![Medway Council - Serving You logo]

Health and Adult Social Care Overview and Scrutiny Committee

15 January 2026

Medway NHS Foundation Trust Care Quality Commission Inspection Report

Report from: Jonathan Wade, Interim Chief Executive, Medway NHS
                    Foundation Trust

Author: Jonathan Wade, Interim Chief Executive, and Abby King,
                    Deputy Director of Communications and Engagement, Medway
                    NHS Foundation Trust

Summary

The purpose of this report is to update the Committee on the findings of the most recent inspection of urgent and emergency care services at Medway Maritime Hospital, the work underway to act on its findings and improve services for patients.

1.   Recommendations

1.1.   Members are asked to note the update.

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.   Background

3.1   Urgent and emergency care (UEC) services perform a key role in keeping people healthy. Emergency care involves life-threatening illnesses or accidents which require immediate treatment from an Emergency Department (ED). Urgent care involves any non-life-threatening illness or injury needing urgent attention.

3.2   Medway NHS Foundation Trust provides an Emergency Department (ED) at Medway Maritime Hospital in Gillingham which is available 24/7. The department routinely sees between 380 to 450 patients a day.

3.3   Patients attending ED are streamed according to clinical need and can be treated in different areas within the department, such as:

- Resus – for severely unwell and trauma patients
- Majors – for severe to moderately unwell patients
- Minors – for mildly unwell patients and minor injuries
- Children's ED - a dedicated area for children and young people.

3.4   Eligible patients can also be streamed to:

- Same Day Emergency Care (SDEC) – where clinicians assess, diagnose and treat patients on the same day of arrival who would otherwise have been admitted to hospital.

- Virtual Ward – where eligible patients are cared for at home supported by remote monitoring and treatment (see section 7).

- MedOCC – which is a GP-led urgent care service located at the hospital run by Medway Community Healthcare.

3.5   The Trust also runs the Minor Injury Units (urgent care services) at Sheppey Community Hospital and Sittingbourne Memorial Hospital.

4.   Inspection ratings

4.1.   The Care Quality Commission undertook an inspection of the Trust's urgent and emergency care services at Medway Maritime Hospital on 29 and 30 April 2025. The findings were published by the regulator on 28 November 2025.

4.2.   This followed a previous inspection of these services in February 2024. In April 2024, the CQC issued the Trust with a warning notice. The report following this inspection was published in March 2025.

4.3.   The April 2025 inspection rated urgent and emergency care services at Medway Maritime Hospital as requires improvement overall. Of the five domains rated, safe was upgraded from inadequate to requires improvement. Well-led remained good. Ratings for caring, effective and responsive remained requires improvement.

4.4.   Inspection ratings for April 2025 and February 2024 are as follows:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent Care 2025	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Good	Requires improvement
	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent Care 2024	Inadequate	Requires improvement	Requires improvement	Requires improvement	Good	Requires improvement

5. Inspection findings

5.1. In April 2025 inspectors found improvements to patient care and staff culture since the February 2024 inspection.

5.2. The report recognised a number of improvements and areas of good practice:

5.2.1. Ambulance turnaround times are regularly among the best in the country, quickly releasing ambulances to help others in need.

5.2.2. Effective daily safety huddles have been established to escalate and address capacity and staffing issues.

5.2.3. Improved culture and team working in ED, with staff feeling able to raise concerns, incidents thoroughly investigated, and a focus on improving staff wellbeing.

5.2.4. Effective multi-disciplinary team working, and strong partnerships with specialist in-house teams, and community, mental health and ambulance partners.

5.3. The report also noted that the requirements of the warning notice, issued in April 2024 following the inspection in February 2024, have been met.

5.4. The report also outlined areas where further improvement is needed. Inspectors expressed concern about the service's ability to consistently provide safe care for all patients, and in ways that always maintained their privacy and dignity, particularly when the department is very busy.

5.5. As a result, the service remains in breach of two legal regulations relating to safe care and treatment, and dignity and respect.

5.6. Further improvements have been made since April's inspection:

5.6.1. More nurses and doctors have been recruited within the department.

5.6.2. Procedures to ensure patients receive specialist assessments, tests and treatments sooner have been improved.

5.6.3. Additional senior checks are undertaken to ensure risk assessments are completed and medications given in a timely manner.

5.7. Despite these improvements, and others currently underway, at times the department remains under pressure, with too many patients waiting, in crowded areas, for treatment or a bed to become available on a ward.

5.8. In part this is due to delays in discharging patients who no longer need acute hospital care. At any given time, up to a quarter of the Trust's inpatient beds are taken up by patients who are medically fit for discharge but awaiting support to continue their care at home or elsewhere.

5.9.   This can undermine the patient's recovery and results in fewer beds being available for new patients needing admission to a ward for care and treatment.

5.10. There are also areas that are within the Trust's gift to keep improving and remain a daily focus for clinical teams within and beyond ED, such as timely discharge planning, escalating early where there are discharge barriers, and turning beds around as quickly as possible.

5.11. In November 2025 (latest published data at the time of writing) almost three in four patients (73.9 per cent) attending the Trust's urgent and emergency care services were treated, discharged or a decision made to admit them, within four hours of arrival.

5.12. In the same month, 11.6 per cent of patients attending urgent and emergency care services waited longer than 12 hours from arrival, to admission, transfer or discharge.

5.13. The Trust is currently ranked 41 out of 118 hospital trusts in England for performance against this four-hour standard, and 72 out of 118 hospital trusts in England for performance against the 12-hour standard (November 2025), as outlined below.

Provider ▲	A&E 4-hour performance Rank out of 118 Nov 2025	A&E 12-hour performance Rank out of 118 Nov 2025
Medway NHS Foundation Trust	73.9% 41	11.6% 72

Source: https://data.england.nhs.uk/providers/acute-provider-table

5.14. Ambulance handover times remain among the best in the country, and the best in Kent and Medway, averaging 13 minutes in November 2025. This enables ambulance crews to respond quickly to other patients in need.

6.   Ongoing improvements

6.1.   Since the inspection, the Trust has developed a comprehensive action plan to implement and embed improvements against the CQC's findings, including steps to achieve full regulatory compliance.

6.2.   Progress against this plan will be monitored by the Trust's Quality Committee, which reports directly to Trust Board. It will be monitored by the CQC during the routine monthly engagement meetings, and by the Kent and Medway Integrated Care Board at bi-monthly provider quality meetings.

6.3.   Delivering these improvements is central to delivery of the Trust's Stabilisation Plan which sets out immediate priorities where improvement is most needed, with clear and specific targets within each domain. These include reducing

treatment waiting times, improving patient outcomes, transforming our culture, and making important changes to help us live within our means.

6.4. This improvement work is supported by ongoing efforts with local NHS and social care partners to improve capacity and patient flow, so that emergency patients can be assessed, treated and admitted sooner.

6.5. For example, during December, the Trust and system partners undertook a successful week-long multi-agency discharge event (MADE) to safely discharge patients in time for Christmas. As a result, the hospital was in a much-improved position heading into the festive period, with significantly reduced bed occupancy.

6.6. A further three-day MADE event is planned to start on Wednesday 7 January, again focussed on safely discharging patients at what is a particularly busy time of year for the NHS.

6.7. Focussed work is also underway to improve pathways to improve patient care and experience, and release in-hospital capacity. One example is the recent expansion of the Trust's virtual ward, as outlined below.

7. Service improvements

Expanding the virtual ward service

7.1. In November 2025 the Trust expanded its well-established virtual ward service from 80 to 120 beds, and made them available 24/7.

7.2. Previously this service was only available from 8am and 8pm, with no overnight monitoring, limiting the range of conditions and acuity of patients that could be admitted under this service.

7.3. Thanks to significant investment in staff and systems this year, the expanded service now admits more patients, and of higher acuity.

7.4. This is helping to relieve pressure at Medway Maritime Hospital, by freeing up ward beds for those who need them most, which in turn helps to reduce delays and overcrowding in ED.

How the virtual ward works

7.5. Enabled by technology, patients' vital signs (such as pulse, blood pressure and oxygen levels) are remotely monitored, and treatments given (such as intravenous antibiotics, and breathing support), with close oversight, and regular contact, from the hospital's Surgical, Medical and Acute Recovery Team (SMART).

7.6. The SMART Team comprises doctors, nurses and Allied Healthcare Professionals (AHPs). All our virtual ward inpatients remain under the care of hospital consultant, which is the same as inpatients within the hospital.

7.7. Should a patient's condition deteriorate while under the virtual ward, clinicians can quickly undertake further assessment of the patient on screen or over the phone.

7.8. At any time of day or night, a member of the SMART team can visit the patient at home, and if needed, arrange for them to be brought into hospital for further tests or treatment.

7.9. On average, only four per cent of virtual ward patients require this level of escalation, with more than 95 per cent remaining at home for the duration of their care.

Impact of the expanded service

7.10. Expanding this service is already helping patients who need acute care to leave hospital sooner (step down patients), and means that some people do not need to come into hospital at all (admission avoidance).

7.11. In the first month of this expanded service (3 November to 2 December 2025), the team cared for 32 per cent more patients than prior to the expansion. These are patients who would otherwise have been admitted to a bed on a medical ward.

7.12. Step down patients account for approximately two thirds of patients admitted to this service, with admission avoidance accounting for about a third.

7.13. As a result of the expansion, the virtual ward service has seen a 16 per cent improvement in average length of stay, which has reduced from nine and a half days to eight days.

7.14. Part of the expansion included a dedicated team working directly with clinicians in ED to identify patients who can be admitted under the expanded virtual ward service.

7.15. As a result, there has been a five-fold increase in the number of patients referred to the virtual ward directly from ED in the first month of the expanded service (from 2.2 per cent to 11.6 per cent).

7.16. Feedback from patients and staff demonstrates widespread support for this way of caring for acute patients.

Next steps

7.17. This recent expansion is the first step in an exciting journey that will see this well-established virtual ward develop into a 200-bed virtual hospital in stages this year.

7.18. As the virtual ward expands into an innovative virtual hospital, it will continue to develop more virtual pathways that support delivery of the NHS 10 Year Health Plan, which aims to end 'hospital by default' by delivering more care locally and at home.

8. Risk management

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

9. Consultation

9.1. The Trust will continue to engage with the Committee on its progress and performance.

10. Climate change implications

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

11. 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

Jonathan Wade, Interim Chief Executive, Medway NHS Foundation Trust, jonathan.wade@nhs.net

Appendices

None

Background papers

None