Strategic plan 2014/5 – 2016/7

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1. Introduction:
At a strategic planning workshop in September 2013, the Society’s trustees, other office holders and staff agreed to prioritise three broad areas for development over the coming years: increasing the effectiveness of BGS’ governance; increasing our influence, and improving support to members of the Society. This paper, which was considered by the March 2014 Trustees Board, aimed to put some flesh on these bones, setting intended outcomes and where appropriate success measures. At the meeting, the Board adopted it so that it may now guide the Society’s development for the three-year period beginning April 2014.

2. Moving to a fixed strategic and operational planning cycle:
Strategic planning and review are crucial in providing opportunities for critical self-reflection, to build on successes and keep pace with changing needs. Successful, mature organisations in all sectors tend to embed strategic planning by adopting a fixed timetable, generally of 3 – 5 years, and it is proposed that BGS adopts a three-year cycle as follows:

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<tr>
<th>Year</th>
<th>Strategic Plan Details</th>
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<tr>
<td>1</td>
<td>Plan in place; begin implementation</td>
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<td>2</td>
<td>Take stock of progress mid year</td>
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<td>3</td>
<td>Start developing the next 3-year strategic plan as early as possible in the year. Approve the strategic plan for the next 3 years before this year ends.</td>
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<td>Continue the cycle as above</td>
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For each year of each strategic plan, strategic objectives will be flowed through into annual operational plans, and from there to individual staff members’ workplans so that everyone in the Secretariat is aware of their specific contribution to achieving the organisation’s vision for its future. The annual operational plan and accompanying annual budget will be presented to the Trustees Board for approval before the start of each year.

3. Geographical remit:
One of the purposes of a strategy is to clarify what we do not intend to prioritise as well as what we do. Geographically, BGS’s focus is the UK. The Society has substantial work to do to ensure it has genuine UK-wide reach, including working to counter a perception of remoteness from the concerns of the devolved nations and the regions of England. Over the next three years, we will redouble our efforts to develop a greater awareness of the national and regional issues affecting our members, and to provide better communication and support to the UK nations and regions. Other than through participation in the EUGMS network, it is not proposed that we prioritise working internationally.

We will however continue to make information resources available globally and in most cases free of charge through our website. Opportunistically, we will consider international partnerships provided they generate valuable learning or other resources of clear benefit to the Society and its members.

4. Mission and specific aims: (new formulations):
The British Geriatrics Society aims to be the pre-eminent professional body for practitioners engaged in the specialty health care of older people. Our mission is to improve the health care of older people throughout the UK.

Our membership continues to grow and now stands just short of 3,000. It consists of specialist doctors - both trainees and consultants - in acute and community settings, GPs, nurses, medical educationalists, old
age psychiatrists, medical students, researchers and allied health professionals involved in the treatment and care of older people.

Our specific aims are:

- To inspire those in training to consider working in the specialist care of older people, and to support their education, training and career development.
- To promote high standards of clinical quality through scientific meetings, information, good practice guidance, and educational and training opportunities.
- To encourage the sharing of learning and best practice both within and across relevant disciplines.
- To promote research into the health care of older people, facilitating access to research and opportunities to generate research.
- To publish a high quality, peer reviewed scientific journal.
- To act as the informed policy voice regarding educational curricula; clinical standards; effective commissioning practice and health policy regarding the treatment and care of older people across the UK and its constituent nations.

5. Strategic objectives 2014/5 – 2016/7:

In pursuit of our overall mission and specific aims, the trustees, other officers and secretariat staff have agreed three broad themes as areas of particular focus over the next three years. It is proposed that we add two further themes concerning the secretariat team itself, and expanding membership. This would mean five strategic objectives as follows:

i. To continue increasing the effectiveness of BGS’s governance.
ii. To get the best from the staff team by ensuring that support, management and policies are in line with HR best practice.
iii. To increase our influence in relevant policy debates.
iv. To improve our support to members in all regions of England and in the devolved nations.
v. To expand our membership, attracting more nurses, GPs, psychiatrists, students and allied health professionals.

To a degree, these objectives may be mutually reinforcing; success in one area may predict success in another, and, in the case of effective governance, in all of the others.

The next, more detailed section looks at each of the strategic objectives in turn, exploring where we are now, where we wish to be in three years’ time, and how we plan to get there.
6. Where are we now, where do we wish to be in three years’ time, and how will we get there?

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| **i. Increasing the effectiveness of BGS’s governance** | An effective board, providing strong governance and leadership through:  
- understanding its role and legal responsibilities;  
- ensuring delivery of organisational mission;  
- working effectively as individuals and a team;  
- exercising effective control;  
- behaving with integrity, openness and accountability.  
*(Voluntary Sector Code of Good Governance)* | 1. Annual self-appraisal survey leading to facilitated annual away day to consider performance as a board and ways to further strengthen. To start in summer 2014.  
2. Induction programme for new trustees (see next row).  
3. Staggered terms of office for lay trustees, with board skills audit to inform recruitment. |

**(i.i) Trustees Board:**  
2012 reforms have created a smaller team more capable of effective decision making. Meetings have tended to be business dominated, with little time for generative thinking. There has been little opportunity to date for trustees to consider their collective and individual roles and how they add value to BGS overall. No regular self-evaluation of their performance as a board. Lay trustees effective in bringing wider governance perspective, but risk of simultaneous departure if terms of office overlap.

**(i.ii) Individual trustees, including lay trustees, and other honorary officers:**  
In many cases, term of office is short and governance function can be new and daunting. We will fail to get the most from our trustees and officers unless we invest in their induction and training needs.

**(i.iii) National and regional councils:**  
Perceived disconnect between BGS HQ and the councils of devolved nations and English regions: a sense of remoteness persists, including at governance level, with MWH felt to lack awareness of distinctive policy and operational challenges in the devolved nations and English regions.

Representatives of devolved nations and English regions feel that progress has been, and is being made in ensuring that BGS has genuine UK reach. Staff and officers are felt to be responsive and actively supportive to national and regional challenges.

1. Chief Executive to develop an induction, support and training policy for Board approval in year 1. The policy will take account of the difference in role of trustees and chairs of specialist committees.  
2. Website to include brief description of each role and profile and photo of current post holder.

1. Consider whether support for councils and members in devolved nations and English regions features prominently enough in staff role descriptions (particularly that of the Policy Manager).  
2. Use best endeavours to have a staff member to attend every national council meeting.  
3. CEO to have regular (monthly) contact with Chairs of Scotland, Wales and Northern Irish Councils.
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<td>The English Council needs an ambitious but workable role, which does not duplicate the role of the Trustees Board or BGS as a whole.</td>
<td>The English Council should major on supporting and where necessary reinvigorating the work of regional officers and their connectedness to BGS overall.</td>
<td>4. English Council to develop a new workplan focusing on this role. This may include supporting the development of periodic regional e-newsletters, and appropriate coverage of regional issues in BGS’s website and newsletter.</td>
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(i.iv) Operational Directorate:
This body may be one aspect of the governance reforms which is not working as well as planned. Much of its business is duplicated at Trustee Board meetings and members of both may feel this isn’t the best use of time, and it makes it harder to justify an all-staff meeting (which would allow for less formal and more generative discussion of operational dilemmas as well as having a team building function).

The Operational Directorate has ceased to be. Vice Presidents attend Board meetings to report and seek trustee-level support and decisions regarding clinical quality and academic and research plans.

A new all-staff meeting takes place monthly.

The CEO presents a more concise and high-level staff team report to each Trustees Board meeting.

Implement this change immediately.

(i.v) Committees and Age & Aging Editorial Board:
A number of the committees are still norming and storming and in process of developing exciting plans. In the main, there seems to be no need to interfere, although it would be useful to compare terms of remit to look for overlap and scope for further co-ordination if needed. For example, we would like the CME programme more overt through all educational products.

Given the importance of Age & Aging to our members and the specialty overall, and the importance of the income it brings to BGS, the Trustees Board needs to be better informed about its future plans, quality assurance processes and financial wellbeing. It makes sense for there to be a better reporting link between the Editorial Board and Trustee Board regarding financial and general strategy.

Members are clear about the CME programme and how this is played out through meetings and other products such as the website and information items within it. Ensuring this has become part of ETC’s remit.

The A&A Editorial Board has clear terms of reference and provides reports to Trustees Board meetings.

Chief Executive to discuss with ETC Chair; President to discuss with Age & Aging Editorial Board.

Website to include brief description of each Committee Chair role and profile and photo of current post holder.
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<td>The Finance, Fundraising and Corporate Affairs Committee could play a much more active role regarding income generation (which currently received insufficient consideration), generating ideas and leads and providing oversight to staff efforts in this area.</td>
<td>FFCA to split its time roughly 70%/30% in favour of income generation as opposed to financial hygiene. To ensure the latter is not neglected, the Chief Executive and Accountant to meet quarterly with the Treasurer and Deputy Treasurer to agree financial reports prior to their submission to the Trustees Board.</td>
<td>Honorary Treasurer and Deputy Treasurer to discuss with Chief Executive and Accountant.</td>
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| ii. Getting the best from the staff team:                                      | • Better support and team communication;                                                                   | Chief Executive to lead a programme to achieve these outcomes over the course of the life of the strategic plan. Some will move forward quickly, and others (salary grades and scales) likely to be completed in years 2 and 3. A modest training budget has been included in the financial projections (section 7). |
|                                                                                | • Roles have been clarified;                                                                                | Website to include brief description of each staff role and profile and photo of current post holder. |
|                                                                                | • High priority training needs are being met;                                                              |                                                                                          |
|                                                                                | • An annual appraisal and monthly supervision system is working well, and staff feel valued, better supported with a clearer sense of what the Society expects of them; | Policy Manager and Communications Manager: The existing, full-time Policy Manager post has been vacant for almost a year; we should recruit to fill it in 2014. The permanent (as opposed to maternity cover) Communications Manager post is part-time, 15 hours pw. We recommend increasing this to full-time as of April 2015 subject to the Trustees Board being satisfied that this is sustainable when it considers the annual budget for 2015/16 next year. Likely to be achieved by recruiting a job sharer to work with the current post holder. |
|                                                                                | • Members and officers are clear about who does what;                                                     |                                                                                          |
|                                                                                | • The employment contract and ‘must have’ HR policies have been reviewed;                                  |                                                                                          |
|                                                                                | • Staff grade descriptors and a salary scale is in place.                                                 |                                                                                          |

In order to achieve the policy influence and visibility the Society needs, and to have stronger internal and external communications, we need to fill the post of Policy Manager, and increase staff capacity in communications.
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| iii Increasing our influence: Where are we now? | • Policy voice function is prioritised, planned and coordinated more professionally;  
• For key campaigns (of the scale of our work on care homes), we build in a communication and an evaluation plan at the outset;  
• Major exemplar projects with policy implications (such as FRAILSafe) are enhancing BGS’s profile;  
• BGS is more aware of the distinctive policy challenges of the devolved nations and is offering appropriate support;  
• We have extended our influence over education and training, including at undergraduate level, among foundation and core training, among higher specialty trainees in geriatric medicine and also in colleagues in general practice, nursing and allied professions;  
• We are selectively growing our relationships with strategic partners and other allies within the public and third sectors (including colleges, specialist societies, care home umbrella bodies and charities that also have a stake in improving the health care of older people);  
• Policy information scanning resource is developed and published on the website as a service to members and a means of alerting members to issues we are working on.  
• BGS has decided whether it wishes to retain its current status or adopt a course of action to achieve a different one. | President, President Elect, Hon Sec and CEO to draft a paper on priorities for the May 2014 Trustees Board meeting. |
| There are distinctive policy challenges in devolved nations and the Society needs to do more to be attuned to them and to provide tailored support. Change of status? | ‘Change of Status?’ Task and finish group to be set up and report in year 2. |  |
iv. Improving support to members:
The strategy event in September 2013 identified a number of desired improvements:
- Quality improvement: influence, unifying “wicked” issues. How is the proposed suite of good practice tools to be resourced?
- How to formalising ways to share good practice, such as “brag and steal”;
- Need to write up and promote models of good practice on a four-nation basis;
- Diversification of CPD modalities via a pay wall (on-line products made available on the BGS website);
- Making CME programme more overt through all educational products.

Regarding resourcing the good practice tools, if these are to be online resources developed by officers and staff, then the main issue seems to be one of time and rather than funding, although a small budget for a designed template and for launch costs will be needed.

More fundamentally, as a multi-nation membership body which delivers much of its service output remotely, communications is a critical area. Improving support to members depends upon us developing effective systems to capture and track the needs and wants of people whose time to provide feedback is very limited. I am proposing an annual survey, but we also need to approach the issue systematically and it is

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<td>iv. Improving support to members:</td>
<td>• An annual members survey is enabling us to capture and track shifts in members’ needs and wants;</td>
<td>The three investments below are intended to address all of the outcomes in the adjacent column, but should not hold up incremental improvements.</td>
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<td>The strategy event in September 2013 identified a number of desired improvements:</td>
<td>• A Communications and Member Services Review has been carried out by an external communications company, and we are implementing the best of its findings. (These are likely to focus on service development; members’ communication preferences; BGS’s corporate identity; and how we ‘operationalise’ the outcomes of committees and working groups in major work areas such as frailty, both internally across the organisation and externally in members services and policy campaigns);</td>
<td>• Member Services &amp; Communications Review to be tendered in year 1. The purpose is to bring in communication experts with medical society experience to audit our service offering; find out more about members’ needs and wants and how we may track them; assess members’ communication preferences; assess the market for pay-to-view services; and advise on refreshing BGS’s corporate look and feel. This work will also feed into the development of a new website (see next bullet).</td>
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<tr>
<td>• Quality improvement: influence, unifying “wicked” issues. How is the proposed suite of good practice tools to be resourced?</td>
<td>• Our new Customer Relationship Management (CRM) system is improving members’ interactions with BGS, connecting and streamlining subscription and events management, and providing better methods of gaining member feedback;</td>
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<tr>
<td>• How to formalising ways to share good practice, such as “brag and steal”;</td>
<td>• A new generation website is either in place or its development is well underway; the new website will organise information more intuitively; create a more compelling and confident profile for the Society’s achievements; support member attraction and retention; support fundraising, and deliver its services through fuller use of modern technology (such as streaming video through our own site);</td>
<td>• A website development task group of senior officers and staff to be formed in year 1 to develop a work programme likely to take 2 years. The group to be led by our Production Manager. This is the third and final big new spending item. The proposal is that we hold the one–off, unbudgeted legacy income from 2013/4 as a designated fund and use it for a once in a generation, great leap forward for our web presence and digital services offering.</td>
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<td>• Need to write up and promote models of good practice on a four-nation basis;</td>
<td>1 The Board will consider this once the Member Services and Communications Review has taken place.</td>
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therefore proposed that we commission, through tendering, a Member Services and Communications Review from an external agency with expertise.

- A suite of good practice tools on clinical quality will have started to come on stream;
- There will be more systematic showcasing of models of good practice in meetings and online;
- Our educational outputs will be more aligned with our rolling CME programme;
- We will have continued to grow our confidence in engaging members and external publics through social media.

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<td><strong>v. Expanding our membership:</strong></td>
<td>We would like to see growth in our membership overall during the life of this plan, and particularly an increase in GPs, other doctors, nurses, and AHPs so that the Society’s membership becomes more multi-disciplinary.</td>
<td>I recommend we prioritise three segments and develop engagement plans for one in each year (eg. nurses in year 1; physiotherapists in year 2, and GPs in year 3). A task/finish group drawn from BGS officers and members most closely connected to the target group should be set up to blue sky, plan and oversee progress. These groups should also include those with key roles in relation to BGS Events, Education &amp; Training, and quality; this is because work to engage new members will require more than simply marketing our existing products but also adapting them while avoiding alienating those who, for example, don’t wish to see any dilution in coverage of specialist clinical research.</td>
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<td>Although the Society’s core membership consists of doctors, many other allied health professionals join the Society. For example, the current membership includes nurses, physiotherapists, pharmacists and psychiatrists. Membership also includes GPs, including those with a special interest in geriatrics. An increasing number of medical students are also joining the BGS.</td>
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Colin Nee
Spring 2014