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The Competencies of Senior Communicators in the UK National Health Service

by

Anne Gregory
Professor of Public Relations

Director, Centre for Public Relations Studies
Leeds Business School
Leeds Metropolitan University
South Lodge, Headingley
Leeds, LS6 3QS

Email: a.gregory@leedsmet.ac.uk
Tel: 0113 812 7520

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Abstract

This paper presents the findings of original research into the competencies, or behavioural repertoires, of Board level communicators in the UK National Health Service (NHS). Eight core competencies specific to that group were discovered and these are presented along with the supporting behaviour set. The paper compares and contrasts these competencies with those of communicators in other public sector organisations and with a group drawn from the private sector. While the research found that there are a large number of similarities between the NHS and these other sectors, there are a number of significant differences. The paper discusses these differences in depth.

Communication practitioners aspiring to take on a Board level role in the NHS will need to learn these behaviours and enact them if they wish to be successful in their search for promotion. Similarly, Board level communicators who wish to equip their team with higher level competencies in readiness for promotion to senior levels can use the research as a blue-print for coaching and training. The paper concludes with recommendations for further research.

Key words: competencies, behaviours, senior communicators, NHS

Word count: 4,695

The Competencies of Senior Communicators in the UK National Health Service

1. Introduction

The National Health Service (NHS) in the United Kingdom (UK) is characterised by ongoing change. In the last two years alone initiatives such as World Class Commissioning[1] the Next Stage Review[2], the Operating Frameworks for 2008/9[3] and 2009/10[4] and the increasing number of Foundation Trusts, are generating fundamental re-orientation within the system toward service-users and profound structural and cultural change.

Information and communication is seen as crucial within the system and over the last five years the number of professional communicators, both public relations and marketers, has risen substantially. According to anecdotal sources within the service, it is now estimated that there are approximately 3,000 professional communicators in the NHS system. Furthermore, appointments are being made at an increasingly senior level, for example, all 10 Strategic Health Authorities (SHAs), to whom management responsibility for the system at the regional level is devolved, now have Communication Directors operating at main or executive Board level.

In the past the NHS has taken a more traditional public sector approach to communication,[5,6] which is predominantly information provision and reactive media relations. Public relations was the functional department responsible for these activities. The re-orientation of the system towards a more service-user focus, and the requirements of the policy initiatives outlined above, demand a more strategic and pro-active stance. However, the broad-based public relations approach which takes responsibility for relationships with a range of stakeholder groups including "customers" is still applicable.

Given the new parameters indicated above, two key questions arise: does the system have practitioners who are capable of fulfilling this more demanding role? and, exactly what are the capabilities required of these practitioners?

2. Context for research

Self-evidently, to undertake the activities and tasks assigned to their role, practitioners need a range of knowledge and skills. There has been substantial research into what these should be, more than adequately covered by the relevant professional bodies (for example, Chartered Institute of Public Relations (CIPR) [7]; Public Relations Society of America (PRSA) [8] and the numerous text books on the topic for example those by Cutlip, Center and Broom[9].and Prichard, Tench and Fawkes[10].

It might be assumed that these texts would be clear about what constitutes "skills", but on examination it can be found that the term embraces a mixed array of activities and attributes such as writing and design, but also leadership, departmental management and personal characteristics such as an enquiring

mind and a good attitude. The Professional Bond[11] defines skills as what practitioners should 'be able to do' (p.19) and knowledge as what practitioners "need to know" (p.19) and these are the definitions that will be used in this paper.

Much less work has been done on the personal characteristics and behaviours required of practitioners. Cutlip, Center and Broom[12] cite Long and Cantor's personality traits and qualities required of those who aspire to successful careers. Other text books for example Black[13] and Newsome, Turk and Kruckeberg [14] provide lists of attributes, skills, characteristics, knowledge and experience. It is not clear if these lists come from research or are 'received wisdom', but typical qualities include wide interests, enthusiasm, problem-solving, energy, drive, intellectual curiosity, honesty, flexibility, judgement and decision-making abilities.

A paper by Bronn[15] looked at the literature on the skills and competencies required of practitioners aspiring to Board level positions, but her discussion remained general and she called for specific research to identify the required competencies.

What is evident from a literature overview is that there is considerable work on the knowledge and skills required of practitioners, despite imprecision over the use of the words. However, there is relatively little reported on the competencies required of practitioners, that is, the behavioural repertoires, or sets of behaviours that frame how knowledge and skills are used as practitioners enact their roles[16]. In addition, the NHS Knowledge and Skills Framework[17] defines those knowledge and skills required for the communication area. It does not define competencies.

In 2005, noting this gap, the UK Department of Health, which funds the NHS, commissioned the author to produce a competency model for senior communication professionals within the NHS system.

3. The research project

The specific aim of the research was to investigate the behaviours of 'top' communicators in the NHS to discover; a) if they had a specific and identifiable set of behaviours, b) to draw initial comparisons between them and other professionals in the wider public sector, and c) to compare the findings of this research with earlier work the author had directed with private sector communicators.

There were three pre-requisites that had to be met before the study could be undertaken; a) to identify an appropriate competency identification framework, b) to identify experts who could undertake the research competently, and c) to define 'top' communicator.

In the human resource (HR) and occupational psychology fields, competencies are commonly used and understood. Bailey, Bartram and Kurz[18] state that

competencies can be used to define behaviours critical to the successful performance of a role or position and therefore can be a measure of role enactment. The communication industry does not have a competency identification framework and the author, not being an HR or occupational psychology specialist, felt incompetent to design one. There are several competency frameworks extant, many of them proprietary. In 2001, SHL, one of the largest occupational psychology consultancies, analysed all the existing competency frameworks and developed a generic model which has wide application across a spectrum of roles. The model was validated in 2002 as being representative and valid[19,20]. The author identified this framework as suitable for the NHS project having used it successfully in earlier research on senior communicators in the private sector and approached SHL, who allocated trained psychologists with the expertise necessary to undertake the fieldwork.

'Top' communicators in the NHS were defined as those operating at executive or main Board level in their organisations. Those working in the wider public sector operating at the same level were drawn from organisations that employed over 1,000 people. In all cases the individual reported directly to the CEO or Chairperson.

A total of 10 people participated in the NHS commissioned research, six from a variety of NHS organisations, and four from other areas of the public sector.

Limitations

It is recognised that the participant group is relatively small and hence conclusions are drawn with some caution. However, the results compare well with an earlier study directed by the author into the competencies of private sector 'top' communicators and they provide a useful starting point for further work. Furthermore, SHL believed that further data collection was redundant since role-distinctive behavioural repertoires were clearly identifiable in these groups.

5. Method

Data gathering was conducted in the following ways:

Visionary interviews
Participants were interviewed for approximately two hours and asked about five key areas: career history and motivation; background of current organisation; key objectives of current role; key tasks undertaken to achieve their objectives; behaviours needed to complete these tasks effectively.

Rating key behaviours
This was done using SHL's Universal Competency Framework (UCF) (a full explanation of which can be found at www.shl.com/sht/en-int/Products/Competency_Framework/competency-framework-indetail.aspx). Briefly, the UCF comprises three hierarchical tiers. *The* first consists of eight

competency *factors* which cover a wide range of relatively distinct behaviours. These eight competencies are paired because the behaviours are usually found together and cover the full repertoire of behaviours that managers consider when assessing how people perform[21.] They are:

- leading and deciding
- supporting and cooperating
- interacting and presenting
- analysing and interpreting
- creating and conceptualising
- organising and executing
- adapting and coping
- enterprising and performing

Beneath the factors are 20 competency *dimensions* which unpack the factors into behavioural statements of greater detail. Finally, the third tier of the framework which underpins the dimensions, comprises 112 *components* which break down the behaviours/statements into individual competencies, none of which overlap or subsume another. These are the building blocks by which specific sets of competencies unique to each occupational role can be analysed.

Participants engaging with the framework 'sort' the competencies which are displayed on cards, beginning with the 20 dimensions. The cards are allocated to four categories according to their importance for the role under consideration: a) competencies essential or critical for job success, b) competencies desirable for job success, c) those less relevant and d) those not relevant.

They are then asked to rank those behaviours rated essential or critical. Finally, for these elements, participants were questioned further about why those behaviours are deemed so important. In some cases participants are asked to rank the components underpinning the essential and critical dimensions to obtain more detailed clarification for the crucial behaviour elements.

The data gathered from the participants is then integrated in three steps. First, the card sort data is collated and the key competency areas identified. Second, the interview notes are interrogated and the behavioural evidence obtained is classified against the relevant competency areas. Clear 'clusters' of behavioural characteristics emerge from this analysis. Third, based on all the evidence, the titles, descriptions and behavioural indicators for the key areas are developed. Thus, specific, customised and unique profiles are derived for particular occupational groups drawn from a synthesis of all the information obtained.

6. Results

The results for the NHS communicators are presented in Table 1 below, with a commentary provided on each competence and points of difference with the wider public sector group and the private sector drawn out. The results presented represent an aggregate for the NHS group of communicators. Each individual in the group will display all the behaviours, or competencies indicated, but the precise balance of the competency set will differ between individuals. In

addition, the competencies are not arranged in any particular order since the findings are aggregated. However, some competencies appeared to be more important than others and this is discussed as appropriate.

Participants

Most of the NHS participants were executive Board members. Those who did not attend main Board meetings had an advisory role.

While all participants were recognised as being senior professionals with Board level influence, their role content varied hugely; from those who were responsible for a pure corporate communication role, to those who also had responsibility for lobbying for funding, contingency planning and complaints. Hence, communication teams varied in size as did the size of their budgets (dependant on their responsibilities).

The majority of participants had worked in journalism and felt this provided them with valuable insight into how the media operated and how to deal with them. All had worked for over 10 years. When asked why they worked for the NHS, most mentioned some form of value-fit, for example, “I am motivated by the feeling I am making a difference”.

Other recurrent themes that emerged from the discussions were the growing emphasis on communication in the NHS over the last 10 years, that communication is now thought to be an important part of all projects and that it is more pro-active than it used to be.

NHS competency framework

From the card sort, eleven possible critical areas were established from the average top rankings from the six NHS participants. Once the interview data had been integrated, six top competencies were apparent with a further two less heavily weighted. These eight are given in Table 1 with the top six first.

[Take in Table 1 here]

7. Discussion

This discussion focuses on the main points of comparison with other public sector communicators and those working in the private sector. Each of the NHS communicator competencies are discussed in turn.

For ease of reference the key headings and descriptions obtained from the author’s previous work[22] , with seven ‘top’ communication professionals working in the private sector are as shown in Table 2.

[Take in Table 2 here]

Persuading and influencing

Interestingly these behaviours did not feature as important in the private sector framework. Only two indicators in the private sector model were similar: “work towards win-win situation” and “tolerates differing needs and viewpoints”. Here is a pointer that the behaviour of gaining commitment by influencing others is more important in the NHS role compared to the private sector. As the unfolding discussion below shows, this is a vital competency. The four participants from the other public sector organisations rated the behaviour of some importance, as it came first within their top 10 competencies, but evidently it was not as important for them as for those working in the NHS.

There are a number of explanations for this. First, the policy directives alluded to at the beginning of this paper exhort the NHS to co-operation and collaboration, hence this competency would be important in this context. Second, NHS communicators work across a highly interdependent system including NHS and private health commissioners, providers and linked organisations such as the local authority, prison services and so on. Furthermore, the system is geographically dispersed, yet interconnected, with specialisms often provided from outside a particular locality on a regional or even national basis. Indeed, health commissioning and provision requires developed negotiating capabilities. Third, individual NHS organisations comprise a complex range of structures and individuals, with highly qualified clinicians and professional staff with external professional allegiances mixed with unqualified staff. Working with and reconciling different approaches between these staff will require enhanced persuading and influencing skills.

Building strong relationships

This competency maps very closely to the *Networking* competency identified for the private sector and was seen as essential by the four participants from other public sector organisations.

Consulting and involving

The indicators underlying this competency suggest some overlap with *Leading and Supporting* and the *Understanding Others* competency from the private sector. However, there is a significant difference in emphasis. In the NHS this competency focuses on the importance of community consultation and involvement. In the private sector the focus is on internal staff. Participants from other public sector organisations ranked this as a top 10 behaviour.

This competency along with the previous one (*Building Strong Relationships*) does not just reflect the fact that policy decisions require consultation by NHS organisations. There appears to be a genuine commitment to relationship

building and involvement which goes beyond this imperative. As mentioned earlier, communicators take employment in this sector because they are motivated by wanting to make a difference, not primarily by power or money.

Managing under pressure

There is some overlap with the private sector *Maintaining a Positive Outlook* for this competency. All four other public sector interviewees also rated this behaviour as essential. However, the NHS respondents appear to describe a far more pressurised working environment than private sector participants. This could be explained by the fact that there is more apparent public scrutiny of public sector organisations given that they are funded from the public purse and they are also subject to Freedom of Information legislation which requires them to disclose most internally held information if requested: this is not the case in the private sector. In addition, there is a political overlay to public sector work which again requires communicators to support the information demands of publicly elected officials and Government departments. Public sector organisations are also a regular information source for journalists and the re-active and time-limited nature of this work can partly explain the level of pressure felt. Finally, there is some anecdotal evidence that public sector communication departments are less generously resourced than those in the private sector.

Upholding the reputation of the service

In the NHS the emphasis for this competency is on ethics and an overriding duty to the public – a public service ethos which is also a point of pride. Three of the four other public sector participants also rated this behaviour as essential. There is some comparability with the *Taking Responsibility for High Standards* competency in the private sector, but in the latter the focus is more on personal standards rather than a concern about the ethics of the whole organisation.

Presenting and communicating

This competency is virtually the same as the *Communicating* competency in the private sector. It is hardly surprising that this should be seen as a vital behaviour for those whose role is communication, although the emphasis on presenting is stronger in the NHS. This may be because of the requirement for formal consultations and engagement and the need to communicate with a diverse workforce internally. There is more of a "presentation culture" in the NHS where complex policies and clinical issues require explanation and debate both internally and externally. This makes sense in a context where the communicator's role also requires the competencies of *Persuading and Influencing* and *Consulting and Involving.* What is a surprise however, is that this competency did not fall within the top 10 essential behaviours for the other members of the wider public sector.

Taking Action

There is some overlap between this competency and the *Making Decisions and Acting* competency in the private sector. This behaviour also was regarded as one of the top 10 essential competencies for other public sector participants. The findings here support those in other studies of communicators (for example by Gregory, Morgan and Kelly[23]; Gregory[24]; Moss, Newman and De Santo[25]) who found them to be decisive, active individuals, who often were the catalysts for decision-making in organisations.

Understanding the bigger picture

This competency was also rated as essential by the other four public sector group members. It has resonance with the *Strategic/Long Term View* competency of the private sector, but it lacks emphasis on commercial considerations such as "impact on the bottom line". However, an ability to put short term (sometimes political) considerations within the context of long-term service developments which often require significant investment, is essential in the NHS. Also vital is the necessity of working with partners and collaborators over the long-term. Thus an ability to see their individual NHS organisation as an element within a much larger NHS system, parts of which have co-incidental, but parts of which have different priorities, is a vital competency.

Areas of difference between the NHS and the Private Sector.

There were two competencies in the private sector model which did not feature for NHS communicators at all: these were *Investigating and Analysing* and *Preparing Thoroughly*. For the former only one explanation was forthcoming and that is that this work is done by people at lower levels within the communication function in the NHS. For the latter it was found that four NHS participants rated "*Planning and Organizing*" as desirable (but not essential), but the other two NHS communicators rated it as less relevant. In the interviews little was mentioned about preparation and the discussions on planning had more of a strategic emphasis rather than on short-term organisational skills.

Two further areas of the private sector model had some importance in the NHS, but not enough to warrant whole competencies. Rather they featured as part of other behaviours, namely *Leading and Supporting* and *Understanding Others*. Despite *Leading and Supporting* being rated as essential by five out of the six NHS participants in the card sort, the interviews did not identify the required behaviours needed to achieve this competency. It may be concerning that at such a level in the NHS, leadership as an individual competency did not feature. However, it is important to recognise that aspects of leadership are evident throughout the model as part of other

behaviours. For example, a component of *Taking Action* is “gives direction to the decision-making of others” and *Understanding the Bigger Picture* is underpinned by “considers the impact of organisational strategies on others”.

7. Conclusions and recommendations for further research

It is clear that NHS senior communicators have a distinct set of competencies which is different not only from the private sector, but also from other public sector peers. The NHS, with its very strong public service ethos, demands communicator competencies that are aimed at collaboration, involvement, influencing, consulting and relationship building. There is also a strong moral and ethical commitment to the service and to the communities it serves, which is not found elsewhere.

It is important to stress that the competencies identified in this research are the specific behaviours required to meet NHS organisational objectives and they will differ from sector to sector. Furthermore, if the individuals involved were required to enact different roles either in their own organisations or in a different one, their competencies would change too. Similarly, their behaviours in their private lives may not be the same as the ones they enact in their employed role.

The implications of this research for health service practitioners are clear. If they aspire to more senior positions they need to develop the competencies outlined in this paper, not only high level knowledge and skills. Similarly for senior communicators who want to develop their teams, and especially for those interested in succession planning from within their departments, there is a requirement for these competencies to be developed in those being prepared for promotion.

This research can be built on and developed in many ways:

- the results provide information of participants’ self-reported behaviour. While undertaken by occupational psychologists who are trained to identify any bias, it would be beneficial to have this research supplemented by observational studies of participants,
- it would be valuable to discover if CEO opinions on the reported behaviours of these senior NHS communicators corroborated this research,
- to prove or disprove the findings of this initial research, a validation study involving a greater number of Board level NHS communicators would be valuable. In addition, it would ensure that the most essential behaviours for effective performance have been fully captured,
- this research has only investigated the behaviours of the most senior level communication roles in the NHS. It would be interesting to investigate the behaviours of middle and lower level communicators, to assess what behaviours are needed to bridge the gap.

This paper has sought to describe the essential behaviours of ‘top’ communicators in the NHS. It has not sought to identify the essential

knowledge and skills required, or the tasks they undertake. It has, however, contributed the first systematic competency analysis of senior NHS communicators ever undertaken and as such fills a significant gap in the literature and builds a richer picture of the modern NHS communicator.

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1) Persuading and Influencing Gaining clear agreement and commitment to an agreed course of action through effective persuasion and negotiation **Positive Indicators:** • Persuades others to agree course of action • Helps others to understand different viewpoints and find common ground • Guides conversations to a desired endpoint • Manages conflict sensitively and diplomatically • Makes a strong personal impression on others • Influences the agendas of everyone • Takes account of their internal and external political climate when persuading others • Closes discussions with clear commitment action from both sides	**2) Building Strong Relationships** Relating well to a broad range of people, building and maintaining an extensive network of contacts **Positive Indicators:** • Builds rapport quickly and makes people feel at ease • Establishes strong relationships with people from all backgrounds • Establishes strong working relationships with people at all levels of the organisation • Builds and maintains strong people networks • Knows who to speak to when particular information is required • Gathers perceptions to increase understanding of underlying organisational issues • Uses humour appropriately to build relationships with others • Creates a safe environment that encourages others to share information with them	**3) Consulting and Involving** Working with staff, patients and the wider community to ensure successful consultation and support **Positive Indicators:** • Listens to the views of others • Encourages others to contribute • Encourages effective team working • Brings people with the right skills into a project • Shows an awareness of the diverse views of others • Works with people to build acceptable solutions • Develops the skills of individuals and teams • Consults and involves others to gain their support	**4) Managing under Pressure** Finding ways to enable self and others to cope with difficult challenges, demonstrating clear thinking and keeping problems in perspective **Positive Indicators:** • Keeps emotions under control in difficult times • Balances the demands of work and personal life • Finds ways to cope with the pressure and expectations that they face • Draws on personal experiences to help self and others through difficult situations • Keeps difficult challenges in perspective • Copes with a changing environment and helps others to feel comfortable with it • Demonstrates clear and realistic thinking when faced with difficult issues • Focuses energy on the most important and relevant issues
5) Upholding the Reputation of the Service Behaving consistently with clear personal values which complement those of the organisation and wider community **Positive Indicators:** • Upholds the ethics and values of the service • Demonstrates integrity by acting openly and honestly • Promotes and defends equal opportunities • Builds diverse teams that reflect the wider community • Deals sensitively with personal information • Takes pride in delivering a service to the community • Gains the respect and trust of others • Gives honest and objective advice to others	**6) Presenting and Communicating** Ensuring audience understanding through the use of an appropriate and interactive communication style **Positive Indicators:** • Communicates clearly and succinctly, both orally and in writing • Translates complex messages into communications that are relevant for the audience • Adapts communication style according to individual needs • Develops communications that meet the requirements of the particular situation • Projects credibility when presenting information to others • Provides others with the information they need to present a convincing case • Finds new ways to present information to maintain the interest of the audience • Uses an open and interactive communication style	**7) Taking Action** Making prompt and clear decisions, empowering others to do the same **Positive Indicators:** • Makes prompt and clear decisions when dealing with contentious issues • Takes responsibility for people and projects • Delivers on promises • Involves relevant people in the decision-making process • Empowers others to make decisions where appropriate Escalates issues when necessary • Takes initiative and works under own direction • Gives direction to the decision making of others	**8) Understanding the Bigger Picture** Demonstrating a comprehensive understanding of the impact of organisational strategy on own responsibilities. **Positive Indicators:** • Understands how organisational strategies relate to the bigger picture • Considers the impact of organisational strategies on others • Ensures plans are aligned to organisational strategy • Puts communications at the heart of organisational development • Prioritises resources and projects according to organisational needs • Recognises when it is appropriate to alter plans when strategies change • Takes account of a wide range of issues across, and related to, the organisation • Understands the pros and cons of a solution

Table 1. The Competencies of senior NHS communicators

Strategic/Long Term View Thinks broadly and strategically. Plans ahead and remains focused on organizational objectives.	**Leading and Supporting** Provides direction, advice and coaching to individuals or teams. Supports and encourages others. Fosters openness and information sharing.	**Making Decisions and Acting** Willing to make tough decisions quickly based on the information available. Successfully generates activity and shows confidence in the chosen course of action	**Maintaining a Positive Outlook** Responds positively to changes or setbacks. Remains calm and in control of own emotions, manages pressure well	**Networking** Talks easily to people at all levels both internally and externally. Canvases opinions widely and builds strong infrastructures to receive and disseminate information
Communicating Communicates verbally and in writing clearly, consistently and convincingly both internally and externally.	**Investigating and analyzing** Gathers, probes and tests information. Shows evidence of clear analytical thinking. Gets to the heart of complex problems and issues.	**Taking Responsibility for High Standards** Behaves consistently with clear personal values that support those of the organization. Takes responsibility for the standard of organizational communication and for their own and team's actions	**Preparing Thoroughly** Spends time understanding tasks and objectives. Prepares carefully and thoroughly for situations that may occur and cause difficulties. Prepares for formal events and meetings.	**Understanding Others** Remains open minded when taking into account individual views and needs. Demonstrates interest in others and is empathetic to their concerns. Works towards solutions of mutual benefit.

Table 2. The ten competency titles, descriptions and summary behavioural indicators for private sector communicators