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Protecting the NHS from the dangers of misinformation

Anti-institutionalism and social media have combined to put the reputation of the NHS at risk. What can boards do about it?

The first of our Illumination briefings looked at the reputational risk posed by misinformation. Back then the nation was at a low ebb. The vaccine rollout had only just begun, COVID denial protests were erupting and harassment of hospital staff was peaking.

Now the climate seems different. The weather is changing, the majority of adults have received their first vaccine dose, and there is a prevailing mood of quiet optimism.

While the immediate threat of danger seems to have lessened, public institutions should not avert their eyes from the issues these behaviours unveiled. The events earlier in the year were not aberrations, rather illustrations of certain wider phenomena in society. The threat of reputational damage remains eminently real. Boards must adjust their mindsets accordingly.

Causes of reputational damage

To fully understand this, we should look to the two underlying causes: a readiness to distrust and wider disillusionment with public institutions, and the changes to networks and communication caused by social media.

The first has many causes, including large global stocks, political polarisation and increasing inequality. Indeed, the Edelman Trust Barometer 2020 showed UK public trust in institutions was second-lowest of the world's largest 26 economies.

In parallel, social media has the ability to link everyone anywhere. For example, only a few decades ago those who believed Britain's elites are largely comprised of alien lizards would be very unlikely to meet one another. In the world of Twitter and Facebook, however, network effects can bring groups together like never before, bound by ideas ranging from the ludicrous to the dangerous. Ideas taken out of context or manipulated can ignite, persuading and animating well-intentioned citizens.



In combination these conditions can impact NHS organisations in three ways: challenges to treatment decisions going viral, staff and patient harassment through social media, and outright public deception – so vividly illustrated by the winter’s hospital break-ins.

High-profile confrontation of treatment decisions such as the Charlie Gard case, developed from misapprehensions over evidence, spread widely on social media and were centred around a rejection of expert and establishment voices, resulting in enormous harm to the organisations’ reputations and even threats towards staff.

Anti-establishment abuse

A range of more recent incidents have occurred during the pandemic where NHS staff outside hospitals or those active on social media have been targeted with abuse, often using the language of anti-establishment or anti-institutions. While these incidents are, of course, not reflective of the vast majority of patient complaints, they reflect the danger of incidents spiralling out of trusts’ control when they are blighted by misinformation.

Finally, there is misinformation – where individuals believe incorrect information. The effects of this vary enormously depending on circumstances and the individuals involved, from the quietly vaccine-hesitant to those actively protesting against vaccination and harassing doctors. Crucially, during moments of crisis such as this winter, these social conditions become more acute and visible, but the underlying roots remain constant.

Public health threat

When unleashed, these forces directly threaten areas for which boards hold statutory responsibilities. If misinformation is spread online or the legitimacy of a doctor or ward is undermined, those in the community may be less inclined to seek treatment. This is therefore damaging to the public’s health, as interventions come later or public health messaging goes ignored.

In addition to harming patient wellbeing, staff morale will decline if their colleagues or organisation become the target of negative campaigns. Such incidents were reported during the high-profile instances of COVID denial during the pandemic; staff were abused on social media and demoralised by public harassment. This has an impact on patient care, with staff unable to consistently provide the same quality of treatment under these conditions.

Boards need to act to insulate themselves against these risks. The most important change is in mindsets. When leaders accept that such threats do not happen by chance and are not unavoidable random events, they can take proactive steps to address them.

To this end, governance is invaluable. Having the most robust processes around treatment decisions is vital. Knowing that these solid foundations are in place gives organisations the confidence to actively engage with their communities to build trust and positive feeling, rather than leaving this to crisis communications.

Doing this not only enables the successful conveying of information but also helps trusts to fully understand, listen to and track public sentiments.

Finally, working with staff to support and guide use of social media can not only instil trust in the organisation, but also represent it in a positive, relatable way.

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Illuminations

- Underlying societal conditions mean threats to public institutions and their staff will remain after the pandemic for the foreseeable future.
- Boards should adopt a proactive mindset and take active steps to prevent and ameliorate these challenges.
- Reputation should be considered an asset to be protected by leadership.
- Robust governance can not only contribute to insulating against these threats but also provide the strong foundation to proactively engage with and develop relationships with the communities they serve.

If you have any questions or comments about this briefing, please call us on 07732 681120 or email advice@good-governance.org.uk.