



Nursing Committee Minutes

Tuesday 28th August 2018,

Venue: Pennsylvania Convention Center (PCC)

Room: Meeting Room 2

Time: 08.30-10.30

Chair: Donna Bliss

Members attending: Sandie Engberg, Veronica Hagggar, Mary Wilde, Joan Ostaszkiwicz, Tamara Dickinson, Winnie Yeung Ka Wai

Apologies: Amy Hunter, Jo Booth, Alison Bardsley,

Also in Attendance: Jenny Ellis, Cristina Naranjo Ortiz, Angela Rantell, Joanne Dean, and Joanne Robinson

DB welcomed everyone to the meeting. All delegates introduced themselves to the committee.

1. Committee picture taken

The Committee page will be updated with the new picture.

2. Welcome to new members - Amy Hunter, Angela Rantell, Joanne Dean, and Joanne Robinson

DB welcomed the new committee members to the committee.

3. Approval Florence minutes (attached)

DB asked if any changes/additions were required to the minutes? No changes/additions requested. The minutes were therefore nominated – 1st TD, 2nd JO

DB reminded the committee to ensure they complete the actions assigned to them from the meeting. Should you have any problems in doing so then you should contact DB, so that she is aware.

DB announced that the book about Management of Faecal Incontinence, for the Advanced Practice Nurse, planned in Florence last year was published as planned on time for this meeting. She thanked all committee members who were authors.



4. Review Committee Terms of Office (attached)

DB thanked the committee members for their hard work on the committee over the last year.

JR will be taking over from SE in her position as Chair of the Education and Practice Subcommittee.

Action: Office to update the Education and Practice Subcommittee so that JR is the Chair of the subcommittee.

We have identified tasks and ensured that there is a fair split of tasks between committee members – including sub-committees and taskforce.

JB has been leading on the bowel and bladder training document, we are just finishing this and it should be completed by the end of this year.

The projects that the committee have worked on differs based on the various interests of the group. This ensures that there is a good mix of projects, but we need to ensure that the committee achieves their standard projects e.g. workshop at the annual meeting etc.

TD confirmed that she was working on the fellowship project – we will discuss this later in the meeting.

-Sandra Engberg, Veronica Haggard, Mary Wilde stepping down in Philadelphia; Sandra Engberg is the Chair of the Nursing Institute

- Donna Bliss – 1st term completed, and she is starting her second term

- Amy Hunter, Angela Rantell, Joanne Dean, Amy Hunter and Joanne Robinson's terms start on Thursday, runs until 2021

5. Committee Terms of Reference (attached)

JE highlighted that the BOT implemented, 10 person maximum rule, has been added to the TOR. No further changes required.

6. Actions- updates/outstanding from previous meetings:

- ACTION POINT: Communicate to ICS nurses' community and solicit reviewers by email call or personal contact to review the bladder/bowel document when



ready. (JB to do this) All

JO/DB; DB will request 3 additional reviewers at the Nursing Forum (completed-- DB did this and sent names of 3 reviewers to JB.)

Currently working on this – see below discussion

- ACTION POINT: JO & DB draft up a document on mixed methods abstracts.

Postscript note: The above was an action from Florence

- ACTION POINT: Office to check SOP process for FI book best practice document to ensure following process from now on Office
- ACTION POINT: Office to send education video SOP to ABard/SE to prepare catheter video for the ICS. Office

MHP created a video with slides, following which we discussed whether a catheter care video would be useful with the education committee. The person who volunteered was Sharon, then Alison took over after Sharon stepped down. Since then this project was delayed. The committee need to find a replacement in the UK. Group discussed this, and it was suggested that Mandy Fader would be a replacement.

Action: DB to discuss with Mandy Fader to present the catheter video

Postscript note: DB discussed at annual meeting with MF.

We will aim to produce this in the UK in 2019.

JO highlighted that the video needs to be internationally applicable. MW highlighted that they created a best practice US guideline, so we can cross check this and review. Group discussed content, all agreed that we need to create and review the script quickly – so that it is ready to go once the person is confirmed.

DB agreed, she will discuss with Mandy and let the committee know her response.

- **ACTION POINT: After the BB consensus best practice document is completed (Jan.-Feb 2018), committee agreed to advance the continence specialist role project to the next step as decided on last year. The next step is to Identify /compile and describe existing competencies that equip nurses and non-nurses with the knowledge and skills required to meet the continence nursing care needs of individuals at all stages of life and in all health and social care settings. This is the first step in a multi-step project that in subsequent years**



plans to analyse the compiled documents/info noted above and develop a framework and a consensus document about these competencies (JO offered to lead this project). JO

DB confirmed that a subgroup developed the initial draft for the principle on bladder and bowel training. The 20 people involved included committee and general members, all reviewed the document. The project has been delayed but we are working on this currently. Three reviewers have sadly had to drop out so we will ask at the forum if anyone is interested in being involved – we need a minimum of 20 reviewers.

Once the document is final it will be published in NAU as a consensus document. But this is not a static document, the committee will look to add to this going forward.

TD thought that it is a very thorough document and it identified areas for possible research.

JB stated that it had been difficult to produce, due to the lack of evidence in the area. DB agreed. This is why we need an expert consensus document.

KH is working on requesting acceptance of the document about writing and reviewing a qualitative research abstract by the scientific subcommittee as she is now a member of that committee. They are currently reviewing the draft; a decision is pending.

Following on from the BB document, the next plan was to create the nurse specialist document – this would include the competencies that equip nurses. This is proposed as a multi-step program. JO to contact international schools on their types of competencies, so we could review and consider whether this could be used for this project.

- **ACTION POINT:** It was determined we would not pursue the frail elderly document specifically but will discuss our next projects as part of the committee strategic planning. See strategic planning below.

7. Other projects/discussions

a) Nursing membership update and engaging members in committee activities

DB confirmed that nurses made up to 8% of the ICS membership over the last year. We had an influx of Korean members, with the free membership offered, but sadly not many renewed. This year we did a recruitment drive and we have



overall increased our numbers. However, nurse membership is up compared to 2 years ago prior to the affiliation of Korean nurses.

Joan is attending the Early Career session (5 min)

JO attended the early career session, targeting young nursing members – doing a meet and greet.

b) Discussion regarding ICS midyear meetings and program in China (10 min)

RM and TD asked what was the involvement of the committee in this year [regional meeting](#) (RM)? DB confirmed that the committee spoke at the first RM in Phoenix, we focused on practice nurses. This year there will be a nursing/physiotherapy track for delegates to select. If you want to speak at the RM or know someone suitable then please let DB know.

Action: Committee members to let DB know if they would like to speak at the regional meeting, or know of a suitable speaker.

All discussed the RM and agreed the need to ensure that allied health professionals are included, they are essential to the programme.

DB reminded committee members to sign up to the faculty database: <https://www.ics.org/members/faculty> The office has created a new database, so you need to re-register to be considered as a speaker. Frankie Bates is our liaison on the Education Committee, she is an excellent advocate on behalf of the committee.

DB highlighted that add on courses are easier/better for the committee to be involved in but we sometimes struggle to find organisations who want a nursing add on course. DB asked JD & JR to look into possible meetings that the nursing committee course approach regarding education courses.

Action: JD & JR to look into possible international meetings that we could hold an add on course.

DB discussed her forthcoming China course – DB and Kathleen Hunter go to China next week. They will be speaking in three different cities over 10 days. This is the second time DB & KH have spoken in China, next year we will look into other speakers to attend. DB discussed other options for educating in these areas e.g. e-learning etc. JE suggested filming modules, webinars etc.



c) **Suggested revisions to application to committee (adding involvement in ICS in various ways and ICS committee experience as items (5 min)**

Group discussed revisions. JE highlighted that we use a standard form, but we can amend slightly to ensure people note their involvement in ICS activities e.g. attending annual meetings etc. The committee agreed that this was a good idea. DB is opening various committee activities to nurse members not on the committee to provide opportunities for involvement and training for committee membership. Group discussed how to raise awareness of vacancies, JB suggested the nursing forum would be a good platform.

We can also amend the committees scoring sheet to select the most suitable candidates. DB will request office to amend application for its next use.

Action: DB to confirm nominations scoring with office.

d) **Ad hoc doctoral student position -- need a task force chair and members to assist to develop a simple application and preferred criteria for doctoral students to apply for the ad hoc student position on the committee and some expected activities for them**

Group discussed the above project. It was agreed that AH, JR and MW will work on the sub-group for ad-hoc document on student application form and criteria.

Action: AH, JR and MW to create a student application and preferred criteria application form.

Group discussed how long to co-opt someone on to the committee, DB suggested a year. JE highlighted that co-opting someone doesn't need to be for a specific time period (1 year) rather as long as is required to complete a project. DB would like to keep the position set to one year. DB would also like AH to write up her experiences.

Action: AH to write up her experiences as a co-opted member of the committee.

e) **ICS Fellowships -- discussion how to manage a request for a mentor/site; should we develop a list of who could be a mentor?**

The committee discussed the ICS fellowships, we have received limited applications from nurses. We are keen to increase applications. It was queried whether applicants were struggling to source a host centre? The committee will look into whether creating a host list would be beneficial. JE highlighted that the office has a list of neuro-urology host centres, so this is possible.



Action: Office to send DB the neuro-urology host centre list.

Action: Committee to investigate interest/feasibility of nurse members in identifying their work sites as possible fellowship host locations.

Action: TD to contact ICS nurses members about this and possibly create a host list for nursing applicants.

MW was previously awarded an ICS fellowship – attending Bristol and Southampton. It was a worthwhile experience and she would recommend this to anyone interested in taking part in a fellowship.

- f) **Strategic planning for committee activities** - DB wants to begin a discussion and continue with an online activity for developing a strategic plan for committee priorities for activities, developing scientific/educational documents or publications etc. that align with the ICS strategic plan; planning will continue online through the end of the calendar year

DB wants to ensure that all committee members are engaged in the projects. We need everyone to be engaged in order to achieve the projects within the set timeframe. Group discussed what should be the priorities going forward – DB thinks the strategic planning is necessary as we have several ideas for projects and ICS has ideas for its Institutes as well. ICI will also be repeated next year, so the committee will need to be involved in this project. Group discussed this and funding issues with projects, maybe we need to create a list as part of our strategic planning process and then set priorities?

- g) Review ICS strategic plan (40 min)

ICS strategic plan is available to download here:

<https://www.ics.org/document/2188>

Action: DB with help of office to start an online strategic planning discussion in Oct.

8. **Reminder to members to attend Nursing Forum and networking lunch to meet and greet ICS nurse members on Thursday**

Group discussed forum plans. DB reminded members to attend the forum and lunch.

9. **Who is planning to attend ICS 2019 in Sweden?**

DB asked who was attending next year? TD unsure, everyone else confirmed they would be attending.



10. **Action:** JR and DB will plan Nursing Workshop and Nursing Forum by Dec. 2018. Jenny to email DB and JR name and contact info of nurse in Sweden who is assisting the planning committee to identify potential Swedish nurse speakers.

Group discussed general attendance at the next annual meeting in Gothenburg, we may see an increase in nursing membership due to location. The group would like to have a networking lunch, specifically targeting first time nursing delegates and PhD students. JE discussed possible areas of engagement with potential members – mailers, social media etc. We need to highlight the value of membership – how does ICS add value? Group discussed.

Action: Committee to work with the office on targeting new members and inviting them to the networking lunch in Gothenburg.

CNO left

11. AOB

10.1. DB discussed sending a post meeting mailer to nursing delegates – split into members and non-members. JB & DB will work on the draft with the office.

Action: JB & DB to draft post meeting mailer to delegates. Office to send.

10.2. JO stated that the website is difficult to navigate, JD agreed. The group discussed the limitations on the website. JE advised that we can make it easier to find key documents by adding them to the nursing home page, the committee just need to highlight the key texts.

Action: Committee to highlight the documents that they would like to add to the homepage – for ease of use.

10.3. Group discussed the abstract review this year – there were over 100 abstracts to review, this was too many! DB will discuss this with the scientific committee. We also need to recruit more people to review abstracts, group discussed and thought an article would be useful. JE suggested filming a short promo with Roger at the meeting. All agreed this would be a good idea, JO volunteered to do the filming.

Action: DB to discuss abstract review with scientific committee. The number of abstracts reviewed was too high this year.

Action: Short video on how nurses can get involved in reviewing abstracts to be filmed in Philadelphia. JO to be filmed.

Group discussed that you had to select 'expert' to receive emails in this category, therefore some people may have not selected this as they wouldn't consider themselves



an “expert”. Which is why they didn’t receive abstracts in this category. DB asked JE to raise with IT Team, we may need to amend the wording.

Action: JE to check with Dom regarding ticking expert on the abstract reviews. If you don’t tick this, did you not receive abstracts in this category.

SE left

MW applauded DB for her efforts over the previous years, all agreed. DB thanked members for their support and stated that the new organisation of the committee and direction from the ICS strategic plan has helped the committee to streamline their projects.

Ends



Nursing Committee Agenda

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Apologies: Amy Hunter, Jo Booth, Alison Bardsley,

Also in Attendance: Jenny Ellis, Angela Rantell, Joanne Dean, and Joanne Robinson

(30 min for items 1-4 below)

1. Committee picture to be taken
2. Welcome to new members - Amy Hunter, Angela Rantell, Joanne Dean, and Joanne Robinson
3. Approval Florence minutes (attached)
4. Review Committee Terms of Office (attached)

-Sandra Engberg, Veronica Hagggar, Mary Wilde stepping down in Philadelphia; Sandra Engberg is the Chair of the Nursing Institute

- Donna Bliss – 1st term completed, will need to apply to stand for a second elected term

- Amy Hunter, Angela Rantell, Joanne Dean, Amy Hunter and Joanne Robinson's terms start on Thursday, runs until 2021

5. Committee Terms of Reference (attached) (15 min)
6. Actions- updates/outstanding:
 - ACTION POINT: Communicate to ICS nurses community and solicit reviewers by email call or personal contact to review the bladder/bowel document when ready. (JB to do this) All
 - ACTION POINT: JO & DB draft up a document on mixed methods abstracts.
JO/DB



- ACTION POINT: Office to check SOP process for FI book best practice document to ensure following process from now on Office
- ACTION POINT: Office to send education video SOP to ABard/SE to prepare catheter video for the ICS. Office
- ACTION POINT: After the BB consensus best practice document is completed (Jan.-Feb 2018), committee agreed to advance the continence specialist role project to the next step. The next step is to Identify /compile and describe existing competencies that equip nurses and non-nurses with the knowledge and skills required to meet the continence nursing care needs of individuals at all stages of life and in all health and social care settings. This is the first step in a multi-step project that in subsequent years plans to analyse the compiled documents/info noted above and develop a framework and a consensus document about these competencies (JO offered to lead this project). JO
- ACTION POINT: Put the frail elderly on the forum for further discussion. Discuss and select the next clinically-focused document (a guideline or best practice consensus type document) and who will lead this task force using an online forum. This project can be staggered or concurrent to the competency project above. (DB will initiate forum) DB

7. Other projects/discussions

- a) Nursing membership update and engaging members in committee activities

Joan is attending the Early Career session

(5 min)

- b) Education and Practice Subcommittee chair and planning for ICS 2019

(5 min)

- c) Discussion regarding ICS midyear meetings and program in China (10 min)

- d) Suggested revisions to application to committee (adding involvement in ICS in various ways and ICS committee experience as items (5 min)

- e) Ad hoc doctoral student position -- need a task force chair and members to assist to develop a simple application and preferred criteria for doctoral students to apply for the ad hoc student position on the committee and some expected activities for them (10 min)

- f) ICS Fellowships -- discussion how to manage a request for a mentor/site; should we develop a list of who could be a mentor? (15 min)



- g) Strategic planning for committee activities -- DB wants to begin a discussion and continue with an online activity for developing a strategic plan for committee priorities for activities, developing scientific/educational documents or publications etc. that align with the ICS strategic plan; planning will continue online through the end of the calendar year; Review ICS strategic plan (40 min)
ICS strategic plan is available to download here:
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- 8. Reminder to members to attend Nursing Forum and networking lunch to meet and greet ICS nurse members on Thursday (10 min)
- 9. Who is planning to attend ICS 2019 in Sweden? (5 min)
- 10. AOB



Nursing Committee Minutes
Tuesday 12th September 2017, Florence, Italy

Chair: Donna Bliss

Members: Alison Bardsley, Jo Booth, Sandra Engberg, Sharon Eustice, Veronica Haggart, Kathleen Hunter, Mary Wilde, Joan Ostaszewicz

Apologies: Jaclyn (Seok) Lee and Wakako Satoh, Maria Helena Lopes,

Also in Attendance: Avicia Burchill, Cristina Naranjo Ortiz, Amy Hunter, Tamara Dickerson and Winnie Yeung

1. Introductions and welcome to new members

DB welcomed everyone to the meeting and everyone introduced themselves. DB thanked all those members stepping down and presented certificates. Certificates will be mailed to those not present.

2. Approval Tokyo minutes

The minutes from Tokyo were approved.

3. Committee Terms of Reference (attached)

- a. New subcommittee chairpersons: JO will be research chair and JB will be chair of communications.
- b. New Clinical fellowship task force chairperson – JL tried to stimulate interest but we did not get anyone applying. It would be good to have a volunteer to help with that. It was agreed that TD will lead this task force with assistance from AH and MW to develop the advertising of the fellowships and make personal contacts to some potential trainees and/or mentors. (TD will lead)

MW confirmed she was not renewing. JO and ABard confirmed they would renew. Therefore 3 positions available to bring up to 10 by ICS 2018. DB stated that she liked the idea that those who are PHD students coming through onto the committee and so asked the committee if anyone has (hopefully Amy will apply) some students coming to meeting we would encourage them to join. VH asked if we could extend it out to clinicians as well rather than just having academics. DB agreed to those who are going into an advance clinical degree such as a DNP or Masters degree. All agreed it was important to have a balance of members and it should not be restricted. DB want experienced clinicians who also have experience in national and international committee activities and speaking to apply and the students to be co-opted to gain more committee and ICS experience so as to be eased into the committee. The nurses event at ICS 2017 were discussed and SE will tribute Mandy Wells at AGM.

ACTION POINT: Office to update new subcommittee positions on website (JB to arrange with Jenny)



ACTION POINT: Call for 3 positions to join committee (DB will do)

4. Actions- updates/outstanding;

a. Update on Bladder/Bowel training best practice document (JB)

JB explained that the document is now at the stage that the first draft is complete. Next step is to ask for volunteers to review it. DB will ask for volunteers at the forum. Up to 20 nurses who would review comment/revisions and then do second review. JB explained that the aim to finish at end of this year. Its general guidance and we can see if there is input to be more specific but if there is consensus. TD stated that SUNA acknowledge the reviewers on the paper. DB agreed that there will be recognition of those who contribute. Need people who know literature and research. ABard questioned why all it should be all experts in the topic area and that maybe it should be non experts to test. DB it should be ICS members at least. JO you will have to manage the comments as they are variable. DB ideally the voting on the comments in the statement should be 80% in favour, including all suggested changes, before acceptance. If a person indicates disagreement with a statement they must also suggest a revision. JB the variance in practice means it's a broad document. SE it should be a living document and should be revisited and therefore recommended to review after a year. There is so much variation and so its important to review and check it and check it makes sense. DB hopefully it will stimulate people to get some evidence. KH might be good to point out where the gaps are to stimulate the research. JB agreed that is a good idea but its not a protocol document it's a clinical practice document. KH/SEnd/JB/DB will see document before it goes out to review. MW/JO/WY/SE/VH/AM be reviewers. AB asked what was the aim of this document and it was agreed it would be an ICS document on website.

ACTION POINT: Office to check SOP process for Bladder/Bowel training best practice document to ensure following process from now on

A discussion was held about the new ICS Institute and it was agreed that the Education Practice sub committee chair should be the Institute chair. SEng will work with ICS office and JB about how to integrate/organize info we already have on our webpage with what is to be on new Nursing Institute page (SEng will lead)

ACTION POINT: Communicate to ICS nurses community and solicit reviewers by email call or personal contact to review the bladder/bowel document when ready. (JB to do this)

ACTION POINT: Sharon Eustice to remain on wiki committee and will discuss the bladder/bowel document with wiki and liaison to Nursing Committee.

b. Qualitative Research Abstracts

It was noted that KH now on scientific committee. KH to forward JO document to Laurence Stewart. We could also develop a document on mixed methods. JO and KH stated they would



be happy to work on this. SE also interested. This should help people understand the methodology and it would help the reviewers. DB stated Research Subcommittee would need to include this into their work plan and fit in among our other committee projects and recommended a task force of interested members. JO stated that there is missing guidance on publishing public health research. DB explained that she has been working with office and Laurence Stewart and we have added new categories – conservative/quality of life/products. Addition of Education program evaluation to the Health services category didn't make the cut but DB will try again. AB explained new abstract system currently being developed so any new categories need to be suggested now.

ACTION POINT: Research sub committee look at current abstract categories to see if any need to be removed/added within 1 month. (JO and DB to do this)

ACTION POINT: JO & DB draft up a document on mixed methods abstracts.

ACTION POINT: Office to prepare communications if/when new abstract categories accepted.

c. FI book

Donna will encourage finalising the FI book and would need 2 or 3 reviewers by end of December. Need people to review structure of the book. It was agreed that SEng will review but need 2 more and there DB will ask at forum for anyone else interested but they need to be members.

ACTION POINT: Office to check SOP process for FI book best practice document to ensure following process from now on

ACTION POINT: Solicit 1-2 other reviewers in addition to SE using an email call to nurse members or personal contact. (DB will do this)

d. Nursing members on the standardisation working groups

DB explained that they need someone on the standardisation committee for the male anorectal working group. DB will again ask at forum to ask for anyone with interest or experience. (DB to follow up)

e. Faculty database

DB also want to update international speaking group for ICS guest lectures and courses. DB asked committee to please put forward names and email her. SE explained that she attended the EAUN for 15 minutes and it was very specific topic so this was something to consider for the future. AB also explained to the committee that if they get an invite the ICS could cover the travel if the lecture could be a branded an ICS lecture.

ACTION POINT: JB to place an email call to nurse members for new additions to database and send info to Jenny at ICS office



f. Brief update on CUAN course in China

DB provided an update on the discussions with the CUAN. The CUAN funded travel to China for DB and KH earlier this year and now have an invitation to have ongoing presentations. DB explained that the education committee have funding over 2 years so can consider only as far as that. DB explained that the plan is to work with WY and group to propose September 2018. The topics were discussed and that maybe the first /second year it should be varying topics and see what topics are needed after that. We could then consider the same topics i.e. a set curriculum. This is an opportunity to have a standard way of teaching. KH explained that there is a high level of advanced practice in China. WY confirmed that the local nurses are very interested in advanced and international practice and would like to learn more. Also that those in Hong Kong may not know the ICS and the next step would also be to establish something in Hong Kong. DB agree that be good to make awareness. DB and KH will return to initiate first course. Several members of Nursing Committee (e.g., SE, JO, VH, ABard) expressed interest in being future faculty for the course once it is started.

ACTION POINT: Office to ensure to hold funds through education committee for next year for CUAN event. (DB to continue to advance this with KH help)

g. 2018 Workshop application

Discussed workshop for 2018. DB reminder committee to let SEng know if you get sponsorship if you are speaker so can she can add you to the programme. Concept is to involve some in the committee and on the forum and then get a local speaker. Also to let DB/SEng know if abstracts not accepted and may things can be included onto the nurses forum. SE with help from DB will work on organizing Nurs WS, networking lunch and Forum for ICS 2018

h. New nursing members and abstract submitters

A discussion was held about ideas to outreach to nurse researchers and encourage early career nurses to submit abstracts and attend annual meeting and to bring their students to their students. It was agreed to carry this on for the USA meeting. DB explained that those societies that were contacted were positive. Unfortunately WOCN is just before ICS 2018 and in the same city. It would be great to a list of the top researchers we can send them a personal invitation and encourage them to have their students present at early career session at ICS. DB explained that she was able to review the conference travel award and explained that many of us are good candidates for that as few nurses apply. DB also explained if you are early career you are even more likely to get conference travel. KH went through old programmes and found people who had papers in but didn't come back so that is good people to go back to them. VH if the meeting is about research then we can making the link of using research for practice. DB maybe we can work on that for ICS 2018 as we need both scientific and the clinicians but we have to pick up the researchers for our credibility.



ACTION POINT: Committee to work on list of top researchers to encourage applications for 2018 as soon as possible after Florence. ICS office will resend the letter and members can follow up with a personal contact. (JO to lead this with help from JB)

i. Catheter educational videos

DB explained that there has been a request from the education committee to prepare some Catheter educational videos. SE was ready to do this but then there was last minute issues. AB also explained now we have filming and editing capacity which we didn't before. ABard explained that at her hospital they now have brand new stimulation suite and this would be easy to prepare. It was discussed that it would have to be simulation and no patients. It was agreed to proceed.

ACTION POINT: Office to send education video SOP to ABard/SE to prepare catheter video for the ICS.

j. Develop a consensus statement to articulate the educational preparation for the Nurse Continence Specialist

JO explained that the role of the nurse specialist was worked on for sometime and included educational requirements for practice. We have moved on and developed our role profile and there is still a need for understanding the education practice at difference levels. Additional work on the ideas was completed for a chapter in the book on FI for the AP nurse. JO questioned, should it be for registered nurses or advanced level. JO felt that it should be across all levels and mostly to those who do continence care who are not nurses. JO suggested to identify the existing competencies that are available. VH said we have the "skills for health" in the UK. DB the idea would be to take this on building on what Jan Patterson and JO did for the WOCN paper and the developed chapter in the FI book. DB felt that once we finish the bladder/bowel document that this would be good to continue from that.

DB encouraged new ideas for new papers. SE suggested the frail elderly. KH post partum. JB agreed that the frail elderly touches so many people. It also touches on multi-disciplines. DB I see that we outline it and invite others in if we have structure.

ACTION POINT: After the BB consensus best practice document is completed (Jan.-Feb 2018), committee agreed to advance the continence specialist role project to the next step. The next step is to Identify /compile and describe existing competencies that equip nurses and non-nurses with the knowledge and skills required to meet the continence nursing care needs of individuals at all stages of life and in all health and social care settings. This is the first step in a multi-step project that in subsequent years plans to analyse the compiled documents/info noted above and develop a framework and a consensus document about these competencies (JO offered to lead this project).

ACTION POINT: Put the frail elderly on the forum for further discussion. Discuss and select the next clinically-focused document (a guideline or best practice consensus type document)



and who will lead this task force using an online forum. This project can be staggered or concurrent to the competency project above. (DB will initiate forum)

k. Mentoring in continence research

Committee members to send JO list of incontinence nurse academics/researchers to determine if there is enough potential interest for a document on mentoring in continence research, invite them to be members and to submit to ICS and to encourage their PhD students to submit their research too. *Post Script note: KH I have the list of new PhD or MN nurses who presented once but have not renewed/come to another ICS conference. KH will send this to JO and will leave completing the task of developing the list of continence nurse researcher to invite to join ICS in her good hands.*

ACTION POINT: Committee members to send JO list of nurse academics to make contact to encourage more ICS participation.

Time ran out for discussing the activity of summarizing recent continence journal publications. This will be done on an online forum. (DB will do)

Nursing Committee Terms of Office

Member	Role	Term Start	Term End	Term Yrs	Elected	Term details
Donna Bliss	Chair	23-Oct-14	29-Aug-20	6	Y	6 year term will finish in 2020- CANNOT BE RE-ELECTED
Sandie Engberg	Committee Member	18-Oct-12	30-Aug-18	6	N	6 year term will finish is 2018- CANNOT RENEW
Veronica Haggard	Committee Member	18-Oct-12	30-Aug-18	6	N	6 year term will finish is 2018- CANNOT RENEW
Mary Wilde	Committee Member	08-Oct-15	30-Aug-18	3	N	3 year term will finish in 2018- can renew
Jo Booth	Committee member	23-Oct-14	28-Aug-20	3	N	6 year term will finish is 2020- CANNOT renew
Tamara Dickinson	Committee Member	14-Sep-17	28-Aug-20	3	N	3 year term will finish in 2020- can renew
Winnie Yeung Ka Wai	Committee Member	14-Sep-17	28-Aug-20	3	N	3 year term will finish in 2020- can renew
Joan Ostaszewicz	Committee Member	08-Oct-15	14-Oct-21	6	N	6 year term will finish in 2021- cannot renew
Alison Bardsley	Committee Member	08-Oct-15	14-Oct-21	6	N	6 year term will finish in 2021- cannot renew
Amy Hunter	Committee member	30-Aug-18	14-Oct-21	3	Y	3 year term will finish in 2021- can renew
Angela Rantell	Committee Member	30-Aug-18	14-Oct-21	3	Y	3 year term will finish in 2021- can renew
Joanne Dean	Committee Member	30-Aug-18	14-Oct-21	3	Y	3 year term will finish in 2021- can renew
Joanne Robinson	Committee Member	30-Aug-18	14-Oct-21	3	Y	3 year term will finish in 2021- can renew
Cristina Naranjo Ortiz	Ex-officio	08-Oct-15	25-Aug-18	3	N	Ex-officio

Quorate No=5

**Committee number = 9, changes to
10 on 30/08/18**

Nominations 2018

None

Key	
Colour	Meaning
	Stepping down in Philadelphia
	Stepping down in Gothenburg
	Elect position- will need to re-apply
	Will need to confirm if renewing/ positions will need to be advertised after Philadelphia
	New member/position
	No action

ICS Nursing Committee Terms of Reference

1. PURPOSE: The nursing committee of the ICS provides leadership to advance the science of bladder, bowel and pelvic floor health by fostering collaboration in research, education and evidence-based practice.

2. FUNCTIONS:

Development of Science and promotion of research into the issues related to nursing care (Research sub-committee)

- a. Provide a forum for discussion and prioritising research needs
- b. Encourage applications for research grants and fellowships
- c. Encourage submissions of abstracts to the ICS annual meeting
- d. Identify and coordinate ICS nurse member volunteers to review scientific abstracts for the ICS general meeting as requested and participate in that review
- e. Collaborate with the Communication subcommittee chair to post research related materials of potential interest to nurses on the Committee's page of ICS website
- f. Work with the Committee chair and local Scientific Planning committee to coordinate/assist in research related activities at the annual meeting as needed (e.g. discuss posters)

Develop Educational materials and programmes (Education and Practice sub-committee)

- g. Create a forum for the discussion of educational and practice related needs
- h. Facilitate professional development through mentorship
- i. Encourage workshop submissions to ICS annual meeting
- j. Work with the Committee chair and local Scientific Planning committee to assist as needed in the planning of a Nursing workshop that includes nurses local to the meeting's venue and translation at times and the Nursing Forum
- k. Assist the Nursing Committee chair to liaise with the nurse members on the ICS Education Committee
- l. Identify nurse experts for the Meet the Experts session at the ICS annual meeting
- m. Support education that will help develop continence nursing in developing countries

Communication – raising awareness (Communication sub-committee)

Increase nursing visibility worldwide through communication, collaboration and dissemination worldwide to raise awareness and interest in our field of expertise

- n. Maintain and update the Nursing Committee's page on ICS website with support from ICS staff
- o. Include update of activities in bi-annual ICS Newsletter
- p. Promote nurse membership in ICS
- q. Coordinate with other subcommittee chairs to survey membership regarding interests and needs related to ICS

3. RESPONSIBLE TO: ICS Board of Trustees and ICS General Secretary

4. COMPOSITION:

Total Members	Method of Appointment	Name	Term of Office
ICS General Secretary	Ex officio	See Membership	3 years
Chair	Elected. A member must sign his/her agreement to stand. This nomination is signed by nominator and seconder, all being current ICS members. The nominee for Chair would be a current or recent member (past 5 years) of the Nursing Committee. If no one is nominated the ICS Nominations committee may suggest a suitable candidate. Nominations received by 1st March for current members all other applications by 1st April. Voting regulations as stated.	See Membership	Term of office: 3 years, renewable once by Chair/committee approval. Further terms could be approved in exceptional circumstances and by referral to the ICS Trustees.
Membership	All members of ICS committees must be active ICS members (paid for current membership year) (By-law 2.3.2) and have completed a disclosure form. The Nursing Committee of the ICS can be made up of any clinician with an interest in nursing care of patients with bladder and or bowel problems. A maximum of 15 members can form the Nursing committee. Additionally the Chair may appoint up to 3 additional members as key representatives from other countries.	See Membership	3 years, renewable once by Chair/committee approval. Further terms could be approved in exceptional circumstances and by referral to the ICS Trustees. Staggered terms so that in any one year only 50% of membership turns over. The committee will have a maximum of

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			<u>10 people.</u>
Subcommittees	All members of the Nursing Committee are eligible for subcommittees. Members will put forward a statement of interest and be appointed by the Chair; each subcommittee will have a lead and 2-3 additional members. The lead may appoint additional <i>ad hoc</i> content expert ICS members who are not voting members of the ICS Nursing committee. The sub-committees may co-opt any active ICS member for any required period of time in order to fulfill its remit as per the ICS Bylaw 2.3.5. Such members will not become members of the ICS Nursing Committee but shall be eligible for appointment/election in accordance with current bylaws should a vacancy arise.		Subcommittee chairs and members are appointed for a 1-3 year term that will be reviewed and renewed annually by the Nursing Committee chair (as per membership above)
	Research	See Membership	
	Education and Practice	See Membership	
	Communication	See Membership	
Ex officio member	The Nurse member of the ICS Education Committee is an ex-officio of the Nursing Committee – this person is to periodically (at least twice per year) inform the Nursing Committee Chair about courses/programs of the ICS Education Committee and consult the Nursing Committee as needed for nursing input or speakers for Education Committee activities. They will assist Nursing Committee to collaborate with ICS Educational Committee on educational initiatives of mutual interest		
Task Forces	Topic specific—may include but not limited to reviewing and recommending awards; leading consensus document development etc. Appointed by Nursing Committee Chair for varying lengths of time dependent on the special project and satisfactory leadership progress of work	See Membership	Varies depending on length of special project; determined by Nursing Committee chair and dependent on satisfactory

			leadership and progress of work
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5. EXPECTATION OF COMMITTEE MEMBERS:

All Committee members and subcommittee/task force chairs are expected to assist the Nursing Committee chair and each other in accomplishing committee activities in a coordinated and collaborative manner

- All subcommittee and task force chairs will develop a work plan of activities for the year in September that will be approved by the Nursing Committee Chair and shared with other committee members on the forum. They will consult to the Nursing Committee Chair about budgeting resources needed for their activities in time for the annual budget or any special budgeting request.
- Subcommittee and task force chairs will update the Nursing Committee Chair with an informal report at least quarterly (by email or teleconference) about progress of planned activities. They will prepare a written formal report twice per year of progress – by June 1 or prior to the required committee reporting to ICS Trustees and prior to the interim report due date to ICS Trustees. Task Force chairs will develop a timeline for special project activities and may need to make reports at more frequent intervals.
- Subcommittee and task force chairs will identify and involve Nursing committee members and ad hoc members to assist with their activities as needed after consultation with the Nursing committee chair
- Committee participation will be primarily by the nursing committee online forum and occasionally by teleconference and email
- Timely response (within the stated deadline) to posts to the online forum or emails and participation in committee teleconferences is expected of all members of the Nursing Committee
- Each member will be involved in one or more Nursing committee activities and will be expected to review and respond to any materials posted by the group for feedback or initiate projects as discussed with the subcommittee
- The expectation is that each committee member will attend a minimum 1 of the 3 annual ICS meetings during their term if possible. If for any reason participation needs to be limited for a time due to personal reasons the Chair of the Nursing Committee should be notified in writing as soon as possible.
- ICS is an English-speaking society and therefore reasonable command of the English language is expected to facilitate effective communication.

6. MEETINGS: One face-to-face meeting during the Annual Scientific meeting; other deliberations normally by ICS online forum or teleconference.

7. QUORUM: One third of committee membership plus one. For example, a committee of ten will have a quorum of four members.

8. MINUTES: Minutes are recorded at each meeting and posted on the ICS and CPC website in accordance to 2009 ICS Bylaw 6.1-6.4).

9. REPORTING & ROLES: The Chair of each committee is required to prepare an annual report to the Board of Trustees outlining achieved goals/budget requests and future objectives and strategies. This report will be circulated to the committee for feedback prior to submission to the ICS in July of each year.

The Chair is also expected to be present to at the Annual General Meeting should the membership have any questions over committee activities or provide a written report if unable to attend. The committee Chair is also responsible for submitting an interim report to the Board of Trustees' mid term meeting. The date that this report will be required will be given in advance each year.

For Terms of office information please see the [Nursing Committee Membership page](#).

ICS Strategic Plan

October 2016



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Background & Process

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?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Current situation

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

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

Education

ICS education will be of the highest standard and consistent with current educational pedagogy

“Education” covers a wide variety of ICS activities, including workshops, symposia and seminars at or independent of the Annual Scientific Meeting, online resources including recordings of live lectures and teach-ins and bespoke learning modules with a specific learning objective.

The audience for ICS education includes its multiprofessional membership and non-members who might comprise a paying audience

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

Current situation

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

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

- 
- 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

Current situation

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

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

Current situation

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

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

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, October 2016



Critical Success Factors (CSFs)

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

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

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

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

What it looks like (after 3-5 years)

- Programme of standardisation reports re-established
- ICS terminology reports are the gold standard
- High impact of research consensus statements

Actions

- 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

Optimising Organisational Effectiveness

What it looks like (after 3-5 years)

- 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

- 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

What it looks like (after 3-5 years)

- *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

Actions

- Prepare communications plan
- Support for younger members, trainees and recent graduates
- Build database of non-member professionals and industry contacts

Establish Financial Health

What it looks like (after 3-5 years)

- 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

- 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