

British Hernia Society

Annual Report

1 May 2024 to 30 April 2025

British
Hernia
Society

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Annual Summary of the Society

The British Hernia Society has continued to grow and flourish over the last 12 months. It has delivered educational content including webinars and conferences, ensured revenue for financial stability, developed a strategic plan and launched a national hernia registry.

Board members

The Board has expanded to 18 members, including 14 Trustees. In January 2025, we were pleased to welcome Ms. Kellie Bateman (Co-Director of Trainee Liaison), Mr. Rhys Thomas (Ordinary Board Member), Mr. David Layfield (Treasurer), and Mr. Asim Abbas (Director of Communications). The applicant pool was exceptionally strong, and we look forward to collaborating with these highly accomplished individuals.

We also welcomed an Association of Surgeons in Training (ASiT) Representative on to the Board, Roberta Garau who is ASiT President. We hope this will foster the relationship between the two organisations and realise mutual benefit.

We have said goodbye to Prof Aali Sheen who finished his term as Past President. Aali had been part of the British Hernia Society for more than 10 years. We are immensely grateful to him for his dedication and hard work for the Society over the years and we wish him all the best in his future endeavours.

Subcommittees

The Abdominal Wall Reconstruction, Education and Training, and Registry Subcommittees continue to thrive. In response to the evolving needs of our membership, and to support a broader range of initiatives, three new subcommittees were established in January 2025: the Trainee Subcommittee, the Patient and Public Involvement Subcommittee, and the Scientific Subcommittee.

The existing Registry Subcommittee, Education and Training Subcommittee and Abdominal Wall Reconstruction Subcommittee all welcomed new members in January 2025. We greatly appreciate the vigour, enthusiasm and experience that our new subcommittee members bring to their roles and we look forward to working with them in the months and years to come.

We would like to thank the Board and Subcommittees for their hard work and incredible achievements over the past year which is detailed below in the subcommittee sections.

Education and Professional Matters

British Hernia Society 13th Annual Conference, November 2024

The BHS ran a very successful annual conference in November 2024 in Oxford. With over 300 delegates and very positive feedback, we are looking to build on this event to attract more trainees and to ensure the rapid progression of robotically assisted hernia surgery is reflected in our programme. Plans are already afoot for the conference in November 2026 which will be held in Manchester. We look forward to publicising a provisional programme at the end of 2025.

Podcast Series

A series of podcasts are being developed with the British Journal of Surgery Foundation. These are informal conversations with renowned hernia surgeons from across the globe and reflect some of the incredible journeys and challenges these surgeons have faced. We look forward to posting these later in 2025.

Webinar Series

In association with the Royal College of surgeons of Edinburgh, the BHS has run a very successful 3rd webinar series. With more than 500 delegates attending the webinar series has grown exponentially and has international reach.

British Hernia Society Registry

In November 2024, the BHS launched the registry. It is designed to capture all types of hernia surgery and embeds patient reported outcome measures (PROMs) as well as longitudinal follow-up. The registry is the only way to accurately track the hernia operations being performed and the technologies being used. The registry can produce reports at provider, surgeon and national level as well as providing industry with technology-related data for post-market surveillance. The BHS has created and hosts the registry through Dendrite Ltd who have a large repository of registries and a wealth of experience. In the first six months, more than 1000 patients were entered but we have a long way to go to capture the 100,000 patients undergoing hernia surgery in the UK each year. The BHS will continue to promote the registry and will seek support from the national Outcomes and Registries Programme, formerly held within NHS England, to ensure that it becomes mandatory. Ultimately, the registry will permit benchmarking and research into hernia surgery on a previously unknown scale; it will be the largest hernia registry in the world. Output from the registry will guide the future of hernia surgery, technology development and, ultimately, improve patient safety.

We are deeply grateful to Mr. Liam Hogan, Director of the Registry, and the Registry Subcommittee, for their hard work and dedication in achieving this significant milestone.

Corporate development

The BHS has acknowledged the need to adopt a more professional and corporate approach to expand and enhance its offerings to members.

Strategic Plan

In 2024, a strategic plan was created to focus the work of the society and identify gaps in the resource needed to realise its workstreams. This is available on our website.

Association Management Support

To be able to deliver the increasing volume of workstreams and to grow the organisation, the society has welcomed tenders for corporate support from Association Management Companies. We hope to announce a new partnership in summer 2025.

Branding and Communications

Work has begun on developing a strong brand and improving communications. By analysing the metrics of our media streams, we hope to provide a more tailored approach to what we offer.

Partnerships

British Journal of Surgery Foundation (BJS Foundation)

The BHS continues to partner with British Journal of Surgery Foundation to deliver educational material. The Foundation supported the November 2024 conference, and we have created a series of podcasts together in 2025. The BJS has also, after a competitive application process, provided a free place to a member of the trainee subcommittee for the “How to write a paper” course in 2025. We are looking to partner with the Foundation on other workstreams including the development of a broad range of patient information.

Association of Laparoscopic Surgeons Great Britain and Ireland (ALSGBI)

One of the objectives of the British Hernia Society is to bring hernia education to general surgeons who may not otherwise seek it out. With over 2500 consultant surgeons in the UK undertaking hernia surgery, many of whom do not undertake hernia surgery as their core practice, it is important that training is readily accessible and financially viable. We are looking forward to orchestrating a hernia session at the ALSGBI Annual Scientific Meeting in November 2025. With a focus on minimally-invasive hernia surgery, with interactive videos and discussion, we expect this to be a popular and stimulating event.

Association of Surgeons, Great Britain and Ireland (ASGBI)

In view of the strategic objective of the Society to bring hernia education to the masses and with a mutual desire to build on the success and popularity of the BHS session at the annual ASBGI congress, the session has been expanded to a whole day event in May 2027. Occupying 1/9th of the three-day programme, we are excited to be inviting nationally and internationally renowned hernia surgeons to deliver high quality training.

Association of Surgeons in Training (ASiT)

The BHS have been supporting prizes at the ASiT annual conference for several years. With a representative from ASiT now attending BHS Board meetings, we hope to build our relationship with this outstanding trainee society and work with them to increase our offering to the next generation of surgeons.

Getting it Right First Time (GIRFT), Robotically-Assisted Surgery

The BHS were delighted to be invited to participate in the development of the recent GIRFT RAS guidance. Two members of the Board were involved in promoting the needs of hernia patients undergoing minimally invasive surgery and the specialised services it requires.

Initiatives in 2025/26

Parastomal Hernia Cadaveric Course and Study Day

The BHS are supporting the European Hernia Society parastomal course and study day On 24th and 25th April 2025. We have no doubt that this inaugural event will be insightful and highly educational and will run for years to come.

The A to Z of Hernia Surgery, Virtual Workshop, 10th October 2025

The BHS delighted to announce that it will run an inaugural virtual workshop for trainees on consultants from the UK and abroad in October 2025. We have partnered with SaySo, a virtual conferencing platform, to host the event. Full programme to be published shortly. We hope this will become an annual or biennial meeting, providing value for money training for those undertaking the fellowship exams or wanting a refresh of their hernia knowledge base.

14th British Hernia Society Conference, 9-11th November 2026

Following the success of the 13th BHS conference in Oxford, in November 2024, we are already planning the next conference. We will be hosting it in Manchester, UK in November 2026. Building on our pedigree for delivering high quality presentations and interactive discussions, we are expanding the conference to three days. The conference in 2026 will include a day focused on robotic hernia surgery provision and training with a UK focus. Other plans include hosting workshops for trainees during the conference to provide hands-on, small-group practical training in inguinal and ventral hernia surgery. We look forward to welcoming our delegates in 2026.

Patient and Public Liaison subcommittee report



Patient and Public Liaison Subcommittee Report

The Patient and Public Liaison subcommittee is a new committee which has been performed and acts on behalf of the British Hernia Society Board. The chair is Mr Srinivas Chintapatla.

Our purpose is to promote education for patients (and carers) having hernia in British isles. We aim to develop information on best and most effective processes in clinical care, to promote best outcomes for patients, supporting choices for patients based on evidence. Our subcommittee will promote best clinical outcomes for patients in hernia care and will engage with research objective and have a team who could provide patient input if required, engage with teaching objectives of BHS and work with other societies to promote needs of patients. We have invited patients and public through an advertisement to recruit members and the following were chosen after a long selection process, which was open and transparent.

Membership

Srinivas Chintapatla - Chair

Jackie Bullock (also on the BHS board)

Kamil Sterniczuk

Mary Mancini

Kate Hawley

Alice Birch

We have met on multiple occasions and have gone through a process of creating a pathway with respect to what it's aim is, it's outcomes should be, and this is attached.



PPL Strategy
Overview.pptx

Progress has been made during its inception year and we are first tackling the issue of frequently asked questions, and that is being collated and is close to publication. Jackie Bullock, Alice Birch and Srinivas Chintapatla have presented on issues involving patients at British Hernia Society conference 2024. Jackie Bullock and Srinivas Chintapatla are presenting patient related issues at European Hernia Society conference in Paris in June 2025 .

Scientific Subcommittee Report

Summary

Following open invitations for expressions of interest for patients and surgeons of all career stages, 12 applicants were appointed to the Scientific Subcommittee in February 2025: 3 consultant surgeons, 4 surgical trainees, 1 foundation trainee 3 patient representatives, and 1 patient researcher

The Subcommittee has met twice, first in March 2025 and then in April 2025.

Membership

Sam Parker (Deputy Chair) – stepped down

ASGBI / RCS liaison lead(s) – co-opted on to subcommittee and individuals will change depending on who is in post

Nilofer Husnoo

Mo Atif

Tom Whitehead-Clark

Jonathan Hodgkinson

Rishabh Segar

Lugman Bin Aizen

Sue Blackwell (PPI/Research)

Mary Mancini (PPI)

Kamil Sternikzuk (PPI)

Initial meeting

- At the initial meeting, members were inducted into the BHS and the remit and goals of the Subcommittee were discussed
- Initial goals were set
 - Development and implementation of a research strategy, allied with application for Academy of Medical Research Charity (AMRC) membership
 - Establishment of an Audit and Research Collaborative
 - Establishment of a 'study watch' to inform members as to recent research studies and guidelines relevant to their practice
 - Develop a priority setting exercise for research into hernias
- Following the initial meeting, one of the consultant surgeons had to step down from the committee due to a lack of available time

Second meeting

- At the second meeting,
 - Research strategy – discussed
 - Collaborative
 - established (British Hernia Society Audit and Research Collaborative (BHS ARC))
 - initial projects discussed
 - Study watch – working group established
 - Priority setting exercise – initial discussions had with James Lind Alliance

Trainee Subcommittee Report

Summary of Activity

- Formation of committee with 11 members ranging from ST4-ST8
- First monthly meeting undertaken to develop work streams
- Work streams to consist of membership survey, research, compiling educational resources and courses
- Draft of membership survey, in progress
- Draft list of current courses, in progress

Aims and Objectives for 2025

Our aim is to promote the British Hernia Society (BHS) as a key educational resource for all general surgical trainees, particularly those with an interest in hernia surgery and abdominal wall reconstruction.

To achieve this, we will:

- Utilise our trainee survey to understand what trainees value in their educational journey.
- Signpost existing educational resources, fellowship opportunities, and courses aligned with different stages of career development.
- Identify gaps in the current educational landscape and develop a portfolio of:
 - BHS-approved courses
 - Member-only content
 - A dedicated educational weekend, delivered in collaboration with trainee organisations such as ASiT, Moynihan Academy, Roux, and Dukes.
- Develop a recognisable BHS Trainee Brand to unify and promote our educational initiatives.
- Undertake research into access to hernia surgery training, with the aim of ensuring equity and standardised skill development across the UK.
- Support the BHS Research and Education Committees in engaging trainees and shaping future initiatives in education and research.

Abdominal Wall Reconstruction Subcommittee report

The AWR Subcommittee joined with ACPGBI Abdominal Wall Subcommittee in Jan 2022

Membership

Toby Hammond (Chair)

Dominic Slade (Chair ACPGBI Abdominal Wall Subcommittee)

Sanjoy Basu

Ciaran Walsh

Maciej Pawlak

Rhys Thomas

David Layfield

Ben Stutchfield

Elena Schembari

Sala Abdalla

Joshua De Marchi (Trainee Rep)

Jackie Bullock (Patient Rep)

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 - should be within skillset of all general surgeons
4. Stoma management, including:
 - a. Stoma formation
 - b. Parastomal hernia prevention
 - c. Parastomal hernia management

Projects to date

1. ***Abdominal midline closure survey***

Aim was to capture national practice and help drive quality improvement in making surgeons aware of evidence-based closure techniques.

Conclusion: A minority of UK consultant surgeons have adopted the SBT or PMA. Practice change should be driven by more widespread dissemination of current evidence and procedural information

Published: ACPGBI, BHS, Dukes' Club. Closure of Abdominal Midline Survey (CLAMSS): A national survey investigating current practice in the closure of abdominal midline incisions in UK surgical practice. Colorectal Dis. 2024 Aug;26(8):1617-1631.

2. ***National Open Abdomen Audit (NOAA)***

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

Launched August 2023.

NOAA continues to recruit well - we are over halfway to the UK target of 600 cases.

iNOAA the international version of the study now rolled out to Republic of Ireland with 5 centres registered (all the trauma centres) and one approved. Also a new version of the protocol has been created to try and include Australia and new Zealand with 1 site in New South Wales registered. Also launched across Europe via ESCP with a further 20 sites registered.

3. ***Develop a descriptor set for studies on parastomal hernias.***

Produced & sent out Delphi consensus questionnaire

Premise being treatment of parastomal hernias is complex with different options available. One of 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.

Completed & published:

Blackwell S, Massey L, Mehta A, Smart N, Sahnun K, Lederhuber H, Lee MJ. Development of a core descriptor set for parastomal hernia repair. Colorectal Dis. 2024 Oct;26(10):1815-1821

4. ***Amend abdominal wall closure component of Basic Surgical Skills (BSS) Course***

To transition from teaching mass closure of abdomen using blunt loop 1/0 nylon to single layer aponeurotic closure using slowly absorbable sutures in small bites technique.

To date we have confirmed agreement with RCS Basic Surgical Skills committee & new course material for national BSS course produced

5. ***Develop a standardised Cadaveric open AWR course***

To cover management of midline incisional & large primary ventral hernias

See joint publication BHS, ACPGBI & EHS:

Kulkarni GV, Hammond T, Slade D, Borch K, Theodorou A, Blazquez L, Lopez-Monclus J, Garcia-Urena MA. Proposal for a uniform protocol and checklist for cadaveric courses for surgeons with special interest in open abdominal wall reconstruction. Hernia. 2024 Nov 27;29(1):32

6. ***Deliver a dedicated Parastomal Hernia Symposium***

Tripartite PSH study days (BHS, ACPGBI & EHS) – delivered 24-25th April, Manchester

Education and Training Subcommittee Report

Members

Oroog Ali (Chair)

Christian Wakefield

Mike Glaysher

Artur Zanellato

Greg Simpson

Duncan Scrimgeour

Prita Daliya

Marina Yiasemidou

Izzy Legood

Summary

The BHS Education and Training Subcommittee has had another productive year, maintaining its focus on expanding access to high-quality educational opportunities in hernia surgery. Our ongoing commitment is to support trainees, fellows, and consultants by delivering relevant, innovative, and accessible learning experiences.

We are pleased to report the successful completion of the third instalment of the Hernia Masterclass Webinar Series, delivered in collaboration with the Royal College of Surgeons of Edinburgh (RCSEd). This year's series featured a highly engaging robotic surgery-themed mini-series, reflecting growing interest in this rapidly evolving area. The webinars were well attended by a diverse international audience, including expert faculty, BHS board members, and even patients, all contributing to enriching discussions and positive feedback.

A key milestone this year has been the development and launch of the BHS Hernia Fellowship Database. This comprehensive resource is designed to guide trainees and members through available hernia fellowship opportunities across the UK and internationally. It is now live and accessible through the BHS website for all members.

Looking ahead, we are excited to announce the launch of a full-day virtual Hernia Teaching Day. This event will cover the core principles and essential knowledge in hernia surgery, making it an ideal revision resource for trainees preparing for the FRCS examination, as well as anyone seeking to refresh their understanding of hernia management. Registration details will be available soon—please stay tuned and secure your place early.

In addition, the subcommittee continues to support and deliver live operative hernia courses, which remain an invaluable component of surgical training, particularly in the current post-pandemic educational environment.

Finally, we warmly invite all hernia surgeons with an interest in education and training to become involved in the work of the subcommittee. Your experience and input can help shape future initiatives and ensure we continue to meet the needs of our community. If you're interested in contributing, please do get in touch via bhseducation.training@gmail.com

Registry Subcommittee Report

Members

Liam Horgan (Chair)

Nasra Alam

Sue Blackwell (patient representative)

John Findlay

Andrei Mihailescu

Praminthra Chitsabesan

Grace Kettle

Isabelle Legood

Elena Schembari

Ebied Husam

Rhys Thomas

The British Hernia Society Registry Sub Committee (RSC) has been working hard over the past year. The highlight for us was the launching of the registry at our BHS conference in Oxford in November 2024. In the last five months we have signed up over 200 hernia surgeons to the registry. We have entered over 1000 patients into the registry which is a significant success.

Earlier this year the subcommittee expanded by recruiting 3 new members - Elena Schembari, Ebied Husam and Rhys Thomas. We continue to hold regular meetings every 4 to 6 weeks. The administration demands of the registry continue to increase and we are actively looking to appoint an administrator to assume this work. We have migrated to the new google workspace to store our documents, and a new email address organised by Asim Abbas, Director of Communications.

The Registry

The main focus of the work of the RSC is around the practical running and functioning of the registry including updating lists and ironing out glitches. We work closely with Dendrite in this area. We have seen a steady increase in email traffic about the registry from Trusts and individual surgeons. Nasra and Sue continue for the moment to deal with these enquiries.

Publicity and Marketing

We have a marketing/publicity action plan in place. Over the next 2 years we will concentrate more on advertising and publicity around the registry, by direct communication with the public, speaking at surgical meetings and contacting Trusts and surgeons directly. We release updates to the BHS

members every 3 months and react as quickly to feedback as we can. We have a patient orientated video which we developed last year, ready to go.

Reporting

We are looking to publish our first Registry report in November 2025, which will be a first basic version, including demographics and operation data. It will be too early to report on PROMS possibly. We are working with Dendrite to construct the report.

We have also been working on a surgeon's dashboard, which will be accessed by logging into the registry website, giving each surgeon personalised data compared to our peers. The fields have been agreed, and we continue to work on this.

Governance

This remains a large part of the work around the registry, and just when we feel we are on top of it another form, or NHS dictate raises it's head. The most recent is the DSPT which relates to data governance within the NHS relating to NHS patients. For a small charity like the BHS this is a disproportionate amount of work, but we are slowly working our way through it. Eventually it will make the BHS and the registry stronger.

Strategic Direction

Ensuring the ongoing success and expansion of the registry depends on funding. Although we raised enough money to keep us going for the first 3 years, we are mindful that a definite income stream is essential.

The most important strategic aim is to make the registry mandatory. This is proving difficult, to contact the relevant people in NHSE and the Dept of Health. Help from our board in relation to this would be much appreciated.

**REPORT OF THE TRUSTEES AND
FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 APRIL 2025
FOR
THE BRITISH HERNIA SOCIETY (CIO)**

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

CONTENTS OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 APRIL 2025

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THE BRITISH HERNIA SOCIETY (CIO)

REPORT OF THE TRUSTEES FOR THE YEAR ENDED 30 APRIL 2025

The trustees present their report with the financial statements of the charity for the year ended 30 April 2025. 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 2024 to April 2025 which is filed along with the financial statements on the Charity Commission website..

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 British Hernia Society made £4,000 of research grants to individuals in the year to 30 April 2025, and awarded ASIT prize money to the tune of £250.

A further £10,527 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 a Charitable Incorporated Organisation (CIO). The constitution was last amended on 5th December 2023.

REFERENCE AND ADMINISTRATIVE DETAILS

Registered Charity number

1193226

THE BRITISH HERNIA SOCIETY (CIO)

REPORT OF THE TRUSTEES
FOR THE YEAR ENDED 30 APRIL 2025

Principal address

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

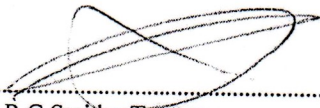
Trustees

Mr D L Sanders
Ms S R G Smith Chair
Miss N N Alam
Mr H Jayamanne
Mr P Chitsabesan
Miss O Ali
Mr D Damaskos
Mr L F Horgan
Mr T M Hammond
Professor A J Sheen (resigned 3.11.24)
Mr S Chintapatla
Mr J M Findlay
Mr D A J Slade
D Layfield (appointed 3.1.25)
Dr A A Abbas (appointed 3.1.25)

Independent Examiner

Mr Adam J. Syddall MA FCA
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 9th Feb 2026 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 2025.

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').

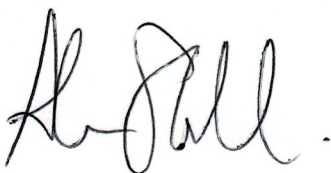
I report in respect of my examination of the Trust's accounts carried out under Section 145 of the Act and in carrying out my examination I have followed all applicable Directions given by the Charity Commission under Section 145(5)(b) of the Act.

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 FCA
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: 13/02/2026

THE BRITISH HERNIA SOCIETY (CIO)

STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR ENDED 30 APRIL 2025

	Notes	Unrestricted fund £	Restricted fund £	30.4.25 Total funds £	30.4.24 Total funds £
INCOME AND ENDOWMENTS FROM					
Charitable activities					
The establishment of a UK National Hernia Registry		166,237	-	166,237	17,500
EXPENDITURE ON					
Charitable activities					
The establishment of a UK National Hernia Registry		99,000	16,333	115,333	18,517
Other		923	232	1,155	5,330
Total		99,923	16,565	116,488	23,847
NET INCOME/(EXPENDITURE)		66,314	(16,565)	49,749	(6,347)
RECONCILIATION OF FUNDS					
Total funds brought forward		58,043	157,136	215,179	221,526
TOTAL FUNDS CARRIED FORWARD		124,357	140,571	264,928	215,179

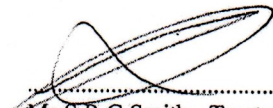
The notes form part of these financial statements

THE BRITISH HERNIA SOCIETY (CIO)

BALANCE SHEET
30 APRIL 2025

	Notes	Unrestricted fund £	Restricted fund £	30.4.25 Total funds £	30.4.24 Total funds £
CURRENT ASSETS					
Debtors	4	-	-	-	7,500
Cash at bank		125,317	140,571	265,888	208,339
		<u>125,317</u>	<u>140,571</u>	<u>265,888</u>	<u>215,839</u>
CREDITORS					
Amounts falling due within one year	5	(960)	-	(960)	(660)
		<u>124,357</u>	<u>140,571</u>	<u>264,928</u>	<u>215,179</u>
NET CURRENT ASSETS					
		<u>124,357</u>	<u>140,571</u>	<u>264,928</u>	<u>215,179</u>
TOTAL ASSETS LESS CURRENT LIABILITIES					
		<u>124,357</u>	<u>140,571</u>	<u>264,928</u>	<u>215,179</u>
NET ASSETS					
		<u>124,357</u>	<u>140,571</u>	<u>264,928</u>	<u>215,179</u>
FUNDS					
Unrestricted funds	6			124,357	58,043
Restricted funds				140,571	157,136
				<u>264,928</u>	<u>215,179</u>
TOTAL FUNDS					
				<u>264,928</u>	<u>215,179</u>

The financial statements were approved by the Board of Trustees and authorised for issue on 9th Feb 2026 and were signed on its behalf by:


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 2025

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 2025 nor for the year ended 30 April 2024.

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 2025

3. COMPARATIVES FOR THE STATEMENT OF FINANCIAL ACTIVITIES

	Unrestricted fund £	Restricted fund £	Total funds £
INCOME AND ENDOWMENTS FROM			
Charitable activities			
The establishment of a UK National Hernia Registry	-	17,500	17,500
EXPENDITURE ON			
Charitable activities			
The establishment of a UK National Hernia Registry	8,182	10,335	18,517
Other	2,421	2,909	5,330
Total	10,603	13,244	23,847
NET INCOME/(EXPENDITURE)	(10,603)	4,256	(6,347)
RECONCILIATION OF FUNDS			
Total funds brought forward	68,646	152,880	221,526
TOTAL FUNDS CARRIED FORWARD	58,043	157,136	215,179

4. DEBTORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	30.4.25 £	30.4.24 £
Prepayments	-	7,500

5. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	30.4.25 £	30.4.24 £
Other creditors	960	660

6. MOVEMENT IN FUNDS

	At 1.5.24 £	Net movement in funds £	At 30.4.25 £
Unrestricted funds			
General fund	58,043	66,314	124,357
Restricted funds			
BHS UK National Hernia Registry	157,136	(16,565)	140,571
TOTAL FUNDS	215,179	49,749	264,928

THE BRITISH HERNIA SOCIETY (CIO)

NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 30 APRIL 2025

6. MOVEMENT IN FUNDS - continued

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

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	166,237	(99,923)	66,314
Restricted funds			
BHS UK National Hernia Registry	-	(16,565)	(16,565)
TOTAL FUNDS	<u>166,237</u>	<u>(116,488)</u>	<u>49,749</u>

Comparatives for movement in funds

	At 1.5.23 £	Net movement in funds £	At 30.4.24 £
Unrestricted funds			
General fund	68,646	(10,603)	58,043
Restricted funds			
BHS UK National Hernia Registry	152,880	4,256	157,136
TOTAL FUNDS	<u>221,526</u>	<u>(6,347)</u>	<u>215,179</u>

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

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	-	(10,603)	(10,603)
Restricted funds			
BHS UK National Hernia Registry	17,500	(13,244)	4,256
TOTAL FUNDS	<u>17,500</u>	<u>(23,847)</u>	<u>(6,347)</u>

THE BRITISH HERNIA SOCIETY (CIO)

NOTES TO THE FINANCIAL STATEMENTS - continued
FOR THE YEAR ENDED 30 APRIL 2025

6. MOVEMENT IN FUNDS - continued

A current year 12 months and prior year 12 months combined position is as follows:

	At 1.5.23 £	Net movement in funds £	At 30.4.25 £
Unrestricted funds			
General fund	68,646	55,711	124,357
Restricted funds			
BHS UK National Hernia Registry	152,880	(12,309)	140,571
TOTAL FUNDS	<u>221,526</u>	<u>43,402</u>	<u>264,928</u>

A current year 12 months and prior year 12 months combined net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
Unrestricted funds			
General fund	166,237	(110,526)	55,711
Restricted funds			
BHS UK National Hernia Registry	17,500	(29,809)	(12,309)
TOTAL FUNDS	<u>183,737</u>	<u>(140,335)</u>	<u>43,402</u>

7. RELATED PARTY DISCLOSURES

There were no related party transactions for the year ended 30 April 2025.

THE BRITISH HERNIA SOCIETY (CIO)

DETAILED STATEMENT OF FINANCIAL ACTIVITIES
FOR THE YEAR ENDED 30 APRIL 2025

	30.4.25 £	30.4.24 £
INCOME AND ENDOWMENTS		
Charitable activities		
Grants	-	17,500
Conference income	166,237	-
	<u>166,237</u>	<u>17,500</u>
Total incoming resources	166,237	17,500
EXPENDITURE		
Charitable activities		
Conference costs	92,783	-
Registry software	10,528	10,335
Grants to institutions	4,000	-
	<u>107,311</u>	<u>10,335</u>
Other		
Website and IT costs	905	3,137
ASIT prizes	250	650
	<u>1,155</u>	<u>3,787</u>
Support costs		
Management		
Insurance	812	883
Advertising	5,461	-
	<u>6,273</u>	<u>883</u>
Governance costs		
Independent examination	960	660
Meetings and conferences	789	8,182
	<u>1,749</u>	<u>8,842</u>
Total resources expended	116,488	23,847
Net income/(expenditure)	49,749	(6,347)

This page does not form part of the statutory financial statements