Strengthening the Collective Voice of Nurse Directors in RCN lobbying Activity through Political Leadership Development

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Executive Summary

Introduction

In response to the RCN’s strategic plan 2003-2008, two RCN Forums, identified as part of their action plans the importance of engaging with senior nurses and involving them more effectively in the RCN’s policy and political work. (RCN Nurses in Executive and Strategic roles and RCN Nurses in Operational Management) These two Forums commissioned the RCN’s Political Leadership Programme (PLP) in the RCN Institute to design and deliver a bespoke 2 day workshop for Nurse Directors and those aspiring to Nurse Director roles as a pilot (appendix 1). The programme aim was to enable new and aspiring Nurse Directors to understand how they can influence government on key policy issues and communicate effectively to politicians and policymakers.

The RCN PLP aims to prepare health care professionals to work effectively at a policy level. Focused on influencing government policy the PLP enables participants to learn how to exert policy influence through taking forward a ‘live’ issue in a way that has direct impact on politicians and policymakers. A number of key interventions are used on the programme which combines structured input and specially designed tools, with experiential learning grounded in participants’ day to day experiences.

The Nurse Directors’ PLP was designed to meet the development needs of Nurse Directors and enhance their political leadership capability. It was also used as an opportunity to explore how the expertise and experience of Nurse Directors could be used to influence and lobby on future issues of strategic importance to the profession collaboratively with the RCN.

Findings

An independent evaluation of the pilot programme was commissioned by the PLP to gauge the impact of the programme on individuals’ personal development and to explore how the RCN could work more effectively with Nurse Directors on policy issues.

The programme was marketed through the RCN’s Board Secretaries and Regional Directors to attract nurse directors who have been in post less than 3 years and senior nurses aspiring to executive level positions. Places on the programme were allocated on a ‘first come first served’ basis. The programme was oversubscribed.

This report is the evaluation of the pilot nurse directors’ PLP which was delivered in February 2005 to 24 participants. Concurrent with a developmental pragmatic approach to evaluation, data was collected by pluralistic methods, namely; contemporaneous notes, verbal feedback, an evaluation proforma and telephone interviews.
The pilot political leadership programme offered to nurse directors by the RCN PLP team was highly rated with participants describing it as ‘marvelous’, ‘excellent’ and ‘a great opportunity’. All participants stated that it is a development opportunity they would recommend to others. The evaluation indicates that the programme increased participant’s awareness of how the RCN worked and the potential lobbying capability that nurse directors could collectively have by working with and through the RCN. The national networking opportunities offered by the programme and the high calibre of the speakers were particularly highly evaluated.

At the start of the programme the majority of participants believed they were in the main at the start of their journey towards political leadership and were politically aware. After the 2 day programme participants stated they were more aware of the political arena and the underpinning mechanisms of government and knew how they could engage with politicians and policymakers. Some participants reported they had integrated learning from the programme into their workplace. Examples cited of this were improved lobbying skills on the Board and a more thoughtful local interpretation of policy and topical issues. For example, one Nurse Director commented that the programme had been helpful in deciding how her Trust should communicate locally about national policy and adverse national media coverage. In March 2005, Mrs Dickson from Warrington had her operation cancelled on several occasions and was being used as a ‘political football’ by the two main political parties and by the media. The Nurse Director was able to use the learning from the programme to understand more fully how politicians and the media were using the case to gain party support from the public. Following the programme she successfully influenced her board not to communicate to the public in a reactionary fashion about cancelled operations and to focus on other issues which were currently more important to the trusts’ local population.

The programme highlighted the Forums and their work which some participants as RCN members were not previously aware of and some expressed a desire to join the Forums following programme delivery. The evening dinner also gave an excellent opportunity for participants to engage with their RCN Regional Director. The evaluation highlighted the value placed by several participants on the policy briefings already disseminated by the RCN Lead Adviser in Management/Leadership.

**Recommendations**

The programme has demonstrated that there is an opportunity for the RCN to develop more ways of working collaboratively with nurse directors collectively as a group in a politically influential way to benefit patient care. From the evaluation the following recommendations have been formulated.

1. The PLP 2 day workshop was highly rated. It should continue to be delivered by the RCN to Nurse Directors either on a national basis or regionally with regular follow up days/masterclasses. The PLP and follow on masterclasses could be used as a vehicle for lobbying on key issues, linking with RCN campaigns and as a way for Nurse Directors to network.
more effectively with the RCN to share national and local intelligence on policy issues.

2. The RCN should explore how future programmes could be funded and explore opportunities that arise for joint delivery with other professional organizations e.g. Nurse Directors Association, NHS Confederation, Kings Fund as well as multi-disciplinary events to optimize the potential for economy of scales.

3. The RCN should continue to disseminate RCN briefings to Nurse Directors. The potential for electronic networking opportunities through the RCN Management/Leadership website should also be considered.

4. The RCN should explore how it can work alongside the Chief Nurse events for Nurse Directors in providing Nurse Directors with additional opportunities for action planning to progress key issues of national concern and for networking.
## Contents

<table>
<thead>
<tr>
<th>Section Number</th>
<th>Content</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td><strong>Background</strong></td>
<td>6</td>
</tr>
<tr>
<td>1.1</td>
<td>The RCN's Political Leadership Programme</td>
<td>6</td>
</tr>
<tr>
<td>2.0</td>
<td><strong>Evaluation Design and methods</strong></td>
<td>9</td>
</tr>
<tr>
<td>3.0</td>
<td><strong>Results</strong></td>
<td>11</td>
</tr>
<tr>
<td>3.1</td>
<td>Demographic Information</td>
<td>11</td>
</tr>
<tr>
<td>3.2</td>
<td>Issues of collective concern</td>
<td>12</td>
</tr>
<tr>
<td>3.3</td>
<td>Self assessment of political leadership capability</td>
<td>12</td>
</tr>
<tr>
<td>3.4</td>
<td>Evaluation of programme content</td>
<td>13</td>
</tr>
<tr>
<td>3.5</td>
<td>Raising awareness of the political arena</td>
<td>14</td>
</tr>
<tr>
<td>3.6</td>
<td>Application of learning to the workplace</td>
<td>14</td>
</tr>
<tr>
<td>3.7</td>
<td>Programme timings</td>
<td>15</td>
</tr>
<tr>
<td>4.0</td>
<td><strong>Mapping the way forward</strong></td>
<td>16</td>
</tr>
<tr>
<td>4.1</td>
<td>Regional or national programme delivery</td>
<td>16</td>
</tr>
<tr>
<td>4.2</td>
<td>Widening the network of participants in future programmes</td>
<td>18</td>
</tr>
<tr>
<td>4.3</td>
<td>Funding and marketing future programmes</td>
<td>19</td>
</tr>
<tr>
<td>4.4</td>
<td>Nurse Directors working with the RCN</td>
<td>20</td>
</tr>
<tr>
<td>5.0</td>
<td><strong>Discussion</strong></td>
<td>22</td>
</tr>
<tr>
<td>6.0</td>
<td><strong>Conclusion and Recommendations</strong></td>
<td>25</td>
</tr>
<tr>
<td>7.0</td>
<td><strong>References</strong></td>
<td>26</td>
</tr>
<tr>
<td>8.0</td>
<td><strong>Appendices</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Appendix 1: Details of the programme</td>
<td>27</td>
</tr>
<tr>
<td></td>
<td>Appendix 2: Evaluation proforma</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Appendix 3: Telephone interview Schedule</td>
<td></td>
</tr>
</tbody>
</table>

**List of Tables and Figures**

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Breakdown of participants by region</td>
<td>11</td>
</tr>
<tr>
<td>2</td>
<td>Participants job titles</td>
<td>11</td>
</tr>
<tr>
<td>3</td>
<td>Self assessment of political leadership capability</td>
<td>12</td>
</tr>
<tr>
<td>4</td>
<td>Breakdown of Programme Costs</td>
<td>19</td>
</tr>
</tbody>
</table>

*Front cover photograph: Political Leadership Programme for new and aspiring nurse directors, February 2005 with Anne Jarvie, former Chief Nursing Officer, Scotland.*
1.0 Background

In response to the RCN's strategic plan 2003-2008, two RCN Forums identified as part of their action plan the importance of engaging with senior nurses and involving them more effectively in the RCN's policy and political work (RCN Nurses in Executive and Strategic roles and RCN Nurses in Operational Management). These two Forums commissioned the RCN's Political Leadership Programme (PLP) in the RCN Institute to design and deliver a bespoke 2 day workshop for Nurse Directors and those aspiring to Nurse Director roles as a pilot (appendix 1). The pilot programme was funded by both forums at a cost of 10K.

The Nurse Directors programme was designed in line with the milestones outlined in the strategic plan 2003-2008 to provide an opportunity to explore how as an organization the RCN can work with this highly influential membership group to develop their political leadership capability and also use their expertise and influence to lobby on policy issues. The programme was intended to attract Nurse Directors who have been in post less than 3 years and senior nurses aspiring to executive level positions. The programme was marketed through the RCN board secretaries and regional directors across the UK who then had the opportunity to circulate to Nurse Directors within their country and region. Places on the programme were allocated on a ‘first come first served’ basis. The programme was delivered to 24 participants and was oversubscribed. This report is the evaluation of the impact of the pilot Nurse Directors programme on the personal development of participants. The evaluation also explored how the RCN could continue to engage effectively with this influential membership group.

1.1. THE RCN’S Political Leadership Programme (RCN PLP)

The Royal College of Nursing Political Leadership Programme (RCN PLP) aims to prepare health care professionals to work at a policy level and exert influence on government. It does this through enabling participants to identify and then action policy issues that are a ‘live’ strategic priority for their network or specialist group. The 3 core elements of the programme are:

- Applying political theory to real ‘life’ policy issues
- Learning experientially about the political process by developing a proposal for policy change on an issue of importance to patients, nurses, nursing or health and social care using the Political Leadership in Action model.
- Documenting the personal development experienced.

The programme integrates personal development, experiential learning and political theory using specially designed tools such as the Political Leadership in Action model (Antrobus 2002). This 11-step model of influence has been developed inductively from the accounts of health care professionals who have successfully shaped government policy.
Workshop activity focuses upon constructing influencing strategies, identifying and influencing stakeholders, experiencing government, building effective coalitions and communicating messages with vision and impact. The learning from the workshops is supported by a range of action sheets.

The taught content includes sessions on the nature of political leadership, policymaking and access to a range of politicians, political leaders, political and media commentators and lobbyists. Theoretical input is supported by a range of resource sheets.

Personal development is enabled by a number of assessment tools, political mentoring, personal development planning and coaching in political processes. Again personal development is supported by a range of guidance sheets.

Facilitated action learning sets (Revans 1980) integrate the three core elements of the programme and provide peer support and challenge.

There are a number of different programmes with the RCN’s political leadership portfolio.

The forum PLP is a 12-month action-oriented programme and has been delivered annually since 2002. Individual members from across the UK bring to the programme ‘live’ policy issues which are supported by their forum as a priority and agreed with their RCN adviser who coaches participants through 12 months of political activity. When the participants are part of the membership of the RCN then their policy priorities are aligned with the policy priorities of the RCN. Support is given through political coaching by a member of RCN staff to enable participants to access the resources of the RCN to progress their influencing strategy and to achieve the agreed policy outcomes. The political coach draws up a contract with participants and ‘signs off’ their agreed policy outcomes and influencing strategy. The political networks and capability of the RCN is then used to support the political action, which importantly is led by members. For 2004 the programme was held over six days with mentoring and coaching activities between. Speakers were of a national and international calibre and included Baroness Cumberlege, Lord Hunt, Harriet Harman, Scott Greer and Liz Fradd. Workshop activity focused around developing and actioning an influencing strategy, communicating political messages with vision and impact and experiencing government. Action learning sets supported participants through challenge and support to move their policy issue forward. Each participant also had a political mentor who supported personal development activity.

Focused on influencing government policy the PLP teaches nurses how to exert policy influence through identifying and actioning a ‘live’ issue in a way that has direct impact on politicians and policymakers. It also engages members, many for the first time, with the RCN and the mechanics of government. The issues that participants come with already have a constituency of support from within their specialist areas and on the programme members learn how to use the
RCN’s infrastructure and resources more effectively to achieve the agreed policy goals.

The development and delivery of the programme in a ‘bottom up’ way has highlighted the importance of the PLP team and PND advisers working closely with the Communication team and Councils’ policy and public affairs committee to align member issues with RCN campaigning activity. For example, ensuring nurses are in strategic roles was a 2004 policy issue on the programme from the leadership/management field of practice and was then taken forward as a priority within the RCN’s 2005 General Election (GE) campaign.

The tools and techniques from the PLP are also used in externally commissioned RCN projects which aim to develop the strategic and political leadership skills of all health professionals. The PLP has also been delivered by the Polish Nursing Association in a two year project supported by the Yorkshire and Humber Board and the RCN’s International Office resulting in national policy impact by Polish nurses.

The RCN Political Leadership Programme team therefore was able to draw on the range of the ‘tried and tested’ political leadership programme components to develop and deliver a 2 day pilot political leadership programme specifically tailored for Nurse Directors or those members aspiring to executive roles. Full details of the pilot programme can be found in appendix 1.
2.0 Evaluation Design and methods

The type of approach used in an evaluation should reflect the focus and context of the evaluation. Øvretveit (1999) distinguishes between four evaluation approaches, experimental, managerial, developmental and economic. The developmental approach is considered to be a flexible formative approach with close continual links between the findings and subsequent action to be taken. Parlett (1981) describes the key features of this approach as follows:

‘The basis emphasis of this approach is on interpreting, in each study, a variety of educational practices, participants experiences, institutional procedures and management problems in ways that are useful and recognisable to those for whom the study is made’

Parlett 1981

Within a developmental or formative evaluation framework several evaluators have noted the relevance of pragmatic evaluation (Scriven, 1997; Chelimsky, 1997). A pragmatic evaluation as suggested by its name rejects methodological purism (Shaw, 1999) in favour of using pluralistic data collection methods in order to understand an intervention in a complex social context where outcomes are difficult to predict, but require to be evaluated within the confines of a project timetable.

The nature of a pragmatic evaluation, as in most developmental evaluations, implies some degree of participation from the programme participants. In a critical review of approaches to participation in evaluation theory Gregory (2000) concludes that the nature and effectiveness of participation whichever approach is chosen is a problematic and neglected area of evaluation theory research. Therefore it should be borne in mind that the impact of the programme delegates participating in the current evaluation is not fully understood and some degree of trade off between relevance and rigour can be expected. However, the RCN political leadership project team considered that participation and ownership of the evaluation by the nurse director participants and the RCN Forums is important in order to inform the processes and outcomes in striving to achieve the RCN’s strategic aim of working more effectively with its nurse director membership. Whilst Hammersley (1995) opposed pragmatic evaluation in terms of the validity of the evaluation, the project team in the current evaluation concur with the views of Taket & White (1997) who stated that evaluation is a social process that is focused around the needs of the participants and not purely scientific in order that the end results are meaningful and relevant.

Concurrent with the pragmatic developmental approach described, data was collected by pluralistic methods. During the 2 day period of the programme
Contemporaneous notes were taken by an independent evaluator, and at the end of the 2 days flip chart material was gathered and participants completed a written evaluation (appendix 2). Approximately 6 weeks after the programme was delivered, 10 participants consented and participated in short telephone interviews to further explore the impact of the programme on their personal development and how the RCN could work with nurse directors in the future (see appendix 3 for interview schedule). Interviews were taped and transcribed prior to analysis. The results were thematically analysed (Morse & Field, 1995).
3.0 Results

3.1 Demographic Information

The break down of participants by region is illustrated in Table 1.

Table 1: Breakdown of participants by region

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of Participants</th>
</tr>
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<tbody>
<tr>
<td>South West</td>
<td>5</td>
</tr>
<tr>
<td>Northern</td>
<td>2</td>
</tr>
<tr>
<td>East Midlands</td>
<td>1</td>
</tr>
<tr>
<td>Yorkshire &amp; Humber</td>
<td>5</td>
</tr>
<tr>
<td>South East</td>
<td>3</td>
</tr>
<tr>
<td>West Midlands</td>
<td>2</td>
</tr>
<tr>
<td>North West</td>
<td>5</td>
</tr>
<tr>
<td>Eastern</td>
<td>1</td>
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Table 1 illustrates that all participants were from England. There were no participants from Scotland, Wales, Northern Ireland or the London region.

The job titles of the 24 participants are described in Table 2.

Table 2: Participants Job Titles

<table>
<thead>
<tr>
<th>Current Role</th>
<th>Number</th>
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</thead>
<tbody>
<tr>
<td>Director of Patient Services, Clinical Governance &amp; Nursing</td>
<td>1</td>
</tr>
<tr>
<td>Director of Nursing and Operations</td>
<td>1</td>
</tr>
<tr>
<td>Director of Nursing</td>
<td>7</td>
</tr>
<tr>
<td>Associate Director of Professional Practice</td>
<td>1</td>
</tr>
<tr>
<td>Senior Nurse Manager/deputy directorate manager</td>
<td>1</td>
</tr>
<tr>
<td>Deputy director of nursing</td>
<td>3</td>
</tr>
<tr>
<td>Deputy Chief nurse – adult services</td>
<td>1</td>
</tr>
<tr>
<td>Assistant Director of Nursing</td>
<td>3</td>
</tr>
<tr>
<td>Manager of Alcohol Team and Senior Nurse Specialist in Alcohol</td>
<td>1</td>
</tr>
<tr>
<td>Head of Children’s Services and Community Nursing</td>
<td>1</td>
</tr>
<tr>
<td>Associate Director of Clinical Quality &amp; Learning</td>
<td>1</td>
</tr>
<tr>
<td>Assistant Chief Nurse Leadership &amp; Workforce development</td>
<td>1</td>
</tr>
<tr>
<td>Assistant Director Clinical Services</td>
<td>1</td>
</tr>
<tr>
<td>PCT Lead nurse</td>
<td>1</td>
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Table 2 illustrates that 9 participants were in director roles and the remaining 15 were in deputy or assistant director roles albeit with diverse job titles. Fourteen participants were from the acute health care sector, seven from primary care trusts and one each from a city council, mental health trust and learning
disabilities trust. As RCN forum membership was a prerequisite to participate in the programme, all participants were members of the RCN, and in addition 4 were members of the Nurse Directors Association and one was a member of the Community Practitioners and Health Visitors association.

3.2 Issues of Collective concern
During the workshop activity programme participants were divided into 3 groups and asked to draw upon the preparatory work sent prior to the programme to collectively agree a key issue which they would use the workshop activity to work on. The three key issues which participants identified were as follows;

1. To lobby to ensure there were adequate resources to implement the mental health bill.
2. To commit the government to ensuring that existing NHS pension rights continue for all nurses currently employed by the NHS.
3. To ensure consistency & transparency in the roles of lead nurses/directors/chief nurses in NHS organizations and to ensure they have the power of a full executive.

3.3 Self-assessment of political leadership capability
The four descriptors of political leadership (Antrobus et. al 2004) provided a useful framework in which participants could assess their own political leadership capability at the start of the programme. The results of this exercise are illustrated in Table 3.

Table 3: Self assessment of Political leadership capability (n=24)

<table>
<thead>
<tr>
<th>Descriptor</th>
<th>Number of Participants</th>
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<tbody>
<tr>
<td>Politically Aware</td>
<td>11</td>
</tr>
<tr>
<td>Politically Astute</td>
<td>4</td>
</tr>
<tr>
<td>Politically Active</td>
<td>1</td>
</tr>
<tr>
<td>Political Leader</td>
<td>0</td>
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</tbody>
</table>

Table 3 illustrates that 11 (46%) participants considered themselves to be politically aware, 4 (17%) considered themselves to be politically astute, 8 (33%) participants considered themselves to be somewhere between politically astute
and active, and one participant (4%) considered him/herself to be politically active. There were no participants who considered that they were political leaders.

3.4 Programme Content

Participants’ evaluation of the programme delivery was gathered through completion of a short evaluation survey (appendix 2) and from the 10 participants who participated in the telephone interviews. Overall participant’s comments indicated that the programme was highly rated with the majority of participants describing the event as “marvellous”, “excellent” and a “great opportunity”. Every participant stated that they would recommend the programme to other colleagues.

All participants commented on the high calibre of the speakers. Baroness Cumberlege, Earl Howe, Nigel Edwards, Beverley Malone and Scott Greer were mentioned by several participants as being particularly inspirational and knowledgeable. The following comment is illustrative

> ‘The quality and range of speakers with so much knowledge and enthusiasm willingly shared’

The contribution from Baroness Cumberledge was particularly noted.

> ‘Baroness Cumberlege sat down and she spoke about what happened in reality, how it worked, what she would do and what she would try to do and you could see in her somebody who knew what she was doing and had her finger on the pulse’

Several participants also commented that working on a live issue helped to apply the learning.

> ‘Working with a problem and issue, using the development of incremental knowledge to refine the problem – an excellent way of handling the material’

Some participants indicated that working in this way helped them to understand the difficulty in developing clear objectives and therefore the importance of identifying and having clear messages for key stakeholders.

Several participants however felt that some speaker input could have been adapted or reduced. The example of nurse prescribing was cited by a few participants who indicated that they felt it was too long and a little outdated. One participant mentioned that the last workshop activity was too protracted. During the verbal feedback on completion of the programme some participants felt that delivery of the programme could be improved by setting ground rules set at the
start of the two days and preceding the programme with preparatory reading including examples of successful lobbying goals so participants knew what to aim for.

3.5 Raising awareness of the Political arena

All participants felt their awareness of the political arena was enhanced. Participants commented that they had a greater understanding about the political pathway and processes of policy making and government. In particular, the majority of participants commented that the programme had helped them to understand who and how to lobby with key messages as well as how the RCN works. Several participants indicated that now they were equipped with this knowledge and more politically aware they were interested taking issues forward outside of their organisations.

‘I will use this approach to all change I am trying to make, following the useful models and I will map out who is in my areas externally and on the political arena and check out the interests of those MP’s’

Several participants also indicated that they would like to pursue more joint working with the RCN.

‘I would like to become more involved with the RCN than hitherto but feel that the Nurse Directors and the RCN could specifically work more closely together for mutual benefit’

3.6 Application of learning to the workplace

All participants indicated that learning from the programme was transferable to their current roles as organisational leaders. An improved understanding of policy appeared to be helpful as the following participant describes

Yes, due to my increased awareness I can apply a more rational approach to policy implementation'

A director of nursing commented that the programme had been helpful in deciding how to transmit messages locally about national policy or adverse media coverage. She used the highly publicized case of the Warrington lady, Mrs Dickson, (The Guardian, March 4th 2005) who had had her operation cancelled on several occasions as an example of how the programme had been helpful.
‘I guess some of the natural reactions here was to go out with a very strong message saying we don’t do that here [repeatedly cancel operations]. I was able to say well no lets not put something out here at the moment, lets just wait and see if there is a reaction locally because actually we are here to serve our local population and lets see what their needs are rather than reacting to something national. You can see the two political parties vying for votes, especially at the moment'

Several participants commented on their renewed awareness and importance of engaging service users and carers.

‘I will be more proactive in engaging patients as advocates for good care and good nursing’

Influencing techniques were also indicated by participants as something they would take back and use in the workplace.

‘I know the importance of clear objectives and working out the key players (positive & negative)’

One nurse director during a telephone interview described how several weeks later he was aware how his personal lobbying technique had changed following the programme.

‘Sometimes you rely on other people to have an argument for you and they have the discussion, where actually now I am probably more inclined to have the argument and wait for other people to agree with me. When you are around the board table it is easy to be relatively quiet and I think I just make sure the voice is heard and that nurses and nursing is one of the key priorities performing’

3.7 Programme timings

Generally participants indicated that 2 days was a manageable time to be out of the workplace and beneficial in terms of learning.

‘As the two days went on there was a much greater willingness to open up and bring issues to the fore that wouldn’t have come out if it was a one day event or even a half day event’
Several participants suggested that the first day was too long given that they were traveling long distance to the event. Several suggested that arriving on the previous afternoon would have been preferable.

4.0 Mapping the way forward

The ten delegates who participated in the telephone interviews were questioned about the best way in which to build on the reported positive experiences of the programme for nurse directors in the future.

4.1 Regional or National Programme Delivery

Participants were varied in their responses as to where the programme could be delivered most effectively. The majority of participants indicated that that delivery of the programme in London was preferable to regionally primarily because of the networking opportunity and the calibre of the speakers, although most interviewees indicated that there was room for both national and regional programmes.

National Delivery

The networking opportunities of a national programme appeared to be something that Nurse Directors particularly valued as the following participant describes.

‘I think the national focus is so important just because the national policies at the moment are so forceful in terms of shaping where we are going and its good to have that discussion with people from other areas to see how they are dealing with things’

One participant from a rural area described how a national programme for her was particularly useful.

‘Well the advantage [of a national programme] for me for example, we live in a very rural area in [North East region]. Being able to meeting up with other people from some of the other areas down South that might be classed as rural would be useful, and I am always looking for that’

The following assistant Director of Nursing further emphasized the value of national networking.

‘I think the other success of the programme is that you had people from throughout England coming down and that gives a wide breadth of experience and knowledge in
The following Nurse Director further emphasized her own perspective of the potential disadvantage of delivering the programme regionally.

‘Most of us will know one another on a regional basis because there are so many other groups that meet up that are the same people and so you already know their though patterns or the way they think’

Many participants indicated that they felt delivery of the programme in London allowed easier access to the speakers on the programme. The following comment is illustrative.

‘I think regionally would be a bit too colloquial, you wouldn’t get the calibre of speakers I don’t think, which were absolutely fantastic on the programme’

Regional Delivery

Participants indicated that the potential advantages of a regional programme were the opportunity to enable others to attend such programmes and regional application of the learning. The following quotation describes this perspective.

‘The advantages of a regional programme would be obviously accessibility at a local level but also looking at political developments which apply regionally rather than nationally’

The same perspective was echoed by another deputy Nurse Director participant.

‘I know lots of colleagues who I think would have wanted to come on that two day programme…..and we work very much on a zonal [regional] basis.’

Similarly the following Nurse Director was keen to see similar programmes delivered more locally.
‘I thought it was an excellent programme and I would really like to see more of that sort of thing offered at a more local level. I would like my nurse leader colleagues to have access to the same sort of programme – the biggest benefit was about giving us as nurses more confidence to challenge political decisions that are made and policies that are developed’

4.2 Widening the network of participants in future programmes

During the telephone interviews participants were asked whether or not the programme should be delivered on a multidisciplinary basis. Most participants commented firstly on the benefits of having a mixture of aspiring nurse directors and nurse directors. The following quotation from a deputy Director of Nursing is illustrative.

‘I know a lot of the deputy Nursing Directors as I myself tend to be, we tend to be a little bit strategic but a lot operational whereas Nursing Directors ultimately are very strategic and they are planning. From my level I thought it was valuable to have both [nurse directors and deputies] because you have the mix between operational and strategic’

One Director of Nursing however indicated that she would have preferred the programme participants all to be Nurse Directors.

‘If I was really selfish – I really enjoyed the programme but if there was anything that disappointed me it was the lack of contribution by some people and I don’t know if the level of discussion sometimes wasn’t as high as I kind of thought it might be and I don’t know if that is because some people were aspiring and felt a bit out of their depth or didn’t feel comfortable….but I think if you had Nurse Directors on their own and aspiring people on their own you would get a different flavour to some of the discussions’

Several participants when asked suggested that undertaking the programme on a multidisciplinary basis would be advantageous with allied health professionals, medical and human resources colleagues.

‘I think it could work on a multi professional basis, you would need to look at perhaps an aspiring medical director or deputy director of HR [human resources], a different group but they still have the same sort of political issues.’

One primary care deputy Director of Nursing suggested that the programme would be beneficial for primary care executive committee nurses.
‘One of the thoughts that was going through my mind was that I do think that we don’t tap into the PEC [primary care executive committee] nurse role sufficiently and that’s certainly a view from the PCT’

One participant however who was open to the idea of a multidisciplinary programme did highlight his reasons for preferring a programme specifically tailored for Nurse Directors.

‘There are certain issues that I think Nurse Directors will probably feel uncomfortable sharing with other groups that actually have more political clout, like the medical profession’

4.3 Costs, funding and marketing future programmes

Costs for the programme amounted to approximately £10,000. The breakdown of these costs is illustrated in Table 4. However at the time of the evaluation there was an outstanding invoice of £300 awaiting submission and no expense claims from participants had been received.

Table 4: Breakdown of programme costs

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speaker Fees</td>
<td>£1,600</td>
</tr>
<tr>
<td>Room Hire/Dinner/Refreshments</td>
<td>£4,100</td>
</tr>
<tr>
<td>Accommodation</td>
<td>£2,720</td>
</tr>
<tr>
<td>Miscellaneous items</td>
<td>£80</td>
</tr>
<tr>
<td>Evaluation/Transcription fees</td>
<td>£1,500</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>£10,000</strong></td>
</tr>
</tbody>
</table>

The approximate total of £10,000 therefore equates, in a cohort of 24 people, to £416.00 per person for the 2 day programme to include overnight accommodation.

Participants’ views concerning future funding of similar programmes were explored during the telephone interviews. The resulting data indicated that the participants felt that funding for future programmes may be difficult to secure as the following Nurse Director describes.

‘Given the current financial situation in the NHS I think it probably wouldn’t be high on their list of priorities – I think its something that really is a professional issue’
Approximately half of the participants interviewed by telephone felt that their trusts might contribute to the programme and when asked delegates largely thought that a contribution of approximately £250 - £350 per person would be reasonable. One participant commented that as a fully paid up member of the RCN it should be funded by the RCN and another stated that £1000 would be an appropriate fee to pay.

Most participants interviewed appeared to think that the best way of attracting funding would be through either the workforce development confederation arm of strategic health authorities or though the strategic health authority lead nurse.

4.4 Nurse Directors working with the RCN

Evaluation of the programme allowed the opportunity to explore how aspiring nurse directors and those in post could work in the future with and through the RCN.

All participants indicated that the RCN delivering a development programme specifically for Nurse Directors as a group was a welcome initiative.

‘I think this is a great start, I mean there is a big void at the aspiring director level for networking outside the region apart from the Chief Nursing Officers events’

Several participants acknowledged the benefits of the existing information already provided by the lead advisor for management and leadership. (RCN position statements, consultations, press releases, government policy documents European and International Council of Nurses briefings)

‘Jean Bailey is sending a lot of information out which is really good so I am going to start to network with that link again’

Similarly another participant felt that the information he was receiving through the same route was comprehensive and useful.

‘to me, its almost more than enough information…..and I know that you are not going be able to tailor every piece of information to every individual but at the moment its fine for me’

A number of participants also pointed out that the programme had highlighted that they needed to take more personal responsibility for engaging with the RCN collectively as Nurse Directors.
‘A bit of it is up to me to say if I am a member of a forum and I wanted it to meet my needs, I have to tell it what my needs are – so if I don’t participate I can’t really complain so there is something about me making those connections and being more active and then working in the forum’

There appeared to be a realization from some participants about the potential that working collectively as Nurse Directors with the RCN would be beneficial.

‘I think also its about Nurse Directors getting together to, you know, collectively be much more powerful and of course the RCN can play a very key facilitative role in that’

The theme of the programme delegates wanting to work more collectively together was echoed by a number of comments. One participant who was reflecting that the nature of the Chief Nursing Officer events tends to be largely sharing of information.

‘I don’t know whether the RCN would look at putting something on specifically for nurse directors that perhaps has a different focus to what the chief nursing officer programme is – I think that would raise awareness of what the RCN could do to help support Nursing Directors.’

The concept of having more action planning sessions for Nurse Directors was highlighted as a way forward by another participant.

‘I mean we meet with the CNO – I don’t know whether it would be structured time but have time to share practice and network in a more structured way so you actually get something out of it instead of just getting to know people and maybe something about linking people to other parts of the country’

Similarly another participant felt that an electronic network specifically for nurse executives to be in touch with each other would be beneficial.

‘I guess if we are looking to set up new services or we have issues, like the district nursing forum, to perhaps link nurse executives around the country so if there was an issue you can just send something off and you have got somewhere to get feedback from all over the country’

One of the participants during the telephone interview revealed that the group he was in during the two days have continued to be in contact with each other by email. A Nurse Director who is a member of different professional organizations
also highlighted the potential benefits of professional organizations working together with Nurse Directors.

‘I am already a member of [name] forum and the nursing directors association and its about having those links but again what people are going to do is vote with their feet one way or the other depending on what they think they are getting value from. I am actually a member of both the RCN and NDA so you know I get the benefit of both worlds but working together would be a good thing to do’

There were a number of participants interviewed who prior to the programme were unaware of the nurses in strategic roles forum but after the programme were considering joining.

5.0 Discussion

The pilot political leadership programme offered to nurse directors by the RCN political leadership programme team was attended by 24 participants both nurse directors and those aspiring to an executive role from eight English regions. Participants highly rated the programme and it is a development opportunity that all participants would recommend to others. In particular, all participants valued the opportunity to network with each other and rated the quality of speakers. The evaluation indicates that the programme increased participant’s awareness of the function of the RCN and the potential lobbying capability that nurse directors could have in future by working with the RCN.

The group identified issues of current collective concern which they worked through during the 2 days namely,

1. To lobby to ensure there were adequate resources to implement the mental health bill.
2. To commit the government to ensuring that existing NHS pension rights continue for all nurses currently employed by the NHS.
3. To ensure consistency & transparency in the roles of lead nurses/directors/chief nurses in NHS organizations and to ensure they have the power of a full executive.

In assessing their own political leadership capability using the descriptors developed by Antrobus et. al (2004) the majority of the group described themselves as politically aware. This result is perhaps indicative that these important groups of RCN members who are in influential organisational positions are not using their current roles and skills to exert influence on the national nursing political agenda. Further work would be required to explore if this observation is valid on regional/local policy issues. The telephone interviews conducted 4-6 weeks after the programme identified that participants appeared to be more aware of the political arena and the underpinning mechanisms of nursing politics after the programme and some interviewees reported how they had integrated learning from the programme into the workplace. Improved
lobbying skills and more thoughtful local interpretation of policy and topical issues were cited as examples.

The majority of participants interviewed after the programme stated that they found the networking opportunities of a national programme and access to the predominately London based speakers highly beneficial. Indeed the individuals in one of the three workshop groups indicated that they have remained in contact with each other. Most participants also considered that there would be scope for delivering both national and regional programmes in a variety of ways. These could be for nurse directors alone, professional executive committee nurses or on a multidisciplinary basis with allied health professionals, medical or human resources colleagues who were working at a similar level. Some participants suggested that a regional programme would allow more people locally to attend as well as provide an opportunity to work through and collectively influence local issues.

The approximate cost of the programme was £10,000 for 24 participants or £416 per person. The majority of participants indicated that trust funding for such programmes would be difficult to secure and if asked a relatively low contribution from trusts in the region of £250 - £350 per person might be realistic. Therefore future programmes will have to explore funding routes and there may be economy of scales to be gained by collaborating with other professional bodies.

The programme was welcomed by the participants as a development opportunity targeted specifically at Nurse Directors. While several Nurse Directors acknowledged that they had to take personal responsibility for their own level of engagement in the political arena, all of the ten telephone interviewees felt that further initiatives which enable the RCN to work with nurse directors to develop political leadership capability would be welcome. This finding is supported by the low level of self reported political activity and political leadership among the group (table 3). The programme therefore was effective in raising the profile of the role of the RCN, its Forums and the existing Forum Political Leadership Programme (Antrobus et. al., 2004) with this particular group of members. The RCN’s strategic plan 2003 – 2008 outlines milestones and challenges for the RCN to engage with its membership to influence policy. The results in the current evaluation suggest that the pilot political leadership programme delivered to this influential membership group offers an opportunity to meet a number of the objectives and overcome some of the challenges identified in the strategy.

Suggested areas by the ten interviewees where Nurse Directors as a group could work with the RCN more effectively were electronic networking, more action planning events specifically targeted at Nurse Directors and joint working with other professional organizations such as the Kings Fund or the Nurse Directors association. Future programmes could therefore explore ways in which work carried out during the two days could be subsequently followed up with action either on a regional or country basis. The geography of future programmes would need to be balanced with the ability to continue to attract the calibre of speakers that the participants highly valued.
The developmental (Parlett 1981) pragmatic approach (Scriven, 1997; Chelimsky, 1997) of the programme evaluation, using pluralistic methods of data collection, has allowed immediate personal reflections and generic evaluation data to be gathered at the end of the two days of the programme. More insightful qualitative data and thoughts for the future gathered through the telephone interviews illustrates the impact of the programme for some participants in the workplace as well as thoughts concerning the development of nurse directors political leadership capability in the future. Therefore the evaluation framework, which has adopted a participative approach from the programme delegates, provides meaningful and useful information for future planning both for the RCN and its nurse director membership.
6.0 Conclusion & recommendations

The pilot political leadership programme offered to nurse directors by the RCN political leadership programme team has been highly valued by the 24 programme participants and is a development opportunity that they would all recommend to others. There is an opportunity for the RCN and other professional bodies to develop ways of working collaboratively with nurse directors as a group in a more politically influential way to benefit nursing which would support the milestones outlined in the RCN’s strategic plan 2003-2008. The evaluation indicates that nurse directors and those aspiring to executive roles would welcome opportunities to develop collective political leadership capability. From the evaluation the following recommendations have been formulated.

1. The PLP 2 day workshop was highly rated. It should continue to be delivered by the RCN to Nurse Directors either on a national basis or regionally with regular follow up days/masterclasses. The PLP and follow on masterclasses could be used as a vehicle for lobbying on key issues, linking with RCN campaigns and as a way for Nurse Directors to network more effectively with the RCN to share national and local intelligence on policy issues.

2. The RCN should explore how future programmes could be funded and explore opportunities that arise for joint delivery with other professional organizations e.g. Nurse Directors Association, NHS Confederation, Kings Fund as well as multi-disciplinary events to optimize the potential for economy of scales.

3. The RCN should continue to disseminate RCN briefings to Nurse Directors and explore what further information needs Nurse Directors have. The potential for electronic networking opportunities through the RCN Management/Leadership website should also be considered.

4. The RCN should explore how it can work alongside the Chief Nurse events for Nurse Directors in providing Nurse Directors with additional opportunities for action planning to progress key issues of national concern and for networking.
7.0 References


Antrobus S (2002) what is political leadership? Nursing Standard. 17, 43, 40-44


POLITICAL LEADERSHIP FOR NEW AND ASPIRING NURSE DIRECTORS

Thursday, 3 and Friday, 4 February 2005

Venue:
3 February - Royal Institute of British Architects,
66 Portland Place, London


This innovative pilot programme has been designed to draw on the extensive experience of delivering and evaluating Political Leadership programmes for senior experienced health care professionals throughout the UK and Europe.

The programme team will engage Nurse Directors in an exciting, relevant and up to the minute political experience, inviting expert speakers chosen for their ability to offer insights into the processes behind the shaping and influencing of policy and combining those insights with workshop activity.

The workshop will be of particular interest to Nurse Directors who have been in post less than 3 years and Senior Nurses who aspire to executive level positions.

**Aims**

The programme will enable new and aspiring Nurse Directors to understand how they can influence government on key issues and communicate effectively to politicians and policymakers.
**Learning Outcomes**

At the end of the workshop, participants will:

- Identify and agree policy and political issues of collective concern to nurse directors.
- Understand how to influence key stakeholders through developing clear messages.
- Clarify how to lobby for policy change.
- Understand how to engage support from national organisations to fulfil their lobbying agenda.
- Know how government works and how it can be influenced.

**Getting a Place**

The programme is being funded by the RCN Nurses in Executive and Strategic Roles and Nurses in Operational Management Forums. This includes evening dinner and overnight accommodation for one night. It is important that participants are members of either RCN forum and attend the full two days.

There are 24 places made available on a first come, first served basis. To obtain a place complete the attached form and return to Sandra Gnananayagam, Professional Nursing Department, 20 Cavendish Square, London or e mail sandra.gnananayagam@rcn.org.uk.
PROGRAMME

Thursday, 3 February 2005

09.30 - Welcome
Graham Morgan – Former Chair of Nurses in Executive and Strategic roles
Deborah Critchley - Chair of Nurses in Operational Management

09.40 - Introductions and Expectations
Sue Antrobus – Director, RCN Political Leadership Programme
Jean Bailey - Lead Adviser, Management/Leadership

10.15 – Influencing Politicians and Building a Political Strategy
Earl Howe will share with you some of the things you need to consider when
influencing politicians and the best way in which you can formulate an influencing
strategy for success
Earl Howe – Shadow Health Minister, House of Lords

11.00 - TEA/COFFEE

11.15 - Creating a Lobbying Agenda : Facilitating Collective Lobbying
Objectives
This workshop will start with short presentations from Alison, Anne Marie and
Irene on top tips when creating a lobbying agenda around
- current political priorities,
- using evidence when lobbying
- working in partnership.

These presentations will then be followed by a workshop where in facilitated
groups you will be asked to identify what you believe is the top priority that
nurses should be lobbying on in relation to health and social care policy and the
outcome or solution you want to see as a result of your lobbying.

Alison Cairns - RCN Senior Parliamentary Officer
Irene Scott - Chief Executive, Nurse Directors Association
Professor Ann-Marie Rafferty – Director, School of Midwifery, Kings College
London
Sue Antrobus

12.45 – LUNCH

13.30 - Nurse Prescribing - A Case Study in Policy Influence
Mark will share with you the work he and others have done to progress nurse
prescribing. He will in fact present an inspiring case study in policy influence.

Mark Jones – Director, Community Practitioners & Health Visitors Association
14.15 - Working Effectively in a Political Environment
Baroness Cumberlege works closely with the RCN’s Political Leadership Programme to share her political expertise. She will build on Marks presentation to outline the mechanics of government or put another way how you can work effectively with government.

In groups, using the top 3 political priorities you identified this morning you will then be asked to identify the evidence you need to lobby with, the message you want to develop and the influencing strategy you want to construct in order to progress your issues.

Baroness Julia Cumberlege CBE DL - Vice President of the Royal College of Nursing, Vice President of the Royal College of Midwives and former Health Minister

15.45 - TEA/COFFEE

16.00 - Understanding the UK Political Arena and How to Influence within it
Scott will present to you a 'whistlestop’ tour of the changing UK Political landscape and what impact political devolution is having for the way in which we influence.

Scott Greer – Research Fellow, The Constitution Unit

17.00 - FINISH

18.45 for 19.00 - DINNER with After Dinner Speaker
Politics, Health & the Media – Niall Dickson, Chief Executive, Kings Fund

Niall will draw upon his extensive experience of working in and with the media to entertain us after dinner.

Royal Institute of British Architects
Friday, 4 February 2005

09.30 - How to Work through a Professional Organisation for Collective Influence Locally and Nationally
Beverly will outline how to get the most out of a professional organisation if you wish to progress a policy issue and the work of the RCN Forums in getting policy issues on the national agenda.

Beverly Malone – General Secretary, RCN

10.15 - Inside the Department of Health : Expectations and Reality
Ann will lead an informal discussion on the DoH and her perspective of the reality of working as a civil servant.

Interactive discussion - Anne Jarvie – Former Chief Nurse for Scotland

11.00 TEA/COFFEE

11.15 – Building Coalitions and making them work
Forming coalitions and partnerships is a vital part of a political strategy. Nigel will share with you his experience of when coalitions work and what makes them successful and also what makes them fail.

Nigel Edwards – Policy Director, The NHS Confederation

12.00 - LUNCH

13.00 – Using Patient Stories as an Influencing Tool
Ian will share with you how patient stories can be an extremely effective influencing tool when combined with the right evidence and the right policy solution.

Ian Kramer - Patient Affiliate for the Clinical Governance Support Team, The Modernisation Agency

14.00 - Analysing and Critiquing Government Policy with a UK Perspective
David will lead a workshop that will help you to think of the three policy issues you identified yesterday and the influencing strategies and messages you created within the context of current health and social care policy. In the run up to the General Election he will outline the Health manifestos of the three main parties and other political priorities from across the UK. You will then be invited to re-visit your policy issue in light of the political context and re-consider your message.

David Hunter – Professor of Health Policy & Management, Durham University
15.30 – Evaluation and Final Messages

Wendy will finish the programme by assessing your support for future Political Leadership events and exploring how you would like to progress the 3 priority issues you have identified.

Wendy Jehan - Current Chair of Nurses in Executive and Strategic roles

16.00 - FINISH