



Serving You

Health and Adult Social Care Overview and Scrutiny Committee

14 October 2025

Update on Culture Review and Ear Nose and Throat (ENT) service at Medway NHS Foundation Trust

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Summary

This report provides an update on the outcome of an independent culture review at Medway NHS Foundation Trust, and an update on delayed referrals to the Ear Nose and Throat service.

1. Recommendations

1.1. The Committee is asked to note the report.

2. Budget and Policy Framework

2.1. 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 Medway. 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.

3. Culture Review

3.1. Last year the Trust commissioned independent experts, Absolute Diversity, to review the organisation's culture, so that we could better understand the experiences of our staff, and make positive changes that have a lasting impact.

3.2. This review is the first phase of a multi-year Culture Transformation Programme which aims to improve workplace culture by addressing deep-rooted issues such as violence, aggression, racism, and inequality.

- 3.3. The review process involved listening to staff across all levels of the organisation through a series of bespoke listening events, which took place over four months earlier this year, together with a confidential diversity survey, also open to all staff.
- 3.4. Absolute Diversity collated this feedback, together with the findings of a cultural competency assessment undertaken by the Trust Board in [a report](#) which included five recommendations that we fully accept.

4. Report findings

- 4.1. While the report contains moments of pride and positivity, it also details unacceptable behaviours that some staff have endured, for which we have apologised to staff.
- 4.2. The report's findings reflect uncomfortable truths about bullying, discrimination, racism and other toxic behaviours, and of some staff not feeling safe to raise their concerns, or confident that it would make a difference.
- 4.3. It also points to inconsistent leadership behaviours, a lack of fairness and accountability, and barriers to career progression, particularly for colleagues from Black, Asian, and other minority ethnic backgrounds.
- 4.4. These behaviours will no longer be tolerated and the Trust is committed to taking action that delivers positive and lasting change, which will take time.
- 4.5. The report also shows this is not everyone's experience. Many staff expressed pride in their teams and the care they deliver. Some pointed to where the organisation is making genuine progress and staff feeling more confident to speak up.
- 4.6. The report makes clear that staff want to be treated fairly, respected for the work they do, given the tools they need to do their job well, and supported by leaders who listen and act and behave in line with our Trust values.

5. Taking action

- 5.1. The Trust has already taken steps to tackle some of the concerns raised. These include:
 - 5.1.1 Introducing an independent Freedom to Speak Up (FTSU) service which enables staff to confidentially report concerns about patient care and safety, whistleblowing, bullying and harassment. This service is available 24-hours a day, seven days a week, 365 days a year.
 - 5.1.2 Creating Dignity at Work Advisors, a group of staff who have been trained to be a point of contact for raising concerns about bullying, harassment and discrimination. The advisor's offer support and signpost colleagues to possible courses of action.
 - 5.1.3 Introducing 'Inclusion by Design' training for managers, which offers practical insights into how to use equality, diversity and inclusion (EDI)

practice to develop and motivate colleagues, and improve team performance.

- 5.1.4 Rolling our national sexual safety e-learning for staff and signing the NHS Sexual Safety in Healthcare Charter. The charter which commits all signatories to providing staff with clear reporting mechanisms, training and support to keep staff, patients and the wider hospital community safe from sexual harassment, abuse and other forms of misconduct.
- 5.1.5 Introducing focussed work to reduce the number of incivilities and reports of bullying and harassment. This recognises the fact that even small acts of incivility can negatively impact patient care and outcomes, and staff experience.
- 5.1.6 The Board has also agreed actions that will ensure it keeps learning, listening and acting before issues become patterns. These include creating Executive Inclusion Champions to support the Board to lead fairly and reflect the people it serves, developing an Inclusive Leadership Toolkit to help teams know what good looks like, coaching and regular progress reviews.

6. Recommendations and implementation

- 6.1. Absolute Diversity's report includes five actions that the Trust is committed to taking. These include:
 - 6.1.1. Rebuilding trust by making it safe for people to speak up and to showing when action has been taken.
 - 6.1.2. Reviewing staffs' experiences of our human resources (HR) processes and improving the HR services the Trust offers.
 - 6.1.3. Creating a work safety plan to help make us a safer, fairer, and more inclusive organisation for staff, patients, and visitors.
 - 6.1.4. Implementing a programme to ensure leaders take ownership and deliver on their commitments.
 - 6.1.5. Rolling out a programme for middle managers to help build fair and more confident teams.
- 6.2. Work to address gender inequality will also be taken forward, so too a recommendation that we refresh our staff networks so they become a more active part of how we listen, learn, and lead change.
- 6.3. Work to implement each recommendation is led by an Executive Team sponsor, supported by a diverse group of staff from across the Trust. This includes different roles, backgrounds, and lived experiences.
- 6.4. Each workstream includes clear milestones and timelines to track progress. Absolute Diversity will support the Trust to track each area to ensure momentum is maintained, risks are addressed early, and progress is transparent.

7. Ear Nose and Throat (ENT) Service

- 7.1. Ear Nose and Throat (ENT) services are provided by Medway NHS Foundation Trust at both Medway Maritime Hospital in Gillingham and Darent Valley Hospital in Dartford.
- 7.2. In May 2025 the Trust notified the Kent and Medway Integrated Care Board (ICB) that there was a significant number of patients who had not been administered correctly and had therefore waited longer for treatment than they should have.
- 7.3. A cross-organisation task and finish group with nominated Executive oversight was established, working closely with ICB and NHS England (NHSE) Regional teams. This group was tasked with:
 - 7.3.1. quantifying and administratively validating the number of patients impacted,
 - 7.3.2. ensuring that immediate “failsafes” were put in place as appropriate,
 - 7.3.3. working towards a future service model,
 - 7.3.4. reporting recovery progress to the NHSE regional team, and
 - 7.3.5. identifying root causes and ensuring any learning was applied to new processes and pathways to prevent a recurrence.
- 7.4. In addition, NHSE commissioned an independent investigation to fully understand how this error occurred and went undiscovered. The investigation is in progress and the Trust will provide a further update to the Committee when the findings are known.

8. Patients impacted

- 8.1. To determine the extent of the issue, teams at both trusts carried out administrative validation of both new patients and those awaiting a follow up appointment.
- 8.2. For new patients, this involved direct contact to confirm whether treatment was still required. For patients who had already been seen by the service but were awaiting follow up, validation determined whether any further care was needed. Data quality checks were also carried out to identify and remove duplicate pathways or patients with subsequent referrals into the same treatment pathway.
- 8.3. As a result of this work, 8,849 patients whose referrals have not been correctly managed in line with NHS waiting time standards were identified, predominantly in the Dartford, Gravesham, Swanley, Bexley and Greenwich areas. This included 4,279 adults and children awaiting a first outpatient appointment, and 4,570 existing patients awaiting a follow-up appointment, diagnostic test or procedure in the same area.

- 8.4. When these referrals were first received by the ENT service, they were reviewed by a clinician and assessed as routine, meaning that no urgent concerns, such as cancer, were identified at the time. Those patients which needed to be expedited, or seen on an urgent suspected cancer pathway, were seen within the correct timeframe.

9. Actions taken

- 9.1. The Trust took immediate action to ensure referrals to this service are correctly managed, with stronger oversight and improved systems in place.
- 9.2. In line with Duty of Candour responsibilities, in July the Trust wrote to all impacted patients to confirm that their referral had not been managed correctly and to sincerely apologise for the delay. Letters included a method to contact the Trust to discuss the referral and next steps, and also for patients to confirm if they no longer require treatment.
- 9.3. The Trust has approximately doubled its available capacity so that it can expedite appointments and treatment for patients who have waited longer than they should have. This additional short-term capacity is through a mixture of insourcing providers, primary care, community care and mutual aid from other acute NHS providers.
- 9.4. As a result, with the exception of a small numbers of patient who have chosen to delay, or did not attend, their appointment, all patients waiting longer than 78 weeks have either been seen or have their next clinical contact booked. We aim to have fully seen all patients impacted by this delay by the end of this financial year and will then return to normal commissioned capacity.
- 9.5. Prior to the delays being identified, the longest waits for this service were between 60 to 77 weeks. As of the end of September 2025, the service has returned to that position and is now working to achieve the NHS priorities and operational planning guidance of no more than one per cent of patients waiting over 52 weeks by 31 March 2026.

10. Harm review

- 10.1. Patients who have waited longer than 52 weeks for treatment have a full clinical harm review undertaken when they see a clinician at their next appointment.
- 10.2. At the time of writing, just under 20 'low harms' had been reported, six of those are children. A system wide group, with regional support, was convened to explore social and / or developmental harm, and none was identified.
- 10.3. Low physical harm is when all of the following apply:
- 10.3.1. minimal harm occurred – patient required extra observation or minor treatment
 - 10.3.2. did not or is unlikely to need further healthcare beyond a single GP, community healthcare professional, emergency department or clinic visit

- 10.3.3. did not or is unlikely to need further treatment beyond dressing changes or short courses of oral medication
- 10.3.4. did not or is unlikely to affect that patient's independence
- 10.3.5. did not or is unlikely to affect the success of treatment for existing health conditions.

10.4. Low psychological harm is when at least one of the following apply:

- 10.4.1. distress that did not or is unlikely to need extra treatment beyond a single GP, community healthcare professional, emergency department or clinic visit
 - 10.4.2. distress that did not or is unlikely to affect the patient's normal activities for more than a few days
 - 10.4.3. distress that did not or is unlikely to result in a new mental health diagnosis or a significant deterioration in an existing mental health condition.
- 10.5. As with all populations, a number of patients within this cohort have deceased while waiting for treatment, and a full process has been implemented to understand whether the cause of death is related to an ENT complaint. To date no such patients have been identified. This process is led by ENT clinicians and is expected to conclude by the end of October 2025.

11. Future service arrangements

- 11.1. ENT services will continue to be delivered at both Medway Maritime and Darent Valley hospitals for both routine and cancer pathways. A revised service level agreement is being designed which clearly states who is responsible for each aspect of the pathway.
- 11.2. The service will continue to be led by Medway NHS Foundation Trust with Dartford and Gravesham NHS Trust providing space and equipment for the services in future, in line with a traditional hosted service arrangement.
- 11.3. As part of this recovery process, the Trust is exploring new ways of working and has engaged with the national NHS Getting It Right First Time (GIRFT) team to explore and learn from best practice in ENT pathway management both clinically and administratively.
- 11.4. This will involve innovations that will enable us to quickly direct each patient to the element of the consultant-led ENT service that will best meet their presenting need.
- 11.5. The first visit by the GIRFT team took place in September and we are waiting for their report and any further recommendations. If successful this new service approach, supported by the ICB, will be rolled out across the ICB catchment area.

12. Risk management

- 12.1. There are no risks for the Council arising from this report.

13. Consultation

- 13.1. The Trust will continue to engage the committee and stakeholders on its progress to act on the findings of the Culture Review and make further improvements to the ENT service.

14. Climate change implications

- 14.1. There are no climate change implications arising from this report.

15. Financial implications

- 15.1. There are no financial implications for the council arising from this report.

16. Legal implications

- 16.1. There are no legal implications for the council arising from this report.

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Appendices

None

Background papers

None