

False news and COVID denial – board responsibilities

Boards are stewards of their organisations' assets. In this bulletin we discuss the duties of NHS boards when faced with false news, COVID denial and misleading information.

The pandemic has changed our lives enormously. Lockdowns, behaviour changes and sudden-onset economic insecurity have left people rudderless.

First and foremost the pandemic has been a health crisis so the focus has rightly been on health and healthcare information. Most people have done their best to understand what has happened, and why, and what must be done. For others, the significant changes and restrictions to everyday life have been too much to take or beyond credibility.

Fertile ground for false news

The seedbed for false news was already fertile. There is a widely recognised erosion of public confidence in institutions and leaders and false news has gained currency as never before. There is now motive, means and method for discontents, the mischievous, the confused and show-offs.

As Thomas Friedman wrote in the [New York Times](#): "Popularism has become the über-ideology of our day. [...] Anyone with a cell phone today is paparazzi; anyone with a Twitter account is a reporter; anyone with YouTube access is a filmmaker. When everyone is a paparazzi, reporter and filmmaker, everyone else is a public figure."

The last month has offered particularly rich pickings for the sceptics. With the pandemic now raging through a British winter and our NHS facing unprecedented levels of seriously sick patients arriving at our hospitals, a new breed of COVID-denier has emerged – with videos shared on social media of 'empty' NHS hospitals and mass demonstrations of anti-maskers on the streets and mobbing our hospitals.

This is not only demoralising but dangerous. As NHS England chief executive [Sir Simon Stevens](#) said, these videos could: "...be responsible for potentially changing behaviour that will kill people. It's an insult to the nurse coming home after 12 hours in critical care, having worked her guts out under the most demanding and trying circumstances. There's nothing more demoralising than having that kind of nonsense spouted when it's most obviously untrue."



Business as usual

NHS boards need to understand that this sorry state of affairs is now business as usual. In 2017 GGI alerted NHS boards to this new syndrome as two children's hospitals, Great Ormond Street in London and Alder Hay in Liverpool, became the focus for campaigns and demonstrations because of clinical and ethical decisions over the treatment of two terminally ill children – Charlie Gard and Alfie Evans.

The events inspired Donald Trump to take to Twitter against the NHS. Crowds surrounded the two hospitals and individual NHS staff received death threats. Nigel Farage span the Great Ormond Street story as 'the medical establishment closing rank'. The Pope lobbied for fruitless treatment to continue.

Board responsibilities

In 2017, GGI felt that treating these cases as extremes in isolation, and a matter for crisis communications, missed the true risk to the NHS. Since then, false news and COVID denial have proliferated, to become firmly established features of modern society, and they show no signs of going away.

We believe that NHS boards need to fully understand the threat these issues represent and step up, for four main reasons:

- The reputations of the NHS and clinical professionals are significant assets, evoking exceptionally high levels of emotional attachment, trust and assurance. Boards are responsible for the stewardship of these assets.
- Boards have a clear duty of care to staff. The nonsense promulgated by COVID deniers is demoralising and potentially dangerous and boards have a duty to protect staff from it.
- Professor Chris Whitty has frankly acknowledged: 'There will be avoidable deaths'. In other words, as NHS service levels are breached NHS teams will be, indeed are, taking significant decisions that affect whether patients live or die. Boards' decisions, and the operational decisions taken in their names, must be guided by a pre-agreed ethical framework.
- Citizens need to be guided by evidence-based advice they can trust and which benefits them – NHS boards have a responsibility to be compelling advocates for this messaging.

We'll be exploring these areas in more detail in future Illumination bulletins. Our aim is to help boards understand the threat, protect staff from harm, and ensure that the right governance mechanisms are in place to ensure decisions are taken within a defined ethical framework – and properly recorded with an eye to the inevitable interest and challenge ahead.

Illuminations

- It is crucial for NHS boards to recognise the threats posed by, and take necessary actions to tackle, misinformation and denial.
- Providing trusted advice and being trusted is crucial and so reputation of the NHS and clinical professionals are assets that must be protected.
- Boards have a proactive role to play and decisions to take, which must be ethical, evidence-based and legal.

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