

standing up for dietetics

How to analyse and influence your Stakeholders

Your success at both protecting your existing services and expanding them into new areas hinges on how receptive your stakeholders (e.g. CCG commissioners, local authority public health commissioners) are to listening to your case as much as how successfully you put across your case. If you have already established a positive relationship with your stakeholders they are more likely to be aware of your service and be open to hearing more about your plans and that's half the battle! Neglect your stakeholders and they may actively work against you. On the other hand, manage your stakeholders well and they will actively promote you and your service.

So how do you go about deciding who to build relationships with and how do you then influence them?

This document aims to enable you to:

1. Define what a stakeholder is
2. Identify your stakeholders
3. Analyse your stakeholders
4. Plan stakeholder engagement
5. Engage with and influence your stakeholders

A hypothetical example of a dietetic service in England is included at the end of this document in Appendix 1.

1. What is a stakeholder?

It's important to understand what a stakeholder is. There are many definitions but for this exercise the most suitable one is:- A stakeholder is ...

"any group or individual who can affect or is affected by the achievement of your (or your organisation's) objectives" Freeman (1984)



2. Identify your stakeholders

It is helpful to do this part of the exercise as a group and brainstorm using a pad of sticky notes and writing one stakeholder on each note. List everyone who affects or will be affected by your service – positively or negatively.

The stakeholders of dietetic services are likely to be many! You may also come up with the names of people or organisations that you don't like – think rationally - can you and do you want to influence them?

Below are some examples of the many stakeholders that you may identify. You will need to identify names and contact details of each stakeholder. If a stakeholder is an organisation then identify which person(s) within the organisation that you think is the most accessible to you and most influential.

Within your own organisation


-  Dietetic Colleagues within your department.
-  Work Colleagues outside of the profession

These can include other members of the multi-disciplinary team you work with and other people with whom you deliver a service and/or would like to be working with as well as any colleagues in groups that you might be sitting on. Dependant on where you are within an organisation and what sort of organisation you are working in, this could be a:

-  Head of Service
-  AHP Lead
-  Associate Director/Director of AHPs
-  Director of patient safety
-  Chief Executive
-  Workforce development lead
-  Communications Manager
-  Local Commissioners
-  Local Health Board
-  Local Councillor or Councillor with a health portfolio
-  Relevant Civil Servant
-  Local Politician
-  Catering manager
-  Head of nursing

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Beyond your own organisation


 Government and NHS - Locally

Systems and structures across the UK differ and as such potential people to influence will differ. Local Councils and local Councillors as well as local government officials are useful people to be influencing.

 **See the leaflet in this Action Pack entitled: Standing up for dietetics – Local authorities.**

Local authorities have the power to scrutinise health issues and services. (See the leaflet in this Action Pack entitled: Standing up for dietetics – Health Scrutiny.)

Contact your local councillor or councillor with the health portfolio and those who have a health portfolio

 **See the leaflet in this Action Pack entitled: Standing up for dietetics – Local Authorities and public health.**

Other local level links might include commissioning consortia/local commissioners –

 **See the leaflet in this Action Pack entitled: Standing up for dietetics – Clinical Commissioning Groups.**

 Government and NHS - Nationally

National links will include the Department of Health, Welsh Assembly Government, Department of Health, Social Service and Public safety, Northern Ireland, (DHSSPSNI), Scottish Government, National Leadership and Innovation Agency (NLIAH) Wales and the civil servants working within these organisations for example, the Chief Health Professions Officer, Chief Nursing Officer etc. Parliament.

The four main parliaments: The National Assembly for Wales, Scottish Parliament, Northern Ireland Assembly and Westminster. Health and social care is a devolved responsibility in the four countries of the UK and as such decision making sits with the politicians in each of the individual countries.

Politicians and the political researchers/advisors working with the politicians will be key/important points of contact and influence. Identify those politicians who have an interest in the subject that you are trying to promote: for example,

politicians with a health portfolio, whether this be the Health Minister or members of the health committee or other relevant committees, are likely to have the best outcome. Search www.parliament.uk to identify politicians and their interests. Write to your Member of Parliament encouraging them to add their vote to an important health issue.






 Patient Organisations

Healthwatch – local and national – charities representing the views of NHS service users
Charities and third sector, voluntary organisations such as:

-  Age UK,
-  McMillan
-  Alzheimers Society,
-  Diabetes UK
-  Coeliac UK

The list is endless and can include the newer organisations such as food banks – contact the BDA to find out whether there is already a partnership with an organisation. There may be someone who can help give you a contact name.

Other organisations

-  Restaurants: Prezzo, Pret a Manger etc.
-  Food producers, local and multinational: Yeo Valley, Craft etc.
-  Catering companies: Sodexo, Brakes, Compass, Apetito etc.
-  Manufacturers of foods for special medical purposes eg. Nutricia and Abbott
-  National bodies such as the Food and Drink Federation, NICE
-  Fitness and leisure organisations: Gymbox, David Lloyd etc.
-  Food and nutrition organisations: eg. Dairy Council
-  Education sector: schools, nurseries, universities.

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Once again contact the BDA to see if there are already any partnership arrangements with an organisation, there may be someone who can help give you a useful contact or some background on previous work with the organisation.

BDA

Find out who are the active members of the BDA and talk to them about their stakeholders.

- dietitians who sit on the Council of the the BDA
- Members of the Boards: the four country boards, the education board, the Professional practice board the Communications board,
- TU representatives who have a wealth of local political knowledge
- BDA Branch officers
- BDA specialist group officers

Media

- Your local NHS or Local Authority communications manager and their team
- Journalists in local TV, radio, newspaper, magazines

Note that if your organisation has a Communications team they are likely to have many local contacts that you can use, but they may also wish to vet your contribution to the media if it names and represents the organisation itself.

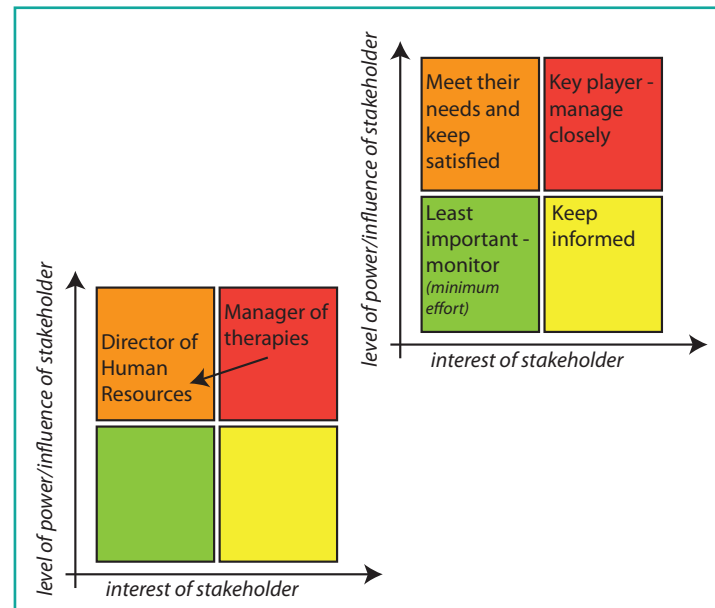
3. Analyse your stakeholders

Now you have a list of people who you regard as stakeholders in your service. They can now be sorted according to whether they are interest in you and your service as well as what their level of power or influence is. This can be plotted on a matrix.

With the sticky notes from above you can now add them to a flip chart on which it drawn the following matrix.

Take care to place the sticky note in the correct quadrant. You may prefer to write the names directly onto the matrix. If you do then you may also wish to draw 'arrows of influence' between the stakeholders if you think that they influence one another.

For example draw an arrow from the Manager of Therapies to the Director of Human Resources if you feel that the former influences the latter (See *diagram opposite*)



Now you have a map of your stakeholders. It helps you prioritise your action. Someone's position on the grid tells you the engagement approach and actions you have to take with them. You should try to increase the interest of the stakeholders on the left hand side of the matrix i.e. those with low levels of interest. On your matrix you may also wish to colour code your stakeholders according to whether they are supporters of you and your service (colour these ones in Green), critics of you and your service (colour them red) or simply neutral (colour these in orange).

: High power high interest people: these are the people your 'key players' - you must fully engage and make the greatest efforts to satisfy. Your approach is to 'manage closely'.

: High power, less interested people, put enough work in to keep these people satisfied but do not bore them with excessive communication. Your aim should be to increase their level of interest in you and your service. Your approach is to 'meet their needs and keep them satisfied'.

: Low power, high interest people: Your approach is to 'keep these people informed'. These people can be useful. If they are interested in your area of work they may at some stage be tasked with working in it - keep informed, but don't spend excessive time in doing so.

: Low power, less interested people: Your approach is to 'monitor these people' but do not bore them with excessive communication. Your aim should be to increase their level of interest in you and your service.

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4. Plan your stakeholder engagement

The key to successful stakeholder engagement and influencing is planning. How you engage and with what message you engage is determined by the stakeholders position on the matrix.

Engagement means communicating the right message using the right communication method(s). The amount of effort used in engagement is also prioritised with the most effort spent on those who have the most influence/ power and most interest and the least spent on low influence / power and low interest people.

How?

Transfer the contents of your matrix into a table (see attached). For each stakeholder you will need to list the following: (see *blank table on the next page*).

- Stakeholder name
- Engagement approach – from the matrix i.e. manage closely/ keep satisfied / keep informed / monitor
- Key interests - what motivates them and what information interests them? Their intentions will be linked to the priorities of the organisation e.g. reducing readmission, encouraging self-management of chronic by patients, reducing obesity etc.
- Current status i.e. are they a supporter, critic or neutral?
- Desired level of support: i.e. what do you want them to do for you? E.g. influence other stakeholders
- Messages that you want to convey i.e. typical messages will focus on the benefits of your service and outcomes expected. It may also define risk and quality issues if services other than dietitians are commissioned. The aim is to persuade your stakeholder to support you and move any stakeholder who has little interest into the high interest quadrant of the matrix.
- Action and communication e.g. frequency of communication, method of communication e.g. email, face to face meeting, newsletters
- When to contact/timeframe e.g. CCGs publish a planning cycle

What message?

You will need to decide what messages you wish to convey. Effective, efficient programmes with a high level of patient satisfaction and which tick the right boxes e.g. management of long term conditions, will prove more attractive to the stakeholder.

- Tailoring the message to the interests of the stakeholder
- Use the BDA Key Facts Sheets and Trust a Dietitian sheets. They will help by providing information about how effective dietitians are and how they can impact patient outcomes in a cost effective manner.
- Use current research, national guidelines (NICE), clinical pathways,
- Use local service evaluation and audit results and patient satisfaction survey results
- Include patient stories and quotes.
- Include examples of dietetic services from around the country to demonstrate that it can be done.
- Consider what you want the stakeholder to do as a result of engaging with them and tell/ask them!

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What method of engagement?

There are lots of different methods by which to deliver your message to your stakeholder depending on their position in the matrix.

Push methods

Push methods of communication can be made available to all stakeholders – these are one way methods of communication. You are literally pushing your message out to your stakeholders i.e. the sender delivers the message to the recipient but this does not mean the message is received or understood. It does not mean that these methods are ineffective it just means that the sender has no idea whether the recipient has read / taken note of the message. On the other hand it may spark interest in an otherwise disinterested stakeholder!



Examples of push methods of communication:








-  Email
-  Articles in magazines such as Trust newsletter
-  Articles in local newspapers
-  Guest blogs on stakeholder website
-  Leaflets
-  Intranet website pages (if used simply as an online brochure)
-  Internet website pages (if used simply as an online brochure)
-  Annual reports
-  Podcasts
-  Video
-  Display boards

Pull methods

Pull methods of communication are two way methods and require the recipient to actively retrieve the message and involve themselves. (You are 'pulling' the stakeholder to the message.)

These methods are suitable for interested stakeholders especially those with high power / influence e.g.



-  Presentations – e.g. at conferences/in meetings
-  Intranet website pages (if the webpages demand personalised interaction e.g. questionnaires, quizzes, requests for further information, meetings etc.)

-  Internet website pages (if the webpages demand personalised interaction e.g. questionnaires, quizzes, requests for further information, meetings etc.)
-  Social media such as Twitter, LinkedIn
-  Facebook
-  Video conferencing
-  Webinars
-  Teleconferencing
-  Meetings

Once again you must plan carefully what you want to say and anticipate the recipient's reaction / objections so that you can come back with a suitable and effective response.

Consultative methods:

Consultative methods are a good way to involve and ask the opinions of people in the low power/ influence but high interest group – they will be keen to take part. It is also a good way to create interest in the high power/influence low interest group.

-  Questionnaires
-  Focus groups

The table overleaf provides the basis of your engagement plan. You should spend the most time with your high power/influence stakeholders. Take note of the timeframe for engaging your stakeholders and plan when you engage.

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Communication Methods:

Stakeholder engagement approach	Type of communication	Description	Methods
High Influence/high interest: manage closely	Partnership/ Participation Pull methods Build relationships	Shared accountability and responsibility. Two way engagement, joint decision making and actions, 'integration of services'	Joint project meetings, surgeries for individuals with specific questions, video conferencing, webinars, teleconferencing You can also use all the other forms of push and pull communication for this group.
High influence/low interest: Meet their needs and keep them satisfied. Aim to increase level of interest	Participation. Consultation and pull methods Build relationships	Part of the team. Engaged in delivery / responsibility for specific activity. Two way engagement. Can consult with.	Targeted presentations to particular groups, presentations to a wider audience, video conferencing, webinars, teleconferencing questionnaires, focus groups, meetings
Low influence/high interest: Keep informed	Consultation/ push communication Pull communication	One way engagement generally but can consult. You 'push' information to all stakeholders in this group.	Questionnaires and focus groups, meetings email, magazines, newsletters, leaflets, memos, letters, blogs, intranet website, internet website, social media e.g. Facebook, Twitter, LinkedIn, podcasts, video
Low influence/low interest: monitor. Aim to increase level of interest	push communication	One way engagement. Information is made available and stakeholder can choose to engage with it.	Magazines, newsletters, leaflets, display boards, Intranet and internet websites

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What else can I do?

Don't be shy!

- Publicise the work that you are doing locally and nationally by:
 - Sending your annual report to your stakeholders. Presenting your work at meetings, events and conferences.
 - Submitting content to your local trust magazine/publications. Making applications for awards.
 - Writing up your work and submitting for consideration in a journal.
 - Arranging meetings with key people.
 - Representing the profession on relevant groups. This could be locally (e.g. multi-disciplinary team meetings within your organisation) or nationally

Also:

- Respond to calls for information/consultations.

There are frequently calls for information/consultations from Government and other organisations in a range of different areas. You could take the opportunity to respond to these in your particular area of expertise. This might be individually, collectively as a group of people, organisation or organisations you work with. Equally, The BDA often also submits responses to relevant consultations and we would greatly value your comments to help form part of a BDA professional body response.

- Get involved in the BDA.

The BDA works at a national level to influence in a range of areas that impact on the profession. This includes working with and trying to influence the UK governments and other relevant organisations. As members of the BDA you are the voice of the BDA and as such are essential in securing the future of the profession and a key factor to success. The BDA encourages all members to get involved in this work however large or small the time commitment you can give.

From a political perspective work has included:

- Sitting on cross party groups
- Meeting with relevant civil servants/politicians
- Responding to consultations
- Representing on key groups
- Presenting evidence to relevant committees
- Charing Expert Groups

5. Engage with and influence your stakeholders

Now you can implement the engagement plan. It is likely that it will take time and effort on your part to build relationships. This is normal!

You should make the most of local and national opportunities e.g. conferences, meetings, open days, educational days but also create opportunities as well – interviews, vodcasts, podcasts, invitations to visit the dietetic service in action etc.

Create your own business card – you can do this quite cheaply in the office by printing your contact details onto stiff card and cutting out your homemade cards! Whilst this is not ideal it does give you something to give to people and remind them of who you are.

If you are unable to attend meetings then don't let that opportunity slip by - try to send a deputy whom you have briefed adequately.

It is worth preparing an 'elevator pitch' to make the most of any informal meetings with your stakeholders i.e. when standing in an elevator with your stakeholder. You will want to have a 1 minute speech prepared to engage your stakeholder with before they get out at the next floor! For more detail on how to do this refer to

'Standing up for Dietetics' document: 'creating an elevator pitch!'



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Appendix 1

Hypothetical example from England:

You are a manager of a dietetic service in a new large general hospital. You have one specialist diabetes dietitian who runs a DAFNE programme for Type 1 diabetics in the area but want to expand your education services to people with Type 2 diabetes.

How do you go about making sure that you influence the right people with the right messages so that you are commissioned to run the Type 2 training (DESMOND) with an additional member of staff?

Influencing Process:

1. Gather information about the local and national picture surrounding diabetes education and how this impacts on quality of life, self-management, HBA1C levels, unplanned admissions to hospital and service provision costs and cost efficiencies to the health service.

Research: locally.

Read the local Joint strategic Needs Assessment (JSNA) and use the Commissioning for Value tool to help you compare your local area statistics with those of other localities in your region and across the country. Read the local Clinical Commissioning Group (CCG) Commissioning Intentions.

See the Nine Step Guide to Making the Case for Dietetics for details of the tools and documents mentioned above.

What does your neighbouring dietetic department do and can you work with them to provide a joint service?



Or might a neighbouring dietetic service be willing to share evaluation data from a successful service that they provide? Plan a local pilot of a DESMOND education programme and evaluate it from the point of view of quality of life using for example EQ 5 D, patient quotes and patient experiences.






Research: nationally.

Research papers, Diabetes UK reports, NICE guidelines, seek advice and guidance from the BDA Specialist Groups.

2. Identify your stakeholders.

These are likely to be:

-  local CCG commissioner specialising in long term conditions
-  local consultants

-  Members of the CCG Board
-  Patient representatives in the local Diabetes UK
-  People with diabetes who have experienced DESMOND education in your trial
-  Local councillors on the Health and Wellbeing Board
-  Local councillors on the Health Scrutiny committee

3. Analyse all your stakeholders for their interests and their power and what messages you feel they would be interested in. Work out what it is that you want them to do.

e.g. the local CCG commissioner for long term conditions is analysed to be : High power / low interest therefore you should aim to increase the interest levels. Your approach is to meet their needs and keep them satisfied.

Your aim is to influence the commissioner to make the education of people with type 2 diabetes a priority in the next Commissioning Intentions and then to procure your dietetic service to provide this education – additional dietetic hours to be costed into the model enabling the employment of a dietitian dedicated to education provision.

You know from your research that this commissioner is friends with a local GP for whom you provide a dietetic clinic once a week. This GP has a very positive view of dietitians and you can use him to help you increase the interest of the commissioner.

The GP should become one of your stakeholders. You should analyse the GP's power and interests. Due to his use of dietetic services at his GP practice and also his influence over other stakeholders he is a high power: high interest stakeholder in your dietetic service. So your approach is to manage him closely. Your aim is to influence the GP to engage with the commissioner and recommend the dietetic service for the purposes of educating people with diabetes.

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4. Plan engagement.

You proactively plan to engage with both the commissioner and the GP: The commissioner and GP can both receive push and pull communications i.e. make sure they get the dietetic newsletter every month, but also plan a presentation of the results of your pilot and invite them to attend.

Ask for a personal appointment to talk with the commissioner about the pilot and your ideas for a DESMOND programme – this direct approach is really important in this situation – you need to build a working relationship.

Make sure you are aware of the commissioning planning cycle and start building your relationship in advance of the strategic planning stage of the cycle – if you have an established relationship your comments are more likely to be respected.

What are your commissioner's interests – what motivates him/her? The Commissioning Intentions hold the key. From the Commissioning Intentions you know that the commissioner is likely to be interested in:

- Enhancing the quality of life for people with long term conditions.
- Encouraging self-management
- Reducing the localities HBA1C levels
- Delivering value for money for the CCG

Plan your messages and what you want the commissioner to do as a result of engaging with them:

Your messages should address the interest of the stakeholder e.g. for this commissioner you should include:

- The positive results of the trial of DESMOND and its impact on quality of life of patients and also their ability to manage their condition themselves.
- The national research that backs this up and has looked at HBA1C levels in patients who have been educated.
- The NICE guidelines that support the role of dietitians in this type of education programme
- Your costings of employing an additional dietitian to deliver the programme – especially when delivered jointly with the neighbouring hospital.

Plan and practice an elevator pitch for both the GP and the commissioner to take advantage of any opportune moments that may occur.

Make sure you have a leaflet that you can give to the commissioner or a report that she/he can read after an interview with you. You may also wish to invite them to see a diabetes education session in person and talk to the patients.

Direct Result:

Commissioner puts DESMOND into the Commissioning Intentions for next year.

Indirect Result:

profile of dietetics is raised in the CCG.

It's not over yet!

You need to maintain the relationship you have built up with your GP and commissioner. Use regular push communications and create opportunities to consult with them and showcase any innovative work you are doing.

They are now in a position to influence (on your behalf) other stakeholders that you may need in the future.

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