



BSSH Strategic Plan 2024 – 2028

<u>Thank You</u>

The production of this strategic plan would not have been possible without the support and guidance of Cranfield Trust volunteer Mr David Watts and the BSSH sincerely thanks him for his time, expertise and commitment.

The BSSH also thanks The Cranfied Trust volunteers Dr David Brown and Mr Neil Herman for their help with the governance and finance reviews which provided the starting blocks to develop this plan.

Finally, thank you to Surgical Educationalist Ms Lisa-Hadfield Law for her expertise of and guidance throughout the member consultation events.

Brief History of the BSSH



The concept of the British Society for Surgery of the Hand (BSSH) began following the second world war. Having seen the burn injuries sustained by pilots and aircraft crew, a group of surgeons from the orthopaedic and plastic surgery specialties believed a joint approach could provide better outcomes when applied to surgery of the hand. A "Hand Club" has existed in the UK since 1952, formed by a few eminent hand surgeons at a dinner in the Athenaeum in London. The "Second Hand Club" was established in 1956 to widen the membership and subsequently expanded into the British Society for Surgery of the Hand when it changed it's constitution on 15th November 1968. Since then, the BSSH has developed into a Society of over 1000 members driven by the commitment and hard work of its members and Secretariat.

Executive summary

Welcome to the BSSH's 5-year strategic plan. This document details the overall strategy and actions we will take to ensure the BSSH is recognised by it's members and peers as one of the most successful organisations of it's kind in it's ability to widely promote and direct the development of surgical practices in hand surgery for the benefit of patients, members and for public benefit both in the UK and internationally.

The aims of the society are for the public benefit, to promote and direct development of hand surgery and to foster and co-ordinate education, study and research in hand surgery, including:

a) to optimise treatments and outcomes for patients with hand related pathology or injury.

b) to promote the prevention of hand related injuries and pathologies.

c) to disseminate the knowledge of Hand Surgery among members of the Society, the Medical Profession and the general public.

Five strong themes have emerged from this strategy process:

- Communication
- Financial Health
- Academic and Clinical Excellence
- Innovation and Modernisation
- Influence, Outreach and Partnership.

These themes will transcend all BSSH activities to enable a far reaching, sustainable, successful charity supporting and leading patient care and engagement in national and international hand surgery healthcare. The BSSH will support and direct the development of hand surgery and hand surgeons throughout the UK, encouraging equal and equitable access to resource.

The economic environment in which the charity operates has changed with the global pandemic and UK economy impacting on reserve levels and mitigating spend. The economic impact upon all organisations also offers the opportunity to collaborate and maximise BSSH's influence with larger regulatory bodies. We will work, at all times, with the best outcomes for our patients in mind and within our budgetary and resource constraints.

We will:

- Secure the financial longevity of the Society ensuring it is operating on a sound financial basis with a robust infrastructure.
- Develop our internal and external communication channels to improve engagement, participation and benefit for BSSH members.
- Directly promote excellence in hand surgery for patients to improve outcomes and standards across healthcare settings.
- Elevate our members skills and professional development through our commitment to providing high quality education, opportunities in research and mentorship: cultivating a culture of knowledge sharing and bridging experience gaps.
- Work with patients to provide diverse approaches to education: encouraging patients to understand and participate in their treatment.
- Continue to modernise our Society, offering increased opportunities for involvement and easing access to membership to encourage medical students, trainees and fellows to consider a career in Hand Surgery.
- Strengthen relationships with our stakeholders, global partners and other surgical associations thus raising our public profile and reach.



2017 Strategic Review

The first BSSH strategic plan was published in 2017. Despite the impact of the COVID-19 pandemic many of the aims from the 2017 strategy have been achieved.

Highlights include:

Expanding our membership and access:

• The BSSH Constitution has been revised widening membership categories to include SAS doctors, core and foundation trainees and students.

Improved communications:

• Created a Communications Committee and employed a dedicated inhouse Communications Manager.

Integrating Public and Patient Involvement:

- Patient representatives appointed to Council and each committee, with the council representative becoming a Trustee of the Charity.
- Creation of a patient network.

Initiating and encouraging multicentre collaborative research:

- Research education days held annually.
- Supporting the Royal College of Surgeons of England Surgical Specialty Leads in hand surgery.
- Delivering the BSSH James Lind Alliance Priority Setting Partnership for Common Conditions of the Hand and Wrist.
- Facilitating multicentre collaborative studies, providing trainees and consultants opportunities to get involved in research, in collaboration with the Reconstructive Surgery Trials Network (RSTN).
- Supporting NIHR-portfolio status for BSSH funded research studies.



Updating education and training:

- Creation of a BSSH mentoring scheme.
- Developing a webinar programme.

Engaging in global partnerships

• Relationships developed with key surgical and healthcare leaders in 10 project countries.

Highlighting hand trauma

- The creation of a BSSH hand trauma committee and a national hand trauma network with over 400 members.
- The publication of standards of care in hand trauma.

The prelude to strategy process 2024.

Throughout 2022 and 2023, the BSSH Trustees and Council members worked with The Cranfield Trust (a leading provider of pro bono consultancy and management support for charities) to review BSSH governance, risk and financial processes. This led to:

- An update of the BSSH constitution.
- The appointment of an Equity, Diversity and Inclusion (EDI) Lead and the development of an EDI policy.
- The establishment of a financial audit and risk committee.
- The appointment of an in-house Finance Controller.

These reviews provided the Trustees with the building blocks to begin updating the strategic plan for the next 5 years.

2023/2024 Strategy Process

A working group was established comprising of Mr David Watts (Cranfield Trust), BSSH Officers, the Head of Secretariat, The BSSH Equity, Diversity and Inclusion Lead and the Patient Representative to Council. As a starting point, the group completed an exercise identifying the BSSH's strengths and weaknesses as well as identifying potential opportunities and threats. This exercise recognised our strong identity as the leading body for hand surgery in the UK. We acknowledged that although the BSSH has clear charitable aims, projects and initiatives should be prioritised for the next 5 years, to ensure both long term financial stability and visible outputs. Opportunities to enhance the BSSH profile and relationships with partner organisations along with modernisation are also important as we experience changes in the economy both within the UK and worldwide.

BSSH Committee Chairs and members were central to the process, reviewing the effectiveness of current committee activities and reflecting on the value of specific workstreams. A graphical model based on the Boston Consulting group was used to guide when cataloguing and prioritising our activities.

Source: The Boston Consulting Group



Member questionnaire

An electronic survey was sent to all members, volunteers and representatives requesting their views and asking them to prioritise BSSH workstreams. The survey received a 15.42% response rate (based on active email addresses on file for members). A summary of the responses to the members' survey can be found in appendix 1 of this document.

Consultation events

Face to face and virtual consultation events were also held engaging with members. Members were given the opportunity to comment on all BSSH workstreams and feedback was collated via WhatsApp groups, which were left open for a period after the events to capture reflective feedback.

Response analysis

The responses from all the consultation avenues were analysed and summarised by the Strategy Working Group, Committee Chairs and Project Leads. The resulting feedback was used to determine the strategic themes and priorities as defined by members for the next five years and produce this document.









Strategic themes and initiatives

The following themes were identified as part of the consultation process:

- Financial health
- Communication
- Influence, Outreach and Partnerships
- Academic and Clinical Excellence
- Innovation and Modernisation



BSSH Strategic Themes Infographic













Appendix 2 "Description of approaches and initiatives for each strategic theme" describes in detail the approaches and initiatives that will be undertaken to achieve the goals and objectives identified within each strategic theme.

Appendix 3 "Operational Plan" details the specific actions, outcome measures, responsibilities and the timeline for achieving this strategy.

Monitoring and evaluation framework:

The five themes for this strategy transcend across all BSSH committees and the BSSH Council. An expected timeline and lead committee has been allocated to each operational task to ensure responsibility for actions is clear. Each BSSH committee has specific areas of strategic development that are most relevant to their area of expertise. This allows for a natural leadership for task completion within the relevant committee. However, cross committee and Council communication including monitoring of goal achievement, barriers to completion of tasks and collaborative reflection will enhance the BSSH productivity.

Committees will review their progress at committee meetings at least twice a year and report this to Council twice a year. A full annual review of the strategy and those items due for completion will occur at the BSSH Autumn Council meeting. Stakeholder feedback will be sought on any project plans that are not reaching target to allow modification if needed. Adverse or favourable external and internal influences that need to be considered will be highlighted at the annual strategy review having been discussed; and proposals for modification to allow target reach provided by the lead committee. Occasionally there will be targets or proposal that are no longer relevant or realistically achievable within budget resource. These should be highlighted by the lead committee to Council and either postponed or abandoned.



Figure 2. Monitoring and Evaluation framework



Communication and stakeholder engagement:

Each year the Strategy update will be summarised at the Annual General Meeting for members to engage in the review and the impact of interventions shared with the membership. Presentable data and outcomes should be submitted to the BSSH scientific meetings or international meetings if relevant and shared with peers and public. Pertinent outcomes will be submitted for publication in the Journal of Hand Surgery (Eur).

Conclusion

Members consider the promotion of academic and educational excellence in hand surgery to be our most important role as a society. BSSH will prioritise education of hand surgeons and allied professionals and promote excellence in all aspects of the specialty. The Society will also continue to support research in the field of hand surgery and will endeavour to interact more with NIHR in the selection of the most relevant clinical research questions, in line with JLA recommendations.

Going forward, we will accurately map our projected income annually and allocate grants and awards directly dependent on this income, thus allowing us to be in a state of financial equilibrium. More of our business meetings will be virtual to reduce venue and travel expenses. Formal relationships with Industry will be strengthened to the benefit of BSSH membership with longer-term Educational Partnership packages. One annual 3-day scientific meeting with planned venues over a 5-year cycle will result in reduced meeting costs with greater exhibition space for industry participation.



BSSH will explore new ways of communication with Fellows, allied professionals, relevant national bodies, and the public. The jewel in the crown of the society's information, research, and educational platform is The Journal of Hand Surgery (European Volume). The Society will explore ways, including other aspects of media, in which the journal can be utilised and communicated. The impact of 'Plan S' for open access publishing on journal income is yet to be determined. Within the next two years the Journal will almost entirely be published electronically. Efforts are being made to expand the readership of the journal to an international audience which will increase the profile of the Society and increase International Fellow membership and Journal subscription.

We will continue to modernise by addressing equity, diversity, inclusion and sustainability/green issues within the Society.

Above all, BSSH aspires to be an inclusive organisation, with all members feeling that they belong and have a voice within it.

Appendices Click to view:

Appendix 1 Summary of members survey results

Appendix 2 Description of approaches and initiatives for each strategic theme

Appendix 3 Operational Plan

