

Kent County Council
Health Overview and Scrutiny Committee
Wednesday, 2 April 2026

**Establishing a Group between Dartford and Gravesham NHS Trust
and Medway NHS Foundation Trust**

Report from: Jonathan Wade, Chief Executive, Dartford and Gravesham NHS Trust, and John Goulston, Chair, Medway NHS Foundation Trust.

1. Summary

- 1.1. The purpose of this paper is to update the Committee on the outcome of an independent review into the potential benefits of closer collaboration between Medway NHS Foundation Trust and Dartford and Gravesham NHS Trust, and to outline the next steps for the development of the Group and leadership arrangements for both trusts.

2. Recommendations

- 2.1. This paper is for the Committee to note.

3. Budget and policy framework

- 3.1. 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 Kent. 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 Overview and Scrutiny Committee as set out in the Council's Constitution.

4. Organisational overview

- 4.1. Dartford and Gravesham NHS Trust, which runs Darent Valley Hospital in Dartford, and Medway NHS Foundation Trust, which runs Medway Maritime Hospital in Gillingham, are neighbouring acute hospital trusts.
- 4.2. Both trusts deliver a comprehensive range of acute, elective, and emergency services, serving diverse communities with some shared patient flows and overlapping catchment areas.
- 4.3. The two organisations serve a combined population of approximately 800,000 people across North Kent and Medway. Together they employ approximately 10,500 staff and have a combined operating budget of just over £1 billion.

4.4. The trusts are both members of the Kent and Medway Acute Provider Collaborative and signatories of the Kent and Medway NHS Strategy.

5. Drivers for change

5.1. Both trusts have great strengths and expertise and in recent years, have demonstrated commitment to partnership working — particularly in clinical services (including Rheumatology, Urology, Ear Nose and Throat, and Pathology), shared procurement, and workforce initiatives.

5.2. However, much of this collaboration has occurred on an ad hoc basis, sometimes without sufficient formal governance or long-term strategic alignment, which has led to mixed success.

5.3. The trusts also face converging challenges which include:

- rising demand from an aging population
- long waits for treatment
- variations in clinical outcomes
- staffing pressures
- fragmented digital systems
- limited capital investment to invest in buildings and new equipment, and
- significant underlying deficits.

5.4. The two organisations also share the following interdependencies:

- patient flows across urgent, elective, and diagnostic services
- shared medical and nursing workforce pools
- common suppliers and contracting arrangements
- aligned clinical transformation priorities (elective recovery, quality improvement and digital transformation), and
- shared system objectives within the Integrated Care System (ICS) framework.

5.5. While both trusts have achieved notable service improvements in recent years, the scale of challenge demands a structural approach beyond incremental improvement.

6. Independent review and case for change

6.1. Last year, NHS Kent and Medway commissioned an independent review to assess the potential benefits of closer collaboration between the two trusts. The review examined opportunities to improve quality of care, patient outcomes, operational performance and efficiency.

6.2. The review identified clear benefits of closer collaboration to:

- improve the quality and consistency of care
- enhance patient outcomes
- strengthen operational efficiency and resilience
- expand staff development and leadership opportunities
- accelerate performance improvement across both organisations.

6.3. In evaluating the case for greater collaboration, the review considered three organisational options:

- continuing with the current arrangements
- establishing a formal Group
- merging into a single new organisation.

6.4. It concluded that establishing a governance-backed group is the preferred option. This model – already widely adopted across NHS providers – enables trusts to work under a shared leadership team while remaining separate statutory bodies.

6.5. The review also recommended that the trusts develop, in time, a shared leadership team, including a Group Chief Executive and Group Chair, supported by strong site-based leadership.

6.6. The review's recommendations have been considered and approved by both Boards, and are supported by Medway's Council of Governors, Kent and Medway Integrated Care Board, and NHS England's South East Regional Team.

7. Anticipated benefits

7.1. The vision is for a clinically-led, financially sustainable, and digitally enabled Group that delivers outstanding, integrated care to the population of North Kent and Medway, ensuring every patient receives equitable, high-quality care regardless of geography.

7.2. Proposed clinical benefits:

- Reduced unwarranted variation through standardised clinical pathways and shared governance.
- Improved access and patient outcomes through joint service planning.
- Enhanced safety through shared learning, joint morbidity reviews, and quality improvement systems.
- Improved patient experience through listening to our patients and co-designing improvements to clinical pathways.

7.3. Proposed workforce benefits:

- Provide equity and equality for all staff through an open and transparent culture that enables staff to speak up and be empowered and engaged.
- Shared workforce planning and career development frameworks.
- Improved recruitment and retention through joint branding and training.
- Enhanced clinical leadership opportunities and cross-site collaboration.

7.4. Proposed operational benefits:

- Unified leadership and shared enabling services in key areas.
- Reduced duplication and more efficient use of resources.
- Streamlined decision-making and greater organisational agility.

7.5. Proposed financial benefits:

- Recurrent savings through economies of scale.
- Improved capital efficiency and purchasing power.
- Strengthened ability to attract external investment and transformation funding.

8. National and system alignment

- 8.1. 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.
- 8.2. Establishing the Group is directly aligned to key national NHS strategic policies and frameworks, including:
 - **The NHS 10 Year Health Plan for England (2025):** supporting more sustainable care through three transformational shifts – from hospital to community, from analogue to digital and from treatment to prevention.
 - **Provider Collaboration Guidance (NHS England, 2023):** encouraging formalised partnerships that improve system performance and resilience.
 - **NHS Operational Planning Guidance (2025/26):** focusing on elective recovery, urgent and emergency care performance, workforce sustainability, and financial balance.
 - **NHS People Promise:** promoting shared workforce planning, development, and compassionate leadership.
 - **Net Zero and Greener NHS Framework:** mandating carbon reduction through coordinated estate and procurement strategies.
- 8.3. The group approach creates a structure consistent with these objectives — ensuring that both trusts act as system partners within the Kent and Medway ICS, rather than as competitors for resources and staff.
- 8.4. It is also aligned with key system priorities. The Kent and Medway ICS aims to deliver ‘One System, One Population, One Budget’, supporting population health improvement and system sustainability.
- 8.5. The Group is an enabling mechanism to deliver the ICS’s five strategic aims:
 - **Improved population health:** By standardising care and strengthening preventative services across North Kent and Medway.
 - **Tackling health inequalities:** By ensuring equitable access and outcomes across catchment areas.
 - **Enhancing quality and productivity:** Through shared governance, data-driven improvement, and efficiency in service delivery.
 - **Supporting economic sustainability:** By releasing savings and reinvesting in clinical priorities.
 - **Building workforce resilience:** By sharing talent pipelines, training opportunities, and leadership capacity.
- 8.6. The Group will operate within and contribute to the wider system architecture, ensuring alignment with ICB objectives, provider collaboratives, and neighbourhood-level care integration.

- 8.7. Engagement will include Primary Care Networks, community providers, and the ICS to strengthen system collaboration and ensure that the model supports integrated care delivery.

9. Current context and leadership arrangements

- 9.1. The creation of the Group is a significant step forward for both trusts at a time when the NHS in Kent and Medway is undergoing significant change, alongside considerable operational and financial pressures.
- 9.2. As a result, since announcing the intention to form the Group last November, the trusts have kept all aspects of its development under close review, with particular attention to leadership capacity.
- 9.3. Having considered this, the trusts have decided that it is right, for the time being, to maintain two separate Chief Executives. This approach will ensure that each trust has the dedicated leadership focus required to address immediate priorities: reducing waiting times, improving patients' outcomes, transforming organisational culture, and strengthening financial performance.
- 9.4. The trusts are now recruiting substantive Chief Executives. Jonathan Wade stepped down as Interim Chief Executive of Medway NHS Foundation Trust on 31 March, and will step down as Chief Executive of Dartford and Gravesham NHS Trust this summer. Siobhan Callanan, Interim Deputy Chief Executive, will continue to provide leadership and stability at Medway NHS Foundation Trust while the recruitment process is underway.

10. Next steps

- 10.1. The trusts are at the beginning of a journey to establish the Group and implementation will take time and be phased, with foundational work already underway to ensure the Group can realise its intended benefits.
- 10.2. The Boards have agreed to establish a joint committee to determine the most appropriate approach, pace and structure for the Group's development. This will be supported by an experienced Programme Director.
- 10.3. Over time, this will include developing the Group operating model, setting out how the trusts will make decisions together, govern themselves, agree shared priorities, and implement the changes required.
- 10.4. The trusts remain confident that the Group's development presents significant opportunities for innovation and improvement that will benefit patients. They will continue to engage openly as this work progresses, listening to feedback and drawing on learning from other NHS groups to strengthen services now and for the future.

11. Climate change implications

- 11.1. The development of the Group is aligned to delivery of Net Zero and Greener NHS Framework which mandates carbon reduction through coordinated estate and procurement strategies.

12. Financial implications

- 12.1. There are no direct financial implications for the Council arising from this report.
- 12.2. Both trusts currently operate under deficit positions, with system control totals requiring substantial recovery plans.
- 12.3. A Group approach will enable resource optimisation, cost avoidance, and reinvestment into frontline services.
- 12.4. Financial oversight will be managed through a Group Finance and Performance Committee reporting to both Trust Boards.

13. Legal implications

- 13.1. There are no direct legal implications for the Council arising from this report.
- 13.2. Each Trust will retain:
 - statutory accountability for CQC registration and compliance
 - independent external audit and annual report, and
 - separate Foundation Trust membership (for Medway NHS Foundation Trust).
- 13.3. The Group will operation under a Memorandum of Understanding, formalised via aligned Schemes of Reservation and Delegation (SoRD).

14. Lead officer contact

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