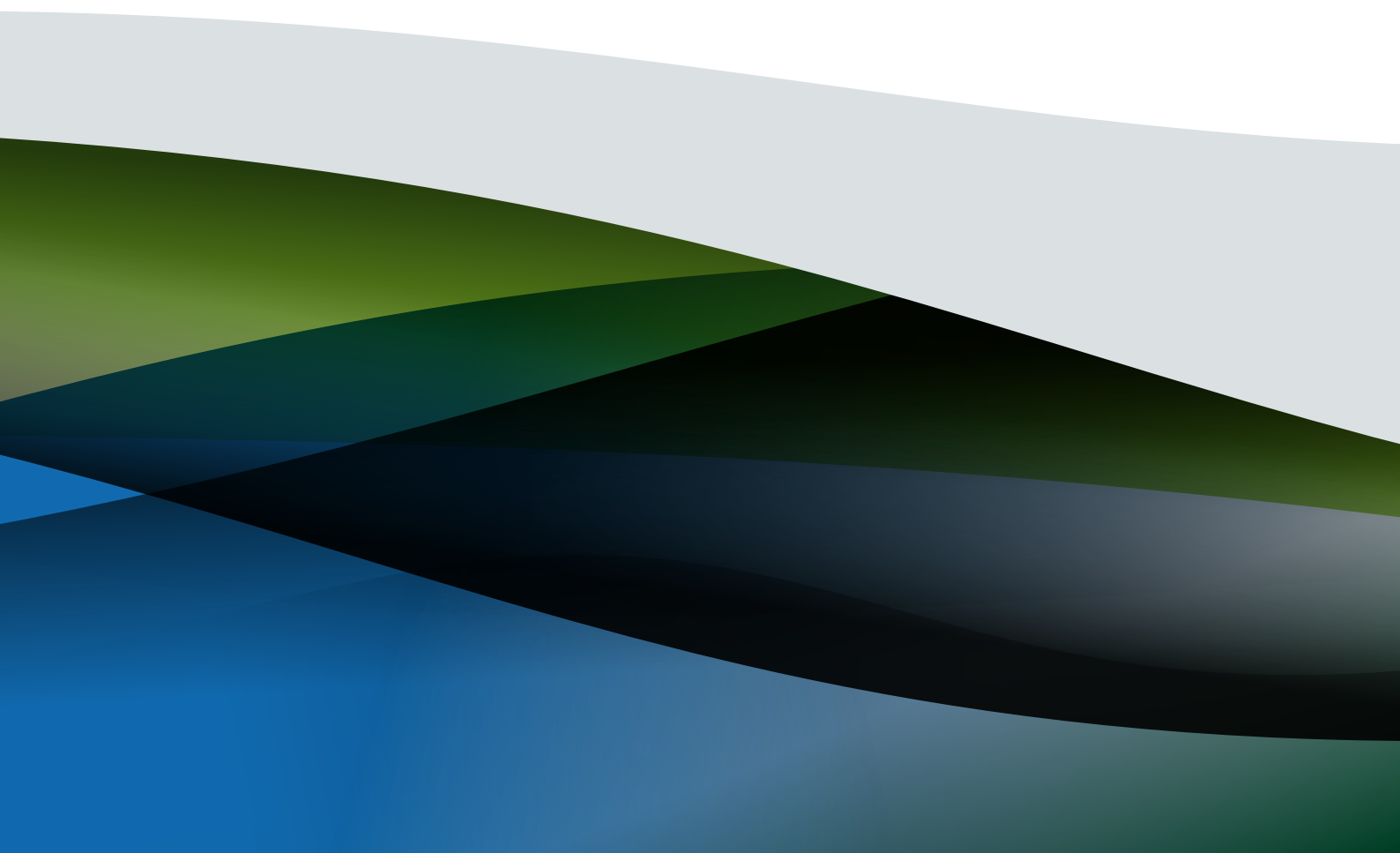




THE STATE OF NHS PROVIDER COMMUNICATIONS 2017/18

JANUARY 2018



THE STATE OF NHS PROVIDER COMMUNICATIONS 2017/18

CONTENTS

Foreword	4
Key points	5
Introduction	6
Research findings	
1 Profile of trust communications leaders	7
2 Attitudes to pay, parity and line management	10
3 Resources, capacity and skill mix	13
4 Communications activities and shifting priorities	17
5 Demonstrating strategic value and impact	20
6 STP-related communications and relationships	22
7 Training and development	25
8 Future challenges	28
Conclusion	29
References and acknowledgements	31

FOREWORD

Good communications sits at the heart of how the NHS engages with its patients, service users, local communities, staff and other key stakeholders. When done well, it can improve the patient and public experience.

For senior NHS communicators to play as effective a role as possible in the running of their organisations, they need to be involved at a strategic level. However, too often communications is not regarded as a strategic function and is considered by many senior communicators to have a 'second class' status compared to other board-level positions.

But attitudes are changing and many NHS leaders are recognising the strategic contribution that communications and engagement can make. This has become more important given the proliferation of channels through which trusts need to stay engaged with their local communities, as well as the communications and engagement challenges presented by sustainability and transformation partnerships (STPs) and the move to accountable care. Other challenges, such as constrained budgets, require communicators (and other NHS professions) to deliver more with less. All of this has increased the complexity and volume of work facing communicators.

These factors present opportunities and challenges to NHS communicators. To help them respond, this report provides a snapshot of the state of trust communications through benchmarking data and thought leadership on future practice.

It paints a picture of hope in that it shows communications professionals at their best – whether that is delivering high-profile campaigns that lead to desired behaviour change, leading public, staff and stakeholder engagement strategies as part of transformation initiatives, or providing high-quality information to patients.

However, of concern is that it paints a picture of a pressured and over-worked profession, with too few staff, too many demands and not enough opportunities for professional development (an experience faced by many NHS staff). It also reveals the NHS communications profession has more progress to make until it truly has a 'seat at the top table', with only 44% of communications leaders reporting into their trust's chief executive and only 24% on their trust's board. The conundrum facing many senior communicators is that, while they know they need to do more to demonstrate strategic value, the time and space they have to do this is being eroded.

And, finally, given the importance of STPs and the changes to services they will deliver, it is vital communications leaders are afforded the time and space they need to engage more fully in these initiatives.

We hope this report makes a useful contribution to debates and discussion on how the NHS communications profession can continue to make progress towards becoming the strategic function it aspires to be.

Daniel Reynolds, Director of Communications, NHS Providers

KEY POINTS

This report provides benchmarking data on the state of communications practice within NHS trusts, as well as analysis and thought leadership on the future of NHS communications. The centrepiece is a survey completed by senior communicators from 130 NHS trusts – more than half of the provider sector.

- The majority of senior NHS communicators working in trusts are female, white, hold an honours degree and three quarters have been working in NHS/healthcare communications for seven years or more. There is a marked lack of ethnic diversity among those in the most senior communications roles.
- There is significant variation between trusts on the size of their communications team and where they sit within the internal hierarchy and structure. On average, trusts employ seven full-time equivalent communications staff.
- Less than half (44%) of communications leaders report into their chief executive, while only 24% sit on their trust's board. Despite this, most communications leaders feel they have a good working relationship with their chief executive and two thirds feel they have parity with other senior staff.
- As with other parts of the NHS, communications teams face efficiency savings as part of their contribution to cost improvement plans. Communicators fear this is eroding their ability to contribute most effectively to helping their trust achieve its strategic objectives.
- Funding constraints and workload pressures are forcing some communications leaders to move towards smaller teams based on more generalist roles and fewer specialists. Many respondents said they feared this was leaving their trusts short of specialist communications expertise.
- Communications leaders report a general shift in their priorities over the last year towards more public, staff and stakeholder engagement as trusts undertake transformation initiatives. However, eight in 10 leaders and their teams are spending less than a day a week supporting their STP. This is likely to represent some progress though, and many trust communicators recognise the importance of working more closely with their NHS and local government counterparts.
- One theory as to why communicators do not always enjoy parity with other NHS professions is that, individually and collectively, the profession may not be doing enough to demonstrate strategic value. Responses to this survey reveal variation in how much time, energy and focus senior communicators are putting into this, with impact assessment often sacrificed when teams are short staffed and over-worked.
- Communicators are concerned that budget and capacity constraints are impeding professional development. A majority do not think there is enough training and development provided by the NHS system, though many recognise the value of recent NHS England and NHS Improvement initiatives to support development.
- There was consensus on what respondents regard as the main challenges facing communicators: delivering more activity with less resource; effective engagement as part of transformation initiatives; recruiting and retaining high-quality staff; embracing new technologies; and demonstrating return on investment.

INTRODUCTION

The purpose of this research is to gather information on the state of communications practice within the 232 NHS trusts and foundation trusts in England. Collectively, these trusts account for around £74bn of annual expenditure and employ more than one million NHS staff.

The centrepiece of the report is a survey of senior communicators working across all hospital, mental health, community and ambulance service trusts. This has been supplemented by a number of interviews with leading NHS trust communicators. The survey and interviews have provided thought leadership on the future of NHS communications, as well as a wide range of benchmarking data on, for example, team size, capacity and budgets.

The interviews with trust communicators were carried out in December 2017 and January 2018. The online survey was open to trusts from 14 to 28 July 2017. As a key purpose of the research is to provide accurate benchmarking data for trust communicators, we targeted the most senior communications professional (or their deputies) within each trust.

We received responses from 130 trusts, which is more than half (56%) of the NHS provider sector. All types of trust, from across England, were represented.

While the report will be most relevant to communications leaders working in trusts, we hope the findings and messages will be of value to communicators in other parts of the health and care system.

Background

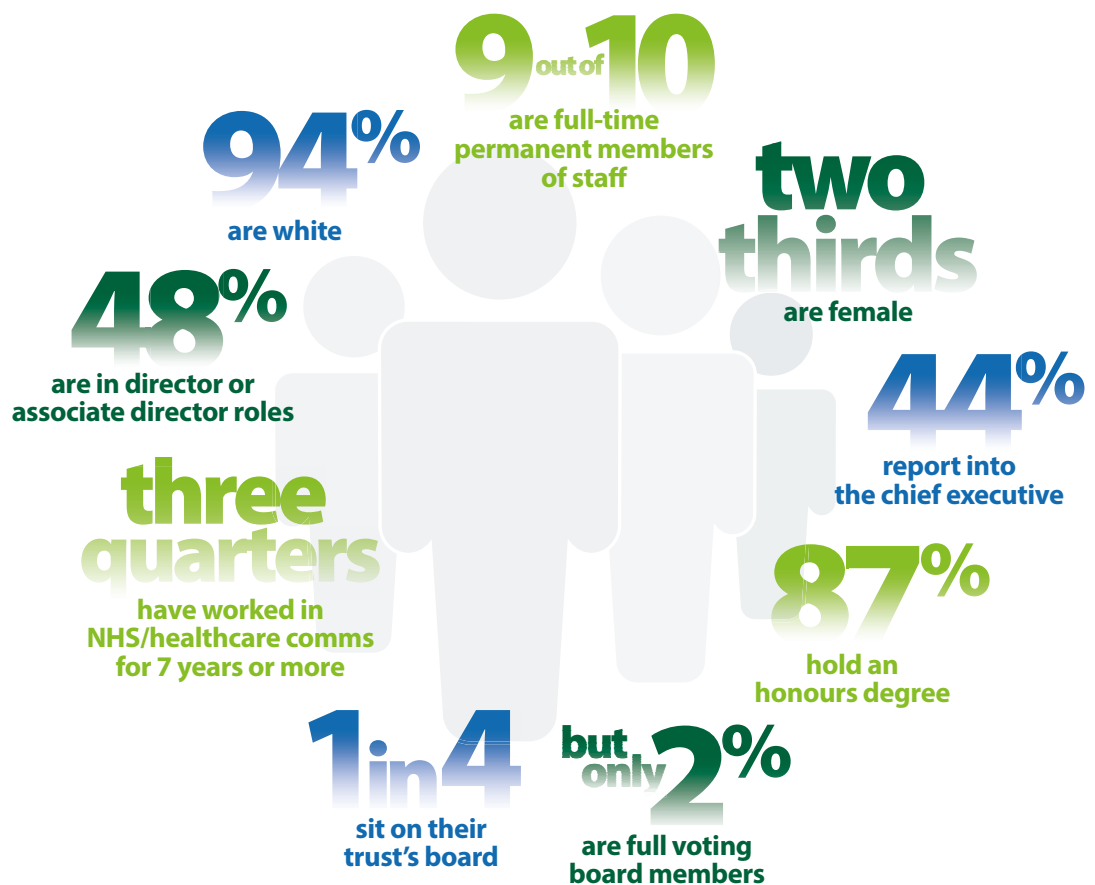
The work of NHS trust communications teams

NHS trust communications teams undertake a range of activities, although there is some variation depending on team size and other factors. The following outlines some of the most common activities undertaken:

- Producing high quality information on health and care services for patients and service users via a range of communications channels, such as websites, social media and printed publications
- Running targeted campaigns that raise awareness among local communities of specific services – for example, to boost uptake of flu vaccinations
- Leading public engagement exercises as part of initiatives to transform the way local care is delivered
- Ensuring effective internal communications between trusts and their staff
- Playing a lead role in ensuring effective communication between a trust and its local communities and staff at times of crisis, for example during the cyber attack in 2017 which affected more than 40 NHS trusts

PROFILE OF TRUST COMMUNICATIONS LEADERS

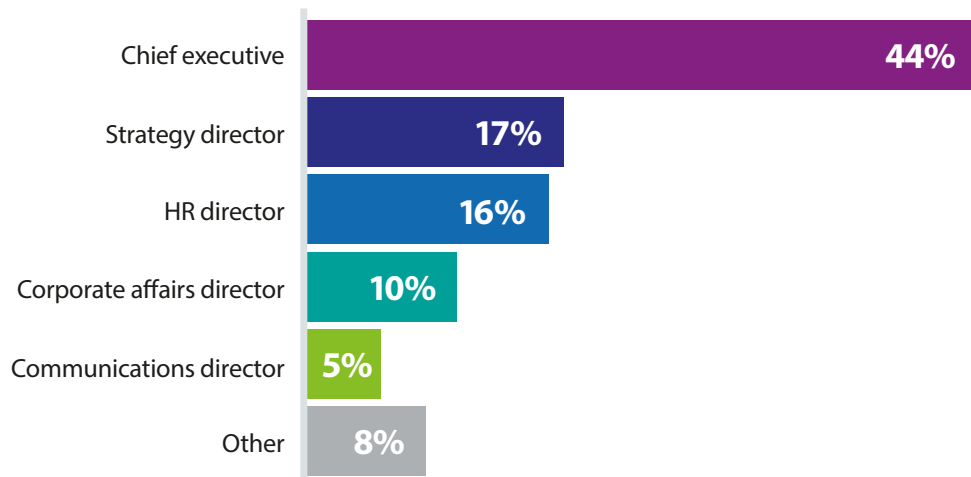
The responses to this survey reveal that the majority of senior NHS communicators working in trusts are female, white, hold an honours degree, while three quarters have been working in NHS/healthcare communications for seven years or more. The NHS is widely recognised as needing to do more to increase the ethnic diversity of individuals in senior leadership roles, and this is certainly the case for those in leadership positions in communications.



The survey shows that there is significant variation with regard to where communications sits within the internal trust hierarchy. Less than half (44%) of respondents report into their trust's chief executive, with the remainder reporting into a range of positions, including: strategy director, HR director and corporate affairs director. More than three quarters (76%) do not sit on the board of their trust and, of the 24% that do, only 2% are full voting members. A similar recent survey of local authority communicators revealed that this issue is mirrored in local government; with just 35% of respondents sitting on their organisation's corporate or senior management team, and only 25% reporting to the chief executive (Local Government Association 2018).

Who is your line manager, who do you report into?

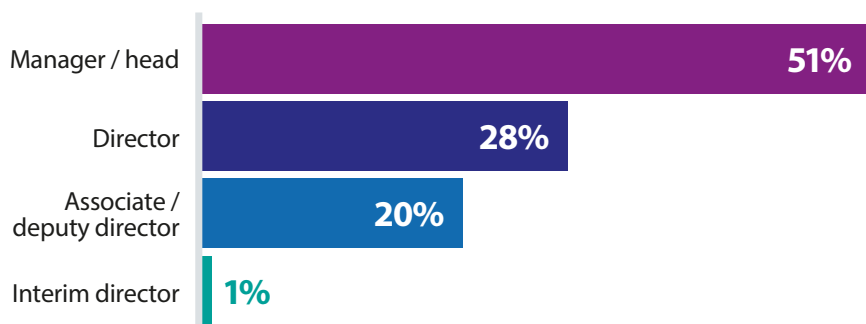
(n=130)



Very few senior communicators have 'director' in their titles. Less than a third (28%) are directors, with a further 20% as either 'associate director' or 'deputy director'. Instead, the majority (51%) have a 'manager/head' as their job title.

Which of the following titles would best describe your position in your organisation?

(n=130)



Diversity

The NHS is widely recognised as needing to do more to increase the diversity of those individuals working in senior leadership roles. Trust communicators taking part in this survey were asked to provide details on the diversity of their communications staff, although the survey focused on only two of the protected characteristics – gender and ethnicity. The picture that emerges is one of gender equality but a lack of ethnic diversity among those in the most senior communications roles within trusts.

On average a third of respondent's teams were male and two thirds were female (127 respondents provided details of their teams' gender).¹ On average 90% of respondents teams were white, 7% BME (the remainder either did not know or preferred not to say). The lack of ethnic diversity was an issue recognised by many trust communicators as requiring more progress.

¹ Data note: when auditing the data the number of FTE staff in this question did not always equal the number of filled FTE posts as given in an earlier question (difference was a maximum of +/-2). We therefore recommend using this data with caution.

ATTITUDES TO PAY, PARITY AND LINE MANAGEMENT

2

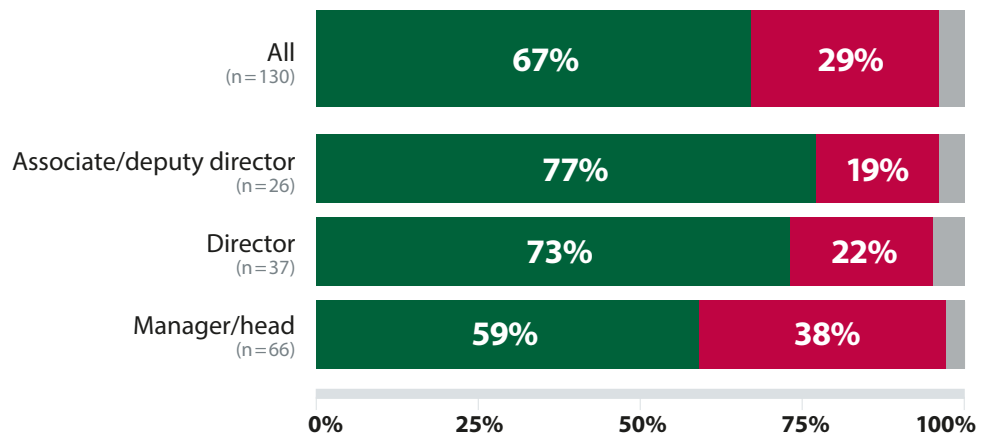
Communications is not universally regarded as a strategic function and is considered by some senior communicators to have a 'second class' status compared to other board-level positions. The survey sought to understand whether communications leaders believe they have parity with other senior managers, whether they feel they are adequately remunerated, and whether they have strong working relationships with their chief executives.

Parity with other senior roles

Two thirds of communicators feel they have parity with other senior staff. Respondents with associate/deputy director job title were most likely to feel that they have parity and those with a manager/head of job title were the least likely.

Do you believe you have parity with other senior staff working in your trust (i.e. other heads/directors of department)?

Yes ■
No ■
Don't know ■



One senior trust communicator said: "Although I am not a director or sit on the board I feel I am taken very seriously and people respect the work that I do. I have access to the key decision makers and my guidance is listened to and valued by the board."

Others outlined how they have had to earn the trust and confidence of their senior teams, with one communicator saying: "Yes, but within the trust there has been a limited understanding of what we do and what good looks like. This is improving, but has taken time and effort to gain the trust and confidence of the senior team."

For those who feel they do not have parity, many commented that communications is undervalued, being seen as a "support service rather than core business". Others commented that they are not on the same pay banding as other senior staff, or that they are not on the board/executive team.

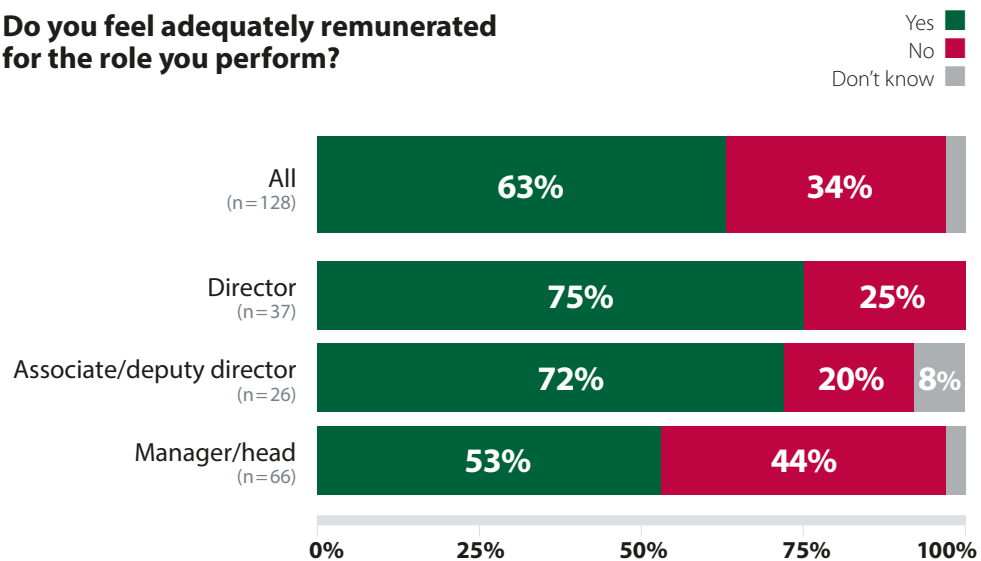
One communicator said: “The historical view of communications has been as a support service; not core business. This is changing, but communications is still viewed (by some) as an add-on rather than integral part of the way the trust is run.” Another commented: “I have credibility and leadership without authority but although considered a senior leader I don’t attend the trust management team. I keep abreast of other developments and influence through other means but bizarre that I am not included at this meeting, particularly as I receive tasks from it.”

In some trusts departing directors and/or heads of communications have not been replaced in recent months due to budget constraints, with one respondent commenting: “The communications team is viewed as an operational team, there to carry out duties rather than provide expertise on specific issues. It has become a functional role since our head of communications left and was not replaced. Although the trust is beginning to acknowledge the senior role that comms should have within the organisation it is a slow culture change at the moment.”

Remuneration

Almost two thirds of communicators feel adequately remunerated for their role but there is a difference in outlook depending on the seniority of the communicator. Those with a ‘director’ job title were most likely to feel adequately remunerated but those with a ‘manager’ and/or ‘head of’ job title were least likely.

Do you feel adequately remunerated for the role you perform?



One senior communicator, on a very senior manager (VSM) salary, said: “As a board member I am expected to perform a wider executive role across the trust, not just leading on communications. The fact that I am VSM and have parity with fellow directors means I am treated as an equal.”

Communicators who do not feel adequately remunerated raised concerns about out-of-hours working not being reflected. They reported that small or reducing staff numbers meant their role had expanded but that was not reflected in their pay or their banding. One said: "Communications has the lowest banded head of service in all of our corporate support services," while another echoed these concerns: "While I sit at board and executive team, and hold the same levels of responsibility/accountability, I am not even paid the equivalent of board members' deputies."

Some communicators pointed to a perceived lack of consistency in how they are remunerated compared to their peers working in other trusts. One said: "All the heads of communications in neighbouring NHS organisations are on higher bandings than I am yet our trust has considerably more reputational issues and has a larger more complex workforce. My role is a lot more pressurised and high profile than theirs."

Line management

Only 44% of respondents said they reported into their trust's chief executive, with senior communicators reporting into a range of other positions. But most were generally positive about the quality of relationship with their chief executive. Many referred to having daily interaction and an 'open door' policy enabling them to get things resolved quickly.

One communicator said: "The relationship and access is good despite not directly reporting to the chief executive. Line management by current director [corporate affairs director] provides additional benefits." Another said: "I have a good relationship with our chief executive. The chief executive has an open door policy and is very supportive of department. Very quick response to enquiries, is media trained, and is pro-active with staff engagement."

However, others said they had to work hard to access the chief executive at times and that not having a formal line reporting arrangement in place did complicate matters:

"I have a good relationship with chief executive and other execs. Although I report to director of HR, we have matrix working where I work to and for other execs, including chief executive. However, because I do not attend exec meetings etc, I often find myself finding out about issues/initiatives third hand with limited time to influence or recommend comms handling."

RESOURCES, CAPACITY AND SKILL MIX

In this section we explore the staffing and budget constraints that senior communicators are operating under and the impact this is having on their teams. A common picture emerges of trust communicators having to meet growing demands and a more complex workload with fewer staff and resources at their disposal.

Staff capacity

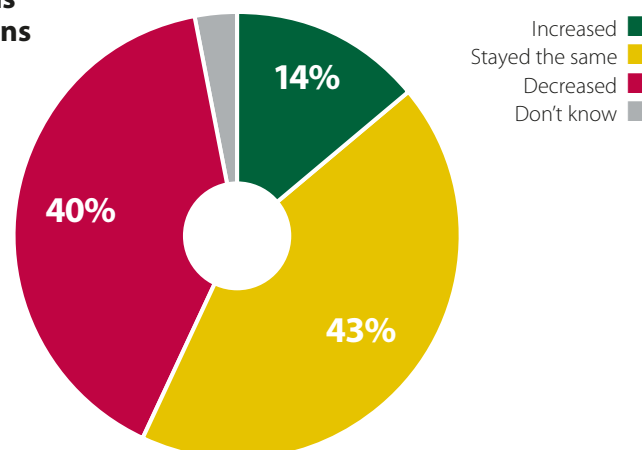
The size of communications teams varied significantly, with the lowest number of (full-time equivalent – FTE) communications staff employed by trusts being one person and the maximum 22.² This represents an average of seven FTE staff per communications team. The average vacancy rate within trust communications teams at the time of the survey was 15% of FTE staff – this is one person per team on average.

Not all communications staff working in trusts necessarily report into the most senior communicator. In just over half of trusts all staff providing marketing, communications and engagement services report into the most senior communications professional. However, this is likely to be an underestimate as a number of respondents who selected 'no' then commented that they report into a deputy who then reports in to the most senior communicator. Where not all communications staff report into the most senior communications professional at the trust, the comments received in the survey suggest it is staff working on public engagement activities who are most likely to report into a different manager within the organisation.

The financial pressure facing NHS trusts is well documented and this is unsurprisingly having an impact on staffing numbers for communications teams. As with other parts of the NHS, communicators are having to make efficiencies which has put pressure on their staffing numbers. Four in 10 respondents said their staff budget had been reduced over the past year. Only 14% reported that their staffing budget had increased.

Over the past 12 months has your communications staff budget:

(n = 129)



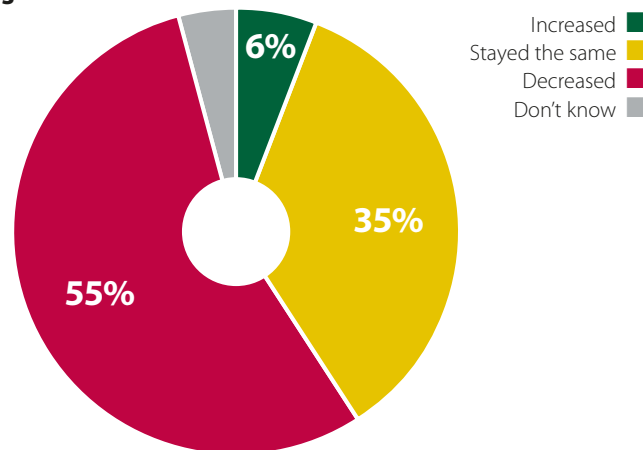
² 76 respondents provided data for both filled and vacant FTE posts, enabling us to calculate total FTE staff.

Non-staff budgets

These findings are mirrored in the impact on non-staff budgets, with over half of respondents having seen their discretionary (non-staff) budget reduced.

Over the past 12 months has your discretionary (non-staff) budget:

(n = 112)

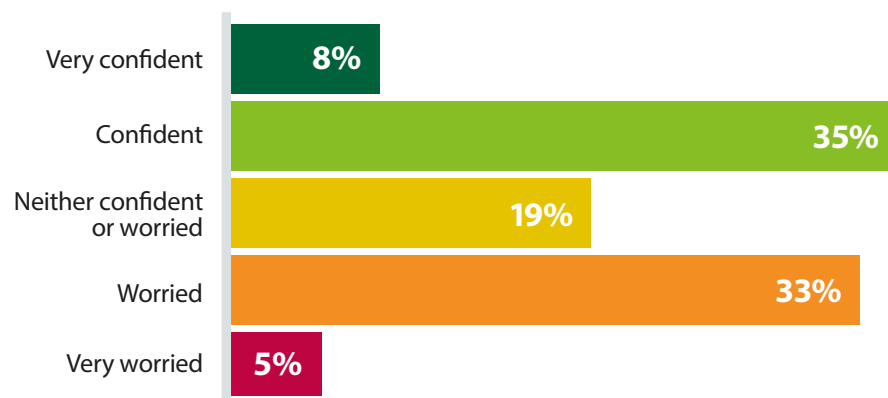


Do communications team have the right capacity, skill mix and resources?

Roughly the same number of senior communicators are worried about capacity, skill mix and resources as those who are confident about them. There is some variation by trust type, with almost half of respondents at acute trusts worried, compared to 22% at major acute teaching trusts. There is also variation regionally, with trusts in London more confident than those working in other regions.

How confident are you that you have the right capacity, skill-mix and resources in place in your department to provide effective communications for your trust?

(n = 130)



As such, comments varied between those that are content with the resources they have at their disposal and those that are concerned. However, the responses to the survey were striking in that even those communicators who were relatively content with their staff and non-staff budgets felt that they could contribute far more effectively to their trust achieving its strategic objectives if they had more resources. Major concerns were expressed over the need to make further reductions as part of cost improvement programmes.

One communicator said: "We have the right skills and resources but ideally increased capacity would help ensure we were able to support successful delivery of our trust's strategic objectives even more than we currently do."

Many communicators pointed to increasing demands on their teams from operational pressures and new initiatives, such as the need to support their local STP. This is resulting in senior communicators having to be more robust when it comes to identifying their priorities:

One said: "I have the right skill mix but not the right resources. With more and more changes to services (STP, temporary closures, operational pressures) the organisation needs to proactively communicate and engage more. And these lead to more fire-fighting and need for more media liaison, reputation management etc. My team is stretched and we don't get opportunities for marketing, social marketing, staff campaigns, and time to seek out good news."

Many communicators pointed to the impact of cost improvement plans having resulted in reductions to their staffing numbers and budgets which is making it very difficult to keep up with the demands placed on their teams. At the time of the survey some trusts were also undergoing a benchmarking exercise by NHS Improvement to compare their communications and engagement expenditure with other trusts, which some feared would result in further reductions. Comments provided by NHS Improvement to this report emphasise that these exercises are not intended to lead to reductions in spending but instead to map out where capacity gaps are and how best to fill them.

One communicator said: "CIPs have taken out 45% of our budget for comms and engagement over the last four years, while at the same time the ask has increased exponentially." Another said: "We are a high-profile, complex trust and investment in the communications team has not kept pace. The team was last restructured in 2013 to ensure we could make year-on-year savings, rather than looking at the communications support the trust needs and the skills within the team that we need to develop." Some communicators said this would result in short-term decisions that would result in a poorer outcome in terms of the quality of communications work they were able to undertake, for example one respondent said: "I have concerns about the benchmarking exercise being undertaken by NHS Improvement and the negative impact that may have if all trusts are asked to reduce comms spend rather than more innovative approaches being adopted e.g. demonstrating ROI [return on investment] and creating 'hubs' of comms expertise."

One common concern that came through was the frustration senior communicators are experiencing when seeking to recruit new staff. One respondent said: "It is proving

impossible to recruit staff with enough experience and ability to help us manage an incredibly fast-moving, news-heavy agenda in mental health. So we have constant vacancies, as staff join and find the job is not for them due to work pressures, or we find applicants are under qualified/experienced. Literacy skills are also a huge concern. This is the worst I have found comms recruitment to be after 30 years working in comms and journalism.” Another said: “There isn’t enough of a pipeline of skilled people coming through to be a part of the team. Recruitment has been difficult.”

Implications: shift to a more generalist model?

With senior communicators expressing increasing concerns over capacity, skill mix and resources, the vast majority reported that they regularly have skills and areas of expertise missing from their teams. Only 12% of survey respondents said they did not have any gaps. The most common areas of deficiency are: digital, social media, marketing and design. In particular, a number of communicators said their teams lacked expertise in public engagement techniques. Given the service changes likely to be taken forward in the NHS in the next one to two years as part of developing STPs, this is likely to present a vital skill gap.

Several communicators said they were having to restructure their teams due to financial constraints and growing workload pressures. In particular, a number of senior communicators either had, or were in the process of moving towards, teams based on a smaller number of generalists who could each cover a broader range of activities, rather than having larger teams with more specialist roles. Many suggested this was leaving their trusts short of specialist communications skills and expertise.

One respondent said: “I have restructured the team, putting in place a deliberately flat structure of communications generalists, to deliver more integrated comms working across channels – rather than having a media lead, internal comms lead etc.”

COMMUNICATIONS ACTIVITIES AND SHIFTING PRIORITIES

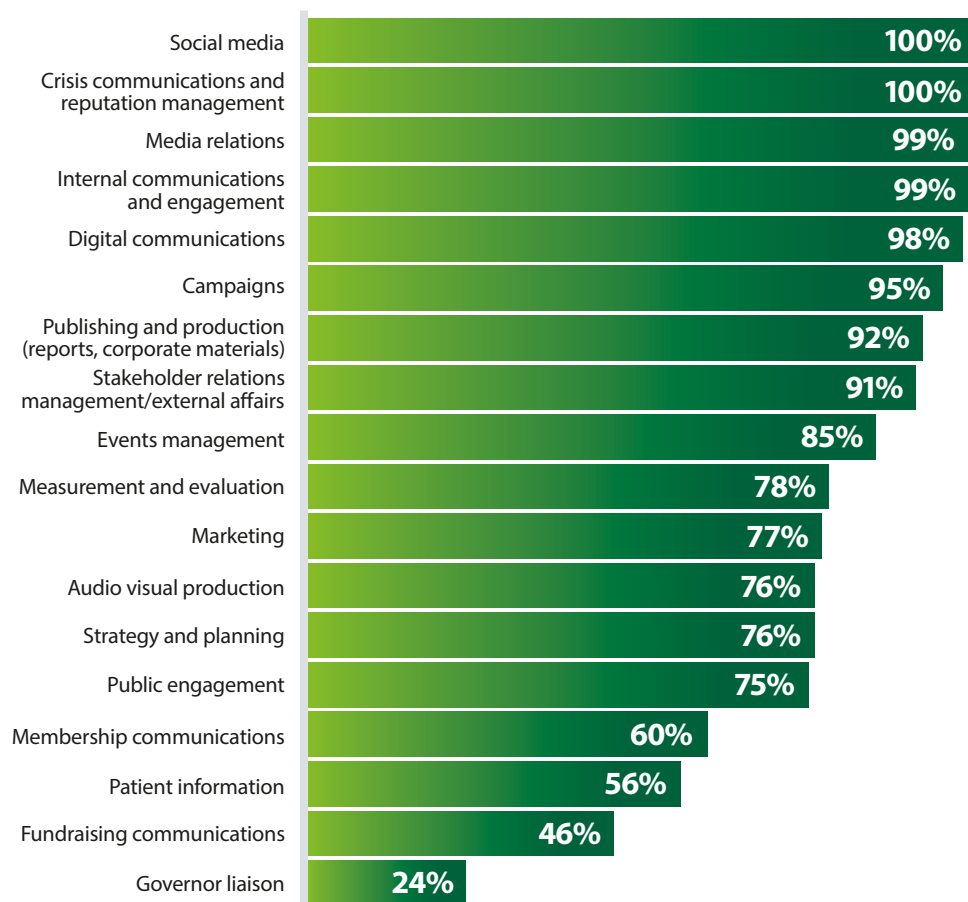
Most trust communications teams undertake a core of similar activities, but there is often variation depending on team size and other factors. In this section we explore this as well as how trust communications teams' priorities are changing given they are often being required to deliver more with less resource.

Priority areas of work

All respondents have social media and crisis communications/reputation management within their team's portfolio. Eight respondents said that all 18 activities listed in the survey question were within their team's portfolio, the lowest number was 7 and the average was 14 of the 18 activities.

Please indicate which of the below activities are in your (and your team's) areas of responsibility. Tick all that apply.

(n = 130)

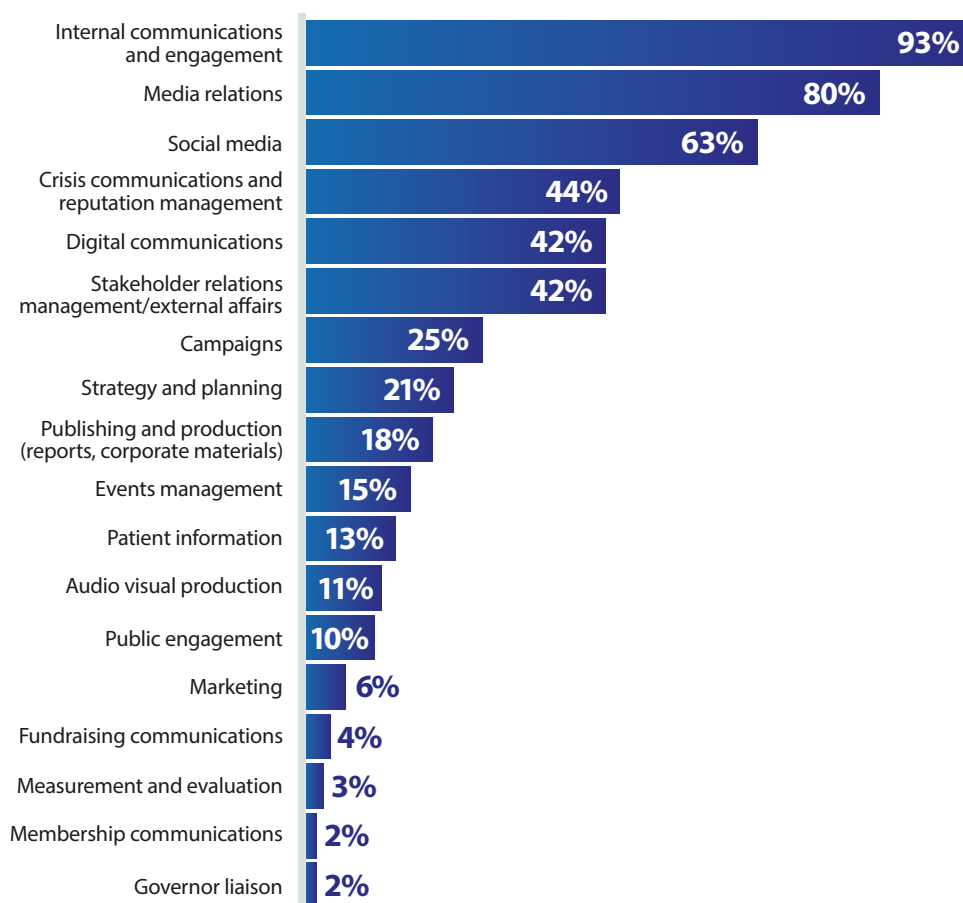


The most common activities not listed in the survey question that senior communicators have in their remit were: graphic design (though this was covered under the 'publishing and production' option); managing freedom of information requests; and volunteer services. A small number said that raising income through sponsorship and advertising was becoming an increasing part of their remit – in order to contribute to cost improvement plans.

In terms of the activities that senior communicators and their teams spend most of their time on, 93% of respondents listed internal communications and engagement, followed by media relations (80%) and social media (63%). It is notable how high crisis communications and reputation management come in the pecking order.

Of the activities you and your team are responsible for please indicate which 5 you spend the most time on.

(n = 130)



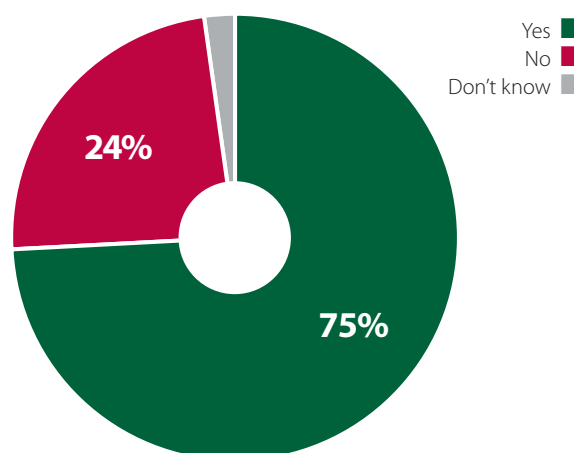
Changing priorities

Three quarters of respondents said they had noticed a change in their priorities over the past year, with a general view that they are having to deliver more with less resource. The main growth areas noted were:

- increased stakeholder and public engagement
- more strategy and planning
- more collaborative/partnership working
- increased focus on internal communications
- more focus on digital, social media and video.

Have you noticed a change in your priorities over the past year?

(n = 130)



It is clear from the comments provided in the survey that a significant number of senior communicators are spending more of their time focused on managing stakeholder relations and delivering public engagement activities as part of transformation initiatives.

One said: "We are doing more around change management and transformation communications, and working across organisations as one team." Another commented: "As we move towards consultation more stakeholder and public engagement required, including managing upwards (NHS Improvement and NHS England)."

Senior communicators said this has also resulted in the need for more focus on internal communications with staff. One said: "More internal communications focus due to trust-wide transformation programme." Another said: "Much more focus internally as we have a number of major projects – new hospital, cost improvement and patient flow. An increase, particularly over winter, in crisis comms around A&E, which is very time consuming. We are also working much more with other trusts as we explore mergers with other providers."

The other major growth area is in social media and digital communications, often linked to the need to engage more effectively and fully with the public over service change.

One theory as to why NHS communicators do not always enjoy parity with other senior managers working in trusts is that, individually and collectively, the communications profession may not be doing enough to demonstrate the strategic value and impact of what senior communicators and their teams do. The responses to this section of the survey demonstrated significant variation in how much time, energy and focus senior communicators are putting into evaluation. This is often determined by how much capacity teams have, with impact assessment activities often sacrificed – or undertaken at a more basic level – when teams are short staffed and over-worked.

The responses can broadly be categorised into three levels of activity:

Routine key performance indicator collection and reporting

The majority of communicators routinely collect and report back key performance indicators that measure activity – for example, digital statistics, social media mentions and media coverage. These are most often reported back to their trust's board on a monthly or quarterly basis, often with an associated dashboard. These approaches are on occasion supplemented with more advanced tools, such as annual staff surveys, communications and stakeholder audits, and formal assessment against strategic objectives – both overall or objectives set for specific campaigns.

One communicator said: "We provide a constantly evolving dashboard of stats, feedback, and anecdotal/visual evidence (e.g. attendance rates at events/briefings etc.). Lots of digital focus so stats and impact are getting easier to run off and view quickly," one said. Another commented: "We develop a quarterly communications dashboard which is reported to the executive directors and board. It maps and analyses our activity in terms of media, digital, brand and staff comms. We then also collate activity against five strategic priority themes, as agreed with the exec directors at the start of the year."

Ad hoc evaluation and impact measurement

However, the level of evaluation activity described above is often beyond many communications teams, who lack the resources to do this. Many respondents said evaluation is one of the activities that is most easily overlooked when they are short of resources.

One communicator said: "Measuring and evaluation only takes place on an ad hoc basis. This is due to the low number of staff compared to the high volume of work – often this isn't seen as a priority." Another said: "This is our most challenging area. Change is happening to demonstrate RoI [return on investment] for every job we do." More worryingly, one

communicator said: "People in the NHS unfortunately do not understand and therefore value the importance of corporate comms, as so much of our work is hard to measure (qualitative not quantitative) and we never have the budget for proper evaluation to demonstrate this. Where we are understood and valued (e.g. by board members) they are worried about the perception of investing too much in comms as we are not frontline or clinical."

Advanced forms of evaluation focused on measuring outcomes

A smaller number of communicators reported that they are trying to deliver more sophisticated impact assessment and evaluation of the work they do – for example, based on the changes in patient and public behaviour that their trust may be targeting, or how communications can contribute to improving the patient experience. A number of communicators cited formal evaluation frameworks that they are using to support this activity, for example the Government Communication Service's evaluation framework and AMEC's integrated evaluation framework.

One communicator said: "As part of how we work we establish KPI's for channels and activity based on strategic plan or objective. We monitor channel effectiveness, run staff and public engagement groups and use technology to review interactions. Official measures within the trust are mainly staff survey engagement and CQC feedback. We demonstrate through keeping our profile high and sharing our impacts with relevant, mainly internal, audiences."

Another commented: "I am steering the team towards evaluating what we do and trying to demonstrate how what we do impacts on the overall effectiveness of the trust. I do not want us to measure our success on how many press releases we issue or tweets we send but on the behaviour changes we can make happen and most importantly can we contribute to improving the patient experience."

STP-RELATED COMMUNICATIONS AND RELATIONSHIPS

6

Trusts are leading, and contributing to, the development of sustainability and transformation partnerships (STPs), as well as accountable care structures. At the heart of these initiatives is, and will be, the need for effective public engagement and consultation on plans for changes to the ways in which services are organised and delivered. This survey sought to understand how much time, energy and focus trust communications leaders are investing in supporting their local STPs.

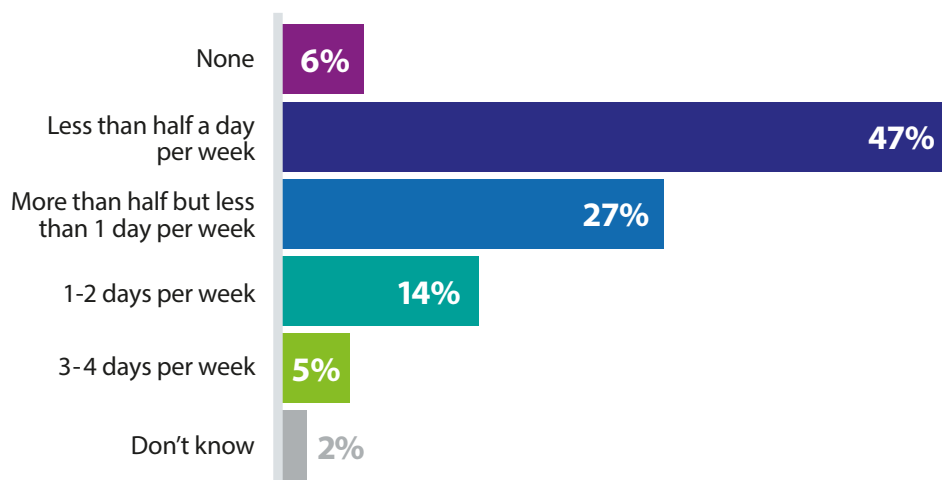
Time spent on STPs

Despite the findings in the previous section pointing to a shift in priorities towards a greater focus on stakeholder and public engagement as local trusts ramp up their transformation activities, eight in 10 communications leaders and their teams are spending less than a day a week on STP-related communications and engagement activity. There was some variation by trust type, with mental health trusts spending more time on this activity and ambulance providers less time. In terms of any regional difference, communicators working for trusts in the north reported spending less time than those working in other regions.

Some STPs are still at an embryonic stage so it is likely that the amount of time that trust communications teams devote to STP-related work will increase over the next year and beyond (and it is likely that these findings will have been an improvement on the situation a year ago). Given the importance of STPs, and the communications talent working within the provider sector, it is vital that trust communications leaders and their teams have the time and space they need to support these initiatives.

How much time are you and your team spending on STP-related communications activity?

(n=130)

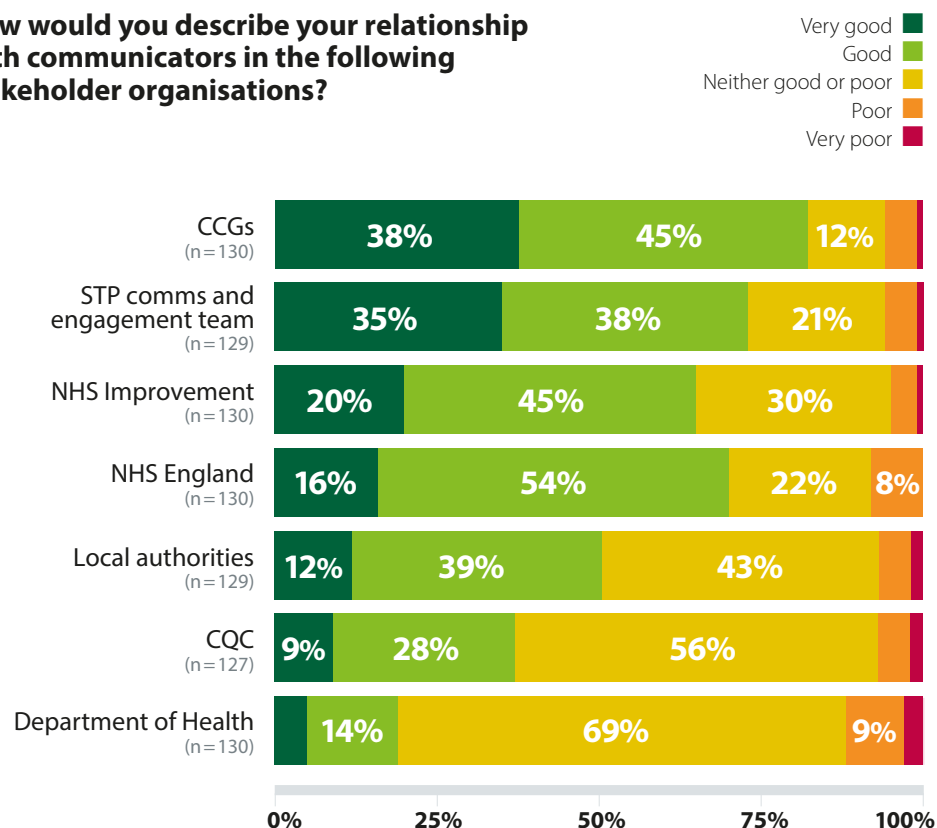


Relationships with communicators working in other organisations

Respondents were most positive about their relationship with communicators working in local clinical commissioning groups (CCGs) and least positive about their relationship with the Department of Health. Although this option was not included in the list, many communicators described their strongest relationships as being with communicators working in neighbouring NHS trusts.

Given the 2012 Health and Social Care Act sought to distance the Department of Health from day-to-day operational management of the NHS, it is perhaps unsurprising that very few trust communicators said they had good relationships with the Department of Health's communications department. For most trust communicators the relationships were non-existent, for example one said: "Due to changes in the DH team I don't feel as well connected as I would like to – it is difficult to build a relationship when you do not have a reason to be in contact regularly." Another commented more strongly: "DH comms is invisible."

How would you describe your relationship with communicators in the following stakeholder organisations?



Respondents were more positive about their working relationships with the national bodies, though many said their engagement with NHS England and NHS Improvement is most likely to be reactive and in times of crisis.

One said: "I don't feel we have much of a relationship with NHSI and NHSE and we only engage with them when we have regional approaches from the media or in big crises such as the cyberattack. They are always helpful when we do speak to them, though." Another commented: "NHS England provides little support at times of crisis and often hinders rather than helps, for example with lengthy teleconferences during severe pressure. We rarely hear from them aside from during crisis situations. They don't keep us in the loop. NHS Improvement team locally do their best to support us and I appreciate their hands are often tied but they do make an effort to keep us updated. We rarely hear from the DH unless they want us to facilitate a visit."

However, there was a lot of support for the quality of relationships trust communicators have with their opposite numbers working in the regional teams of NHS Improvement and NHS England. One said: "NHS Improvement North West England team is very supportive and helpful." Another commented: "Our relationships are very good with the NHS England London team." Another respondent said: "The NHSI regional comms team are clearly making efforts to be much better at this; something both valued and appreciated." However, a small number of respondents said that their respective contacts in the regional teams can at times be 'overbearing', for example: "Our regional NHS England team is also controlling – requiring sight of letters we're sending to patients about issues for example."

Relationships with STP communications and engagement teams – some of which are led by trust communicators – are clearly at an embryonic stage. One respondent said: "STP comms and engagement is only just getting going and there is only one person rather than a team." There was support among many communicators for working more collaboratively with communicators in other organisations through their STP, for example one said: "The trust straddles at least three CCG/local authority areas, so the STP provides the most useful forum for advancing trust-wide relationships."

However, for many trust communicators relationships with their local STPs are very underdeveloped, for example: "STP feels very detached/irrelevant when working in a large acute, particularly when the chances of major change to the way you work is unlikely at most. There is a lack of energy and clarity in STP comms – no clear timescales for what's happening, and platitudinous descriptions of what changes will look like."

With both staff capacity and budgets being constrained, the majority of trust communicators said they were fearful that their professional development, as well as that of their teams, is being held back. There were broadly three main factors identified by communicators that are having a harmful impact on training and developmental opportunities.

Constrained funding and staff capacity

This was the most common reason identified by senior communicators. For the majority of respondents, they and members of their teams not only lack the funding to undertake specialist training, but even if they did they would struggle to devote the time given the workload pressures they are experiencing. While the NHS is under significant financial pressure, with non-clinical areas likely to be most targeted for cost savings, these findings paint a worrying picture of communicators being increasingly squeezed with little or no time for professional development.

One said: "There are some training opportunities offered, but due to work pressure it is impossible to release staff for whole day (expensive) training – often in central London." Another agreed: "There are very few dedicated training opportunities, we have to push very hard to be considered for CIM/CIPR qualifications as well as courses and conferences. And even if we get approval, trying to find the time to accommodate this is very hard." Another commented: "There is little training budget and the courses I would wish to pursue require significant investment. This type of investment is either unavailable or focused on clinical areas."

A worrying development noted by one respondent is that they have to fund training out of their own pockets: "I have only rarely had any non-mandatory training and specialist comms training in the NHS. I have to pay for my own CPD. I do not think that communications is a valued profession within the NHS." Those in other trusts have also been barred from 'non-essential travel' which prevents them from attending external courses.

Lack of training opportunities in the regions

Closely linked to the issue of constrained budgets and staff capacity was a further barrier cited by communicators – what many perceived as a lack of training and development opportunities outside of London. Many communicators said they would attend more training sessions if they were held in their region, for example:

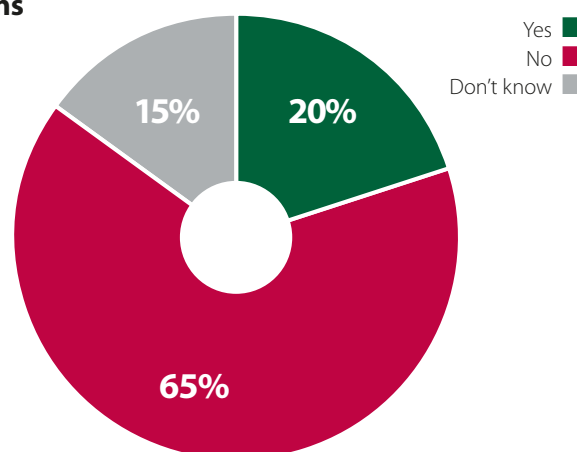
Another commented: "Accessing training is difficult as many of the opportunities are London-based and we have been required to reduce our budget for travel – this feels unfair on employees based at distance from the centre and there is therefore an inequity of training and development."

A perceived lack of support from the national bodies

Respondents were asked whether they thought communications professionals working in trusts are receiving enough training and development from within the NHS system. Only one in five respondents thought they were. When comparing this to the number of continuing professional development (CPD) hours respondents commit per year – those who feel there are enough training and development opportunities commit on average 71 hours per year, whereas those who do not commit on average 40 hours per year.

Do you think communications professionals working in NHS trusts are receiving enough training and development from within the NHS system?

(n = 130)



While the majority of trust communicators do not think there is enough training and development from the NHS system, this view is likely to change given the extra focus that both NHS Improvement and NHS England have put into communications development activities in recent months. Shortly before the survey for this report was undertaken, NHS Improvement and NHS England announced a new development programme for NHS communicators across all levels and parts of the system. The programme consists of four key elements:

- 1 A bespoke post-graduate NHS communications qualification aimed at Band 7 and 8 communications professionals “who wish to develop their knowledge and who aspire to positions of leadership in NHS professional communications”. This is a part-time post-graduate course that is being delivered in partnership with the Centre for Health Communication Research and Buckinghamshire New University.
- 2 Regional communications and engagement workshops – the national bodies now run bi-monthly regional communications and engagement development workshops which aim to “improve practical skills as well as understanding of the more strategic elements of communications and engagement vital to delivering NHS objectives locally, regionally and nationally”.

- 3 Mentoring scheme – designed to support NHS communicators at all levels. The national bodies are looking for senior NHS communications professionals to mentor those in their local area or region.
- 4 A new online network – CommsLink – for NHS communicators to share best practice and engage in discussions.

This sits alongside the more general, proactive support that NHS England and NHS Improvement provide to communicators by, for example, speaking at external events run by organisations such as NHS Providers and the Association of Healthcare Communications and Marketing, as well as helping to judge NHS communications awards.

Given the renewed commitment from both NHS Improvement and NHS England to widen the range of training and development opportunities for NHS communicators, it is therefore likely that perceptions may well change at the time of our next survey later in 2018. This had already been noted by one or two respondents, for example: “This is getting better. NHSI’s comms development programme is good, and as the system settles after its many upheavals, NHSE and NHSI are bringing back the comms networks which are so helpful,” one said.

Finally, a number of respondents called for greater links between the NHS communications profession and professional bodies such as the Chartered Institute for Public Relations (CIPR) and the Chartered Institute for Marketing (CIM). As we touch on during the final chapter of this report, this may also be useful in developing a more formal career pathway for NHS communicators.

FUTURE CHALLENGES

There was a clear consensus among those who took part in the survey on what they regard as the primary challenges facing NHS trust communicators in the future. The most commonly cited top five challenges were:

- 1 Delivering more activity with less resource:** the number one challenge identified by senior communicators was how to respond to a growing and more complex workload with less resource – both in terms of staff capacity and non-staff budgets. The majority of respondents cited this, with many expressing concerns that shrinking budgets will leave them short of specialist expertise and increase reputational risk.
- 2 Effective engagement as part of transformation initiatives:** engaging with the public, staff and stakeholders over major service changes, especially as part of STPs and the move to accountable care structures, was almost universally recognised by senior communicators as an area that will require more time, focus and sophisticated approaches. A number of respondents pointed to a lack of experience and expertise in conducting public engagement exercises. Many respondents also voiced concerns over how their trusts and local partners will be able to work effectively together to engage meaningfully with an often sceptical public when it comes to major service change. Many see one of the solutions to this challenge to be more integrated working between trust, commissioning and local authority communications teams, as well as between the communications departments of neighbouring trusts.
- 3 Recruiting and retaining high-quality staff:** many respondents cited difficulties they are experiencing in recruiting and retaining high-quality staff. Financial pressures are making it increasingly difficult for senior communicators to staff their teams effectively. Many commented that a more complex and demanding workload, combined with a lack of training and development opportunities, is making NHS trust communications a less attractive career option. A lack of career structure and development pathway is also regarded by many as a barrier to the profession.
- 4 Keeping up with new technologies and innovations:** many respondents expressed concerns about being able to think creatively about how to develop innovative, evidenced-based practice within the context of constrained budgets and smaller teams – often with fewer specialists in post. Many felt that they were not able to adopt new technologies to improve the ways in which they communicate because of a lack of time and expertise. Many said they felt a lack of 'digital maturity' within their trusts is holding them back from more fully using digital tools and shifting their approach from more traditional media channels.
- 5 Demonstrating return on investment:** a final key challenge identified by senior communicators is how best to demonstrate impact and return on investment. A number of respondents said they felt under increasing pressure to find more effective ways of demonstrating impact in the face of increased scrutiny on communications expenditure and that of other so-called back office functions.

CONCLUSION

Strategic communications should be at the heart of all effective organisations, including NHS trusts. The leadership and expertise provided by communications professionals has a vital role to play in supporting the NHS to improve the patient experience and deliver more effective engagement with local communities, staff and key stakeholders.

This report offers both hope and concern for the future of NHS trust communications. The positive aspects are the growing awareness among senior NHS leaders of the critical role strategic communications can play in enhancing the patient and public experience; ensuring trusts engage more effectively with their staff; helping to achieve desired behaviour change; and in helping to manage the communications challenge presented by STPs and the move to accountable care.

However, the rich feedback provided to this report shows that there is still a long way to go before the communications profession takes its place at the NHS 'top table' alongside other professions. For example, despite many communications leaders within trusts enjoying good access to their chief executive, less than half formally report into the chief executive and less than a quarter sit on the board. More worryingly, the report paints a picture of a pressured and over-worked profession, with fewer staff, too many demands and not enough opportunities for professional development.

On the basis of what we have heard from our survey and interviews, there are several important issues that require focus and attention from national NHS bodies, those leading trusts and communications leaders themselves:

- **Investment and support in NHS communications:** there is a continued need for investment in communications and support for its leaders to ensure the profession does not slip from being a strategic function to a more service-level one. The danger is that – in the rush to deliver against highly challenging cost improvement plans – some roles are downgraded, resources are stripped back, and communications leaders are left without the resources they need to achieve parity with other board-level positions.
- **Demonstrating strategic value:** the pressure is on communications leaders to demonstrate the impact of what they do as any funding not deemed to be spent directly on patient care is increasingly scrutinised. This challenge is made much harder by a lack of budgets for formal impact assessment and evaluation. Trust communicators need to be supported by national bodies and others to make best use of formal evaluation frameworks, such as the Government Communication Service's evaluation framework. Organisations such as NHS Improvement, NHS England and NHS Providers should continue to share best practice in this area and support those leaders who are particularly struggling to measure and demonstrate impact.
- **Safeguarding training and development:** staffing and other budget cuts are leaving little or no funding or time for professional development for many communications leaders and their teams. In a welcome development, NHS Improvement and NHS England have renewed their focus on supporting communications development with a new programme launched in 2017. These activities have been well received but the

support is often beyond the reach of many communicators. Two practical measures recommended by many communicators involved in this report are: more workshops to be held in regions outside of London, and for more online workshops to be hosted (backed by CPD points). Both would enable more communicators to benefit from training and development at minimal cost to trusts.

- **More formal career pathways:** combined with a more demanding workload and a lack of training and development opportunities, the absence of a career structure and clear development pathway for communicators is regarded by many as an increasing barrier to future recruitment. There is no requirement for professional qualifications for most communications roles and staff do not need to belong to a professional body, such as the CIPR, to practice. Many senior communicators believe a more formal career pathway needs to be developed for NHS communicators. This is something that could be explored as part of the NHS communications profession developing closer links with bodies such as the CIPR and CIM.
- **Protecting specialist skills:** it is important that any benchmarking exercises being undertaken by NHS Improvement into trust communications expenditure – as part of a wider look at ‘back office’ functions within trusts – take a holistic view of the value of strategic communications and the impact it can deliver. It is vital that these exercises do not compound the capacity and skills gaps that have left many trusts with shortages in some key areas – it is notable that only 12% of respondents to this survey said they did not have any gaps in their teams. With a lack of non-staff budgets to be able to commission in this expertise, it is essential that specialist communications skills are not eroded further.
- **Sharing communications capacity and expertise and partnership working:** one potential solution to the capacity gaps and deficit in specialist skills that is being experienced by some trusts may lie in neighbouring trusts sharing communications capacity and expertise on a more informal basis. More generally, there is a need for greater partnership working on communications between neighbouring trusts, as well as between trusts and their CCG and local authority counterparts. This will be particularly important when trusts and their local partners need to engage effectively with an often sceptical public when it comes to major service change. As part of this, we need to find ways of supporting hard-pressed communications leaders in trusts to play an active role in supporting the communications and engagement work of STPs.

Given the lead role trusts are playing in transformation initiatives, there is a strong onus on trust communications leaders themselves to play a key role in their STPs as they begin to gather pace. They represent some of the NHS’ most talented communicators and need to be actively involved as STPs move from plans to concrete proposals for service change.

The success communications leaders in trusts, the national bodies and other parts of the health system have in responding to these challenges will go a long way towards helping elevate the NHS communications profession to the strategic function it aspires to be.

References

- Amec, (2016). *Integrated evaluation framework*. [online]
Available at: <https://amecorg.com/amecframework> [Accessed December 2017]
- Government Communication Service, (2016). *GCS evaluation framework*. [online]
Available at: <https://gcs.civilservice.gov.uk/wp-content/uploads/2016/01/GCS-Evaluation-Framework.pdf>
[Accessed December 2017]
- Local Government Association, (2017). *Heads of communications survey*. [online]
Available at: https://www.local.gov.uk/sites/default/files/documents/Heads%20of%20Communications%20Survey%20Report%202017%20-%20Final_0.pdf
[Accessed December 2017]
- NHS Improvement, (2017). *CommsLink network: connecting and supporting all NHS communicators*. [online]
Available at: <https://improvement.nhs.uk/resources/commslink-network-connecting-and-supporting-all-nhs-communicators>
[Accessed December 2017]
- NHS Improvement, (2017). *Communications development programme*. [online]
Available at: <https://improvement.nhs.uk/resources/communications-development-programme>
[Accessed December 2017]
- NHS Improvement, (2017). *Regional communications and engagement workshops*. [online]
Available at: <https://improvement.nhs.uk/resources/communications-development-programme/#workshops>
[Accessed December 2017]

Acknowledgements

This report would not have been possible without the time and effort that 130 NHS trust communications leaders took in completing the survey, which forms the centrepiece of the report. We are also grateful to the small group of trust communications directors who have provided guidance throughout the project, both in terms of inputting to the design of the survey and providing comments on earlier drafts. More generally, we are grateful to the communications directors, and their colleagues, from NHS England and NHS Improvement who have engaged with the project and who continue to support the development of NHS communications.

Suggested citation

NHS Providers (January 2018), *The state of NHS provider communications 2017/18*

Interactive version

This report is also available in a digitally interactive format via:
www.nhsproviders.org/state-of-nhs-provider-communications-201718

NHS Providers is the membership organisation and trade association for the NHS hospital, mental health, community and ambulance services that treat patients and service users in the NHS. We help those NHS foundation trusts and trusts to deliver high-quality, patient-focused care by enabling them to learn from each other, acting as their public voice and helping shape the system in which they operate.

NHS Providers has 99% of all trusts in membership, collectively accounting for £74bn of annual expenditure and employing more than one million staff.



One Birdcage Walk, London SW1H 9JJ
020 7304 6977
enquiries@nhsproviders.org
www.nhsproviders.org
[@NHSProviders](https://twitter.com/NHSProviders)

© Foundation Trust Network 2018

NHS Providers is the operating name of the Foundation Trust Network
Registered charity 1140900
Registered in England & Wales as company 7525114
Registered Office
One Birdcage Walk, London SW1H 9JJ