

## **PCC Teleconference Wednesday 7<sup>th</sup> May 2014.**

**Attendees;** Jacky Cahill (Chair), Nina Davis, Sophie Fletcher, Gregorz Surkont

**Apologies;** Pam Ellsworth, Tomasz Rechberger, Mario Gomes, Simone Crivellaro, Stergios Doumouchtsis, Jeffrey Garris

**Also in attendance:** Jenny Ellis

### **Agenda**

1. **Update and discuss on the strategy information from the Board of Trustees- see attached copy of forum comments.**

JC highlighted the overall review of the strategy changes, see attached online discussion points, members are not happy with changes. The proposed changes would see a reduced committee with different role/functions.

ND asked about the updated TOR that is online. JE advised that the changes made were the ones that the committee suggested in Barcelona, no further changes have been made. Once the TOR have been updated the Chair reviews, to confirm, then a member of the Board reviews the final document (to check that no points contravene the bylaws.) ND happy that no further changes were made to the document.

ND asked about press function, this is mentioned in TOR, does this still come under our remit? JC confirmed that the committee are still responsible for press, working with the office and Nucelio. As previously agreed the press conference will be reviewed annually and depending upon the local host, will go ahead if there is interest or will not. We are currently working on the press conference with Nucelio, we may be having a local press officer to assist but this depends on costs, so this is still to be confirmed if going ahead.

ND asked how much the associate editors do on e-news/newsletter. JC confirmed it's their responsibility to review newsletter before it goes to print. SF confirmed that the associate editors have no influence on content just admin function e.g. proof reading.

ND asked, what is the need for the PCC if we are doing less? JC stated that the suggestion by the trustee's was that they would like us to find materials to send out to members- sourcing the information, finding more scientific information. JC advised that everyone would need to take responsibility- ND agreed that this was reasonable. SF agreed that she receives a number of documents and emails that would be suitable. JC would like to split this out to ensure everyone is providing information. GS agree that we should all be incorporated in obtaining this information to ensure that the information covered all locations e.g. China, USA, Europe etc. JC happy that all agreed, this could help grow social media and influence.

**Action:** Committee to discuss sourcing of information for the office- online discussion to take place.

JC discussed the primary care session in Rio- in middle of writing proposal for Board, not sure if this can be done for Rio but could do in Montreal. Thoughts?

SF thinks a great idea! Would this logistically be possible? JE confirmed that yes we could arrange this for Rio but would need Board to sign off. GS asked whether this was for GP's/nurses? JC think so, it is a mandate of the ICS to educate, therefore worthy cause.

JC highlighted that she is also looking at medical journals, where we can advertise for free. We need a volunteer to find out where we can get free advertising. JC confirmed Brazil journals only. The local host would also need to take responsibility in promoting it through e.g. their press officer.

**Action: A committee member to volunteer to look into free advertising in Brazilian journals.**

ND think local (Rio) doctors would only travel to event but would probably want to get CME credits. JC advised would discuss with JE later on.

**Action: JC and JE to discuss CME credit and application process.**

JC would the members want to be presenters? ND thinks it should be better for Portuguese speakers. JC agrees but maybe 50:50 English, Brazilian speakers. ND suggested email invites to presenters. GS asked what percentage would speak English? Unsure, JC suggested translations services. JE advised this is very expensive! JC asked JE to look into language levels and costs for translation.

**Action: JC and JE to look into the local language for Rio Doctors/Nurses and if translation required what would the cost be?**

GS happy to speak at event if in English.

SF asked if Education committee needs to be on faculty/involved? JC confirmed that they would not need to be involved. Trustees could say this is not within our mandate but as publications and communications I feel this would be within our remit. JC will update the committee with the Boards response to the request.

**Action: JC to inform the committee of the Boards response to primary care session.**

## **2. Any other role for the committee following on from the strategy? Discussion**

ND asked whether the fact sheets needs to come under education committee remit? JC advised we would discuss this further at the next meeting. ND it's under our TOR, in future need to review use of fact sheets.

**Action:** Discuss fact sheets in Rio, review of fact sheets-how often/need for them etc

JC advised we may need to print some more for courses and annual meeting- they were originally made for press at the annual meeting.

SF asked how often the fact sheets are requested? JE advised that they are online so we don't see requested for this information but the office does send this information to education courses. JC suggested we look at this in Rio. SM IUGA has patient leaflets- really good! SF became a member because of these leaflets. JC thinks ours good for press, clinicians, and primary care. JC asked for stats on how often downloaded on website. Also JE to create banner and news article to highlight that this information is available online.

**Action:** IT team to confirm how many times this information has been downloaded.

**Action:** JE to write article and create banner for website highlighting the fact sheets.

3. **Pamela Ellsworth- Suggestion to introduce a promotion to reward ICS members that get new members to join - giving one ties or scarf to each ICS member who encourages say 5 new people to join the ICS. Discussion**

GS not sure if a good idea, not sure how to encourage colleagues to join-don't think it would work in Poland. JC advised it would have to be passed by trustees. JE advised that this had been discussed previously but there is a cost attached to do so, so the Board would need to agree and sign off any costs. JC doesn't think it would be enough of an encouragement for members but we could give them away as suggested by GS to GP's/Nurses who attend primary care session. ND asked if we have a membership committee? JE advised that we don't as far as she is aware. SF asked if this was our job now, to boost membership? JC advised it wasn't but we could make it our job. The group discuss the possibility of offering an incentive to trainees, JE explained that trainees have no membership discount at the moment but it is something that she is keen to introduce! JC stated that this could be our new function, encouraging trainees/membership. ND, SF & GS all agreed that this was a great idea.

*Postscript; JE and JC discussed the proposed trainee membership and we need more information from these members- what they want from ICS/membership/costs etc. We need to obtain this information before making a proposal to the board, maybe this is something that the committee members could do research on (if they work with/near trainees.) It could be that the office assists them in producing a questionnaire? This needs to be discussed further.*

**Action:** Committee members to research what trainee want from ICS and ICS membership costs.

4. **Any other business**

No other business.

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4. Any other business

## Strategy Update Forum Information

Dear Committee Members,

It has taken a while to hear back from the Trustees as to direction for the PCC after their January meeting.

I had a conference call with Katherine Moore and am now clearer as to what our future role might look like. This is not carved in stone as all ICS Chairs have to fill out a survey by month's end which may impact the ICS direction vis a vis the new strategic plan.

To date my understanding is that the PCC will no longer be responsible for its original mandate: the website and e-bulletins, as the office is now quite capable of handling this without our oversight. It has been suggested that we take on responsibility for sourcing and providing the office, (Sophie), with content i.e. new research, articles, news etc. to help her with the content of the Social Media feeds. The new title for this committee will therefore likely be the Communication Committee. This will not take place immediately and I would like to solicit your opinions on other roles we could play for the ICS prior to filling out the survey sent to the Chairs.

It has also been suggested that we take on a more Educational role and work closely with the Continence Promotion Committee – what are your thoughts on this?

We will definitely be retaining the position of ICS News Editor but I do believe we need to reinvent ourselves somewhat if we are to continue to play a vital role within the ICS.

I therefore ask you to submit your suggestions on the forum by March 21st.

Kind regards to all,

Jacky

**Pamela Ellsworth**-I think that as the PCC it is our goal to "publicize and communicate" what is ongoing in the ICS to highlight its activities, recognize contributors and enhance recruitment of new members. As such being isolated from all of the other committees makes it challenging - perhaps we should be more integrated with all of the other committees and one of us participate in all of the meetings so that we indeed can publish/communicate better. I also think that as previously brought up the editor of the ICS newsletter should be treated like a committee chair and be present at such crucial meetings to understand the leaderships goals and direction to better align the newsletter with such goals.

**Nina Davis**-I agree completely with Pam. As it currently stands, it appears that most of the members of the PCC have little opportunity to contribute to the "news magazine", PR materials or other publications disseminated by the ICS. In other organizations to which I belong, the editor of the newsletter or equivalent works with the office staff to solicit and collate appropriate material. Sometimes there are also editing duties and, in some cases, writing duties (usually one article/issue). Usually committee chairs, authors of important studies or course directors contribute most of the material. Therefore, the editor must keep abreast of what is going on throughout the organization

and must know who the key contacts are to obtain the necessary information. With regard to the Fact Sheets, I think they should be under the purview of the Education Committee or, perhaps, become a periodic supplement to NUU. First, as we have been discussing, someone (?Trustees, ?PCC, ?NUU Editorial Board, ?Education Committee) needs to decide a) Are the Fact Sheets necessary (To that, I say an unequivocal yes!) ;b) If they are necessary, who constitutes their audience?; and c) Once the audience is identified, what will be the formal process for establishing the topics, assigning writing responsibilities and performing periodic revisions.

Finally, Pam's comment implies one of 2 things, either the members of the PCC are assigned ex officio to the other committees as liaisons for information-gathering and possibly participating in writing articles or, alternatively, a member of each committee is designated an "assistant editor" or serves on the "editorial board" to contribute to the magazine. I actually favor the latter, even if it means dissolution of the PCC. I do not feel that aligning with the Continence Promotion Committee is a viable option.

**Stergios Doumouchtsis**-I feel that the content of the website and e-bulletin should still be under our remits. The technical aspects of the website or the process of updating is a different task and of course can be fulfilled by the office.

We should be very careful to ensure that our role does not overlap with other committees (ie education) although i agree that one of our core roles should be educational.

This committee has still a major role to play without having having to invent a new one.

We should keep the current title for the committee.

**Sophie Fletcher**-I agree with Nina that the PCC is distinctly different from the Continence Promotion Committee and aligning or merging with that committee is not a good option. One area in which we could excel is that of social media. The ICS office staff is very skilled (and young) in this area. Dom and others have revamped the website, started social media feeds, and created the ICS YouTube channel. Sourcing the office with consistently high quality content is an important job that we could champion.

**Jeffrey Garris**-I would agree with Pam and Sophie. I am concerned for our new Committee title and what the future role of that Committee will be. We should not lose purpose or momentum. If our mission is to be changed then we should create and direct those efforts directly from our own Committee members. We should be involved in some sort of oversight for the website and e-bulletin, integrate ourselves into other Committees and take on the task of writing and editing. If we are mandated to develop a new role, then the PCC, itself, needs to proactively define our role before the opportunity is lost, avoid duplicating other Committee responsibilities and unify our own goal as a leadership Committee.

**Jacqueline Cahill**-Thank-you all for your constructive feed-back, I shall relay this back to the Trustees. I am confident that we will retain a viable role as an ICS committee. I think we should hold a conference call mid to late April, I will ask the ICS office to organize this.

# ICS Strategic Plan

August 2013





# Contents

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1. Background & Process

## Context

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3. Why a New Strategic Plan?
5. Aim of the Strategic Plan
6. The Core of ICS

## Situation Analysis

---

8. Information Gathering
9. Findings

## Key Aims

---

13. Key Aims
14. Critical Success Factors
15. Ensure the Highest Quality Scholarly Activity
17. Optimising organisational effectiveness
19. Build Stakeholder Engagement
21. Establish Financial Health
23. Implementation

# Background & Process

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The Board of Trustees has now completed a strategic plan which will guide the International Continence Society (ICS) over the next five years with the aim to re-establish the pre-eminent position of the ICS.

In late 2012, the first step of the review was launched with a members' survey. Information was also collected and analysed on both the ICS and similar scientific organisations within the fields of urology, gynaecology and incontinence care. Interview data from industry representatives provided key perspectives, carried out by an independent consultant. During the winter and early spring of 2013, the Trustees met on three occasions to:

- Plan strategy processes
- Consider the information collected, and
- Create the first draft of the strategy, which was completed in May 2013

The Trustees have consulted on the draft strategy with a range of stakeholders, including ICS members and industry contacts. Nearly 200 responses were received, with the vast majority strongly endorsing the document. This final version has been amended in the light of comments received.



# Context

# Why a New Strategic Plan?

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The decision to begin a new strategy was driven by several factors:

- Financial outlook
- Reduced output in terms of scholarly activity in recent years
- Reputation of the ICS

## Financial outlook

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Over the past 10 years, the major source of income for the ICS has been the Annual Meeting (75% average), the surpluses from which enabled the ICS to pursue its scholarly and charitable activities.

Projections of income from future Annual Meetings are substantially lower than in previous years. International congresses in any field generate much less income when held outside North America and Europe; this was very much the case for the ICS meeting in Beijing, which generated no surplus, in contrast with the meeting in 2011 in Glasgow. Projections for meetings after 2013 are currently at a level far below the 2011 surplus.

Future income is also potentially threatened by changes in the way industry is able to support scientific organisations such as ICS. Budgets are constrained by the global economic downturn, driving industry partners to use their money more cost-effectively, and as patents on drugs expire marketing budgets are shrinking.

Competition for industry support is therefore increasing.

## Scholarly activity

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The Trustees were concerned that the reputation of the ICS for academic excellence had diminished through a reduced level of activity in the past few years. As scholarly activity (scientific, educational) is the ICS's *raison d'être*, the potential consequences and threats to ICS are considerable: its influence, impact on the lives of those affected by continence problems, membership engagement and volume, and the ability to attract industry support.

## Reputation

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The Trustees recognised that conflict from a minority within the ICS has caused significant harm to its reputation among members, non-member clinicians, other health care professionals, and supporters in industry and elsewhere.

# Aim of the Strategic Plan

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The Trustees were therefore keen to establish a clear direction for the next five years that will:

- Ensure the financial future of the ICS
- Re-establish the reputation and renew the influence of the ICS in the field

They agreed the purpose of the strategic review was:

To re-establish ICS as the pre-eminent scientific society in incontinence, pelvic floor disorder and lower urinary tract dysfunction

# The Core of ICS

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As the starting point for the strategic review, the Trustees re-affirmed the purpose of ICS:

To improve the quality of life of people with incontinence or pelvic floor disorders by extending and improving practice

Indicators of success by which the progress and impact of the ICS and the strategy would be monitored were:

- Participation in the annual meeting (and other related parameters)
- Scholarly impact
- Change in practice
- Perceived value of engagement with ICS
- ICS being the 'go to' organisation for researchers, clinicians, the public and policy makers
- Numbers of different types of practitioners in the ICS and in the field



# Situation Analysis



# Information Gathering

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Information was gathered in a variety of ways to establish a meaningful analysis of the current and projected operating position of ICS, in terms of both external and internal factors.

The inputs to the situation analysis were:

- Membership survey carried out in late 2012, to which 321 responses were received
- Information collated by ICS staff on other scientific societies in related fields and on the ICS itself
- Interviews with representatives of industry to understand their needs and concerns and their perceptions of ICS and other scientific societies
- Analyses carried out by the Trustees and directors of ICS of:
  - External factors, using the PESTEL framework (Political, Economic, Social, Technological, Ecological, Legal)
  - Internal factors, using the SWOT framework (Strengths, Weakness, Opportunities, Threats)

# Findings

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These exercises led to the identification of a range of issues that must be considered and addressed if ICS is to re-establish its pre-eminent position:

- Reputation and status
- Relations with industry
- Financial outlook
- Potential for competition and cooperation with other scientific and professional organisations
- Engaging and growing the membership
- Issues of governance
- Key assets of the ICS

## Reputation and status

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ICS was previously viewed as the pre-eminent scientific society in the field. The scholarly outputs set standards and were widely adopted. As the quantity of these outputs has fallen, so has the influence of the ICS.

This has been compounded by a perception that the ICS as an organisation has been burdened with internal conflicts which may have spilled over onto its relations with members and industry. Thus the ICS appears no longer focused on leadership in its core scientific role.

## Relations with industry

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Interviews with industry made it clear that ICS occupies a unique 'niche' and has made vital contributions in the past. There is much goodwill towards the ICS and a desire that it should succeed and willingness to help it do so.

More recently, however, industry has shared in the perception of ICS as preoccupied with internal issues and not fulfilling its scientific role. Moreover, some representatives felt that ICS has become hostile to industry, disinterested in the needs or wishes of industry and unwilling to engage with them on equal terms.

## Financial outlook

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This is discussed in detail elsewhere (see Page 21). The critical issue is that there are significant potential threats to income in the next few years. If the threats materialise ICS could be forced to reduce the scale and scope of its activities.

## Competition and cooperation with other organisations

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As the pool of finance available to scientific and professional organisations shrinks, there is increasing competition among those organisations to secure that money for themselves. This is paralleled by competition for 'market share' in terms of membership, status of major meetings, and position as leading in key areas.

At the same time, there are areas of overlapping interest among these organisations and it may be advantageous to consider collaborations where they will lead to greater impact or cost-effectiveness.

## Growing the membership

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The ability of ICS to achieve its purpose of influencing practice to improve quality of life for people affected by incontinence, pelvic floor disorders, and lower urinary tract dysfunction depends on the level of engagement it can achieve with key stakeholder groups. Central among these stakeholders are clinicians, researchers and other health care professionals.

A key means for achieving that engagement is to bring as many members into the ICS as possible. Membership numbers appear to have been driven primarily by attendance at the Annual Meeting. Success has also been achieved through the affiliate member scheme. Other methods of increasing and engaging the membership need to be found.

## Governance

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ICS is led by a highly committed and active volunteer Board of Trustees supported by a skilled office staff and an extensive cadre of committees, involving 175 members, who undertake the key activities of the ICS. The time given by those members is critical to the work of the ICS; at the same time, the number of committees, the overlap between their responsibilities, the absence of a framework that aligns their work strategically or governs delivery, and the administrative load on ICS staff, risk inefficient use of scarce resources and could impair performance and consistency of standards.

## Assets

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It is important to note that the ICS has a number of key strengths to draw on as it works towards the future:

- It commands much goodwill among many stakeholder groups, including members, other professionals, and industry
- The excellent work in the past is still highly valued and sets a benchmark to which the ICS can return
- It brings together multiple disciplines from across the world, which represents a unique strength greatly valued by many people
- The past three years have seen record numbers of ICS-delivered education courses, guest lectures, awards and fellowships. The strategic plan will allow the organisation to build on this activity



# Key Aims

# Key Aims

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The strategy identifies three key aims for ICS over the next five years:

- To develop scholarly activity to the highest standards
- To restore the reputation of the ICS with key stakeholders
- To ensure financial health for the foreseeable future

# Critical Success Factors

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Critical success factors (CSFs) identify those major areas of activity that the ICS must address and make significant progress in if it is to achieve its aims. The CSFs identified by the strategic review are:

- Ensure the highest quality scholarly activity
- Optimising organisational effectiveness
- Build stakeholder engagement
- Establish financial health

# Ensure the Highest Quality Scholarly Activity

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## Current situation

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Excellence in science and education are the core functions of the ICS. To date scholarly outputs have centred on the production and publication of standardisation reports which have been regarded as the gold standard for terminology in continence-related science. Reports, both as sole products or with the collaboration of partner societies with similar interests, have been widely quoted and universally used. Abstract submissions to the ASM have been increasing and quality controls are stricter.

Over the last three years there has been a decline in the number of reports from the ICS and others have taken the lead, resulting in a reduction in the standing of the ICS in the scientific community.

## Key Issues

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Increase in and maintenance of quality of the scholarly output is a key issue for the ICS. Scholarly output should not only concentrate on core business to date - the production of standardisation reports and definitions of terminology for use by the scientific community - but also broaden into allied areas:

- Educational quality and accreditation standards (including establishment of ICS as an accrediting authority)
- The running of “best brains” consensus conferences resulting in the production and publication of consensus statements and scoping reviews in relevant areas of interest



- Exploitation and commercialisation of information technology products and protection of the associated intellectual property

Subject to the availability of sufficient and sustainable funding the ICS also needs to be active in its support for research through fellowships, scholarships, grants and awards.

# Optimising Organisational Effectiveness

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## Current situation

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ICS stands on strong organisational foundations: it has an active Board of Trustees which is heavily engaged in tackling the challenges facing the ICS; it has a strong infrastructure of interested members, including 13 committees with 175 members; and a committed and capable staff group with a range of skills that gives it flexibility to respond to new challenges.

However, the Board, Committees and staff are not currently aligned around an agreed plan. A stronger framework for monitoring performance and for accountability is needed. In addition, the Board's workload is excessive, especially given the practical difficulties that arise from having a membership distributed across five continents.

## Key issues

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In taking on the ambitious programme implicit in this strategy, it will be essential to focus and align all of the resources of the ICS to achieve maximal effectiveness and efficiency.

We will:

- Review governance structures to ensure that the roles and responsibilities of the Board and the Committees are aligned with strategy, and that they take on only those tasks best undertaken by volunteer structures

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- Develop the skills of staff to equip them to deliver the strategy
  - Establish a 'dashboard' reflecting key performance indicators that will enable staff, Trustees and members to keep track of progress towards our aims
  - Establish clear lines of reporting, accountability and performance management including robust governance of conduct for members and volunteers
  - Examine ways to optimise membership engagement, potentially including doing so on a regional basis

# Build Stakeholder Engagement

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## Current situation

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The ICS office has a strong Projects and I.T. Team which maintains regular communications output to members. However, communication has not been seen as strategically critical; activity has often been limited to disseminating information to members. Many of the substantial achievements of the society have not been effectively communicated to stakeholders. Feedback from members indicates that they seek more systematic and comprehensive information on a range of topics, including the activities of the ICS. Equally, if we are to achieve our aims we need to reach beyond the membership to all health care professionals currently or potentially involved with people affected by incontinence, and to engage in meaningful dialogue with other stakeholders including industry and policy makers.

## Key issues

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In the next three years the ICS will need to strengthen communications capability and impact.

- We will develop and implement a strategic approach to communications based on the needs and wishes of key stakeholder groups and an understanding of the media by which they prefer to engage – which will include the development of greater sophistication in the use of social and other new media

- We will aim to engage all key stakeholders to ensure that:
  - ICS is seen as a key, dependable and trusted source of information
  - We are aware of their needs and wishes and adapt to those as they change
  - They feel engaged with ICS
- Specific activities could include:
  - Establishing an active Industry Advisory Board
  - Identifying and completing key standards documents
  - Aligning the work of the Publications and Communications Committee to support the fulfilment of this strategy
  - Training for ICS office staff and/or employment of marketing or communications professionals if additional skills and/or capacity are required

# Establish Financial Health

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## Current situation

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ICS currently has financial reserves in line with its policy; hence it is secure in the short term. However, in the worst-case scenario, income could fall dramatically and hence the scale and scope of ICS activities would have to be radically reduced.

The ICS depends heavily on income from the Annual Meeting. We cannot safely assume it will remain at recent levels in future; indeed we know that in 2012 there was no surplus and are uncertain of the outcome in future meetings. Our two other income streams are membership subscriptions and funding from industry. The membership fee is less than its actual cost and is subsidised by ICS from other sources; income from industry is reducing.

## Key issues

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Urgent action is required in a number of areas:

- The way in which Annual Meetings are organised must be reviewed to ensure that income is maximised while preserving value as a scientific forum designed to promote research and extend good practice
- The membership scheme will be reviewed, including consideration of an appropriate subscription structure to move towards cost-neutrality while continuing to grow and diversify membership

- Engagement with industry will be re-examined, so that ICS can respond to industry needs while preserving scientific and professional integrity, and hence secure and grow income from this source
- Other potential revenue sources will be established, including funding of ICS workshops and courses by other organisations; seeking donations from foundations, government bodies, etc; and becoming an accrediting body
- Financial management practices and methods will be reviewed to ensure rigorous control of funds
- ICS investments will be reviewed to optimise the return
- Consideration will be given to the establishment of an endowed foundation that can attract donations from other bodies and will distribute funds to support research

# Implementation

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Planning of implementation is underway having taken into account the findings of the consultation. On the basis of the agreed strategy the trustees have agreed priorities for the next 3 years and the key initial tasks to be undertaken.

Please see further information in the ICS Strategy Appendix document.



# Appendix

ICS Strategic Plan, August 2013



# Critical Success Factors (CSFs)

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This document contains draft frameworks for each of the CSFs agreed by the trustees in Toronto in May 2013 as the basis for translating the strategy into operational plans. The CSFs were further developed following the results of the June 2013 consultation with ICS members and key persons, and through work by ICS administrative staff and an external consultant.

Each CSF has been structured as follows

- Title
- What it looks like (when you've got there)
- Actions to be taken

## Title

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The title of each comprises a verb and an object, thus characterising the CSF as an *area of activity* with a clear *outcome*. The choice of the object part is important as it defines the destination and hence drives the activities that will be undertaken. For example, 'financial health' leads to a different focus and emphasis than "financial security"

## What it looks like

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This breaks the thinking down to specific outcomes that the ICS wishes to achieve in the next three years, thus providing greater clarity and specificity to inform operational planning.

## Actions to be taken

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The last element of each framework provides a marker. Each of these meets the criterion 'this has to be done if we are going to fulfil the CSF in three years' and will appear in the operational plan. The Board will regularly review the CSFs to monitor progress and to ensure the CSF remains relevant.

ICS Directors will prepare an operational plan for 2014 once the strategy has been ratified. This will identify time scales for each activity, assign responsibility for implementation, and include evaluation.

# Ensure the Highest Quality Scholarly Activity

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## What it looks like (after 3-5 years)

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- Programme of standardisation reports re-established
- ICS terminology reports are the gold standard
- Research and Educational support for professionals at all levels
- Support for younger members, trainees and recent graduates
- ASM scientific programme optimal; ICS capitalising on it
- Publishing opinions by KOLs
- High impact of research consensus statements
- ICS courses are recognised by healthcare providers and policy makers

## Actions

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- Establish system(s) to coordinate and drive this work
- Create plan of standardisation reports (timetable, etc.)
- Create plan of consensus statements
- Establish process for producing consensus statements
- Start process to win CME/CPD accreditation status

# Optimising Organisational Effectiveness

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## What it looks like (after 3-5 years)

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- Governance:
  - Clear structures and roles
  - Robust systems
- Workforce, both staff and volunteers, aligned to strategy
- The Board, charity and its trading subsidiary are aligned to strategy
- Clear lines of accountability and reporting
- Performance monitored, evaluated and managed

## Actions

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- Review structure relating to both staff and volunteers (e.g. committees)
- Review and update procedures related to code of conduct and grievances
- Set up a process to ensure annual review of Articles and Bylaws

# Build Stakeholder Engagement

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## What it looks like (after 3-5 years)

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- *Staff and volunteers* understand plans and their part in them
- *Members and non-member professionals:*
  - Aware of what ICS is doing
  - Perceive ICS as the key sources of information on science
- *Industry* actively engaged with ICS
- *External relationships and policy makers* - ICS engaged with key individuals

## Actions

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- Prepare communications plan
- Build database of non-member professionals and industry contacts
- Create industry panel

# Establish Financial Health

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## What it looks like (after 3-5 years)

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- All ASMs generate a surplus of £500,000 and above
- At least 20% of income comes from sources other than the ASM
- Strong financial planning and controls
- Robust reserves policy; 3 year projections of reserves fall within the range set by the policy

## Actions

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- Review financial planning and control systems and practices
- Review all areas of expenditure in order to identify potential cost savings
- Review the policy on selecting and managing ASMs
- Develop an income generation plan