

Charity number: 1158172

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**HEALTHCARE INFECTION SOCIETY**

**Financial Statements  
31 March 2015**

# HEALTHCARE INFECTION SOCIETY

## Financial statements for the year ended 31 March 2015

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# HEALTHCARE INFECTION SOCIETY

## Reference and Administrative Details

### REFERENCE AND ADMINISTRATIVE DETAILS

**Registered Name:** Healthcare Infection Society

**Registered Number:** 1158172

**Registered office address:**  
162 King's Cross Road  
London  
WC1X 9DH

Names of Council members		Appointed	Term of office completed
Professor Tom Rogers	(President)	12 October 2010	16 November 2014
Professor Gary French	(President)	16 November 2014	Current
Dr Tim Boswell	(Chair)	17 November 2011	23 November 2015
Dr Elisabeth Ridgway	(Chair)	23 November 2015	Current
Carole Fry	(Secretary)	16 September 2009	23 November 2015
Dr Peter Jenks	(Secretary)	23 November 2015	Current
Dr Andrew Telfer Brunton	(Treasurer)	2 December 2008	16 November 2014
Dr Alaric Colville	(Treasurer)	16 November 2014	Current
Dr Jenny Child	(Editor)	1 January 2011	1 February 2015
Dr Jim Gray	(Editor)	1 February 2015	current
Dr Gayti Islam	(Trainee Representative)	28 September 2011	31 May 2015
Dr Nikunj Mahida%	(Trainee Representative)	August 2015	Current
Dr Michael Cooper		23 November 2015	Current
Dr Mark Garvey		16 November 2014	Current
Dr Simon Goldenberg		16 November 2014	Current
Dr Andrea Guyot		9 April 2013	Current
Peter Hoffman		17 November 2011	16 November 2014
Dr William Newsholme		28 November 2012	23 November 2015
Dr Gabby Phillips		17 November 2011	16 November 2014
Dr Helena Parsons		8 November 2013	4 November 2015
Dr Carlene Rowson#	(Trainee Representative)	1 August 2013	31 May 2015
Dr Chris Settle*		November 2013	November 2015
Dr Bethan Stoddart		8 August 2014	Current
Professor Hilary Humphreys*	(Chair: HIS 2014 International Conference)	12 October 2010	November 2014
Martin Kiernan*	(Chair: Education Coordinating Group)	23 November 2011	Current
Professor Peter Wilson*	(Chair: Scientific Development Committee)	12 November 2013	Current

All Council members are Trustees, except for extra members co-opted onto the Council at the discretion of Council as per clause 4(14) of the Constitution. Such extra Council members are not Trustees and may not vote at Council meetings.

% Dr Nikunj Mahida is not a trustee of HIS

# Dr Carlene Rowson role shared with Dr Gayti Islam but only Dr Islam is a Trustee.

\* co-opted members of the Council

# HEALTHCARE INFECTION SOCIETY

## Reference and Administrative Details

Note that the appointment date above represents the date that the Trustees were appointed to act as Trustees of Healthcare Infection Society, unincorporated charity number 286064. On the 8 August 2014, a new Charitable Incorporated Organisation was registered, Healthcare Infection Society, charity number 1158172, and the Trustees of the old charity became Trustees of the new CIO. The activities of the old charity have been continued into the new CIO, therefore it is considered appropriate to disclose the original date of appointment.

### Day-to-day management delegated to:

Sandra Smith, Executive Director

### REFERENCE AND ADMINISTRATIVE DETAILS CONTINUED

#### Names/addresses of relevant organisations/people:

Bank:	Barclays Plc PO Box 12820 1250 High Road Whetstone London N20 0WE
Accountant/Auditor:	Moore Stephens LLP 150 Aldersgate Street London EC1A 4AB
Investment Fund Manager:	Rathbones 1 Curzon Street London W1J 5FB
Solicitors:	Radcliffes Le Brasseur 5 Great College Street London SW1P 3SJ
Human Resources and Health & Safety Advisors:	Peninsula Business Services Ltd. Riverside New Bailey Street Manchester M3 5P

# HEALTHCARE INFECTION SOCIETY

## Trustees' Report for the six month period ended 31 March 2015

### Structure, governance and management

#### Nature of Governing Document and how the charity is constituted

The Healthcare Infection Society's (HIS) Governing Document is its Constitution. This incorporates the elements of the previous constitution into the requirements of the Charity Commission for a Charitable Incorporated Organisation.

The Society has one trading subsidiary, Hospital Infection Society (Management) Limited. The company did not trade in the year.

#### Methods adopted for the recruitment and appointment of new Trustees

There are a maximum of 13 trustees of the Society, who are members of the Council. They are:

President (an Officer) - elected by Council members for a single term of four years.

Other Officers (Chairman, Secretary, and Treasurer) - elected by Council members for a three-year term and may be re-elected for one further term of three years.

Editor - appointed by Council for a five-year term.

Trainee Representative

Seven Council members - elected by ordinary members of the Society. The call for nominations and any resulting ballot of the membership (should the number of nominations exceed the number of vacancies), is undertaken on behalf of the Society by Electoral Reform Services.

In addition to Trustee members of Council there may be members co-opted onto the Council at the discretion of the Trustees as per clause 4(14) of the Constitution. Such individuals serve for one year in the first instance, renewable on an annual basis up to three years. In addition, Trustees will appoint the Chairs of the Society's standing committees (the Scientific Development and Education Coordinating Group). The Chairs are appointed for three years in the first instance but Trustees could extend this term by a further two years. Neither the Chairs nor co-opted members are Trustees.

#### Policies and procedures for the induction and training of Trustees

Trustees participate in trustee training sessions and are provided with a Trustee Pack which includes the Society's Constitution, details of Society policies and procedures and information on trusteeship from the Charity Commission.

#### Organisational structure and decision-making process

The business of the Society is conducted by its Council, which meets quarterly. Council reports to the members via the Annual General Meeting, by notices on the Society website, by post and by email. The Officers, Executive Director and chairs of the standing committees meet in person or by teleconference as and when required to discuss key issues, and their proposals and recommendations are taken to Council for discussion and formal decision making.

The Society's Annual General Meeting was held on 16 November 2014, and minutes are available on the Society's website.

#### Governance reviews

The Society continued to refine and build on measures adopted after its governance review in 2014.

# HEALTHCARE INFECTION SOCIETY

## Trustees' Report for the six month period ended 31 March 2015

### Land

The title to all land held by or in trust for the Society (i.e. the premises at 162 King's Cross Road, London, WC1X 9DH) is held on behalf of the Society by the Official Custodian of Charities.

### Details of related parties and wider networks in which the charity is involved

The Society is formally represented on the Specialty Advisory Committee (SAC) of the Royal College of Pathologists (RCPATH).

The Society participates with several other like-minded organisations in an annual three-day scientific meeting under the title of the Federation of Infection Societies (FIS). It holds other scientific meetings with like-minded groups on an ad hoc basis.

The Society liaises closely with like-minded groups in the production of scientific guidelines and in the provision of educational workshops.

An MSc and Postgraduate Diploma of Healthcare-associated Infection Control is run in collaboration with University College London and Public Health England (PHE).

The Society continues to work with PHE to deliver courses on healthcare-associated infection, infection prevention and control and, decontamination as part of the MSc/Diploma course.

### Charitable Incorporated Organisation (CIO)

HIS was registered as a CIO in August 2014 and officially began its operations on 1 October 2014. As such, this annual report will only reflect the financial information for the six months ended 31 March 2015 and not for previous financial periods. The activities, assets and liabilities of the charity in its previous form, Healthcare Infection Society, registered charity number 286064, were transferred to the new CIO on 1 October 2014.

The reason behind becoming a CIO was to reduce liability for Trustees and to simplify administration. In future, activities such as conferences can be undertaken directly by HIS. Consequently it is not necessary to continue to run the trading company, the Hospital Infection Society (Management) Ltd, the wholly owned subsidiary of the old charity. Hospital Infection Society (Management) Ltd will be closed down in due course.

### RISK MANAGEMENT STATEMENT

The Trustees have examined the major risks that the Society faces and confirm that systems have been established so that the necessary steps can be taken to manage any such risks.

The Trustees are aware of the research undertaken by the Fraud Advisory Panel on the extent of fraud in the charity sector and recognise that fraud must be covered in its risk management processes.

The Trustees support health and safety risk management with the intention of providing a modern and safe environment in which to work. The strategy is to identify hazards and risks within the Society's premises and to control, eliminate or reduce to an acceptable level all risks which have an adverse effect on the ability of staff, members and visitors to work within the premises.

The Trustees have appointed an external human resources/health and safety management firm to ensure compliance with legal requirements and good practice.

# HEALTHCARE INFECTION SOCIETY

## Trustees' Report for the six month period ended 31 March 2015

### OBJECTIVES

#### Objects of the Society

The objects of HIS are, for the public benefit, to advance education among the general public and in particular among medical and allied professionals in the prevention and control of hospital and other healthcare-associated infections and to promote research in all aspects of that subject and to publish the useful results.

#### Statements of purpose

##### *Vision*

A world in which healthcare-associated infections have been reduced to the lowest possible level.

##### *Mission*

To provide healthcare professionals with the information, evidence and skills they need to prevent and control healthcare-associated infections.

##### *Values*

We believe that:

- Good science underpins good clinical practice.
- Continual professional learning and development is necessary to reduce the incidence of healthcare-associated infections.
- Many healthcare-associated infections are preventable through effective multidisciplinary teamwork.
- Collaboration within and beyond the Society will help to advance and communicate knowledge.

#### Public benefit

The Society has referred to the Charity Commission's guidance on public benefit when reviewing its aims and objectives and in planning its future activities.

The Society has the following charitable purposes:

- The advancement of education
- The advancement of health or the saving of lives
- The advancement of the arts, culture, heritage or science

The Society provides public benefit through striving to help healthcare professionals to prevent and control healthcare-associated infections.

#### Strategic objectives

The Trustees met in November 2013 to review and set the Society's strategic objectives for the next three years. They are as follows:

- To ensure that the Journal of Hospital Infection (JHI) is the leading journal in its field.
- To promote and develop the science of infection prevention and control and to strive to ensure that clinical practice is consistent with latest scientific knowledge.
- To design and deliver a range of educational activities that will help equip healthcare professionals to prevent and control healthcare-associated infections.
- To retain, enhance engagement with and increase membership.
- To increase the numbers of people and organisations with whom HIS communicates and collaborates, particularly overseas.
- To ensure that the Society is properly resourced to effectively fulfil its strategic objective and to enhance its existing governance procedures.

# HEALTHCARE INFECTION SOCIETY

## Trustees' Report for the six month period ended 31 March 2015

### ACHIEVEMENT AGAINST OBJECTIVES IN 2014/15

#### The Journal of Hospital Infection (JHI)

The Society continues to strive to improve the quality of JHI and to widen its international contribution and works closely with Elsevier, its publisher. The Society is committed to making key information widely available and all guidelines developed by HIS are freely available without the need of a subscription to the JHI. Dr Jim Gray has streamlined the editorial decision making process and has increased the average number of editorial pages since March this year.

#### The science of infection prevention and control

The Society promotes and develops the science of infection prevention and control by supporting working parties, either on its own or jointly with other organisations, to produce evidence-based and expert guidelines in all relevant areas. HIS provides administration for meetings, support for meeting expenses and other direct expenses such as payment for literature reviews and referencing services. HIS members also participate in the working parties of other organisations. In addition, the Society also makes a number of grants and awards. These range from smaller awards such as travel grants to major research grants. All these activities are carried out under the auspices of the Scientific Development Committee (SDC) and the Grants Committee.

The working parties active during this period are:

- Multi-drug resistant Gram-negative bacteria, jointly with the British Society of Antimicrobial Chemotherapy (BSAC) and British Infection Association (BIA)
- Prevention and Control of Infection in Burns Units, jointly with the British Burns Association
- Neurosurgical Surveillance
- Commissioning and Monitoring of Operating Theatre Suites.
- Decontamination of Intracavity Devices.
- Decontamination of breast pump collection kits and associated equipment. Paper currently being prepared for submission
- Meticillin-resistant *Staphylococcus aureus* (MRSA), jointly with BSAC, Infection Prevention Society (IPS) and BIA.

Grants and awards made during this period were:

#### **The Mike Emmerson Young Investigator's Award (£9,000)**

This award is made annually and is specifically aimed at encouraging trainees to become more involved in the many issues of infection prevention and control. The recipient in 2015 was Dr Elaine Cloutman-Green, a clinical scientist in infection control at Great Ormond Street Hospital, whose project is entitled *Investigation of cross transmission by enterobacteriaceae*

#### **Small research grants**

The following small research grants were made, totalling £19,500:

Dr Ed Moran	<i>The impact of community antibiotic treatment</i>
Dr Katie Hardy	<i>Investigating and defining reduced susceptibility</i>

#### **Major research grant (£92,999)**

There was one award made to Professor Jean-Yves Maillard to undertake the project into the *Effect of commonly used antimicrobial biocides in healthcare*

#### **The Graham Ayliffe Training Fellowship**

No actual awards were made during the period but applications were received and being considered.



# HEALTHCARE INFECTION SOCIETY

## Trustees' Report for the six month period ended 31 March 2015

### Travel Grants

The following travel grants were awarded:

- Andrei Stanescu, University College Hospital
- Marie Solway, University College Hospital Environmental Research
- Shanika Cruz, Nottingham University Hospitals NHS Trust
- Calum Thomson, University of Birmingham
- Dr Ahmed Abu Tayeh, International Medical Education Trust 2000, Palestine
- Katie Dunn, Trinity College, Dublin
- Dr Michael Mac Aogain, Trinity College, Dublin
- Dr Dewa Chula Kanishka, National Hospital of Sri Lanka
- Leila White, Lancashire Teaching Hospitals NHS Foundation Trust
- Dr Samford Wong, National Spinal Injuries Centre

### Other grants

The Society awarded 28 bursaries to cover the full registration fee for its 9<sup>th</sup> International Conference and £200 towards accommodation and subsistence.

### Educational activities

The Society's Education Coordinating Group oversees a programme of conferences, seminars and courses that help equip healthcare professionals to prevent and control healthcare-associated infections. HIS's involvement ranges from organisation, facilitating sessions and collaboration. Its main focus recently has been the establishment of a new rolling three year structured training programme. The aim is to encourage medical infection trainees to gain a better understanding of infection prevention control. Three events a year are held at a central location. The days are free to trainees and HIS offers delegates travelling from outside a 50 mile radius of the venue up to £50 towards the cost of attending the training day. The content of the programme will cover topics aligned to the RCPATH curricula of medical microbiology/virology/infectious diseases trainees. The first training day of the new programme was held in February 2015.

### Conferences

The Society has organised or was involved in a number of conferences during this period:

HIS supported and provided speakers for 15<sup>th</sup> The International Federation of Infection Control International Conference in March 2015 held in New Delhi. It facilitated a session on infection prevention and control in paediatrics at the FIS Conference held in Harrogate in November 2014. HIS also organised a session on 'Lessons in Microbiology' with the IPS.

The 9<sup>th</sup> HIS International Conference was held in Lyon, France on 16–18 November 2014 in conjunction with the French Society for Hospital Hygiene. The Lowbury Lecture was delivered by Professor Wing Hong Seto.

A Middle East Infection Prevention Summit in Dubai on 3–4 June 2015 was planned.

### Seminars and workshops

A series of educational workshops jointly hosted by BSAC, HIS and BIA were held between October and December 2014 in a number of venues across the UK. The topic for this series was 'Viral infections in the immunocompromised'. These events were open to microbiologists, infectious disease consultants, scientists, pharmacists, infection control specialists and other interested health professionals working in the areas of infection prevention, diagnosis and treatment

### Courses

The Society continued to support two key courses:

- Antimicrobial Resistance and Healthcare-Associated Infections (AMRHA) Foundation Course on Hospital Infection Control - a three and a half day course held in London, January 2015
- Engineering Aspects of Infection Control – a one week residential course held at Eastwood Park Training Centre, near Bristol

# HEALTHCARE INFECTION SOCIETY

## Trustees' Report for the six month period ended 31 March 2015

All courses are well subscribed.

### Membership engagement

The Society continued to actively engage with its membership via email, newsletters, Twitter and its website and at events such as conferences. It has been looking at ways to involve more members in HIS activities and now looks to appoint a trainee member on any new working party. It has also appointed two new members of the Education Coordinating Group from its trainee membership.

At 31 March , total membership was 747, broken down as follows:

Ordinary	536
Associate	131
Trainee	66
Retired	14

The increase in membership from last year (684) was predominantly due to the increase in trainee members.

### External collaboration

HIS has received accreditation from the National Institute of Health and Care Excellence (NICE) for the production of clinical guidelines. This is for a five year period and means that any guideline produced under the HIS guideline methodology document can be published with the NICE accreditation logo.

HIS continues to collaborate with kindred societies on guideline development groups and, providing and supporting speakers at conferences.

### Resources

During this period, the Executive Director has established a staff structure to support the activities of the Council members and the Society's network of volunteers. However, its full implementation was delayed by the need to determine what human resources would be required to support additional activities arising from NICE accreditation.

Apart from human resources it was identified that NICE accreditation would require other additional resources. One of the NICE requirements is that HIS review and update its existing guidelines on a regular basis. This could increase the number of working parties to support. Accreditation methodology requires additional activities to produce a clinical guideline such as scoping meetings and literature reviews, which needs additional financial resources.

## POLICIES

### Grant making

Grants are awarded for research into infection control, including epidemiology and prevention. The aims must be clearly stated and must be hypothesis driven. Methodology should be evidence based if possible and achievable in the study time frame. The outcome should be translatable to clinical practice with evidence of improving patient well-being, be of practical use to healthcare workers and be cost-effective.

The award of grants carries several conditions:

- A progress report must be submitted to the Grants Committee every 6 months until completion of the project.
- The grant must be acknowledged in any publications associated with this work.
- Unless there is a compelling reason not to do so, the main publication should be submitted to Journal of Hospital Infection for first refusal.
- Once the study is completed it will be presented to a meeting of the Society.

# HEALTHCARE INFECTION SOCIETY

## Trustees' Report for the six month period ended 31 March 2015

### Selection of social or programme related investments

In addition to the regular award of grants, the Society may from time to time award additional funds for activities which fall within its aims and objectives. Such awards will be discussed and approved or disapproved by the members of Council on presentation of a fully-costed application which includes aims, objectives, intended outcomes and an outline timetable.

### DETAILS REGARDING THE ROLE AND CONTRIBUTION (BUT NOT FINANCIAL VALUE) OF VOLUNTEERS

Members and Officers of Council conduct the business of the Society on a voluntary basis. There are also other volunteers of HIS such as members of working parties and HIS representatives on the committees of other organisations. All members of Council and other volunteers are entitled to reimbursement of expenses as outlined in the Travel & Expenses Policy. This Policy is drawn up to ensure that expenses are kept to a minimum.

### FINANCIAL REVIEW

#### Brief review of the financial position of the charity and its subsidiary at the year-end

The Society, being the new CIO, continues to be in a healthy financial position with total assets of £7,654,101 as at 31 March 2015. This represents an increase in the value of assets transferred from the old charity on 1 October 2014 of £692,366. This increase was comprised of an operational surplus of £7,019,943 (which included the incoming transfer of net assets from the old charity of £6,961,735) and a net gain in investment assets, being realised and unrealised gains, of £634,158. The Society's income in the six months was £984,047 and resources expended were £925,839. Disappointingly, the HIS 9<sup>th</sup> International Conference made a loss of £88,375. More details are given in the Statement of Financial Activities and notes to the financial statements.

The Society has a wholly owned subsidiary, Hospital Infection Society (Management) Limited. There has been no activity within the company this year.

No material uncertainties that cast significant doubt about the ability of the Society to continue as a going concern have been identified by the Trustees.

#### Reserves Policy including details of designated funds

The financial reserves of the Society are held in order to ensure the continuation of the charitable activities as outlined in the constitution, including publication of JHI, the award of grants and the maintenance of the headquarter premises, in the event of a reduction in income.

The Society's Reserves Policy remain largely unchanged, the main constituents being the replenishment of the grants reserve and the holding of several funds to support website development and to provide safeguards should key revenue sources decline. There have been some alterations to the level of the funds and the addition of a provision for increased working party activity arising from NICE accreditation.

Undesignated funds are used for regular Society activities, and the day to day running and maintenance of its headquarter premises. The Society seeks to maintain free reserves equivalent to 1 year's income to ensure continuity should revenue streams become unexpectedly delayed or diminished. The Society has unrestricted reserves carried forward, as at the 31 March 2015, of £6,410,154 and the Trustees are satisfied that this is sufficient cover for the activities of the forthcoming year.

The Society will review its Reserves Policy annually.

# HEALTHCARE INFECTION SOCIETY

## Trustees' Report for the six month period ended 31 March 2015

### Investment policy and objectives

The Trustees will seek to strike the right balance between the two objectives of:

- providing an income to help the charity carry out its purposes effectively in the short term;
- maintaining and, if possible, enhancing the value of the invested funds, so as to enable the charity effectively to carry out its purposes in the longer term.

The Society has agreed the following investment policy statement with its investment manager:

Investment return: The aim of the investment portfolio is to achieve long term growth of capital and income and to protect the assets against inflation.

Risk: The portfolio should be well diversified and any holding representing more than 5% of the total portfolio value should be reported to the Treasurer of the Society.

Benchmark: The portfolio performance will be monitored and measured by reference to the FTSE/APCIMS Balanced Index.

Liquidity: Although there is no need for a regular cash flow, the Fund Manager should be aware that there may be occasional calls on capital and structure the portfolio accordingly.

Income: Income targets are agreed with the Society and the Fund Manager. An income target of £60,750 was agreed for the six month period ended 31 March 2015.

Time horizon: The assets should be invested for the long term.

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Restrictions: The Fund Manager should avoid direct investment in the shares of tobacco companies and armament manufacturers.

The following outcomes were achieved:

Investment performance: The value of the investment portfolio rose by 12%.

Risk: No individual holding represents more than 5% of the total value.

Benchmark: The monitoring and measurement of the portfolio performance is reported to the Society every quarter.

Liquidity: All investments are readily marketable securities and between 10% and 15% of the portfolio is usually held in cash and/or UK Government Index Linked securities.

Income: Income of £55,025 was achieved during the 6 month period to 31 March 2015.

Time horizon: The Fund Manager has confirmed that the portfolio assets are invested on long term investment considerations.

Restrictions: There are no direct investments in tobacco companies nor in armament manufacturers.

### PLANS FOR FUTURE PERIODS

The Society aims to maintain a high profile as an international leader in the field of infection prevention and control and to continue to implement its strategic objectives.

# HEALTHCARE INFECTION SOCIETY

## Trustees' Report for the six month period ended 31 March 2015

### The Journal of Hospital Infection (JHI)

Dr Jenny Child stood down as Editor at the end of January 2015. Dr Jim Gray, Deputy Editor acted as interim Editor and was appointed to the substantive role in August. HIS Council and the new Editor will review the current editorial structure of JHI, to see how it will best support strategic objectives. In the meantime, changes are being planned, such as special issues and new initiatives introduced such as quarterly editorial teleconferences.

### The science of infection prevention and control

The Society will be reviewing its current guidelines and will determine a schedule of updates based on defined criteria. Where appropriate, existing guidelines will be updated and new guidelines prepared using the NICE accredited methodology.

Two Graham Ayliffe Fellowship Awards were made subsequent to the year end. One was to Dr Nikunj Mahida, who will be dividing his year to work as a trainee editor on the Journal of Hospital Infection and as Infection Control Lead for Haematology. The second recipient is Dr Damian Mawer, who will be working on *Clostridium difficile* infection research to include a multi-centre audit of hospital-acquired diarrhea.

HIS will continue its review of the awards and grants it makes and plans to enhance its portfolio of awards. It will also look at introducing an occasional research grant based on HIS-nominated topics. It will also be working on revising its grants standard operating procedures.

### Educational activities

HIS will continue with its existing programme of conference activity such as its international conference. Following the success of the Middle East Infection Prevention Summit, HIS will be considering including a similar event in its conference calendar on a biennial basis. The 10<sup>th</sup> HIS International Conference will be held in Edinburgh in November 2016 in conjunction with the FIS annual conference. HIS plans to hold a half-day, pre-conference trainee workshop on 5 November 2016.

Dates were agreed for the next two trainees training days and the topics covered were:

- Public Health aspects of infection prevention and control, including implications of travel (13 July 2015)
- Environmental aspects of Infection Prevention and Control: Risks and solutions (15 October 2015)

### Membership engagement

The introduction of on-line payment is imminent and on-line update of member information will take place during the early part of 2016. HIS will continue to look at ways to involve members in Society activities such as working parties.

### External collaboration

The Society will continue to focus on growing and strengthening its collaboration with external organisations and kindred societies.

### Resources

The Society is committed to providing the resources to support the work of the Editor of JHI and editorial team to ensure that the Journal remains a leader in its field. Resources will also be made available to support any additional activity arising from NICE Accreditation.

### **Statement of Trustees' responsibilities**

The Trustees are responsible for preparing the Trustees' report and the financial statements in accordance with applicable law and regulations.

Charity law requires the Trustees to prepare financial statements for each financial year. Under that law the Trustees have elected to prepare the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law). Under charity law the Trustees must not approve the financial statements unless they are satisfied that

## HEALTHCARE INFECTION SOCIETY

### Trustees' Report for the six month period ended 31 March 2015

they give a true and fair view of the state of affairs of the charity and the results of the charity for that period.

In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP (Statement of Recommended Practice);
- make judgments and accounting estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charity's transactions and disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Insofar as the Trustees are aware:

- there is no relevant audit information of which the charity's auditor is unaware; and
- the Trustees have taken all steps they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

The maintenance and integrity of the charity's website is the responsibility of the Trustees. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislations in other jurisdictions.

#### Auditor

Chantrey Vellacott DFK LLP merged its practice with Moore Stephens LLP on 1 May 2015 and now practises under the name of Moore Stephens LLP. Moore Stephens were appointed auditor by the Board following this merger.

Moore Stephens LLP has expressed its willingness to be reappointed as auditor for the forthcoming year.



Approved by the Trustees

Date: 30-12-2015

Signed on their behalf by: Dr Alaric Colville

## **Independent Auditor's Report to the Trustees of the Healthcare Infection Society**

We have audited the financial statements of the Healthcare Infection Society for the period ended 31 March 2015 which comprise the Statement of Financial Activities, the Balance Sheet and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charity's trustees, as a body, in accordance with Chapter 3 of Part 8 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and its trustees as a body, for our audit work, for this report, or for the opinions we have formed.

### **Respective responsibilities of trustees and auditor**

As explained more fully in the Trustees' Responsibilities Statement the Trustees are responsible for the preparation of financial statements which give a true and fair view.

We have been appointed as auditors under section 144 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's (APB's) Ethical Standards for Auditors.

### **Scope of the audit of the financial statements**

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the charity's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the trustees; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Trustees' Annual Report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

### **Opinion on financial statements**

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 March 2015 and of the charity's incoming resources and application of resources, for the period then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

## Independent Auditor's Report to the Trustees of the Healthcare Infection Society

### Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Charities Act 2011 and requires us to report to you if, in our opinion:

- the information given in the Trustees' Annual Report is inconsistent in any material respect with the financial statements; or
- sufficient accounting records have not been kept; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit.

*Moore Stephens LLP.*

MOORE STEPHENS LLP  
Chartered Accountants and Statutory Auditor

150 Aldersgate Street  
London  
EC1A 4AB

Date: *18 January 2016*

Moore Stephens LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

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# HEALTHCARE INFECTION SOCIETY

## Statement of Financial Activities for the period ended 31 March 2015

	Notes	Unrestricted		Total funds 2015 £	Total Funds 2014 £
		General £	Designated £		
<b>Incoming resources from generated funds</b>					
Transfer from HIS		5,711,334	1,250,401	6,961,735	-
Education	2a	15,950	-	15,950	-
Communication	2b	360,367	-	360,367	-
Subscriptions		21,161	-	21,161	-
Conference		531,324	-	531,324	-
Investment income	2c	55,025	-	55,025	-
Sundry income		220	-	220	-
<b>Total Incoming Resources</b>		<b>6,695,381</b>	<b>1,250,401</b>	<b>7,945,782</b>	-
<b>Resources expended</b>					
<b>Costs of generating funds</b>					
Investment management fees		10,045	-	10,045	-
<b>Charitable activities</b>					
Awards/ Grants	3a	-	150,084	150,084	-
Education	3b	58,101	2,239	60,340	-
Communication/ Journals	3c	99,536	2,239	101,775	-
Conference costs		619,699	-	619,699	-
Other charitable activities	4	33,601	2,686	36,287	-
<b>Total charitable expenditure</b>		<b>810,937</b>	<b>157,248</b>	<b>968,185</b>	-
Governance costs	6	29,609	-	29,609	-
Write back of bad debts provision against loan to subsidiary		(82,000)	-	(82,000)	-
<b>Total resources expended</b>		<b>768,591</b>	<b>157,248</b>	<b>925,839</b>	-
Transfers between funds		(150,794)	150,794	-	-
Net incoming resources before other recognised gains and losses		5,775,996	1,243,947	7,019,943	-
<b>Other recognised gains and losses</b>					
Realised		24,599	-	24,599	-
Unrealised		609,559	-	609,559	-
<b>Net movement in funds</b>		<b>6,410,154</b>	<b>1,243,947</b>	<b>7,654,101</b>	-
Fund balances brought forward at 8 August 2014		-	-	-	-
<b>Fund balances carried forward at 31 March 2015</b>		<b>6,410,154</b>	<b>1,243,947</b>	<b>7,654,101</b>	-

The charity had no recognised gains or losses in the year other than that shown above. All the above results were derived from continuing activities.

The notes and information on pages 18 to 25 form part of these financial statements.

# HEALTHCARE INFECTION SOCIETY

## Balance sheet as at 31 March 2015

	Notes	2015 £	2014 £
<b>Fixed assets</b>			
Tangible assets	8	418,947	-
Investments	9	6,604,908	-
		<u>7,023,855</u>	
<b>Current assets</b>			
Debtors	10	81,965	-
Short term deposits		90,428	-
Cash at bank and in hand		915,392	-
		<u>1,087,785</u>	
<b>Creditors: amounts falling due within one year</b>	11	352,302	-
		<u>735,483</u>	
<b>Net current assets</b>			
		<u>735,483</u>	
<b>Creditors: amounts falling due greater than one year</b>		105,237	-
		<u>7,654,101</u>	
Net assets	12	<u>7,654,101</u>	
<b>Restricted Funds:</b>		-	-
<b>Unrestricted Funds:</b>			
General fund	13	6,410,154	-
Designated fund	13	1,243,947	-
<b>Total funds</b>		<u>7,654,101</u>	

Approved by the Board on 30/12/15 and signed on its behalf by:

  
**Alaric Colville**  
Trustee

The notes on pages 18 to 25 form part of these financial statements.

# HEALTHCARE INFECTION SOCIETY

## Cash flow statement for the period ended 31 March 2015

	2015 £	2014 £
<b>Net cash inflow from operating activities</b>	<b>81,106</b>	-
<b>Returns on investment and servicing of finance</b>		
Interest and dividends from investments	53,091	-
Interest on bank deposit accounts	1,934	-
	<b>55,025</b>	
<b>Capital expenditure and financial investment</b>		
Fixed asset additions	(9,022)	-
Proceeds on sale of investments	533,095	-
Additions to investment portfolio	(608,060)	-
	<b>(83,987)</b>	
<b>Transfer of cash from Healthcare Infection Society (registered charity number 286064)</b>		
Cash at bank and in hand	831,330	-
Short term deposits	122,346	-
	<b>1,005,820</b>	-
<b>Reconciliation of surplus to net cash inflow from operating activities</b>		
Surplus before other recognised gains and losses	7,019,943	-
Transfer of tangible fixed assets on 1 October 2014	(418,879)	-
Transfer of fixed asset investments on 1 October 2014	(5,895,789)	-
Transfer of cash at bank and in hand on 1 October 2014	(831,330)	-
Transfer of short term deposits on 1 October 2014	(122,346)	-
Remove transfer of debtor from Hospital Infection (Management ) Limited	82,000	-
Remove bad debt write back	(82,000)	-
Depreciation of tangible fixed assets	8,954	-
(Increase) in debtors	(81,965)	-
Increase in creditors	457,543	-
Investment income	(55,025)	-
	<b>81,106</b>	

### Reconciliation of net cash flow to movement in net funds

	<b>Cash and Bank balances in hand</b>	
	2015 £	2014 £
Balance brought forward at 8 August 2014	-	-
Cash flow	1,005,820	-
<b>Cash balance at 31 March 2015</b>	<b>1,005,820</b>	-

The total cash balance is made up of cash at bank and in hand of £915,392 and short term deposits of £90,428.

The notes on pages 18 to 25 form part of these financial statements.

# HEALTHCARE INFECTION SOCIETY

## Notes to the financial statements for the period ended 31 March 2015

### 1. Accounting policies

The principal accounting policies adopted by the Society are as detailed below:

a) **Accounting convention**

The financial statements are prepared under and comply with the Statement of Recommended Practice on Accounting by Charities (Issued in March 2005). The financial statements are prepared under the historical cost convention, subject to the revaluation of investments which are carried at market value, and in accordance with the Charities Act 2011 and applicable accounting standards.

b) **Incoming resources**

Voluntary income including donations, investment income and income from charitable activities including subscriptions, journal and conference income are shown in the financial statements on a receivable basis. Grant income is not recognised in the statement of financial activities until the conditions for receipt have been fulfilled and there is reasonable assurance that the grant will be received.

c) **Resources expended**

Expenditure is recognised on an accruals basis, that is, in the period in which the liability is incurred. Support costs are those costs unattributable to a specific activity and are allocated to the Statement of Financial Activities on the basis of staff time spent on each area of activity.

Costs of generating funds comprise investment managers' fees.

Charitable activities expenditure includes services supplied identifiable as wholly or mainly in support of the Society's objectives and includes grants payable.

Governance costs are those costs relating to compliance with constitutional and statutory requirements.

d) **Grants payable**

Grants are made to institutions and individuals for training, research and travel and are charged to the Statement of Financial Activities when authorised by the Board of Trustees and communicated to the recipient.

e) **Investments**

Investments are valued at the mid-market price ruling at the balance sheet date which gives rise to unrealised gains and losses which are included in the Statement of Financial Activities. Realised gains and losses arising on the disposal of investments are separately identified in the Statement of Financial Activities.

f) **Foreign currencies**

Monetary assets and liabilities denominated in foreign currencies are translated at the rate of exchange ruling at the Balance Sheet date.

Transactions in foreign currencies are recorded at the rate ruling at the date of the transaction. All differences are taken to the Statement of Financial Activities.

g) **Liquid resources**

Liquid resources comprise sums on short term deposit with recognised United Kingdom banks.

# HEALTHCARE INFECTION SOCIETY

## Notes to the financial statements for the period ended 31 March 2015

### 1. Accounting policies (continued)

h) **Irrecoverable value added tax**

Irrecoverable value added tax on purchases and expenses is charged as an expense.

i) **Fixed assets**

Tangible fixed assets are stated at cost less accumulated depreciation.

Depreciation is charged so as to write off the full cost less residual value over the economic life of the asset at the following annual rates:

Land and buildings	2% straight line
Computer equipment	33% straight line
Fixtures and fittings	15% straight line

j) **Fund accounting**

General funds are unrestricted funds used for furthering the objects of the charity.

Designated funds are unrestricted funds which have been set aside by the Trustees at their discretion for specific purposes as shown in Note 13.

k) **Operating leases**

Rentals payable under operating leases, where substantially all the risks and rewards of ownership remain with the lessor, are charged to the Statement of Financial Activities on a straight line basis over the lease duration.

2. Incoming resources from charitable activities	2015 £	2014 £
(a) <b>Education income</b>		
Conference and course income		
Engineering Aspects	-	-
Foundation course	15,950	-
	<u>15,950</u>	<u>-</u>
(b) <b>Communication income</b>		
Income from Society journal	360,367	-
	<u>360,367</u>	<u>-</u>
(c) <b>Investment income</b>		
Interest and dividends from investments	53,091	-
Interest on bank deposit accounts	1,934	-
	<u>55,025</u>	<u>-</u>

### 3. (a) Awards and grants

	Unrestricted £	Restricted £	Total 2015 £	Total 2014 £
Training and research grants (note 5)	104,891	-	104,891	-
Travel grants (awarded to 10 individuals)	13,800	-	13,800	-
Bursaries	3,820	-	3,820	-
Wages and salaries	13,524	-	13,524	-
Support costs (note 3d)	14,049	-	14,049	-
	<u>150,084</u>	<u>-</u>	<u>150,084</u>	<u>-</u>

## HEALTHCARE INFECTION SOCIETY

### Notes to the financial statements for the period ended 31 March 2015

<b>3. (b) Education</b>	<b>Unrestricted</b>	<b>Restricted</b>	<b>Total</b>	<b>Total</b>
	<b>£</b>	<b>£</b>	<b>2015</b>	<b>2014</b>
			<b>£</b>	<b>£</b>
Course expenditure	6,735	-	6,735	-
Meeting and conference expenditure	13,597	-	13,597	-
Other direct education expenditure	6,375	-	6,375	-
Wages and salaries	16,070	-	16,070	-
Support costs (note 3d)	17,563	-	17,563	-
	<u>60,340</u>	<u>-</u>	<u>60,340</u>	<u>-</u>

<b>(c) Communication</b>	<b>Unrestricted</b>	<b>Restricted</b>	<b>Total</b>	<b>Total</b>
	<b>£</b>	<b>£</b>	<b>2015</b>	<b>2014</b>
			<b>£</b>	<b>£</b>
Direct journal expenses	41,355	-	41,355	-
Conferences	9,674	-	9,674	-
Wages and salaries	33,183	-	33,183	-
Support costs (note 3d)	17,563	-	17,563	-
	<u>101,775</u>	<u>-</u>	<u>101,775</u>	<u>-</u>

Support costs are allocated on the basis of staff time and comprise the following:

<b>(d) Support costs</b>	<b>Total</b>	<b>Total</b>
	<b>2015</b>	<b>2014</b>
Repairs and premises costs	7,374	-
Bank charges	1,619	-
Sundry	1,082	-
Depreciation	8,954	-
Office, accountancy, legal and administrative expenses	51,222	-
	<u>70,251</u>	<u>-</u>

<b>4. Other charitable activities</b>	<b>Unrestricted</b>	<b>Restricted</b>	<b>Total</b>	<b>Total</b>
	<b>£</b>	<b>£</b>	<b>2015</b>	<b>2014</b>
			<b>£</b>	<b>£</b>
Working parties expenditure	2,323	-	2,323	-
Travel	527	-	527	-
Wages and salaries	12,361	-	12,361	-
Support costs (note 3d)	21,076	-	21,076	-
	<u>36,287</u>	<u>-</u>	<u>36,287</u>	<u>-</u>

# HEALTHCARE INFECTION SOCIETY

## Notes to the financial statements for the period ended 31 March 2015

5. Grants awarded		2015	2014
		£	£
<u>Name of institution</u>	<u>Activity</u>		
Nottingham University Hospitals NHS Trust	Research	2,392	-
Public Health Laboratory, Birmingham	Research	9,500	-
Cardiff University	Research	92,999	-
		<u>104,891</u>	<u>-</u>

6. Governance costs		Unrestricted	Restricted	Total 2015	Total 2014
		£	£	£	£
Council expenditure		20,022	-	22,022	-
Audit		7,250	-	7,250	-
Legal and professional fees		2,337	-	2,337	-
		<u>29,609</u>	<u>-</u>	<u>29,609</u>	<u>-</u>

### 7. Employees' remuneration

The average number of persons employed by the charity during the year, analysed by category was as follows:

	2015	2014
	£	£
Charitable activities	4	-
Fundraising and marketing	-	-
<b>Total</b>	<u>4</u>	<u>-</u>

The aggregate payroll costs of these persons were as follows:

	2015	2014
	£	£
Salaries and wages	68,081	-
National Insurance	7,057	-
<b>Total</b>	<u>75,138</u>	<u>-</u>

No employees were paid more than £60,000.

No Trustee received any remuneration for their role as Trustee. However, the employers of the Trustees have invoiced the charity for additional services performed as follows:

Dr T Boswell became Chairman of the Trustees on 17 November 2011. His employer, Nottingham University Trust, invoiced the Society £5,565 for the six month period.

# HEALTHCARE INFECTION SOCIETY

## Notes to the financial statements for the period ended 31 March 2015

### 7. Employees' remuneration continued

Dr Jim Gray has been the Society's journal editor since February 2015, and his employer has not yet invoiced for his services. Prior to his appointment, Dr Jenny Child's was the editor and her employer, University Hospital Coventry and Warwickshire, invoiced the Society £7,948.

8. Tangible fixed assets	Fixtures and fittings £	Computer equipment £	Freehold land and buildings £	Total £
<b>Cost:</b>				
Transferred in at 1 October 2014	-	6,726	412,153	418,879
Additions	<u>9,022</u>	<u>-</u>	<u>-</u>	<u>9,022</u>
At 31 March 2015	<u>9,022</u>	<u>6,726</u>	<u>412,153</u>	<u>427,901</u>
<b>Depreciation:</b>				
Provision in year	<u>677</u>	<u>2,552</u>	<u>5,725</u>	<u>8,954</u>
At 31 March 2015	<u>677</u>	<u>2,552</u>	<u>5,725</u>	<u>8,954</u>
<b>Net book value</b>				
At 31 March 2015	<u>8,345</u>	<u>4,174</u>	<u>406,428</u>	<u>418,947</u>
At 30 September 2014	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

9. Investments	2015 £	2014 £
At 1 October 2014	-	-
Transferred in	5,895,786	-
Additions	608,060	-
Disposals at opening market value	(508,496)	-
Unrealised gains	609,558	-
Market value at 31 March	<u>6,604,908</u>	-
Historic cost	<u>4,679,172</u>	-



# HEALTHCARE INFECTION SOCIETY

## Notes to the financial statements for the period ended 31 March 2015

9. Quoted investments analysis:	2015		2014	
	Cost £	Market value £	Cost £	Market value £
UK fixed interest securities	929,490	1,026,403	-	-
Equity UK	1,630,802	2,642,214	-	-
Equity overseas	1,297,114	1,693,689	-	-
Overseas unit trusts	712,096	1,113,280	-	-
Overseas fixed interest	109,670	129,322	-	-
	<u>4,679,172</u>	<u>6,604,908</u>	-	-

The historic cost of the investments represent the original acquisition costs in the old charity, Healthcare Infection Society, registered charity number 286064. The market value at 1 October 2014, the date at which the assets were transferred into the new CIO, was £5,895,789.

10. Debtors	2015	2014
	£	£
Trade debtors	57,900	-
Other debtors	5,697	-
Prepayments and accrued income	18,368	-
	<u>81,965</u>	-

11. Creditors – amounts falling due within one year	2015	2014
	£	£
Trade creditors	14,393	-
Accruals	37,928	-
Grants payable	186,280	-
Taxes and social security	59,807	-
Deferred income	53,894	-
	<u>352,302</u>	-

12. Analysis of net assets between funds	Unrestricted	Restricted	Total funds
	£	£	£
Tangible fixed assets	418,947	-	418,947
Investments	6,604,908	-	6,604,908
Debtors	81,965	-	81,965
Cash at bank and in hand	915,392	-	915,392
Short term deposits	90,428	-	90,428
Creditors falling due within one year	(352,302)	-	(352,302)
Creditors falling due more than one year	(105,237)	-	(105,237)
Net assets at 31 March 2015	<u>7,654,101</u>	-	<u>7,654,101</u>

## HEALTHCARE INFECTION SOCIETY

### Notes to the financial statements for the period ended 31 March 2015

#### 13. Funds

	Brought forward £	Incoming £	Outgoing £	Other recog- nised gains	Transfers £	At 31 March 2015 £
<b>Unrestricted Funds</b>						
General	-	6,695,381	(768,591)	634,158	(150,794)	6,410,154
<b>Designated</b>						
Grants reserve	-	31,522	(148,294)	-	436,772	320,000
Tangible fixed assets fund	-	418,879	(8,954)	-	9,022	418,947
Conference fund	-	100,000	-	-	(50,000)	50,000
JHI contingency funds	-	500,000	-	-	(300,000)	200,000
Website/membership system fund	-	50,000	-	-	(25,000)	25,000
Staffing fund	-	150,000	-	-	50,000	200,000
Working parties	-	-	-	-	30,000	30,000
	-	7,945,782	(925,839)	634,158	-	7,654,101
<b>Restricted Funds</b>	-	-	-	-	-	-
Total funds	-	7,945,782	(925,839)	634,158	-	7,654,101

The designated funds are set up for the following purposes:

Grants Reserve: To enable the continued award of Research and other Grants.

Tangible fixed assets fund: Represents the Society headquarters and other fixed assets.

Conference fund: To fund any future potential losses from conference activity should they arise.

JHI contingency fund: To fund a period of restructuring of the work of the Society should the revenue from The Journal of Hospital Infection decline, e.g. owing to potential future impact of open access publishing.

Website/membership system fund: To enable the purchase and implementation of an integrated website/membership administration system.

Staffing fund: Represents 1 year's staff costs.

Working parties: To fund working party activities, particularly those arising from NICE accreditation requirements.

The undesignated funds are used for the regular Society activities, and the day to day running and maintenance of its headquarter premises.

The transfers from the unrestricted to the designated funds this year were completed following a review of the designated funds position.

#### 14. Trustees

The Trustees received no remuneration and were reimbursed expenses for meeting expenses of £4,567.

# HEALTHCARE INFECTION SOCIETY

## Notes to the financial statements for the period ended 31 March 2015

### 15. Transfer in of assets and liabilities

At 1 October the activities, assets and liabilities of Healthcare Infection Society, an unincorporated charity (charity number 286064) were transferred to this charity.

<b>The assets, liabilities and funds transferred on 30 September 2014 were:</b>	<b>£</b>
Tangible assets (net book value)	418,879
Investments at market value	5,895,789
Debtors	48,734
Short term deposits	122,346
Cash	831,330
Creditors	(355,343)
<b>Total funds transferred in</b>	<b>6,961,735</b>
Unrestricted funds - general	5,711,334
Unrestricted funds - designated	1,250,401
Restricted funds	-
<b>Total funds transferred in</b>	<b>6,961,735</b>

The transfer has been accounted for using the acquisition method. The assets and liabilities transferred were valued at their fair value and recognised in the Balance Sheet under the appropriate headings with a corresponding net amount recognised as incoming resources in the Statement of Financial Activities as voluntary income.

### 16. Consolidated accounts

The Society is exempt from the obligation to prepare and deliver group accounts on the grounds that its sole subsidiary, Hospital Infection Society (Management) Limited, is dormant and therefore the results are not material to the group.