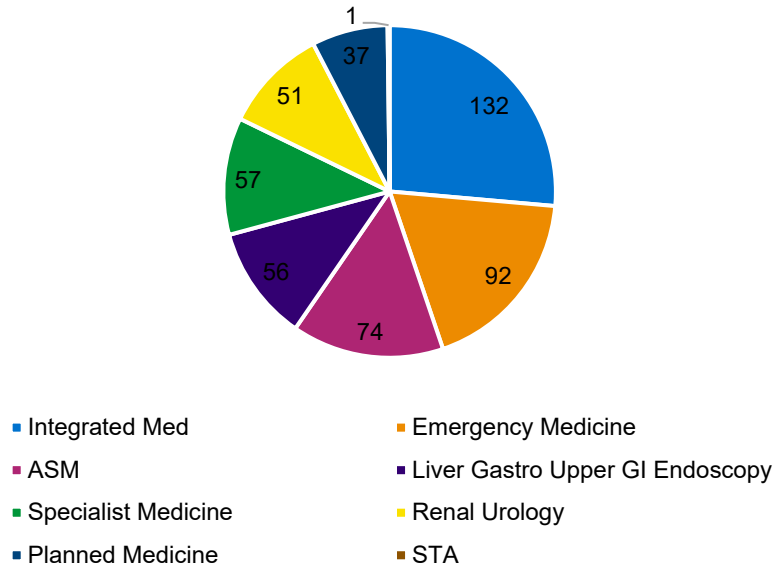
Following the Infant first aid sessions led by St John Ambulance, attendees were asked to share their feedback and opinions to assess impact. Respondents were overwhelmingly positive about the sessions and reported feeling more confident and prepared to provide basic infant life support. The training demonstrated a reduction in anxiety around dealing with emergencies and 100% would recommend the course to other parents.

## 4. Division B

### 4.1. Complaints

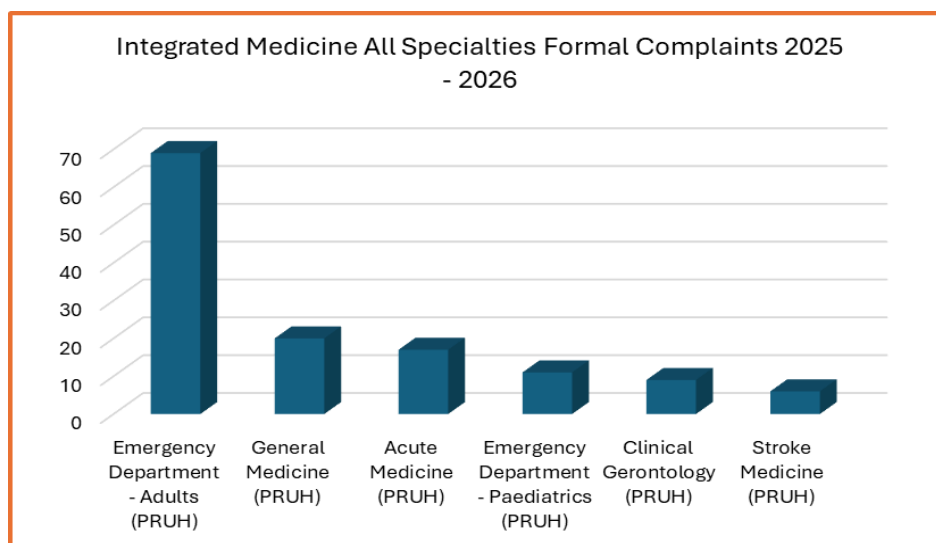
Division B received 500 complaints in 2025-2026 broken down as follows:

Red	138
Amber	184
Green	500

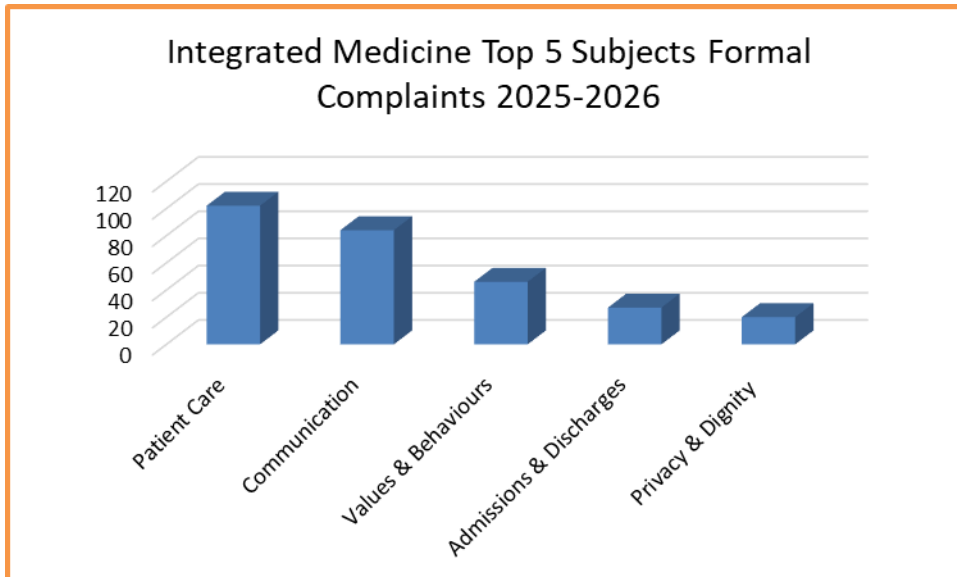


**Figure 54. Formal Complaints received for Division B**

Within the Division, 26% of complaints received were for Integrated Medicine care group (132). The Emergency Department at Princess Royal University Hospital received the largest portion of these complaints and often included the theme of care needs not being adequately met along with lack of communication. Staff attitude and the waiting time within the department also featured in the complaints.



**Figure 15. Breakdown of Formal Complaints in Integrated Medicine care group**



**Figure16. Top 5 subjects in Integrate Medicine**

Emergency Medicine care group had the second highest number of complaints (92), all for the Emergency Department at Denmark Hill. The themes of these complaints shared some similarity with Princess Royal University Hospital's Emergency Department, but there was a slight greater focus of the attitude displayed by nursing and medical staff.

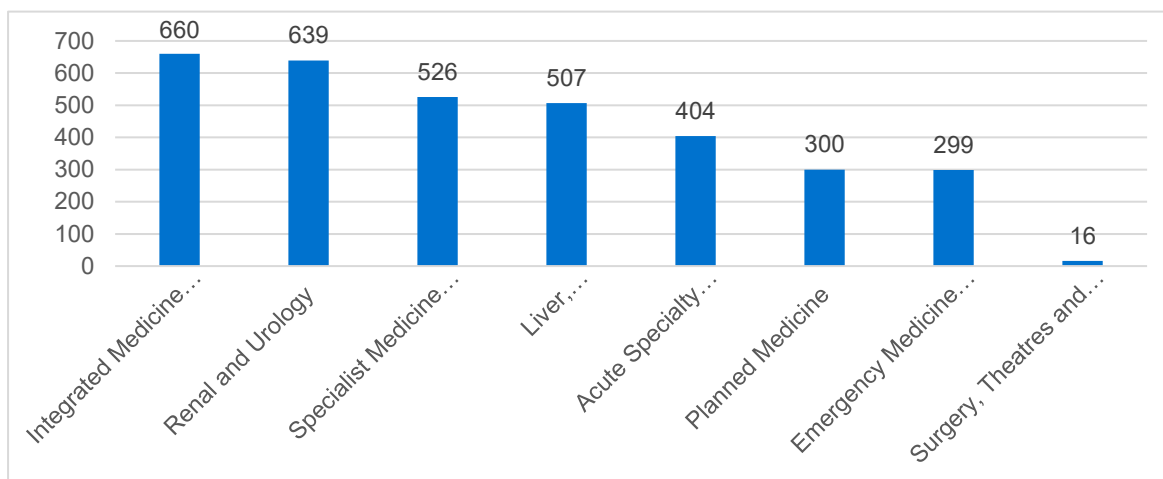
74 complaints were received for Acute Specialty Medicine, a small decline of 6%. Communication, discharge arrangements and patients care were some of the themes noted within the complaints.

#### 4.2. Patient Advice and Liaison Service

A total of 3,351 contacts were recorded for Division B between April 2025 to March 2026. Overall, there has been a 5% increase in the number of contacts for the Division.

PALS Type	2023-2024	2024-2025	2025-2026	Change
Compliment	115	183	191	+ 4.8%
Concern	1,115	1,597	1,803	+ 12.9%
Enquiry	885	1,333	1,296	- 2.8%
Information Request	7	9	1	- 88.8%
Feedback	35	49	60	+ 22.4%

Integrated Medicine care group received 660 contacts during the year, 25% increase compared to the previous year. The primary themes related to communication with patient and relatives, including delays in receiving information. Within the care group, the Emergency Department received the highest number of contacts; however, the General Medicine specialty also accounted for a significant volume of casework with concerns raised by relatives regarding communication and discharge processes on the wards.



**Figure 17. Number of Patient Advice and Liaison Service contacts for Division B**

Renal and Urology care group recorded 639 contacts during the year with 40% of these relating to Urology. There has been 17% increase in contacts and 30% increase in concerns compared to the previous year. Analysis of themes highlighted issues with communicating with the patients and family, issues with the length of time waiting for surgery and delays in receiving an appointment.

Division B recorded 191 compliments, almost 5% increase when compared with the previous year. Feedback mentions exemplary care and treatment.

**Accident and Emergency department at Denmark Hill:** *“After falling heavily in the park, I went to King’s Emergency Department, which was the first time I have been there. From registration through to pharmacy, I was looked after professionally and compassionately by staff who helped me through a painful day as easily as possible. In a difficult and stressful working environment, some staff showed enormous patience and expertise.”*

**Same Day Emergency Care at Princess Royal University Hospital:** *“I attended SDEC after a fall. I expected to be waiting for hours but the staff were efficient, and I had tests carried out quickly and a young volunteer came and talked to me and that was lovely. I am grateful for the way I was looked after and for the kindness of your staff and volunteer to be recognised.”*

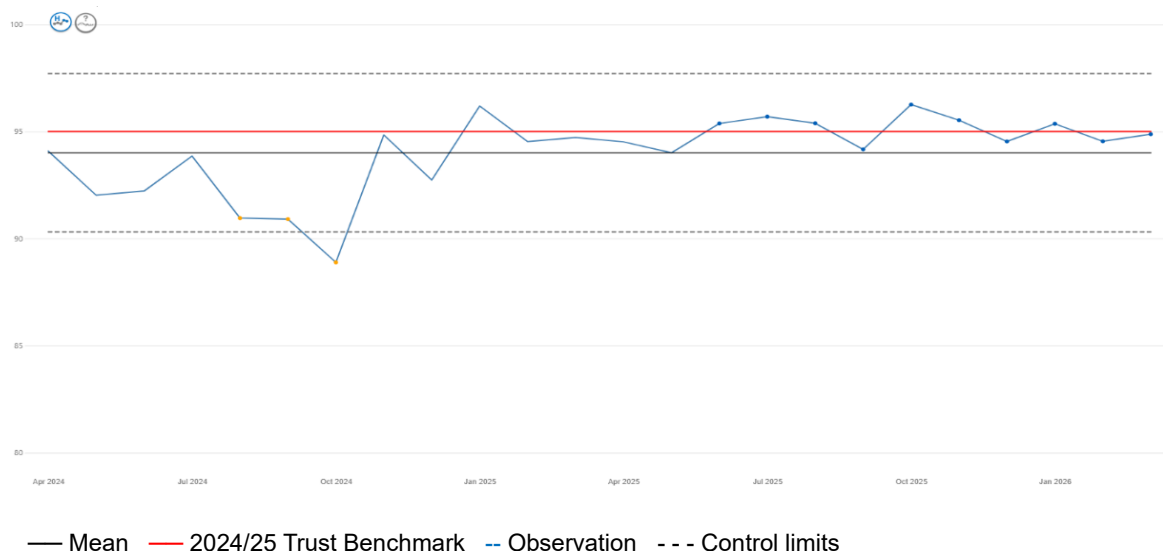
**Specialist Medicine:** *“I am under the care of several different specialists, including Gastroenterology, Cardiology and Respiratory, and would like to thank the secretaries who I have dealt with. Without exception, they have been empathetic, proactive and supportive. They have liaised with consultants when I needed questions answered, organised sooner appointments where possible and always helpful and pleasant”.*

**Renal and Urology:** *“I underwent tests with follow up scans under the care of Urology team. On all occasions, I was treated with care and dignity, and staff explained things to me clearly checking to make sure that I understood”.*

### 4.3. Friends and Family Test

#### 4.3.1. Inpatient & Day Case

The overall positive experience scores for Inpatient and Day Case in Division B was 95.1% from 8,107 responses, 2% improvement in positive experience compared to the previous year and a statistically significant improvement when looking over the 24-month period.



**Figure 18. Friends and Family Test scores for inpatient and day case services for Division B**

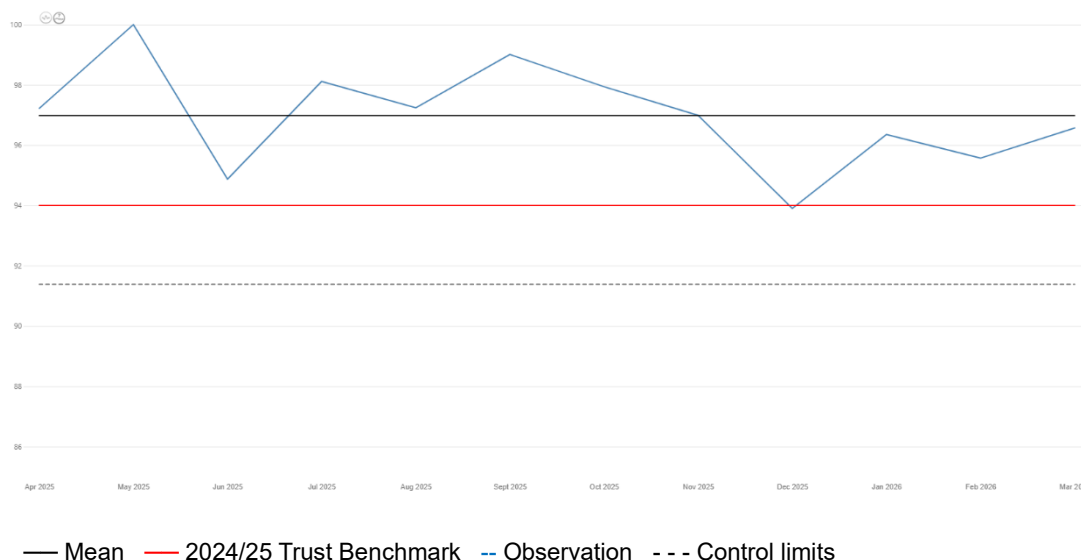
19,549 sub-themes within the free text comments were identified of which 79% were positive in nature. The sub-themes were grouped, and the main positive and negative themes were analysed:

Top 3 Positive Themes	Count	Top 3 Negative Themes	Count
Staff Behaviour	5,786	Food and Drink	532
Patient Care	4,698	Facilities	432
Emotional and Physical Support	494	Waiting	401

Analysis of positive sentiments highlighted high levels of care and positive attitude from staff. This included staff being seen as approachable and displaying respect towards patients. Food and drink comments throughout the year suggested higher quality and availability of food could improve experience. Disruption to sleep due to noise was also frequently mentioned. Suggestions for improvement in facilities included temperature, additional space around beds, cleaner areas and maintenance of toilets or shower facilities.

#### 4.3.2. Outpatient services

Division B collected 2,707 responses from Outpatient services with an overall score of 96.6%. Although there was a small decrease in the positive rating of experience, there was a 373% increase in the number of responses compared to the previous year through several initiatives deployed with departments to increase responses.



**Figure 196. Friends and Family Test scores for outpatient services for Division B**

88% of 7,385 sub-themes identified from the free-text comments were positive in sentiment and grouped into the following themes:

Top 3 Positive Themes	Count	Top 3 Negative Themes	Count
Staff Behaviour	2,253	Waiting	152
Patient Care	1,520	Communication	97
Communication	381	Facilities	65

Many patients reported feeling listened to by the healthcare professionals during their appointments. In contrast, clinics overrunning and delays in appointments impacted experience and were often mentioned as an improvement suggestion. Further suggestions for improvement included better information on what to expect prior to appointments.

#### 4.3.3. Emergency Care & Same Day Emergency Care

Emergency service received an overall score of 67.8% for the year from 3,099 responses.



**Figure 20. Friends and Family Test scores for Emergency services Division B**

For emergency services, 12,387 sub-themes in free-text comments were noted and grouped into larger main themes. Just over half of the themes identified within comments were positive in sentiment.

Top 3 Positive Themes	Count	Top 3 Negative Themes	Count
Patient Care	1,523	Waiting	1,732
Staff Behaviour	1,448	Communication	603
Waiting	525	Quality of care	603

In line with previous years, waiting was the most common theme identified throughout the year, which was predominately negative in sentiment. In the Emergency Departments at both sites, significant amount of time spent waiting to be seen by a medical professional and receiving diagnostic tests and treatment, greatly contributed towards poorer experiences. Patients also noted the department feeling extremely busy with limited seating. However, staff were praised for their professionalism and expertise. Within the Same Day Emergency Care setting, patients were more positive about their experience, despite waiting being identified as an area for improvement.

#### 4.4. Improving our services in Division B

As a result of patient feedback, the Trust continues to deploy improvement initiatives including:

Care group	Service	Patient feedback	Improvements undertaken
Specialist Medicine - Diabetes	Inpatient	Patients reporting communication issues with knowing how to manage diabetes care after discharge with community services	Written discharge plan from diabetes team initiated and available to GP and community teams
Specialist Medicine - Diabetes	Outpatient	Patients contacting the Trust for questions about their diabetes care.	Virtual clinics were started in October 2025 to capture some of the patient phone calls and care.

			reviews that occur frequently in-between clinics.
Specialist Medicine - Diabetes	Outpatient	Patients missing appointments and unsure the reason behind being asked to attend the clinics.	Volunteers deployed to telephone patients prior to clinic to ensure patients still require appointment and provide support on directions
Emergency Medicine & Integrated Medicine	Emergency	Errors in patients sent through incorrect pathways and therefore prolonging length waiting before receiving care.	Changes made in thresholds to determine patient pathway to Emergency Department or Same Day Emergency Care
Emergency Medicine & Integrated Medicine	Emergency	Patients reported delays in registering on arrival and observations in the department showed long queues.	The entrance of the Emergency Department entrance was refurbished to create a larger space and improve the patient flow.  The Digital Front Door (eTriage) was launched to improve triaging patients to Urgent Care or Emergency Care. Patients use iPad kiosks to self-register on arrival and support is available from volunteers.
Emergency Medicine & Integrated Medicine	Emergency	Lower CQC scores in patients feeling safe whilst waiting and incidents of violence and aggression towards staff.	Choose Kindness campaign was launched, aimed at creating a safe and inclusive environment for all. Posters are placed around the departments.

### Example outcomes from improvements

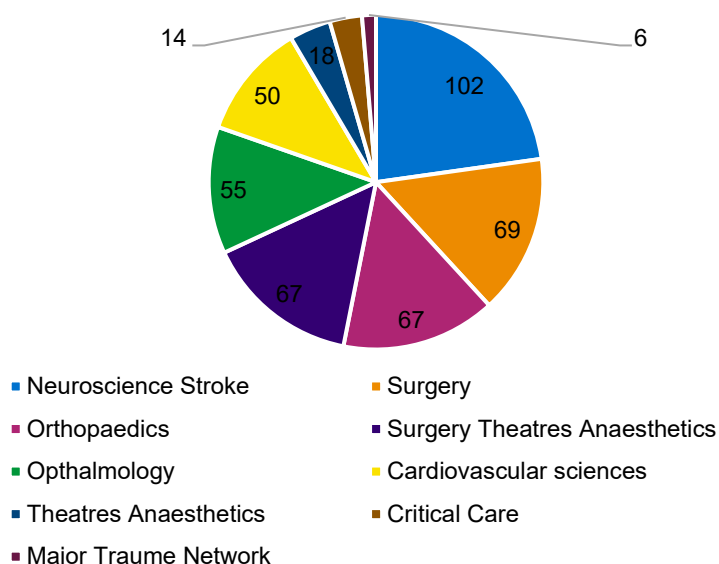
Following the launch of Digital Front Door in Emergency Department, patients were asked to provide feedback on using the kiosk to assess its effectiveness and impact. Many respondents positively rated their experience of using the touchscreen to check-in and highlighted their ease of use. The feedback provided also emphasised the importance of the volunteers support for those who require assistant to complete the check-in.

## 5. Division C

### 5.1. Complaints

Division C received 448 complaints during the year broken down as follows:

Red	92
Amber	150
Green	206



**Figure 21. Formal Complaints received for Division C**

Neuroscience care group received 102 complaints, 9% increase compared to the previous year. Within the care group, neurosurgery accounted for a significant portion of these complaints that focused on poor communication provided to patients, waiting times for operations, adequate care not provided and cases of incivility displayed by medical staff.

The Surgery care group at Denmark Hill received 69 complaints, a small increase compared to the previous year. The wait for operations and communication issues was noted within the complaints. In the Orthopaedic care groups, similar themes were also highlighted.

## 5.2. Patient Advice and Liaison Service

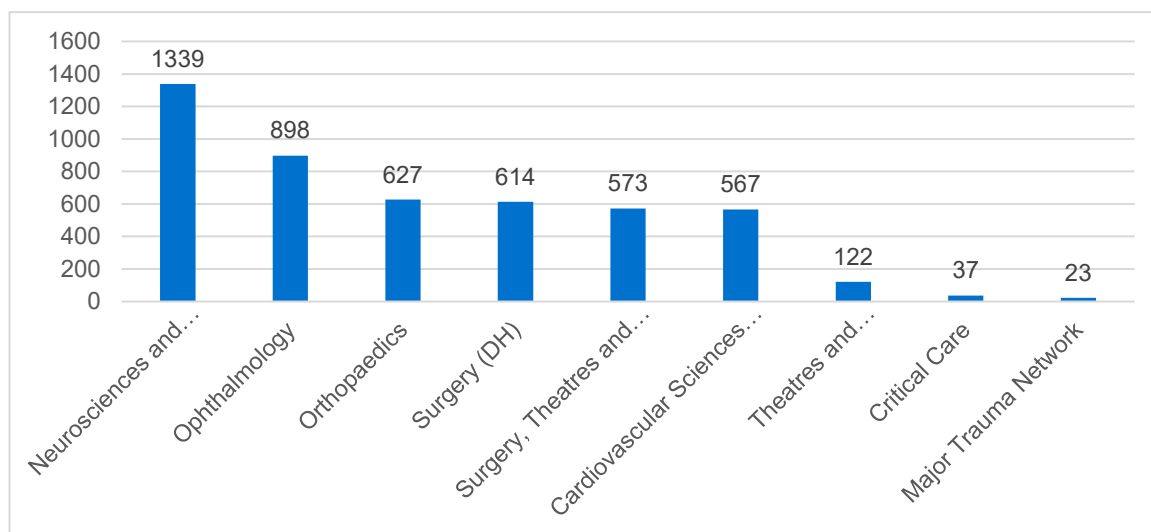
A total of 4,800 contacts were recorded for Division C between April 2025 to March 2026. June 2025 saw the highest number of contacts with a total of 532. In comparison to the previous year, there has been a 7% increase in the number of contacts.

PALS Type	2023-2024	2024-2025	2025-2026	Change
Compliment	98	147	214	+ 45.6%
Concern	1,307	1,871	2,079	+ 11%
Enquiry	1,714	2,425	2,454	+ 1.1%
Information Request	1	6	13	+ 116%
Feedback	22	54	35	- 35.2%

The Neurosciences care group received the highest number of contacts for both the Trust and Division C with a total of 1,339 contacts including 635 concerns raised. Of the total casework for the Division, 20% is attributed to the care group with concerns predominantly relating to Neurosurgery. Throughout 2025-2026, feedback was consistent in patient reporting negative experiences navigating the pathways, challenges in contacting the clinical departments for support and long waits for appointments, surgery, information and results. The delays for specialist neuro imaging results have impacted patients waiting for their care to be reviewed and this has been

an ongoing situation for some time and is a principal reason for contact and support. Patient feedback has also highlighted difficulties experienced by patients trying to contact clinical teams.

The Ophthalmology care group received 803 contacts during the year, 11% increase from the previous year, with a focus on issues concerning appointments, including delays, communication with the patient and failure to provide follow-up as the most notable themes. The delays affecting patients attending eye injection clinics (Macular degeneration injections) have been ongoing and the service has continued to work to increase capacity and mitigate delays. Recruitment restrictions and loss of essential administration posts have compounded the quality of communication and impacted patient experience. Additional resource for injection capacity has been approved in June 2025 for a fixed period.



**Figure 22. Number of Patient Advice and Liaison Service contacts for Division C**

Throughout 2025-2026, Division C recorded 214 compliments, 45.6% increase when compared with the previous year. Feedback mentions exemplary care and treatment.

**Neurosciences and Stroke:** *“Throughout the time my dad was an inpatient on Ontario Ward (Orpington), you worked tirelessly to support him, not just medically but as a person. He was a long stay patient receiving rehabilitation. His needs were complex, the journey was long, and the discharge process was anything but straightforward, yet at every stage, you continued to show patience, determination and genuine compassion. The doctors were thoughtful and the nursing team gave reassurance, encouragement and dignity every single day.”*

**Ophthalmology:** *“I have been a patient of the Eye Department for over 23 years but attended a different clinic today. I am so impressed with the staff, equipment and how the tests were done was exceptional. They were all carried out by a member of staff who kept me informed of what was happening; he treated me with care and dignity as a 72-year-old lady, disabled with limited mobility. I enjoyed my experience.”*

**Orthopaedics:** *“I would like to thank all the team, the Surgeon who did my operation, the Plaster Room, and all the nurses who looked after me during my hospital stay on Surgical 5 (PRUH). The service I received, and the care given, was excellent. Everyone was so caring and helpful, and everything was explained in detail, regarding my treatment.”*

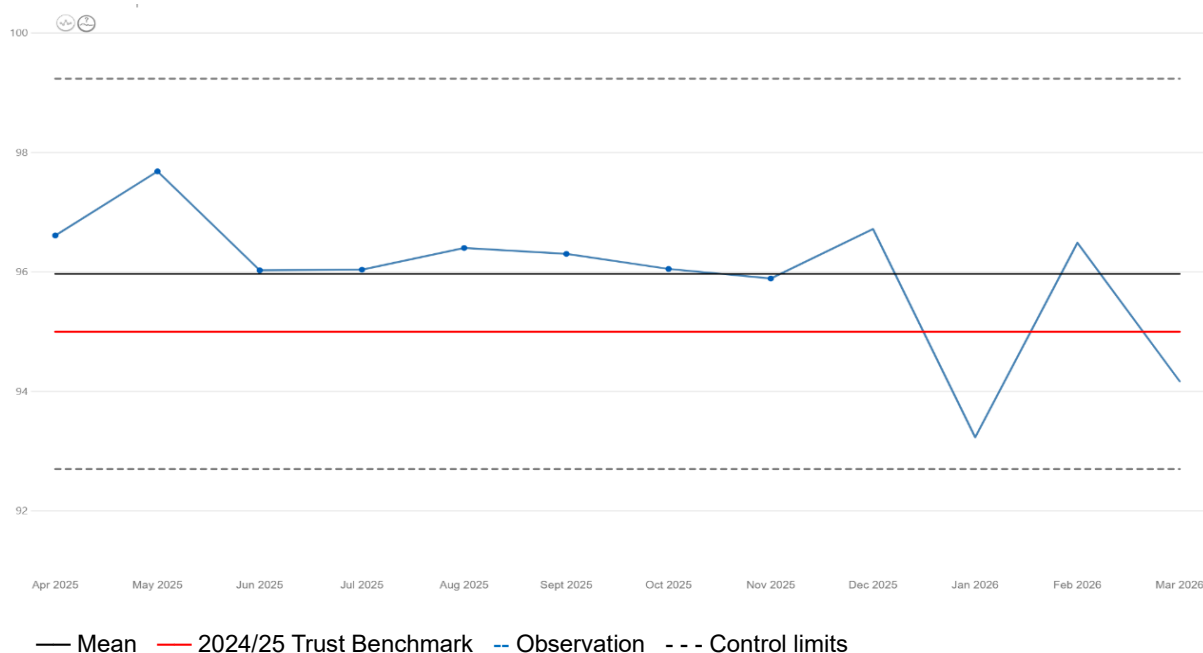
**Surgery, Theatres, Anaesthetics, Endoscopy:** *“I was a patient in the Day Surgery (PRUH) and wanted to tell you how outstanding two nurses were that looked after me.”*

*They both showed such kindness and compassion and went over and beyond to make me comfortable both emotionally and physically. They anticipated my every need and allowed me privacy while keeping an eye on me from a distance. I had a troublesome day with regards to my procedure, but they chatted to me to keep my spirits up. I also witnessed them care for another patient who was hard of hearing with amazing patience and empathy.”*

### 5.3. Friends and Family Test

#### 5.3.1. Inpatient and Day Case

Inpatient and Day Case service in Division C received an overall score of 96% from 6,910 responses, remaining largely the same with a 0.2% difference.



**Figure 23. Friends and Family Test scores for inpatient and day case services for Division C**

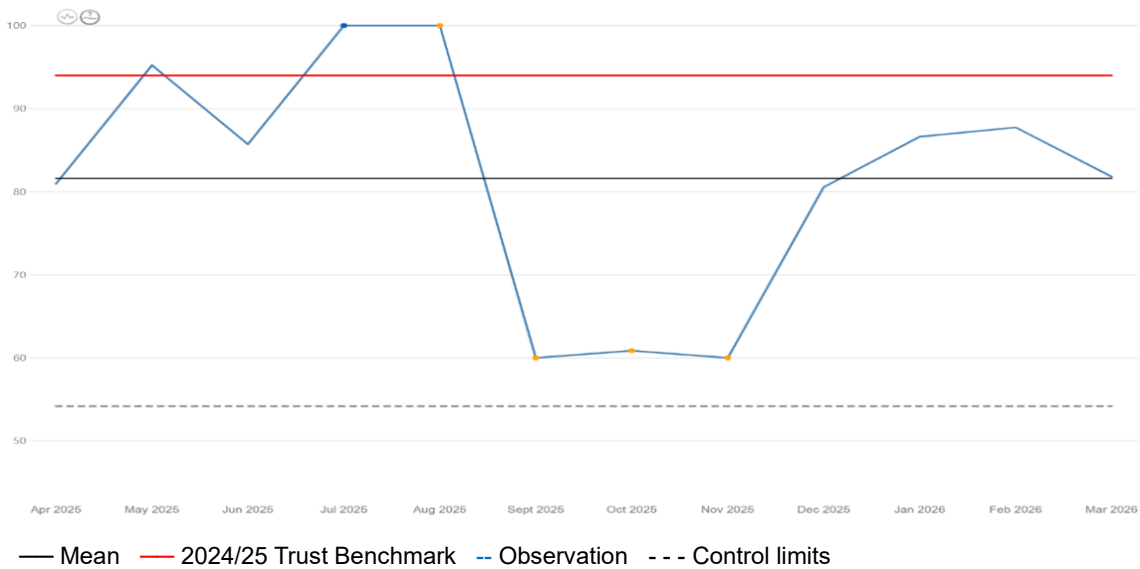
Of 19,225 sub-themes within the free text comments, 77.8% were positive in nature. The sub-themes were grouped, and the main positive and negative themes were analysed:

Top 3 Positive Themes	Count	Top 3 Negative Themes	Count
Staff Behaviour	5,663	Food and Drink	513
Patient Care	5,067	Facilities	494
Emotional and Physical Support	475	Communication	414

During the year, patients stated staff were often approachable and treated them with respect and dignity. Staff frequently made those who they cared for feel safe and the quality of care provided was praised. Food and drink were the largest improvement theme, as patients mentioned the quality and choice of food provided could be better. Whilst noise at night, waiting for treatment and issues with communication were common themes for further development, facilities were also commonly mentioned. This included maintenance problems, allocation of beds and overall cleanliness.

### 5.3.2. Outpatient services

Outpatient service for Division C received an overall score of 83.8% for the year from 817 responses. Although there has been a 10% decrease in score, the number of responses collected during the year almost doubled. February 2026 saw the largest number of responses collected, which were primarily from Ophthalmology care group.



**Figure 24. Friends and Family Test scores for outpatient services for Division C**

65.1% of the 2,298 sub-themes identified were positive in nature:

Top 3 Positive Themes	Count	Top 3 Negative Themes	Count
Staff Behaviour	495	Waiting	268
Patient Care	339	Facilities	85
Waiting	201	Communication	81

42% of comments around waiting were positive in sentiment. Whilst some patients noted clinics running effectively and on time, others attributed delays in clinics to poorer experience. Availability of appointments and waiting lists were further noted by respondents. Medical staff were described as professional, caring and helpful by many patients.

### 5.3.3. Same Day Emergency Care

Same Day Emergency Care in Division C received an overall score of 94.8% for the year from 768 responses, a 3% deterioration in score but a 66% improvement in responses.



**Figure 25. Friends and Family Test scores for Same Day Emergency Care services for Division C**

2,096 sub-themes in free-text comments were noted and grouped into larger main themes. 76.8% of themes identified within comments were positive in sentiment.

Top 3 Positive Themes	Count	Top 3 Negative Themes	Count
Staff Behaviour	622	Waiting	129
Patient Care	491	Facilities	43
Waiting	83	Communication	30

Throughout the year, a significant portion of feedback highlighted the positive interactions between staff and patient. This included treating patients with kindness, dignity and respect. Suggestions for improvement included better pain management for those waiting and improved communication.

#### 5.4. Improving our services in Division C

As a result of patient feedback, the Trust continues to deploy improvement initiatives including:

Care group	Service	Patient feedback	Improvements undertaken
Neurosciences - Neurosurgery	Outpatient	Patients reported issues with contacting the service	A new telephone system and new group emails have been set up to distinguish the different neurosurgery specialities to better support patients queries
Surgery	Inpatient	Patient feedback from Friends and Family Test and Care Quality Commission's Inpatient survey indicated patients did not always understand	Patient information leaflets reviewed to ensure readability and plain language is used. A new process was established to review communications through governance.

		the answers provided to their questions.	Training provided to nursing staff to remind them to ask patients if they understand or have any questions.
Neuroscience	Inpatient	After patient's death in 2023, family's feedback highlighted how distressing the patient found being cared for on an adult ward	Five rooms on Murray Falconer ward have been given a major overhaul and are now more suitable for young people aged between 16 and 24 (often referred to as teenage and young adults) requiring specialist neurosurgical care.

### Example outcomes from improvements

Following the implementation of the new telephone system and group emails in Neurosurgery, the service has seen a 30% reduction in concerns raised around communication.

Analysis of feedback from patients under the age of 24 years old staying on Murray Falconer Ward has seen an increase in patients and their parents positively talking about the dedicated rooms for them, citing its impact on their recovery and wellbeing.

## 6. Plans for 2026/2027

To build on the successes of 2025-2026 and enhance not only our data collection but also improvements initiatives and compliance with targets and Key Performance Indicators, in the next 12 months the Trust will:

- (1) continue enhancing response timescales for formal complaints
- (2) revise 'Learning from Complaints' process
- (3) pilot and test innovative solutions within Patient Advice and Liaison Service
- (4) increase capture and visibility of patient compliments by implementing a QR code enabled 'Thank you' system linked to the Trust's recording system
- (5) design and deploy an outcomes framework to better understand the impact of its improvement initiatives
- (6) deploy a programme of work to improve patients' feedback around food and drink within adult inpatient settings that is based on a series of co-designed events that were held in early 2026
- (7) utilise quality improvement methodology to improve patients' experiences of Early Pregnancy loss including work to improve access and quality for Early Pregnancy Triage telephone line, pregnancy loss follow-up clinics and additional resources for bereaved families. This work has been established in response to the increase in complaints relating to the service.