

NHS England

Communications Capability Review

Background to the review

1. The Communications Capability Review of NHS England is one of a series of reviews across the public sector, including Whitehall departments and arm's length bodies (ALBs). The review fieldwork took place in July 2014.
2. Each review is carried out by a combination of peer and external reviewers. Review methodology is based on interviews and examination of supplied materials. The reviewers evaluate capability to achieve communications and marketing objectives using a framework. This report contains their assessment and provides recommendations for improvement.
3. The review's scope covered the breadth of NHS England's external and internal communication. The reviewers conducted around 30 interviews and carried out a workshop with NHS England's communication staff and stakeholders, as well as reviewing written evidence.

Organisational context

4. NHS England, previously known as the NHS Commissioning Board, was formally established in October 2012 and is one of the key planks of the Health and Social Care Act 2012. It assumed its full authority in April 2013, overseeing the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS in England, including, in April 2013, primary care and specialist services. It has an annual commissioning budget of almost £100bn and now employs approximately 15,300 staff in Leeds, London and 48 other sites around England. Its creation has come at an increasingly challenging time for the NHS.
5. NHS England has a new Chief Executive, Simon Stevens, who joined in April 2014. He will oversee the publication of a five year forward look in autumn 2014. This will set out the critical questions that the NHS will need to address over the next five years, as consequences of an anticipated funding gap, ageing population pressures, growing complexity of people's healthcare needs and technological change. These pressures mean that new models of care are needed across the NHS. NHS England has also set out imminently pressing commitments in a 2014/5 business plan, which was published just before Simon Stevens arrived.

Role for communications

6. Broadly, its audiences divide into three groups:
 - internal audiences at NHS England (i.e. staff);
 - professionals working within the health system; and
 - a wider audience of patients, carers and stakeholders.

7. Communications has an important role to play for NHS England and includes the following:
 - support the work of GPs and clinicians by communicating to patients and the public why new models of care are needed, what they will be, and how change will happen;
 - explain to internal and NHS audiences, NHS England's role in the new system architecture. This includes its work as a direct commissioner, as the authorising body for Clinical Commissioning Groups (CCGs) and as a leader, partner and enabler and setting out what its immediate priorities are. Currently there is some uncertainty in the system about NHS England's precise role and scope;
 - lead system-wide organisational culture change towards quality improvement and compassionate care, through transparency and participation and by embedding the NHS Constitution across the NHS system; and
 - help individuals and patients to manage their health better and to manage their access to services through behaviour change interventions, including marketing communications.

Positive findings

8. The communications team has proved itself to be resilient and has coped with pressure and resource problems. In the team are a number of experienced professionals, many of whose contributions have not been fully recognised outside of the communications directorate.
9. The communication director, who arrived in October 2013 from the BBC, is viewed across the organisation as being capable, robust, well connected to staff and with good diplomatic skills. Not long after he arrived the previous chief executive departed, and his communications strategy is yet to be refreshed in the light of the new chief executive's priorities.
10. Media officers who are currently based in Leeds are moving to London to join the rest of the media team, which is a sensible decision.
11. NHS England communications has much improved working relationships with the Department of Health, PHE marketing teams and other ALBs (Monitor, CQC, NTDA). An example cited was the 2013/4 winter pressures campaign.
12. The recent creation of a Publications Control Group (PCG) is a positive step. This group gives the communications leadership control over NHS England's numerous publications, so that they are released in a timely and appropriate way.
13. The review team heard that the programme communications team has been successful in robust management of the expectations of policy clients who were unclear in many cases of the communications outcomes they were seeking.

Areas for improvement

14. NHS England has a number of strand-specific communications strategies but currently has no single document that pulls together: key audiences; the role for communications; objectives in priority order; and strategies that can achieve its aims within resource constraints.¹
15. The Communication team acknowledges that it is overly focused on external traditional news media to the detriment of other channels or other audiences. This pre-occupation has been hard to avoid. The NHS has high news value. The director of communications arrived shortly before the previous Chief Executive was leaving, and had to focus on immediate strategic priorities such as NHS winter pressures and working relations with DH. These factors have led to an approach which tends towards short-termist and reactive, a state exacerbated by the lack of a communications strategy.
16. The communications director reports to the National Director for Patients and Information (NDPI). This aligns communications with other external affairs functions, such as marketing, brand and digital which sit in this directorate. Not only is the NDPI the executive team representative for communications, his group is an important internal client with significant ambitions about how marketing communications can help individuals manage their health and how they should access services. The communications team manages its stretched resources according to these priorities, as well as the needs of the wider organisation. This could create a conflict of interest. There was no hard evidence of problems of this nature but reviewers thought the arrangements are not ideal.
17. In 2012 a sub-group of the Executive Team was established to provide oversight of the communications function. This has now been replaced by a standing agenda item at Executive Group Meetings following recognition that this needed improvement. Reviewers thought that without a communications strategy and evaluation, communications governance remains largely tactical.
18. Reviewers were provided with the new structure for the communications teams. Reviewers understood the thinking behind the re-structure but had reservations about whether it will go far enough to enable the organisation to achieve communications excellence. In particular its regional communications arrangements and the programme communications team both need reform.
19. Regional communications have been largely out sourced to Commissioning Support Units (CSUs). Problems include:

¹ The review team learned, subsequent to the fieldwork and initial drafting, that there had been a communications strategy at launch, though they did not see it and nor was it referred to. It was explained to reviewers that this lost its relevance when the previous chief executive announced his departure

- Most of the people interviewed were of the view that this way of working was not adding any value.
 - The CSU contracts were not developed for the kind of work that is required and some teams are staffed by non-communications professionals.
 - The teams are also under-resourced, the service reactive and it is seen as poor value.
 - The outsource arrangements limit accountability: some interviewees thought CSUs undertake work that is not linked to NHS England's business priorities.
 - There are inconsistencies across the local regional offer and there needs to be more clarity on what the communications service is able to provide to area team directors.
 - There is a lack of coordination between national and local campaigns. The central team needs to go through NHS England regional heads of communications in order to brief CSUs. Communications heads in regions do not report to the Communications director. This means there is significant risk that central priorities are not being implemented across England.
 - There are capability gaps in the NHS England area teams – perhaps because many are not communications professionals.
 - Frustrations were heard from CSUs' side too. For example, briefings are often given at very short notice, such as during the Care.data campaign where the regions and the centre needed to work more closely together.
20. Another area of the communications structures that reviewers felt needed looking at further within the re-structure is the Programme Communications team. The reviewers understand that the Programme Communications team had an extremely difficult first year. The workload was heavy and the team found this stressful, in particular managing the expectations of internal colleagues many of whom were unclear of the organisational objectives they were working to. (The reviewers heard that team members are keen to work to clear priorities: the production of an agreed communications strategy will help with this.) The reviewers recommend that Programme Communications has a clearer re-definition of its role, purpose and where it can best add value. There was a real concern that in its current role the team was overly focused on the preparation of documents as opposed to actively engaging with external or internal audiences. The reviewers shared the view that this team needed to be far closer to the execution of the strategy and have a broader end to end role.
21. At time of review fieldwork (July 2014) there is a bottleneck for communications approvals at the top of the office. This can risk slowing communications down and could result in missed opportunities. It was explained as a temporary measure.
22. Internal communications was generally criticised. Examples were given of staff finding out organisational news through national media. However the team is *extremely* resource constrained. Moreover it cannot be held accountable for the lack of internal understanding of the organisation's wider purpose, responsibilities and priorities, given the changes in

leadership. Reviewers thought the move of internal communications to the Transformation and Corporate Operations team is a pragmatic and remedial measure and accepted that the move was not permanent. In the medium term reviewers would prefer to see it re-integrated within communications line management.

23. The example of Care.data, widely criticised for the way NHS England misread public and media concerns, had wider complexities and root causes including gaps in stakeholder management understanding and capability. The example is still a valuable one for learning the need for NHS England to become better at reading patient and, in particular, stakeholder attitudes and perceptions.

Recommendations

R1. Establish a communications strategy. Grounded in solid communications foundations, governance and clear objectives, NHS England should develop a detailed, measurable and time-bound communications strategy which is in line with and directly reflects the revised business and strategic objectives of NHS England. These should be agreed at leadership level. Better communications governance and evaluation are then required to mark progress and ensure it keeps to priorities.

Serious consideration should be given, in order to improve governance, towards moving the communications teams out of its position in the Patients and Information directorate to a more neutral part of the organisation.

R2. Decide on communications priorities, what should be done in house and what should be outsourced. In developing its communications objectives and strategy, NHS England will need to make some decisions about: what should it do itself; what should it outsource; what should it not do in the next 12 months.

Simon Stevens has identified as a priority supporting GPs, clinicians and managers in their communications to patients about the need for service change. There are other roles for communications too, some of which resource constraints might have to curtail.

With little prospect of recruiting a bigger team given current financial constraints, the reviewers do not believe that NHS England's ambitions to achieve improved health outcomes and better service access through marketing behaviour change interventions of its own devising, are realistic. It does not have the capability for patient-facing marketing; the work would better be done by Public Health England, which does. For a commissioning organisation this example seems a straight-forward choice.

R3: Restructure the communications team. Once the communications objectives and strategy are in place, the communications team should be re-structured to ensure it can deliver or commission communications delivery accordingly. Without having sight of the new strategic

direction for NHS England and the wider health and social care agenda, it is not possible to provide an exact structure. However the following are important considerations:

- Enable the media relations team to initiate and lead more, by creating a proactive function within it. At the same time, reduce its reliance on traditional news media channels helping it to reach audiences directly.
- Restructure non-media communications, in particular by changing the programme communications function. There are six key roles:
 - With the Communications Director, own the delivery of the communications strategy and the agreed programme of campaigns and activities;
 - Actively play a role in the delivery of campaigns and other programmes of work, across agreed channels;
 - Set a strategy for and deliver a programme of digital communications;
 - Being the recognised single point of contact into the non-news side of communications;
 - Ensure that all of the various communication communities across Trusts, PHE, DH, Monitor etc. are regularly kept updated; and
 - Support communications governance and campaign evaluation.

R4. Change regional communications structures. NHS England should:

- Make the regional directors internal clients and commissioners but not managers of their communications. These should be managed directly by the central communications team and more closely integrated with its work.
- Commission a small-scale internal project to investigate options for a regional communications team and develop a blueprint for it. This resource will need specialist communications and engagement skills to meet the demands of the anticipated transformation agenda. The project should consider:
 - Low cost route – consideration of a small team of focused regional communicators at the centre but who make regular trips into the regions - potentially each with a certain regional specialism; and
 - Higher cost option – dedicated regional media specialist or small number of specialists in each region. These individuals would need to be networked, capable communicators, close to the issues, and who can become known to local media.
- Sever the CSU contracts and transition in the new team.

Further recommendations: professional development. There are a number of lower-order recommendations detailed in the main body of the report. Of these, the lead recommendation is to put professional development programme in place, working with GCS to improve standards and capability.

Specific recommended actions

Item	Action in six months	Action in 12 months
R1. Develop and an NHS England Communications Strategy.	<ul style="list-style-type: none"> • Develop communications objectives and priorities. • Set up communications process governance and board. • Investigate moving communications to a corporate services directorate. • Agree key measures for evaluation, based on GCS principles. 	<ul style="list-style-type: none"> • Evidence of communication governance process in action. • Evidence of evaluation to support achievement of business objectives.
R2. Ensure current resources are optimised to deliver a proactive programme of campaigns and activities.	<ul style="list-style-type: none"> • Allocate teams and resources per new communications strategy and monitor this. • Work with PHE to develop the outsourcing process for behaviour change marketing interventions. 	<ul style="list-style-type: none"> • Evidence of effective workflow management (e.g. comms team survey that they feel work is appropriately allocated and managed) • Evidence of successful PHE behaviour change marketing.
R3: Review the structure of the Directorate to ensure integrated campaigns can be delivered across all media.	<ul style="list-style-type: none"> • Ensure NHS communications about service change are fully supported by creating a strong campaigns capability, with strong linkages into the key client groups. 	<ul style="list-style-type: none"> • Evidence of multi-disciplinary teams on several key campaigns and programmes of work • Evidence of new account management structure in action.
R4. Change regional communication structures.	<ul style="list-style-type: none"> • Regional communications to report to central communications team. • Investigate regional communication resource options and replace CSU arrangements. 	<ul style="list-style-type: none"> • Evidence of new regional communications team supporting GPs, clinicians and managers communicate service change effectively.