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## **Health and Adult Social Care Overview and Scrutiny Committee**

**17 June 2025**

### **Leadership Arrangements and Care Quality Commission Inspection at Medway NHS Foundation Trust**

Report from/Author: Jonathan Wade, Interim Chief Executive

#### **Summary**

This report seeks to provide an update on the leadership arrangements at Medway NHS Foundation Trust and the recent reinspection of the Trust's urgent and emergency care services.

#### **1. Recommendation**

1.1. The Committee is asked to note the report.

#### **2. Budget and policy framework**

2.1. Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway. In carrying out health scrutiny a local authority must invite interested parties to comment and take account of any relevant information available to it, and in particular, relevant information provided to it by a local Healthwatch. The Council has delegated responsibility for discharging this function to this Committee and to the Children and Young People's Overview and Scrutiny Committee as set out in the Council's Constitution.

#### **3. Leadership arrangements**

3.1. In recent years national health policy has promoted greater collaboration between health and care system partners, including NHS trusts, for example through the introduction of provider collaboratives and a new legislative framework in the 2022 Health and Care Act.

3.2. Jonathan Wade was appointed as Interim Chief Executive for six months from 1 April 2025, alongside his role as Chief Executive of Dartford and Gravesham NHS Trust. This followed the departure of Jayne Black who took on the role of Chief Executive of East Sussex Healthcare NHS Trust.

- 3.3. A Deputy Chief Executive has been appointed at Medway NHS Foundation Trust to further support the leadership. Siobhan Callanan joins the Trust from Dartford and Gravesham NHS Trust, where she is currently Chief Nursing Officer, on Monday 9 June.
- 3.4. The shared Chief Executive appointment represents a significant step towards closer collaboration between the two trusts, and recognises the pathways followed by patients from across north Kent, and the close working of the two organisations.
- 3.5. It follows similar models across the country where trusts are increasingly sharing Chief Executives and other senior roles. The Trust already shares a Chair, John Goulston, with Kent Community Health NHS Foundation Trust, while Dartford and Gravesham NHS Trust shares a Chair with Kent and Medway NHS and Social Care Partnership Trust. East Kent Hospitals recently appointed a Chair who is also Chair of Maidstone and Tunbridge Wells NHS Trust.

#### 4. Review

- 4.1. A review of Medway and Dartford trusts has been commissioned by the Kent and Medway Integrated Care Board to identify the benefits and synergies of greater collaboration between the two organisations.
- 4.2. Medway NHS Foundation Trust and Dartford and Gravesham NHS Trust are both members of the Kent and Medway Acute Provider Collaborative and signatories of the Kent and Medway NHS Strategy.
- 4.3. The review will consider the opportunities for closer working for clinical pathways that will benefit patient care, and opportunities to improve the use of resources across the two organisations. It will also assess and recommend future governance and leadership arrangements needed to fully realise the opportunities identified.
- 4.4. In doing so, the review will identify the strengths and challenges faced in each organisation and the local health and care system, and take account of the current and future needs of the population.
- 4.5. It will also consider existing patient flows for both organisations within Kent and Medway and into London, and assess the ability of the current alignment of services to meet future needs.
- 4.6. The review is expected to complete this summer with recommendations to be considered by both Trust boards.

#### 5. Care Quality Commission inspection

- 5.1. The Care Quality Commission (CQC) undertook an inspection of urgent and emergency care services on 29 and 30 April 2025, following its inspection in

February 2024. This was to assess whether improvements had been made in the areas highlighted within their report, which was published in March 2025.

- 5.2. Before leaving the site at the end of the two-day visit, the inspection team provided some initial feedback. Inspectors reported seeing improvements since the last visit and praised staff for all they are doing to ensure a better experience for patients.
- 5.3. The inspection team then undertook interviews with leaders of the Trust's urgent and emergency services to understand more about the improvements since the February 2024 inspection, and the work underway to address the ongoing challenges, such as long waits for some patients to be admitted to a ward.
- 5.4. In a letter from the CQC received in May, inspectors recognised improvements in patient and staff feedback, patient flow and escalation. Work continues to address areas identified for further improvement, such as consistently maintaining privacy and dignity, always completing assessments, and smooth referrals between departments.
- 5.5. The inspection phase is ongoing and as is standard practice, the Trust is providing additional written evidence to the regulator which, together with their inspection findings and interviews, will inform their report. We await an update from the CQC about when their report will be published. The CQC has indicated that it will be received within a shorter timescale than last year's report which came more than a year after the inspection.

## 6. Improvements to urgent and emergency care services

- 6.1. Since the February 2024 inspection the Trust has achieved the following improvements to urgent and emergency care services:
  - 6.1.1. Continued improvement in feedback from patients attending the Emergency Department. In April 2025, 79 per cent of patients who completed the NHS Friends and Family Test said that they had a positive experience of care, up from 65 per cent in January 2024.
  - 6.1.2. Ambulance handover times are consistently among the best in the country, at around 13 minutes, well below the national average. This helps patients get the care they need sooner and enables ambulances to get back on the road quickly to help others.
  - 6.1.3. Continued improvement in the number of patients seen, treated, discharged or admitted within four hours of attending the Emergency Department, up from 72 per cent in February 2024 to 78 per cent in April 2025. The Trust is consistently among the highest performing trusts against this important care standard in the south east.
  - 6.1.4. The number of patients waiting longer than 12 hours to be admitted to a ward has nearly halved since December 2024 (771 in December, 412 in

April 2025). This is an area of ongoing focus as part of our Patient First improvement plan.

6.1.5. As a result of regular Patient First improvement huddles in the Emergency Department, the team has recorded 93 improvements since last November from using improvement boards, which is the highest for any area in the Trust.

6.1.6. In April 2024 we opened a new multimillion-pound ward with more than 30 beds for patients with serious breathing or heart conditions, providing a greatly improved environment for patients and staff, supporting the flow of patients through the hospital.

## 7. Risk management

7.1. There are no risks for the Council arising from this report.

## 8. Consultation

8.1. The Trust will continue to engage the Committee and stakeholders on the status of the review of Trust arrangements, and on the progress of the Care Quality Commission's inspection of the Trust's urgent and emergency care services.

## 9. Climate change implications

9.1. There are no climate change implications arising from this report.

## 10. Financial implications

10.1. There are no direct financial implications for the Council arising from this report.

## 11. Legal implications

11.1. There are no direct legal implications for the Council arising from this report.

## Lead officer contact

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## Appendices

None

## Background papers

None