# Trustees' Annual Report for the period

| | Period start date | | | | Period end date | | |
|---|---|---|---|---|---|---|---|
| From | 01 | 01 | 2025 | To | 31 | 12 | 2025 |

## Section A Reference and administration details

| | |
|---|---|
| **Charity name** | **BRITISH and IRISH HYPERTENSION SOCIETY** |
| **Other names charity is known by** | **BIHS** |
| **Registered charity number (if any)** | **287635** |
| **Charity's principal address** | The Wolfson Institute, Charterhouse Square, London<br>EC1M 6BQ |

**Names of the charity trustees who manage the charity**

| | Trustee name | Office (if any) | Dates acted if not for whole year | Name of person (or body) entitled to appoint trustee (if any) |
|---|---|---|---|---|
| 1 | Ian Wilkinson | President | 19.09.2023 – 31.12.2025 | |
| 2 | Phil Chowienczyk | Vice President | 19.09.2023 – 31.12.2025 | |
| 3 | James Sheppard | Secretary | 14.09.2021 – 31.12.2025 | |
| 4 | Luca Faconti | Treasurer | 17.09.2022 – 31.12.2025 | |
| 5 | Helen Warren | Ordinary Member | 10.09.2024 – 31.12.2025 | |
| 6 | Ryan McNally | Young Investigator Representative | 10.09.2024 – 31.12.2025 | |
| 7 | Manish Saxena | Ordinary Member | 10.09.2024 – 31.12.2025 | |
| 8 | Pankaj Gupta | Ordinary Member | 13.09.2022 – 15.11.2025 | |
| 9 | Sam Olden | Ordinary Member | 13.09.2022 – 31.12.2025 | |

**Names of the trustees for the charity, if any, (for example, any custodian trustees)**

| Name | Dates acted if not for whole year |
|---|---|
| | |

**Names and addresses of advisers (Optional information)**

| Type of adviser | Name | Address |
|---|---|---|
| **Accountant** | HJS (Reading) Limited – part of 'Fortus' | 3 Richfield Place, Richfield Avenue, Reading, Berks, RG1 8EY. |

**Name of chief executive or names of senior staff members (Optional information)**

# Section B Structure, governance and management

**Description of the charity's trusts**

| | |
|---|---|
| Type of governing document (e.g. trust deed, constitution) | Constitution (adopted 21st October 1983, amended 24th September 1984, 15th September 2009, 9th September 2013, 22nd September 2014, 21st September 2015, 22nd September 2016, 25th September 2018, 13th September 2022) |
| How the charity is constituted (e.g. trust, association, company) | Association |
| Trustee selection methods (e.g. appointed by, elected by) | Trustees are elected to membership of the Executive Committee by BIHS Members at the Annual Business Meeting which primarily takes place in September, following a call for nominations earlier in the year |

**Additional governance issues (Optional information)**

You **may choose** to include additional information, where relevant, about:

- policies and procedures adopted for the induction and training of trustees;
- the charity's organisational structure and any wider network with which the charity works;
- relationship with any related parties;
- trustees' consideration of major risks and the system and procedures to manage them.

Ordinary and Associate Membership and Fellowship of the BIHS is open to all registered healthcare professionals and clinical practitioners active in the field of hypertension and cardiovascular disease prevention in the United Kingdom and the Republic of Ireland. Affiliate membership may be granted to healthcare professionals residing outside the United Kingdom and Republic of Ireland at the discretion of the Executive Committee. It includes consultants, clinicians, nurses, physiologists, pharmacists, allied healthcare professionals, and other scientists. Applications for membership are considered throughout the year. Only members and fellows resident in the United Kingdom and Republic of Ireland are eligible for election to the Executive Committee.

The management of the BIHS has been undertaken by an elected Executive Committee of 9 persons (Trustees), led by the President and Vice President. Four Standing Committees and two special interest Groups, and one communication panel have also been established to help the Executive Committee manage the day-to-day activities of the Society (at least one Trustee sits on each of the Standing Committees, which are required to submit regular reports to the Executive Committee on its activities).

The Society is in the process of changing to be a Charitable Incorporated Organisation from being an Unincorporated charity. The intention once established is that a detailed risk assessment programme will be undertaken. In the meantime the Trustees are comfortable that ongoing risks are being managed and mitigated.

# Section C Objectives and activities

| | |
|---|---|
| **Summary of the objects of the charity set out in its governing document** | The object of the Charity is to promote the advancement of knowledge and dissemination of information concerning the pathophysiology, epidemiology, detection, investigation and treatment of arterial hypertension and related cardiovascular diseases |
| **Summary of the main activities undertaken for the public benefit in relation to these objects (include within this section the statutory** | The main activities undertaken for public benefit include the following:<br>• Educational Meetings: Each year, the Society aims to run a main Scientific Meeting. Educational programmes are under review and online options are being explored. Various other meetings are held during the year; in collaboration with other cognate societies and/or as ad hoc meetings on specific topics. The society are also looking to create more electronical educational materials in the form of videos, webinars, online modules, etc. |

**declaration that trustees have had regard to the guidance issued by the Charity Commission on public benefit)**

- Guidelines and Scientific Statements: The Society is a stakeholder in various National Institute for Clinical Excellence Guidelines relating to cardiovascular disease and issues statements in response to relevant media reports
- Website: The BIHS website (www.bihs.org.uk) provides a valuable educational resource for healthcare professionals working in the field of high blood pressure. Given fast moving technology, significant investment was deemed necessary to launch a new website since year end whilst at the same time engaging modern processes; for example being able to book efficiently online for events.
- Blood Pressure Measurement: The BIHS undertakes reviews of blood pressure monitors to ensure their suitability for the public and has produced a DVD on the correct procedures for blood pressure measurement. As part of the Society's improving blood pressure measurement, the Society undertakes active validation of new blood pressure devices for the measurement of blood pressure, thus ensuring that devices sold in the UK provide accurate measurements so that members of the public can be treated appropriately by their physicians. The BP monitors list on the Society's website is an invaluable source for healthcare professionals when searching for accurate devices for use.
- Collaborative Research: The Society has a policy to encourage and endorse suitable research projects and is actively seeking the views of the public to establish where there is a need for research into topic areas that they feel are needed. During the year, a Delphi study was underway to look at prioritising the activities of the committee.
- Early Career Researchers' Special Interest Group: The Society has set up a group to encourage younger members to share their research and to become more involved in the Society's activities. The aim is to nurture and mentor young researchers for future population benefit.

The Trustees have read the guidance issued by the Charity Commission relating to public benefit and can confirm that the above activities of the BIHS benefit the public in general by improving knowledge in the field of hypertension and cardiovascular disease, fostering the translation of novel clinical research and basic science into best clinical practice and therefore improving healthcare. The charity has a track record of producing internationally renowned guidelines for the management of hypertension which are widely adopted in primary care in the UK and elsewhere. There are no restrictions to this overall benefit in healthcare, as outlined in the Charity Commission guidance (e.g. in terms of access, geography, membership, ability to pay etc.).

**Additional details of objectives and activities (Optional information)**

You **may choose** to include further statements, where relevant, about:

- policy on grantmaking;
- policy programme related investment;
- contribution made by volunteers.

Members of the Society who facilitate/contribute to the Education programmes, do so on a voluntary basis.

The Society presently invests some funds in an Ethical Investment fund.

## Section D Achievements and performance

Summary of the main achievements of the charity during the year

**Overview of the year**

2025 was a year of substantial organisational change for the British and Irish Hypertension Society ('the Society'). Building on the strategic review and member consultation undertaken in 2024, the Society moved its core operations in-house, launched a new website and membership management system, and developed the governance and income arrangements needed to support its ambitions.

The purpose of this work was to give the Society the capacity to do more with its scientific and clinical expertise: support professionals, improve public understanding of blood pressure,

influence prevention policy and help shape the responsible use of new technologies. Alongside the operational transformation, the Society continued its scientific and educational activity and strengthened relationships across healthcare, research, patient organisations and industry.
The year also established a direction for longer-term structural change. Members approved the move towards charitable incorporation, discussions continued with Blood Pressure UK about closer collaboration, and BIHS convened a national summit on wearable blood pressure technology. These developments created a foundation for the Society's next stage of work.

**From strategic review to implementation**
The 2024 review drew on a membership survey, stakeholder interviews, an assessment of the external environment and an analysis of the resources required for growth. Members supported a more visible and collaborative Society, with stronger public engagement and policy influence.
In 2025, the Transformation and Restructure Teams translated that direction into operational changes and recommendations to the Executive Committee, supported by an experienced strategic consultant.

**Operational and digital transformation**
The Society established a dedicated virtual office and brought core administration and financial management under more direct internal oversight. External support was engaged to support administration, events, fundraising, financial management and the transition.
The handover of the Society's operations from the previous General Secretariat provider was completed in May. This required substantial work to retrieve, review and organise records, cleanse membership information and prepare content for the new systems. Microsoft Office, SharePoint and the Society's email arrangements formed part of the virtual office setup. Standard operating procedures were developed as processes were established, to improve consistency and make future handovers less dependent on individual knowledge.
The new website and customer relationship management system launched in May, following procurement, design approval, content migration and training. The platform brought together membership administration, communications and Annual Scientific Meeting registration, abstract submission and sponsorship information. This was an important step towards a more coherent service for members and other users.
The transition identified areas for improvements that could be made in internal controls across the organisation having regards to the size and with practical solutions therewith.

**Membership and professional engagement**
The Executive Committee approved a revised membership structure and Direct Debit payment model in March. These were incorporated into the new website and membership system, alongside a review and clean-up of legacy data. The aim was to improve the joining and renewal experience, make membership records more reliable and address weaknesses in subscription collection.
Membership reopened with the new platform in May. Subsequent reporting recorded a number of new members, an encouraging response to the relaunch. The new system will also allow active analysis e.g of retention rates etc.
Three membership webinars were held in May to explain the Society's direction, discuss restructuring and gather feedback on closer working with Blood Pressure UK. These supplemented written communications and gave members an opportunity to question and contribute to the changes.
An affiliation with the UK Kidney Association was announced in connection with World Hypertension Day. Discussions with the Primary Care Cardiovascular Society and other professional bodies explored reciprocal relationships and shared activity, reflecting the importance of hypertension across specialties and primary care.

**Governance and organisational development**
Governance was reviewed alongside the operating model, with attention to the responsibilities of the Executive Committee, committees and operational support team. Restructure and governance proposals were presented at the Board meeting in April, following individual briefings

with Executive Committee members. Work continued on role descriptions, reporting arrangements and alignment with the Society's strategy.
At the Annual Business Meeting in September 2025, members approved the move towards a Charitable Incorporated Organisation. This provided a mandate to progress the legal and constitutional work. The legal and constitutional implementation remained in progress at year end.
A renowned charity experienced legal firm was commissioned to advise on the potential structure of closer working with Blood Pressure UK. Discussions considered how the Society's professional and scientific expertise could complement Blood Pressure UK's public and patient focus. Member engagement and initial preparation for due diligence took place, while the final structure, approvals and implementation remained matters for further work.

**Partnerships and income development**
The Prevention Partners programme, approved in 2024, provided a framework for developing annual beneficial relationships with Pharma and other medical related entities promoting the Society's key charitable aims during 2025 with an agreed contribution. The programme was designed as well as promoting the key Society aims to provide a more predictable income base for the Society's activities and operating capacity.
Sponsorship and exhibition activity for the Annual Scientific Meeting was developed alongside the new website. A number of exhibitors confirmed their attendance at an early stage as an updated exhibition brochure had been circulated. These commitments demonstrated interest in engaging with the Society's scientific community and greatly enhanced the meeting's financial contribution to the Society.

**Scientific exchange and the Annual Scientific Meeting**
The 2025 Annual Scientific Meeting took place in Cambridge, providing a focus for the Society's scientific community and professional exchange. The operational team supported the meeting through the new registration and abstract systems, sponsor engagement and exhibition planning.
The meeting was well received, and the income generation was welcome due to an increased take up of external exhibitors and delegate attendees.

**Policy and public engagement**
The Society worked to strengthen its presence in national cardiovascular prevention discussions. Building on its response to the Government's 10-Year Health Plan consultation in December 2024, the Society communicated its expertise and priorities to policymakers during 2025. Correspondence included engagement with the Secretary of State for Health, the Chair of the Health and Social Care Committee and the Parliamentary Under-Secretary for Health.
The reports identified a need for more systematic policy engagement after BIHS was absent from some major cardiovascular discussions. Work therefore began on a stakeholder engagement strategy and proposals for a clearer policy support structure. Contacts with national health inequalities teams and registration as a stakeholder for the NICE Quality Standard on Obesity offered further routes to contribute expertise.
Public awareness activity included an event at the Arsenal Hub in April 2025, at which 30 Women voluntarily received blood pressure checks. The event, developed with Heartbeat of Football and Blood Pressure UK, provided an opportunity to take blood pressure awareness into a sporting setting and explore further collaboration.
Three Beatwise podcasts featuring BIHS contributors were released in May to support May Measure Month and World Hypertension Day. These were promoted alongside member communications encouraging participation in awareness activity. Together, the event and digital content broadened the ways in which the Society shared its expertise beyond its established professional audience.

**Blood pressure technology and innovation**

The Society reviewed its blood pressure monitor service in response to changing technology and concerns about the clarity and timeliness of existing processes. A working group considered how the Society's expertise could extend to a wider range of non-pharmaceutical blood pressure technologies.

During the website transition, work began to improve device submission, review and invoicing processes and the presentation of information for professionals and the public. The review identified a backlog of cases which were and continue to be addressed.

In November, the Society convened a wearable blood pressure technology high level summit with more than 60 participants from Government, regulatory bodies, academia, NHS and industry. The meeting brought together relevant expertise to consider evaluation, data integration and research or pilot implementation. It established three workstreams and highlighted the need to match claims to evidence, consider equitable access and identify the policy conditions required for responsible adoption.

The summit extended the Society's convening role into an emerging area of blood pressure practice. It laid the foundations for subsequent programme development. Further work will be required to develop the evaluation approach, delivery arrangements and funding.

**Education Committee report**

The Education Committee developed a coordinated programme for healthcare professionals and the public. New members joined in March, and working groups were established for specific projects. The Committee placed particular emphasis on translating knowledge into practice, supporting multidisciplinary learning and evaluating the usefulness of educational activity.

A Society webinar on hypertension and atrial fibrillation was held with OMRON in March. The Society also contributed a well-attended session at the British Cardiovascular Society conference in June. The Committee reviewed the event and identified improvements for future meetings, including clearer audience-specific briefs, earlier coordination of communications and stronger links between sessions and exhibition activity.

A bespoke six-session hypertension seminar programme was developed for One Wight Health. The session in May attracted 51 GPs and practice nurses and received positive feedback on its practical content and opportunities for discussion. The programme addressed diagnostic assessment, very high blood pressure, older adults and young people, with the concluding session scheduled for March 2026. Feedback and interest from neighbouring areas informed discussion of a more widely usable education model.

The Emerging Hypertension Leaders Summer School took place in September in Cambridge, with strong demand for this pilot. The Committee's approach included the positive evaluation of the programme and participant feedback to inform future delivery.

With funding from Viatris, the Society developed an eight-module e-learning programme based on its guidelines and position papers. The Learning Rooms company was selected following a quotation process. Committee members contributed content and peer review, including material on young-onset hypertension, primary aldosteronism, resistant hypertension and hypertensive crisis. The programme remained in development during 2025, with completion and launch planned for 2026.

The Committee agreed to explore a hypertension certificate or diploma, potentially at two levels to meet different professional learning needs and favoured a university partnership. Discussions also continued on specialist accreditation, training pathways and the relationship between assessed knowledge and specialist clinical competence. These were development projects rather than qualifications or accreditation schemes launched during the year.

Not all planned activity proceeded. The joint Royal College of Physicians and Surgeons of Glasgow meeting was postponed, and the proposed CPPE pharmacy workshops did not progress to the full programme. Experience from these initiatives informed the planning and delivery of future external educational collaborations.

**Guideline Committee report**

The Guideline Committee supported the Society's role in reviewing evidence and translating it into practical recommendations for hypertension care. A major output was the July 2025 committee-approved version of the Call-to-Action position statement on blood pressure treatment thresholds and targets.

The statement reviewed evidence from blood pressure lowering trials and called for a simpler approach to treatment initiation and control, with greater emphasis on timely treatment and avoiding therapeutic inertia. It also recognised the need to account for tolerance, frailty and individual circumstances. This represented BIHS's position and call for changes to national guidance; it did not itself constitute a revision of NICE guidance.

Guideline work was linked to the Education Committee's e-learning development, including resources based on existing BIHS publications on young-onset and resistant hypertension, primary aldosteronism and hypertensive crisis. In July, the Education Committee proposed concise infographics to make key messages more accessible to clinicians. Improving dissemination and application of existing guidance was an important area for further work.

The September draft protocol for the BHF and Joint British Societies guideline on prevention of atherosclerotic cardiovascular disease set out a further opportunity for hypertension expertise to inform wider prevention work. It proposed systematic evidence review, professional and lived-experience input, and a guideline capable of regular updating. BIHS's specific representation and contributions should be confirmed before these are reported as Society deliverables.

**Research Committee report**

The Research Committee worked with the British Heart Foundation Clinical Research Collaborative (BHF-CRC) on a national hypertension research priority-setting initiative. By the September 2025 draft report, the exercise had produced a ranked Top 10 intended to guide researchers and funders towards questions of greatest relevance to clinical care and people living with hypertension.

The project used a modified Delphi approach informed by James Lind Alliance principles. A multidisciplinary steering group refined research questions drawn from guidelines and expert discussion. Successive surveys gathered professional and patient perspectives, followed by a facilitated consensus workshop. The September draft recorded 109 clinician responses and 36 patient responses to the second-stage surveys, with 24 participants in the final workshop.

The priorities placed strong emphasis on whether cuffless devices perform well in clinical use, reducing inequalities in detection and treatment, and improving adherence to medicines. Other themes included dementia prevention, the effects of new obesity therapies, resistant hypertension, treatment in very old and frail adults, home versus clinic monitoring, and the thresholds and targets used to guide treatment.

The exercise gave the Society a clearer basis for aligning scientific work with unmet needs in practice. Its emphasis on cuffless monitoring also provided a relevant foundation for the Society's subsequent wearable technology programme. The intended next step was to translate the priorities into collaborative, fundable research and disseminate them to the wider cardiovascular community.

Children and young people were included in the question-generation and survey stages, although no specific paediatric question reached the final Top 10. The draft acknowledged limitations in representation at the workshop and the need to maintain attention to paediatric questions and improve inclusion in future exercises.

BHF-CRC also supported links between the Research Committee and the refreshed ECR special interest group, including access to collaboration opportunities, research development support and methodological expertise. Publication and further commentary arising from the priority-setting work are addressed in the 2026 forward programme.

**Early Career Researchers (ECR) special interest group report**

The ECR special interest group refreshed its membership and priorities during 2025. Recruitment brought new members from a wider range of disciplines and locations. At the October meeting, the group included expertise in clinical pharmacology, neuroscience, biomedical science and public health, strengthening its ability to represent different early career pathways.

## Section D Achievements and performance

The group reviewed its purpose and planned updated Terms of Reference, with an emphasis on shared responsibility for collaborative outputs. BHF-CRC support offered access to research networks, seed-funding opportunities, document-sharing facilities and clinical trials methodology advice.
October discussions identified priorities for publications, networking and the Annual Scientific Meeting. These included a comparative review of hypertension guidelines, a possible dedicated ECR event, and broader career-development content for non-clinical researchers and allied health professionals. Members also proposed clearer recognition of individual contributions within abstract submissions. These proposals established the agenda for 2026 rather than representing completed publications, events or changes to abstract policy in 2025.

**Clinical Practitioners special interest group report**
The Clinical Practitioners special interest group strengthened its practitioner voice within the Society through refreshed membership, work on its Terms of Reference and closer links with the Education Committee through Sally Brett. The group represented the needs and expertise of nurses, pharmacists and other allied health professionals working across primary and secondary care.
The September update reported publication of an article on hypertension and chronic kidney disease in Practice Nurse. An invitation to contribute a further article to RCNi on the AIM HY-INFORM trial offered another opportunity to explain the relevance of research to frontline care. Exploratory discussions with the British Society for Heart Failure considered collaboration on multimorbidity. The group also explored practical education with Issues & Answers, including hypertension-focused Digital CRAFT Cards and a Virtual Clinics case involving hypertension and comorbidities. These resources were proposals or opportunities for involvement, with the cards dependent on funding, rather than completed BIHS products.
Application terms prepared in November clarified the group's remit, eligibility, expected contribution, meeting commitment and reporting relationship with the Education Committee. Future priorities included practical publications, education and case studies, further external collaboration and clinical input to the proposed 2026 awareness campaign, subject to funding.

## Section E Financial review

| | |
|---|---|
| **Brief statement of the charity's policy on reserves** | The Trustees aim has been to maintain reserves at four times the annual direct charitable expenditure to guarantee sustainable charitable activities in the event of unfavourable financial circumstances and in particular loss of income from industrial partners. As the Society is in the process of changing its status to a CIO (with a trading subsidiary) and in light of recent growth, the Trustees intend to revisit the policy to consider the impact of these changes with regards to the need for holding and spending reserves going forward. |
| **Details of any funds materially in deficit** | |

**Further financial review details (Optional information)**

You **may choose** to include additional information, where relevant about:

- the charity's principal sources of funds (including any fundraising);
- how expenditure has supported the key objectives of the charity;
- investment policy and objectives including any ethical investment policy adopted.

The Society/s main income derives from membership, the Annual Scientific Meeting, Prevention Partners scheme, Industry support towards the Society's programme of educational activities and investment income. In addition, restricted funds in the year were received from another charity primarily towards the Summer School initiative referred to above. The Society aims to only accept support from Industry partners on the condition that the activities undertaken and decisions made rest with the Society. Total Income for 2025 was £341k (2024: £232k).

There was a deficit on unrestricted funds in 2025 of £139k (2024: deficit £24k) which was indicative of the investment in transitioning and modernising the Society (including one off costs e.g. strategic consultancy, legal fees, website development etc.) but also includes a devaluation in the year of £30k in the investment held noted below.

The Society has had a long-term investment in an ethical investment fund with CCLA. The Trustees are conscious of the need to maximise returns whilst having regards to ethical considerations and intend to revisit the investment policy in the coming months and align it as needed with the reserves policy.

## Section F Other optional information

**2026 Planned Activities, Delivery and Achievements**

The 2026 programme builds on the organisational changes and scientific work undertaken in 2025. The activities below reflect the forward plans and achievements already realised. Delivery is subject to the relevant approvals, funding and capacity.

- **Governance and operations -** Progress charitable incorporation and the constitution to be a Charitable Incorporated Organisation (CIO) with appropriate trustee arrangements and application. This includes the setting up of a trading subsidiary with clear contracting and reporting arrangements. Also if deemed in the best interests of the Society, to look at opportunities to formalise close links with another charity with similar aims. Consolidate financial oversight, records, operating procedures and the blood pressure device service.
- **Scientific meetings and education -** The Annual Scientific Meeting in Liverpool in September 2026 was very well received. Other initiatives which have already taken place include a hypertension session at the BCS conference in Manchester.
- **E-learning and public resources -** Complete and launch the Viatris-funded course comprising eight modules plus an introductory module, planned for free access through the BIHS website. Complete eight patient education animations with Blood Pressure UK, based on its existing approved patient information, with linked promotion through the two organisations. Coordinate communications so that the resources reach their intended audiences.
- **Guideline dissemination -** Prioritise practical use of BIHS guidance in frontline services, particularly acute and emergency care, primary care and stroke medicine. Consider concise resources, webinars and cross-society partnerships, and agree a sustainable model for education requested by local systems. Confirm the Society's role in the BHF and Joint British Societies prevention guideline programme.
- **Research and Engagement plans -** Research priorities. Disseminate the national Top 10 and encourage collaborations and funding applications that address them. The 2026 materials include a British Journal of Cardiology commentary and editorial proof; their publication details need confirmation. Maintain attention to children and young people and to groups underrepresented in the priority-setting process.
- **Wearable blood pressure programme -** Develop the evaluation, data integration, and research and implementation workstreams established after the November summit. Priorities include the multi-centre platform study, protocol and supporting documents, steering arrangements, site and manufacturer engagement, and funding. Develop implementation relationships with the Health Innovation Network and research partners.

- **ECR development -** Progress the comparative hypertension guidelines manuscript (including the Liverpool ASM 2026 session on career journeys) and research opportunities across clinical and non-clinical pathways. Explore a mentoring scheme linked to placements, a dedicated ECR day and opportunities for journal contributions and peer review. Funding continues to be sought to support activities.
- **Clinical practitioner activity** - Continue practical publications and develop the proposed Issues & Answers resources if funding and arrangements are agreed. Build collaboration on multimorbidity, strengthen links between practice and research, and contribute practitioner expertise to educational events and the proposed awareness campaign.
- **Policy and awareness** - Strengthen the Society's contribution to national hypertension and cardiovascular prevention policy. A New Statesman supplement and Westminster reception around World Hypertension Day took place in May 2026. In addition, planned activity included public awareness and member communications. Develop the policy and positioning materials needed for sustained engagement with decision makers.
- **Membership and partnerships -** Improve recruitment, retention and engagement through the new membership platform. Expand Prevention Partners and develop funded webinars, supplements, campaigns and events, with clear oversight and scientific independence.

## Section G Declaration

**The trustees declare that they have approved the trustees' report above.**

**Signed on behalf of the charity's trustees**

| | | |
|---|---|---|
| **Signature(s)** |  | |
| **Full name(s)** | **Phil Chowienczyk** | |
| **Position (e.g. Sec, Chair, etc.)** | **President** | |
| **Date** | 26/10/2026 | |

# BRITISH AND IRISH HYPERTENSION SOCIETY

(Charity Registration Number 287635 (England and Wales)

## ANNUAL REPORT AND UNAUDITED FINANCIAL STATEMENTS

## FOR THE YEAR ENDED 31 DECEMBER 2025

# BRITISH AND IRISH HYPERTENSION SOCIETY
# CONTENTS
# FOR THE YEAR ENDED 31 DECEMBER 2025

Contents


LEGAL AND ADMINISTRATIVE INFORMATION ..... ERROR! BOOKMARK NOT DEFINED.

INDEPENDENT EXAMINER'S REPORT ..... 2

STATEMENT OF FINANCIAL ACTIVITIES ..... 3

BALANCE SHEET ..... 4

NOTES TO THE FINANCIAL STATEMENTS ..... 5

# BRITISH AND IRISH HYPERTENSION SOCIETY
## LEGAL AND ADMINISTRATIVE INFORMATION

**Trustees**

Professor Phil Chowienczyk
Professor I Wilkinson (Resigned 16 September 2026)
Dr Luca Faconti
Professor Dame Anna Dominiczak (Appointed 16 September 2026)
Dr Philip Lewis (Appointed 16 September 2026)
Dr James Sheppard (Resigned 16 September 2026)
Dr Christopher Clark (Appointed 16 September 2026)
Mr Sam Olden (Resigned 16 September 2026)
Dr Tahreem Butt (Appointed 16 September 2026)
Dr P Gupta (Resigned 15 November 2025)
Dr Ryan McNally
Dr Helen Warren
Dr Manish Saxena

**Charity number (England and Wales)** 287635

**Principal Address**

C/o The Wolfson Institute
Charterhouse Square
London
EC1M 6BQ

**Independent Examiner**

HJS (Reading) Limited
3 Richfield Place
Richfield Avenue
Reading
Berkshire
RG1 8EQ

# INDEPENDENT EXAMINER'S REPORT TO THE TRUSTEES OF BRITISH AND IRISH HYPERTENSION SOCIETY

I report to the trustees on my examination of the financial statements of the British & Irish Hypertension Society (the Charity) for the year ended 31 December 2025.

**Responsibilities and basis of report**

As the trustees of the Charity you are responsible for the preparation of the financial statements in accordance with the requirements of the Charities Act 2011.

I report in respect of my examination of the Charity's financial statements carried out under section 145 of the Charities Act 2011. In carrying out my examination I have followed the Directions given by the Charity Commission under section 145(5)(b) of the Charities Act 2011.

**Independent examiner's statement**

Your attention is drawn to the fact that the charity has prepared the financial statements in accordance with the relevant version of the Statement of Recommended Practice applicable to charities preparing their financial statements in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) in preference to the Accounting and Reporting by Charities: Statement of Recommended Practice issued on 1 April 2025 which is referred to in the extant regulations but has now been withdrawn. I understand that this has been done in order for the financial statements to provide a true and fair view in accordance with UK Generally Accepted Accounting Practice.

I have completed my examination. I confirm that no 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 Charity as required by Section 130 of the Charities Act 2011.
2. the financial statements do not accord with those records; or
3. the financial statements do not comply with the applicable requirements concerning the form and content of the financial statements set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the financial statements give a true and fair view, which is not a matter considered as part of the 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 financial statements to be reached.



Mark Rogers FCCA
HJS (Reading) Limited
3 Richfield Place
Richfield Avenue
Reading
Berkshire
RG1 8EQ

28 October 2026

# BRITISH AND IRISH HYPERTENSION SOCIETY
## STATEMENT OF FINANCIAL ACTIVITIES INCLUDING INCOME AND EXPENDITURE ACCOUNT
## FOR THE YEAR ENDING 31 DECEMBER 2025

| | Note | Unrestricted Funds 2025 £ | Restricted Funds 2025 £ | Total Funds 2025 £ | Unrestricted Funds 2024 £ | Restricted Funds 2024 £ | Total Funds 2024 £ |
|---|---|---|---|---|---|---|---|
| **Income from:** | | | | | | | |
| Donations and legacies | 2 | 25,525 | - | 25,525 | - | - | - |
| Charitable Activities | 3 | 251,906 | 45,000 | 296,906 | 154,468 | 60,000 | 214,468 |
| Investments | 4 | 18,297 | - | 18,297 | 17,610 | - | 17,610 |
| **Total income** | | 295,728 | 45,000 | 340,728 | 172,078 | 60,000 | 232,078 |
| **Expenditure on:** | | | | | | | |
| Charitable Activities | 5 | 404,811 | 90,657 | 495,468 | 211,730 | 12,436 | 224,166 |
| **Total expenditure** | | 404,811 | 90,657 | 495,468 | 211,730 | 12,436 | 224,166 |
| Net (loss)/gains on investments | 10 | (30,155) | - | (30,155) | 15,744 | - | 15,744 |
| **Net (expenditure)/income and movement in funds** | | (139,238) | (45,657) | (184,895) | (23,908) | 47,564 | 23,656 |
| **Reconciliation of funds:** | | | | | | | |
| Funds brought forward at 1 January 2025 | | 696,646 | 52,564 | 749,210 | 720,554 | 5,000 | 725,554 |
| **Funds carried forward at 31 December 2025** | | 557,408 | 6,907 | 564,315 | 696,646 | 52,564 | 749,210 |

The statement of financial activities includes gains and losses recognised in the year. All income and expenditure derive from continuing activities.

# BRITISH AND IRISH HYPERTENSION SOCIETY
## BALANCE SHEET
## AS AT 31 DECEMBER 2025

| | Notes | 2025 £ | 2024 £ |
|---|---|---|---|
| **Fixed assets** | | | |
| Tangible assets | | - | - |
| **Current assets** | | | |
| Debtors | 12 | 127,915 | 21,120 |
| Investments | 13 | 570,273 | 651,444 |
| Cash at bank and in hand | | 25,124 | 130,367 |
| | | 723,312 | 802,931 |
| **Creditors: amounts falling due within one year** | 14 | (158,997) | (53,721) |
| **Net current assets and net assets** | | 564,315 | 749,210 |
| **Represented by:** | | | |
| Restricted funds | 16 | 6,907 | 52,564 |
| Unrestricted funds | | 557,408 | 696,646 |
| | | 564,315 | 749,210 |

The financial statements were approved by the Trustees on Monday 26 October 2026 and signed on its behalf by

Dr Luca Faconti
Trustee

# BRITISH AND IRISH HYPERTENSION SOCIETY
## NOTES TO THE FINANCIAL STATEMENTS
## FOR THE YEAR ENDED 31 DECEMBER 2025

### 1. ACCOUNTING POLICIES

**Charity Information**
British and Irish Hypertension Society is a registered charity. Further details can be found at www.bihs.org.uk.

**Accounting Convention**
The financial statements have been prepared in accordance with the Charity's governing document, the Charities Act 2011, FRS102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" and the Charities SORP " 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)". The Charity is a Public Benefit Entity as defined by FRS 102.

The charity has taken advantage of the provisions in the SORP for charities not to prepare a statement of cash flows. The financial statements are prepared in sterling which is the functional currency of the charity. Monetary amounts in these financial statements are rounded to the nearest £.

The financial statements have been prepared under the historical cost convention. The principal accounting policies are set out below.

**Going Concern**
At the time of approving the financial statements, the Trustees have a reasonable expectation that the Charity has adequate resources to continue in operational existence for the foreseeable future. Thus the Trustees continue to adopt the going concern basis of accounting in preparing the financial statements.

**Charitable Funds**
Unrestricted funds are available for use at the discretion of the Trustees in furtherance of their charitable objectives. Restricted funds are subject to specific conditions by donors or grantors as to how they may be used. The purposes and uses of the restricted funds are set out in the notes to the financial statements.

**Income**
Income is recognised when the Charity is legally entitled to it after any performance conditions have been met, the amounts can be measured reliably and it is probable that income will be received.

Cash donations are recognised on receipt. Other donations are recognised once the Charity has been notified of the donation, unless performance conditions require deferral of the amount. Income tax recoverable in relation to donations received under Gift Aid or Deeds of Covenant is recognised at the time of the donation.

Legacies are recognised on receipt or otherwise if the Charity has been notified of an impending distribution, the amount is known and receipt is expected. If the amount is not known, the legacy is treated as a contingent asset.

Turnover is measured at the fair value of the consideration received or receivable and represents amounts receivable for goods and services provided in the normal course of business, net of discounts and VAT.

**Expenditure**
Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, 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 the accruals basis.

Expenditure is classified by activity, The costs of each activity are made up of the total of direct costs and shared costs, including support costs involved in undertaking each activity. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs which contribute to more than one activity and support costs which are not attributable to a single activity are apportioned between those activities on a basis consistent with the use of resources. The Charity does not presently have any staff.

**Cash and cash equivalents**
Cash and cash equivalents include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less.

**Financial Instruments**
The Charity has elected to apply the provisions of Section 11 "Basic Financial Instruments" and Section 12 "Other Financial Instruments Issues" of FRS 102 to all of its financial instruments.

Financial Instruments are recognised in the Charity's balance sheet when the Charity becomes party to the contractual provisions of the instrument.

Financial assets and liabilities are offset, with the net amounts presented in the financial statements, when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

Basic financial assets, which include debtors and cash and bank balances, are initially measured at transaction price including transaction costs and are subsequently carried at amortised cost using the effective interest method unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest. Financial assets classified as receivable within one year are not amortised.

Basis financial liabilities, including creditors and bank loans are initially recognised at transaction price unless the arrangement constitutes a financing transaction, where the debt instrument is measured at the present value of the future payments discounted at a market rate of interest. Financial liabilities classified as payable within one year are not amortised.

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of operations from suppliers. Amounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

Financial liabilities are derecognised when the Charity's contractual obligations expire or are discharged or cancelled.

**Critical accounting estimates and judgements**

In the application of the Charity's accounting policies, the Trustees are required to make judgements, estimates and assumptions about the carrying amount of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

## 2. DONATIONS

| | Total 2025 | Total 2024 |
|---|---|---|
| | £ | £ |
| Donation - Adamed | 15,000 | - |
| Gift in Kind | 10,500 | - |
| Other donations | 25 | - |
| | **25,525** | - |

The Gift in Kind above relates to the market value of facilitating the British and Irish Hypertension's high level Summit meeting on 20 November 2025 as provided by IQVIA at no cost to the Charity. The gift covered the costs of IQVIA management time, the venue, equipment use, catering and writing services and design for the event.

## 3. CHARITABLE ACTIVITIES INCOME

| | Unrestricted Funds 2025 £ | Restricted Funds 2025 £ | Total Funds 2025 £ | Unrestricted Funds 2024 £ | Restricted Funds 2024 £ | Total Funds 2024 £ |
|---|---|---|---|---|---|---|
| Membership subscriptions | 17,362 | - | 17,362 | 16,723 | - | 16,723 |
| Annual Scientific Meeting | 150,358 | - | 150,358 | 114,445 | - | 114,445 |
| Educational grants | - | 45,000 | 45,000 | - | 60,000 | 60,000 |
| Hypertension 'Prevention Partners' | 35,921 | - | 35,921 | - | - | - |
| Hypertension e-project income | 45,665 | - | 45,665 | - | - | - |
| Omron licensing agreement | - | - | - | 17,000 | - | 17,000 |
| Training seminars | 2,000 | - | 2,000 | 4,500 | - | 4,500 |
| Derivative device applications | 600 | - | 600 | 1,800 | - | 1,800 |
| Total income | 251,906 | 45,000 | 296,906 | 154,468 | 60,000 | 214,468 |

Charitable income disclosures have been expanded (including reclassifying the prior year comparatives as shown above to give greater understanding of the activities that the Charity is undertaking), in particular in light of recent expansion and diversification of activities.

## 4. INVESTMENTS

| | Total 2025 | Total 2024 |
|---|---|---|
| | £ | £ |
| Dividends and interest receivable | 18,297 | 17,610 |
| | 18,297 | 17,610 |

## 5. EXPENDITURE ON CHARITABLE ACTIVITIES

| | Direct Costs 2025 £ | Support Costs 2025 £ | Total Costs 2025 £ | Direct Costs 2024 £ | Support Costs 2024 £ | Total Costs 2024 £ |
|---|---|---|---|---|---|---|
| Membership | 2,148 | 447 | 2,595 | 656 | 320 | 976 |
| Annual Scientific Meeting | 84,761 | 17,632 | 102,393 | 85,049 | 41,459 | 126,508 |
| Educational funded programmes | 95,711 | 19,910 | 115,621 | 12,436 | 6,062 | 18,498 |
| Hypertension 'Prevention Partners' | 8,349 | 1,737 | 10,086 | 2,800 | 1,365 | 4,165 |
| Hypertension e-project costs | 46,697 | 9,714 | 56,411 | - | - | - |
| Fellowship costs | - | - | - | 14,149 | - | 14,149 |
| Training seminars | 629 | 131 | 760 | - | - | - |
| BIHS Summit** | 14,832 | 3,085 | 17,917 | - | - | - |
| Strategic/operational development | 157,020 | 32,665 | 189,685 | 40,250 | 19,620 | 59,870 |
| **Total charitable expenditure** | 410,147 | 85,321 | 495,468 | 155,340 | 68,826 | 224,166 |

Charitable expenditure disclosures have been expanded (including reclassifying the prior year comparatives) as shown above to give greater understanding of the activities that the Charity is undertaking, in particular in light of recent expansion and diversification of activities.

** BIHS Summit costs include £10,500 Gift in Kind costs as explained in Note 2.

Support costs allocated to activities are as follows:

| | 2025 £ | 2024 £ |
|---|---|---|
| General Secretariat | 15,666 | 47,767 |
| Consultancy - admin support | 30,154 | - |
| Finance support | 17,288 | - |
| Executive and Committee Meetings | 6,068 | 2,733 |
| External charity meetings | 1,709 | 1,088 |
| Subscriptions | 1,226 | 1,669 |
| Computer and software costs | 3,286 | 1,229 |
| Insurance | 2,707 | 898 |
| Legal and professional fees | 4,983 | 6,682 |
| Bank revaluations | (634) | 2,009 |
| Independent Examiner's costs | 1,335 | 1,730 |
| Other costs | 1,033 | 3,021 |
| **Total support costs** | 85,321 | 68,826 |
| Analysed between: | | |
| Charitable Activities | 85,321 | 68,826 |

Support costs above include governance costs of £7,903 (2024: £4,463) in respect of Executive and Committee Meetings and Independent Examiner's costs.

## 6. CHARITABLE EXPENDITURE BY FUNDS

| | Unrestricted Funds 2025 £ | Restricted Funds 2025 £ | Total Funds 2025 £ | Unrestricted Funds 2024 £ | Restricted Funds 2024 £ | Total Funds 2024 £ |
|---|---|---|---|---|---|---|
| Membership | 2,595 | - | 2,595 | 976 | - | 976 |
| Annual Scientific Meeting | 102,393 | - | 102,393 | 126,508 | - | 126,508 |
| Educational funded programmes | 24,964 | 90,657 | 115,621 | 6,062 | 12,436 | 18,498 |
| Hypertension 'Prevention Partners' | 10,086 | - | 10,086 | 4,165 | - | 4,165 |
| Hypertension e-project costs | 56,411 | - | 56,411 | - | - | - |
| Fellowship costs | - | - | - | 14,149 | - | 14,149 |
| Training seminars | 760 | - | 760 | - | - | - |
| BIHS Summit | 17,917 | - | 17,917 | - | - | - |
| Strategic/operational development | 189,685 | - | 189,685 | 59,870 | - | 59,870 |
| **Total charitable expenditure** | 404,811 | 90,657 | 495,468 | 211,730 | 12,436 | 224,166 |

## 7. NET MOVEMENT IN FUNDS

Net movement in funds is stated after charging:

| | Total 2025 £ | Total 2024 £ |
|---|---|---|
| Fees payable to the Charity's independent examiner | | |
| - independent examination - Charity's financial statements | 1,835 | 1,570 |
| - other assurance services | - | 160 |

## 8. TRUSTEES REMUNERATION AND EXPENSES

None of the Trustees or committee members (or persons connected with them) received any remuneration during the year.

During the year the Charity reimbursed travel expenses amounts to £783 (2024: £607). The number of Trustees members reimbursed was 7 (2024: 6)

## 9. EMPLOYEES

The Charity had no employees during the year (2024: Nil) and therefore no salaries greater than £60,000.

## 10. NET (LOSSES)/GAINS ON INVESTMENTS

| | Total 2025 £ | Total 2024 £ |
|---|---|---|
| Unrealised (loss)/gain on COIF account | (30,155) | 15,744 |

## 11. TAXATION

The Charity is exempt from taxation on its activities as all of its income is applied for charitable purposes.

## 12. DEBTORS

| | Total 2025 | Total 2024 |
|---|---|---|
| | £ | £ |
| Trade debtors | 67,600 | 600 |
| Other debtors | 30,203 | 16,848 |
| Prepayments and accrued income | 30,112 | 3,672 |
| | 127,915 | 21,120 |

## 13. CURRENT ASSET INVESTMENTS

| | Total 2025 | Total 2024 |
|---|---|---|
| | £ | £ |
| Unlisted investments | 570,273 | 651,444 |

## 14. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

| | Total 2025 | Total 2024 |
|---|---|---|
| | £ | £ |
| Trade creditors | 42,109 | 9,918 |
| Accruals | 22,518 | 18,803 |
| Deferred income | 93,970 | 25,000 |
| Other creditors | 400 | - |
| | 158,997 | 53,721 |

## 15. DEFERRED INCOME

| | Total 2025 | Total 2024 |
|---|---|---|
| | £ | £ |
| Deferred income at 1 January 2025 | 25,000 | - |
| Released in the year | (25,000) | - |
| Resources deferred in the year | 93,970 | 25,000 |
| Deferred income at 31 December 2025 | 93,970 | 25,000 |

Deferred income relates to £53,135 for Hypertension e-projects (2024: £Nil), membership £2,800 (2024: £Nil) and Hypertension Prevention Partners £38,035 (2024: £25,000).

## 16. TOTAL FUNDS

| | As at 1 Jan 2025 | Incoming Resources | Resources Expended | Gains/ (Losses)) | As at 31 Dec 2025 |
|---|---|---|---|---|---|
| **Unrestricted Funds** | | | | | |
| General Funds | 696,646 | 295,728 | (404,811) | (30,155) | 557,403 |
| **Restricted Funds** | | | | | |
| Summer School | 45,564 | 45,000 | (88,902) | - | 1,662 |
| Essay Fund | 7,000 | - | (1,755) | - | 5,245 |
| | 52,564 | 45,000 | (90,657) | - | 6,907 |
| **Total Funds** | 749,210 | 340,728 | (495,468) | (30,155) | 564,315 |

| | As at 1 Jan 2024 | Incoming Resources | Resources Expended | Gains/ (Losses)) | As at 31 Dec 2024 |
|---|---|---|---|---|---|
| **Unrestricted Funds** | | | | | |
| General Funds | 720,554 | 172,078 | (211,730) | 15,744 | 696,646 |
| **Restricted Funds** | | | | | |
| Summer School | - | 58,000 | (12,436) | - | 45,564 |
| Essay Fund | 5,000 | 2,000 | - | - | 7,000 |
| | 5,000 | 60,000 | (12,436) | - | 52,564 |
| **Total Funds** | 725,554 | 232,078 | (224,166) | 15,744 | 749,210 |

The Unrestricted Funds of the Charity comprise the unexpended balances of donations, grants and other income generated which is not subject to specific conditions by those contributing as to how they may be used. These include designated funds which have been set aside out of unrestricted fund by the Trustees for specific purposes.

The Summer School Restricted Funds arise from amounts granted by the Foundation for Circulatory Health (FFCH) towards funding of the Society's Emerging Hypertension Leaders Summer School which took place in 2025. As the costs of the Summer School were less than anticipated, FFCH agreed the excess funds could be utilised for certain other educational activities undertaken by the Charity. The Essay Restricted Fund derives from contributions received to support the Stanley Peart Prize to individuals for their work.

## 17. ANALYSIS OF NET ASSETS BETWEEN FUNDS

| | Unrestricted Funds 2025 £ | Restricted Funds 2025 £ | Total Funds 2025 £ |
|---|---|---|---|
| **As at 31 December 2025** | | | |
| **Current assets/(liabilities)** | **557,408** | **6,907** | **564,315** |

| | Unrestricted Funds 2024 £ | Restricted Funds 2024 £ | Total Funds 2024 £ |
|---|---|---|---|
| As at 31 December 2024 | | | |
| Current assets/(liabilities) | 696,646 | 52,564 | 749,210 |

## 18. RELATED PARTY TRANSACTIONS

Other than expenses reimbursed to Trustees as disclosed in Note 8, there were no other related party transactions.

## INDEPENDENT EXAMINER'S REPORT TO THE TRUSTEES OF
# BRITISH AND IRISH HYPERTENSION SOCIETY

I report to the trustees on my examination of the financial statements of the British & Irish Hypertension Society (the Charity) for the year ended 31 December 2025.

**Responsibilities and basis of report**

As the trustees of the Charity you are responsible for the preparation of the financial statements in accordance with the requirements of the Charities Act 2011.

I report in respect of my examination of the Charity's financial statements carried out under section 145 of the Charities Act 2011. In carrying out my examination I have followed the Directions given by the Charity Commission under section 145(5)(b) of the Charities Act 2011.

**Independent examiner's statement**

Your attention is drawn to the fact that the charity has prepared the financial statements in accordance with the relevant version of the Statement of Recommended Practice applicable to charities preparing their financial statements in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) in preference to the Accounting and Reporting by Charities: Statement of Recommended Practice issued on 1 April 2025 which is referred to in the extant regulations but has now been withdrawn. I understand that this has been done in order for the financial statements to provide a true and fair view in accordance with UK Generally Accepted Accounting Practice.

I have completed my examination. I confirm that no 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 Charity as required by Section 130 of the Charities Act 2011.
2. the financial statements do not accord with those records; or
3. the financial statements do not comply with the applicable requirements concerning the form and content of the financial statements set out in the Charities (Accounts and Reports) Regulations 2008 other than any requirement that the financial statements give a true and fair view, which is not a matter considered as part of the 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 financial statements to be reached.

Mark Rogers FCCA
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Richfield Avenue
Reading
Berkshire
RG1 8EQ

28 October 2026