

# The Culture and Leadership Programme: Case Studies

Working to create a health and social care ecosystem where everybody consciously works together compassionately and inclusively, so every person can perform to their best ability.



## The Facilities Manager

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### Factfile

**Trust:**

Nottingham University Hospital NHS Trust

**Phase at time of writing:**

- Scoping
- Discovery**
- Design
- Delivery

One of the biggest and busiest acute trusts in England, employing 1,700 staff. A teaching trust, each year it provides services to over 2.5 million residents of Nottingham and the surrounds and specialist services to a further 3–4 million people from neighbouring counties.

**As a self-taught manager following a career in pub restaurants, school catering and eventually healthcare, Facilities Manager Mark Fulford leapt at the chance to develop compassionate leadership skills as part of the culture change team for his Trust's NHS England and NHS Improvement Culture and Leadership Programme.**

My first experience of managing people was in a 16<sup>th</sup> century thatched pub. No one told me what to do – I just had to learn on the job. Today, myself and my co-lead head up seven assistant managers, 19 team leaders and more than 500 staff – plus an extra 150 agency staff over the COVID period. We deliver food and cleaning to around 44 wards, clinics and other areas across City Hospital Campus and we produce 80% of the food on site.

## Making a difference

I didn't know a lot about organisational culture but I had seen a massive contrast between the different campuses of our trust. One is very directive and even quite aggressive: 'You need to do this and do it now.' In contrast, where I work is more collaborative, giving teams more autonomy: 'Let's have a look at it and work it out together.'

Having experienced the two, I realised I didn't really want to be that aggressive manager. I wanted to do things a bit differently and influence the way I work to make a difference to those people. So as soon as I heard about the change programme, I went to my manager to apply.

## Breaking down boundaries

From the start, the NHS England and NHS Improvement Culture and Leadership Programme felt different from anything I'd done. I went to an event with people from across the entire trust – even board members – but there wasn't any hierarchy. Sometimes you go to meetings and it's like 'I'm a Band 6 dietician' or 'I'm a senior manager' but this programme really broke down those boundaries. You basically take your name badge off and just say 'Hi, I'm Mark.' Whatever their role, everyone has unique skills they can bring to the process.

Two years on, I've attended lots of events – gathering data on staff, sharing thoughts about our culture, running drop-in sessions to gather feedback and trolley dashes where we've gone to different wards and asked staff 'What do you think about how things work here?' or 'What's wrong in your areas?'

We're encouraged to replicate this in our own leadership too. Sometimes, teams have a better understanding than us managers, and it's about listening and being able to take that on board. I'm not the font of all knowledge, so it's nice to hear from the team what they feel we can do.

☞ Whatever their role, everyone has unique skills they can bring to the process.



## Recruitment and retention

Our information gathering bore out the variation that I'd noticed across the Trust. In some places, new recruits were withdrawing their applications after talking to existing staff about what it was like working in their departments. That's ultimately the reason why this work is so important: it's really difficult to recruit the right people and to retain the ones we have, and if our culture isn't inviting to people then that is actually an urgent problem that has to be fixed.

Another problem is the senior and middle management being engaged with the organisational drivers while most people in the cleaning, food service or catering teams just want to come in, do the job and go home. They haven't got the time or interest in reading organisational updates. So we've been really looking at how to communicate more effectively with people throughout our teams.

## Compassionate leadership

Being involved has really helped develop my confidence in investing time in compassionate leadership. Often I would focus on the strategic issues and quality assurance and rely on my team leaders and the system managers to do the softer work. After all, you can't say, 'Well, I'm sorry, we didn't feed three wards and six wards didn't get cleaned.' So I do have to make sure that that happens.

But I realised I also needed to be out on the shop floor, leading my staff from the front: ensuring their wellbeing, asking questions, praising people or understanding how our service works from the perspective of a matron or nurse.

That reflects the balance in our daily work, too. Every patient's vulnerable, so the safety aspects are critical. But also, my staff have a major impact on the patient's experience by taking time to encourage them to eat and drink, and maybe having a chat with them, and all those things combined contribute to their recovery. So the operational and the softer side must go hand in hand.



## Giving people a voice

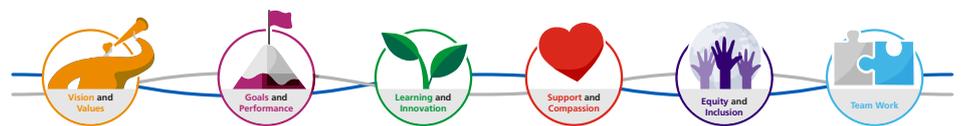
The Culture and Leadership Programme has enabled me to develop myself in new ways too. I have different discussions that I might not feel comfortable with having with my peer group and I understand more about the organisation a whole. We've got a 'culture champion' lanyard and the logo is on my email signature too. It's nice to have that different string to my bow.

## Real faith in the trust

It's definitely helpful having the external NHS England and NHS Improvement programme team coming in. If we'd created the programme internally, I don't think it would have nearly as much sway. It's exciting that other trusts are doing it too – it's given everyone extra confidence in the process.

We're still at the Discovery Phase and things have got held up because of Covid but being involved is already changing the way I work. It's been great to listen to people and take on their concerns. But it's also given me real faith in the trust. By committing to this, the board is acknowledging that while there's a lot that's good, the culture isn't quite right and we need to make some changes. And they're open to seeing what we need to do.

That's amazing, and it inspires real confidence for the future.



## People Promise links

This case study highlights work in the following People Promise themes:



We are **compassionate and inclusive**



We are **recognised and rewarded**



We each have a **voice that counts**



We are **safe and healthy**



We are **always learning**



We are a **team**

**Got a question or want to know more:**

**W:** [NHS England » Changing healthcare cultures – through collective leadership](#)

**E:** [NHSI.Culture@nhs.net](mailto:NHSI.Culture@nhs.net)