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BRIEFING 87

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## HR AND SOCIAL MEDIA IN THE NHS: THE ESSENTIAL GUIDE FOR HR DIRECTORS AND MANAGERS

The increasing use of social media is having a growing influence on society. From dictating tomorrow's news today, to giving individuals a public voice, or just helping form new social connections independent of geography, social media has quickly embedded itself within our daily lives. Central government now has the Government Digital Service (GDS) and digital, by default, has become the mantra of nearly every public sector organisation.

This briefing discusses four questions:

- What is social media?
- What potential impact will social media have on HR work?
- How are HR and other NHS professionals currently using social media?
- What advice and guidance is available for HR and other NHS professionals?

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### Key points

- Social media offers great opportunities for organisations and individuals to listen and have conversations with the people they wish to influence.
  - There is a need to highlight the guidance on offer to staff and train them in what is and isn't acceptable behaviour online.
  - The next generation of NHS staff will never have known a world without the internet or mobile phones. How the NHS embraces their use of social media for the benefits of staff and patients will be crucial in creating a sustainable NHS.
  - We trust our staff with patients' lives, so why don't we trust them with social media?
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## Background

This briefing is aimed specifically at NHS human resources (HR) directors and managers. However, the content is also relevant to NHS communication teams and any individuals who are interested in how social media can be used within the NHS.

It is intended to stimulate your thoughts about how social media could be used positively by you and your organisation to help meet the

future demands on the NHS. It is not intended to be a set of instructions on how to use social media, nor a long list of examples of how people use social media. This briefing will give you the context in which social media use in the NHS is evolving. After reading it you should have enough understanding to critically analyse whether you and your organisation's social media work is up-to-date and adding value.

“Social media is referring to the technology that allows users of it to share their thoughts, work and multimedia, and comment on others' content”

## What is social media?

Social media has come to be the catch-all name for a huge variety of internet-based platforms that enable people to communicate in various ways. Despite 'media' being plural, it is commonplace to refer to 'social media' in the singular due to its use as an encompassing name.

The popular social media platforms are well known: Twitter, YouTube, Facebook, Instagram and WordPress, to name but a few. But these are just a few of the hundreds of social media platforms available.

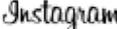
To an **individual**, social media is anything which allows information to be published, shared and commented on online without the influence of editors, organisations or the state.

To **organisations**, social media is a selection of online platforms which allow information to be published, shared and commented on online and enable organisations to communicate with individual stakeholders.

Social media is not names like Twitter, Facebook and YouTube. Social media is referring to the technology that allows users of it to share their thoughts, work and multimedia, and comment on others' content. Social media enables you to become part of different networks of people with similar interests.

The networks deliver content that is interesting to you without you having to spend ages finding it. The platforms have just boxed this technology up in different ways.

## Examples of social media platforms

- Microblogging – for example, Twitter 
- Blogging – for example, WordPress and Tumblr  
- Video sharing – for example, YouTube and Vimeo  
- Picture sharing – for example, Flickr and Instagram  
- Social bookmarking – for example, Reddit and StumbleUpon 
- Social sharing – for example, Facebook 
- Professional sharing – for example, LinkedIn 



## Keeping up with social media

At the beginning of 2004, Facebook, Twitter, Flickr and YouTube didn't exist. By May 2011, Facebook had over 1 billion active users<sup>1</sup>, roughly 1/6th of the planet's population.

In 2011, YouTube had received more than 1 trillion views – around 140 views for every person on Earth<sup>2</sup>. Social media moves fast. Platforms grow and die overnight; do you remember MySpace?

Trying to keep up-to-date with the latest news and movements in the social media world can be off-putting so here are a couple of easy steps you can take:

- sign up for [\[link\] We Are Social's weekly 'Monday Mashup'](#), which includes all the latest news, views and statistics on social media
- keep an eye on the [\[link\] #nhssm](#) hashtag on Twitter. You can search for it by entering [twitter.com/search](#) into your browser and then look for [\[link\] #nhssm](#). It will return all the tweets with that hashtag within them. The hashtag stands for NHS social media and is run by a community of like-minded individuals who gather around the hashtag to share their ideas and information on using social media in healthcare. You'll find a lot of useful blog posts about social media this way
- speak to colleagues and read their blogs. There are some great examples of healthcare professionals already using social media successfully (see page 7).

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## Social media and healthcare policy

In the last five years, healthcare policy has moved towards the patient being empowered to make healthcare choices. This might be which GP they register with (opening GP practice boundaries), where they have their operation (choose and book) or how they can access their personal GP records (GP records to be online by 2015<sup>3</sup>).

These policy decisions have been made in parallel to the growing understanding that if government and public services are going to be able to serve the public in the future, information will have to be provided digitally. Digital, by default, is being spoken about across the NHS and is having an impact at both policy and operational levels. An uneasy consensus: patients, citizens and the NHS looks in more detail at the policies surrounding the electronic information the NHS holds. The Department of Health's digital strategy was published in December 2012.

Social media platforms are critical to enabling the NHS to listen and use patients' concerns and ideas to provide a clinically excellent and sustainable NHS.

As Sir David Nicholson said in a recent YouTube video covering the NHS Commissioning Board's planning guidance and its purpose, "...to enable patients to participate in their healthcare and the way the NHS operates."

That is to give patients a say in how services are designed and reformed over the coming years. So diabetes patients, for example, can help develop better community care with their local hospital or community trust.

### Internet and social media usage in the UK

- 85 per cent of people in the UK have used the internet<sup>4</sup>
- Over 50 per cent of people in the UK use social media sites<sup>6</sup>
- Roughly half of all people in the UK have a smartphone (a phone able to connect to the internet)<sup>5</sup>

## How social media is impacting on HR

“Nurses discuss ill patients on Facebook, study finds”

“NHS staff aren’t stupid. Their misuse of Facebook is”

“Hospital staff suspended for playing Facebook ‘lying down game’”

Headlines like these have been seen across the national and local media ever since social media platforms became widely adopted. As more healthcare professionals use social media, stories like these highlight a lack of understanding amongst some staff of what is and is not acceptable online when discussing places of work, patients and colleagues.

Clearly, there are implications for HR teams who have to deal with the fall out of any inappropriate behaviour online by their staff.

Policies that cover the use of social media can fall into this area of HR work. A policy of ‘no social media use at work’ could affect an individual’s level of engagement with the organisation if it separates them from professional contacts. Similarly, a policy of open access to social media could increase their feeling of membership of an organisation by allowing them a space in which to ask questions and discuss issues.

Many NHS organisations state in their contracts that any communications their staff

members have when talking as a member of the organisation are subject to them maintaining confidentiality and avoiding bringing the organisation into disrepute.

Where the boundaries of disrepute lie was easier to define when those communications were pre-arranged interviews or chats at lunch. One is controlled by the media team and the other is not electronically shareable. However, social media and recent changes in NHS policy have made this more complex.

It is now widely recognised that for the NHS to meet its core purpose and build a sustainable system for the future, staff must be able to speak up and suggest new ideas. If they are not enabled to do this at work, social media offers them the chance to have their say.

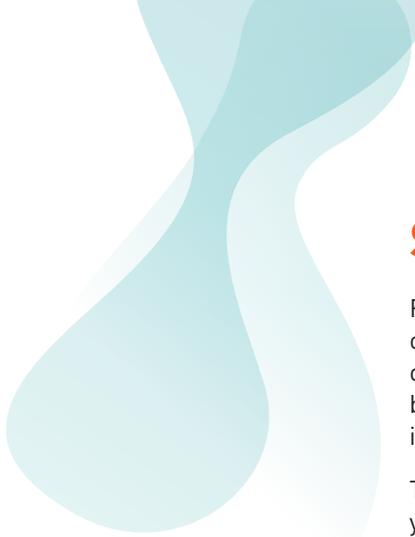
At the same time as these changes have taken place, the gap between personal and professional identities has decreased. If you have a public Facebook profile that says you work for the NHS and a LinkedIn profile that tells the world which trust or health authority you work for, can you separate the two?

We need sensible guidance that reconciles this. A policy trying to prevent any social media use seems unworkable given the changing way that staff and the public interact with social media.

### Figure 1. The social media identity of an organisation – staff are a major part of it



All social media presences that mention the organisation summate to the overall online brand of the organisation.



## Staff as advocates and critics

Figure 1 shows the social media identity of an organisation. It shows how staff feed into the overall social media brand of an organisation by what they say online when they are identified as part of that organisation.

There is a huge potential for strengthening your organisation's social media identity. Having contented, well motivated staff will lead to a more positive social media identity. Trying to prevent staff from having social media accounts which link them to the organisation takes away this opportunity. Staff will in any event use personal social media accounts.

This puts HR teams in a potentially difficult position. If your organisation's social media identity is not good you are less likely to want to allow staff a voice online as you may fear they could fuel the negative identity. However, to move from a negative social media identity to a more positive one entails having an active and honest presence on social media. Staff can take the organisation and public on a journey of improvement via social media, eventually giving your organisation a stronger social media identity than ever before.

“Staff can take the organisation and public on a journey of improvement via social media”

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## Crystal ball gazing

The number of people in the UK who regularly use social media platforms continues to increase. The NHS is now employing staff born in the 1990s. These future HR directors, consultants and chief executives have never known a world without the internet or mobile phones. Many of them blog, most of them have a Facebook account, all of them are likely to struggle to separate their professional and personal online identities.

Furthermore, some NHS staff are already used to being able to use social media professionally, and this number will increase.

With these facts in mind, some scenarios are shown below that should help you start to think through the implications of widespread social media usage on your work and your organisation in the near future and to implement a permissive approach to the use of social media by staff.

“All of them are likely to struggle to separate their professional and personal online identities”

## Scenario one

A senior consultant is hired to oversee the redesign of your cardiology unit which has been underperforming both clinically and financially for some time.

The consultant comes with a fantastic reputation and has turned around a similar situation at another trust. One strategy they use to improve the unit is to blog and tweet about how cardiology care can be improved in the NHS. They are influential through this route and have built relationships across trusts and with the media.

One day a blog post which discusses some of the poor figures of the cardiology unit in the recent past is highlighted to you by a member of the team. They feel that their dirty washing is being aired in public. Your social media policy states that no content should bring the trust into disrepute. It is suggested this particular post has done that.

As part of the job interview with the chief executive, the consultant made a point of ensuring he could continue blogging and tweeting in his new role. The chief executive was very supportive of this, having seen the benefits from it at the senior consultant's last trust.

### Key issues to consider:

- What can you say to the concerned employee?
- Where does your trust-wide social media policy stand now?

## Scenario two

A number of staff have been found by their line manager to be posting inappropriate Facebook updates and pictures when not on shift. Their Facebook profiles state that they work for your organisation and they 'like' your organisation's Facebook page. The Facebook page also includes some positive stories about services at the trust.

There is no suggestion that their behaviour in their free time is affecting the quality of their work. However, the line manager is concerned about the impact it could have on the reputation of patient services and has asked HR for some advice on how to discuss the subject with the staff and wider team.

### Key issues to consider:

- What would your advice be?
- What resources would you be able to signpost the line manager to?
- Could this have a wider impact than just on the reputation of patient services?

## Social media and continuing professional development

Through the appraisal system and learning and development team, HR directors often have an overview of the continuing professional development (CPD) requirements of staff.

As online taught modules have begun to change the face of healthcare teaching, social media is set to do just the same. Many healthcare professionals join in chats on Twitter, or 'tweetchats' as they are known, to discuss topics of importance to

them. These tweetchats often last an hour, involve senior and junior healthcare professionals, and have defined topics such as discussing academic papers.

As these chats are professionalised by organisations like the British Medical Journal and the professional bodies, they are likely to gain a small continuing professional development credit. More on this topic can be found on the [We Nurses](#) website.

## Scenario three

It is thought that a member of staff has been writing a blog anonymously for the past year, on which they break organisational news and give strong opinions on what is going wrong within the organisation. They are sometimes positive, but often critical, and the level of detail in the blog suggests only a member of staff could be writing the content.

Staff briefings have regularly included reminders that blogging like this from staff brings the organisation into disrepute.

Up until now, the identity of the individual has been unknown. However, due to the breakdown of a relationship, a staff member has come forward and suggested "John Smith in IT" is behind the blog.

The director thinks the blog should be shut down. However, as it is not libellous there is no legal route through which to do so.

### Key issues to consider:

- What are your next steps?
- How can you stop members of staff from starting to write the blog in the first place?

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## Examples of NHS professionals who successfully use social media

The following offers an overview of how healthcare managers are using social media successfully.

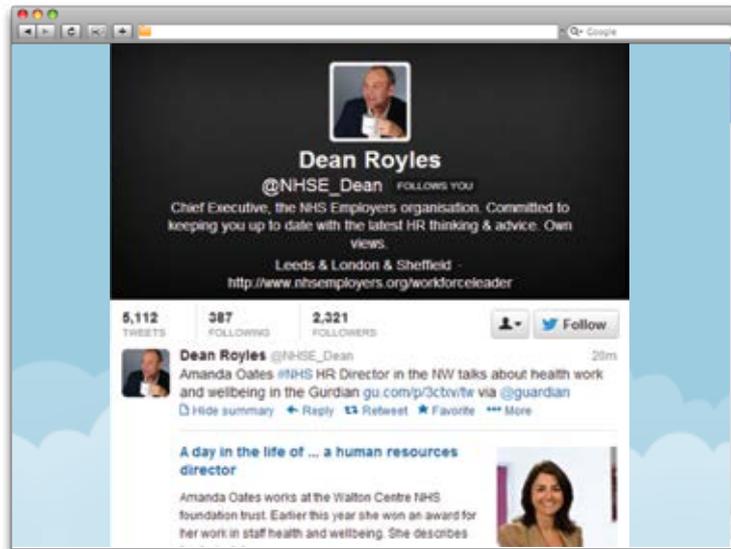
The key point is that social media enables you to share questions, answers, ideas and knowledge with a broad group of fellow professionals, independent of geography and hierarchy.

As highlighted above, hundreds of social media platforms exist. A whole briefing could be filled with examples of how social media is adding value to individuals and organisations.

However, the point of this briefing is to give you the foundations of understanding so that you can ask the question, "Am I, and my organisation, using social media to add as much value as possible and is our approach too constraining?"

The three Twitter examples on page 8 are just a snapshot of the knowledge and opinion sharing that is ongoing between NHS professionals and the wider NHS. On any given day, people are discussing and debating the latest NHS topics, be they chief executives or junior staff.

Social media platforms plug you into a network of people with similar interests. Without social media it is inconceivable that you would have had access to this amount of profession-specific content every day.



Helen provides a personal voice for the Institute and actively encourages engagement with peers and colleagues to promote innovation in the NHS.



Need a line manager briefing? Or do you want to showcase your best practise to the rest of the NHS? These tweets have given you the answer to both questions. Sign up to the [NHS Employers line manager bulletin](#).



## The necessity of commonsense

As the headlines showed in 'How social media is impacting on HR', above, staff do not always understand the shareable and public nature of social media content. While few staff could be said to be maliciously using social media to break patient confidentiality, for example, there is a need to ensure your staff are aware of their responsibilities as an employee and a professional when using social media.

Many NHS organisations have a statement about social media use by their staff which covers what they can and shouldn't do when in and out of work time. Most of these are based on the commonsense rule of: "If you wouldn't say it in the canteen, don't type it."

Additionally, many organisations block social media platforms on their IT networks, blanket banning their staff from them. This conservative approach is changing and organisations across the country are starting to allow access to social media platforms from work computers or by providing WiFi. The biggest driver for this is the fact that smartphones allow staff to use these platforms whenever and wherever they like. This has prompted a move by NHS organisations and professional bodies to raise awareness of the pros and cons of social media use in healthcare.

Relevant social media guidance from healthcare professional bodies is highlighted below. You may wish to promote this with relevant staff groups to make sure they are aware of the guidance on offer.

All of these policies contain a form of statement that recognises the value of social media and how it can spread best practise.

In essence, these policies highlight how, while the communication mechanism may be digital, the same rules apply to the social media world as to the canteen, staff room or patient waiting area. They do not however deal with the complex scenarios discussed in scenarios one, two and three above.

How you as HR professionals deal with these scenarios will rely heavily on your organisation's approach to social media and your understanding of social media.

Hopefully this briefing has armed you with some answers and good questions to ask when faced by such issues. To end, here is one of the most retweeted (shared) tweets by the #nhssm community. It came from David Foord ([@DGFoord](#)), Clinical Governance Lead [@NHSDirect](#) and Nurse Board Member [@NHSMKCCG](#):

**"We trust our staff with patients' lives, so why don't we trust them with social media?"**

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## Social media guidance from healthcare professional bodies

[🔗 The British Medical Association's social media guidance \(PDF\).](#)

[🔗 The Nursing and Midwifery Council's social media guidance.](#)

[🔗 The Royal College of General Practitioners' social media 'highway code'.](#)

[🔗 The Royal College of Nursing's 2011 congress discussion about social networking sites \(social media\).](#)

[🔗 The General Medical Council's social media guidance.](#)

[🔗 The Health and Care Professions Council social media guidance \(PDF\).](#)

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“Leadership is social influence. It means leaving a mark, it is initiating and guiding and the result is change”<sup>7</sup>

### Leadership via social media platforms

As more NHS leaders start to use Twitter and blogs to help them engage with their audiences and set out their vision, this definition seems to predict the future of leadership via social media platforms. Social media platforms offer NHS leaders the opportunity to build social influence, not just in their patch but regionally, nationally and internationally.

Leaders who consistently set out their vision and tackle difficult problems publicly on their blogs and Twitter accounts include:

- Dr Mark Newbold, Chief Executive of Heart of England NHS Foundation Trust ([🔗 @DrMarkNewbold](#))
- Anne Cooper, type 1 diabetes sufferer and National Clinical Lead for Nursing in DH Informatics Directorate ([🔗 @anniecoops](#))
- Jane Cummings, Chief Nursing Officer for England ([🔗 @JaneMcCummings](#))
- Viv Bennett, Director of Nursing, Department of Health ([🔗 @VivJBennett](#))
- Dean Royles, Chief Executive of the NHS Employers organisation, and voted by HR peers the most influential HR practitioner in 2012 ([🔗 @NHSE\\_Dean](#))
- Lisa Rodrigues, Chief Executive, Sussex Partnership NHS Foundation Trust ([🔗 @LisaSaysThis](#))
- Paula Vasco-Knight, CEO, Torbay Hospital ([🔗 @SDHCCEO](#))
- Jan Sobieraj, Managing Director, NHS Leadership Academy ([🔗 @JanSobieraj](#)).

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## References

1. [The Guardian](#), October 2012.
  2. [YouTube](#).
  3. [Office for National Statistics](#). 2012.
  4. [Pew Research Global Attitudes Project](#).
  5. [Pew Research Global Attitudes Project](#).
  6. [Department of Health](#), (2012). *The power of information*. Annex A, page 91
  7. Manning G and Curtis K, (1988). *Leadership: nine keys to success*. Vista Systems.
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## NHS Employers

The NHS Employers organisation is the voice of employers in the NHS, supporting them to put patients first. Our vision is to be the authoritative voice of workforce leaders, experts in HR, negotiating fairly to get the best deal for patients.

We help employers make sense of current and emerging healthcare issues to ensure that their voice is front and centre of health policy and practice. We keep them up to date with the latest workforce thinking and expert opinion, providing practical advice and information, and generating opportunities to network and share knowledge and best practice.

We work with employers in the NHS to reflect their views and act on their behalf in four priority areas:

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- [recruitment and planning the workforce](#)
- [healthy and productive workplaces](#)
- [employment policy and practice.](#)

The NHS Employers organisation is part of the NHS Confederation.

## Acknowledgements

This briefing was written by Alex Talbott, [www.attdigital.co.uk](http://www.attdigital.co.uk)

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