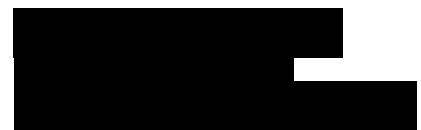




To: Catherine Wood, Area Coroner for Kent, and Medway

Kent County Council
Corporate Complaints
County Hall
Maidstone, Kent
ME14 1XQ



RE: Regulation 28 Report to Prevent Future Deaths

This report has been prepared in response to a request from the coroner for a Regulation 28 Report to Prevent Future Deaths dated 10 February 2026 in respect of the death of Mrs Barbara Wingate.

Firstly, I would like to offer my condolences to the family and friends of Mrs Wingate.

Processes and challenges at the time of the death

Kent County Council's Short Term Pathways Team is a team of social care staff who support the hospital discharge pathways. The team works in partnership with Medway NHS Foundation Trust and based on a hub and spoke model, is part of the Integrated Discharge Team working at Medway Maritime Hospital. The team is also a partner in the Medway Hospital Transfer of Care Hub which is a system-level coordination point that includes a multi-agency team of health, social care, and voluntary sector agencies.

KCC attends daily Transfer of Care Hub meetings, Monday to Fridays, where discussions take place regarding patients with the most complex discharge support needs to agree the most appropriate discharge pathway for those individuals.

At the time of Mrs Wingate's death, KCC operated a Discharge to Assess model and home first approach in line with national statutory discharge guidance, [Hospital discharge and community support guidance - GOV.UK](#). The Local Authority continues to operate this model.

There is a significantly lower number of people leaving Medway Maritime Hospital from KCC's boundary areas and with KCC commissioned support than from partner and neighbouring authorities. KCC typically receives an average of 11 referrals per week to support people with discharge from Medway Hospital. This level of demand has remained consistent from the time preceding the death of Mrs Wingate until present day.

The number of bed days lost due to people occupying acute beds who have No Criteria to Reside attributable to KCC is typically below 5% of the total bed days lost at any given time. This has also remained fairly consistent from the time preceding the death of Mrs Wingate until present day.

Over 95% of people whose discharge is supported by KCC, are discharged back to their own home with an enablement service provided by Kent Enablement at Home. This is KCC's in-house service that provides assessment and enablement support for people in their own home.

For the particular week that Mrs Wingate died, KCC received an average number of referrals for people who were discharged back to their own home and the average time from referral to discharge for these individuals was 2.5 days.

Current processes and challenges and change made.

During this period Kent Enablement at Home were experiencing a high number of vacancies within the team, with a 30% vacancy factor which impacted on the referral to discharge time. A recruitment campaign and efficiencies created within referral processes has reduced this time to 1.8 days. This has been consistent for the last three months and is in line with key performance indicators set by Medway Hospital of a 48 hour timescale for discharge back to a person's own home.

A small number of people are discharged to a short-term bed where they receive a period of enablement and/or assessment of their longer-term care and support needs. The majority of these people are discharged to KCC's Adult Short Stay Services which are in-house enablement beds. During the time that Mrs Wingate died, the average time for discharge to be facilitated from the time of referral to the Short-Term Pathways team was 5.3 days. Improvements have been made to the referral processes for this pathway, and the current average transfer of care time is 3 days.

Ongoing challenges beyond the control of the Council

Despite the improvements made to the length of stay for people with No Criteria to Reside attributable to KCC, our data clearly shows that 50% of referrals experience delays beyond the control of KCC. The main reasons for these delays are availability of discharge documentation, medication, and transport availability. These delays are reported in Medway Hospital's No

Criteria to Reside report and KCC continue to work with the trust in identifying themes and trends that delay hospital discharge.

Improvements identified

KCC continues to review hospital discharge practice and guidance in collaboration with system partners. The local authority is currently undergoing a review of the Short Term Pathways practice and processes, and the commissioning of hospital discharge services. KCC will continue to focus on the principles of Discharge to Assess and home first with the ambition of further increasing timely discharges into Pathway 1 home-based services.

Yours sincerely



Corporate Director, Adult Social Care and Health
Kent County Council