The Rapidly Changing NHS

Communication in the age of coronavirus

A Research White Paper
from the Centre for Health Communication Research
Bucks New University

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Foreword

The Centre for Health Communication Research (CHCR) is based at Buckinghamshire New University. It focuses on the communication challenges, issues and opportunities faced by organisations in the health sector. CHCR acts as a catalyst for innovative thinking at the boundary between academe and the public sector. It seeks to inspire the use of effective and professional communications to improve patient outcomes, strengthen patient experience and ensure the most efficient and effective delivery of health services.

This research project – the first to explore the experiences of NHS professional communicators during the coronavirus pandemic - has been conducted as a contribution towards NHS learning. It has been undertaken with the support of an Advisory Group comprising:

- Daniel Reynolds, NHS Confederation
- Adam Brimelow, NHS Providers
- Lisa Ward, NHS Providers
- Andrew Ashcroft, University Hospitals of Derby and Burton NHS Foundation Trust
- Dan Charlton, Visiting Research Fellow CHCR, Sussex Partnership NHS Foundation Trust
- Charlotte Gawne, Visiting Research Fellow CHCR, South West London Health and Care Partnership
- Zuleika Henderson, NHS London Procurement Partnership
- Steph Hood, Visiting Research Fellow CHCR, Hood & Woolf
- Genevieve Ileris, Waltham Forest and East London Clinical Commissioning Groups
- Emily Loud, Cambridgeshire Community Services NHS Trust
- Victoria Parker, Royal Berkshire NHS Foundation Trust
- Antony Tiernan, London Ambulance Service NHS Trust

We extend special thanks to:

- NHS Providers and the NHS Confederation for their significant logistical support and professional collaboration in this research project.
- The East of England Ambulance Service for its support in seconding Julie Hollings to work on the project.
- Professor David Sines and Dr Paul Morgan, Head of the School of Health Care and Social Work at Buckinghamshire New University for their ongoing support.

The proposal for this research project has been approved by the Buckinghamshire New University Research Ethics Panel.

Contents

Executive summary

The coronavirus pandemic has triggered some dramatic changes across the NHS not least in the public perception of this much-loved national institution. When Annemarie Plas, a Dutch national living in London, proposed the Thursday evening ritual of applause to show support for NHS staff she could hardly have imagined the enormous impact her idea would have. However, NHS professional communicators are seriously concerned there could soon be a backlash against what one called this *"feeling of reverence for front line services"*.

Our research found considerable apprehension about whether, and for how long, public support for the NHS would last given the immense challenge associated with further waves of Covid infection, the restoration of pre-Covid levels of service, the need to tackle rapidly lengthening waiting lists and the prospect of numerous delayed diagnoses of serious illnesses such as cancer, heart disease and mental health problems.

Along with this concern we found challenges associated with the fact that the NHS will undoubtedly be very different as we move through the period after the initial pandemic peak. There may not be – and arguably should not be – a return to some sort of pre-Covid 'normal' but a return to anything like normality depends upon persuading patients and the public that hospitals, GP practices and other care settings are not dangerous and that many are, for the moment, largely Covid-free environments.

Despite these fears for the future NHS communicators clearly felt that during the pandemic there was generally a greater appreciation of professional communications within NHS organisations and an enhanced recognition of communications as a strategic and vital function. 84% of NHS professional communicators felt they had been more influential during the pandemic and they wrote of being *"more involved in helping to inform and shape organisational decision making"* and of getting a *"a seat at the top table and a more strategic role"*.

We also found that communicators celebrated the *"tearing down of barriers"*, a reduction in bureaucracy and the development of streamlined local approvals processes during the pandemic with 82% feeling that management decision-making was generally faster. Respondents found less resistance to change, greater organisational flexibility and an ability for people to adapt quickly. They reported that *"barriers which have been in place for years, preventing things like online communications, rapidly fell away when the lockdown kicked in."*

Many respondents felt the pandemic was a wakeup call and a unique opportunity to instigate rapid change and to embed some of the positive transformations that have emerged during the pandemic. There was, however, a fear that positive, innovative change could easily be forgotten and the NHS could fall back into old, bureaucratic behaviours.

More positively, professional communicators felt the pandemic had triggered a strong wave of transformative innovation across the NHS with video conferencing, private staff Facebook groups, team collaboration software, video shot on smart phones, secure clinical messaging platforms and live streaming of events on YouTube… all coming into their own.

And, of course, technology is transforming the way in which clinicians interact with patients with many more GP and hospital outpatient appointments and consultations taking place by telephone or through video conferencing. We have moved much closer to a system of "digital first" care

Other key findings from this research include:

- During the pandemic there was a massive switch from on-site working to homeworking with NHS professional communicators spending, on average, almost two thirds of their time working from home. This looks set to continue but while for some people this has been a boon for others it has raised issues of personal isolation, a loss of work-life balance, a negative impact on family life and a tendency towards an unhealthy, sedentary, desk-based lifestyle.

- The pandemic appears to have driven a notable improvement in relationships between NHS communicators and the various professional colleagues they interact with. Respondents reported that the pandemic had "*galvanised*" their professional relationships as the NHS and its partners had come together with a single focus of activity that created a "*sense of one team working together*".

- Most respondents felt national NHS content and messaging provided during the pandemic was valuable but there was some criticism that this was not always delivered in a timely fashion.

- Opinions were more varied when it came to the question of the national communications strategy with respondents evenly divided about the question of whether the national communication strategy had been effective.

- We also found divided opinions over the application of the national command and control of communications strategy with many communicators troubled by the manner in which command and control of communication had been applied.

- Looking to the future, there was also some concern that staff shortages could be exacerbated if significant numbers of NHS staff consider the possibility of early retirement or a personal change of direction in the wake of the coronavirus pandemic.

Introduction

The research findings from this work are based on a large-scale quantitative survey that was circulated to NHS professional communicators in May 2020. Fieldwork took place between 20 May 2020 and 3 June 2020.

In total 165 NHS communicators responded including a significant sample from each of the seven NHS England regions, from a range of NHS organisations (including hospital Trusts, ambulance Trusts, health commissioners and health regulators) and from all levels of communication seniority (including the most junior communications staff up to Director of Communications level).

The research covered a broad range of communication questions including how well-prepared NHS organisations were for the pandemic, how audience priorities changed as the pandemic took hold and which communication tools and channels proved to be most effective during the pandemic.

We also explored the degree to which professional communicators benefited from extra resources, greater influence, faster decision-making or streamlined approvals processes and we asked them about innovation and the use of novel technology during the early stages of the pandemic.

Finally, we looked at the question of how national communication had impacted upon NHS frontline communicators and asked them what they saw as the next big challenge for the NHS.

It should be noted that this is a rapid publication "white paper". A complementary technical paper will appear shortly to provide a formal framework and supporting analysis.   Comprehensive analysis and academic publication will follow later. We are publishing this white paper swiftly because we believe it is important that the insights from this research are shared as quickly and as widely as possible.

Many of the questions in our survey were based on exploring the difference between how professional communicators behaved or operated "before" the pandemic compared with how they operated "during" the early stages of the pandemic.

It is important to note that while the focus of this research is principally upon NHS communication, the implications are much broader. Health communication is not simply a task that should be pigeon-holed for the professional communicators. The lessons go far wider.

Section One
# – NHS communication during the pandemic

Working hours and remote working

Not surprisingly, during the coronavirus pandemic, in common with other NHS workers, NHS communicators worked longer hours than they typically worked before the pandemic. Overall working hours increased by about 25% rising from an average of just over 41 hours a week to an average of just over 51 hours a week.

The more junior staff (Bands 1 – 5) worked approximately 10% longer hours, for Bands 6 and 7 it was approaching 20%. Bands 8a to 8c worked around 30% longer hours and Band 8d staff worked an average of almost 40% longer hours. At the most senior levels (Band 9 and VSM) the percentage increase dropped to around 20-25%. However, it should be noted that the most senior staff were working the longest hours before the pandemic and therefore had less scope to work more.

[For the guidance of non-NHS readers, the NHS staff banding structure works as follows. The bands with the lowest numbers are the most junior staffing levels with higher numbers relating to more senior staff roles. Band 8 is broken down into four sub-Bands, 8a, 8b, 8c and 8d. Above Band 8d there is a Band 9 and finally the most senior band, VSM or Very Senior Manager.]

% Change in Time Worked
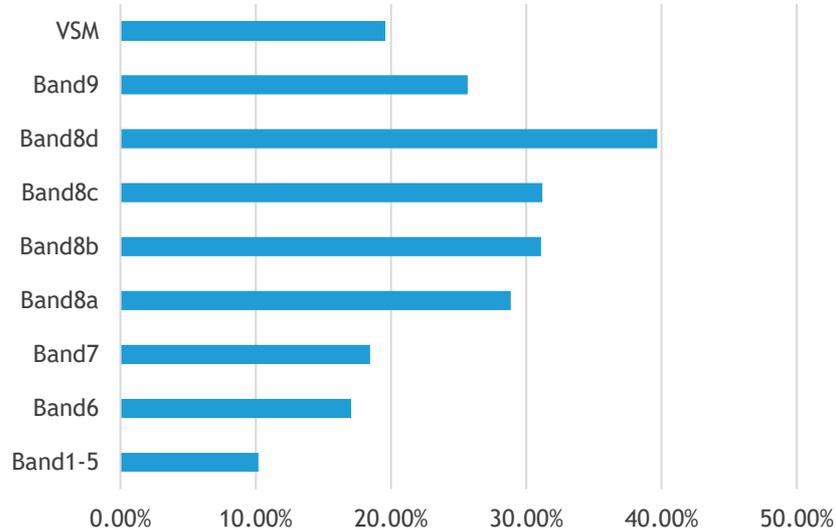
Hours by Band	% Change	BEF/Hrs	DUR/Hrs
Band1-5	10.20%	37.46	41.29
Band6	17.04%	37.84	44.29
Band7	18.47%	38.67	45.81
Band8a	28.85%	39.28	50.62
Band8b	31.08%	40.57	53.19
Band8c	31.19%	45.69	59.94
Band8d	39.69%	43.46	60.71
Band9	25.67%	46.75	58.75
VSM	19.55%	47.24	56.48

Not surprisingly, the broad averages disguise some interesting variations. Professional communicators working for regulators such as NHS England and other Arm's Length Bodies (ALBs) tended to increase their working hours during the pandemic by over 35% and those working in front line acute NHS Trusts by almost 30% whereas communicators in community Trusts worked just over 17% longer hours.

In line with government guidance, there was also a massive switch from on-site working to homeworking with NHS professional communicators spending almost two thirds of their time working from home during the pandemic. On average communicators spent almost three and a half days working at home with two days a week spent at their place of work.

For many this work transition, compelled by circumstance and facilitated by technology, has been a huge and positive step forward. Respondents to our survey referenced reduced commuting time and more family time as good reasons for home working. One said:

> *"The biggest single change is to [sustain] agile working: we don't have to be office-based to be effective… I will now convince my HR team that successful candidates [need not] base themselves physically in the office."*

However, for others home working has not been an unalloyed success with some referencing personal isolation, a loss of work-life balance, a negative impact on family life and a tendency towards an unhealthy, sedentary, desk-based lifestyle.

One respondent said:

> *"Remember to not underestimate the importance of the ad hoc reality check 'can I just check' informal conversations that happened over our desks - they stopped at the start of 'Working at Home'."*

Another wrote of the…

> *"Complete blurring of any lines between weekday/weekend, day/night, at work/not at work."*

Stress and job satisfaction

We asked respondents about their levels of stress and job satisfaction during the pandemic. By comparison with pre-pandemic levels both stress (29.70%) and job-satisfaction (30.36%) increased during the pandemic.

There appears to be no clear relationship between these figures. A number of respondents indicated both an increased level of stress AND an increased level of job satisfaction during the pandemic.

There are limited but significant associations between personal seniority and job-satisfaction (the more senior the respondent the higher the level of increased job satisfaction) and a further limited association between increased stress and working for a Clinical Commissioning Group.

Relationships with colleagues

The pandemic appears to have driven a notable improvement in relationships between NHS communicators and the various professional groups they interact with.

We asked respondents to assess whether their relationships with different groups had become better or worse during the pandemic. They were asked to rate the strength of their relationships during the pandemic against a pre-pandemic benchmark of 50 (on a scale of 0-100). A rating of more than 50 equated to a relationship improvement and a rating of less than 50 equated to a relationship that had deteriorated.

We found that during the pandemic relationships improved across the board. For the sample as a whole, relationships with colleagues in the same NHS organisation improved by over 40%, with professional communicators in other NHS organisations by over 30%, with other colleagues in partner organisations by 25% and with the media by almost 20%.

Relationships appeared to improve most in organisations that were relatively well prepared for the pandemic crisis and there was an alignment with higher levels of job satisfaction. In short – and not surprisingly – those who reported higher levels of job satisfaction also reported more improved relationships.

The reporting of improved relationships was consistent across geographical regions, organisational type, and personal level of seniority. Among minor variations, the improvement in the relationship between NHS communicators and the media was lowest in London (just 5.58%) and a somewhat lower improvement in relationships was associated with higher levels of home working.

Typical quotes from respondents included:

"The pandemic has galvanised our partnership approaches"

"Relationships are gold"

"Partnerships are built from within and we are in a good position to reinvent our model from this point forwards."

"The single biggest change has been the join-up of communications across NHS organisations. We know the key to successful communications is clarity and consistency of message and this has proved the case in how the NHS has come together across partners."

Respondents also felt the pandemic provided a single focus of activity that created a *"sense of one team working together"*. They said:

"There was no ambiguity around priority"

"Having one priority and sufficient resource to do it justice was delightful."

"People [are] much more action focused and urgent"

Relationships

71.12 (42.24%)
Organisational colleagues

65.39 (30.78%)
Other NHS Comms

62.50 (25.00%)
Organisational partners

59.65 (19.28%)
Media
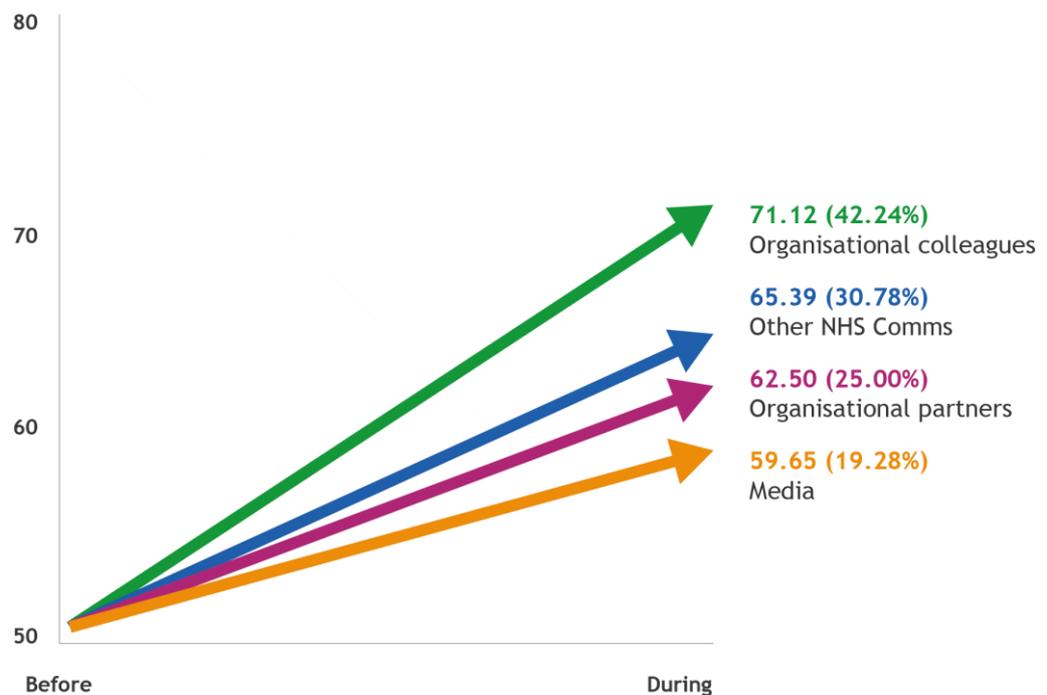
Audiences and communication channels

We also explored with respondents how the pandemic had affected the emphasis they put on different audiences and how it had impacted upon their choice of communication channels.

Put simply, the broad sample of respondents reported spending more time communicating with **all** their different audiences but, as the table below indicates, there was remarkably little proportional difference between how much time was spent on each audience group during the pandemic compared with before the pandemic.

The message from the research was a relatively simple one. NHS communicators worked longer hours during the pandemic and split this additional time across all audiences in a relatively proportional manner.

| Time per Audience	During	Before	Delta
Internal	31.56%	30.40%	1.16%
Patients	13.53%	15.43%	-1.90%
Community	15.99%	16.47%	-0.48%
Regulator/ALBs	5.51%	4.91%	0.60%
Partners	9.50%	9.32%	0.18%
Media	12.40%	13.13%	-0.73%
Senior Managers	11.50%	10.34%	1.16%
	100.00%	**100.00%**	

There were, however, some notable variations in audience priority among different types of NHS organisation. Ambulance service communicators significantly reduced the amount of time they spent communicating with the media; hospital Trust communicators increased the amount of time spent communicating with staff; and communicators working in health and care systems or in Clinical Commissioning Groups spent much more time communicating with partner organisations.

It is, arguably, not surprising, given the nature of the pandemic crisis, that hospital communicators spent more time communicating with their staff who were grappling with a novel disease and a potentially unprecedented demand, compared with communicators working across health and care systems who spent more time communicating with partner organisations as they sought to coordinate the wider NHS response to the pandemic.

Somewhat more dramatic changes emerge, however, from an analysis of the communication channels that professional communicators used during the pandemic.

- The use of mobile communication - defined as including text messaging, audio and video calling and conferencing - almost doubled, rising from the "pre-pandemic" benchmark of 50 to a "during-pandemic" rating of 92.5.
- Digital communication, including web, intranet and social media, rose from a "pre-pandemic" benchmark of 50 to a "during-pandemic" rating of 84.
- The use of broadcast media rose marginally, from 50 to almost 57.
- The use of print media fell from 50 to 41.
- Not surprisingly face-to-face communication during the pandemic lockdown fell from a "pre-pandemic" benchmark of 50 to a "during-pandemic" rating of 14.75.

During the pandemic: channel usage
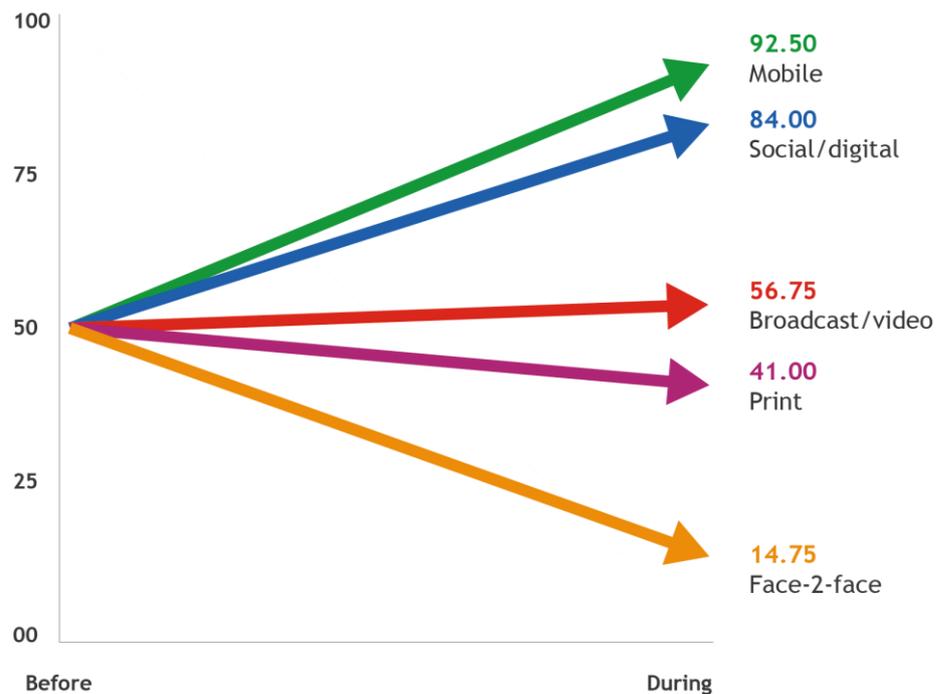
Communication tools

We also asked respondents which communication tools and tactics they thought were most effective and least effective during the pandemic.

Among the most effective tools mentioned were:

- Greater use of social media, predominantly Facebook (mentioned by 17.9% of respondents).
- Greater use of technology such as video conferencing using a range of software packages (mentioned by 14.3%).
- Daily staff communication bulletins and regular briefings from a visible chief executive (mentioned by 13.6%).

The proliferation of new, closed staff Facebook groups was mentioned by many respondents and was widely deemed to be very effective.

One respondent said:

> *"We have been trying to get a staff Facebook page off the ground for ages and it has now become a really effective comms tool, particularly for clinical staff."*

Other effective tools mentioned included:

- Communication by webinar.
- Virtual engagement meetings to replace traditional face-to-face engagement with staff and stakeholders.
- The use of explanatory videos to save staff and others from reading lengthy documents.
- The establishment of a daily "battle rhythm" that gave structure and predictability to communication activities during the height of the pandemic.

When prompted with a direct question 84% of respondents said they found social media tools more valuable during the pandemic, 94% said they found technology such as video conferencing more valuable and over 80% found video more valuable.

Respondents felt the more traditional tools and tactics were least effective during the coronavirus pandemic.

- Not surprisingly, perhaps, face to face communication was mentioned by almost 20% of respondents as being relatively ineffective.
- Traditional media briefings were deemed to be ineffective by 17.8%.
- Posters and pop-up banners were felt to be ineffective by almost 10% of respondents in part because the key messages were changing very rapidly.

Interestingly, a significant number of respondents thought all-user electronic briefings were very effective and a similarly significant number felt all-user emails were not very effective. The explanation here may be that short, sharp, well-written and well-presented electronic briefings have great impact while lengthy, dull and turgid all-user emails are rarely read. In any event one finding from this research is that professional communicators are increasingly recognising that in any event busy NHS staff are more likely to watch short video "explainers" than to read lengthy documents.

Communication activities

We asked respondents to compare how they prioritised their approach to communication before the pandemic and how their priorities changed during the pandemic.

We invited respondents to rank the following priorities in order of importance before and during the pandemic.

- Stakeholder engagement
- Influencing public behaviours
- Influencing staff behaviours
- NHS reputation management
- Communicating factual health information

The table below indicates their relative levels of priority before and during the pandemic. It is clear that during the pandemic the organisational priorities of individual NHS organisations, such as stakeholder engagement and reputation management, became relatively less important while directly health related priorities such as providing factual public information and seeking to influence public and staff behaviours during lockdown became relatively more important.

One respondent noted that:

> *"We haven't had to defend the organisation or the NHS to the same extent [during the pandemic]. People, including media, have been very positive since the pandemic started."*

Pandemic goals, adjusting priorities

79.00 - 85.25
Factual public information

59.00 - 53.50
Stakeholder engagement

44.75 - 49.50
Change public behaviour

24.75 - 32.00
Change staff behaviour

43.00 - 29.75
Reputation management

Before   During
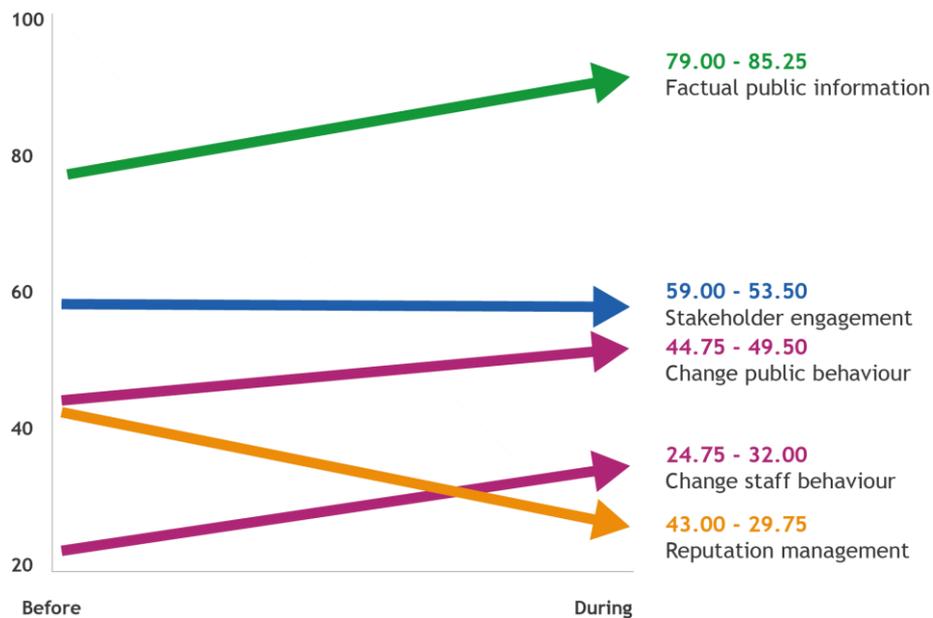
Preparation

Most NHS professional communicators considered themselves to be reasonably well prepared for the coronavirus pandemic but there was significant variation between the way in which they were prepared.

40% of respondents felt they were either "highly prepared" or "completely prepared" with respect to having an up-to-date contacts database, compared with just 18% who felt they were "somewhat prepared" or "not all prepared".

This stood in contrast to the percentage who felt they were prepared with respect to training or rehearsing for a crisis such as a pandemic. Here, just 18% felt they were "highly prepared" or "completely prepared" compared with 44% who felt they were only "somewhat prepared" or "not all prepared".

NHS communicators also felt they were under prepared when it came to horizon scanning for upcoming issues and with respect to having documented, clear processes for decision making.

This may not be particularly surprising. Pandemics are not unknown but the UK's last such event, H1N1 influenza (so-called "swine flu") featured infection rates comparable to coronavirus but far lower mortality rates. Additionally, after six months, a H1N1 vaccine became available.

However, we found an interesting correlation between higher levels of preparedness and communicators' personal ability to influence NHS senior managers. The more prepared they were the more they were likely to be able to influence other NHS leaders.

National communications

We also asked NHS professional communicators whether they felt that during the pandemic:

- Nationally provided communications content had been valuable
- The national coronavirus communication strategy had been effective
- The national command and control of communications strategy had been appropriate
- And the national control of local messaging had been acceptable

National content

50% of respondents felt the nationally provided NHS content and messaging provided during the pandemic was valuable compared with just 13% of respondents who felt it was not. The most senior communications leaders (Band 9 and VSM) were more inclined (39%) to think nationally provided content was not valuable than the sample as a whole and there was some criticism that national messaging and content was not always delivered quickly enough to meet local deadlines.

Respondents said:

> *"We felt like we were playing catch-up with the messages that were put out via the briefings."*

> *"One of the biggest challenges we continue to face is the lack of notice we receive for big announcements"*

> *"[We are] happy to use national materials, we don't need to localise all the time, but we need them quickly"*

> *"Sometimes the national messaging has come out too late"*

National communications strategy

Opinions were more evenly balanced, however, when it came to the question of the national communications strategy. 35% of respondents agreed with the proposition that the national strategy had been effective while 38% disagreed. However, the percentage of respondents who felt the national strategy had NOT been effective jumped to 57% among the most senior communicators (Band 9 and VSM).

One respondent said:

> *"I found the changing government messaging unhelpful (the branding changed several times in the early days) and the 'stay alert' branding hasn't been helpful at all".*

Another said:

> *"The biggest challenges, and there have been many, throughout this process have been around changing guidance and facts, or a need to communicate processes which everyone knows will change in a day or two".*

Command and control of strategy

The issue that generated most discussion, however, was the question of centralised "command and control" of NHS communication.

NHS England announced in early March 2020 that coronavirus had been declared a level four national emergency. The NHS England Emergency Preparedness, Resilience and Response Framework describes level four as being "an incident that requires NHS England National Command and Control to support the NHS response".

The Framework describes command and control in the following terms, "For responses at Alert Level 4… NHS England (national) may take command of all NHS resources across England. In this situation direction from the national team will be actioned through the regional teams".

NHS England's power in this respect emerges from Section 252A of the National Health Service Act 2006 as amended by the 2012 Health and Social Care Act which says, "The [NHS Commissioning] Board may take such steps as it considers appropriate for facilitating a co-ordinated response to an emergency by the clinical commissioning groups and relevant service providers for which it is a relevant emergency".

In practical terms the understandable purpose of the command and control of communications is to ensure there is consistency of message, that the NHS speaks with one voice and that it fulfils its duty under the Civil Contingencies Act to warn and inform the public.

41% of respondents felt the application of the national command and control of communications strategy and activities had not been appropriate but almost the same percentage (37%) felt it had been appropriate. However, once again, the most senior professional communicators (Band 9 and VSM) were more inclined (57%) to the view that national command and control of communications strategy and activities had not been undertaken appropriately. In addition, the weight of detailed comment was clearly troubled by the way command and control of communication had been applied.

Some respondents demonstrated complete opposition to any form of command and control. One said they had seen a:

> *"Resurgence of a command and control mentality I thought we had progressed beyond"*

Others said:

> *There was, "Greater (unhelpful) focus on command and control from NHS England".*

> *"Biggest challenge NHS communicators face at Foundation Trust level is the misuse of 'command and control' from the centre".*

> *"Command and control is a regressive step because it is so unresponsive."*

> *"NHSE weekly seminars could have been really helpful in principle but they quickly became a broadcast opportunity and quite defensive which was a shame."*

Others offered a more nuanced response which recognised the need for command and control but raised questions about its application.

Comments included:

> *"Of course, there needs to be national command and control but the national team can't run comms from a bunker in London to parts of the UK all with very different needs and audiences. It would have been far more effective to harness all our talents than to belittle people and demand compliance."*

"Micro-management by regulators has been very frustrating and at times completely disproportionate and muddled."

"I understand the need for [national] command and control… but this needs to be consistent. So, at the same time we are being told to refer all media enquiries to NHSE and not to do any broadcast media, NHSE is working with a big name London trust to do a fly on the wall documentary ,whilst advising others not to let the cameras in. Double standards!"

One respondent even likened those applying command and control to characters in the television programme "The Thick of It" insisting that communicators in frontline hospital Trusts were *"treated like idiots with no judgement"*.

And when front line NHS communicators accepted the need for centralised command and control of communication activities, they often found it took an excessive amount of time to sign off a proposed communication initiative.

Respondents said:

"I think NHS England / Improvement have to think about their role in NHS communications. We found them really hard to deal with and their sign off process far too slow,"

"It takes far too long for them to sign things off"

It is, however, important to note that there were some strong counter views including these:

"From a communications perspective in the [NHS] system there is a distinct amount of duplication taking place… particularly around activity with the media and competition for content at local level with lack of regard for command and control national guidance."

"I do find the criticism of national NHS/Government communications - particularly from provider communication leads - a bit over the top. The criticism comes with hindsight - and, speaking as a communications lead for a large London hospital, the pressures/demands on me are no way near what they are at a national level. Could things have been done better? Of course. Would we all do it better ourselves, if we were in the hot seat? With hindsight, yes - but in real-time, probably not."

National control of local messaging

On the question of whether the national control of local messaging had been appropriate, 50% of our survey's respondents felt it had NOT been appropriate, while 29% felt it had been. Once again, the percentage of respondents who felt it was not appropriate rose significantly (from 50% to 71%) among the most senior communicators.

One respondent summed it up as follows:

"It did not help that NHS England / the Department of Health and Social Care felt that they knew better than us HOW to do OUR jobs locally."

Section two
– The major lessons.

Our research also sought to explore with NHS professional communicators what, if anything, they had identified as major changes during the UK's peak period of the coronavirus pandemic. From their responses we identified three major changes.

Reduced bureaucracy

First there was a strong feeling of reduced bureaucracy, faster management decision making and streamlined local approvals processes. 82% of respondents agreed with the proposition that management decision-making was faster during the pandemic with just 8% disagreeing. 70% of respondents said that local communication approvals processes were more streamlined during the pandemic with 16% saying they were not.

Respondents suggested that during the pandemic there was less resistance to change than there had been before the pandemic, greater organisational flexibility, greater personal flexibility and an ability for people to adapt quickly. They referred to an increased pace of both decision making and action, fewer unnecessary meetings, greater agility and the discarding of *"pointless/aimless projects"*.

One respondent wrote of:

> *"Tearing down barriers, doing things in days that would previously take years."*

Another referenced:

> *"The ability to bring in things quickly that we've been trying for years to bring in, both clinically and behind the scenes"*

Other respondents said:

> *"Barriers which have been in place for years, preventing things like online communications, rapidly fell away when the lockdown kicked in."*

> *"I think the pandemic has helped decision makers overcome individual colleagues or small groups or resisters to change, which may have blocked or slowed change."*

> *"[The] biggest innovation by far is the use of technology for remote / video consultations with patients and smart messaging use such as WhatsApp. Red tape and worries over IG [information governance] had to be removed."*

> *"I think the biggest single NHS change I've seen is the 'just get it done' attitude which has meant decisions can be made quickly and efficiently."*

"Much of this change has been brought into effect at short notice - COVID-19 has forced the NHS to cut through red tape and introduce initiatives, many of which would [otherwise] have taken years to implement."

"The [pandemic has been the] best example ever of what the NHS is capable of - and evidence of how quickly the sector can move when it needs to"

Communicators as strategists

We also found a strong sense that during the pandemic there was a greater appreciation of professional communicators in NHS organisations and an enhanced recognition of communications as a strategic and vital function. Respondents talked of joining all Executive Team meetings during the pandemic and getting frequent access to senior managers.

81% of respondents felt board members and senior managers were more actively involved in communications issues during the pandemic, with just 5% disagreeing. And 84% of NHS professional communicators felt they had been more influential during the pandemic, with just 6% feeling they had been less influential.

Respondents said:

"Communications as a function has become more involved in helping to inform and shape organisation decision making rather than just a tactical function that tells people what's been decided."

"I feel like the role of communications has been more appreciated by senior leaders over the last few months, and they have looked to us more frequently for assistance and advice."

"I feel this pandemic has given communications a seat at the top table and a more strategic role and I very much hope this will continue going forward."

"I think the pandemic has brought the role of communications into better focus - I think - and hope - that people will continue to see the key role it plays within an organisation."

And the recognition of the communications team went beyond NHS leaders. Respondents talked of staff being more engaged with NHS organisational communications and actively seeking out corporate communications advice. One respondent said:

"One of the biggest changes I've experienced is an acknowledgement and appreciation of the communications team and our work from both senior leaders and frontline staff."

Another said:

> *"I no longer have to justify what "NHS comms" is/does/contributes, when talking to family and friends. They now 'get' the public information and staff knowledge sharing that is my team's job every day."*

Strong innovation

The third change we identified was rapid innovation with the tools, technologies and creative execution of communication activities. 92% of respondents felt that during the pandemic there had been real innovation with tools, channels or technologies, with just 2% feeling there had not. 87% felt there had been positive innovation in the creative execution of communication activities, with just 1% feeling there had not.

By far the most widely used new tool of the coronavirus lockdown was video conferencing. At first glance the use of remote video conferencing may not seem to be particularly innovative. It is a technology that has been available for many years but the speed with which this relatively basic technology has swept through all parts of the NHS (and society more widely) has been transformational. One in three respondents referred to the way in which it has transformed meetings both large and small.

And, of course, video conferencing has also transformed the way in which clinicians interact with patients with many more GP appointments, hospital outpatient appointments and other consultations taking place by telephone or through video conferencing. We have moved much closer to a system of "digital first" care.

Respondents told us:

> *"Getting our GPs to move to virtual appointments within two weeks when we'd been trying to increase take-up for years was such a revelation."*
>
> *"Patient communication is the biggest innovation - the move to telephone/video conferencing has been a challenge for years and now within weeks it is commonplace."*
>
> *"We went from 14 services delivering video consultations before the pandemic to over 60 across the system."*
>
> *"It's been encouraging to see how quickly the NHS can adapt services when it needs to - particularly how it can embrace technology."*

And this video conferencing revolution has had a major and immediate impact upon patient, public and staff engagement. Professional communicators have recognised that, *"we'll need to completely rethink face to face engagement"* and as they have done so traditional forms of face-to-face engagement have moved online.

Respondents told us that engagement events have been live streamed on Facebook Live, Microsoft Teams or YouTube. Apps such as Slido or Glisser have been used to encourage and gauge audience interaction. Team collaboration software like Trello is being used more and more. Video shot on smart phones has become commonplace with more user generated content than ever. Secure, clinical messaging platforms such as Pando have a growing network of users. And patient communication software like AccuRX and Attend Anywhere is now much more commonplace.

This race towards a more digital future has inevitably raised some concern over those who do not have access to the necessary hardware or software and what one respondent described as *"pearl clutching about leaving people behind"* but there appears to be a strong belief that the NHS must seize the opportunity of the moment and encourage greater digital interaction between staff and between patients and clinicians, whilst being mindful of the need to address the challenge of the digital divide.

The combination of reduced bureaucracy, increased innovation and a more strategic role for communicators led respondents to conclude that during the pandemic they had been able to work more efficiently (80% agreeing and 8% disagreeing) and had been able to access key audiences more efficiently (75% agreeing and 3% disagreeing).

Section three
- The future

Finally, our research explored with NHS communicators what they felt the key challenges would be as society conquered coronavirus or learned to live with it. They identified two major areas of challenge and several minor themes.

Managing public expectations

One of the two most frequently referenced areas of concern involved the management of public expectation.

One respondent noted that during the pandemic there was:

> *"A greater respect from the public for the NHS - almost a feeling of reverence for front line services"*

Our research found considerable concern about whether, and for how long, this public support for the NHS would last given the immense challenges associated with the restoration of pre-Covid levels of service, the need to tackle rapidly lengthening waiting lists and the prospect of numerous delayed diagnoses of serious illnesses such as cancer and heart disease. Respondents said:

> *"I think we are going to enter a period soon where the media and public will start turning on the NHS as we are unable to meet expectations of restoring services and seeing people as quickly as they hope."*
>
> *"[The challenge will be] managing the messages around longer waiting lists as we try to grapple with the backlog of elective work."*
>
> *"Perceptions of the NHS will change quickly when the immediate threat passes and stories of 3-year delays of operations, missed cancer diagnoses and waiting lists for mental health services start gaining traction."*

We also found some concern that the public mood might shift even more dramatically, and that people may even begin to question whether NHS staff had done enough to combat coronavirus. One respondent said:

> *"[I] believe the tide will turn on the NHS and we could come under criticism about what we did, whether we did enough, whether we prevented deaths...."*

Along with these concerns we found challenges associated with the fact that the NHS will undoubtedly be very different in the period after the initial pandemic peak. There may not be – and arguably, perhaps, should not be – a return to some sort of pre-Covid 'normal'.

Respondents said:

> *"It will… be a difficult transition to get back to 'normal' once the national support from the public trails off following huge donations, offers of support, volunteering etc."*

> *"There appears to be an image of the NHS coping and dealing with the pandemic and this may become problematic as people expect everything to switch back to 'normality'."*

And, of course, a return to anything like normality depends upon persuading patients and the public that hospitals are not dangerous and that many are now largely Covid-free environments. One respondent told us:

> *"Our next big challenge, and it will be huge, will be to reassure patients and the public that it is safe to come back into hospital."*

No going back

The coronavirus pandemic has led to a major rethink within the NHS on how services could be - and should be - delivered in the future. There is a strong feeling that more services should be provided remotely using digital technology and where this is not possible that routine interventions and appointments should be provided in local settings rather than in large hospitals.

Many respondents felt the pandemic was a wakeup call and a unique opportunity to instigate rapid change and to rapidly embed some of the positive transformations that have emerged during the pandemic. We found a strong feeling that positive, innovative change should be retained and that there should be no "going back".

Respondents said:

> *"We have a golden opportunity to change the way in which the public access health services - my greatest fear is we will waste it and not use what we have learned from this pandemic to reset behaviours."*

> *"The next big communications challenge is to "lock-in" some of the behavioural changes of patients/public that will ease pressures on NHS services."*

> *"Our front door to Emergency Department has never looked this quiet but all those coming through the doors are appropriate as minor injuries are dealt with elsewhere - we need to keep some of these behaviour changes."*

> *"The removal of some bureaucratic barriers has been liberating and allowed for much more progress, but as we move out of this pandemic it is likely some of this will be reinstated which will cause frustration."*

But sitting alongside this need to rapidly embed change was a recognition that managing such change was a challenge in itself, particularly given the need to communicate and engage properly with public and patients, staff and stakeholders.

Respondents said:

"The next big challenge is managing continuous organisational change"

"The biggest challenge will be engaging with/involving the public in decisions about services that have innovated during the pandemic and, therefore, are working in much better, more efficient ways, with better patient outcomes, but in ways patients/public are not used to."

"There are a number of service changes that have been made due to Covid that may be subject to public challenge so there will be a big piece of work to do on ensuring these are consulted on properly."

In addition to these two major challenges of managing public expectations and embedding positive change NHS communicators identified several other challenges they felt the NHS would face as it emerged from the peak period of pandemic activity. These included:

- A potential surge in demand for mental health services, especially from young people.

- A potential fall in staff morale and public confidence if there are further surges of coronavirus infections.

- Keeping up the current pace of activity which involves NHS staff working longer hours and with higher stress levels.

- The possibility that NHS staff may consider the possibility of early retirement or a personal change of direction in the wake of this pandemic.

- A concern that any post-Covid national inquiry might review actions taken during the height of the crisis with a certain degree of hindsight.

Summary findings and conclusions

- During the pandemic there was a greater appreciation of professional communicators in NHS organisations and an enhanced recognition of communications as a strategic and vital function. Senior managers and leaders were more actively involved in communications issues and NHS communicators felt they had more influence.

- During the pandemic management decision making became faster and bureaucracy was cut dramatically. There was greater organisational and personal flexibility, less resistance to change, less stifling corporate governance and an increased pace of action with fewer unnecessary meetings and greater general agility. While recognising that checks and balances are an important part of any system it would be wise to foster and encourage the greater flexibility that emerged during the early stages of the pandemic.

- The coronavirus pandemic triggered a considerable amount of innovative change in the field of health communication. Some of the technology that came into play, for example video conferencing, may not have been particularly new but its rapid application has been transformational with many more GP or hospital outpatient appointments now taking place remotely. During the coronavirus pandemic the NHS has taken a giant leap towards "digital first" care.

- The move towards a digital future has inevitably raised some concern over those who do not have access to the necessary hardware or software to access digital services. It is essential that such people are not left behind but it is equally essential that the NHS seizes the opportunity of the moment and encourages greater digital interaction between staff and between patients and clinicians.

- The NHS should consider formally establishing the role of Chief Communication Officer within NHS organisations as a senior, strategic role in the same way that the IT community has established the roles of Chief Information Officer (CIO) and Chief Clinical Information Officer (CCIO).

- If there needs to be a centralised command and control approach to communication – and, in a national emergency, there does need to be such an approach – its recent application should be reviewed to determine how in future it might be applied with the wider support of senior NHS communicators in frontline NHS organisations. This is particularly important given the possibility of further waves of coronavirus infection.

- More should be done to ensure that NHS communicators are alerted to changes in national messaging in a timely manner and that requests to NHS England to proceed with local communication initiatives are processed more rapidly.

- The pandemic provided NHS professional communicators, and others, with a single focus of activity that created a strong sense of team working and a welcome, urgent, action-oriented lack of ambiguity around organisational priority.

- During the coronavirus pandemic there has been a dramatic move towards home working and while this has been a positive step for many with greater flexibility and reduced commuting time, it has been a negative step for others who have felt a sense of personal isolation or a loss of work-life balance.

- Within the NHS relationships with colleagues, partner organisations and others appear to have improved during the pandemic particularly for those who felt most prepared for the national crisis. We found a sense that these improved relationships would put the NHS in a good position to reinvent the national model of care in the future.

- The rapid proliferation of new, private Facebook groups for communication with NHS staff has been a notable pandemic development as has the increased use of short video explainers to enable staff to assimilate key messages in a rapid, accessible manner.

- There is a strong feeling that more health services should be provided remotely using digital technology and where this is not possible that routine interventions and appointments should be provided in local settings rather than in large hospitals. We found a strong sense that the pandemic was a wakeup call and a unique opportunity to instigate rapid, innovative change and that there should be no "going back".

- NHS communicators will need to prepare for a possible communication backlash as waiting lists grow and as media stories of delayed diagnoses and delayed treatment of serious illnesses such as cancer and heart disease emerge. The NHS will undoubtedly be very different in the period after the initial pandemic peak. There may not be a return to some sort of pre-Covid 'normal'.

Appendix
- Methodology

The top-line and NHS-specific findings reported here derive from a broader CHCR research programme intended to contribute to the emerging stream of international pandemic outbreak communications literature. The programme responds to research calls to identify what tools help organisations adapt global communications guidance and how pandemic outbreak communications may practically better achieve behaviour change. It is also intended to fill evidence gaps regarding 'experience-during' as opposed to reflection post pandemics and the generally neglected communicator-actor perspective.

The overall research design is critical realist to enable investigation of the 'why' as well as the 'what' and 'how'. Principally here we report headlines from a 47-item operationalisation of the communications function founded on established excellence and Integrated Marketing Communications theory, insights from the health-behaviour and crisis-communications streams, input from the project Advisory Board and pre-testing. This is supported by a 10-item classificatory variable matrix and 19-items that introduce putative moderators.

Following preliminary cleaning and, as appropriate, transformation to consistent formats, outputs to date include descriptives and correlation, multiple-regression and exploratory factor analyses. Analysis employs current version IBM SPSS 25, widely regarded as the world's leading statistical software notably for predictive analytics and modelling.