SA HEART® – STRATEGIC PLANNING SESSION 12 - 13 May 2023

INTRODUCTION

SA Heart® hosted its 2023 Strategic Planning meeting in Stellenbosch. This meeting was led by Eric Klug and supported and facilitated by Erika Dau and the external consultant, Natalie Zimmelman. The session included a group of experienced elders, a group of future leaders in SA Heart® and the SA Heart® Board members.

SESSION OUTLINE

The meeting opened on Friday evening with a series of presentations, arranged by Eric Klug, designed to bring novel ideas to the following day's proceedings. As such, all presentations given were by people outside of the SA Heart® community. The presentations are summarised below:

Peggy Hoffman Association of Association Executives Research Group, United States of America	Volunteers - recruitment, fostering, retaining.
Peggy Hoffman Association of Association Executives Research Group, United States of America	Innovation and Entrepreneurship in an organisation.
Vusumuzi Nhlapho CEO SAMA	Transforming an organisation – lessons from SAMA.
Mhlengi Ncube Head of Health Policy and Research, SAMA	Corporatisation of health and NHI – different challenges-same solution? The importance of clinical decision autonomy.
Mandi Fine F/NE Group	Brand amplification, digital technology, and strategic partnerships.

The Saturday session started with an outline of expectations for the day from Eric Klug, a presentation by Natalie Zimmelman titled "Can the Centre Hold?", held over from Friday evening, and an outline of the existing SA Heart® structure by Joseph Shaw. This was followed by 3 break-away group discussions (elders, futures group, and Board).

Each break-away group discussed different key questions asked of everyone in a preparatory survey. The elders focused on how they became active in SA Heart®, its historical successes and failures and potential lessons learnt.

The futures group focused also on their journey into SA Heart®, what would get them to stay in SA Heart®, as well as their core desires for the role SA Heart® should play. The Board specifically looked at the value of SA Heart®.

The rest of the morning was taken up by discussions on the core purpose, key successes, failures, and barriers currently facing SA Heart®. As part of this process, an exercise, introduced by Ms Mandi Fine, was done by all participants and that was to create the equivalent of an advertising billboard stating SA Heart®'s core purpose. These were extremely impressive and are captured and shared separately to this report.

The afternoon was dedicated to identifying the key focus areas for SA Heart® going forward and allocating a lead to every identified initiative.

KEY OUTCOMES

The Friday evening presentations were extremely valuable, with many references to new ideas learnt being raised throughout Saturday. It was clear that these presentations achieved their objective of stimulating new approaches, ideas, and ways forward.

Important themes and knowledge absorbed from the Friday night included:

VOLUNTEERISM

- Volunteers require recruitment, fostering and retaining. In the SA Heart® context, volunteers = members that serve on Committees
- Be aware of the pleasure of "being asked". This is a powerful emotional lever to get people to volunteer
- Recognise time constraints of the volunteer
- Important to mix with people "best in the field"
- Need to define the effectiveness of the volunteer role and the quality of their experience
- Analayse how we are optimising staff and volunteers
- Need a leader from within the volunteer group, a volunteer co-ordinator
- Co-ordinate the volunteer experience, expand their knowledge, make sure each has a clearly defined role

BRAND AMPLIFICATION

- Have an evidenced based communication process
- Clearly define your target
- Have a strategic story development
- Brand = Trust = R (Reliability) + D (delight) i.e. emotional connection
- Who do we want to partner with, strategic partnership, cannot do NGO by NGO
- Engagement with the target must be consistent and believable
- Lift the message, go to the emotional space
- Have a strategy and plan
- Measure success
- The pyramid to success involves initially attribute = IQ, value and benefit = EQ, and the tip, the peak of the pyramid is SQ - spiritual quotient

INNOVATION AND ENTREPRENEURSHIP IN AN ORGANISATION

- Involve the fellows at the department level more
- Innovate capabilities of your organisation
- What do we want to do? identify gaps?
- What is our organisational capacity- people / resources / innovation / rewards
- Entrepreneurial teaching and learning
- Need to create a network, an ecosystem
- Important to partner with an international institution/s
- Look for funding, including comment from Fine - banks for example share some of our very same pillars (health and education) - need to partner with them
- Realise our own potential
- Connect with universities, joint research, data sharing, use post-doctoral fellows, establish research posts
- Important to capture data and do research in the organisation and use it in the organisation
- Develop a new and significantly improved product and service = innovation
- New organisational model in business practice = Entrepreneurship
- Be agile, do it differently
- Get involved in social innovation
- Offer extended to SA Heart® to visit the biomedical research institute at Stellenbosch University

TRANSFORMING AN ORGANISATION

- The lost "youth" in an organisation – need a streamlined internal culture with a packaged value proposition for every stage of the membership journey – not monolithic- different needs and responses from young members to the retiree
- The importance of membership experience and word-of-mouth marketing
- An organisation needs agility and high-performance networking
- Must be able to try and cater for everything the member needs in one place
- Don't separate public and private – CALL IT PROFESSIONAL SERVICES
- Overall – need structure, strategy, culture, people, team, business process + systems, government access and affect doctor policy

CORPORATISATION OF HEALTH AND NHI – DIFFERENT CHALLENGES-SAME SOLUTION? THE IMPORTANCE OF CLINICAL DECISION AUTONOMY

- IMPORTANT to protect doctor autonomy
- Threats ahead include doctors employing doctors, doctors employed by corporates, and funders and alliances diminishing autonomy, regulating use of equipment, regulating prescriptions
- Actuarial assessment of the health sector often wrong.
- Don't start off by rejecting NHI – to get a seat at the table of this discussion is to accept the idea, BUT then add that this and / or this is wrong and needs correction

It was also apparent that in addressing ways to improve SA Heart®, one must not lose sight of the many successes SA Heart® has already achieved and its current strong financial position.

Language matters and the term cardiovascular may not accurately be representative of the SA Heart® community. Because cardiac surgeons are also thoracic surgeons, a reference to them needs to be considered, was one sug-

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gestion. This point, however, requires clarification. There are multiple houses (SIGS / Other societies like CT Surgery) but no sense of HOME! Ego and finances also play a role and the situation is complex. On this point of the different houses, there are parts of the house that share communal aligned ideas, and other parts that are separate, walled off, completely different. An approach is to forget "the old traumas" and unite going forward on mutually agreed beneficial projects. Co-branding of a surgical fellowship is a possible way of combing. Co-branding and moving forward. Basically – what can we do together to rebuild the relationship.

Finally, while the value of SA Heart® to all stakeholders was initially not readily apparent to discussants, there was clear consensus of its purpose and potential value. Many felt that our value is poorly communicated to all stakeholders. This meant that there was no need to rethink the fundamental objectives and purpose of SA Heart®, but to focus rather on how to achieve this more effectively. More involvement and greater recognition of the annual AGM was emphasised.

SUMMARY OF DISCUSSIONS

This section of the report is meant to give context to some of the action items, but focus should be given to those action items, and this is simply a summary of some of the issues raised. There is duplication, as expected, as central themes emerged.

Survey and break-away discussions

The themes coming out of the survey were:

- Education – events, publications, research
- Voice must be aspirational (public, healthcare sector, internal). And differentiating from other "cardiovascular national KOL's / NGO's)
- Home – the need for all members to feel SA Heart® is their home
- Nurturing (mentorship, research, developing people, etc.)
- Business of health: Practice matters guidance and preparing members
- Structure of SA Heart® – do the current structures work, recognising however that the SA Heart® structures are here to stay. The SA Heart® board is the command and control, the Executive Committee is involved in operations. We are a NPC, and looking for PBO status, so that donations are tax deductible for the donor. This requires that our "cash in the bank" is spent and these structures are responsible for that. We have legal obligations according to the 2008 company act, and various legal requirements related to tax, VAT etc. Our MOI needs to be streamlined and SIGS brought on board to align with SA Heart® MOI

The elders group discussion summary:

- Journey:
  - Came up through the ranks
  - Performed a coup
  - Got amalgamated
  - Got volunteered ("voluntold")
- Successes:
  - Growth of SA Heart®
  - The professionalisation of SA Heart®
  - Strong financial standing
- Failures:
  - Communication
  - Fragmentation and alienation
  - Professionalisation has not gone far enough
  - Power and ego

Futures group discussion summary:

- Journey:
  - Asked / invited (by a senior) to join or present
  - No self-selection possible
- Reasons to stay:
  - Networking
  - Learn from elders
  - Mentorship
- Desires of SA Heart®:
  - Training and transition into practice
  - Cardiovascular best practice for Africa and South Africa – best patient outcomes
  - A community that looks forward:
    - Be involved in advocacy with regulators and government
    - Collaborate across all – within and outside of the SA Heart® community

Board group discussion summary – all on the topic of the value of SA Heart®:

- No clear answers actually

- We must ask – both the existing members and potential members
- Part of the value is education and, specifically, the subject matter experts
- A patient-centric or human-centric approach – are we ready for this or must we first reach and create the scientific base?
- Differences can be accommodated, rather than be a reason to leave
- There are joiners / volunteers and there are "voluntolds"
- Limited recognition across all
- Career advancement is a value
- The communication of the value is lacking.

Purpose of SA Heart®

The discussions on the purpose of SA Heart® were quite consistent throughout and can be summarised as a community of best practice (experts) for best patient outcomes in the cardiovascular space. Ideally, this would involve engaging at a policy level with coherence through guidelines and setting the rules. This was also phrased as a scientific community of experts who drive South African cardiovascular care. A credible voice of reason. The value was also identified as resting in the concepts of community, credibility, belonging and expertise.

As noted above, individual thoughts on this point were captured in the "billboard" exercise and these too were consistent in messaging.

Barriers

Quite a bit of discussion was taken on the potential barriers to SA Heart®'s achievement of its core purpose, as identifying these can be a strong base to determine future action. Some key points were raised several times and include:

- **The Core Barrier:** Communication (internal and external). This was further expressed as a need for 2-way communication and should rather be referred to as the need for conversations. Process of branding should be scientific, need a member survey to see where are we currently? To be a trusted voice, need to be choosy about who speaks on our behalf? Also, SA Heart® must provide the voice, that is more powerful and impactful than your OWN voice.

> "Focus should be given to those action items."

- **The Core Idea:** We are a cardiovascular scientific home! (Education and Research). This will then provide patient / public value (some feel engaging in the public arena may be a stretch too far at this stage. SA HEART® – TRUST THE INFORMATION YOU ARE GIVEN.
- A lack of recognition and / or celebration of contributors / volunteers and / or successes
- A missing communicated sense of purpose or rallying cry, an additive voice to that of an individual
- A lack of sharing
- Recognising intangible values, propositions
- Barriers in the joining process
- A lack of clarity on what unites people and not taking advantage of burning platforms
- A lack of retention
- A need for research (not just scientific, but also into the needs and desires of the community)
- There are some forums to facilitate your journey in the community (such as the journal), but not enough or well communicated and used
- There is a lack of active bodies and sustainable income beyond SA Heart® = SA Heart® Congress
- There is a need to innovate in the ways we look after one another and build communities
- There is a lack of clear opportunities to volunteer and platforms to enable this
- There is not a skills development platform
- There is no member onboarding or volunteer coordination

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- The perception of the organisation is lacking - there is insufficient branding and creation of trust
- There is insufficient collaboration - need networking

Some proactive or suggestions were also raised within this discussion:

- SA Heart® needs to focus on a healthy practitioner, i.e. promote health awareness amongst its members, including creating a healthy practice, working environment, keeping them "plugged in" which can then help allow the achievement of a healthy patient via public health advocacy.
- Challenging those that incorrectly position themselves as the experts can unite the SA Heart® community into becoming leaders in evidence-based research.
- The value in targeting specific groups for involvement – is protecting and educating the public a step too far at this stage, and should we be caring for and making a home for our members only? Finding value for the core? We cannot however operate in a vacuum, the country also needs attention.
- There is a clear need to connect, to learn and a need for people to be asked

Key areas

Before the key action items were agreed and allocated, some discussions were taken on the issues that should be considered in that process. These included:

- Volunteer coordinating / rallying cry – what is the clear message that unites us. Is "education" a neutral ground, is patient advocacy a neutral ground on which all "factions" can unite?
- Member journey
- Creation of a community:
  - Conversations, 2-way conversations rather than 1-way communication like at a congress or talk, but more of an interactive chat milieu – 2-way interactive dialogue, CHAT,
  - Collaborations especially with universities. Mention made about the abject failure of the current SA Heart® journal.
  - Look after each other, not enough discussed on uniting behind the new monolithic logos.
  - Point made about the recent establishment of the "independent" oncology society. SA Heart® was not approached – is that a reflection on SA Heart® or a reflection on the new society and its leader/s?
- Be the experts:
  - Guidelines – not reproducing guidelines, but providing an "Executive Summary" of the latest ESC guideline constructed by the Ethics and Guideline Committee with help from the relevant SIG, for distribution
  - Speaking out on cardiovascular matters in the public arena
  - Mentorship
  - Research, particularly expanding on "African problems", creating protocols that younger members can create relating to cardiac procedures, drug regimens, etc.
- Create the brand / trust (and remember that any one person, no matter how skilled or involved) cannot catch more than one message at a time, usually
- Earn the policy voice
- Identify the issues that create momentum / are drivers

CORE ACTION ITEMS AND RESPONSIBLE PERSON/S

This is the most critical component of the summary, as it defines the work now agreed upon. In order to ensure both focus and achievability, only 4 main areas of activity were identified. It was extremely positive that considerable discussion was (even after all the discussion in the morning) taken on each item so as to distill this to the most critical items, as clearly and measurably defined as possible. The assumptions were also challenged, ensuring that the right objectives were being targeted. This is now presented in tabular format, so that the item, measurable and responsible person is clearly identified.

CONCLUSION

The discussions were robust and challenging, which is a very positive sign. Within this, there was far more cohesion and sense of purpose than originally envisaged and this provides a strong base off which SA Heart® can grow. SA Heart® is doing well, and it is important to celebrate the success, even while challenging itself to grow and improve.

Eric Klug
President, SA Heart®

OBJECTIVE	ACTIVITY	EXPECTED OUTCOME	RESPONSIBLE PERSON
Membership Growth As membership numbers are lower than in the past, and increased numbers equals increased income and reach, this was assumed to be an automatic and clear objective. However, the actual numbers were interrogated, and it was identified that the percentage of participation from a number of core groups, such as the cardiologists, is already very high and, thus, a simple growth in numbers is not the most important objective. **Paid-up members** Cardiologists 182, surgeons 21, paediatric C 37, other subspecialities 9, physician / paediatrician 16, cardiology and paediatric fellows 24, GP / Medical officers 14, Allieds 118, Researchers 25, Industry 32	Grow numbers, room for expansion in Allieds, GP / Medical officers, physicians Remove technical, legal and operational barriers to joining Target specific groups	Increase from 490 - 900 and get a complete idea of the "potential base" possibly by local census or speaking to industry – industry knows the numbers Clear eligibility criteria in existence and communicated, no system or approval processes preventing joining, no legal barriers to joining Return of the Cardiothoracic Surgeons Ensure Fellows become members	Deprioritised – other actions will enable this target, but no specific responsibility allocated Robyn MacMhaoinigh (supported by Joseph Shaw) Tim Pennel (supported by Martin Sussman) Zimasa Jama (supported by all senior academics)
Grow ACTIVE Membership Having active members is the most critical component for having the resources to deliver on SA Heart®'s objectives. From the presentation by Peggy Hoffman, and reiterated in discussion throughout the day, volunteers need different things, and these needs are changing. There is a clear need to professionalise the way in which SA Heart® engages its volunteers.	Professionalise volunteer engagement	Create a plan that includes clear policies and procedures that includes at least the following: • Potential volunteer tasks and roles • Mechanisms to record and report on volunteer activities • Benchmarks volunteer best practice • Outlines the necessary platforms for this • Removes barriers • Addressing recruitment, fostering, and retaining of members	Ruan Kruger (supported by all) and acting as the volunteer coordinator
Enabling the Member Journey There was considerable discussion as to the focused activities of the organisation should be and what SA Heart® most wanted to do. Earning a credible voice and influencing policy were seen as ideal, but that SA Heart® was not yet sufficiently cohesive and strong to put this as the core objectives. It was, therefore, decided to focus on asking member / potential members about the projects they wish to drive, aligning these with SA Heart®'s purpose and enabling participation in existing projects. Key here is looking after the clinicians who are looking after the patients and building teams.	Identifying existing projects and aligning potential new projects	Clear and supported projects in Member Care / Education Clear and supported projects in Research / Policy	Tony Dalby, Martin Mpe and Mamaila Lebea Liesl Zühlke

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OBJECTIVE	ACTIVITY	EXPECTED OUTCOME	RESPONSIBLE PERSON
Grow the Voice This is about building the brand of SA Heart®, and, as clearly articulated by Mandi Fine, this means growing TRUST in SA Heart®. It is noted that trust is built by those who speak on your behalf, rather than you.	Enable conversations	Get people talking to and about SA Heart®	Pravin Manga
	Collaborate	Meet with key SIGs and other stakeholders within and without SA Heart® so as to identify a common enemy and have at least one collaborative project in place with 3 key stakeholders (SASCI, surgeons and one other)	Abubakr Essa (supported by Adi Horak, Tim Pennel, Martin Sussman, and Alfonso Pecoraro)
	Build trust	Identify the SA Heart® brand and the evidence for that, establish the conversations and the conversation channels, including internal conversations and ensure the branding "moves up the pyramid" from fact, to benefit, to value, to Spiritual Quotient	Mandi Fine (supported by Mamaila Lebea)

WEBSITE LINKS

SA HEART®	www.saheart.org
CASSA	www.cassa.co.za
HeFSSA	www.hefssa.org
PASCAR	www.pascar.org
PCSSA	www.saheart.org/pcssa
SASCAR (RESEARCH)	www.sascar.org.za
SASCI	www.sasci.co.za
ACC	www.acc.org
ESC	www.escardio.org
WORLD HEART	www.world-heart-federation.org