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NHS COMMUNICATE

BREAKING BARRIERS

Improving diversity in NHS communications

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BREAKING BARRIERS
Improving diversity in NHS communications

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Foreword

It has been a privilege to lead the Taskforce for Diversity in NHS Communications and to author this report. This work has been both professionally and personally significant, and I thank every member of the taskforce for their commitment, insight and candour. I would also like to acknowledge NHS Confederation, as well as NHS Providers and the Centre for HealthCommunication Research, for their support and leadership

As one of the few ethnic minority directors of communications to have served formally within the NHS – and now working within local government – I understand firsthand the importance of this work. The experiences in this report reflect the realities faced by many, and they resonate deeply with my own. They are not just statistics or anecdotes, they are lived experiences that require action and change that is long overdue.

Although our recommendations are focused on the NHS, the insights and actions outlined are relevant to all public sector organisations. The issues of representation, inclusion and equity go beyond job titles and sectors. The themes of access, experience and outcomes speak to challenges across the public sector and all roles, not just those in communications.

The recommendations we put forward are practical, achievable and necessary. They provide a roadmap for creating inclusive environments where diverse talent can thrive, contribute meaningfully and lead with authenticity.

We have also set out a charter: a clear and actionable framework for advancing diversity, equity and inclusion across the communications workforce. This charter is not simply a statement of intent – it is a call to action. Our ambition is for individuals and organisations at every level to sign up and make a genuine commitment to its principles.

The work ahead requires collaboration, courage and a willingness to challenge established norms. I hope this report inspires bold steps and a commitment to action across all organisations that serve our communities.

Edna Boampong
Chair, Taskforce for Diversity in NHS Communications
Director of Communications and Engagement, Liverpool City Council

Key points

- The NHS faces significant challenges in both recruiting and retaining communications professionals from ethnic minority backgrounds, as well as from other diverse backgrounds.
- The Taskforce for Diversity in NHS Communications was established in September 2024 by the NHS Confederation, NHS Providers and Centre for Health Communication Research to enhance diversity in the NHS communications and engagement workforce, with a particular focus on ethnic diversity and representation in the first instance.
- Our insight has shown that individuals join the NHS with high career aspirations, often seeking senior positions and opportunities for career development and progression. However, the reality for those working within NHS communications often falls short of these aspirations, and there are substantial gaps between BME communicators' career aspirations and their NHS experience and outcomes.
- Ethnic minority communicators consistently identify institutional racism and structural disadvantage as part of their working lives within the NHS. Many reported experiencing microaggressions, subtle biases and a lack of cultural understanding within their workplaces, negatively impacting their sense of belonging, job satisfaction and overall wellbeing.
- As a consequence, the NHS communications profession is facing a talent drain – 26 per cent of BME communications professionals surveyed for this report indicate that they expect to leave within three years. They expect to pursue greater happiness and satisfaction in roles outside the NHS, driven by better financial rewards, fairer treatment, improved workplace culture and better career progression opportunities.
- This report summarises the taskforce's insights and provides an overview of the challenges and opportunities for enhancing diversity and inclusion within the NHS communications profession. It highlights key themes, tangible recommendations and methods for tracking and measuring success to advance the improvement of access, experience and outcomes for BME communications professionals. Many of the insights and recommendations are relevant to other forms of diversity that are lagging behind in the profession.
- The recommendations include committing to shortlisting and interviewing every BME candidate who meets the minimum criteria alongside end-to-end blind recruitment processes to reduce bias; introducing a structured national mentoring programme; collaborating with educational institutions to create placements and mentorship programmes that target diverse students; and developing a competency framework for NHS communications roles that clearly articulates what ethnic minority and other communications professionals need to do to climb to the most senior roles in the profession.
- At the heart of the report is a Charter that asks communications leaders and other NHS executives to commit to take personal responsibility to help diversify the profession.
- As the 10 Year Health Plan highlights, communications and engagement is vital to the work of the NHS, supporting how we inform, involve and build trust with the public we serve. But the current round of NHS cuts and restructuring pose a threat to the diversity of the NHS communications profession. Numerous studies indicate a troubling trend that suggests BME staff could be disproportionately affected, jeopardising our progress towards greater diversity and inclusion. It is crucial that we protect these valuable assets within organisations and ensure that we do not regress in our diversity efforts, but instead move forward in creating an environment of equity and representation.

Introduction

Strategic and effective communication is at the heart of high-performing organisations in the NHS. Communication and engagement professionals play a pivotal role in ensuring their organisations engage effectively with patients, service users, carers and local communities, helping local people understand how to access NHS services and prevent illness. They also lead staff engagement with the NHS's 1.4 million employees – a critical task given that the NHS is the UK's largest employer and the fifth largest employer in the world.

The NHS is committed to tackling inequality and promoting an inclusive environment that reflects the diversity of the communities it serves. Yet, a report published in March 2024 by the NHS Confederation, NHS Providers and the Centre for Health Communication Research (CHCR), **The State of NHS Communications**, found that ethnic minorities remain disproportionately underrepresented in senior leadership roles within the NHS communications profession.

A large-scale survey undertaken for the report found that less than 5 per cent of the most senior NHS communicators are from a minority ethnic background. Furthermore, nearly two-thirds (61 per cent) of senior NHS communicators report that their communications workforce does not reflect the local communities they serve.

The NHS has made considerable strides in promoting diversity across its workforce. However, the communications profession still reflects significant racial disparities. Tackling racial inequalities within the NHS communications workforce has a clear impact on patients and care. When communications teams reflect the diversity of their communities, they build trust and credibility through their insights and lived experiences and can deliver more effective communications activity.

Diversity within the NHS communications and engagement profession is essential for ensuring that health messages resonate effectively with different communities and demographics. People are more likely to engage and respond positively to messages from people they can relate to or who understand their cultural context. Diverse communication and engagement teams will enhance creativity, improve decision-making and lead to more effective engagement strategies for communities and staff.

One of the key recommendations of the State of NHS Communications report was that a taskforce be established to explore these issues in more detail. The Taskforce for Diversity in NHS Communications was established in September 2024 and its aim is to develop practical recommendations to improve diversity in the NHS communications and engagement workforce. Initially, the taskforce has focused on addressing the lack of ethnic diversity and representation while also considering the needs and experiences of a broader range of underrepresented groups and intersectionality.

The taskforce has taken a comprehensive, insight-led approach to understand the experiences, challenges and aspirations of ethnic minority communication professionals.

This has included:

- a literature and best practice **review**
- a **survey** that gathered responses from over 300 BME communicators
- two engagement workshops with communication professionals from across the NHS
- one engagement workshop with NHS and non-NHS BME communication professionals
- in-depth, one-on-one interviews with leaders across the NHS, trade associations and voluntary, community and social enterprise (VCSE) organisations.

The full literature review and findings of the BME communications survey can be found on the **NHS Confederation** and **NHS Providers** websites.

About this report

This report summarises insights from various sources and activities, providing an overview of the challenges and opportunities for enhancing diversity and inclusion within the NHS communications profession. It outlines aspirational goals for the sector, as defined by the taskforce and highlights key themes, tangible recommendations and methods for tracking and measuring success to advance the improvement of access, experience and outcomes for BME communications professionals.

The recommendations and practical actions for communications and engagement professionals will help to enhance diversity in all its forms. However, we have also outlined specific recommendations for attracting, developing and retaining BME communications professionals within the NHS.

1 Improving access

Challenge: recruitment and systemic barriers are hindering access

Goal: To build a diverse and sustainable talent pipeline in NHS communications, by implementing inclusive recruitment strategies that eliminate bias, broadening outreach – particularly to underrepresented and early-career groups – and ensuring an accessible, supportive and equitable application and interview process, with a strong focus on increasing representation at senior levels.

The NHS faces significant challenges in both recruiting and retaining BME communicators. BME communicators generally perceive current recruitment practices in the NHS communications sector as ineffective in advancing diversity, because they believe them to be biased and outdated. Affinity bias plays a particularly problematic role, as decision-makers tend to favour candidates who share similar backgrounds or experiences.

The BME communicators who participated in our research reported difficulties accessing NHS positions, despite meeting the minimum qualification requirements. There is a belief that experience outside the NHS is undervalued during NHS recruitment and that hiring often relies more on familiarity or personal connections rather than on merit.

Paradoxically, there is also a perception among BME candidates who took part in our research that they may be less likely to be appointed to senior roles if the decision-maker is from an ethnic minority background, due to concerns about perceived bias. This perception creates an additional barrier in situations where diverse leadership might otherwise be expected to support increasing representation. It also absolves white leaders of their responsibility to ensure diversity within their organisations and places additional weight on the shoulders of BME leaders.

"Three ethnic minority people rang me and said, we love your trust, we love the job description, but we don't want to apply because there is no chance in hell that as a black chief people officer, you will appoint an ethnic minority deputy."

Leaders Interview, NHS, Chief People Officer

The lack of diversity in senior leadership positions within the NHS can create a self-perpetuating cycle where ethnic minority communicators may not see themselves represented in higher roles, potentially discouraging them from applying for more senior positions. This representation gap can also result in a limited understanding of the unique perspectives and skills that ethnic minority communicators bring to the table.

Cultural perceptions regarding PR and communications roles are viewed as less prestigious than other professions, such as law, medicine or finance. This, along with limited representation within the profession, contributes to a lack of awareness about communication

roles in ethnic minority communities. Additionally, ethnic minority communicators have less access to professional networks that provide insider information on job openings or recommendations.

"Not many people from the BME background know what communications really is, as traditionally and in particular south-east Asians, they pursue careers in the medical/sciences, finance/mathematics, education or law sectors of employment."

BME Communicator

BME communicators are sometimes deterred from applying for jobs because the NHS does not consistently produce truly inclusive job descriptions and recruitment materials that target a diverse range of candidates. Language and cultural nuances in these materials may unintentionally discourage ethnic minority applicants from seeking opportunities within the organisation.

Recommendations for improving access

To build a more diverse talent pool, the NHS must adopt comprehensive recruitment strategies that address potential biases, broaden outreach efforts and refine the application process to make it more accessible and inviting to a diverse pool of candidates. Implementing thoughtful changes to the recruitment process can help to level the playing field and support a broader range of applicants. Recruiting managers should also be more open to growing talent rather than requiring exact matches.

"There's a need to make sure that there's a pipeline for the future, starting at the very junior entry into the communications function, so people see these roles as attractive propositions."

Leaders Interview, NHS Trust Chief Executive

Early career access

BME students are less likely to enrol in traditional media and communications courses, therefore, work needs to begin early. The NHS should increase awareness and improve perceptions of these roles and create clear pathways into the profession to ensure there's a pipeline for the future.

- Engage with schools and colleges, particularly in disadvantaged and diverse areas, to raise awareness of communication and engagement careers.
- A new communications and engagement trainee scheme, based on the apprenticeship model, has been developed. This is offering a meaningful and accessible route into careers in NHS communications roles. Several NHS organisations have already adopted this approach – we encourage all NHS organisations and communications teams to explore this option (see page 23 for more details).
- Develop and implement an NHS communications placement programme/sandwich course or paid work experience programmes, such as summer internships, with local universities, specifically for BME and overseas students.

1

Targeted outreach

Improve outreach and networking opportunities to effectively engage ethnic minority communities, increasing awareness of the communications profession and applications for available positions.

- Broaden advertising channels to reach a wider audience, specifically through community organisations and platforms that cater to underrepresented groups, such as Asian Communications Network, People Like Us and UK Black Comms Network.
- Partner with organisations that focus on diversity in media and communications, such as The Taylor Bennett Foundation, to create apprenticeships and job-shadowing opportunities.
- To inspire and encourage potential candidates, develop targeted marketing campaigns showcasing the benefits of careers within NHS communications and engagement. Promoting stories of successful BME communicators, emphasising diversity as a core value of the NHS.
- When using executive recruitment agencies for senior roles, ensure that the agency puts forward candidates from diverse backgrounds.
- Encourage communications and engagement professionals to volunteer for programmes, such as Inspiring the Future, to promote communications and engagement roles within the NHS as a career choice to school and college students.

Enhance the application process

Simplifying the language in job descriptions can help remove barriers for individuals who may not be familiar with specific terminologies or jargon. Job descriptions and advertisements should be more inclusive and welcoming to ensure that job postings attract candidates from diverse backgrounds.

- Adverts should explicitly emphasise the value of diversity, stating, for example, 'we want you because you are you, not despite any differences from the 'norm''.
- Job descriptions should actively welcome diverse candidates and make lived experience more prominent, especially for senior roles.
- Collaborate with a diverse group of stakeholders to co-create job postings that capture a broader range of experiences, expertise and qualifications.
- A commitment should be made to interview every BME candidate who meets the minimum criteria.
- Implement end-to-end blind recruitment processes to reduce bias, remove information about which establishments candidates studied at, and the dates qualifications were gained and all other protected characteristics.

1

Ensure the interview process is inclusive

Improving interview processes can create a more equitable and inclusive environment that enables candidates from diverse backgrounds and with varying needs to thrive. Incorporating diverse interview panels will ensure that multiple perspectives are represented and will reduce unconscious bias when assessing candidates. A diverse panel can also provide a supportive environment for candidates from underrepresented groups, promoting an inclusive atmosphere during the interview.

- Ensure mandatory diverse and mixed panels, comprising at least one individual from an ethnic minority background, particularly for senior positions.
- Ensure interviews feature a mixture of scenario-based and experience-based questions and include at least one question focusing on candidates' commitment to diversity and inclusion.
- Provide interview questions ahead of the interview to assist candidates in preparing for the interview process.
- Training interviewers on cultural competency and unconscious bias to help them recognise their own potential biases and equip them with strategies to create a more inclusive environment.
- Provide detailed constructive feedback to all candidates post-interview and identify areas for improvement. This feedback can help candidates understand their performance and build confidence for future opportunities.

2

Improving experience

Challenge: workplace culture is causing dissatisfaction

Goal: To foster a culturally safe, inclusive and empowering workplace for BME communicators by confronting institutional bias, embedding leadership accountability and building a culture of equity, belonging and psychological safety.

BME communicators value diverse and inclusive work environments that reflect the communities they serve; they frequently mention the need for more culturally sensitive and inclusive workplaces. However, a large percentage of BME communicators responding to our survey (63 per cent) are dissatisfied with the culture within the NHS. They view current diversity initiatives as superficial or 'tick-box exercises' that fail to address underlying issues.

"Workplace culture is a big issue. People feel they are not being heard or valued."

BME Communicator

Ethnic minority communicators consistently identify institutional racism and structural disadvantage as concrete realities rather than mere perceptions. Many reported experiencing microaggressions, subtle biases and a lack of cultural understanding within their workplaces. This negatively impacts their sense of belonging, job satisfaction and overall wellbeing.

"We keep using language like 'perceptions'. I think it is reality, not just perceptions. We should stop using language like perception because it dilutes the issue."

Leader Interview, NHS, Chief People Officer

Both NHS and non-NHS environments face challenges regarding representation in senior positions. Both often show a lack of diversity in senior roles, with higher diversity only in junior positions. A recurrent theme, unsurprisingly, was the underrepresentation of BME individuals in senior roles within the communications profession and the wider organisation. Participants noted that this lack of representation not only affects morale but also hinders the development of inclusive communication strategies that reflect the communities served by the NHS.

"I think there are structural barriers. I think there are psychological barriers. I think there are procedural barriers that get in the way of enabling people to take on those roles."

NHS, Chief People Officer

In the NHS, inconsistent managerial support for BME professionals presents a considerable challenge. Line managers, who are essential in nurturing career growth and development, often lack the necessary support and tools to guide and mentor their BME staff effectively. BME staff report feeling that their behaviour and performance are subject to more rigorous scrutiny and that they are treated more harshly when they make errors or mistakes.

2

Access to mentoring is identified as crucial for BME communications staff, though it doesn't necessarily need to come from senior BME leaders. There is a clear need for ongoing learning and improvement opportunities, but many report limited access to such development resources.

Our survey data highlights a clear disparity in satisfaction levels between NHS and non-NHS BME communications professionals. The Net Promoter Score (NPS) is often referred to as Employee Net Promoter Score (eNPS), when used internally it is a tool to measure staff engagement and satisfaction. It measures how likely employees are to recommend their organisation as a good place to work to their friends or family. NHS employees present significantly lower satisfaction, with an eNPS of -30 (minus thirty), compared to -3 (minus 3) for those outside the NHS.

For context, according to 2025 benchmarks, an eNPS score of 10 to 30 is considered good, 50 to 70 is considered excellent and above 80 is considered outstanding. A score above 80 is a rare achievement typically seen in top-performing organisations. The reported global average is 32.

This substantial difference in satisfaction scores suggests that while satisfaction is low across the board, there remains a markedly more challenging work environment within the NHS for BME communicators.

Ethnic minority professionals, particularly those from black ethnicities, report lower satisfaction with workplace culture and fairness, with only about half (53 per cent) of those that we surveyed agreeing that they are treated fairly at work. Many feel pressured to conform to existing work culture, with BME colleagues expressing fear of 'going into a shell' if they don't toe the party line. Participants in our research often described the NHS environment as political and cliquey, which can be alienating.

Through our focus groups, many BME professionals who have left the NHS reported better workplace cultures and fairer treatment in their new roles. Professionals working outside the NHS report feeling more optimistic about promotion prospects compared to those within the NHS.

"We get stuck and then decide to leave out of disappointment. So, opportunities for career progression, you are more likely to see that as something you enjoy outside the NHS rather than inside the NHS."

BME Communicator

Specific issues contributing to dissatisfaction include:

- experiences of structural racism
- poor relationship with management
- lack of structured training, development and support
- pressure to conform to the prevailing culture
- lack of diversity in decision-making roles.

2

The findings provide strong evidence of differential experiences across ethnic groups, with particularly challenging experiences reported by black employees, who in turn were the least likely of those surveyed to see themselves working in the NHS in three years' time. Thirty seven percent (37%) of black respondents said they are unlikely to be working in the NHS in three years (vs 26 per cent of people with Asian ethnicity and 20 per cent of those with mixed ethnicity). While colourism and Islamophobia are not explicitly mentioned in the findings, there is clear evidence of systemic racism and anti-black discrimination within the profession.

Recommendations for improving experience

Creating a genuinely inclusive workplace culture and enhancing the experience of BME communicators within the NHS requires a collective effort from leadership and staff at all levels that emphasises support, recognition and continuous dialogue. The perception of institutional racism and structural disadvantage within the NHS and communications profession is pervasive, leading to feelings of isolation and marginalisation.

A fundamental aspect of improving workplace culture is establishing clear leadership accountability for diversity initiatives. Leaders must be held responsible for implementing changes, with these being assessed against clear success criteria such as the CQC's 'well-led' assessment framework.

There should be concrete consequences for leaders and organisations that fail to meet diversity objectives. This requires treating diversity as a core business strategy rather than an optional initiative, demanding both management commitment and financial investment. Organisations need to move beyond the fear of addressing diversity issues directly and demonstrate accountability through data transparency and published metrics.

Inclusive practice and culture

Cultivating a culture that encourages ongoing discussions about diversity, led by both BME and non-BME leaders, will increase awareness and lessen feelings of isolation among BME communicators. Creating safe spaces for BME communicators to express their experiences and concerns will empower employees and promote a healthier, more inclusive environment that boosts job satisfaction and supports professional development.

- Publicly endorse inclusion initiatives and maintain continuous, progressive conversations about BME representation and experiences.
- Demonstrate leadership accountability by integrating diversity and inclusivity metrics into appraisal objectives for all staff, including executive teams and senior managers.
- Set clear diversity targets and key performance indicators (KPIs) as part of the organisation's strategic objectives and routinely discuss and monitor progress. For example, to implement the target of 19 per cent BME representation within leadership positions, 8A and above, by 2030.

2

- Organise events that highlight BME cultures, contributions and history throughout the year.
- Recognise and reward individuals or teams that champion inclusivity and diversity within the workplace.
- Actively involve BME communicators in the planning and execution of initiatives to ensure their perspectives and insights are reflected in strategies and appropriate decision-making processes. Where a team does not have any BME communicators, then insight should be sought from other colleagues from diverse backgrounds.
- Implement an inclusion communications strategy to ensure that all forms of communication within the organisation are accessible, respectful and considerate of its employees and stakeholders' diverse backgrounds, experiences and identities. This strategy should include the intentional use of language, imagery and channels that reflect and honour the diversity of the workforce and communities.

Cultural competency training

Strengthen the understanding and sensitivity towards the cultural backgrounds and communication styles of BME staff.

- Implement specialised training programmes that address the unique challenges faced by BME staff.
- Facilitate workshops that include scenario-based learning to develop empathy and practical skills for effective cross-cultural communication.
- Implement inclusive language training to support the workforce in recognising the impact language and behaviours have on an inclusive workplace culture.

Leadership and mentorship programmes

Access to mentoring and support networks is crucial for empowering employees from diverse backgrounds to thrive within the NHS communications and engagement profession. Establishing formal mentoring programmes that pair experienced professionals with those from underrepresented groups, will create peer support networks that can provide guidance about navigating workplace challenges and career development.

There is a clear opportunity to build on the progress made by the recently relaunched postgraduate qualification in health communication and consultation. The course is led by the Centre for Health Communication Research and delivered through Buckinghamshire New University. The course is supported by the **NHS Confederation**, **NHS Providers** and the **Shelford Group**, and benefits from a significant bursary fund made available by the **Health Foundation**.

More than a third of the latest cohort are from diverse backgrounds. The lead partners for the course particularly welcome interest from communications professionals who are

2

underrepresented in the fields of health communication, consultation and engagement, including people from ethnic minority backgrounds, disabled people and the LGBTQI+ community.

The earlier iteration of the programme that was commissioned by NHS England and ran for a number of years in the 2010s resulted in 28 of its 145 alumni progress into NHS director of communications roles, by offering bespoke guidance to individuals looking to advance their career development through formal development programmes.

The Department of Health and Social Care (DHSC) and NHS England to either commission or directly deliver a structured national mentoring programme, informed and underpinned by the evidence reported by the Taskforce for Diversity in NHS Communications. This should have particular focus on pairing communications from diverse backgrounds, particularly ethnic minorities, with experienced communications professionals who can provide advice and career insights based on shared experiences. This programme could either be delivered by communications leaders within DHSC and NHS England or commissioned externally, but should be overseen nationally and used as a source of data and insight into the experiences of communications professionals from underrepresented backgrounds.

- DHSC and NHS England should explore with the Government communications service (GCS) whether NHS communicators could be included in the mentorship and support programmes developed and delivered by the GCS.
- Leaders should encourage reciprocal mentoring within their organisations, where junior BME staff can share their perspectives with senior leaders and receive professional support and development in return.
- The NHS communications profession as a whole should collaborate with educational institutions to create placements and mentorship programs that target diverse students, nurturing future talent while simultaneously expanding the pipeline of skilled professionals ready to join the workforce.

3 Improving outcomes

Challenge: career aspirations vs reality

Goal: To close the gap between the career aspirations and lived experiences of BME communicators in the NHS, by embedding inclusive leadership, tackling systemic and cultural barriers and creating transparent, supported pathways for development, progression and retention.

BME communicators join the NHS with high career aspirations, often seeking senior positions and opportunities for career development and progression. They demonstrate strong intrinsic motivation to work in the NHS, driven primarily by the opportunity to make meaningful contributions to society. The NHS as an institution holds significant appeal for BME communicators, both for its integral role in British society and its potential for driving social change. However, this attraction exists alongside a nuanced understanding of institutional challenges, with an awareness that British institutions, including the NHS, can embody systemic racism.

The ability to 'do good' and create a positive impact is a central motivating factor for joining the NHS. We heard this consistently throughout our focus groups and survey. This desire for purposeful work is particularly evident in how some communicators explicitly contrast their NHS role with those in the commercial sector. This altruistic drive is deeply rooted in the NHS's values, culture and a public service ethos.

"People join to do good, there is a feeling across the NHS, there is a real desire to positively impact the lives of others. As a communications professional, I joined the NHS not to make people feel bad about themselves, or to sell lipsticks, but to make a difference."

BME Communicator

While mission and impact are primary motivators, practical considerations also play a role. BME communicators are attracted to:

- opportunities to do good and make a difference
- variety in their work
- the ability to work with like-minded people
- job security
- good pension and good benefits.

However, the reality within the NHS often falls short of these aspirations, and there are substantial gaps between BME communicators' career aspirations and their NHS experience and outcomes. This is evidenced by the 45 per cent of the communicators who responded to our survey saying that while they want to be promoted within the NHS, they don't know if, or don't think they will be. BME communicators look for clear career pathways, training and development opportunities to facilitate their progression within the NHS. A concerning aspect is the way ethnic minorities are made to feel about opportunities.

3

Many report feeling overlooked for promotions and undervalued, frequently performing duties at higher bands while remaining at lower grades.

There is a prevalent attitude that suggests BME professionals should be grateful for the limited opportunities rather than feeling entitled to pursue advancement. This mindset creates a psychological barrier that discourages ethnic minority professionals from aspiring to higher positions, as they often believe that they are not wanted in senior roles.

"People of colour don't really feel like they have that control. It almost feels like you should be grateful for the scraps on the table we're giving you. And that's often what stops us from even aspiring or considering that we can get to these more senior positions, because there's an element of, they don't want me there."

Leaders Interview, Chief Operating Officer, Third Sector

There is a strong perception, supported by the evidence, that recruitment and promotion processes favour white colleagues. Communicators report witnessing cases where white colleagues with less experience progress more quickly, and many feel they must work harder to prove their worth yet they still encounter barriers to advancement. Training and development opportunities are often insufficient or denied despite available funding, and access to mentoring and coaching remains limited. These biases and the underinvestment in training and development form a complex web of barriers that not only hinder individuals' career progression but also help sustain the underrepresentation in leadership roles.

"I think there can be cultural barriers to stop people from feeling like they belong and are welcome. People don't feel as though they can progress through a sense of equity. And they're the things that I think we need to tackle".

Leaders Interview, NHS Trust Chief Executive

Inconsistent management support further exacerbates these challenges. BME communications professionals in the NHS are less likely to believe they will be promoted compared to those outside the NHS. This disconnect between aspirations and reality leads to dissatisfaction and a sense of limited opportunity.

Retention is a major concern, with a low percentage of BME communications professionals indicating they are likely to remain in the NHS long term and 26 per cent of those surveyed indicating that they expect to leave within three years.

Our data indicates that BME staff often find greater happiness and satisfaction in roles outside the NHS, driven by better financial rewards, fairer treatment, improved workplace culture and better career progression opportunities.

Concerningly, once individuals leave the NHS having experienced poor opportunities and job satisfaction, they are more likely to keep their professional experience and expertise outside of the NHS. While 72 per cent of those we surveyed responded that they would consider a role in the NHS having never worked for the service before, only 60 per cent of those with previous NHS experience indicated that they would consider another NHS role.

3

The combined picture of those who see themselves leaving within three years and the reduced likelihood of being able to attract talent back into the NHS has huge implications for the NHS's ability to maintain a skilled communications workforce that reflects the communities it serves. The number of individuals that did not see themselves working in the NHS in three years' time is a clear indicator that a talent drain is happening right now with the NHS communications workforce and that several of the issues identified within this report may get worse, if swift action is not taken.

Recommendations for improving outcomes

Once diverse talent is recruited, it is important to implement talent management strategies that promote retention and career progression. A major obstacle for BME professionals is the lack of clear and equitable pathways for career advancement within the NHS, therefore they are not reaching their full potential and leave to seek more fulfilling and equitable opportunities outside the NHS.

There is a need for structured career interventions and training to support diversity in NHS communications roles, similar to those in other professional roles within the NHS.

Implement talent management plans

A focus on inclusive leadership training is essential, as it equips leaders with the skills necessary to recognise and address biases. Every communications team manager with a BME communicator should have a tailored talent management strategy. This includes:

- regular review meetings with a focus on career progression for BME employees
- identification of skills and development needs unique to BME employees
- opportunities for professional development, such as monitoring and shadowing opportunities, tailored to the needs of BME employees.

Comprehensive diversity resource

Create an online resource hub building on existing resources tailored for managers focused on best practices for managing diverse teams. This resource should include:

- guidelines on cultural competence and inclusive communication practices
- diversity and inclusion training programmes for all levels of management, focused on unconscious bias, cultural competency and inclusive leadership
- toolkits for effective recruitment and retention of BME professionals.

3

Competency framework

NHS England/DHSC should either lead the development of, or commission an independent external provider, to develop a comprehensive competency framework for NHS communications roles. This framework should clearly define the skills, experience and behaviours required at each level – from entry to director – ensuring transparency and consistency across the profession.

By standardising expectations and criteria, the framework will support fairer recruitment and promotion practices, reducing the risk of subjective or vague feedback, especially in cases where diverse candidates are not selected. It will also empower aspiring professionals with a clearer understanding of what is required to advance, helping to build a more diverse and inclusive leadership pipeline within NHS communications.

Structured mid-career interventions

Across our survey and focus groups, we found evidence of talented BME communications professionals leaving the NHS communications profession due to frustration with their working environment, experience and the lack of promotional opportunities. To help reduce this 'talent drain', we recommend the following:

- The NHS should continue to support a nationally delivered, university postgraduate course in healthcare communications and engagement, with a particular focus and target on identifying communications professionals from BME and other diverse backgrounds. This is essential to support these midcareer communications professionals with ambitions to go into senior leadership roles within the NHS communications profession.
- A course like this used to be commissioned centrally by NHS England for the majority of the 2010s. As outlined above, in April 2025 a pilot version of the course was reintroduced and 20 NHS communications professionals are on the cohort. A third of the participants are from BME and other diverse backgrounds. The course is led by the Centre for Health Communication Research, a partner of Buckinghamshire New University. The course is supported by the **NHS Confederation**, **NHS Providers** and the **Shelford Group**, and benefits from a significant bursary fund made available by the **Health Foundation**.
- To ensure the postgraduate course can continue for future cohorts, and to ensure diverse candidates benefit from the development it provides, the NHS should explore if the course can be re-commissioned as a national programme from 2026 onwards.

Monitoring and evaluating progress

Monitoring and evaluation are critical to understanding the effectiveness of diversity initiatives within the NHS communications and engagement profession. NHS organisations must implement specific frameworks with clear key performance indicators (KPIs) and measures to track diversity progress effectively over time.

NHS Confederation and NHS Providers will conduct regular diversity audits across NHS organisations and, for transparency, will publish the findings to ensure accountability and encourage ongoing dialogue and commitment to diversity improvements.

"For me, it's about publishing data for transparency, which gives you the accountability. Management teams should view advancing diversity as a governance and reputational issue, not a nice to have"

Leaders Interview, CEO, Trade Association

Benchmarking and baseline development

NHS Confederation and NHS Providers will look to conduct a comprehensive national baseline assessment, evaluating the representation of BME communicators across NHS organisations, including integrated care boards (ICBs) and trusts. This assessment will inform the creation of a formula that estimates the appropriate level of diversity needed in communication teams.

NHS Confederation and NHS Providers will explore the feasibility of developing a model to determine the optimal number of BME communicators and associated grades, tailored to each integrated care system (ICS), reflecting the ethnic composition of the local population and workforce.

Diversity metrics

To ensure that progression paths are equitable and transparent, clear metrics to monitor and evaluate the effectiveness of interventions and the career progression of BME communicators should be implemented across all NHS organisations, using both formal and informal approaches.

The NHS Confederation and NHS Providers will regularly collect and analyse data to assess the effectiveness of implemented strategies in increasing ethnic diversity nationally. This will help the NHS understand trends, identify gaps, and inform strategic decisions around recruitment and retention. Intersectionality with other protected characteristics should also be examined.

Quantitative metrics collected on an annual basis

- Staff retention figures across different protected characteristics.
- Career progression patterns across different protected characteristics.
- Pay levels across different protected characteristics.
- Recruitment data, such as number of BME candidates applying for roles, number shortlisted and number of those successful.

Qualitative assessment undertaken on a periodic basis

- Honest conversations through line management relationships.
- Continuous 'progressive' conversations through mentorship programmes
- Gather feedback on the effectiveness of mentorship and peer-to-peer learning programmes.
- Gather feedback on the effectiveness of training resources for managers supporting diverse teams.
- Establish channels for employees to provide feedback on the effectiveness of diversity initiatives and opportunities for further improvement
- Management report that highlights progress, challenges and upcoming initiatives aimed at enhancing diversity
- External advisers or peer assessments could provide assurance, help ensure transparency and track progress.

Conclusion

Ultimately, our goal is to create a workplace where BME communications professionals and those from other diverse backgrounds can thrive, contribute their unique perspectives and skills and significantly enhance the NHS's capacity to serve its diverse workforce and communities effectively.

However, the current wave of NHS cuts and restructuring poses a real threat. Numerous studies indicate a troubling trend that suggests BME staff could be disproportionately affected, jeopardising our progress towards greater diversity and inclusion. It is crucial that we protect these valuable assets within organisations and ensure that we do not regress in our diversity efforts, but instead move forward in creating an environment of equity and representation.

We recognise that real change requires the contribution of individuals in a broad range of organisational leadership roles, as well as those leading and working within NHS communications teams.

Recommendations

To ensure successful implementation of our recommendations, it is important to establish clear ownership for each recommendation. This involves not only senior management but also communications leaders and practitioners at all levels. We have compiled all the recommendations here.

Communications leaders, including directors of communications

- Engage with schools and colleges, particularly in disadvantaged and diverse areas, to raise awareness of communication and engagement careers.
- A new communications and engagement trainee scheme has been developed. This is offering a meaningful and accessible route into NHS careers, helping build the skills, confidence and experience of people who may never have previously considered a role in health communications. Based on the successful apprenticeship model, the scheme allows for recruitment through apprenticeship funding or as 12-month fixed-term band 3 roles. Several NHS organisations have already adopted this approach – we encourage all NHS organisations and communications teams to explore this option. More information on the scheme will be shared this autumn.
- Develop and implement an NHS communications placement programme/sandwich course or paid work experience programmes, such as summer internships, with local universities, specifically for BME and overseas students.
- Partner with organisations that focus on diversity in media and communications, such as The Taylor Bennett Foundation, to create apprenticeships and job shadowing opportunities.
- Develop targeted marketing campaigns showcasing the benefits of careers within NHS communications and engagement. Promoting stories of successful BME communicators, emphasising diversity as a core value of the NHS.
- Encourage communications and engagement professionals to volunteer for programmes, such as Inspiring The Future, to promote communications and engagement roles within the NHS as a career choice to school and college students.
- Broaden advertising channels to reach a wider audience, specifically through community organisations and platforms that cater to underrepresented groups, such as Asian Communications Network, People Like Us and UK Black Comms Network.
- Actively involve BME communicators in the planning and execution of initiatives to ensure their perspectives and insights are reflected in strategies and appropriate decision-making processes. Where a team does not have any BME communicators, then insight should be sought from other colleagues from diverse backgrounds.
- Develop guidelines on cultural competence and inclusive communication practices.

- Implement an inclusion communications strategy to ensure that all forms of communication within the organisation are accessible, respectful and considerate of its employees and stakeholders' diverse backgrounds, experiences and identities. This strategy should include the intentional use of language, imagery and channels that reflect and honour the diversity of the workforce and communities.
- Every communications team manager with a BME communicator should have a tailored talent management strategy. This includes:
  - regular review meetings with a focus on career progression for BME staff
  - identification of skills and development needs unique to BME employees
  - opportunities for professional development, such as monitoring and shadowing opportunities, tailored to the needs of BME employees.

Organisational leaders, including chief executives, chief people officers and chief operating officers

- Leaders should encourage reciprocal mentoring within their organisations, where junior BME staff can share their perspectives with senior leaders and receive professional support and development in return.
- Implement diversity and inclusion training programmes for all levels of management, focused on unconscious bias, cultural competency and inclusive leadership.
- Develop, maintain and champion toolkits for effective recruitment and retention of BME professionals.
- When using executive recruitment agencies for senior roles, ensure that the agency puts forward candidates from diverse backgrounds.
- Ensure that job adverts explicitly emphasise the value of diversity, and that job descriptions actively welcome diverse candidates.
- Collaborate with a diverse group of stakeholders to co-create job postings that capture a broader range of experiences, expertise and qualifications.
- Commit to interviewing every BME candidate who meets the minimum criteria.
- Implement end-to-end blind recruitment processes to reduce bias, remove information about which establishments candidates studied at, the dates qualifications were gained and all other protected characteristics.
- Ensure mandatory diverse and mixed panels, comprising at least one individual from an ethnic minority background, particularly for senior positions.
- Ensure interviews feature a mixture of scenario-based and experience-based questions and include at least one question focusing on candidates' commitment to diversity and inclusion.

- Provide interview questions ahead of the interview to assist candidates in preparing for the interview process.
- Train interviewers on cultural competency and unconscious bias to help them recognise their own potential biases and equip them with strategies to create a more inclusive environment.
- Provide detailed constructive feedback to all candidates post-interview and identify areas for improvement. This feedback can help candidates understand their performance and build confidence for future opportunities.
- Endorse inclusion initiatives publicly and maintain continuous, progressive conversations about BME representation and experience.
- Demonstrate leadership accountability by integrating diversity and inclusivity metrics into appraisal objectives for executive teams and senior managers.
- Set clear diversity targets and KPIs as part of the organisation's strategic objectives and routinely discuss and monitor progress, For example, to implement the target of 19 per cent BME representation within leadership positions, 8A and above, by 2030.
- Organise events throughout the year that highlight BME cultures, contributions and history.
- Recognise and reward individuals or teams that champion inclusivity and diversity within the workplace.
- Implement specialised training programmes that address the unique challenges faced by BME staff.
- Facilitate workshops that include scenario-based learning to develop empathy and practical skills for effective cross-cultural communication.
- Implement inclusive language training to support the workforce in recognising the impact language and behaviours have on an inclusive workplace culture.

Leaders with decision-making powers at NHS England and DHSC

- NHS England and DHSC to support a structured national mentoring programme, informed and underpinned by the evidence reported by the Taskforce for Diversity in NHS Communications. This should have particular focus on pairing communications from diverse backgrounds, particularly ethnic minorities, with experienced communications professionals who can provide advice and career insights based on shared experiences. This programme could either be delivered by communications leaders within NHS England and DHSC or commissioned externally but should be overseen nationally and used as a source of data and insight into the experiences of communications professionals from underrepresented backgrounds.
- DHSC and NHS England should explore with the Government communications service (GCS) whether NHS communicators could be included in the mentorship and support programmes developed and delivered by the GCS.

- Collaborate with educational institutions to create placements and mentorship programmes that target diverse students, nurturing future talent while simultaneously expanding the pipeline of skilled professionals ready to join the workforce.
- Develop a comprehensive competency framework for NHS communications roles. This framework should clearly define the skills, experience and behaviours required at each level – from entry to director – ensuring transparency and consistency across the profession.
- The NHS should continue to support a nationally delivered, university postgraduate course in healthcare communications and engagement, with a particular focus and target on identifying communications professionals from BME and other diverse backgrounds. This is essential to support these midcareer communications professionals with ambitions to go into senior leadership roles within the NHS communications profession.

Our charter

Tackling racial inequality in NHS communications requires bold, focused and collective action. We have developed a charter with achievable and measurable actions that can support our aim of developing a diverse communications and engagement profession for the NHS, supported by strong allyship and advocacy.

Our charter has been developed with the ambition of making it relevant to as wide a group as possible. This includes NHS communications professionals, as well as chief executives and other senior leaders.

By signing up to this charter, I will do the following:

1 **I will take personal responsibility to challenge racism and champion diversity.**

We have a problem in the NHS communications profession with racial inequality. This is evidenced by the underrepresentation of ethnic minorities among senior leaders. It is reflected in the experiences reported by professionals from racialised groups. Inequality persists for ethnic minority communicators entering the profession. This affects their experience of working in communications roles and can limit their ability to meet their career potential. We all have a part to play in taking action to tackle this.

2 **I will work to ensure that the percentage of ethnic minorities in the most senior NHS communications professionals is representative of the local population or workforce, whichever is highest, by 2030.**

The State of NHS Communications report published in 2024 shows representation of ethnic minority communicators at Agenda for Change band 9 or above currently stands at five per cent. In addition, almost two-thirds (61 per cent) of senior NHS communicators say they do not have a communications workforce that is representative of the communities they serve. Within this report, a number of recommendations have been made to support you to improve representation.

3 **I will reflect honestly on what I need to do to improve my knowledge and understanding about the issues people from ethnic minority backgrounds face when working in the NHS.**

Ongoing training and development is good, but it's not enough on its own. It's important to keep being curious. This means challenging personal assumptions and stereotypes. It involves making sure action is underpinned by evidence. It requires us to review the evidence we have, collect data where it doesn't exist and engage with lived experience as often as possible to illuminate the statistics.

4 **I will build and develop my professional networks of people who don't look like me. I will share my knowledge and insights about my own experience and will advocate for others.**

A vital part of anti-racist leadership involves building personal relationships with colleagues from different backgrounds, such as by becoming a mentor to more junior staff. It also includes creating a psychologically safe space where people can share honest reflections about their diverse experiences.

5 **I will make sure my commitment to improving the diversity in the NHS communications profession is reflected in my own organisation's communications practice.**

Building diversity of thought and experience into strategic planning is essential if we want to engage everyone. Rather than viewing this as a 'nice to have' or doing it as an afterthought, it means making sure projects are informed from the start by rigorous research insights (rather than assumptions) about diversity. Creating opportunities for ethnic minority professionals to thrive because of their background – and not in spite of it – is key to ensuring that the profession values all staff equally.

6 **I will help improve diversity in the NHS communications profession by identifying bias where it exists within our recruitment processes and taking action to improve them. I will use every opportunity I have to help bring more people from ethnic minority backgrounds into the profession and develop in-house talent. I will not participate in recruitment panels that are not racially diverse.**

We know that recruitment processes can include bias and discrimination, in a way which presents barriers to candidates from ethnic minorities. The evidence also shows us there are often unspoken requirements for senior roles. Candidates who lack the social capital to be coached or mentored through their application miss out on roles where they meet all of the advertised criteria. Bridging this attainment gap requires a shared commitment to remove biases from our processes and transparency about what is required in in a role on a day-to-day basis. I will play my part in developing coaching and mentoring programmes which advocate for communicators from racialised backgrounds.

I will take the following practical steps:

In signing up to this charter, I will also take personal responsibility to maintain my commitment to diversity in NHS communications by taking the following actions in the year ahead:

- Develop an ambitious appraisal objective and agree this with my line manager.
- Take concerted action to promote NHS communication vacancies in my organisation to candidates from ethnically diverse backgrounds.
- Extend my professional network to include people from ethnically diverse backgrounds.
- Undertake at least one development activity relating to diversity and inclusion in the next year.
- Identify an opportunity to provide mentoring and support to a junior NHS communications professional from an ethnically diverse background.
- Ensure my organisation keeps the NHS Confederation communications team informed of what we are doing, the challenges we have experienced and the outcomes we have achieved.
- Look for opportunities in the organisation where I work to influence senior leaders, in order to influence change about tackling racism.

Appendix

Taskforce for Diversity in NHS Communications members

Name	Job title	Organisation
Edna Boampong (Chair)	Director of Communications and Engagement	Liverpool City Council
Antony Tiernan	Director of Communications	NHS Blood and Transplant
Chloe Knight	Head of Communications (EDI)	NHS Confederation
Claire Riley	Chief of Corporate Services	North East and North Cumbria Integrated Care Board
Dan Charlton	Chief Communications Officer	Sussex Partnership NHS Foundation Trust and Centre for Health Communications Research
Daniel Reynolds	Director of Communications	NHS Confederation
Donna Webster	Associate Director of People and Culture	Surrey and Sussex Healthcare NHS Trust
Kofi Mensah-Ansong	Marketing officer/Race Equality and Cultural Inclusion chair	NHS Providers
Meredith Vivian OBE	Non-Executive Director: Health Inequalities & Involvement	NHS Shropshire, Telford and Wrekin Integrated Care Board
Natasha Ferguson	Chief Operating Officer	Taylor Bennett Foundation
Nazareth Ayele-Gayle	Deputy Head of Strategic Communications	NHS England
Ranjeet Kaile	Executive Director of Communications, Stakeholder Engagement and Public Affairs	South London and Maudsley NHS Foundation Trust
Sally Mussellwhite	Head of Communications and Marketing	NHS Providers
Sarah Campion	Director of External Affairs and Communications	NHS Charities Together
Sarah Waddington CBE	Non-Executive Director & Social Mobility Activist	Wadds Inc
Shak Rafiq	Strategic Communications and Stakeholder Engagement Lead	Bradford Teaching Hospitals NHS Foundation Trust
Shameema Ali	Communications and Engagement Lead	Chelsea and Westminster Hospital NHS Foundation Trust

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. The members we represent employ 1.5 million staff, care for more than one million patients a day and control £150bn of public expenditure. We promote collaboration and partnership working as the key to improving population health, delivering high-quality care and reducing health inequalities.

NHS Providers

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. NHS trusts in England collectively account for £132bn of annual expenditure and employ 1.4 million people.

CHCR

CENTRE FOR HEALTH COMMUNICATION RESEARCH & EXCELLENCE

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.

NHSProviders CHCR CENTRE FOR HEALTH COMMUNICATION RESEARCH & EXCELLENCE NHS Confederation

NHS COMMUNICATE

Celebrating excellence in NHS communications

Delivered in partnership by NHS Confederation, NHS Providers 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.

NHScommunicate.org
#**NHS**communicate

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