

The state of NHS communications

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FOREWORD

Strategic and effective communications is at the heart of high performing organisations in the NHS.

Communications professionals play a pivotal role in ensuring their organisations engage effectively with patients, service users and local communities, helping local people understand how to access NHS services and how to prevent illness.

They also lead on staff engagement with the NHS' 1.4 million front-line employees – a critical task given the NHS is the UK's largest employer, and the fifth largest employer in the world.

When done well, communications teams working in the NHS undertake a range of activities that help improve care for patients, make better use of resources and to help achieve the key objectives of their organisations.

NHS leaders increasingly recognise the strategic contribution that communications and engagement can make to their organisations and local systems. But the communications profession remains on a journey to achieving full recognition as the strategic management function that it aspires to be.

To help NHS communicators better understand the progress of their profession, the NHS Confederation, NHS Providers and Centre for Health Communications Research have published what we believe to be the first ever benchmarking analysis across all parts of the English NHS communications profession. The centrepiece of the report is a survey of the most senior NHS communicators working primarily in NHS trusts and integrated care boards.

A number of key issues have emerged from the research and are set out in this report. While the profession is embracing new technology and new ways of working to play their part in improving health outcomes for local communities, communications teams are being asked to manage higher and more complex workloads but with fewer resources. The report also outlines some critical areas where the profession is not making progress – in particular, we continue to see a concerning lack of diversity among our most senior roles.

We hope this report provides fresh impetus for these issues to be addressed. Our respective organisations are committed to supporting our members and working in partnership with others to find solutions that address the underlying causes.

Daniel Reynolds Director of Communications, NHS Confederation

Adam Brimelow Director of Communications, NHS Providers

John Underwood Director, Centre for Health Communication Research
(Buckinghamshire New University)



The Freshwater healthcare team has been supporting NHS communicators for over 25 years. We are proud to be associated with the NHS, a service that was once described as ***“not just a great institution but a great, unique and very British expression of an ideal – that healthcare is not a privilege to be purchased but a moral right secured for all.”***

The NHS is a truly universal service, and it is becoming an ever more personal service too. Patients are no longer the passive recipients of care. We live in an age of patient power and patient engagement with people seeking more control over their own health and healthcare.

And increasingly this move towards greater engagement and involvement requires ever more professional and effective communication. It is increasingly clear that good communication is an essential ingredient of great patient experience and good patient outcomes.

At Freshwater we find that across the NHS the very best chief executives recognise the value of strategic communication, but too often communication is seen as an optional extra, an added thought, bolted on to a project at the last minute, if at all.

And this is why we welcome the publication of this report and why we are proud to have sponsored it. This comprehensive benchmarking exercise helps everyone to understand how health communication is developing, where we are making progress and where we need to do more. It is an important next step in the professionalisation of health communication.

It is time for communicators to have their place recognised as valued NHS professionals, to exert greater influence at board level to achieve greater impact in the interest of patients.

This report is the next step.

Nick Samuels

Director of Healthcare, Freshwater



The state of the NHS is always a key topic of conversation among the public, politicians and media alike, but in an election year it is particularly important.

Whilst many people are increasingly concerned about the state of the NHS, for others it is still a source of national pride. What's true is that everyone has an opinion, particularly politicians, and NHS organisations need fully resourced communications teams.

This means that NHS communicators, charged with protecting and enhancing the reputation of their organisations, have a significant responsibility. However, as these findings make clear, it's a task that is increasingly challenging, with stretched resources and squeezed budgets and frustratingly, continuing perceptions that communications isn't as important as other NHS management functions.

Effective strategic communications can bring significant and measurable benefits. As well as improving local healthcare providers' reputations – and therefore helping to mitigate negative national headlines – effective external communications can help ensure local people know where to go for different services and good internal communications can make staff feel valued. Crucially, well-planned strategic communications and stakeholder engagement can also help ensure that service changes go smoothly, rather than become mired in local politics.

This report demonstrates that there is a need for better understanding within NHS boards and management of the importance of NHS communications teams and for continued investment. Until that change happens, communications leaders will need to think carefully and creatively and consider seeking external support when required. As well as embracing artificial intelligence (AI) and other new technologies, this could include more integrated working with other regional healthcare teams, creating assets that can be shared and tailored and fully maximizing all available communications channels.

Effective communications doesn't have to be expensive, but it does need to be strategic and respected by senior NHS leaders.

Ross Laird
Director, Grayling



KEY POINTS

This report from the NHS Confederation, NHS Providers and Centre for Health Communications Research sets out what we believe to be the first ever benchmarking analysis across all parts of the English NHS communications profession. The centrepiece of the report is a survey of the most senior NHS communicators working primarily in NHS trusts and integrated care boards (ICBs). The following key issues have emerged from the research.

Practitioner demography

The most senior communications leaders working in the NHS are likely to be female, white, have an undergraduate degree, and almost three quarters have a specific qualification in communications.

Lack of ethnic diversity

The NHS communications profession, like the wider communications profession, has long held the ambition to improve the ethnic diversity of its workforce, including among its most senior leaders. This survey appears to indicate that we are going backwards on this front, with less than 5% of the most senior NHS communications professionals from an ethnic minority background. In addition, almost two thirds (61%) of senior NHS communicators say they do not have a communications workforce that is representative of the local communities they serve.

Gender and gender pay gap

Just under three quarters of the most senior NHS communicators are women (72%) compared to 28% who are men. However, a higher proportion of those senior communicators who are male (31%) are on the NHS' highest pay band (VSM) compared to the proportion of women (20%).

Reporting arrangements

Just under half of senior communicators report directly into their organisation's chief executive, with the remainder reporting into a variety of other executive-level roles. Less than half (46%) are on the executive team of their organisation, while the vast majority (78%) are not on their organisation's main board. This may be a factor in why almost half of respondents (49%) say they do not have a communications strategy that has been signed off by their board.

Parity with other professions

Turning to perceptions of how valued or otherwise senior communicators feel, almost two thirds (63%) say they feel adequately remunerated for the role they perform. However, only 42% feel they have parity with other members of their executive teams.



Capacity and resources

With NHS finances under considerable strain, it is not surprising that NHS communicators are feeling a squeeze on their pay and non-pay budgets. Just over a quarter (26%) say their budgets for staff have been cut over the past year, with a higher number (34%) reporting a reduction in their non-pay budgets. Training and development budgets are also being hit: almost two thirds say they do not have adequate training budgets, increasing the risk that communications staff will not be supported to learn new skills and maximise their potential.

Recruitment and retention

Given the wider contraction in the labour market, it is perhaps not surprising that some NHS communicators are struggling to fill vacancies, with more (39%) saying they find it difficult compared to (32%) who find it easier. Overwhelmingly, the single biggest reason given for why it is hard to fill vacancies is a low number of applicants with the right skills, knowledge and expertise.

Ways of working

Ways of working have changed significantly since Covid-19, and these findings reflect that with a wide range of working patterns. Most teams tend to adopt a hybrid approach, with a minimum number of days in the office combined with some home working. Asked if working practices have improved or deteriorated since the pandemic, the response is broadly positive, with 50% saying it has improved. Better technology and a culture shift towards more flexible, agile, working to allow teams to operate in a more hybrid way are cited as the main factors.

Challenges

Respondents were asked to outline the factors that had most influenced their team's work and priorities during the last year, with the biggest challenges being constrained budgets and organisational change, lack of staff, burnout and industrial action.

Looking ahead

The most common two challenges cited by senior communicators for the year ahead are: firstly, responding to the worsening reputation of the NHS locally and nationally, and, secondly, dealing with the impact of budget cuts and staff reductions in communications roles at a time of expanding work demands.

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INTRODUCTION

The centrepiece of this report is a survey of NHS communicators working in the following front-line organisations:

- NHS acute, mental health, community and ambulance trusts
- Integrated care boards
- A smaller number of responses were received from primary care networks/federations, voluntary and independent sector providers, and Health Innovation Networks (these organisations were included as they are members of the NHS Confederation).

Methodology

The survey was targeted at the most senior communications professional working in each organisation. We asked that the most senior individuals completed the survey to ensure that the benchmarking data provided was as accurate as possible (we did not want to have multiple versions of the 'truth' from different individuals working in the same organisation). However, we also received responses from other communications professionals working in these organisations.

In total, we had 194 responses to the survey; 130 of those individuals identified themselves as the most senior communicator working in their organisation. These are primarily at director level (see table below for breakdown).

For the purposes of this report, we have primarily analysed the sample of the most senior communicators. This is 130 communicators working primarily across NHS trusts and ICBs. By our estimates, this represents just under half the total number of the most senior communicators working in NHS trusts and ICBs. We are aware that some of the 194 respondents we received in total may have been responding on behalf of their director, but we cannot be sure and therefore have not used these responses in our analysis.

The survey was launched on 16 January 2024 and closed on Tuesday 30 January.

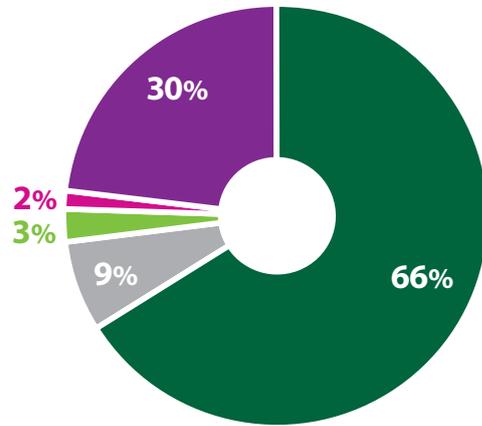
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Response breakdown

Figure 1
Organisation type

(n=130)

- NHS trust
- ICB
- Primary care network/Federation
- Voluntary sector provider
- Other



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FINDINGS

In this section we outline the main findings from the survey across the following key areas:

- Practitioner demography
- Lack of diversity and gender pay gap
- Reporting arrangements, parity with others and job satisfaction
- Capacity and resources
- Ways of working
- Challenges of the past year
- Challenges and priorities for 2024-25.

Practitioner demography

The most senior communications leaders working in the NHS are likely to be female, white, have an undergraduate degree, and two thirds have a specific qualification in communications (a third do not).

Just under three quarters are women (72%) compared to 28% who are men (no one identified as non-binary/third gender). This is not necessarily a surprise as the majority of NHS staff are female – NHS Digital analysis estimates that 77% of the NHS workforce is female.¹

There has tended to be a minority of women in the most senior roles in the NHS, and the latest CIPR 'Census' report² found that while 60% of communications practitioners are women, only 46% of directors identify as female. This is not a like for like comparison with our analysis as the CIPR's survey examined communications professionals at all levels across the wider profession, whereas we have examined the most senior communicators working in the NHS. However, it does suggest the NHS communications profession is doing better on this front. However, this finding is clouded by differences in pay between the genders which is explored in the next section.

When it comes to the age profile of senior communicators, most are either aged between 45-54 (42%), 35-44 (35%) or 55-64 (22%). Most have between 21-25 years of experience (30%) or between 16-20 years (25%).

Virtually all senior communicators have at least an undergraduate degree (91%); only 9% do not.

1 NHS Digital:
<https://digital.nhs.uk/news/2018/narrowing-of-nhs-gender-divide-but-men-still-the-majority-in-senior-roles>

2 <https://newsroom.cipr.co.uk/cipr-releases-analysis-of-census-data-shedding-new-light-on-pr-population/>

2

Almost three quarters (74%) have a formal communications qualification, such as the CIPR diploma, CIM diploma or another post-graduate qualification in communications. A quarter do not.

There is a wide range in the pay bands that the most senior communications professionals in the NHS are on. The single most identified pay band is the Very Senior Manager (VSM) band (23%), with 18% on the second highest pay band (band 9). A further 19% are on band 8d; 15% on 8c; 9% on 8b; 8% on 8a. Four per cent are on band 7, the lowest pay band reported.

Figure 2
How would you describe your gender?

(n=130)

■ Female
■ Male
■ Non-binary, third gender

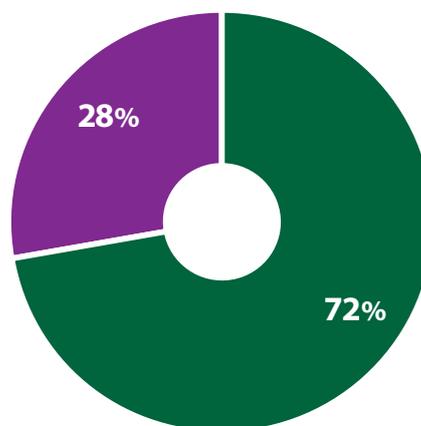
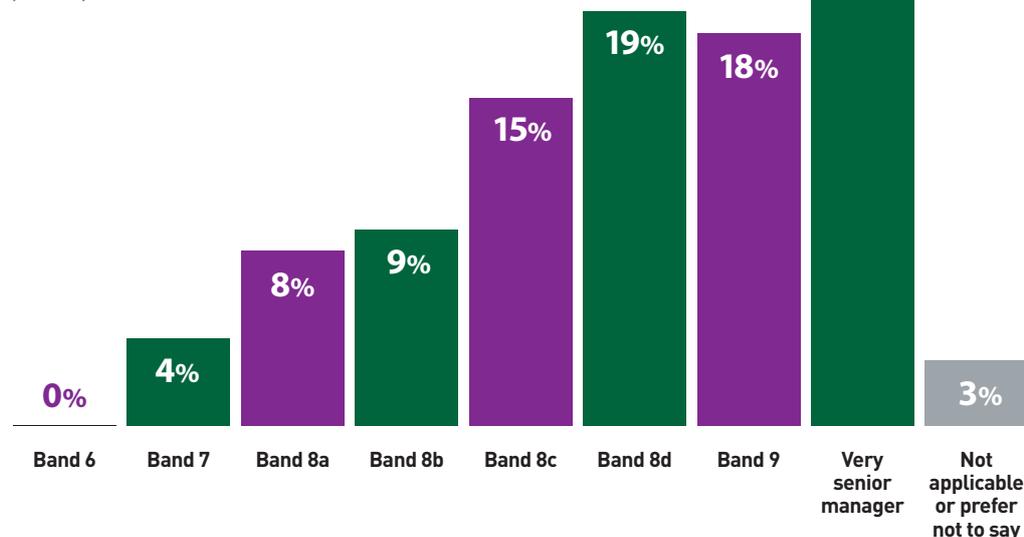


Figure 3
If you work in an NHS organisation, what band are you?

(n=130)



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Lack of diversity and gender pay gap

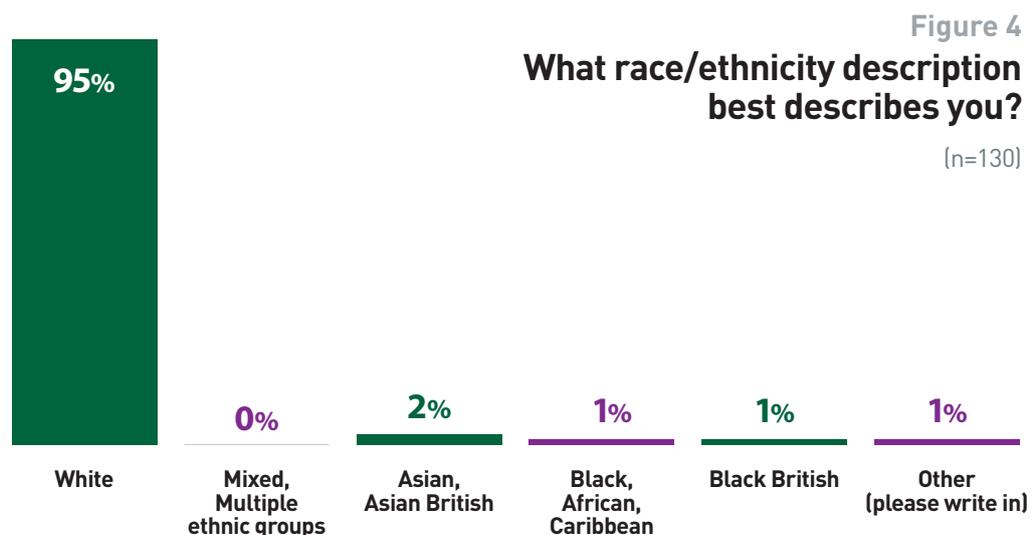
The overwhelming majority of the most senior communications professionals in the NHS are white: 124 out of the 130 respondents identify as white, with only six identifying as being from an ethnic minority.

Given this is the first time that such a comprehensive benchmarking analysis has been undertaken, we do not have an accurate baseline to compare with. We will do this annually in future and will therefore be able to track progress more accurately.

However, a report published by NHS Providers in January 2018 into the communications profession within the NHS trust sector found that 7% identified as being from an ethnic minority background (out of 127 respondents).³ This compares to 4.6% in our more comprehensive sample. And when we examine all 194 responses in our survey, only eight individuals identify as being from an ethnic minority background. This points to an even lower level of ethnic diversity within the NHS communications profession, at 4.1%.

The latest CIPR 'Census' report⁴ found that 12% of the profession identify as being from an ethnic minority background. As outlined above, this is not a like for like comparison due to the differences in seniority between our respective survey samples. However, our findings indicate that the NHS communications profession is less ethnically diverse than the wider communications profession, and also that it is going backwards on this front. As we recommend later in this report, we need to do more to recruit and retain a more ethnically diverse leadership within the NHS communications profession.

Perhaps unsurprisingly given these findings, almost two thirds (61%) of senior NHS communicators say they do not have a communications workforce that is representative of the local community they serve. Only 38% say they do.



3 State of NHS Provider Communications 2017/18: <https://nhsproviders.org/state-of-nhs-provider-communications-201718>

4 <https://newsroom.cipr.co.uk/cipr-releases-analysis-of-census-data-shedding-new-light-on-pr-population/>

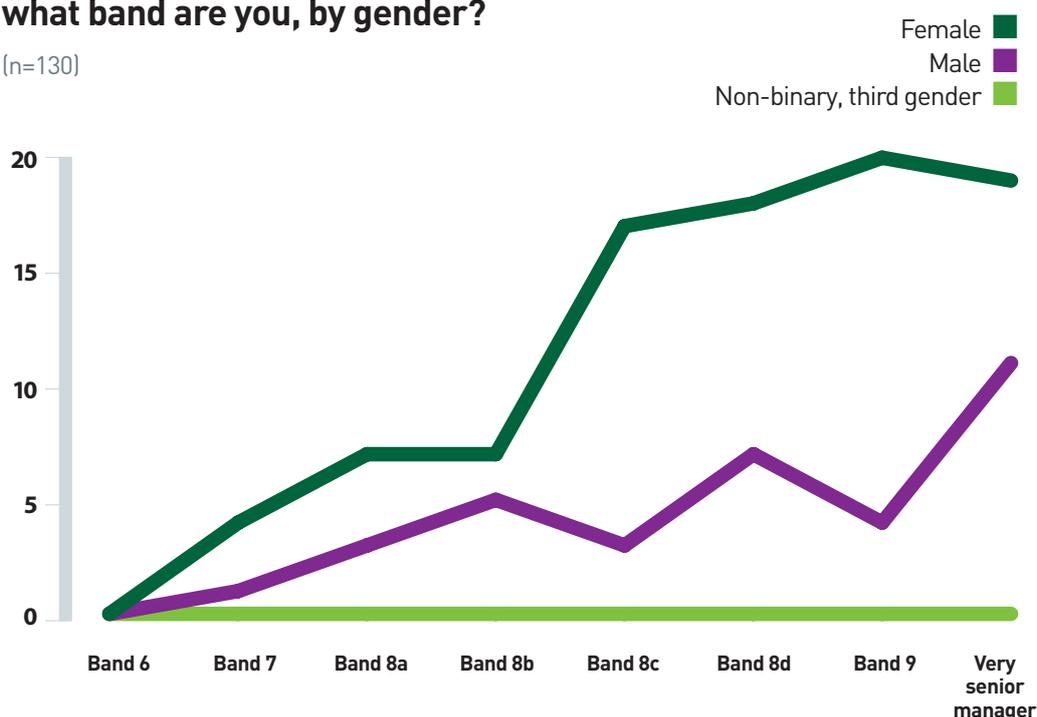
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Turning to gender pay, there has long been an inequality between men and women when it comes to the level they are paid for the same roles. This gender pay gap persists in some parts of the economy, but as a whole the UK gender pay gap has fallen by a fifth to 14.3% in 2023.⁵ Within the NHS, analysis by The King’s Fund shows that there have been falls across all health and social care roles, with the biggest fall being for doctors where the gap has fallen from 20.9% to 5.5%. They report that “females are now paid marginally more than male workers – median pay is 3p more for care workers and 16p more for nurses”.⁶

While this points to progress towards equal access to opportunities in these professions, our analysis of the NHS communications profession indicates some concerning findings. As reported above, while the majority of the most senior NHS communicators are women (72% compared to 28% of men), a higher proportion of those senior communicators who are male (31%) are on the NHS’ highest pay band (VSM) compared to the proportion of women who are on VSM (20%). The next pay band down – Band 9 – sees this situation flip, with 21% of women on band 9 and 11% of men.

Figure 5
If you work in an NHS organisation,
what band are you, by gender?

(n=130)



5 Gender pay gap in the UK: 2023, Office for National Statistics: <https://ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/genderpaygapintheuk/2023>

6 Why there’s still work to be done to close the gender pay gap in the NHS and social care, The King’s Fund: <https://www.kingsfund.org.uk/insight-and-analysis/blogs/still-work-to-be-done-gender-pay-gap>

2

Reporting arrangements, parity with others and job satisfaction

It is not necessarily the case that senior communicators have to report into their chief executives for communications to be considered to be at the 'top table' in those organisations. However, it is regarded by some as a useful indicator of the parity that communications has with other professions within NHS organisations.

In our survey, just under half (47%) of respondents report directly into their organisation's chief executive, with the remainder reporting into a variety of other executive-level roles (for example, deputy chief executive, strategy director, director of people/HR). Again, although this is not a like for like comparison, this compares to a figure of 44% for the NHS Providers report in 2018.

Less than half (46%) of respondents are on the executive team of their organisation, while the vast majority (78%) are not on their organisation's main board. This may be a factor in why almost half of respondents (49%) say they do not have a communications strategy that has been signed off by their board, compared to 47% who do.

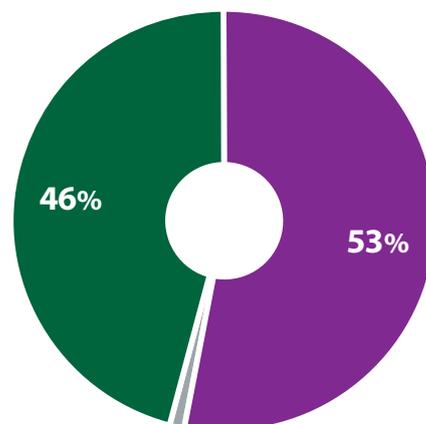
Turning to perceptions of how valued or otherwise senior communicators feel, almost two thirds (63%) say they feel adequately remunerated for the role they perform. However, only 42% feel they have parity with other members of their executive teams.

There is a marginal split when it comes to how likely senior communicators are to remain in their jobs or look for a new role over the next 12 months, with slightly more (41%) planning to look for a new job compared to (39%) who are expecting to stay in their role.

Figure 6
Are you on the executive team of your organisation?

(n=130)

- Yes
- No
- Not applicable / prefer not to say



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Figure 7
Do you report directly to your organisation's chief executive?

(n=130)

■ Yes
■ No
■ Prefer not to say

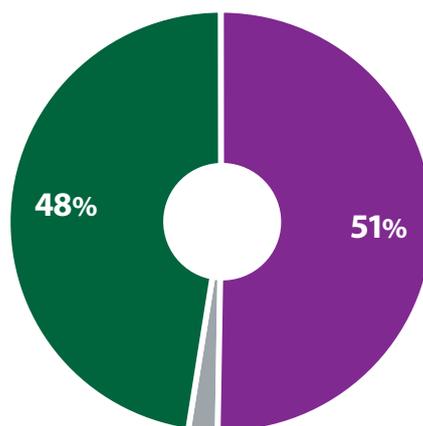
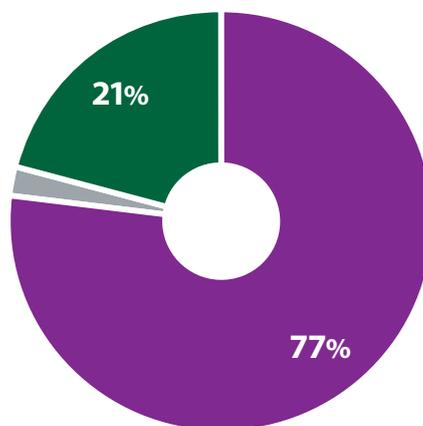


Figure 8
Are you on the board of your organisation?

(n=130)

■ Yes
■ No
■ Not applicable / prefer not to say



Capacity and resources

Unsurprisingly, there is a wide range when it comes to the size of communications teams working in different NHS organisations. This reflects the fact that some teams cover much larger areas and/or populations, while some will have far greater responsibilities than other smaller teams. This is an important caveat in analysing differences in team size or composition. Our survey reveals that the mean average sized team is 9.5 full-time equivalent (FTE).

With NHS finances under considerable strain, it is not surprising that NHS communicators are feeling a squeeze on their pay and non-pay budgets. Just over a quarter (26%) say their budgets for staff have been cut over the past year, with a higher number (34%) reporting a reduction in their non-pay budgets. However, when it comes to pay and non-pay budgets, the majority (53% and 52%, respectively) say their budgets have stayed the same.

Views are split when asked if they have the right capacity, skill mix and resources in place to meet their objectives, with slightly more (44%) being confident that they do compared to 35% who say they are not.

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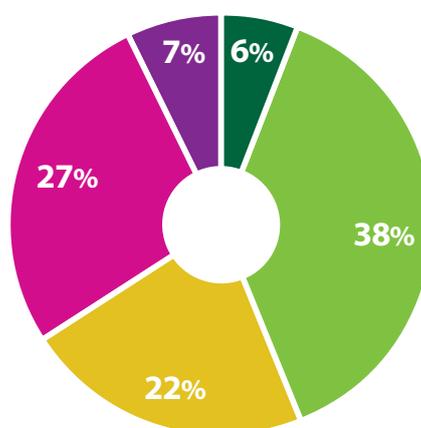
Given the wider contraction in the labour market, it is perhaps not surprising that some NHS communicators are struggling to fill vacancies, with more (39%) saying they find it difficult compared to (32%) who find it easier. Overwhelmingly, the single biggest reason given for why it is hard to fill vacancies is a low number of applicants with the right skills, knowledge and expertise.

Training and development budgets is an area that has come under significant pressure in the NHS due to constrained budgets. It is therefore not surprising that almost two thirds (63%) of communicators believe they do not have adequate budgets to support the training and development of their staff.

Figure 9
How confident are you that you have the right capacity, skill-mix and resources?

(n=124)

- Very confident
- Confident
- Neither confident or worried
- Worried
- Very worried



Ways of working

Ways of working have changed significantly since the Covid-19 pandemic, and these findings reflect that with a wide range of working patterns. Most teams tend to adopt a hybrid approach, with a minimum number of days in the office combined with some home working.

Asked if working practices have improved or deteriorated since the pandemic, 50% say they have improved, with a near equal split between those who say they have stayed the same (26%) or deteriorated (21%).

The main factors cited are better technology and a cultural shift towards acceptance of more flexible, agile, working to allow teams to operate in a more hybrid way.

One respondent said: *“Hybrid working has meant we have new developed new ways to keep in touch as a team and network including use of online resources. The team enjoy more flexible working patterns, with necessary technology to achieve this.”*

There is a widespread view that communications teams are able to operate more effectively due to digital tools that enable them to stay connected, while many said that working from home arrangements and the flexibility they offer has helped recruitment and retention.

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One respondent said: *“Flexible working has improved how the team work individually, has improved the team connectivity and has meant we have been able to do things that we previously couldn’t. For example, we can now verbally brief 800 members of staff virtually every month when previously we would only have around 50 people in face-to-face briefings.”*

Many also reported that these new ways of working have helped to improve connectivity between themselves and other partners in their local systems, with one respondent saying:

“We work more effectively as a system communications team (ICB and NHS providers) – we plan together, agree priorities, look at shared roles and ways of working.”

Challenges of the past year

Respondents were asked to outline the factors that had most influenced their team’s work and priorities during the last year, before looking ahead to what they regard as their main priorities for 2024-25.

Three major and consistent challenges have shaped the last year for NHS communicators:

1 **Constrained budgets and organisational change**

Many respondents point to reduced budgets and an expanding workload, with many having to manage complex change programmes. For example, integrated care boards are in the process of making 30% cuts to their running costs allowance at the request of the Department for Health and Social Care (DHSC). This has led to restructuring programmes, with many ICBs having to make staff redundant, including communications staff. Managing the fallout from this has been a dominant feature for many senior communicators.

As one respondent said: *“The most significant factor impacting our wider communication priorities is the financial picture in the NHS and wider society, which means both services and communications are not being invested in.”*

Another respondent added: *“Cost improvements have stripped back our post-pandemic budget significantly... with no room for new investments. Our website is seven years old and really needs a new site, but this will cost a significant amount of money, which the trust does not have.”*

2 **Lack of staff and burnout**

Linked to the above financial challenge, a number of respondents point to a reduction in their staff at the same time as having to deal with increased operational demands. Some say they are struggling to attract and retain the staff they need to meet this demand.

One respondent said: *“I have multiple staff in temporary positions due to vacancy freezes, which has led to an unsettled team.”* While another said: *“Extended absences have a big knock-on effect as we are a very lean team. It means that we become very limited in our ability to do proactive work.”*

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Another commented: *“Staff retention and recruitment is my concern – burnout, fatigue and industrial action have all impacted on how people feel about work, their future plans and how they behave in work.”*

3 Industrial action

Unsurprisingly, the extra demands caused by the industrial dispute that started in December 2022 and is still ongoing, is cited as a major barrier. This has not only increased workload but it has diverted attention away from other priority areas.

One respondent their team was in *“perpetual crisis management”*, while another said: *“Industrial action has changed our priorities and wiped-out considerable capacity for planned communications and engagement work.”*

Another respondent said: *“Pressures and industrial action – it’s just so dominant that it takes focus from other well-planned areas of work.”*

While another commented: *“Continual operational pressures, financial pressures, industrial action and other similar ‘crisis’ issues forcing us to spend more time being reactive than proactive and strategic.”*

Challenges and priorities for 2024-25

Looking ahead to this year and beyond, the most common challenges cited by senior communicators are:

1 Reputation

Most are concerned about declining NHS performance leading to a worsening reputation of local NHS organisations and for the NHS at a national level. This is a consistent theme and there is widespread concern about the reputational challenge facing the NHS locally and nationally during an election year.

The most commonly cited reasons for this are: deteriorating finances and reduced performance against key waiting time targets; the risks posed by upcoming changes to local services, such as planned reconfigurations that are likely to meet with resistance from the public; and the impact from high profile failings in care and other scandals.

Developing effective communications strategies to explain what the NHS is doing to tackle these issues and how it can improve quality and access to care are considered a major priority.

2 Reduced budgets

The impact of budget cuts leading to staff reductions in communications roles is the next major concern. Many refer to significant upheaval in their teams caused by budget cuts and restructuring programmes. Many respondents report having to manage an expanding workload with fewer staff and other resources.

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Some describe how they are heavily focused on embedding new structures and operating models, often accompanied by changes in leadership at the top of their organisations. Many are contending with this operational challenge while at the same time supporting an increasingly stretched and burned-out workforce.

As one NHS trust communications director said: *“My main concern is having the bandwidth in the team to support all the competing priorities.”*

Beyond these two challenges, other concerns include:

- **Change programmes and public engagement**

Effectively managing programmes designed to improve care for local communities is cited as a key priority. This includes initiatives such as: supporting transformation in urgent and emergency care to improve public awareness of alternatives to emergency care pathways; providing effective communications support for the introduction of new electronic patient records; and for the opening of new buildings such as diagnostic centres. Respondents recognise that these initiatives require highly effective public engagement techniques, not least given that the risks are higher in this election year. This is a particular challenge for some communications teams who have now taken on responsibility for engagement alongside their traditional communications work (for example, ICBs tend to have integrated communications and engagement functions).

- **Improve staff engagement**

Many communicators point to the need for sustained and ongoing communication and wider corporate activity to improve engagement with NHS staff, many of whom are burned out following an unprecedented pandemic, 16 months of industrial action, and the consequences of having to deliver more care with fewer resources. Many respondents say a key task ahead will be building new organisational cultures following restructuring programmes brought about by budget cuts. Effective staff engagement will have a key role to play in bringing teams closer together, and in the process improving staff retention.

- **Improving relationships with partners / stakeholders**

While this is low in the list of concerns for communicators, there is a general recognition of the need for communicators to work more effectively with their counterparts in other parts of the health system.

In one of the survey questions where communicators were asked to rate the quality of their relationships with others in their local system, the majority point to effective relationships with other communicators in neighbouring NHS trusts, ICBs and they are largely positive about their relationships with their NHS England (NHSE) regional office. However, there is more concern about the quality of relationship between local communicators and the national communications teams at both NHS England and the Department of Health and Social Care. We did not ask for qualitative comments which would have provided us with more context, but this may reflect the likelihood that local communications leaders will tend to engage less directly with those in the national NHSE and DHSC teams.

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Sitting behind these challenges is a general feeling of how important it will be to keep team's heads above water and 'deliver more for less'.

As one ICB communications and engagement director said: *"I'll be focused on just keeping the show on the road around multiple organisational priorities at place and ICB level and making our processes more efficient so we can do more with less, especially when it comes to providing engagement support for service change programmes."*

One area of emerging concern is both the opportunities and risks posed by artificial intelligence (AI). There are various uses of AI in communications that have the potential for reducing the time communicators spend on relatively low impact but labour-intensive tasks, such as copy-writing and evaluation.

However, almost two thirds (64%) of communicators say they are currently not using AI in support of their team's communications activities; only 32% are. This may be down to a lack of training and development in this space as over three-quarters (77%) do not feel equipped to make effective use of AI to enhance their team's communications activities; only 15% do.

Figure 10
Are you using AI in your comms?

(n=116)

- Yes
- No
- Prefer not to say

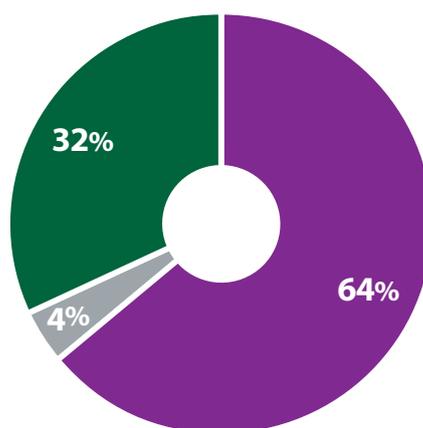
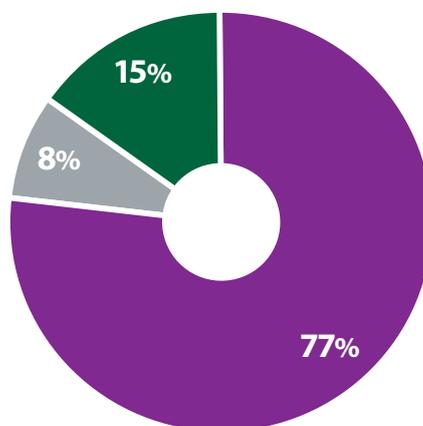


Figure 11
Do you feel equipped to make the most effective use of AI?

(n=116)

- Yes
- No
- Don't know



3

CONCLUSION AND RECOMMENDATIONS

A number of key issues have emerged from this research. Firstly, it shows the considerable changes that have taken place in how senior NHS communicators and their teams operate following the impact of the pandemic. The survey findings show that communications teams operate in a more flexible, hybrid, way and are using digital tools to improve the effectiveness of their teams. Better technology and the cultural shift towards acceptance of more flexible, agile, working is supporting communications teams with their recruitment and retention.

While we do not have an accurate baseline to benchmark the profession's progress against, these survey findings suggest that the strategic contribution that communications and engagement teams make to their organisations is becoming increasingly recognised. However, the communications profession remains on a journey to achieving full recognition as the strategic management function it aspires to be.

Despite these positive findings, there are a number of issues of concern that have emerged from the research. We highlight three in particular and make recommendations for how they may potentially be addressed:

- **Lack of diversity**

We continue to see a concerning lack of diversity among our most senior roles, particularly when it comes to ethnicity. This survey provides a more accurate baseline that we can assess the profession's progress against in future years, but it's clear that we are less ethnically diverse than the wider profession and that we are probably regressing. A renewed focus is required to help change this.

- **Constrained budgets and expanding workloads**

Communications teams are being asked to manage higher and more complex workloads, but with fewer resources. This is not surprising given the wider state of NHS finances, but it does increase the risk of burnout and communications teams feeling that they cannot achieve their strategic objectives as they are, as one respondent put it, in "perpetual crisis management".

Of particular concern is the impact that constrained budgets is having on training and development for communications teams. With almost two thirds of senior communicators saying they do not have adequate budgets to support the training and development of their staff, this risks storing up problems for the communications profession. It makes it less likely that communications staff will get the training and support they need to learn new skills and maximise their potential. The wider risk is that this not only holds back professional development but also risks more communicators leaving the NHS.

- **Reputation**

We are in an election year, with declining performance levels against key targets and public satisfaction at its lowest level for 25 years. It is therefore not surprising that senior communicators are very concerned about the reputation of local NHS organisations and

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for the NHS at a national level. The NHS is currently ranked as the second most important issue of concern to the public, which means the NHS will be a key battleground issue in the election. Communicators will need to work effectively alongside their executive colleagues – both locally and nationally – to demonstrate to the public how the NHS is responding to the challenges it faces.

Recommendations

We hope this report provides fresh impetus for these issues to be addressed. The NHS Confederation, NHS Providers and Centre for Health Communications Research are committed to supporting our members and working in partnership with others to find solutions that address the underlying causes.

We will be using our national conference for NHS communicators on 6 March 2024 to discuss and debate these findings in detail and to develop solutions for the challenges we face. We plan to update this section of the report after the conference.

In the meantime, we make one key recommendation:

- The report calls for the creation of a taskforce to explore the root causes of why so few of the most senior NHS communicators are from an ethnic minority background, and to make recommendations for how a more ethnically diverse leadership can be achieved.

This taskforce should consist of communications leaders from local NHS organisations; NHS Providers, NHS Confederation, NHS England and other national bodies; and experts in the field of diversity and inclusion who can provide guidance on how other sectors have tackled this issue.



ABOUT US

NHS Confederation

The NHS Confederation is the membership organisation that brings together, supports and speaks for the whole healthcare system in England, Wales and Northern Ireland.



NHS Providers is the membership organisation 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.



The Centre for Health Communications Research (CHCR) was established in 2013. It focuses on the communication dilemmas, challenges and issues faced by health sector organisations. Our vision is to encourage the use of effective and professional communications to improve patient outcomes and to strengthen the patient experience. We work at the boundary between academe and the public sector delivering rigorous, evidence-based solutions in a timely fashion.



Freshwater has more than three decades of experience in designing and delivering NHS, healthcare and public sector communications, engagement and strategy programmes. Our specialist healthcare team supports health and care organisations to realise strategic objectives and deliver operational plans which improve people's health and achieve the best patient experience and outcomes.



Grayling is committed to creating advantage for our clients. Headquartered in London, with offices across the UK and worldwide, we specialise in corporate affairs, public affairs and brand communications. Our health teams works with clients across the health sector in the UK and internationally to protect and build reputations and develop award-winning campaigns.

NHS COMMUNICATE

Celebrating excellence in NHS communications

Delivered in partnership by NHS Providers, NHS Confederation and the Centre for Health Communications Research (CHCR), NHS Communicate celebrates the outstanding work of communications leaders and their teams working in NHS trusts, integrated care systems, primary care networks and federations, and other parts of the health and care system.

The centrepiece of NHS Communicate is our annual conference and awards, which is being held on 6 and 7 March 2024. We provide a unique opportunity for NHS communicators to come together to learn from and celebrate their work and achievements, and to debate and discuss the key challenges facing the profession.

To find out more, please visit
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Who to contact

Daniel Reynolds

Director of Communications
NHS Confederation
daniel.reynolds@nhsconfed.org

Adam Brimelow

Director of Communications
NHS Providers
adam.brimelow@nhsproviders.org

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