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BRIEFING 97

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## **BEST PRACTICE IN SOCIAL MEDIA MEASUREMENT AND EVALUATION**

Collectively, the NHS is no longer new to social media. Increasingly, clinical and managerial staff are becoming experienced at using social media for work. Many NHS staff now want to be able to show, through measurement and evaluation, how their social media work brings value to their roles.

This briefing discusses how to plan and manage social media measurement and evaluation, helping you to answer the following questions:

- What tools should I use to measure?
- What should I measure?
- How do I use these measurements to evaluate my social media work?

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### **Key points**

- All social media objectives should be linked to the organisation's objectives.
  - Choose your metrics after you've developed your SMART objectives.
  - Always measure more than one metric.
  - You cannot measure change without a starting point. Work at getting a baseline of your chosen metrics.
  - Record your work to help provide context when you come to evaluate it.
  - Most of all... do not think about evaluation only once you have finished the work! Evaluation comes first, not last.
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## Free social media monitoring tools

There are many social media measures available. Which are most important will depend on your organisation and its objectives. Some examples of variables for the mainstream platforms:

 page likes, post likes, post shares, comments...

 number of followers, retweets, favourites, reach, click throughs...

 number of followers, post likes, shares...

There are many different tools available which offer free and paid-for measurement options to track the variables which matter to your organisation.

Below are some of the best free platforms::

-  Hootsuite
-  Tweetdeck
-  Tweetchat
-  Klout
-  Social Mention
-  Twazzup
-  Icerocket
-  Social Bro

Facebook, Twitter, LinkedIn and YouTube all have built-in analytics for company pages you have created.

“When measuring and evaluating your social media work, it is crucial that you remain vigilant against using correlation as evidence of causation”

## Principles of evaluation

There are four important points to remember about measurement and evaluation:

1. You can measure many things, but you can only evaluate if you have set clear specific, measureable, achievable, realistic and timebound (SMART) objectives from the start of your work.
2. Before setting objectives, you need to know your baseline(s).
3. Social media objectives should be linked to the organisation’s objectives.
4. One measurement in isolation, for example, increasing numbers of Facebook likes, does not signal success or failure.

## Correlation versus causation

When measuring and evaluating your social media work, it is crucial that you remain vigilant against using correlation as evidence of causation.

For example, you begin tweeting about your trust’s re-designed community Chronic Obstructive Pulmonary Disease (COPD) service with the objective of increasing referrals to the service. Desktop research has shown that many local COPD sufferers have long-term carers, and your goal is to raise awareness of the service with the carers so they can request a referral from their GP.

You measure the baseline as the number of referrals to the service prior to tweeting about it.

Four weeks of tweeting goes by and the number of referrals has increased. You tweeted and the referrals increased. However, this could just be a *correlation*, a coincidence, and might not be due to the tweets *causing* the referrals.

At the same time as you started to tweet, 50 per cent of local GP surgeries were sent an email telling them about the re-designed service. The other 50 per cent of local GP surgeries were not sent an email. Analysis of local GP surgeries showed that those who received the email were 38 per cent more likely to refer to the service than those who were not sent the email. Here you can reasonably infer that the email had caused the increase in referrals from those GP surgeries, i.e. there is causality.

You go back through your four weeks of tweets and notice that during that time many more carers (as identified in their Twitter biographies) than usual were engaging with your content\*. Carers were retweeting and favouring tweets that mentioned the service, and in seven instances the tweets catalysed conversations between carers about how to get their loved one referred to the service. From this, you evaluate your social media work as having had some causality in the increase in referrals but also recognise the effect of the email to the GPs.

\*The baseline in this instance is in your head, based on your experience of managing your trust’s Twitter account.

# Industry-wide principles and standards

## The Barcelona Principles

The Barcelona Principles<sup>1</sup> were researched, produced and ratified by a worldwide partnership of PR industry bodies and agencies. Completed in July 2010, the principles main driver was to replace the outdated and widely disparaged  Average Value Equivalent (AVEs) measurement standard with a more evidence-based methodology of measurement and evaluation.

The seven principles are:

1. Importance of goal setting and measurement.
2. Measuring the effect on outcomes is preferred to measuring outputs.
3. The effect on business results can and should be measured where possible.
4. Media measurement requires quantity and quality.
5. AVEs are not the value of public relations.
6. Social media can and should be measured.
7. Transparency and replicability are paramount to sound measurement.

These seven principles should be referred to throughout a communications campaign to ensure they remain at the forefront of your planning and work. They should be applied equally to NHS communications teams and externally commissioned services.

## Social media measurement standards

Developed by industry experts, the  social media measurement standards<sup>2</sup> were completed in June 2013 and define the following six areas of social media metrics and their application:

1. Content and sourcing.
2. Reach and impressions.
3. Engagement and conversation.
4. Influence.
5. Opinion and advocacy.
6. Impact and value.

### Example 1: Learn from the judges

 For its 2014 awards, the Chartered Institute of Public Relations (CIPR) has issued a statement of best practice in measurement and evaluation. An excerpt is below:

- all media output, whether online or offline, should be evaluated for the outcomes it brings
- outcomes should be evaluated against goals
- goals relating to the business/ organisational goals of your client/ employer, or at least to the stated aim of the activity included in all planned public relations activity
- output measures are not a sufficient measure of public relations activity

- Advertising Value Equivalence (AVE) does not represent the value of public relations – including AVE in your award submission will guarantee a zero mark in the measurement and evaluation section
- measurement must be transparent, understandable and replicable to be valid – you should be able to explain the provenance of any statistics included in your submission
- social media cannot be effectively measured using a single tool or metric.

These are the criteria you have to achieve to be in with a chance of winning an award.



“Set goals and SMART objectives that focus on the outcome and not the output of the work”

## Why were these standards needed?

A large part of the drive towards industry-wide social media measurement and evaluation standards was the need to formalise the vocabulary of social media measurement and evaluation. To ensure, for example, when ‘reach’ is used by two different services or agencies, you are able to compare and contrast each services’ definition of ‘reach’ and understand how their methodologies may differ in calculating the ‘reach’.

By learning and using these principles and standards, NHS staff can ensure their work is in line with the latest industry standards. These standards should not be optional; they should be compulsory for you and your communications and marketing colleagues (see Example 1). The [Complete social media measurement standards document](#) is essential reading for any NHS employee looking to measure and evaluate their social media work.

The Barcelona Principles and social media measurement standards provide a clear starting point for measurement and evaluation – set goals and SMART objectives that focus on the outcome and not the output of the work. For example, an objective that

## Example 2: A note to managers

In general, the measurements managers consider as most important will be the ones their staff try hardest to improve. For example, if you set increasing your follower count as a priority, it is likely your team will focus on that and not engagement levels with your followers.

Setting a clear set of metrics that are linked back to team, department and organisation objectives will help your team’s social media work add value to the organisation.

seeks to increase referrals instead of an objective to send a specific number of tweets per week. As the social media measurement standards section on impact and value explains:

“The impact and value of a campaign is defined by and dependent on the goals of the programme and organisation.”

This links the goals of the programme with the organisation, and naturally the goals of the programme and the organisation should support each other.

## From organisation objective to social media objective

Linking a social media project with the organisation’s objectives should start at the beginning of a project – before any content has been published. The below three examples set out how a social media objective can be linked to an organisation’s objective, ensuring social media projects help the organisation achieve its goals.



### 1. Promoting patient information: maternity

#### Organisation objective

By April 2015, increase awareness of the trust’s range of in-patient and out-patient information and advice services available over the phone and online. Awareness is measured against the trust’s yearly patient survey results which asks: “Of the patient information and advice services listed below which are you aware of?”.

#### Team objective

By April 2015, raise awareness of the online maternity and ‘early starters’ patient advice and support services provided by the hospital and community midwives.

### Social media strategy

Promote the online advice and support content via the trust's Twitter and Facebook profiles, targeting the content to pregnant women and their networks.

### Social media objective

By April 2015, increase the number of visits to the maternity section of the website by 50 per cent or more (based on a baseline taken from website analytics).

## 2. Public consultation: A&E reconfiguration

### Organisation objective

By June 2015, the trust will have run a public consultation on the clinically led proposal to change the services offered at its accident and emergency (A&E) department.

### Social media objectives

- By December 2014, bring together a network of representatives from clinical commissioning groups and local authority, as well as trust staff who monitor and use social media for work, to help develop collaborative online working around the reconfiguration.
- By December 2014, publish a list of all of the online channels where stakeholders can find out more about the reconfiguration.
- By January 2015, develop a list of stakeholders who are online influencers of the A&E department reconfiguration discussion.
- By February 2015, regularly engage with the top 20 influencers online, answering their questions, providing counter arguments to their points and openly providing them with ways to engage with the reconfiguration programme.
- By May 2015, increase the number of patients and the public who have engaged in the reconfiguration discussion by 100 per cent, based on the November 2014 baseline.

### Team objective (communications)

Support the reconfiguration programme team throughout their work by consistently discussing potential service changes with staff, patients and the public.

### Social media strategy

Throughout the reconfiguration programme utilise the trust's social media networks to promote, generate debate and discuss the subject of A&E department reconfiguration with stakeholders, staff and the public.

## 3. Staff awards

### Organisation objective

Throughout the year continue to be open and transparent about our services: publically admitting our mistakes and celebrating our successes.

### Team objective (communications)

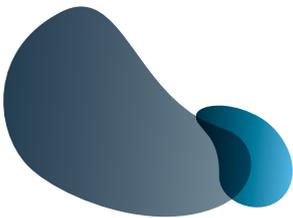
By September 2014, organise and run the staff awards, ensuring the trust's publics are aware of how to nominate staff members and teams for the awards.

### Social media strategy

Give patients and the public as many ways of nominating a staff member or team as possible by using online, face-to-face and postal nomination channels.

### Social media objectives:

- By June 2015, have in place online-friendly designed collateral such as web banners, photos and videos.
- By June 2015, have a suitable hashtag ready for use during the nomination phase and staff awards.
- Throughout July and August promote the staff award nominations across all of the trust's social media profiles using the hashtag and multimedia collateral, emphasising the number of ways you can nominate a staff member.
- For a month before the staff awards, run a poll for the public's champion award on the trust's Facebook page and make sure the public can vote by non-digital channels too.



## Hypothetical example: engaging pregnant women and new mothers online

The below hypothetical run-through of a maternity social media project highlights important aspects of social media measurement and evaluation.

1. The measurement and use of baselines helps to evaluate the outcomes of the project.
2. Measurement should carry on throughout the project in order to make any strategic changes based on target audience behaviours or feedback.
3. Evaluation must take place in context, not in isolation. Regional, national and global factors can all impact on the outcomes of a project.

The goal of the project is to help local mothers-to-be and mothers with young children to find out about a series of new midwifery videos on your website. You plan to use social media to communicate with local pregnant women and new mothers because [L2](#) research shows mothers spend a lot of time online.

### Baselines

Using your web analytics package (for example, [L2](#) Google Analytics), you measure the number of visitors over the last 90 days to the webpage(s) and [L2](#) note the demographics of the visitors. This acts as your baseline, enabling you to see what the daily and weekly average is and what patterns show up. For example:

- Are visitors accessing the maternity pages during office hours or outside of office hours?
- What effect will this have on what time you promote the pages to mothers via your social media channels?

You also calculate another baseline – the number of pregnant and new mothers your Twitter and Facebook accounts have interacted with in the last 30 days. You decide whether an account represents a local pregnant woman or new mother by using the information in their biographies and posts. You note for the results phase, this method of categorising accounts has weaknesses.

### Example 3: Sources of baseline measurements

Desktop research using the large variety of free online sources available can help NHS staff measure meaningful baselines. Sources include:

- local government surveys
- hospital episode statistics data
- web statistics software such as Google Analytics
- social media measurement tools that can analyse present and past content
- in-patient and out-patient clinic questionnaires
- the Office of National Statistics (ONS)
- Ofcom.

### Objectives

Having set SMART objectives, you promote the series of midwifery videos for 30 days, making sure to analyse how the links you post are interacted with by using a service such as [L2](#) bit.ly or Facebook's page post metrics.

### Measurement mid campaign

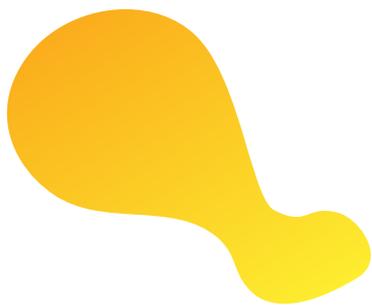
On day twelve, you see a pattern – posting at 7pm leads to more interactions, for example:

- link being clicked
- webpages being viewed for longer
- more webpages being viewed per visit
- more comments on the videos.

Subsequently, you concentrate more of your social media activity around this time.

### Evaluation

Thirty days later, you evaluate the activity and engagement against your objectives, using your baselines as guides to whether activity on Twitter, Facebook and the webpages has increased with the target audience.



You find the number of visitors to the target maternity webpage(s) has increased by 57 per cent. You also see a spike two weeks in after you had changed your approach to be more active on social media later in the evening. There is a big spike in visits on the fourth Thursday of your 30 days. You note a national news story ran on that day highlighting the growth in use of the internet by mothers to find advice and support.

### Measurement post campaign

You conclude your social media work caused the rise in the number of visitors to the webpage(s), an effect that was added to by the news story on the fourth Thursday.

Looking at the demographics of the visitors to the webpage(s), you find women aged 20 to 34 years old make up 80 per cent of your audience. Seventy-five per cent of those 20 to 34 years old accessed your website from the local area, as seen by their IP address, and 57 per cent were new visitors.

You conclude your work has achieved your objective of 'increasing the number of visits to the maternity section of the website by 50 per cent or more'. You plan to re-run promotion of the maternity content for another three months and whenever there is a prominent local or national news story about motherhood.

## Insights from evaluation

The gold standard of evaluation is to turn the knowledge gained from it into actionable insights for your managers and executive.

Measuring social media metrics that are clearly attached to your SMART objectives creates insights and tangible results that both your team and executive can learn from and develop in future. The content posting time change in the maternity example provides an insight into how some audiences interact with healthcare content outside of normal office hours. This insight could then be taken to the executive to discuss how services across the trust could align better with patients' preferred times to engage with healthcare content.

No project will get everything right the first time. Continuous measurement and evaluation allow you to create a fluid campaign, which can be adapted and changed as you gain new insights. Using an emergent strategy approach like this often suits the fast-paced and changeable nature of social media projects.

“Measuring social media metrics that are clearly attached to your SMART objectives creates insights and tangible results that both your team and executive can learn from and develop in future”

### Take home messages

All social media objectives should be linked to the organisation's objectives

Choose your metrics after you've developed your SMART objectives.

You can't measure change without a starting point. Work at getting a baseline of your chosen metrics.

Measurement is a continuous process, not something done once at the beginning and the end of a project.

Insights gained from social media measurement and evaluation should be fed into the next social media project.

Most of all... do not think about evaluation only once you've finished the work! Evaluation comes first, not last.

## References

1.  International Association for Measurement and Evaluation of Communication (AMEC) (2012) *The Barcelona Declaration of Measurement Principles*. [amecorg.com/2012/06/barcelona-declaration-of-measurement-principles/](http://amecorg.com/2012/06/barcelona-declaration-of-measurement-principles/)
2.  The Conclave (June 2013) *#SMMS: Complete social media measurement standards*. [www.smmstandards.com/wp-content/uploads/2013/06/Complete-standards-document4.pdf](http://www.smmstandards.com/wp-content/uploads/2013/06/Complete-standards-document4.pdf)

## 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:

- pay and negotiations
- recruitment and planning the workforce
- healthy and productive workplaces
- employment policy and practice.

The NHS Employers organisation is part of the NHS Confederation.

## Acknowledgements

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