

British Hernia Society

Annual Report

April 2022 to April 2023

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Annual Summary of the Society

The British Hernia Society (BHS) became a Charitable Incorporated Organisation in January 2021. There are ten Trustees of the Charity who all sit on the Board plus two patient representatives.

The Society has 540 active members.

Board members

In November 2022, Prof Aali Sheen finished his term as President and handed over to Mr David Sanders. Prof Sheen will remain on the Board for two years as past president. We thank Prof Sheen for his dedication and hard work.

To strengthen the Board and develop workstreams in research and patient and public liaison, further positions on the Board were advertised in January 2023. The calibre of applicants was incredibly high and three very strong appointments were made. We welcome Mr Srinivas Chintapatla, Mr Dominic Slade and Mr John Findlay to the Board in April 2023.

Subcommittees

The Abdominal Wall Reconstruction, Education and Training and Registry Subcommittees continue to flourish.

Website

In April 2022, a new website was launched for the Society with updated content and a more modern interface. We thank Harsha Jayamanna, our Website, Membership and Communications Board Member, for his inspired design and sedulous effort in transforming the site.

European Hernia Society – British Hernia Society Cadaveric Workshop, October 2022

The British Hernia Society worked in partnership with the European Hernia Society to deliver an outstanding cadaveric workshop on 17th-18th October 2022. With a bespoke curriculum designed to walk trainees through basic techniques to advanced abdominal wall reconstruction, and delivered by European surgeons at the top of their field, the course received very positive feedback.

Abdominal Wall Reconstruction Subcommittee report

Members:

Toby Hammond, Chair

Dominic Slade

Sanjoy Basu

Jonathan Hodgkinson

Oliver Warren

Jackie Bullock (patient representative)

Additional invited attendees & project leaders:

Neil Smart

Niro Rajaretnam

David Layfield

ACPGBI Abdominal Wall Subcommittee

Subcommittee Aims:

Promote safe & standardised care to prevent & manage incisional and parastomal hernias through education & training of:

1. How to open & close the abdomen
2. Management of the open abdomen
3. Principles of simple midline ventral/ incisional hernia repair which should be within the skillset of any general surgeon
4. Stoma management, including:
 - a. Stoma formation
 - b. Parastomal hernia prevention
 - c. Parastomal hernia management

Projects

1. Abdominal midline closure survey – A questionnaire was designed to be asked by a trainee and answered by a consultant surgeon with answers being directly uploaded to a web-based survey tool (RedCAP). The purpose is to capture national practice and help drive quality improvement in making

surgeons aware of evidence-based closure techniques. The survey is currently being written up for publication

2. National Open Abdomen Audit (NOAA)

The aim is to carry out an audit of national practice which ultimately (like the national audit of small bowel obstruction) should inform and educate which management options/ treatment modalities are used nationally to manage the open abdomen.

It will be run through the registrar research networks

Steering committee is the joint ACPGBI & BHS AWR subcommittees

Principal Investigator is Dominic Slade

Co-applicants are Prof Tom Pinkney and two Registrar Key Investigators Mr Deepak Vijayan and Mr Jonathan Hodgkinson

The audit is project-managed by BiCOPS (Birmingham Centre for Observational and Prospective Studies)

The project is due to launch in July 2023

3. Parastomal hernia projects:

Project 1 - to develop a descriptor set for studies on parastomal hernias

We have produced and sent out a Delphi consensus questionnaire.

The premise being that the treatment of parastomal hernias is complex with different options available. One of the challenges of putting surgical techniques into practice is understanding which patients they work best for. Unfortunately, published studies show lots of variation in how they describe patients in their studies. We would like to address that by agreeing on a set of key descriptors which can be used in future parastomal hernia studies.

This study is currently being written up for publication.

Project 2 - to develop a Delphi consensus document for the management of parastomal hernias.

We have put together a global collaborative of hernia surgeons, patient representatives and stoma nurses with a specific interest in the management of parastomal hernias.

The EHS guidelines showed that the evidence base regarding parastomal hernia repair is not strong and current attempts to strengthen it are likely to take many years. Surgical innovation moves faster than the published literature, and we know that surgeons adopt and discard techniques due to poor performance faster than case series, registries and RCTs can detect.

The aim of the collaborative is to share best practice, mistakes made and learnt from, management pathways, and technical modifications to recognised techniques in the management of parastomal hernias. The Delphi method will be used to develop a non-evidence based expert consensus document

with a focus on patient safety and improving their outcomes regarding the management of parastomal hernias.

This study is currently being written up for publication.

Education & Training

We are in the process of setting up national teaching, training, mentorship & coaching programmes at all career levels:

- **Foundation Year Drs & Core Trainees:**

Amending the Basic Surgical Skills (BSS) Course to transition from teaching the mass closure of the abdomen using loop 1/0 nylon to single layer aponeurotic closure using slowly absorbable sutures in a small bites technique.

Action to date:

We are currently working with RCS Basic Surgical Skills committee and developing new course material for the national BSS course.

- **Core Trainees to ST4 trainees:**

We are in the process of developing a “Principles of Abdominal Wall Surgery” (PAWS) course. This is a lecture based & hands on practical workshop focusing on:

- a. how to close the abdomen
- b. how to manage the open abdomen – mesh mediated fascial traction closure
- c. how to create the ‘perfect’ stoma
- d. how to perform a standard Rives-Stoppa hernia repair

A pilot course has already been successfully run at the Dukes Club meeting, Sept 2021, with very good feedback.

A course manual has been written. We still require video and photographic media. A plan to create this via a dedicated cadaveric lab with the steering committee performing the various procedures is in progress (see below)

- **ST5 trainees to early year consultants:**

A standardised Cadaveric AWR course

It solely covers the open management of midline incisional and large primary ventral hernias. The course is delivered over 2 days combining lecture-based tutorials and hands-on cadaveric training.

Next course planned for Feb 2024 in Bristol.

- **Produce standardised step by step cadaveric video guide for above courses on:**
 - a. how to open & close the abdomen
 - b. how to manage the open abdomen – mesh mediated fascial traction closure
 - c. how to create the ‘perfect’ stoma
 - d. how to perform a standard retrorectus Rives-Stoppa midline ventral hernia repair
 - e. how to perform perforator sparing anterior component separation
 - f. how to perform posterior component separation

Funding has been sourced & agreed via industry.

Keele Anatomy & Surgical Training Centre (KASTC) has been booked for 2 days in March 2024 for production & filming.

- **Early year consultants:**

Future concepts - Preceptorship & Mentoring post CAWR course

- **Established Consultants with an AWR subspecialty practice:**

Future concepts - Coaching & Operating ‘Buddy Scheme’ for complex cases

Education and Training Subcommittee Report

Members

Oroog Ali (Chair)

Christian Wakefield

Balendra Kumar

Srinivasan Balchandra

Duncan Scrimgeour

Susannah Hill (patient representative)

Workstream

The BHS education and training subcommittee has had another year focusing on ensuring access to high quality hernia surgery education is enhanced.

The committee has successfully completed the second instalment of the Hernia Masterclass Webinar series in collaboration with Royal College of Surgeons of Edinburgh with very positive feedback. Some of the topics included:

- How to set-up a complex hernia MDT
- Hernias and Robotic Surgery - All you need to know
- Complex Abdominal Wall Hernia MDT - Part 2
- Understanding the abdominal wall from anatomy to radiology
- Your Surgery – Who Makes the Decisions and How

We have had an international faculty and audience with participation from an expert faculty as well as patients. We are committed to ensuring that patient experience is at the heart of our education portfolio. Given the fantastic success and demand of the series, we will continue to develop our educational offering and are planning series three.

The committee members continue to deliver live operating hernia courses which have proven to be invaluable to trainees in the current healthcare climate. We are exploring what educational resources in hernia surgery are available to trainee surgeons, consultants and other healthcare professionals. We are also collaborating with the abdominal wall hernia committee of the Association of Coloproctology of Great Britain and Ireland to consider the development of a larger suite of educational resource.

In the coming year, we will be looking to expand our subcommittee.

Registry Subcommittee Report

Members

Liam Horgan (Chair)

Stella Smith

Nasra Alam

Sue Blackwell (patient representative)

John Findlay

Andrei Mihailescu

Praminthra Chitsabesan

Aims

The BHS Registry sub-committee (RSC) was formed in Jan 2021 as an operational group to develop the new BHS Registry. The aims of the RSC are to raise funding, develop the dataset, commission the registry, and then open the registry to all surgeons who carry out hernia repairs.

Background

This exciting, ground-breaking project will inform hernia surgery and hernia-related technology for many years to come. The Registry will give real-time data on operative details, implant use and outcomes. The Registry has been designed with and for patients. What doctors think are important outcomes from hernia surgery are not necessarily what patients think are important. Consequently, patient-reported outcome measures (PROMS) will be built into the registry.

By contributing to the registry, we can finally understand what works well, and what doesn't. We can learn from patients' experiences and target surgery accordingly. We hope to ensure that patients get the right operation, at the right time.

Data will be analysed and reported on an annual basis. It will be made public, and readable, to both patients and healthcare professionals. As time progresses, more detailed analyses on specific operations and groups of implants will be reported.

Progress

The RSC has worked hard, holding regular monthly meetings to drive the registry forward. The group have made substantial progress over the past year.

The subcommittee has driven funding to design and sustain the registry for three years. The Registry has been developed by the British Hernia Society with Industry funding. Industry funding has been donated on an ethical, and proportionate, basis with all companies having an opportunity to contribute. No single company dominates the funding stream, and no company has access to raw data or influence over the data collected. Industry only has access to reports. We are grateful to our Industry sponsors for their help in developing the Registry and look forward to sharing product information to help inform product design.

We have partnered with Dendrite Clinical Systems Ltd to design and maintain the registry. We have a prototype registry developed and will be testing it later in 2023. The launch of the registry will be an iterative exercise with snagging along the way.

The governance of the registry is of paramount importance. Patients must consent to have their data entered into the registry and be able to see or remove their data if they desire. Appropriate information leaflets and consent forms have been developed to support this. There are regulations around data safety and procedures have been designed in partnership with Dendrite to meet those regulations. Research on the data in the registry will be key to understanding outcomes and a Health Research Authority Ethics Application has been submitted to gain permission to do this.

**REPORT OF THE TRUSTEES AND
FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 APRIL 2023
FOR
THE BRITISH HERNIA SOCIETY (CIO)**

P B Syddall & Co
Chartered Accountants
Grafton House
81 Chorley Old Road
Bolton
Lancashire
BL1 3AJ

THE BRITISH HERNIA SOCIETY (CIO)

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FOR THE YEAR ENDED 30 APRIL 2023**

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THE BRITISH HERNIA SOCIETY (CIO)

REPORT OF THE TRUSTEES FOR THE YEAR ENDED 30 APRIL 2023

The trustees present their report with the financial statements of the charity for the year ended 30 April 2023. The trustees have adopted the provisions of Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019).

OBJECTIVES AND ACTIVITIES

Objectives and aims

The object of The British Hernia Society is the advancement of health for public benefit by educating the public and healthcare professionals about hernia surgery.

We aim to ensure national and international quality in hernia surgery.

More details can be found on our website www.britishherniasociety.org.

Significant activities

We run educational events including courses and conferences about the management of hernias for healthcare professionals. We also provide online information for healthcare professionals, the public and patients on hernias and their management.

We are developing a registry to collect information on hernia surgery in the UK.

There is more information on the activities of the charity detailed in a separate document titled Annual Report May 2022 to April 2023.

Public benefit

The trustees consider that during the year under review they have successfully achieved the objectives set out in its governing document and have given due regard to the guidance published by the Charity Commission on public benefit.

FINANCIAL REVIEW

Financial position

The charity is in a healthy financial position.

The charity continued to receive project sponsorship grants to aid in the establishment of a registry which will become available to all surgeons who carry out hernia repairs. These grants totalled £61,600.

Whilst the British Hernia Society did not make any research grants to individuals in the year to 30 April 2023, it awarded ASIT prize money to the tune of £800.

A further £9,370 was spent by the charity on the data capture software to establish the UK National Hernia Registry.

Reserves policy

The charity is still in its infancy and is building up reserves for future projects. The British Hernia Society is in the process of setting up national teaching, training, mentorship and coaching programmes at all career levels. There are also a number of projects detailed in the Annual Report which will call on these reserves.

Going concern

There are no events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern. As such the trustees have prepared the account's on a going concern basis.

STRUCTURE, GOVERNANCE AND MANAGEMENT

Governing document

The charity is controlled by its governing document, a deed of trust and constitutes an unincorporated charity.

REFERENCE AND ADMINISTRATIVE DETAILS

Registered Charity number

1193226

THE BRITISH HERNIA SOCIETY (CIO)

**REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 30 APRIL 2023**

Principal address

Manchester University NHS Trust
Manchester Royal Infirmary
Oxford Road
Manchester
M13 9WL

Trustees

Mr D L Sanders Chair
Ms S R G Smith
Miss N N Alam
Mr H Jayamanne
Mr P Chitsabesan
Miss O Ali
Mr D Damaskos
Mr L F Horgan
Mr T M Hammond
Mr B Stephenson (resigned 26.9.22)
Professor A J Sheen
Mr S Chintapatla (appointed 19.4.23)
Mr J M Findlay (appointed 19.4.23)
Mr D A J Slade (appointed 19.4.23)

Independent Examiner

Mr Adam J. Syddall MA ACA
P B Syddall & Co
Chartered Accountants
Grafton House
81 Chorley Old Road
Bolton
Lancashire
BL1 3AJ

Approved by order of the board of trustees on and signed on its behalf by:

.....
Ms S R G Smith - Trustee

**INDEPENDENT EXAMINER'S REPORT TO THE TRUSTEES OF
THE BRITISH HERNIA SOCIETY (CIO)**

Independent examiner's report to the trustees of The British Hernia Society (CIO)

I report to the charity trustees on my examination of the accounts of The British Hernia Society (CIO) (the Trust) for the year ended 30 April 2023.

Responsibilities and basis of report

As the charity trustees of the Trust you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ('the Act').

I report in respect of my examination of the Trust's accounts carried out under Section 145 of the Act and in carrying out my examination I have followed all applicable Directions given by the Charity Commission under Section 145(5)(b) of the Act.

Independent examiner's statement

I have completed my examination. I confirm that no material matters have come to my attention in connection with the examination giving me cause to believe that in any material respect:

1. accounting records were not kept in respect of the Trust as required by Section 130 of the Act; or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the applicable requirements concerning the form and content of accounts set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the accounts give a true and fair view which is not a matter considered as part of an independent examination.

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

Mr Adam J. Syddall MA ACA
The Institute of Chartered Accountants in England and Wales

P B Syddall & Co
Chartered Accountants
Grafton House
81 Chorley Old Road
Bolton
Lancashire
BL1 3AJ

Date:

THE BRITISH HERNIA SOCIETY (CIO)

**STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR ENDED 30 APRIL 2023**

				Year Ended 30.4.23 Total funds £	Period 25.1.21 to 30.4.22 Total funds £
	Notes	Unrestricted fund £	Restricted fund £		
INCOME AND ENDOWMENTS FROM					
Donations and legacies		79	-	79	90,221
Charitable activities					
The establishment of a UK National Hernia Registry		-	61,600	61,600	140,000
Total		79	61,600	61,679	230,221
EXPENDITURE ON					
Charitable activities					
The establishment of a UK National Hernia Registry		-	9,370	9,370	39,350
Research into hernia treatment		-	-	-	8,000
Other		6,357	-	6,357	7,297
Total		6,357	9,370	15,727	54,647
NET INCOME/(EXPENDITURE)		(6,278)	52,230	45,952	175,574
RECONCILIATION OF FUNDS					
Total funds brought forward		74,924	100,650	175,574	-
TOTAL FUNDS CARRIED FORWARD		68,646	152,880	221,526	175,574

The notes form part of these financial statements

THE BRITISH HERNIA SOCIETY (CIO)

**BALANCE SHEET
30 APRIL 2023**

	Notes	Unrestricted fund £	Restricted fund £	30.4.23 Total funds £	30.4.22 Total funds £
CURRENT ASSETS					
Debtors	4	-	10,000	10,000	20,000
Cash at bank		69,745	142,880	212,625	177,914
		<u>69,745</u>	<u>152,880</u>	<u>222,625</u>	<u>197,914</u>
CREDITORS					
Amounts falling due within one year	5	(1,099)	-	(1,099)	(22,340)
NET CURRENT ASSETS		<u>68,646</u>	<u>152,880</u>	<u>221,526</u>	<u>175,574</u>
TOTAL ASSETS LESS CURRENT LIABILITIES		<u>68,646</u>	<u>152,880</u>	<u>221,526</u>	<u>175,574</u>
NET ASSETS		<u><u>68,646</u></u>	<u><u>152,880</u></u>	<u><u>221,526</u></u>	<u><u>175,574</u></u>
FUNDS	6				
Unrestricted funds				68,646	74,924
Restricted funds				152,880	100,650
TOTAL FUNDS				<u><u>221,526</u></u>	<u><u>175,574</u></u>

The financial statements were approved by the Board of Trustees and authorised for issue on and were signed on its behalf by:

.....
Mr D L Sanders - Trustee

.....
Ms S R G Smith - Trustee

The notes form part of these financial statements

THE BRITISH HERNIA SOCIETY (CIO)

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 APRIL 2023

1. ACCOUNTING POLICIES

Basis of preparing the financial statements

The financial statements of the charity, which is a public benefit entity under FRS 102, have been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and the Charities Act 2011. The financial statements have been prepared under the historical cost convention.

Income

All income is recognised in the Statement of Financial Activities once the charity has entitlement to the funds, it is probable that the income will be received and the amount can be measured reliably.

Expenditure

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

Grants offered subject to conditions which have not been met at the year end date are noted as a commitment but not accrued as expenditure.

Taxation

The charity is exempt from tax on its charitable activities.

Fund accounting

Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.

2. TRUSTEES' REMUNERATION AND BENEFITS

There were no trustees' remuneration or other benefits for the year ended 30 April 2023 nor for the period ended 30 April 2022.

Trustees' expenses

Trustees are allowed to claim travel expenses to board meetings and can reclaim any out of pocket expenses incurred on behalf of the charity.

THE BRITISH HERNIA SOCIETY (CIO)

**NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 30 APRIL 2023**

3. COMPARATIVES FOR THE STATEMENT OF FINANCIAL ACTIVITIES

	Unrestricted fund £	Restricted fund £	Total funds £
INCOME AND ENDOWMENTS FROM			
Donations and legacies	90,221	-	90,221
Charitable activities			
The establishment of a UK National Hernia Registry	-	140,000	140,000
Total	<u>90,221</u>	<u>140,000</u>	<u>230,221</u>
EXPENDITURE ON			
Charitable activities			
The establishment of a UK National Hernia Registry	-	39,350	39,350
Research into hernia treatment	8,000	-	8,000
Other	7,297	-	7,297
Total	<u>15,297</u>	<u>39,350</u>	<u>54,647</u>
NET INCOME	74,924	100,650	175,574
TOTAL FUNDS CARRIED FORWARD	<u>74,924</u>	<u>100,650</u>	<u>175,574</u>

4. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	30.4.23	30.4.22
	£	£
Grants receivable	<u>10,000</u>	<u>20,000</u>

5. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	30.4.23	30.4.22
	£	£
Trade creditors	-	15,740
Other creditors	<u>1,099</u>	<u>6,600</u>
	<u>1,099</u>	<u>22,340</u>

THE BRITISH HERNIA SOCIETY (CIO)

NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 30 APRIL 2023

6. MOVEMENT IN FUNDS

	At 1.5.22 £	Net movement in funds £	At 30.4.23 £
Unrestricted funds			
General fund	74,924	(6,278)	68,646
Restricted funds			
BHS UK National Hernia Registry	100,650	52,230	152,880
TOTAL FUNDS	175,574	45,952	221,526

Net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	79	(6,357)	(6,278)
Restricted funds			
BHS UK National Hernia Registry	61,600	(9,370)	52,230
TOTAL FUNDS	61,679	(15,727)	45,952

Comparatives for movement in funds

	Net movement in funds £	At 30.4.22 £
Unrestricted funds		
General fund	74,924	74,924
Restricted funds		
BHS UK National Hernia Registry	100,650	100,650
TOTAL FUNDS	175,574	175,574

THE BRITISH HERNIA SOCIETY (CIO)

**NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 30 APRIL 2023**

6. MOVEMENT IN FUNDS - continued

Comparative net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	90,221	(15,297)	74,924
Restricted funds			
BHS UK National Hernia Registry	140,000	(39,350)	100,650
TOTAL FUNDS	<u>230,221</u>	<u>(54,647)</u>	<u>175,574</u>

7. RELATED PARTY DISCLOSURES

There were no related party transactions for the year ended 30 April 2023.

THE BRITISH HERNIA SOCIETY (CIO)

**DETAILED STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR ENDED 30 APRIL 2023**

	Year Ended 30.4.23 £	Period 25.1.21 to 30.4.22 £
INCOME AND ENDOWMENTS		
Donations and legacies		
Donations	79	90,221
Charitable activities		
Grants	<u>61,600</u>	<u>140,000</u>
Total incoming resources	61,679	230,221
EXPENDITURE		
Charitable activities		
Registry software	9,370	39,350
Grants to individuals	<u>-</u>	<u>8,000</u>
	9,370	47,350
Other		
Website and IT costs	2,843	3,778
ASIT prizes	<u>800</u>	<u>-</u>
	3,643	3,778
Support costs		
Management		
Insurance	846	-
Finance		
Bank charges	1	12
Governance costs		
Independent examination	600	600
Meetings and conferences	<u>1,267</u>	<u>2,907</u>
	1,867	3,507
Total resources expended	<u>15,727</u>	<u>54,647</u>
Net income	<u>45,952</u>	<u>175,574</u>

This page does not form part of the statutory financial statements