Medway NHS Foundation Trust
Cultural Review

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Updated Timetable

20
25

> "Transformation is not about becoming something new. It's about becoming true to values we claim, but have yet to live.

SYLVIA STEVENSON

Timing is about choosing the right moment to act - whether that's starting, stopping, or finishing something - to get the best result. In today's organisations, timing can be the difference between success and failure. It's about being ready and aware of the bigger picture.

The ancient Greeks had two words for time: *Chronos* - measured and data-driven, and *Kairos* - focused on meaning and urgency. Chronos counts minutes; Kairos captures moments. One plans what's important, the other acts when it really matters.

In a world shaped by political shifts, financial pressures, rising expectations, and workforce challenges, timing is more important than ever. These aren't just background issues - they are the environment in which change must take place. Within this landscape, Kairos moments emerge - those windows of opportunity where bold choices and cultural shifts can create lasting change.

It's been a real pleasure partnering with Medway NHS Foundation Trust in this first part of their Cultural Transformation journey. Having worked with private sector organisations across the UK and globally, I've come to appreciate even more the vital service the Trust provides to thousands each day. It's been a meaningful and eye-opening experience engaging with staff and leaders, and gaining deeper insight into the complexities of patient care.

This is a key moment for Medway NHS Foundation Trust to respond to the changing needs of its people and services. The challenge is: will the Trust adapt gradually (Chronos), or step boldly into meaningful cultural transformation (Kairos)?

I trust this report will help shape the top priorities and guide the next phase of the Cultural Transformation Programme.

Sylvia Stevenson

Certified Diversity Practitioner/Consultant

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Introduction

A cultural review gives us more than answers – it gives us insight. In a time where expectations around inclusion, fairness, and wellbeing are rising, it's easy to assume we're doing enough. But culture is often shaped by what goes unspoken, unnoticed, or unquestioned. That's why this review matters.

By stepping back and listening carefully, we can see not just how things work on paper, but how they feel in practice. A cultural review creates space to explore what's really driving behaviours, where barriers still exist, and what needs to shift for everyone to thrive. It's not about blame — it's about clarity, growth, and the courage to do better.

This review doesn't aim to repeat what's already been said. It aims to spark honest reflection and challenge comfort zones. It calls on leaders to think differently: not just about policies and programmes, but about the hidden dynamics that reward sameness, overlook difference, and resist change. It invites us to build something more enduring — a culture where inclusion is not the goal, but the way we do things.
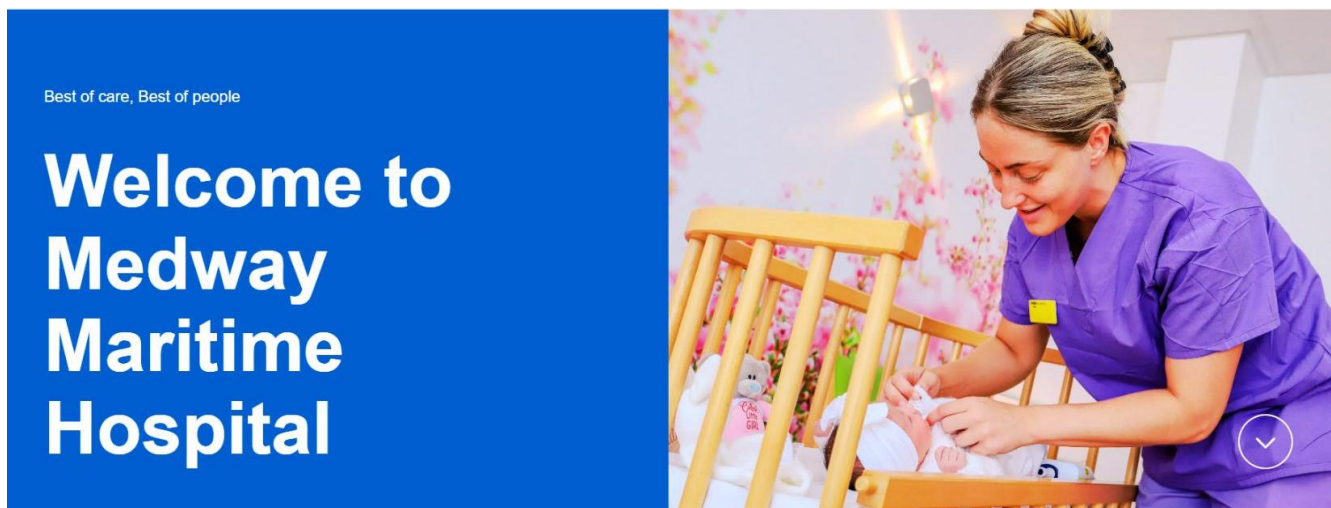
Medway Maritime Hospital is one of the largest and busiest hospitals in Kent, serving a local population of over 500,000 people across Medway and Swale. As part of Medway NHS Foundation Trust, the hospital provides a wide range of acute and specialist services, delivered by over 4,000 staff from a rich mix of backgrounds and cultures. This diversity strengthens the hospital's ability to meet the varied needs of its patients, both in densely populated urban areas and in more rural communities.

Medway is part of the Kent and Medway Integrated Care System, working with partners to deliver joined-up health and care. As demands grow and expectations change, the Trust recognises that real cultural transformation is essential - not just in what it says, but in what it does every day. Inclusive values, staff wellbeing, and long-term sustainability are all part of this shift. The cultural review is an important step in identifying what needs to change, enabling the Trust to build a workplace culture where everyone can thrive and deliver even better care to patients.

Why Culture Matters

Culture has long been listed as a 'priority' across health and social care, yet too often, it's treated as an abstract concept - discussed at conferences, measured in surveys, and then quietly sidelined when operational pressures take centre stage. But culture isn't a "nice to have" or a staff engagement tick-box. In today's world, it's the invisible force that decides whether we sink or swim.

Culture isn't defined by what's written on the walls, but by what happens in the corridors, in the clinics, and behind closed doors. What does culture really mean in a post-pandemic, digitally accelerated, increasingly intersectional NHS workforce?

- **Culture is the silent architect of safety and risk:** In a high-pressure system like the NHS, it's culture - not process - that determines whether people speak up or stay silent. Whether they escalate or self-censor. Whether they cut corners or ask for help. We've seen time and again that well-written protocols don't protect patients. Cultures that practice psychological safety do.

- **It shapes behaviour, but it's measured by belonging**: In a rapidly diversifying workforce and patient population, 'culture fit' is no longer a valid goal. We need cultures of belonging where people don't feel they have to mask parts of themselves to be accepted. This means engaging meaningfully with issues like racial trauma, neurodivergence, gender identity, lived experience, and systemic power imbalances - not through surface-level initiatives, but through sustained, honest, and embedded practice.

" Culture change is not an initiative. It is the outcome of sustained leadership, consistency, and trust."
Professor Michael West
The King's Fund

- **Culture determines whether people stay or leave:** Retention is now a survival issue. It's not just about pay or workload - it's about how people feel when they come to work. Are they heard? Are they safe? Are they trusted? Are they allowed to challenge constructively? A culture that drives out the most passionate staff isn't broken - it's working exactly as designed.

- **Culture is a mirror and a magnifier:** What people say in private about the Trust says more than strategy documents ever will. Culture is reflected in the stories staff tell, the 'norms' they follow, and the unwritten rules they obey. It magnifies what leadership tolerates - not what it claims to value. If exclusion, blame, or burnout go unchecked, they become accepted practices.

- **Culture reflects how leadership responds or reacts**: In moments of pressure, challenge, or dissent, culture is revealed in how leaders choose to respond. Do they listen, acknowledge, and take meaningful action, or do they deflect, delay, or deny? A poor culture enables avoidance, defensiveness, or silence. A healthy culture equips leaders to face discomfort with courage and transparency. Ultimately, the way leaders react sets the tone for whether trust is built or broken across the organisation.

Medway NHS Foundation Trust's Cultural Transformation Programme is a 3–5-year plan to improve workplace culture by addressing deep-rooted issues such as violence, aggression, racism, and inequality. It also aims to ensure policies and processes are applied fairly and consistently across the Trust, while improving the Equality, Diversity, and Inclusion (EDI) strategy to support lasting, meaningful change.

Phase 1 of the programme focused on gaining a clear understanding of the current culture within the organisation. This involved listening to staff across all levels, running a bespoke diversity survey, and supporting the Board to take part in a cultural competence self-assessment. This work helped leaders reflect on how they lead diverse and dynamic teams and provided vital insights to guide the next stage of the programme.

Phase 1 was shaped by two key problem statements:

- **Problem Statement 1**: There is a growing perception within the Trust of an increase in incidents involving violence and aggression towards staff from patients and their relatives. The programme aims to create a safer working environment by addressing root causes and putting in place sustainable measures to support staff wellbeing - especially for those in patient-facing roles.

- **Problem Statement 2:** Despite some improvement in the Trust's Workforce Race Equality Standard (WRES) profile, significant concerns remain about the overall organisational culture. Staff have raised concerns about the inconsistent and sometimes inequitable way policies, (such as those related to recruitment, performance, disciplinary processes, and flexible working), are understood, interpreted, and applied. These concerns extend beyond race and touch on a range of protected characteristics, highlighting the need for broader cultural change across the organisation.

These problems formed the basis of engaging the workforce through feedback, lived experiences, and data, creating a strong foundation for the next phase of cultural improvement.

Why Data Matters

Data doesn't just count people - it reveals patterns, blind spots, and missed opportunities. When used well, it helps organisations see what's really happening beneath the surface of their workplace culture. It highlights where talent may be held back, where processes are not applied fairly, and where valuable staff may be lost without clear reasons.

This goes beyond fairness and extends to how well the organisation functions. Inequity often leads to inefficiency. When certain groups face barriers that others do not, it can result in higher costs, increased turnover, and lower staff engagement. By examining data across key areas like recruitment, promotion,

complaints, and retention, organisations can better understand where inequalities and inefficiencies intersect.

Strong data leads to stronger decisions. It helps leaders move beyond assumptions and target action where it matters most - not only to improve inclusion, but to build a more effective, accountable, and financially sustainable organisation.

Case Study: How Poor Culture Is Costing the NHS Millions

A 2023 study by Liverpool John Moores University looked at how much poor workplace culture, including violence, harassment, and abuse, is costing the NHS. The research focused on England during 2021/22 and found major financial losses linked to how staff are treated at work. [Source: Liverpool John Moores University Report

Key findings:

- **£1.36 Billion Lost in One Year:** Violence, harassment, and poor treatment at work cost the NHS around £1.36 billion in 2021/22. This includes money lost from people taking time off, being less productive, or leaving their jobs.

- **£332 Million from Staff Off Sick:** Time off taken by staff due to poor workplace behaviour and stress led to a loss of over £330 million. A culture that harms staff health also harms the bottom line.

- **£148 Million Lost to Turnover:** When staff leave because of poor culture, it costs the NHS more money in recruitment, training, and the loss of experience — adding up to nearly £150 million.

This research shows that poor culture doesn't just affect people, it affects performance. A safe, respectful workplace isn't a "nice to have"; it's essential for keeping good staff, delivering high-quality care, and protecting NHS budgets. When workplace culture breaks down, the financial consequences are real and measurable - from sickness absence and low morale to staff turnover and service disruption.

For today's NHS leaders, this means adopting a more business-savvy approach to workforce and culture. Leading with compassion must go hand in hand with operating with business acumen. Understanding the financial impact of poor culture is essential to making smarter decisions, setting clearer priorities, and investing in what really matters – people!

In a system under financial pressure, culture is not a soft issue, it's a strategic one. Leaders who recognise this will not only create better places to work but also drive better outcomes for patients and long-term value for the organisation.

Methodology

The Cultural Transformation Steering Group

The Cultural Transformation Steering Group (CTSG) was established to support the progression of the Cultural Transformation Programme, acting as the voice of the workforce and helping to shape and refine actions through meaningful engagement and feedback. The group has been meeting every two weeks since September 2024 and is made up of representatives from staff networks, clinical and support services, and subject matter experts from across the organisation.

The CTSG plays a vital role in responding to the key problem statements identified in Phase 1 of the programme - including the rise in violence and aggression towards staff and the inconsistent, and sometimes inequitable, way in which organisational policies are understood and applied. By listening to lived experiences and reflecting a broad range of perspectives, the CTSG seeks to ensure that the programme remains grounded in reality and responsive to the needs of staff. As champions for change, CTSG members help build trust, improve accountability, and keep staff voices at the heart of cultural change and transformation.

Phase 1: Data Analysis

The first phase of the Cultural Transformation Programme focused on gathering insight through a range of data sources to better understand staff experiences, views, and the current state of organisational culture. This helped build a clearer picture of what was working well, where there were opportunities for improvement, and where change needed to be prioritised.

Three key engagement activities were carried out to involve staff across the organisation:

1. **A Diversity MOT Cultural Competence Self-Assessment**: This assessment was completed by Executive Leaders, Non-Executive Directors, and Council Governors. Phase 2 will extend the assessment to approximately 55 Senior Leaders across the Clinical Divisions. The first cohort focused on key areas including cultural awareness, inclusion, diversity, diligence, and competence, alongside board-specific questions exploring ownership of their role in shaping and supporting an inclusive culture. The process began in October 2024 and ran through to March 2025. The outcome was a Board-specific development plan, created as part of the Trust's commitment to continual improvement.

2. **Listening Sessions**: From 10 December 2024 to 30 April 2025, up to 800 staff members from all levels across the organisation were invited to take part in peer-to-peer, one-to-one (1:1), and focus-based listening sessions. These were facilitated by Absolute Diversity Ltd (AD) and delivered both online and in person. The original end date of March 2025 was extended to 30 April due to a positive increase in staff engagement.

   The sessions hosted by AD were anonymous. Where listening took place within team meetings, confidentiality was strongly emphasised to support ongoing efforts to create psychologically safe spaces — allowing staff to share openly without fear of repercussion.

3. **Bespoke Diversity Survey:** Open to all staff, this survey ran from 6 January 2025 to 30 April 2025. It gathered a wide range of views and lived experiences from across the organisation, directly linked to the goals of the Cultural Transformation Programme.

This combined approach ensured that the data gathered reflected voices from across the organisation, including those who are often less heard. It formed the foundation for meaningful analysis and future planning.

Statistical Data Results

Phase 1 Results: At a Glance
Results from the engagement activities in Phase 1

December 2024 to April 2025

Diversity MOT Self-Assessment

Board Members Target: 16
Achievement: 16

Investment Time
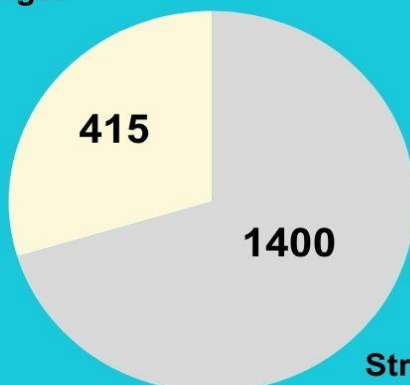
24 Hours

Council of Governors Target: 26
Achievement: 17

Clinical Divisions Target: 55
Due to start in Phase 2

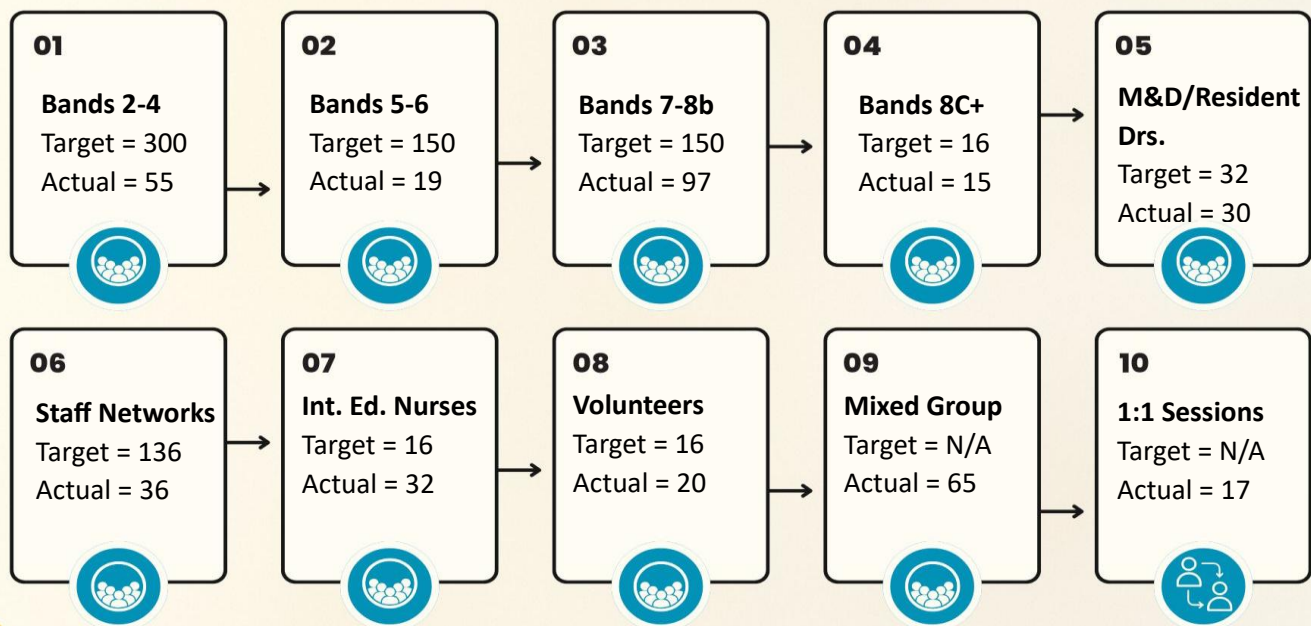**Achieved Target 29.6%**
415
1400
Stretch Target 70.4%

Diversity Survey

Duration Time

17 Weeks

The agreed target for listening sessions was a minimum of 800 individuals.

Listening Sessions

01	02	03	04	05
Bands 2-4 Target = 300 Actual = 55	**Bands 5-6** Target = 150 Actual = 19	**Bands 7-8b** Target = 150 Actual = 97	**Bands 8C+** Target = 16 Actual = 15	**M&D/Resident Drs.** Target = 32 Actual = 30

06	07	08	09	10
Staff Networks Target = 136 Actual = 36	**Int. Ed. Nurses** Target = 16 Actual = 32	**Volunteers** Target = 16 Actual = 20	**Mixed Group** Target = N/A Actual = 65	**1:1 Sessions** Target = N/A Actual = 17

Final Total of individuals who attended a listening session = **386**
Total Sessions= **76**
Actual Investment Time = **100 hrs and 28 mins.**

Please note:

The survey deadline was extended from the end of March to the end of April to give more people a chance to take part.

The Listening Sessions were first planned as a mix of face-to-face and online peer-group sessions, with the option to book private 1:1 sessions. By mid-January, sign-ups were low. It was felt that growing pressure from the ongoing quademic, staff absence, and a definite fear of speaking out were key reasons why fewer people attended, with fear seen as the major contributing factor. Working with the Cultural Transformation Steering Group (CTSG) and Executive leaders, we changed how we ran the engagement sessions. Based on staff feedback, we added more dates and linked some sessions to regular team meetings. This made it easier for staff to take part during their normal working hours.

In early March, staff shared that they wanted more opportunity to speak openly with senior leaders. In response, 'Listening with the Board' sessions were introduced for all staff groups and ran from February to April. These sessions gave staff a safe space to share their views and experiences directly with Board members. There is a strong perception that this approach is helping to build trust with staff feeling more heard and a growing interest in continuing the sessions beyond Phase One of the Cultural Transformation Programme.

Analysis

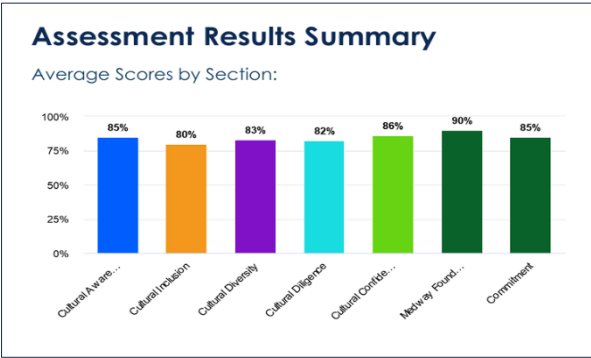## The Diversity MOT Board Insights

Overview

The Board participated in a self-assessment related to Cultural Competence call The Diversity MOT. It was used as a mirror - not to shame, but to reflect. Leaders took time to honestly assess how they think, lead, and engage with difference at a personal, team and organisation-wide perspective.
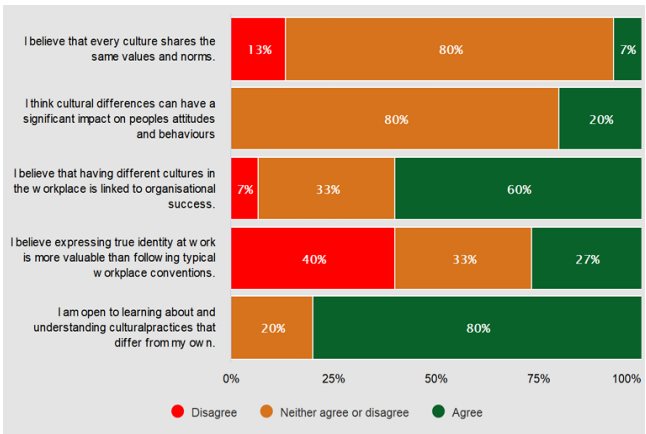
The process was intentionally split between Executive and Non-Executive Board members, allowing for personal and group insights to discussed in an open, honest and safe space.

The Board rated itself most confident in Cultural Confidence (86%), Commitment (85%), and overall

Assessment Results Summary

Average Scores by Section:

Section	Score
Cultural Aware...	85%
Cultural Inclusion	80%
Cultural Diversity	83%
Cultural Diligence	82%
Cultural Confide...	86%
Medway Found...	90%
Commitment	85%

leadership behaviours specific to Medway Foundation Trust (90%). Cultural Awareness also scored strongly (85%), showing a belief that cultural differences are well recognised and respected. Slightly lower scores in Cultural Inclusion (80%) and Cultural Diligence (82%) suggest areas where the team sees more room for growth, particularly in creating consistently inclusive environments and using data effectively.

While these scores reflect positive intent and self-belief, it's important to regularly check that perception matches what's really happening day to day. This is where deeper insight from each section helps uncover what's working well and where greater attention may be needed.
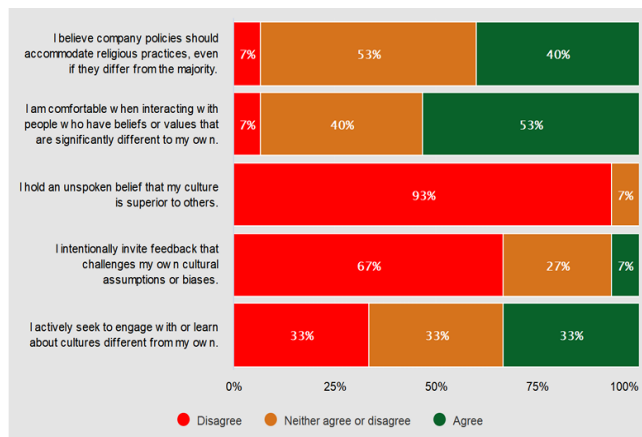
Cultural Awareness Team Context Rating: 85%

Statement	Disagree	Neither agree or disagree	Agree
I believe that every culture shares the same values and norms.	13%	80%	7%
I think cultural differences can have a significant impact on peoples attitudes and behaviours		80%	20%
I believe that having different cultures in the workplace is linked to organisational success.	7%	33%	60%
I believe expressing true identity at work is more valuable than following typical workplace conventions.	40%	33%	27%
I am open to learning about and understanding cultural practices that differ from my own.		20%	80%

Perception: The team sees itself as having strong cultural awareness.

Example Gap: While the overall score is high, not all respondents felt confident recognising when their own cultural assumptions might influence how they interpret others' behaviour. This suggests room for deeper personal reflection, despite a generally positive self-view.

Why it matters: Without recognising our own blind spots, we risk making decisions that unintentionally exclude or misjudge the people we aim to support.

> "
> "In a world where you can be anything, be inclusive!"
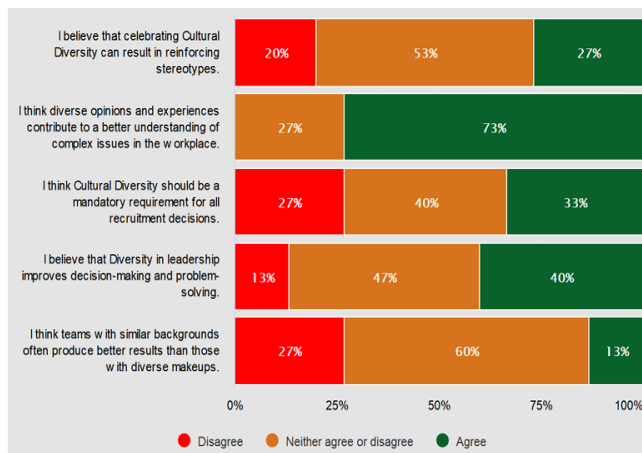
Cultural Inclusion Team Context Rating: 80%

Chart: Responses (Disagree / Neither agree or disagree / Agree)

- I believe company policies should accommodate religious practices, even if they differ from the majority. — 7% | 53% | 40%
- I am comfortable when interacting with people who have beliefs or values that are significantly different to my own. — 7% | 40% | 53%
- I hold an unspoken belief that my culture is superior to others. — 93% | 7%
- I intentionally invite feedback that challenges my own cultural assumptions or biases. — 67% | 27% | 7%
- I actively seek to engage with or learn about cultures different from my own. — 33% | 33% | 33%

Legend: ● Disagree ● Neither agree or disagree ● Agree

Perception: Leaders believe they are creating inclusive spaces for all.

Example Gap: Some responses showed uncertainty about whether all team members genuinely feel safe to challenge ideas or raise concerns. This highlights that inclusion may be experienced unevenly, even if leaders intend to create a welcoming environment.

Why it matters: If people don't feel safe to speak up, valuable insight stays hidden—and early warning signs may be missed.

Cultural Diversity Team Context Rating: 83%

Chart: Responses (Disagree / Neither agree or disagree / Agree)

- I believe that celebrating Cultural Diversity can result in reinforcing stereotypes. — 20% | 53% | 27%
- I think diverse opinions and experiences contribute to a better understanding of complex issues in the workplace. — 27% | 73%
- I think Cultural Diversity should be a mandatory requirement for all recruitment decisions. — 27% | 40% | 33%
- I believe that Diversity in leadership improves decision-making and problem-solving. — 13% | 47% | 40%
- I think teams with similar backgrounds often produce better results than those with diverse makeups. — 27% | 60% | 13%

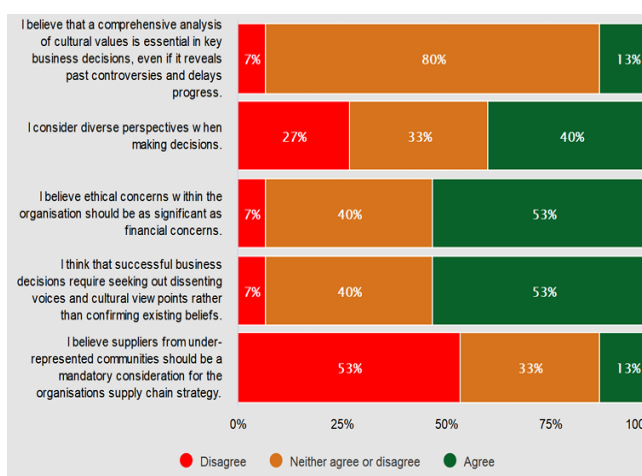Legend: ● Disagree ● Neither agree or disagree ● Agree

Perception: There is strong value placed on diversity in principle.

Example Gap: Not all leaders felt confident about how to involve diverse perspectives in early decision-making processes. This points to a gap between valuing diversity and actively using it to shape organisational choices.

Why it matters: Decisions made without enough perspective can overlook key risks or needs, even with the best of intentions.

## Cultural Diligence Team Context Rating: 82%

Chart: Responses (Disagree / Neither agree or disagree / Agree)

- I believe that a comprehensive analysis of cultural values is essential in key business decisions, even if it reveals past controversies and delays progress. — 7% | 80% | 13%
- I consider diverse perspectives when making decisions. — 27% | 33% | 40%
- I believe ethical concerns within the organisation should be as significant as financial concerns. — 7% | 40% | 53%
- I think that successful business decisions require seeking out dissenting voices and cultural view points rather than confirming existing beliefs. — 7% | 40% | 53%
- I believe suppliers from under-represented communities should be a mandatory consideration for the organisations supply chain strategy. — 53% | 33% | 13%

Legend: ● Disagree ● Neither agree or disagree ● Agree

Perception: The team recognises the importance of using data to support fairness.

Example Gap: Responses indicated that while leaders agree with using data, not all are regularly reviewing it to identify patterns or guide action. This shows a potential area for strengthening the habit of using data in everyday leadership, including areas like workforce planning, service delivery, and financial decision-making.

Why it matters: What we don't track, we don't see; and what we don't see, we can't fix, including risks that may quietly impact performance or budgets.

Cultural Confidence Team Context Rating Score: 86%
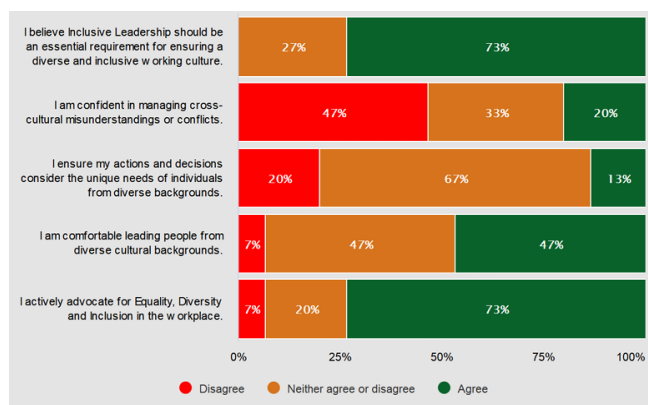
Perception: Most leaders feel confident managing diverse teams.

Example Gap: A closer look reveals that some leaders are less certain about how to handle cultural disagreement or misunderstandings when they arise. This shows that confidence may be situational, rather than consistent across all areas.

Why it matters: When challenges are handled well, trust grows; when they're not, it quietly erodes.

Board-Specific Leadership Team Context Rating Score: 90%
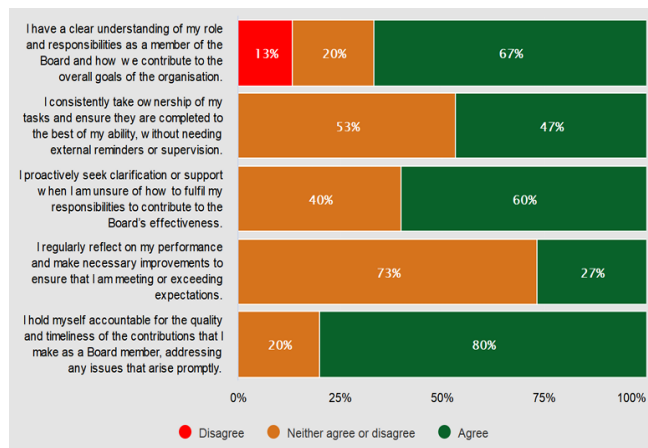
Perception: The Board sees itself as highly committed and accountable.

Example Gap: While commitment is strong, some responses suggest that not all leaders consistently challenge others when fairness or inclusion may be at risk. This suggests an opportunity to turn intent into more consistent action.

Why it matters: Silence at the top can signal that certain issues aren't important - even when leaders care deeply.

The Board's Cultural Competence Rating

The leadership team assessed itself as operating across three stages of cultural competence: **Polarisation, Minimisation, and Acceptance**. This mix shows that while some progress has been made, there are still areas where cultural difference may be misunderstood, downplayed, or only partly acted upon. Each stage presents different risks and opportunities, for patient care, staff experience, and organisational performance. Reaching Acceptance isn't about saying the right things - it's about whether people's lived experiences match what leaders believe is happening. It asks whether different views genuinely shape decisions, or whether they're just noted and moved on from. The real test is whether the organisation can keep learning, stay uncomfortable when needed, and act before issues become patterns. Staying still might feel safe, but it quietly allows old habits to carry on unchecked.

Outcome

The Board agreed on a development plan as follows:

- **Bias Awareness Workshop**: A workshop has taken place, and as a result, four Board members have volunteered to become Executive Inclusion Champions (EICs) and are currently being trained. EICs will help ensure that Equity, Diversity and Inclusion (EDI) shapes every discussion and decision. Their role is to support the Board in leading fairly, reflecting the people it serves, and improving the quality of decisions. One key tool they will use is the NHS EDI Impact Assessment, which supports more inclusive and informed decision-making across the organisation.

- **An Inclusive Leadership Toolkit**: This will be developed during phase two of the programme, following the Diversity MOT rollout to Clinical Leaders. These leaders will be expected to support and upskill their teams by modelling inclusive leadership and management. Leadership is about setting the tone, creating safe environments, and inspiring others through example. Management is about making inclusion part of everyday systems, how people are supported, developed, and held to account. The toolkit will include practical examples of inclusive behaviours for both, helping teams know what good looks like and making it easier to build accountability into daily practice.

- **One-to-One Coaching for Leaders**: Most Executive leaders have now taken part in a one-to-one session with Absolute Diversity. These sessions are helping leaders update and improve their personal and team EDI objectives, in line with the NHS Healthcare Inequalities Improvement (HIA) approach. Ongoing support is available where leaders request it, ensuring tailored guidance continues as needed. This support will remain in place under the current contract, with a view to transitioning into business as usual - where appropriate - once the contract comes to an end.

- **Monthly progress reviews** are now built into Board meetings to ensure updates on the Cultural Transformation Programme are visible, tracked, and regularly discussed. This helps keep the improvement actions front and centre as one of the Trust's top priorities.

The Board Development plan is not about fixing people. It's about noticing patterns, listening well, and being willing to change course. The Diversity MOT shows that the Trust is ready to move from awareness to action—through reflection, responsibility, and results.

The Diversity Survey Insights

A Diversity Survey was launched in January 2025 and closed in April 2025. It was open to all employees across Medway NHS Foundation Trust. The aim was to better understand the make-up of the workforce, what's working well, and where there may be gaps or unfair experiences. The survey also helped the Trust identify actions for improvement. A key focus of the survey was understanding how well the organisation recognises and values people's different backgrounds, experiences, and views—not just in policy, but in everyday working life. This included whether staff feel respected, heard, and treated fairly, regardless of their identity or role. It also explored how cultural differences are acknowledged within teams and leadership. This focus was

especially important in identifying practical ways to reduce incidents of racism, violence, and aggression, by listening directly to staff experiences and learning where support, training, or change may be needed.

The survey included 35 questions in total. Of these: -

- 7 focused on demographic details such as age, gender identity, sexual identity, ethnicity, religion, and disability.
- 20 explored employees' lived experiences in the workplace, grouped into 3 main areas of organisational culture, EDI, and leadership.
- 5 questions covered key issues, asking whether respondents had witnessed or experienced racism, bullying or harassment, sexual harassment, or violence and aggression within inpatient settings. Where respondents said an incident had occurred, they were then asked whether they believed the organisation had responded appropriately.

A total of 415 people completed the survey. While this was lower than expected, it reflects wider challenges in encouraging staff to engage with online surveys - especially during times of operational pressure and when there are concerns about the safety of speaking up.

Staff across different departments and roles were invited to share their thoughts between December 2024 and April 2025. This feedback comes directly from staff through open-ended responses, giving an unfiltered view of how some people are feeling day to day. The feedback was not gathered through structured prompts, which makes the themes that emerged even more important to take seriously. Some of the comments were difficult to read. While there were moments of pride and positivity, much of what was shared focused on discomfort, inconsistency, or a lack of trust in how people are treated.

At the same time, there were signs of hope. Many staff spoke with pride about their teams, about colleagues who genuinely care, and about their commitment to patients. A few mentioned changes starting to happen—like cultural events being celebrated, or some leaders beginning to listen more closely. These pockets of progress may be small, but they're meaningful, especially in a system under constant pressure. This balance between what hurts and what helps, is at the heart of this feedback.

Important: Signs of Growing Cultural Tension

Some comments in the feedback reflect a growing discomfort with the Trust's equity efforts - particularly around race. A small but noticeable number of staff feel that initiatives aimed at addressing

inequality are tipping into what they perceive as unfair treatment of others. One quote described this as "*being told to treat some staff better just because of their skin colour.*" This kind of statement points to a deeper belief that inclusion work may be creating new divides, rather than fixing existing ones.

These views, though uncomfortable, should not be ignored. They echo broader political shifts seen across Kent and Medway, where conversations about fairness, identity, and 'who belongs' are becoming more charged. This isn't about agreement or disagreement but more about

recognising that resentment can grow quietly, and if left unchecked, it risks turning staff against each other or against leadership altogether. Leaders should ask:

- How do we explain equity in a way that feels fair to everyone?
- How do we challenge myths without shutting people down?
- And how do we keep the focus on behaviour and values, not just policy?

Summary of Diversity Survey: Top 5 Recurring Themes
Each theme is drawn directly from staff voice. While these are not formal complaints, they reflect real perceptions and lived experiences, and they deserve to be taken seriously. The order reflects frequency and intensity of mention.

1. Bullying, Toxic Behaviour & Lack of Consequence: Negative Theme
Staff spoke openly about bullying - often linked to power imbalances, poor leadership, or team dynamics that go unchecked. There were examples of staff feeling pushed out, ignored, or even retaliated against when raising concerns. Some said poor behaviour was overlooked when it came from people in favour or seniority.

Insight: This isn't just about isolated bad behaviour, but about patterns and protection. When staff feel that some people are 'untouchable,' trust in the whole system breaks down.

Implication: A culture that is even perceived to tolerate bullying can lead to good staff quietly leaving, while others stop speaking up. This creates serious risks, not just for retention, but also for safety, learning, and credibility.

2. Unequal Treatment Across Bands and Teams: Negative Theme
Staff shared concerns about how fairness seems to work differently depending on grade or team. People in lower bands or support roles felt more heavily scrutinised, with less access to development and less flexibility. There was a recurring perception that senior staff or close-knit groups got more opportunities or more leniency.

Insight: This is not just a grievance about opportunity; it's about dignity. When staff notice patterns in how rules or rewards are applied, it raises questions about who is valued and why.

Implication: If people stop believing the system is fair, they stop investing in it. The sense of being overlooked or held to a different standard is not just bad for morale; it creates invisible divisions that affect teamwork, loyalty, and growth.

3. Communication and Leadership Visibility: Negative Theme

Many described leadership as distant, inconsistent, or difficult to engage with meaningfully. Some said they didn't hear back after raising concerns. Others said they only saw leaders during walkarounds or in formal settings, and felt there was little real understanding of frontline pressures.

Insight: People notice when leadership only shows up in moments of pressure or performance. And they remember when their words are met with silence.

Implication: Being seen and being heard are not the same - but both matter. If staff don't believe their experiences shape decisions, they will stop offering them. This weakens the culture of openness and makes change harder to deliver.

4. Discrimination, Segregation and Cultural Discomfort: Negative Theme

A range of concerns came up concerning race, language, team dynamics, and cultural division. Some described feeling isolated, either because they were in the minority or because they feared being misunderstood or targeted. A few staff suggested that inclusion efforts had made things more tense or 'politicised.'

Insight: This reflects both discomfort and a sense of deeper fragility in the organisational culture. When inclusion feels performative or only for some, resentment grows on all sides.

Implication: The aim isn't to keep everyone comfortable, but to keep people connected. If some groups feel left behind and others feel misunderstood, the whole culture starts to fragment. This is a time that asks leaders to lead with openness, not avoidance.

5. Pride in Teams and Patient Focus: Positive Theme

Despite the challenges, many staff expressed pride in their teams and in the care they deliver. Some said their teams were the main reason they stayed. A few spoke of progress in team culture, such as more visible leadership, flexible working, or celebration of cultural events.

Insight: The workplace isn't broken - it's uneven. There are pockets of positivity that show what's possible when values and behaviour align.

Implication: Protecting what works is just as important as fixing what doesn't. If the good stories aren't lifted up, it's easy to believe none exist, and that belief will shape how staff show up.

Hearing What's Hard to Hear

These reflections haven't been easy to read, and they weren't easy for staff to share. The concerns about bullying, unfair treatment, silence, and cultural tension shows that while many care deeply about their work and teams, there are real cracks in trust and fairness that need attention.

But there is hope in the honesty. Staff are becoming more willing to speak up, even when it's difficult, which means they still care. The pride in patient care and strong team bonds shows that the foundations are there. What's needed now is not perfection, but visible and consistent action. Listening must lead to learning, and learning must lead to change - especially from the top. That means checking what's really happening on the ground, acting where gaps are clear, and being open when things need to improve. Change will take time, but trust starts to rebuild when people can see that something is being done.

Insights from the Listening Sessions
Summary of Listening Sessions: Top 5 Recurring Themes

Listening That Makes a Difference

Creating a space where people feel able to speak honestly is not just about having a meeting - it's about trust. For someone to open up about what's really going on, they need to feel safe, respected, and that their experiences matter. That means more than just "being heard". It's about people believing their voice will count. Listening in this way helps bring out the things that usually go unsaid, especially when the topic is uncomfortable.

Medway NHS Foundation Trust, is learning that unless they properly understand how people are feeling, what's frustrating them, and what support they actually need, they can't offer the right help. Without that, even the best intentions may miss the mark. Good listening doesn't just support staff; it can unlock solutions to bigger organisational problems.

The Listening Sessions ran across the Trust and ended on 30 April 2025. In each session, staff were invited to share their personal experiences, guided by six key questions that were co-designed with members of the Cultural Transformation Steering Group (CTSG):

1. **What's one thing you love about working here?**

2. **How would you describe the culture to someone new?**

3. **Have you ever witnessed or experienced sexual harassment, racism, or violence or aggression at work? And if so, how was it handled?**

4. **How do people usually interact in your team—including things like jokes or banter? Are boundaries respected?**

5. **How safe and confident do you feel raising concerns?**

6. **What one thing would you change to improve the culture, and why?**

In hosting the Listening Sessions, we were intentional about creating space for both positive and developmental feedback. Staff were encouraged to share what was working well, as well as what needed to improve. The following Top 5 themes reflect the most common feedback from staff between December 2024 and April 2025. While there were some positives, most of what people shared focused on challenges they are facing in their day-to-day working lives. These themes should be treated as a reflection of the working environment during that time - not as a full judgement of the organisation, but as a snapshot of how it feels for many staff right now.

1. Discrimination & Racism: Negative Themes

This was the most reported negative theme, with over 40 mentions. Staff shared experiences of racism, cultural bias, and unequal treatment - with many pointing to the lack of ethnic minority representation in senior leadership. Some felt that leadership did not reflect the diversity of the wider workforce, which made it harder to feel seen or fully included. The absence of visible role models from different backgrounds was mentioned as a barrier to both trust and aspiration. Worryingly, some individuals described formal grievances or job threats

after reporting discrimination. The fear of speaking out was described not as hypothetical—but as lived reality for some.

Insight: These accounts reveal more than just policy gaps - they reflect a lack of trust in systems meant to protect staff. For leadership, this isn't just an HR issue; it's a signal that some staff believe fairness and safety are not guaranteed.

Implication: In an environment where resources are tight and every role matters, failing to address these experiences risks silencing talent, losing trust, and increasing attrition. Tackling this area will take more than awareness sessions - it requires visible action, safe feedback channels, and regular real accountability checks.

2. Leadership & Management – Mixed Themes

Leadership was mentioned often, with mostly negative views. Staff talked about leaders not being visible enough, not always being held accountable, and decisions being made without clear communication. When staff spoke about "leadership," they were mostly thinking of Bands 7 to 8b roles in clinical teams, and those in less senior banded positions in support areas. This shows that many people experience leadership through middle managers rather than senior leaders. Some said their managers are under pressure and doing too much, while others felt they didn't get enough support.

Insight: The message here is not that leaders need to do more, but that how leadership is experienced varies too widely across the organisation.

Implication: In a period of financial pressure, people will have a higher level of tolerance if they feel leadership is fair, present, and transparent. Inconsistent leadership risks disengagement at a time when staff buy-in is essential for service continuity.

3. Career Progression & Development – Mixed Themes

Many staff expressed uncertainty or disappointment about their development prospects. While some praised training opportunities, others felt overlooked or stuck - especially if they didn't "fit the mould" or lacked the right networks. The theme of "who gets seen" came through clearly.

Insight: This is less about entitlement to promotion, and more about clarity, fairness, and visibility in how people are supported to grow.

Implication: When development is unclear, talented staff look elsewhere or stop trying.
In times of high workload, it's tempting to delay investment in people - but the long-term cost of stagnation or disengagement is far higher.

4. Speaking Up & Psychological Safety – Negative Themes

Staff shared fears about speaking openly - whether about inappropriate behaviour, safety concerns, or even raising suggestions. Some described retaliation or inaction when they had tried to escalate issues, including after reporting discrimination or aggression.

Insight: The issue isn't just whether staff are "allowed" to speak up, but whether they believe they will be protected, taken seriously, or ignored.

Implication: In any system under strain, silence can be dangerous. If issues are not raised, problems don't just stay hidden - they grow. Leaders must ask whether current processes are trusted, not just whether they exist.

5. Workplace Culture – Mixed Themes

Culture came up repeatedly - mostly linked to team dynamics, behaviour, and how people are treated day-to-day. Some teams were described as warm, supportive, and like "a family," while others experienced cliques, banter crossing the line, or unfair expectations relating to workload depending on who you were.

Insight: Culture is not uniform across the organisation, and where it breaks down, it often happens quietly.

Implication: In times of great challenge, strong culture is what helps teams pull together. But if it feels unfair or unsafe in pockets, staff will disengage quietly. Leaders must focus not just on raising standards - but on levelling out the experience across teams.

These themes reflect a workforce that still cares, but is cautious. Staff are not simply complaining; they are indicating where trust is worn thin and systems aren't working as they should. With resources under pressure, staff engagement is no longer a nice to have, it is one of the few levers left to protect retention, service quality, and resilience. The most uncomfortable findings are also the most valuable because they show exactly where leadership attention is most needed.

What Staff say is working well

[Based on feedback from Listening Sessions and Diversity Survey]

Despite ongoing pressures, many staff see areas where the organisation is making genuine progress. These strengths are often localised or inconsistent, but they show what's possible when people feel supported, valued, and listened to. Below is a summary of key areas where staff said the organisation is doing well:

- **Team Spirit and Support:** Many staff spoke positively about the way their teams work together, especially in tough situations. Strong day-to-day support from colleagues helps keep services running and makes the job feel more manageable, even when things are stretched.

- **Focus on Patient Care:** Despite the challenges, a strong focus on patient care remains clear. Staff continue to put patients first and take pride in providing a good standard of care, including in sensitive areas like end-of-life support.

- **Efforts to Improve:** Staff have noticed signs that the organisation is trying to move forward. Whether through visible leaders, new initiatives or more open conversations, people recognise the intention to improve, even if results are mixed.

- **Communication is Improving:** Communication across the organisation is getting better. Updates are more regular and easier to find, particularly for staff with digital access. People are starting to feel more informed about what's going on.

- **Diverse Workforce and Inclusive Culture:** Working in teams made up of different backgrounds is something many people value. Some staff also appreciate the support groups and events in place to help everyone feel involved and part of the wider organisation.

- **Training and Career Development:** There are examples of staff getting good access to training and learning opportunities. Apprenticeships, funding for further study and national programmes like Patient First are helping some people develop in their roles.

- **Innovation and Practical Changes:** Some visible improvements are making a difference to day-to-day work. Refurbished areas, digital tools and better ways of working like improvement huddles are helping to make progress feel more real.

- **Support for Wellbeing:** Where it's available, support for wellbeing is appreciated. Occupational health and dedicated wellbeing teams have had a good impact for some, though not everyone finds it easy to access or knows what's available.

- **Good Local Management:** In some areas, local managers are making a real difference. Staff describe them as supportive, fair, and easy to talk to - especially when they support their teams and take time to understand what's really going on.

- **Pride and Staying Power:** Even in difficult circumstances, many staff still feel proud of their work. Their determination to carry on and put patients first shows a strong sense of purpose and commitment to public service.

10 Top Issues Staff Want Fixed

[Based on feedback from Listening Sessions and Diversity Survey]

Staff across the organisation have shared open and honest feedback about what would make it a better place to work. The key messages are clear: people want to be treated fairly, respected for the work they do, and supported by leaders who listen and take action. This summary outlines the top 10 issues raised by staff, based on real experiences. It highlights areas where change is needed and where leadership has a chance to rebuild trust through clear, practical action. The aim is not to create new systems or programmes, but to strengthen what may already be in place and ensure it works better for staff at all levels across the organisation.

1. Show Up and Lead Well

What staff said:
- Senior leaders feel far away from everyday work
- Some managers don't treat people well or fairly
- Staff want leaders to be visible, listen, and take action

Why it matters: When leaders ignore problems or stay out of sight, people stop speaking up. Good staff leave and poor behaviour continues.

2. Treat Everyone Fairly

What staff said:

- Some staff, especially managers, get special treatment
- Rules for home working, time off and complaints aren't applied the same
- Investigations are slow or don't lead to change

Why it matters: When people are treated differently, it causes frustration, weakens teams, and breaks trust in the organisation.

3. Fix Staffing and Reduce Pressure

What staff said:

- Not enough people to do the job safely
- Breaks are missed and staff are burnt out
- Night shifts and busy wards are often overlooked
- Too many in management, not enough on the front line

Why it matters: Too much pressure leads to mistakes, stress and people leaving. It also puts patients at risk.

4. Treat People With Respect

What staff said:

- Some staff are rude or dismissive towards others
- Certain teams are looked down on
- Managers can be condescending or do not listen
- Staff want to be treated like adults

Why it matters: When respect is missing, teamwork suffers, and morale drops. People stop caring and communication breaks down.

5. Value Everyone's Work

What staff said:

- Support staff feel ignored or underappreciated
- Some managers take credit for others' work
- Effort is only noticed in senior or clinical roles

Why it matters: If people feel invisible, they lose motivation. Every role matters and helps patient care in some way.

6. Communicate Clearly and Honestly

What staff said:

- Decisions are made without asking those doing the work
- Managers don't explain changes or share updates
- Communication feels one-sided or secretive

Why it matters: Poor communication creates confusion, stress and mistakes. It also stops teams from feeling part of the bigger picture.

7. Improve Workplaces and Equipment

What staff said:

- Some buildings are dirty, damaged or unfit
- Admin teams are scattered and can't work together properly
- Parking and access are major sources of stress

Why it matters: Working in poor conditions feels unfair and unsafe. It also slows people down and lowers morale.

8. Break Down Team Divides

What staff said:

- Clinical and admin teams feel disconnected
- Some groups get more support and attention than others
- Bank and part-time staff feel left out

Why it matters: When staff feel divided or forgotten, morale suffers. Working together well means everyone feels included.

9. Build Skills and Support Learning

What staff said:

- New starters don't always get proper training
- Some managers don't know how to support their teams
- Staff want training that helps them do their job well

Why it matters: Without the right skills, staff feel unsure, mistakes happen, and teams can't grow.

10. Live the Values Every Day

What staff said:

- Some managers say one thing but do another
- Senior staff aren't always held to the same standards
- Staff are tired of hearing promises with no follow through

Why it matters: If values aren't lived out in daily actions, staff stop believing in them. This leads to frustration and poor behaviour being accepted.

Why This Matters Now

Staff have been honest about what needs to change, and they've made it clear what matters most. These 10 issues are not new, but they are urgent. In a system already under pressure, the cost of not acting is high: more staff will leave, morale will drop further, and patient care will suffer. People aren't asking for perfection - they're asking to be treated fairly, heard clearly, supported properly, and given the tools to do their job well. Trust will only be rebuilt through action that's visible, consistent, and felt on the ground. If leaders focus on getting these basics right, the organisation will be in a far stronger place to face the future.

Improvement Actions already taking place in Medway NHS Foundation Trust

Workplace Culture & Psychological Safety

- **Online Prayer & Schwartz Rounds**: Safe spaces for staff to reflect and share clinical experiences.

- **Acceptable Behaviour Policy**: Updated with staff input to better manage violence and aggression.

- **Visitors Charter**: Draft being revised to set clear expectations for visitor behaviour.

- **Zero Tolerance Campaigns**:

    - "Not In A Day's Work" posters tackling abuse and racism.

    - Posters protecting staff from violence, aggression, and discrimination.

Support Systems & Reporting

- **Guardian Service**: 24/7 confidential support for reporting bullying, harassment, or safety concerns.

    - **Anti-Bullying and Harassment Group**: Reviews trends and investigations to suggest improvements.

    - **Dignity at Work Advisors**: Offer private support and advice on workplace issues.

- **Civility and Respect Toolkit**: Resources to help teams build a respectful culture.

Values, Training & Inclusion

- **BEST Values & Staff Compact**: Promoting positive behaviours.

 being updated to include examples of negative behaviour.

- **Inclusion by Design Training**: In-person sessions for leaders on equality, diversity, and inclusion.

- **Sexual Safety e-Learning**: Mandatory training to address misconduct and support sensitive conversations.

- **Updated Policies**:

    - Bullying, Harassment, Discrimination & Conflict Resolution

    - NHS Sexual Safety in Healthcare Charter

Monitoring, Recognition & Engagement

- **Incivility Reduction Objective**: Targeting a 50% drop in bullying and incivility using new reporting tools.

- **Staff Feedback**: Through NHS Staff Survey, People Pulse, and Friends and Family Test.

- **Awards & Recognition**: Monthly and annual awards, long service celebrations, and volunteer events.

- **Awareness Campaigns**: Highlighting initiatives and celebrating staff contributions.

Other Initiatives

- **Body Camera Trial**: Testing in key areas to improve safety.

- **Staff Networks**: Supporting diverse groups including BAME, LGBTQIA+, Faiths, Women's, Armed Forces, and DAWN (Disability and Wellbeing Network).

> Posters are visible throughout the buildings to empower staff to speak up and reminds the public that abusive behaviour can lead to refusal of treatment and further action.

Visitors' Charter

Our **Visitors' Charter** outlines what you can expect from us during your visit, and what we ask of you, so that we can give the best care and experience to all our patients.

NHS Medway NHS Foundation Trust

Our staff will:	Visitors are asked to:
» be professional, polite and courteous	» be polite and courteous to staff, other patients and visitors at all times
» be supportive of family, next of kin and carers who wish to participate in care	» agree visiting times with other family and friends so that no more than two people visit at any one time. In exceptional circumstances, alternative arrangements can be discussed with the nurse in charge » be respectful of patients' privacy and dignity and leave the bedside if asked to do so » let staff know if you are visiting to help your loved one to eat their meal. Please feel free to eat your own food with your loved one. Staff can direct you to facilities for refreshments during these times » provide essential personal items » inform staff of any specific needs that your loved one has and if you would like to help with their care (with the patient's permission) like toiletries, dentures, glasses, suitable clothing and footwear, which help provide comfort and familiarity
» do their best to create a calm and restful environment to help patients recover	» please keep noise levels to a minimum and put your phone on silent to help patients who need to rest » talk to the nurse in charge if you plan to bring young children to visit and please supervise children who come to visit at all times » take breaks from the bedside to allow your loved one to rest if needed
» provide a clean hospital environment	» please leave the area if staff are cleaning so they can access all areas
» do all we can to prevent infection	» please do not visit if you are unwell with cold or flu symptoms, vomiting or diarrhoea. Wait at least 48 hours after your symptoms have gone before visiting. If in doubt, please phone the ward for advice before visiting » please follow our infection control instructions to keep you and other people safe » please use the chairs provided and avoid sitting on beds. If you cannot find a chair, please ask a member of staff » help your loved one to keep the bed space tidy so our staff can clean effectively » do not smoke or vape within the hospital building or grounds » please understand that visiting may be paused in an area at short notice if there is an increase in infections
» provide facilities to wash your hands	» wash your hands as you enter and leave the ward and use alcohol gel or foam where provided
» keep family members and next of kin well informed (with the patient's permission)	» respect that information cannot be given out unless the patient has given their permission » speak to the nurse in charge if you feel that you have not been given enough information » avoid disturbing staff who are carrying out clinical duties such as dispensing medicines or administering care to other patients » recognise that you may have to wait to speak to medical staff and you may be asked to wait outside the area during ward rounds
» listen to feedback from patients and visitors	» speak to a member of staff if you have any questions about the care your loved one is receiving
» act to keep people safe when measures are put in place to reduce risks are not complied with	» consider the impact of your actions and behaviours on the person you are visiting, other patients, visitors and staff
» have zero-tolerance for verbal or physical abuse	» be considerate and respond appropriately if you are asked to change the way you are acting or behaving

» **When things go wrong you need us to act quickly to put them right. If you are not happy with something please get in touch with us:**

» Speak to the Ward Manager or Matron in the first instance as in most cases, they will be able to deal with your concerns there and then.

» Contact our Call 4 Concern service if you have an ongoing concern about the clinical condition of your loved one, despite raising it with the nurse in charge or a doctor. Call **07799 348608** any time of day or night, any day of the week.

» If your concerns are not resolved after speaking to our staff, contact the Patients Advice and Liaison Service (PALS). Call **01634 825004** or email **medwayft.pals@nhs.net**

Visitors' Charter

Posters remind the public that there is an expectation that they conduct themselves in a respectable manner

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NHS Medway NHS Foundation Trust

Protecting our staff, patients and visitors

from violence, aggression and discrimination.

As an anti-discrimination organisation, the Trust and our workforce will challenge, prevent and take action against illegal discrimination towards our staff, patients and members of the public. For example racism, homophobia, sexism or harassment of any kind.

In addition, as part of our zero tolerance policy, the Trust will use all means possible, including legal options and refusing treatment, to protect our staff, patients and members of the public from any form of violence, abusive or aggressive behaviour or intimidation.

Please respect our staff and each other.

Scan the QR code for more information about our zero tolerance policy and our commitment to being an anti-discrimination organisation.
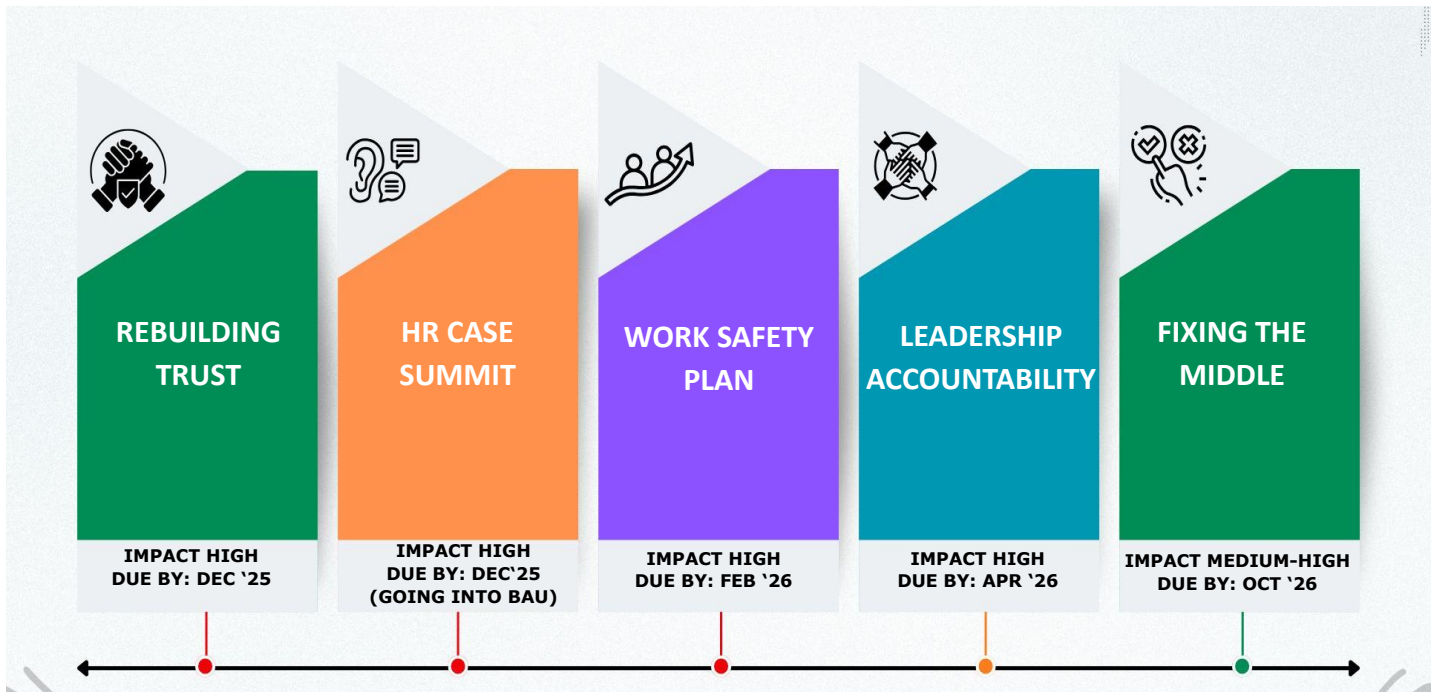
Scan the QR code or visit: **www.medway.nhs.uk**

Best of care Best of people

Patient FIRST

Recommendations

Following powerful staff feedback from the Diversity Survey, Listening Sessions, and the Diversity MOT with Board Members, five practical priorities have been identified to improve trust, fairness, and leadership consistency at Medway NHS Foundation Trust, without requiring significant additional cost or new programmes. These insights reflect not just what staff are saying, but how leaders are 'showing up', especially under pressure. The priorities below are designed to move from listening to visible, values-driven action.

REBUILDING TRUST	HR CASE SUMMIT	WORK SAFETY PLAN	LEADERSHIP ACCOUNTABILITY	FIXING THE MIDDLE
IMPACT HIGH DUE BY: DEC '25	IMPACT HIGH DUE BY: DEC'25 (GOING INTO BAU)	IMPACT HIGH DUE BY: FEB '26	IMPACT HIGH DUE BY: APR '26	IMPACT MEDIUM-HIGH DUE BY: OCT '26

Work under each of these pillars has already commenced.

1. Rebuilding Trust: Making It Safe to Speak Up

SMART GOAL: By December 2025, establish a clear Trust wide roadmap of listening events for all staff groups, linking these with existing channels such as Freedom to Speak Up (FTSU). Make it easy for staff to:

- Know when and where sessions will happen.
- Share feedback openly or anonymously.
- Identify and contact their divisional advocate.
- Access regular updates on what action has been taken.

Why it matters: This supports the Board's objective to shift from reactive to proactive leadership. A clear and visible listening plan shows that staff voice is not just invited during crises, but is built into how the Trust listens, learns and leads every day.

Why it's Top Priority: Fear of speaking out, especially around racism or bullying, is silencing staff and creating risk.

Impact High: Improves psychological safety and early problem-solving.

Feasibility Medium: Builds on existing listening approach and FTSU structure with minimal tech or cost.

🔴 2. HR Case Summit: Staff Experience Review

SMART GOAL: By December 2025, complete a full review of the end-to-end staff experience in Employee Relations processes (e.g. grievance, bullying, and harassment), building on work started in phase 1 through the HR Case Summit. The review will:

- Map key process stages and decision points.
- Identify themes around fairness, communication, delay, and outcomes.
- Pay particular attention to perceived impact on minority ethnic staff.
- Deliver a detailed report of findings and practical recommendations, with clear actions for improvement, ownership, and timeline for delivery.

Why it matters: While the number of formal ER cases is small, the perception that the process is unfair is widespread. Staff say it's slow, confusing or unsafe. Many believe colleagues from minority ethnic backgrounds are treated worse. Even if those views aren't always backed by data, what people believe shapes trust more than facts alone. If staff feel unsupported or treated unfairly, they lose trust, or leave.

Impact High: Makes the process clearer, fairer and safer for everyone. Helps retain good staff, reduce formal cases and demonstrates the organisation's commitment to fair and inclusive values.

Feasibility High: The review is already in progress and is due to finish by December 2025. It will be delivered through our agreement with Absolute Diversity, with support from partner Trusts. Time and resources have already been set aside for this work. This phase covers the review only and does not include the implementation of the recommendations.

Board Link: Delivers on the Board's aim to embed inclusive leadership and reduce bias. Shows clear action is being taken to make sure all staff are treated fairly, whatever their background or role.

🔴 3. Work Safety Plan: Making the Organisation Safer for Everyone

SMART GOAL: By February 2026, develop a clear plan to reduce violence, aggression, and racism on wards and across the organisation, with a focus on protecting frontline staff - especially those from minority ethnic backgrounds and internationally educated staff. The plan should include:

- Regular tracking of incidents by team, ward, and staff group.
- Clear and early ways for staff to raise concerns, using the Freedom to Speak Up service more actively.
- Better use of Equality Impact Assessments to identify and respond to risks
- Stronger and more consistent use of the yellow/red card policy for unacceptable behaviour from patients or visitors.
- Working with other Trusts or through the Kent and Medway system to build on the regional objective.

Why it matters:
Aggression towards frontline staff is rising, especially in inpatient care. Staff from minority ethnic backgrounds are often targeted more, and many internationally educated staff work in these areas. They've come a long way to support the NHS and deserve to feel safe and supported.

In Kent and Medway, this is happening alongside political shifts and growing workplace pressure. If the organisation doesn't respond clearly and consistently, more staff will leave or stop speaking up.

Impact High: Protects staff, improves morale, and sends a strong message that racism violence and aggression are not part of the job.

Feasibility Medium: Can be delivered using existing tools and policies. Support from other Trusts or the wider Kent and Medway system may help, but joining a central initiative could slow progress. Identifying quick local actions that can be put in place immediately is strongly advised to build trust and show early commitment.

Board Link: Directly supports the Board's aim of addressing and reducing bias by protecting those most at risk, using existing tools more effectively, and creating safer working conditions for everyone.

🔴 4. Leadership Accountability & Clarity Framework

SMART GOAL: By April 2026, either introduce 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. The framework should:

- Set clear expectations for leadership behaviours and inclusive decision-making.
- Link those behaviours directly to appraisals, recognition, and formal consequences.
- Apply equally from Band 7 upwards, with visible outcomes across all divisions.
- Be supported by HR, OD, and governance teams, with ownership and accountability held by the Board and Senior Leadership, and regular oversight and reporting.

Why it matters: Inconsistent leadership undermines staff confidence, team culture, and fairness; it also costs the organisation money. Poor leadership contributes to higher turnover, increased sickness absence, disengagement, and recruitment strain. A visible framework helps set and uphold standards, ensuring poor behaviour is addressed and values-led leadership is recognised.

Impact High: Rebuilds trust, improves fairness, reduces avoidable cost, and strengthens the leadership culture.

Feasibility High: Can be delivered through existing appraisal and governance processes if HR is properly resourced and senior leaders—particularly in clinical divisions—are fully integrated into the accountability model.

Board Link: Directly supports the Board's commitment to embedding inclusive leadership and reducing bias by making expectations clear, consequences fair, and accountability consistent at the highest level.

🟠 5. Fixing the Middle: Building Fair and Confident Teams

SMART GOAL: By October 2026, 80% of Band 7 to 8b managers will have completed a Trust-specific training programme that supports fair leadership, good people management, and stronger teams. The programme will:

- Use real examples from Medway, based on common team issues.
- Be delivered in short, simple sessions that work around busy workloads.
- Help managers deal with problems early, treat people fairly, and build trust.

- Include feedback from staff, self-reflection, and peer support.

This training should be based on the results of the Diversity MOT, which is being rolled out to Clinical Divisional Leaders. Those results will help shape what topics matter most and where to focus first.

Why it matters: Most staff say their experience at work is shaped by their manager. When things feel unfair or unclear, it affects how people work and their level of engagement. Helping managers build the right skills improves how teams work every day.

Impact Medium to High: Helps fix day-to-day issues and improves how people feel at work.

Feasibility Medium: Can be delivered using internal trainers and short sessions, but will need protected time for managers to take part and coordination support to run well. It will also require consistency and clear governance for tracking, so it doesn't lose momentum over time, especially as the impact of the investment may take time to show.

Board Link: Supports the Trust's aim to make work fairer for everyone by giving managers the tools they need to lead well.

Repositioning Staff Networks at Medway Foundation Trust

Staff networks are often seen as side conversations or support groups, but when done well, they are far more than that. They can be a powerful voice for change, a radar for what's really going on beneath the surface, and a source of energy and ideas for moving the organisation forward.

At Medway Foundation Trust (MFT), six staff networks currently operate:

- **Faiths and Beliefs Network [FABs]**

- **BAME Network**

- **Women's Network**

- **Disability and Wellness Network (DAWN)**

- **LGBTQIA+ Network**

- **Neurodiverse Staff Network**

There's agreement among staff, network leads, and senior leaders that now is the time to refresh how these networks work - both in terms of purpose and structure. They should not sit on the edges of the organisation but be part of the way the organisation listens, learns, and leads change - especially in supporting the implementation of the Cultural Transformation Programme.

Why This Matters Now

Staff networks can help organisations notice problems earlier, test ideas, and offer insight into what staff really need. When they are connected into the wider organisation, they can shape better decisions and improve how people feel at work. Research from NHS England shows that well-supported staff networks:

- Give staff a safe and trusted space to speak up.
- Help leaders make better decisions.
- Build stronger teams and reduce turnover.

- Improve the working environment for everyone.

"Staff networks provide insight, challenge and lived experience that can help create better services and a better NHS." - NHS England, 2023. The latest [NHS Staff Survey (2024)](#) shows why this work matters. While some areas have improved, concerns around physical violence and discrimination have increased:

- 14.4% of NHS staff faced physical violence from patients or the public.
- 9.25% reported discrimination at work—the highest level in five years.

This makes it clear that staff networks aren't just helpful – they are necessary. They play a key role in building a safer, more respectful workplace.

What We've Heard

As part of the Phase 1 listening and engagement work, staff, network members, and senior leaders across the organisation shared their views on how staff networks are working at MFT. Several clear themes came through:

- The purpose of networks is unclear – are they support spaces, change agents, or both?
- They feel disconnected from the organisation's main strategies and teams
- They want more access to senior leaders and decision-making conversations
- They need support to deliver change—not just energy from volunteers
- There is burnout risk, especially as network leads juggle this work with their day jobs

This feedback shows the need for a fresh, practical strategy that builds on what's working and addresses what isn't.

Three Key Recommendations for Refreshing the Networks

1. **Make Networks a Core Part of Decision-Making**
   Position staff networks as trusted sources of insight and foresight. Invite them into early discussions on strategy, policy, and service design - especially when changes might impact staff experience.

   How:
   - Involve network reps in key meetings and project boards.
   - Set up quarterly check-ins between networks and executive team.
   - Use networks to test new ideas and raise risks early.

   Benefits:
   - Brings real-life staff experience into planning.
   - Builds trust and accountability.
   - Helps avoid unintended consequences of decisions.

   Considerations:
   - Needs time and senior commitment.
   - Risk of networks becoming too formal or losing their safe-space feel.

2. **Connect Networks to Onboarding and Learning**

   Build networks into the way people join and grow at MFT - from Day 1 through their entire career.

   How
   - Include network signposting in staff induction.
   - Invite networks to share short stories or sessions in training.
   - Mention networks in development plans and appraisal conversations.

   Benefits
   - Normalises staff network involvement.
   - Builds early connection and sense of belonging.
   - Helps spot and grow future leaders from all backgrounds.

   Considerations
   - Needs coordination across HR, Comms, and OD.
   - Content must feel real and useful—not box-ticking.

3. **Show the Impact of Network Work**

   Create a simple, light-touch way to track and show how networks are making a difference.

   How
   - Co-design an impact dashboard with network leads.
   - Include indicators like: changes influenced, feedback collected, and visibility across the Trust.
   - Link outcomes directly to the Cultural Transformation Programme.

   Benefits
   - Shows how networks contribute to culture and change.
   - Makes the case for continued investment.
   - Builds pride and purpose for those involved.

   Considerations
   - Avoid making this too numbers-heavy.
   - Allow space for stories, experiences, and lessons learned—not just data.

Next Steps

A half-day Staff Network Strategy Workshop to be planned in the near future to:
- Revisit what each network is here to do.
- Define shared goals and ways of working.
- Agree how networks will support the wider Cultural Transformation Programme.
- Draft a practical and forward-thinking network strategy.

The workshop will lead to a proposal for the People Committee and Board (date to be confirmed). In challenging times, staff culture matters. Networks aren't an extra they are part of how MFT listens, leads, and improves. It's time to bring them to the centre. Let them lead.

Closing Statement & Next Steps

Absolute Diversity would like to thank the Board of Medway NHS Foundation Trust, the Cultural Transformation Steering Group (CTSG), and every staff member who took part in this work. Whether through surveys, listening sessions, or team discussions, your honesty, openness, and willingness to share have helped shape this report into a meaningful reflection of current culture. Every voice mattered and every contribution is valued.

Now is the time to act. With rising costs, increasing pressure on services, and a workforce that continues to look to leadership for direction, there is no space for delay. Culture is not a side issue, it is central to how organisations function. It affects how people feel at work, how care is delivered, and how money is spent.

A poor culture pushes good people away, damages morale, and drives up sickness and turnover. It also drains energy, increases risk, and weakens trust. On the other hand, a better culture not only saves money - it keeps talented staff, improves patient outcomes, and builds the kind of organisation people want to be part of.

Medway's core values offer a strong and credible foundation for this change:

- **Bold:** Now is the time for strong, clear action. Staff have spoken. They are watching and waiting to see what happens next. Leaders need to lead visibly and consistently - not just when it's easy, but when it matters.

- **Every Person Counts:** Everyone deserves to feel safe, respected, and treated fairly at work. This is how teams stay strong, and how staff stay committed. When fairness is felt, loyalty follows.

- **Sharing and Open:** Talking and listening must lead to action. Being transparent about progress, setbacks, and learning helps rebuild trust and shows that change is real.

- **Together:** Change works best when it is shared. Staff, leaders, networks, and services must move forward side by side, building solutions that last and keeping each other accountable.

The next step begins with a joint planning meeting between the CTSG and the Board. This is an important opportunity to align intentions with action, agree clear priorities, and build momentum into the next phase.

This programme is not about being perfect. It's about doing the right thing consistently, even when it's difficult. Staff have been clear about what matters most. The challenge now is to act with courage, humility, and purpose - and to keep going.

"*Commitment means staying loyal to what we said we were going to do, long after the mood we said it in has left us*." Absolute Diversity remains committed to supporting Medway NHS Foundation Trust as it continues to build a better, safer, and fairer place to work, for every member of staff, and every patient served.