

**Kent County Council
Health Overview and Scrutiny Committee**

7th October 2026

**Maidstone and Tunbridge Wells NHS Trust
Update on the proposed bed reductions on Whatman Ward,
Maidstone Hospital.**

Report from: Rachel Jones, Director Strategy, Planning & Partnerships
Dr Nick Bagley, Deputy Chief of Service, Medicine & Emergency
Care.

1. Summary

1.1 The purpose of this report is to provide an update on the proposed bed reductions on of Whatman Ward, Maidstone Hospital, and the impact upon potentially affected staff.

2. Recommendations

2.1 The Committee is asked to note and comment upon the update provided.

3. Context and Policy Framework

3.1 The NHS 10-Year Plan was a national document which set out the government's vision for the future of health and care in England. Its aim was to respond to rising demand, widening health inequalities and financial pressures by committing to a fundamental transformation of how services were delivered. The Plan also set the context in which all health care organisations had to operate.

3.2 A central tenant of the 10-Year plan was that care would move out of hospitals and into communities. Instead of relying on large acute centres for most services, the future model provided for neighbourhood health to become the focal point for care, and a shift from reactive to proactive care.

4. Acute and Community Care Provision

4.1 Whatman Ward is a 21 bedded facility at Maidstone Hospital, which provides geriatric and acute frailty care. These are two cohorts of patients that are a specific focus of the national policy framework.

4.2 Each day, between 120 and 150 patients in our hospitals are medically ready to leave (no criteria to reside) but remain in a hospital bed while waiting for the next stage of their care, which is often older and frail people. This has a significant impact on in-patient care, patient experience and patient flow across our hospitals.

4.3 Working with partners across Kent and Medway, we are focusing on a range of improvements designed to reduce the amount of time spent in hospital once patients no longer meet the criteria to reside and ensure patients receive care in the most appropriate setting for their needs.

4.4 This includes strengthening discharge planning via daily board rounds, senior decision making, a daily focus on what is required to support discharge for all patients who no longer meet the criteria to reside, expanding Same Day Emergency Care services and increasing the use of our virtual ward, all of which improve how patients move through hospital services.

4.5 Community service models are improved to better meet the needs of patients. Specific examples include provision of a West Kent community-based frailty service, an award-winning virtual ward service, and proactive identification and case management of the frailest patients through primary care led neighbourhood multidisciplinary teams. The work described above is making increasing use of these services and forms a core plank of ensuring patients receive the right care, in the right place at the right time in line with the national policy direction.

4.6 These models of care are a proactive move to strengthen patient care, ensure sustainable services, and build a more resilient system across health and care.

4.7 Our focus remains on providing safe, high-quality care while ensuring patients receive the right care, in the right place, at the right time. A Quality Impact Assessment has been undertaken, with several mitigation measures put into place, including a delay to the implementation of bed reductions.

4.8 Any changes to capacity are being carefully assessed and clinically led, with patient safety and quality of care remaining our priorities.

5. Proposed Closure Update

5.1 The current plan has delayed the reduction in bed capacity by 2 weeks and is planned to proceed in several phases which allows us to assess the impact and maintain safety.

5.2 The first bay closure will be planned for the end of week commencing 12th October 2026. It is expected that we will then close one bay per week thereafter, with a full closure of Whatman Ward planned by Friday 6th November 2026.

5.3 This will be reviewed and impacts monitored as each bay closes and is therefore subject to change to ensure we maintain safety and quality of service provision.

6. Staffing Implications

6.1 A 30-day formal staff consultation commenced on 24th July and closed on 22nd August.

6.2 As part of the consultation; and without prejudice of the outcome, staff were asked to submit an Expression of Interest form which details their ward and site preferences.

6.3 A 2-week extension was added to the end of the consultation to give time to review the staff feedback. Following this, the bed reduction plans have been put back until the middle of October and will be phased to assess the impact on patient safety and with quality indicators being reviewed as each bay is closed.

6.4 The formal outcome was communicated to staff on 14th September 2026.

6.4 All affected staff will be offered re-deployment, with our primary goal to accommodate their preferred option.

6.5 Redeploying staff will improve our staffing rates across our beds and will support safer staffing and staff well-being.

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