

# Annual Members' Meeting

Tuesday 23 September 2025





# Welcome

John Goulston  
Chair





# Agenda

- **Chair's Welcome**
- **Approval of 2024 Annual Members' Meeting Minutes**
- **Chief Executive's review of the year**
- **Presentation of the Quality Report**
- **Presentation of the Annual Accounts**
- **Message to Members**
- **Same day hip replacement: A surgeon and patient's experience**
- **Question Time**
- **Closing Remarks**



# Review of the Year

Jonathan Wade  
Interim Chief Executive



# Introduction

- Interim Chief Executive of both Medway NHS Foundation Trust and Dartford and Gravesham NHS Trust from 1 April 2025
- Significant step towards closer collaboration between the two hospitals
- Review currently taking place into closer working in future
- Thank you for the warm welcome I have received since joining.



# About us

More than  
**5,200**  
employees

and over  
**300**  
volunteers

serve a  
population  
of around

**427,000**  
people

throughout Medway  
and Swale.



2024/2025 statistics



**445,000**  
Outpatient  
appointments

More than  
**81,000**  
of these were  
held virtually



**185,000**  
Emergency  
Department  
attendances

**85,000**  
admissions



**4,400**  
babies born  
each year



2023/24 data

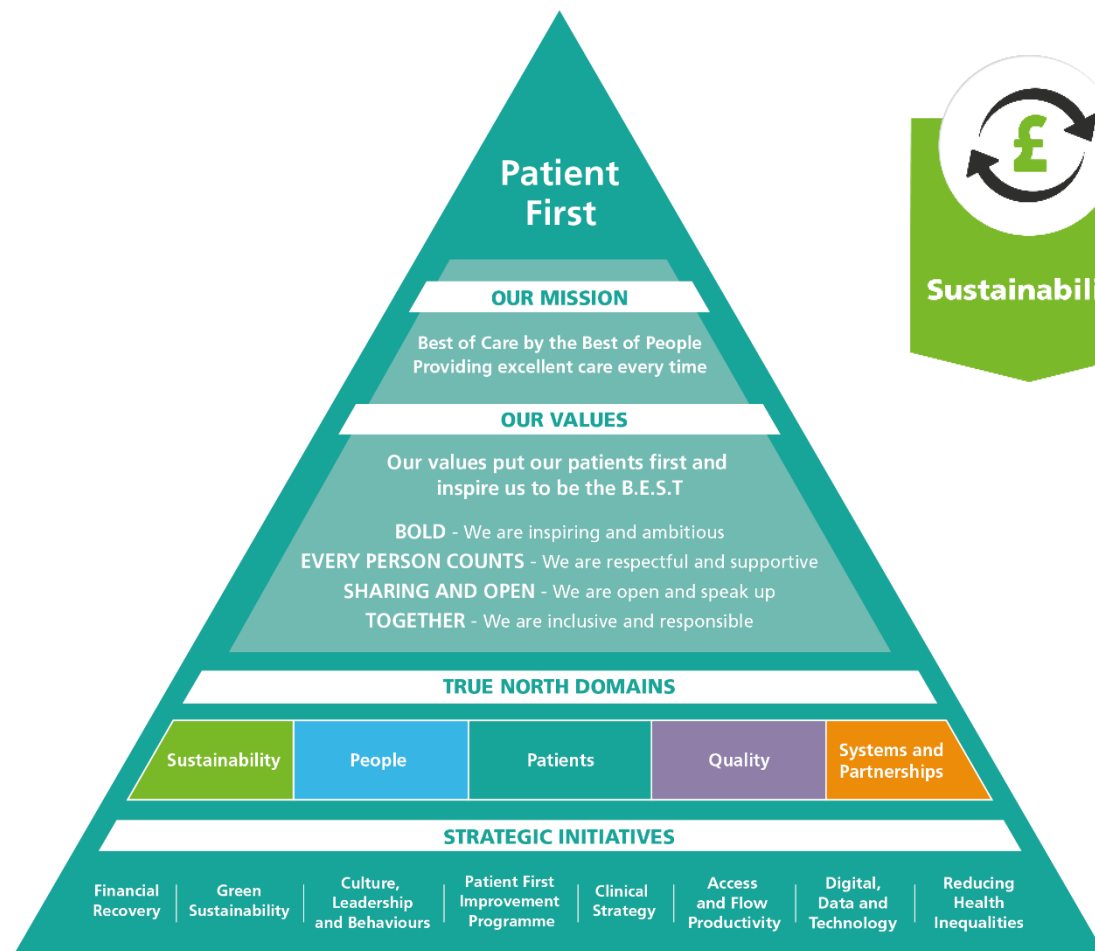


# A year to be proud of

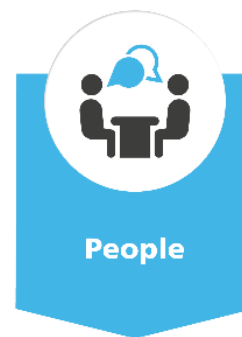




# Patient First



**Sustainability**



**People**



**Patients**



**Quality**



**Systems and Partnerships**

# Improving our care

We opened an additional Endoscopy unit in September 2024 so that we could provide this vital diagnostic test to more patients more quickly.



Our new multi-million pound Community Diagnostic Centre opened in Sheppey, providing patients with vital tests and scans closer to home. Work continues to develop our centres in Sheppey and Rochester, with the aim of providing services up to seven days a week, 12 hours a day, according to demand.

Gerald Nibbs, 77, was one of the first patients to be cared for in our new cardio respiratory ward which opened in May 2024, providing more than 30 new beds and state-of-the-art facilities for patients with serious breathing or heart conditions.



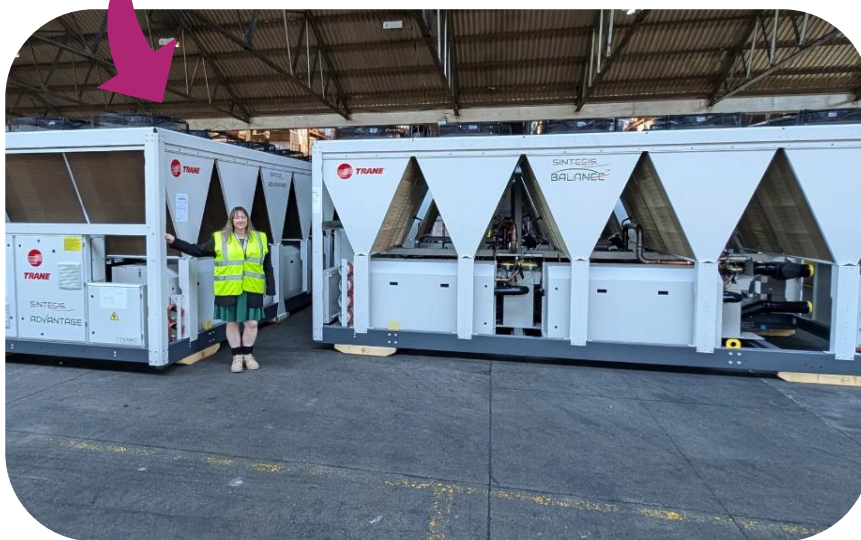


# Improving our hospital



Our Macmillan Cancer Care Unit achieved the Macmillan Quality Environment Mark after it scored five out of five for creating a welcoming and friendly space that meets people's needs

Thanks to £25.9 million of funding through the Public Sector Decarbonisation Scheme, we have been able to start installing solar panels, replacing aging boilers with modern heat pumps, installing energy efficient LED lights and double glazing.



We have made the Critical Care Unit more welcoming and calming. Wall graphics featuring birds and willow now line the walls and relatives' rooms have been painted a soothing blue.



# Performance



**Four-hour  
performance**

**77.4**

PER CENT

National target: **77%**



**Diagnostic  
waiting times**

**91**

PER CENT

Significantly improved  
from previous years



**Patients waiting more  
than 12hrs in the  
Emergency Department**

Reduced by

**2**

PER CENT

Improvement from  
March 2024 to March 2025

# Diagnostics and Planned Care

APRIL 2024

DECEMBER 2024

MARCH 2025

AUGUST 2025

Diagnostic test  
within six weeks



**TARGET 95 PER CENT**

65

78

91

80

Planned treatment within  
18 weeks of referral



**TARGET 92 PER CENT**

52

50

53

53

More than **1100**  
planned operations per month



# Inspection of Emergency Care

Safe  
Effective  
Caring  
Responsive  
Well-led

Inadequate  
Requires Improvement  
Requires Improvement  
Requires Improvement  
Good





# Emergency Care

APRIL 2024

DECEMBER 2024

MARCH 2025

AUGUST 2025

Four hour standard



**TARGET 77 PER CENT**

81

73

78

73

**16,000 to 18,000**

Emergency Department  
attendances per month



# Emergency Care: Improvements since inspection

- **Waiting times:** Fewer patients wait longer for the care they need
- **Ambulance handovers:** Ambulance handover times are consistently among the best in the country and well below the national average
- **Patient First huddles** are held regularly to give staff an opportunity to raise issues and suggest improvements



**Four-hour  
performance**

**77.4**

PER CENT

National target:  
**77%**



**Diagnostic  
waiting times**

**91**

PER CENT

Significantly  
improved from  
previous years



**Patients waiting  
more than 12hrs in  
the Emergency  
Department**

Reduced by

**2**

PER CENT

Improvement from  
March 2024 to  
March 2025

# Cancer waiting times performance



**28-Day  
Standard**

**68.5**

PER CENT

National target: **75%**



**31-Day  
Standard**

**CONSISTENTLY  
MET FOR  
2024/2025**

National target: **96%**



**31-Day  
Standard**

FOR SUBSEQUENT  
TREATMENT

**MET IN 9 OUT  
OF THE 12  
MONTHS**

National target: **98%**



**62-Day Urgent  
GP Referrals**

**68.4**

PER CENT

National target: **85%**



# Cancer Care

Cancer diagnosed or  
ruled out within 28 days



**TARGET 75 PER CENT**

APRIL 2024

56

DECEMBER 2024

70

MARCH 2025

66

AUGUST 2025

75



**2,000 to 2,300**

patients are referred to cancer  
services per month

# Maternity and children's services



**Leading the way nationally with diagnosing jaundice in babies with black or brown skin**

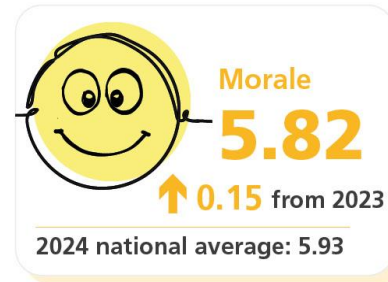
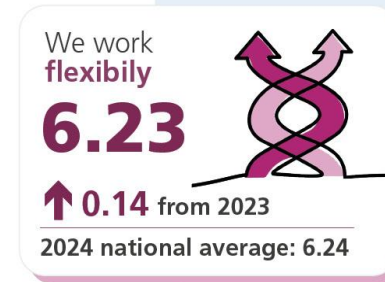
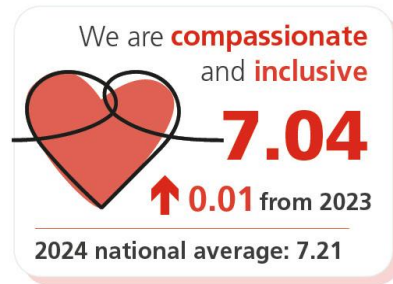
**Our thanks to Abigail's Footsteps, for their donation of a cooling cot for bereaved families**



**We now offer home testing for gestational diabetes, which affects up to 20 per cent of pregnancies**

# 2024 NHS Staff Survey:

## an overview of the Trust's results



All themes are scored on a 0 to 10 scale, where a higher score is more positive than a lower score. The overall theme scores are created by scoring questions linked to these areas and grouping the results together. The results will help us to develop on action plan to prioritise and make improvements for you and our patients.

### 2024 BANK STAFF SCORES

We are <b>compassionate</b> and <b>inclusive</b>	7.11	↑ 0.03 from 2023
We are <b>recognised</b> and <b>rewarded</b>	6.03	↑ 0.19 from 2023
We have a <b>voice that counts</b>	6.60	↓ 0.01 from 2023
We are <b>safe</b> and <b>healthy</b>	6.69	↑ 0.27 from 2023
We are <b>always learning</b>	5.89	↓ 0.28 from 2023
We work <b>flexibly</b>	6.74	↑ 0.25 from 2023
We are <b>a team</b>	6.60	↑ 0.06 from 2023
<b>Morale</b>	5.88	↔ No change from 2023
<b>Staff engagement</b>	6.97	↑ 0.14 from 2023



2024/25  
 'You said,  
 we did'



Began delivering  
**Inclusion by  
 Design Training**  
 so managers can  
 develop their EDI  
 knowledge and skills



Made  
**Appraisal  
 Training**  
 mandatory for people  
 managers to support the  
 personal and professional  
 development of all staff



Rolled out a  
**Wellbeing  
 Trolley**  
 to support staff  
 during strike action



Commissioned an  
 independent  
**Freedom to  
 Speak Up**  
 service to improve and  
 simplify how staff  
 report issues



Launched the  
**Data, Digital  
 and Artificial  
 Intelligence  
 Academy**  
 to help staff make  
 better data-driven  
 decisions for patients



Created a staff  
**Disability  
 Passport**  
 to record work-  
 related matters about  
 their disability,  
 neurodivergence or  
 health conditions



Started a  
**Cultural  
 Transformation  
 Programme**  
 to create a workplace  
 where everyone feels  
 safe and can thrive



Continued to grow  
 our network of  
**Wellbeing  
 Champions**  
 to help promote  
 wellbeing initiatives  
 and activities to staff



Mandated  
**Management  
 Essentials  
 Training**  
 for all people managers  
 to help them create and  
 manage teams



Introduced four new  
**Apprenticeships**  
 to help staff develop and learn new skills

- Laundry services
- Early years educator
- Play specialist and
- Marketing executive

# Recognising success

**Oliver Fisher Neonatal Unit celebrate receiving Level 3 accreditation under the UNICEF baby Friendly Initiative**



**Our 'Simway Hospital', an annual simulated clinical training programme, received national acclaim**



**Maternity Healthcare Clinical Support Workers received awards from NHS England for their vital contribution to maternity services**



# New Patient First priorities



Achieve 95 per cent of patients having a positive experience

To have a highly engaged workforce across the organisation which will make us the employer of choice

No avoidable harm or deaths, and for the Summary Hospital-Level Mortality Indicator to be within the expected range

- 92 per cent of patients treated within 18 weeks for Referral to Treatment (RTT) by March 2029
- Improving our performance to be in line with the National Emergency Care Standards with the emergency departments and our inpatient care areas for both adults and children

To reach a sustainable underlying breakeven revenue position by 2028/9

# NHS league tables

- First league table performance is not where we aspire to be, and we are committed to improving this
- This position reflects our significant challenges in bringing down treatment waiting times and meeting our financial targets
- We also have more to do to reduce costs by £45 million this year.

University Hospitals Birmingham NHS Foundation Trust	Acute – Teaching	4	2.97	127
James Paget University Hospitals NHS Foundation Trust	Acute – Teaching	4	2.98	129
Medway NHS Foundation Trust	Acute – Medium	4	2.99	130
North Cumbria Integrated Care NHS Foundation Trust	Acute – Medium	4	2.99	130
University Hospitals Coventry and Warwickshire NHS Trust	Acute – Teaching	4	3.01	132
Countess of Chester Hospital NHS Foundation Trust	Acute – Small	4	3.04	133
The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust	Acute – Small	4	3.35	134





# Improving our culture

## Cultural Transformation Review

- Commissioned by Trust to better understand staff experiences
- Five key recommendations that we fully accept
- Some moments of pride and positivity, but also unacceptable behaviours and uncomfortable truths highlighted
- We face these realities and are committed to cultural transformation
- Report recently shared publicly, in spirit of openness and transparency

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Scan the QR code to read the report or visit our website: [www.medway.nhs.uk/culture-review](http://www.medway.nhs.uk/culture-review)



Medway NHS Foundation Trust  
**Cultural Review**



# ►►► Cultural transformation recommendations

1

## REBUILDING TRUST

**By December 2025**

We'll have developed a clear roadmap of listening events for all staff groups and linking these with existing channels such as Freedom to Speak Up (FTSU).

## REVIEW STAFF EXPERIENCES OF HUMAN RESOURCES (HR) PROCESSES

**By December 2025**

We'll have carried out a full review of the end-to-end staff experience in Employee Relations (ER) processes (e.g. grievance, bullying, and harassment).

2

## WORK SAFETY PLAN

**By February 2026**

We'll have developed a clear plan to reduce violence, aggression, and racism on wards, with a focus on protecting frontline staff - especially those from minority ethnic backgrounds and internationally educated staff.

3

## FIXING THE MIDDLE

**By October 2026**

We'll ensure that 80 per cent of Band 7 to 8b managers have completed a Trust specific training programme that supports fair leadership, good people management, and stronger teams.

5

## LEADERSHIP ACCOUNTABILITY

**By April 2026**

We'll have introduced a clear and practical Leadership Accountability and Clarity Framework across all bands if one does not currently exist, or strengthen and improve any existing framework to ensure it is consistent, fair, and understood across the Trust.

4

**TRANSFORMING**  
►►► our culture



# Our plan for recovery

## TEAM

Our people

- Strengthen Executive Team and Board
- Create a fair and inclusive culture

## DELIVERY

What we do

- Improve waiting times for diagnostic treatment and care
- Financial recovery
- Make sure no patient dies or comes to harm who shouldn't have

## GOVERNANCE

How we do it

- Develop a 'Board to Ward' golden thread of accountability
- Improve corporate support services

## STRUCTURE

Doing it differently

- Develop business and financial recovery plans
- Robust decision-making



# A final word of thanks



**THANK YOU! THANK YOU! THANK YOU! THANK YOU!**



# Quality Report

Steph Gorman  
Interim Chief Nursing Officer



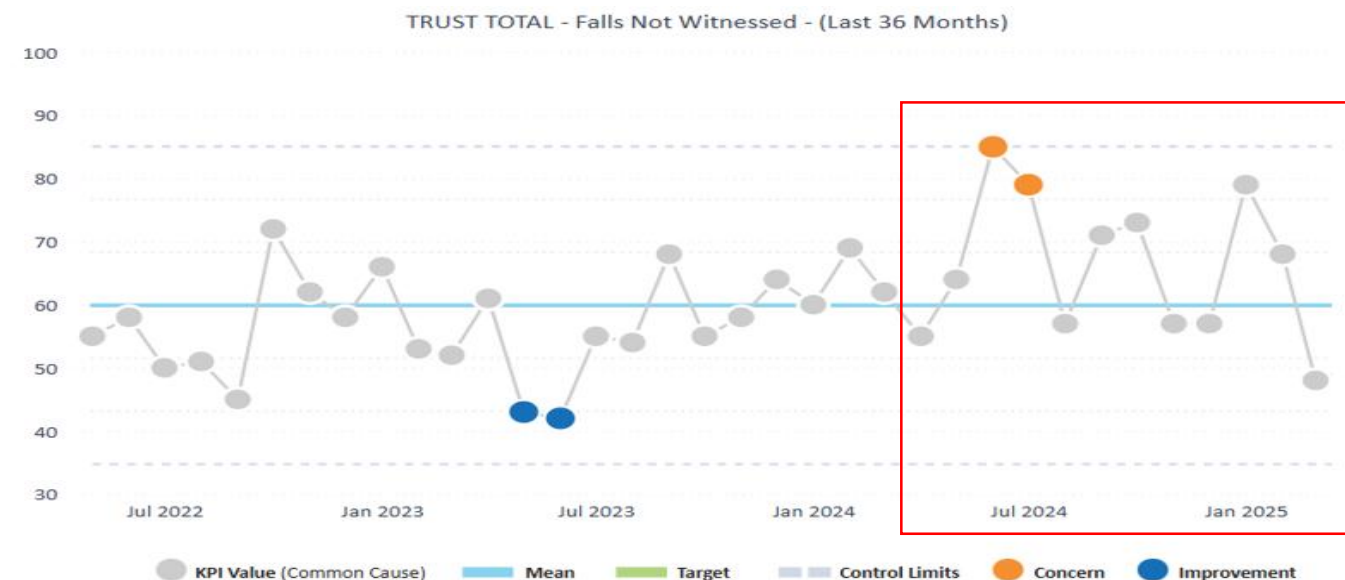
# Quality Account 2024/25

- Publication of the Annual Quality Account enhances the Trust's accountability to the public and provides evidence of measures taken to improve quality and what further improvement is required.
- Annual Account published on 30 June 2025.



# 2024/25: Quality Priority 1

- 10 per cent reduction in the total number of **unwitnessed** inpatient falls
- Target: No more than 621



Tar	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Year to date
621	55	64	85	79	57	71	73	57	57	79	67	49	793

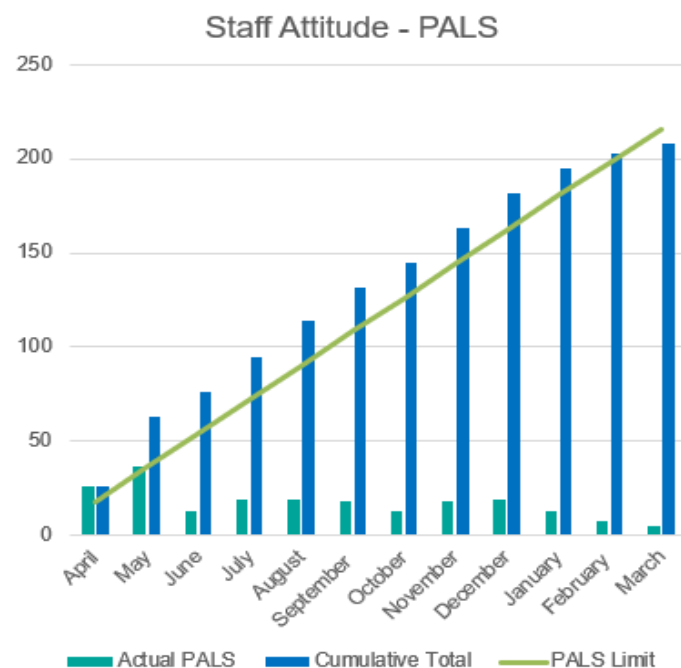
## Actions taken

- Throne Project
- Therapeutic Practitioner Pilot
- Decaffeinated drinks project
- Equipment funding
- Patient cohorting
- Training, Specialist advice and Audit

793 Unwitnessed falls: Target not achieved

# 2024/25: Quality Priority 2

- Reducing complaints and PALs relating to staff attitude
- Target: Less than 30 complaints and 216 PALs



## Actions taken

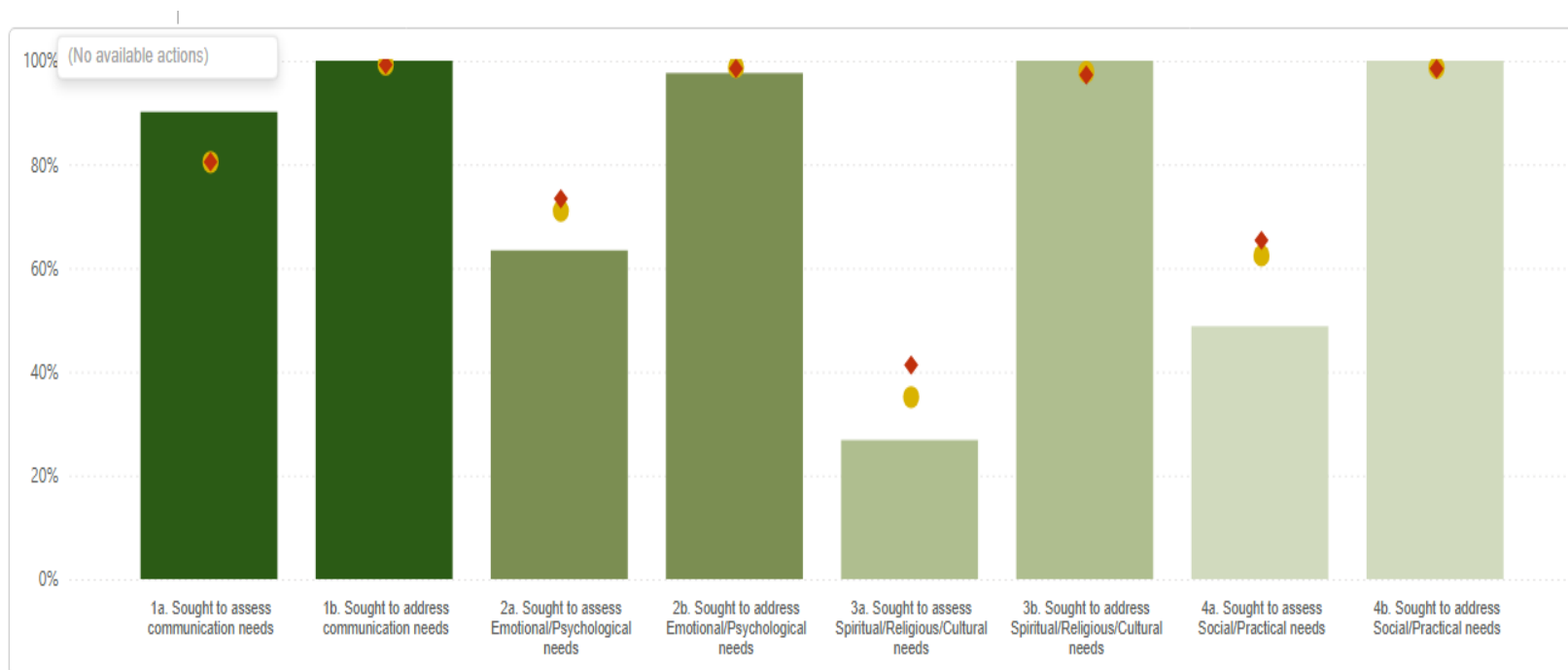
- Division specific focus
- Incivility workshops
- Roll out of informal conversation document
- Recognition and promotion of positive behaviours
- Understanding reasons for poor behaviours

Five complaints and 208 PALs: Target achieved



# 2024/25: Quality Priority 3

- Earlier recognition of the dying person and commencement on an End Of Life Care individualised care plan.
- Over 60 per cent of patients made for End of Life Care between 6am and 6pm



## Improved areas

- Addressing communication needs
- Addressing religious/ cultural needs

## Areas for improvement

- Assessing emotional and psychological needs
- Assessing social/practical needs

65 per cent EOLC decisions made between 6am and 6pm: Improvement made but target not achieved

# 2024/25: Quality Priority 4

- 50 per cent of all Getting it Right First time (GIRFT) improvement programmes (referenced within the Clinical Strategy) benchmarking within the top 25 per cent nationally
- Target: 12 Key Performance Indicators (KPIs) benchmarking within top 25 per cent nationally

## **KPIs within top 25%**

- Patient Initiated Follow Up utilisation rate for Rheumatology
- Selected high cost drug expenditure in Rheumatology where main use of drug is inflammatory arthritis per 100 trust rheumatology patients with a follow-up appointment (outpatient)
- Day case rate for TURBT
- Day case rate for ureteroscopy

# 2024/25: Quality Priority 5

- Improve the number of National Clinical Audit reports with an improvement action plan in place within 90 days of publication
- Target: **95 per cent**



## Actions taken

- Standing divisional agenda item
- Clinical effectiveness improvement plan created
- Grand round and drop in sessions
- A3 project
- Oversight from Clinical Effectiveness and Outcomes Group

79 per cent: Improvement made but target not achieved

# 2025/26: Quality Priorities

Domain	No.	Description	Measurement for Success
<b>Patient Safety</b>	1	<b>No patient will come to harm due to a missed finding on imaging or being 'lost to follow up' following a diagnostic test.</b>	Using the Trust incident data (Datix) no patient will come to harm due to a missed finding on imaging (X-ray, CT or MRI) or a failure to follow a patient up after a diagnostic test requiring further review or treatment.
<b>Patient Experience</b>	2	<b>Improve the experience of patients receiving care in the Emergency Department by 10 per cent.</b>	Positive feedback from patients visiting the Emergency Department via the nationally recognised Friends and Family Test (FFT) will show an increase of 10 per cent - increasing from 72 per cent in 2024/25 to 82 per cent in 2025/26.
<b>Clinical Effectiveness</b>	3	<b>Reduce delayed admissions to the Critical Care Unit from 17 per cent to 11.4%.</b>	Using Intensive care national audit and research centre [ICNARC] data from the Case Mix Programme (CMP) the Trust will move from being a national outlier for delayed admissions to the Critical Care Unit to within the 95 per cent predicted range for units with a similar admission profile.
	4	<b>GIRFT improvement programmes referenced within the Clinical Strategy will benchmark within the top 25 per cent nationally.</b>	Using the model health system dataset, all 23 KPIs from the nine GIRFT improvement programmes referenced within the Trust's Clinical Strategy will benchmark within the top 25 per cent nationally for at least one KPI.



# Presentation of the Annual Accounts 2024 / 25

**Simon Wombwell**  
Interim Chief Finance Officer



# The big picture

£m	2024/25	2023/24	Change	% change
Income	519*	471	↑ 48	9%
Expenditure	(536)	(495)	↑ 41	8%
Bottom Line	(22)*	(24)	7	24.1%

\* Income includes £5.3m Salix Grant for our decarbonisation project; this is removed for the purpose of assessing our financial performance.

Patient Nos	719,000	617,000	102	16.5%
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Capital	25.9	28.1	(2.2)	(7.8)%
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	2024/25
Staff employed (on 31 <sup>st</sup> March 2025)	5,761
Invoices Paid (no.)	63,747
% Invoices paid on time	88.8%

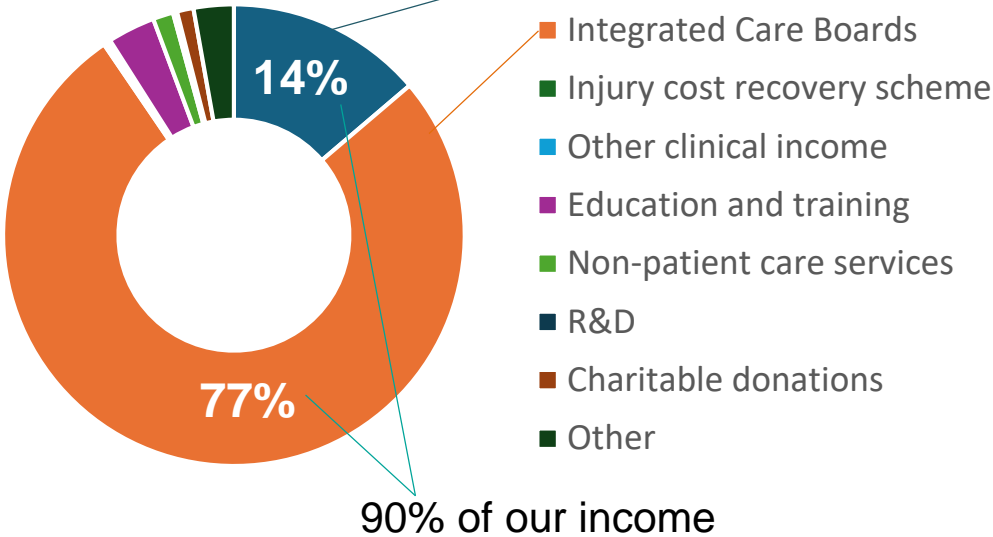
National Cost Index*	99.6
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\* This is the National Cost Collection Index for 2023/24; results for 2024/25 are expected in October 2025.

# Where does our income come from?

£m	2024/25	2023/24	Change	% change
Elective income	52	47	6	11%
Non-elective income	129	133	(4)	(3)%
Outpatients (all types)	55	50	5	10%
High cost drugs	28	27	1	2%
Other NHS clinical income	208	177	30	17%
<b>Sub-total: Clinical Income <sup>❶</sup></b>	<b>472</b>	<b>434</b>	<b>38</b>	<b>9%</b>
Education and training	17	17	0	4%
Non-patient care services	7	7	0	9%
R&D	2	2	(0)	0%
Charitable donations	6	0	6	-
Other	15	11	4	30%
<b>Total income</b>	<b>519</b>	<b>471</b>	<b>48</b>	<b>9%</b>

Income by Source 2024/25



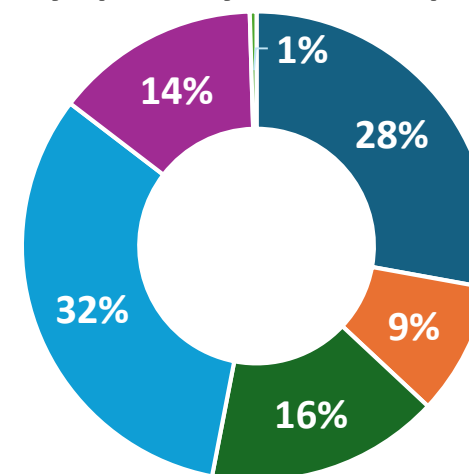
❶ In 2024/25...

- “Non-Elective activity” was **fixed**, based on historically contracted levels.
- Elective reported is that within the scope of the Elective Recovery Fund; this activity was **flexible**, on a ‘cost and volume’ basis using the national tariff.
- Other clinical activity includes A&E, critical care, Deficit Support Funding and pension funding from NHSE.

# How we spent it...

£m	2024/25	2023/24	Change	% change
Purchase of health and social care	25	28	(3)	9%
<b>Staff costs</b>	<b>339</b>	307	32	11%
Drugs costs	43	40	3	8%
Clinical supplies	38	32	6	20%
General supplies	12	12	0	1%
Premises costs	13	18	(5)	↓ 27%
Depreciation	20	19	1	8%
Clinical negligence premiums	18	17	1	7%
Education and training	11	8	3	32%
Other operating expenditure	9	8	1	12%
<b>Total operating expenditure</b>	<b>528</b>	<b>487</b>	<b>41</b>	<b>8%</b>
Net finance costs	8	8	0	7%
<b>Total Expenditure</b>	<b>536</b>	<b>495</b>	<b>41</b>	<b>8%</b>

Pay Spend by Staff Group



- Nursing and midwifery
- Scientific, therapeutic and technical
- Clinical support staff
- Medical
- Non-clinical
- Capitalised staff costs

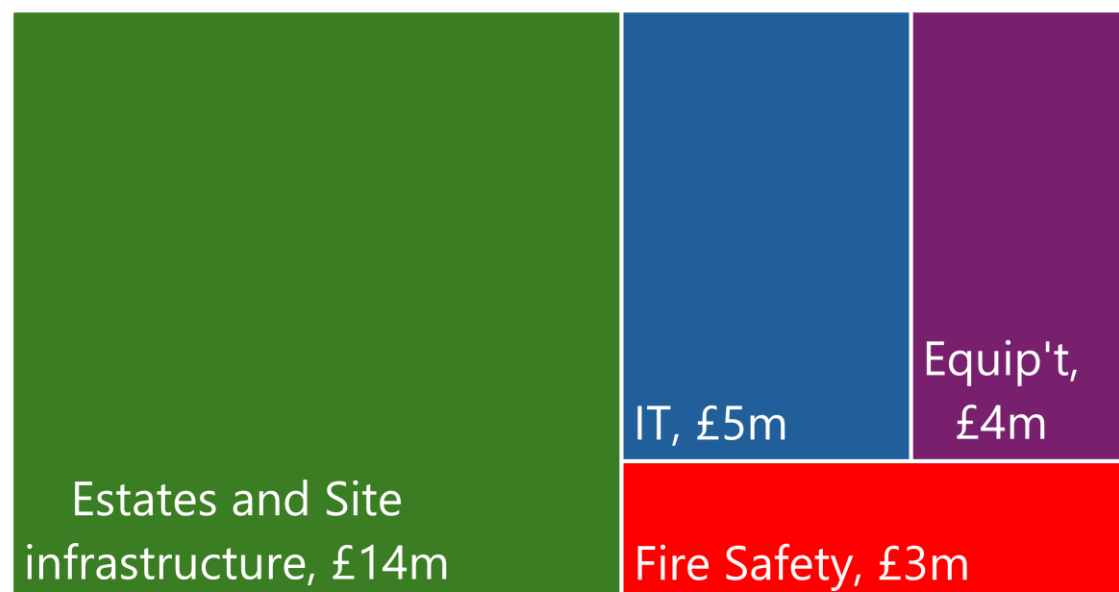
For every £100 the Trust spends this goes to:

	2024/25	
Nursing staff	£17	} £62
Medical staff	£20	
Other pay	£25	
Supplies & Drugs	£22	
Other	£16	
	<b>£100</b>	



# Investing in our infrastructure (Capital)...

**2024/25: £25.9m**



*Previous year...*

**2023/24: £28.1m**



# Forward look...

- ✓ Focus will remain on reducing **waiting times**

as well as...

- ✓ improving our **financial position**
- ✓ working in **partnership** across Kent and Medway
- ✓ improving our **decision making and accountability**
- ✓ improving our **planning**

# Message to members

Tina Rowe  
Interim Lead Governor



# Our year of engaging with local people





# Coffee and Chat 2025



# Join us at our next Coffee and Chat

## COFFEE AND CHAT

Meet your governors and tell them what is important to you!



**Tuesday 14 October 2025, 10am to 12pm**

Find us in the Atrium (Level 2, Green Zone)

To register, please email:  
**[medwayft.governors@nhs.net](mailto:medwayft.governors@nhs.net)**

We hope you can join us!

*Please visit our website to check the dates before attending, or simply scan the QR code.*

**[www.medway.nhs.uk](http://www.medway.nhs.uk)**



# Home same day after hip replacement: A surgeon and patient's experience

Rajesh Bawale, MBBS, MRCS,  
FRCS (Tr and Orth), FEBOT (Tr and  
Orth), Consultant, Trauma and Orthopaedics

Sharon Clare, same-day hip replacement patient on two  
occasions





# Did you know..?



In the UK, approximately  
**10 million people** live  
with osteoarthritis.

An estimated  
**5.4 million people** have  
knee osteoarthritis...



...and  
**3.2 million people**  
have hip osteoarthritis.

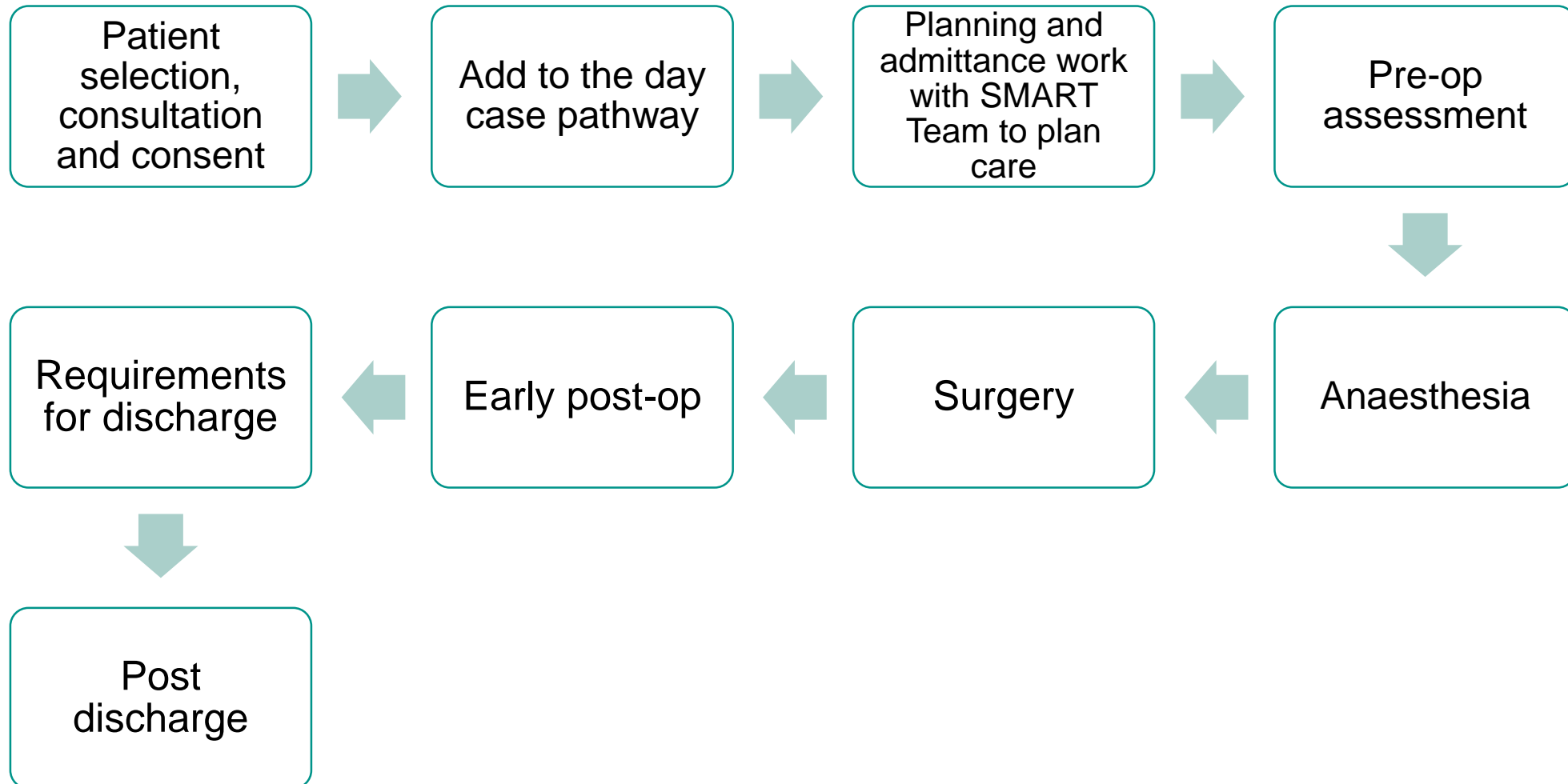


# Our drive for day case arthroplasty surgery

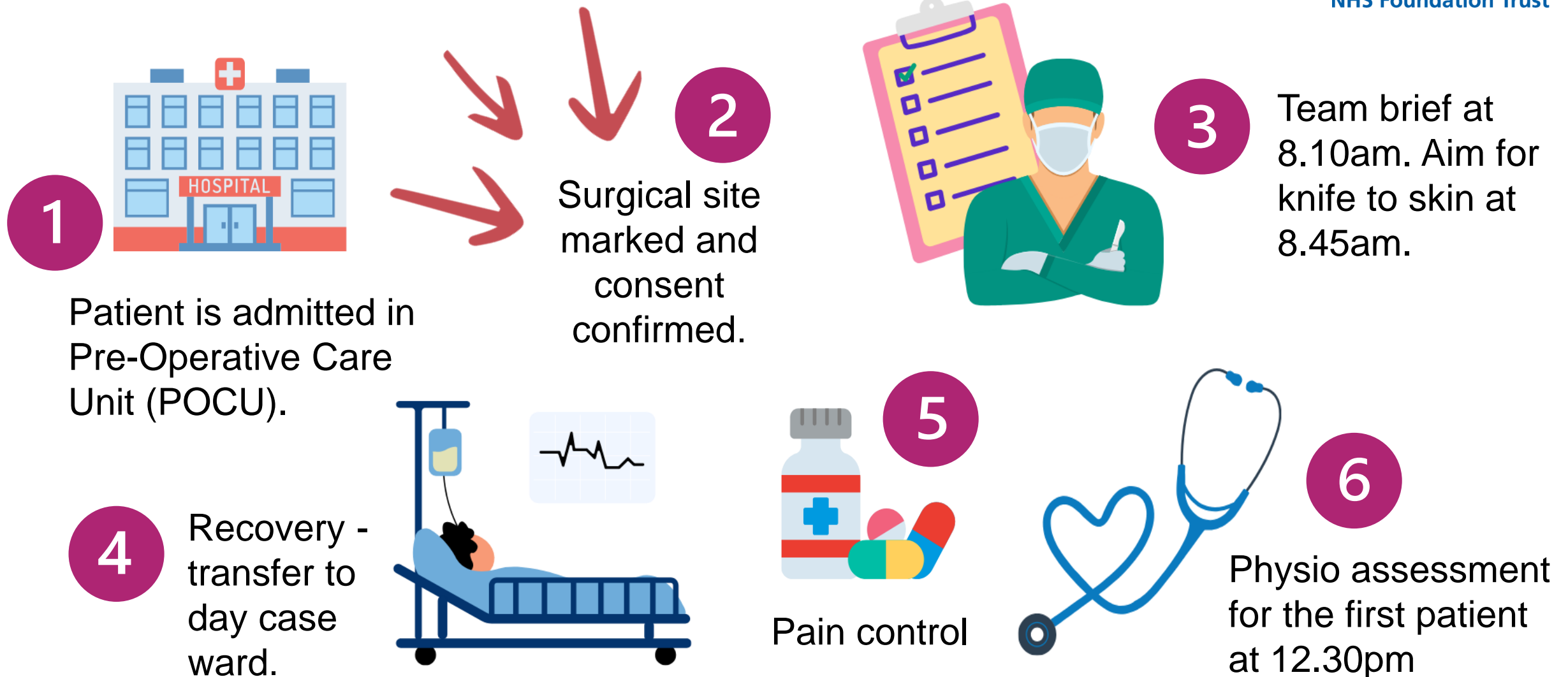
- Multidisciplinary collaboration and approach to achieve satisfactory patient outcomes
- Reduced risk of hospital acquired infections
- Reduced need for inpatient beds and reduced risk of surgery cancellations – no reliance on inpatient bed availability
- Opportunities to make best use of operating times and hospital sites with reduced demand of overnight stay
- Total hip and knee arthroplasty



# How we do it



# On the day...



# Going home



We aim to **discharge**  
the first patient from  
**2pm**



Members of our  
**medical team** will  
contact patients  
around **6pm** that day



Our **SMART team**  
visit the next day  
and keep patients  
under review for **14**  
**days**



# Sharon Clare

Same-day hip replacement patient  
on two occasions



# Question time

# Closing remarks

John Goulston  
Chair

