

Date: 2nd June 2026



Kent and Medway Coroners Service
Oakwood House
Oakwood Park
Maidstone
Kent
ME16 8AE

People Directorate (Children and Adults)
Medway Council
Gun Wharf
Dock Road
Chatham
Kent, ME4 4TR

Dear Catherine Wood,

**Re: Regulation 28 Report to Prevent Future Deaths
Ms Barbara Wingate**

Thank you for the regulation 28 report dated 10 February 2026. We acknowledge the Coroner's concerns raised under Regulation 28 and recognise the serious implications for patient safety associated with delayed admissions and discharge pressures within the acute hospital setting.

Medway Council fully accepts its responsibilities within the wider system and remains committed to taking both immediate and longer-term actions to address these issues.

System Factors Contributing to Delay

At any given time, it would be erroneous to conclude delays in hospital discharge can be attributed solely to adult social care or community health services. Evidence from across Medway demonstrates that delays arise from a range of interdependent factors across the health and social care system. These include:

- Internal patient flow within the acute hospital
- Bed availability
- Discharge planning processes
- Clinical decision-making
- Escalation arrangements
- Capacity constraints in community and social care provision

While the acute trust has implemented a number of measures to improve patient flow, it is Medway Council's view, it would not be accurate to conclude that all possible internal actions have been exhausted.

Improvements continue at a system interface level, and this is recognised by partners and reflected in ongoing system-wide oversight arrangements.

Oversight and Assurance

Due to ongoing challenges with patient flow at Medway Foundation Trust, the local health & social care system is supported by the Discharge and Admissions Group (DAG).

The DAG, commissioned by the Department of Health and Social Care (DHSC), works with the most challenged systems to support improvement. It provides both practical support and constructive challenge in relation to discharge performance, admissions, and patient flow. Its remit includes the acute trust, Integrated Care Board (ICB), community providers, and the local authority, reflecting shared system responsibility.

Additionally, the system benefits from the DHSC-commissioned Better Care Fund support programme, which provides sector-led, whole-system improvement support to strengthen integrated discharge arrangements, patient flow, and the effective use of health & social care capacity.

Actions Taken and Ongoing

A range of actions have been implemented or are in progress these are:

Commissioning Actions

Recommissioning of the Integrated Care and Reablement Service (ICRS) to increase community health bed capacity and support discharge from acute care.

The Council has commissioned eight assessment beds for individuals ready for discharge but requiring further therapy to support independence before returning home.

Introduction of 24-hour care at home services to support individuals with high needs to return home safely, where appropriate.

Market Engagement

The Council has recruited an independent commissioner to work with care providers to understand barriers to accepting discharged patients and to support increased residential and nursing home capacity, particularly for those with complex needs.

System Leadership

Appointment of a single care coordinator for hospital discharge, operating across the system and reporting directly to the Director of Adult Social Services. This role provides strategic oversight, coordination, and escalation across organisational boundaries, and operational linkage to the Chief Operating Officer at Medway Foundation Trust.

Sourcing Care

The Council has established a dedicated brokerage team focused solely on sourcing care for individuals ready to be discharged from hospital or community settings.

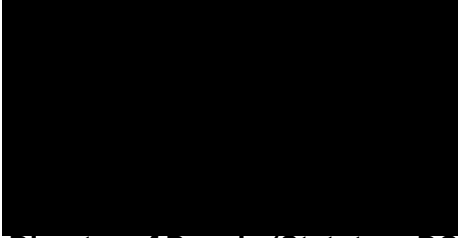
Long-Term Capacity Development

Medway Council is progressing through governance processes to develop a new 80-bed care home, recognising ongoing system challenges. While a longer-term intervention, this reflects the Council's seriousness in addressing structural capacity constraints

Conclusion

System partners recognise that improvement is required and that the risks identified stem from whole-system pressures. This is reflected in the Discharge and Admissions Group arrangements, which encompass all key partners, alongside a coordinated programme of immediate and long-term actions to improve patient flow, capacity, and safety. I hope the above clarifies the concerns raised.

Yours sincerely,



Director of People (Statutory DCAS) & Deputy Chief Executive