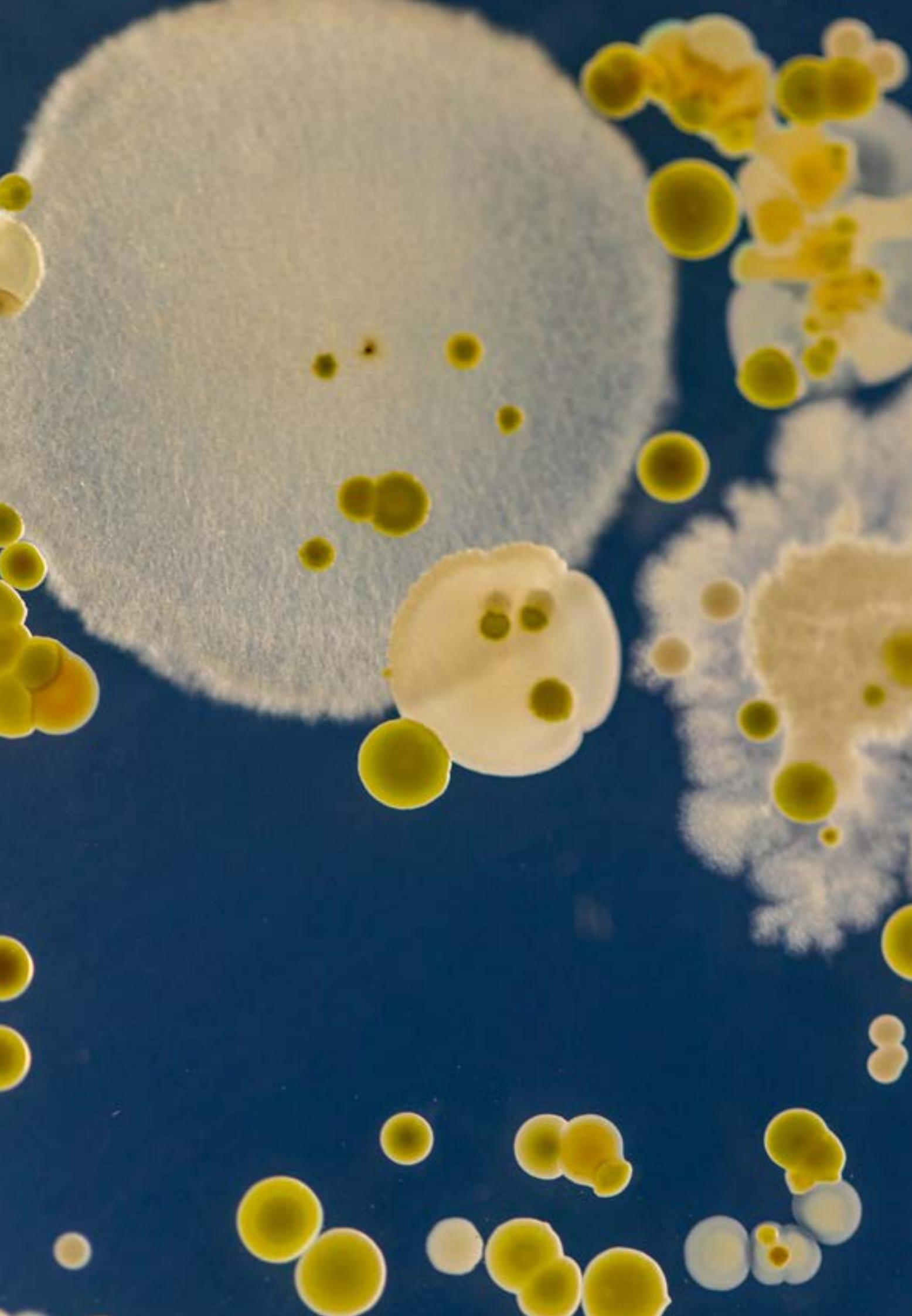




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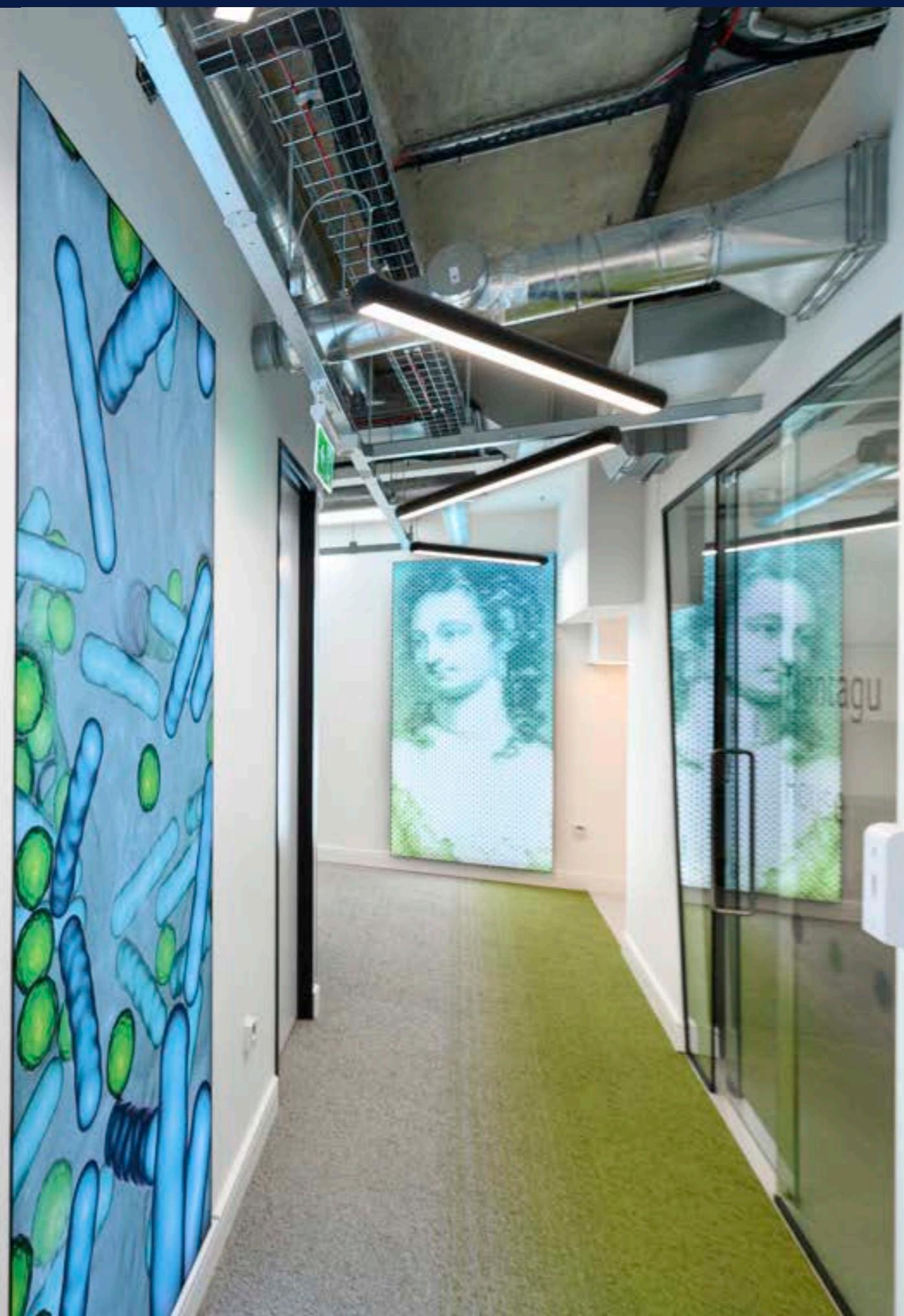
# Healthcare Infection Society

## ANNUAL REPORT FOR THE YEAR ENDED 31 MARCH 2025



## Contents

<b>Welcome</b>	<b>4</b>
<b>About the Healthcare Infection Society</b>	<b>10</b>
<b>Trustees' Report</b>	<b>26</b>
<b>Statement of Trustees' Responsibilities</b>	<b>62</b>
<b>Independent Auditor's Report</b>	<b>64</b>
<b>Financial Statements</b>	<b>70</b>
<b>Reference and Administrative Information</b>	<b>85</b>



# Chair's statement

**As the Society's new Chair, I am delighted to be able to share with you this report from the trustees of the Healthcare Infection Society (HIS) for the 2024–2025 financial year.**

On behalf of everyone on HIS Council and in the wider HIS membership, I would like to extend sincere thanks to my predecessor in the role of Chair, Dr Chris Settle. Chris made an outstanding contribution to the Society, both as Chair and previously as Treasurer, and his steady presence will be missed by all.

It is a great honour to follow in the footsteps of the dedicated leaders who have Chaired the Society over the past 40 years. As only the second female Chair, and the first woman of colour, I am proud to represent the diversity of our membership, and I am committed to continuing the Society's growth and impact in the field of infection prevention and control (IPC).

In my first year in the role, I have been particularly proud of how the Society's outstanding educational offering has developed, including many specialised courses. Notably, we piloted the Water and Wastewater Safety in Healthcare course in April, supported by our brand-new eLearning platform, which we then reformatted and redelivered in October. The course reached full capacity and was very well received – something I'm particularly proud of, having developed it alongside my esteemed colleagues.

Education and events remain at the heart of what we do. We launched our inaugural HIS Annual Conference (HISCON) in June 2024, a two-day event held at Woburn House, London. This marked a welcome return to in-person events: we had no hybrid element for the first time, which provided excellent networking opportunities for our members and the wider community. We were delighted to host the Federation of Infection Societies International Conference (known affectionately as 'FIS|HIS' during the years the Society hosts it) in Liverpool, with international speakers and attendees. Alongside a full scientific programme and plenty of interactive sessions, the conference was bookended by a board game evening and a drinks event. It felt busy and bustling after a few quieter years during and following the pandemic, so a huge thank you to all those who made the journey to join us!



**Dr Manjula Meda**  
HIS Chair, 2024

Our partnerships with other organisations have brought us to new audiences this year. With the Infection Prevention Society (IPS), we held an online IPC Route to Net Zero Conference which brought colleagues together to exchange knowledge, debate new ideas, and build connections. We have also partnered with IPC Partners to deliver a webinar related to recent journal publications, which we hope to repeat in the future.

Our journals, the *Journal of Hospital Infection* (JHI) and *Infection Prevention in Practice* (IPIP), continue to grow in influence, publishing world-class research and securing strong impact factors (IF). The JHI achieved an IF of 3.9, and we are thrilled that IPIP's first IF is 1.8 – very respectable for a young journal.

The membership survey we conducted last year revealed that antimicrobial resistance (AMR) and colonization of drains with multi-drug resistant organisms (MDROs) was a key challenge for members. In response we have launched two new special interest groups (SIGs): the Wastewater and AMR Special Interest Collaborative (SPARC) is a research network connecting scientists globally to tackle the issue. The Built Environment Infection Prevention Initiative (BEIPI) aims to foster collaboration between leading infection preventionists, healthcare architects, construction industry personnel and leading experts from the manufacturing industry for the first time to discuss how contemporary healthcare buildings can be designed, built and maintained to reduce infection risks.

As I reflect on this year, one thing is clear: our strength lies in our community. Every member, speaker, author and event delegate contributes to the progress we've made. Thank you for being part of this journey. I look forward to building on our successes in the year ahead.

**Dr Manjula Meda**

**Chair, Healthcare Infection Society**



# Greetings from our CEO



**Dr Sarah Adibi**

HIS CEO

Sarah joined HIS in September 2023.

**To follow on from Manjula's opening words, I would also like to take this opportunity to extend my sincere thanks to Chris Settle, whose support has been invaluable as I've transitioned into my role at HIS. It has been a pleasure working alongside him, and I'm delighted he will continue to contribute to the Society through his involvement with BEIPI, the New Hospital Programme, and as an active member of the HIS Research Committee.**

It has been equally rewarding to work alongside Manjula, an inspirational leader whose energy and dedication to HIS and our mission to provide healthcare professionals with the information, evidence, and skills they need to prevent and control healthcare-associated infections (HAIs) is contagious.

Over the past year, the Society has made significant progress in shaping its 2025–2030 strategy and advancing its work to prevent HAIs. At the heart of this has been our willingness to embrace change.

Internally, we said farewell to a few valued colleagues and welcomed new team members into new roles, bringing fresh perspectives and skills to the organisation. Supporting our growing team remains a top priority as we work to expand the Society's reach, strengthen financial sustainability, and maximise impact.

As part of this evolution, we introduced a new corporate partnership programme in mid-2024. These partnerships will provide HIS with greater access to research, state-of-the-art technologies and expertise from a different perspective, allowing us to provide our members with unparalleled opportunities for professional growth and development. By bridging the gap between clinical expertise and industrial innovations/advancements, these collaborations will accelerate the translation of research into practical solutions, ultimately improving patient safety and the quality of care.

We understand that partnerships with industry require careful consideration and transparency to maintain the integrity and values of our Society. We have implemented robust governance processes and will adhere to the highest ethical standards to ensure that our scientific independence is preserved and that our work remains unbiased, evidence-based and focused on the public good.

A major highlight of the year was the launch of the HIS Annual Conference in June 2024 (or HISCON, as we have come to know it). This new two-day event successfully brought together the best of *Don't Panic!* and the HIS Spring Meeting, with full delegate and exhibitor attendance.

Looking to November, we were proud to host FIS|HIS International in Liverpool, our flagship three-day global conference. This year's event featured an expanded programme, including innovation sessions in a Dragons' Den format, offering a platform for bold ideas and fresh thinking in IPC aligned to sustainability.

As Manjula noted in her introduction, April saw the launch of our Water and Wastewater Safety in Healthcare course, which marks an important step in improving access to essential educational content. The course fosters cross-sector collaboration with architects, engineers, and industry professionals, key allies in our mission to tackle HAIs through better design and infrastructure.

For our members, we remain committed to recognising and rewarding your contributions to the Society. In 2024–2025, we are investing in significant improvements to the HIS member portal and website to deliver a more secure, seamless, and user-friendly experience, making it easier to access the Society's courses, guidelines, journals, webinars, and other essential resources.

As we move into the next strategic period, I am excited to deepen my engagement with our membership and the wider community. I warmly encourage you to stay involved and help shape the next chapter of the Society's journey.

**Dr Sarah Adibi**

**CEO, Healthcare Infection Society**



# About the Healthcare Infection Society

2



# Who are we?

**Founded in 1980, HIS is a membership organisation representing and supporting experts in the prevention and control of HAIs. The Society's members are:**

- Interdisciplinary experts in the prevention and control of infections.
- Inspiring generations of professionals to tackle HAIs through training, education and collaboration.
- Supporting everyone working in IPC to collaborate to reduce HAIs, protecting patients and each other.
- Pioneers of world-leading science to drive effective practice.
- Preventing HAIs globally by sharing research, evidence and best practice.

The Society is governed by a Board of Trustees and Officers who, along with Committee Chairs and Co-opted members, serve as the HIS Council.

## What do we want to achieve?

**HIS aims to advance knowledge, foster scientific interest and disseminate information about the prevention and control of HAIs.**

## Our mission

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

## Our vision

A world in which HAIs have been reduced to the lowest possible level.



# How do we deliver our activities?

**HIS delivers activities and initiatives to support the membership, healthcare professionals and individuals working in related fields to manage, prevent and control nosocomial infections.**

Because many patients acquire nosocomial infections either through contact with a healthcare setting or via medical interventions, and the nature of these infections is becoming more severe as AMR spreads, IPC is a priority for those working in patient-facing healthcare.

The Society therefore represents a broad membership of professionals united by the fight against HAIs.

## Our strategy

The new HIS Strategy 2025–2030 deepens support for HIS members and the broader IPC community as they work to overcome clinical and research challenges in HAI.

Following from the Society's 2020–2025 strategy, which sought to grow and professionalise the Society, the new Strategic document focuses on how HIS can better deliver for an increased membership, grow its reach through global collaboration, advocacy and influence, and go further to advance the research that underpins excellence in clinical practice.

The five strategic objectives are:

### 1: Multi-disciplinary Engagement

Grow and support Society membership, nurture an inclusive community and deliver resources that meet the community's needs.

### 2: Education and Training

Equip all IPC professionals with the knowledge and skills necessary to effectively prevent infections to protect patients and each other.

### 3: Global Collaboration and Outreach

Strengthen global networks and partnerships to enhance the impact of IPC efforts worldwide.

### 4: Advance Research and Support Best Practice and Guidelines in IPC

Foster cutting-edge research, publish robust guidelines and support innovations that reduce the incidence of HAIs.

### 5: Advocacy and Influence

Influence healthcare and research policy and practice, advocating for all in the field of IPC.

To meet these strategic objectives, the Society has:

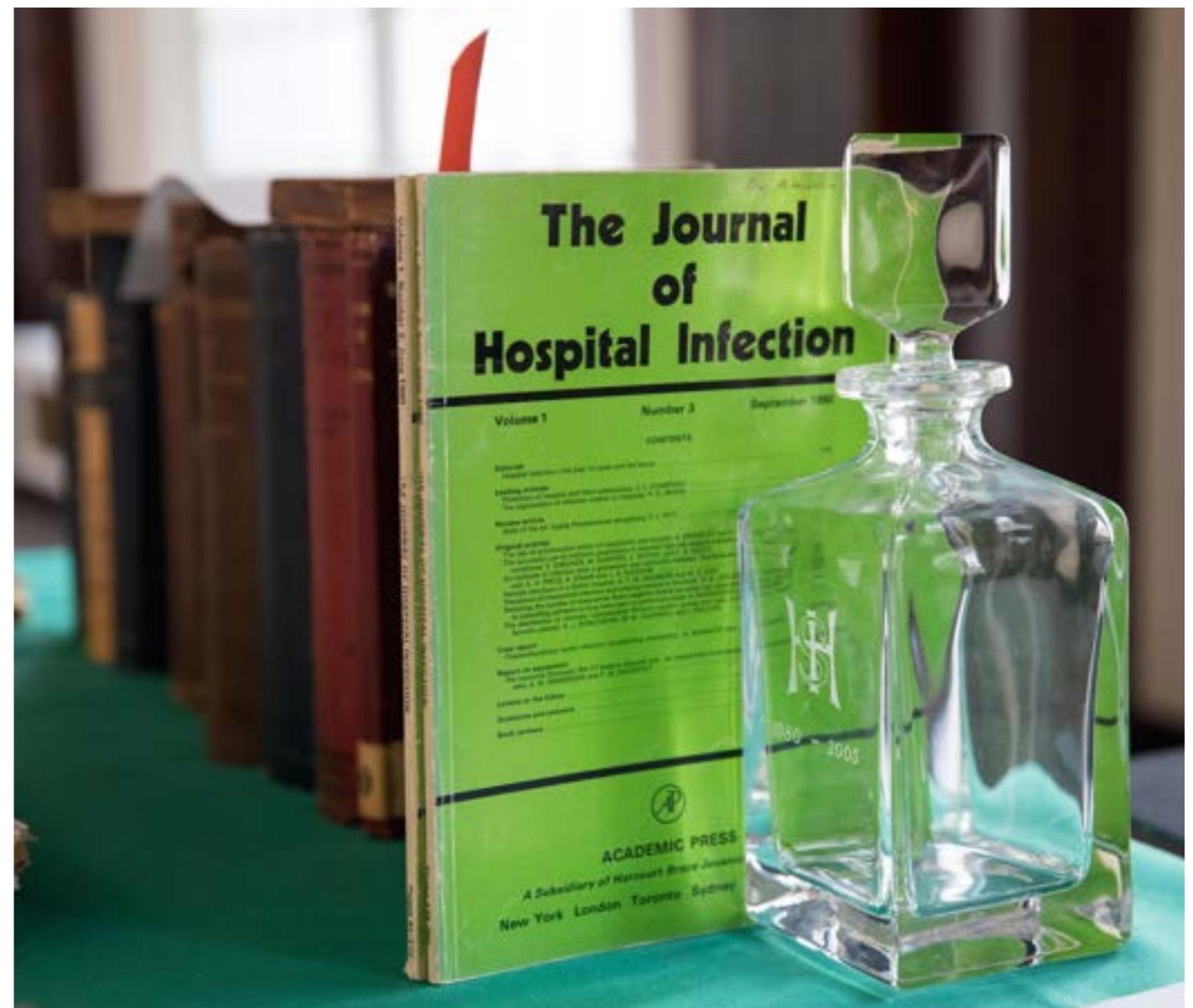
- Launched two pilot Special Interest Groups (SIGs) to focus the strategic direction of funded research and campaigning.

- Shared evidence and best practice via a programme of training, education and events.
- Produced evidence-based publications and guidance with accompanying resources.
- Identified knowledge gaps in the broader UK policy platform which relate to IPC.
- Allocated research funding, driven strategic collaborations, and engaged in other activities that support and represent HIS members.

Society activities are developed and reviewed during meetings of HIS Council, and progress towards the delivery of key objectives is reviewed annually.

## How do we raise funds?

HIS generates income through its core charitable activities, including publications, conferences, training and educational events, and membership fees. Additionally, the Society has managed investment funds, generates rental income from two floors of its headquarters at Montagu House, and engages corporate partners to sponsor elements of the Society's activities.





## Driving **change** to fight healthcare associated infections

### Who we are

We are **interdisciplinary experts** in the prevention and control of infections

We **inspire** generations of professionals to tackle healthcare infection through training, education and collaboration

We **support** everyone in healthcare collaborate to reduce avoidable healthcare-associated infections

We **pioneer** world leading science and drive effective practice

We **prevent** healthcare-associated infections globally by sharing research, evidence and best practice

### Key objectives



**Multi-disciplinary Member Engagement**  
Grow and support our membership, nurture an inclusive community and deliver resources that meet their needs.



**Education and training**  
Equip healthcare professionals with the knowledge and skills necessary to effectively prevent and control infections.



**Global Collaboration and Outreach**  
Strengthen global networks and partnerships to enhance the impact of IPC efforts worldwide.



**Advance research and support best practice guidelines in IPC**  
Foster cutting-edge research, guidelines and support innovations and sustainability that reduce the incidence of HCAs.



**Advocacy and Influence**  
Influence healthcare policies and practices to prioritise IPC and patient safety.

Uniting professionals to reduce HCAs - HIS Strategy 2025-2030



# Our core activities

## Education and events

The Society delivers a programme of conferences, focused training courses and online training developed by experts.

The Society's educational events support the professional development of IPC specialists at every stage of their career and professional level, and are mapped to the [NHS England \(NHSE\) Educational Framework](#).

## Guidelines and guidance

The Society [develops clinical practice guidelines](#) that conform to indicators of quality specified in the [Appraisal of Guidelines for Research & Evaluation Instrument \(AGREE II\)](#) for evaluating guideline development methodology and reporting. The guideline Working Parties (WPs) are comprised of IPC professionals and Lay members with experience of infection acquired in health and care settings.

## Grants

HIS [provides grants](#) to fund IPC-related projects in a variety of settings. Funds are available to researchers and clinicians at all career stages working in a range of disciplines related to IPC, with multidisciplinary projects and collaborative approaches encouraged.

The [HIS Research Strategy](#) includes details of funding priorities in areas which are particularly important for the Society. The suitability of the Society's research grant portfolio is frequently assessed to ensure it is a good fit for the IPC research community and the Society.

## Publications

HIS publishes two internationally respected journals the [Journal of Hospital Infection](#) (JHI) and [Infection Prevention in Practice](#) (IPIP).

The JHI was founded in 1980 and has promoted research in IPC and medical microbiology since that time. IPIP was launched in 2019 as a gold open access journal, and has a strong focus on localised outbreaks, outbreak reporting and IPC in lower- and middle-income countries. Both journals are published in collaboration with Elsevier.

## Special Interest Groups for research and advocacy

This year, HIS commissioned two [SIGs](#). The Wastewater and AMR SPARC develops priority questions and seeks funding for research and innovation within the topic of wastewater and AMR. The Built Environment Infection Prevention Initiative (BEIPI) seeks to reduce the burden of AMR HAIs by campaigning to embed IPC into the planning, design, construction and operation of healthcare buildings.

## Consultations, collaborations and influence

HIS engages with the IPC and healthcare communities through participation in external consultations with local and international organisations, by collaborating with other organisations on events, and by connecting members with collaborators who share the goals of the Society.



# Who delivers for HIS?



## Our members

The HIS membership network is formed of over 1,300 individuals who are experts in the prevention and control of HAIs. While members are predominantly consultant microbiologists and infectious diseases physicians or doctors enrolled on an infection specialty training programme, nurses, clinical scientists, research scientists and others with a demonstrable professional interest in preventing HAIs are also a vital part of the Society's membership network.

## Our volunteers

HIS is governed by HIS Council – a volunteer Board of Trustees which is supported in its activities by area-specific Committees, SIGs, WPs and Editorial Boards.

The Society remains immensely grateful to all its volunteers and their continued donation of time, expertise and experience to the Society.

## Our team

Over the year, the HIS staff team has grown from nine to 11 specialists who advise on and deliver activities for the Society.



# Why are we needed?

## HAIs pose a serious risk to human health, mortality and the financial sustainability of healthcare systems worldwide.

Infections acquired during, or as a result of, medical treatment in a healthcare setting endanger patients, staff and visitors. The WHO's Global Report on Infection Prevention and Control notes that, 'out of 100 patients hospitalised, seven will be infected with an HAI, the risk doubling and being up to 20 times higher in low- and middle-income countries'.<sup>1</sup> Along with increased illness and morbidity for those infected, HAIs incur major financial costs for the NHS and healthcare systems worldwide.

In recent years, the severity of the problem of AMR has compounded the dangers posed by HAIs, as many of the most common microbes driving HAI have become increasingly resistant to the antimicrobials which had previously formed a front line of defence against disease.

To invest in IPC measures is one of the most effective ways to lessen morbidity and cost from HAIs and AMR: 'compelling evidence shows that up to 70% of HAIs can be prevented by scaling up an array of effective IPC interventions'<sup>2</sup>. With an increased focus worldwide on the importance of IPC, excellence in IPC practice is a key priority for HIS members, for governments and for healthcare systems, and is vital to protect public health.

HIS will continue to ensure that healthcare professionals are supported to acquire the knowledge and skills necessary to deliver excellent clinical practice.

## Public benefit

## The Society benefits the public through the advancement of health, the improvement of safety in healthcare facilities and the saving of lives.

HAIs are a significant threat to public health, and to health security worldwide. HIS provides education, training, guidance and research evidence to support healthcare professionals to implement the best, evidence-led clinical IPC practice for patients, their families and the public more broadly. This year, the Society has increased its focus on AMR as a serious contributing factor in HAI.

The Society provides:

- Research funding to support the advancement of scientific research into HAIs, AMR and IPC in healthcare settings accessed by the public.
- Education and training events for healthcare professionals to ensure the highest standards in this key area of public health.
- The publication of two international journals, one of which is fully free for the public to access
- The formation of an accessible network of experts in the field of HAI prevention and control.
- The formation of SIGs to address key safety concerns in the healthcare-built environment.
- Collaborative working, to support non-IPC specialists such as engineers and architects to interface successfully with IPC teams.

<sup>1</sup> World Health Organization, Global Report on Infection Prevention and Control. Geneva: WHO, 2022.

<sup>2</sup> Ibid

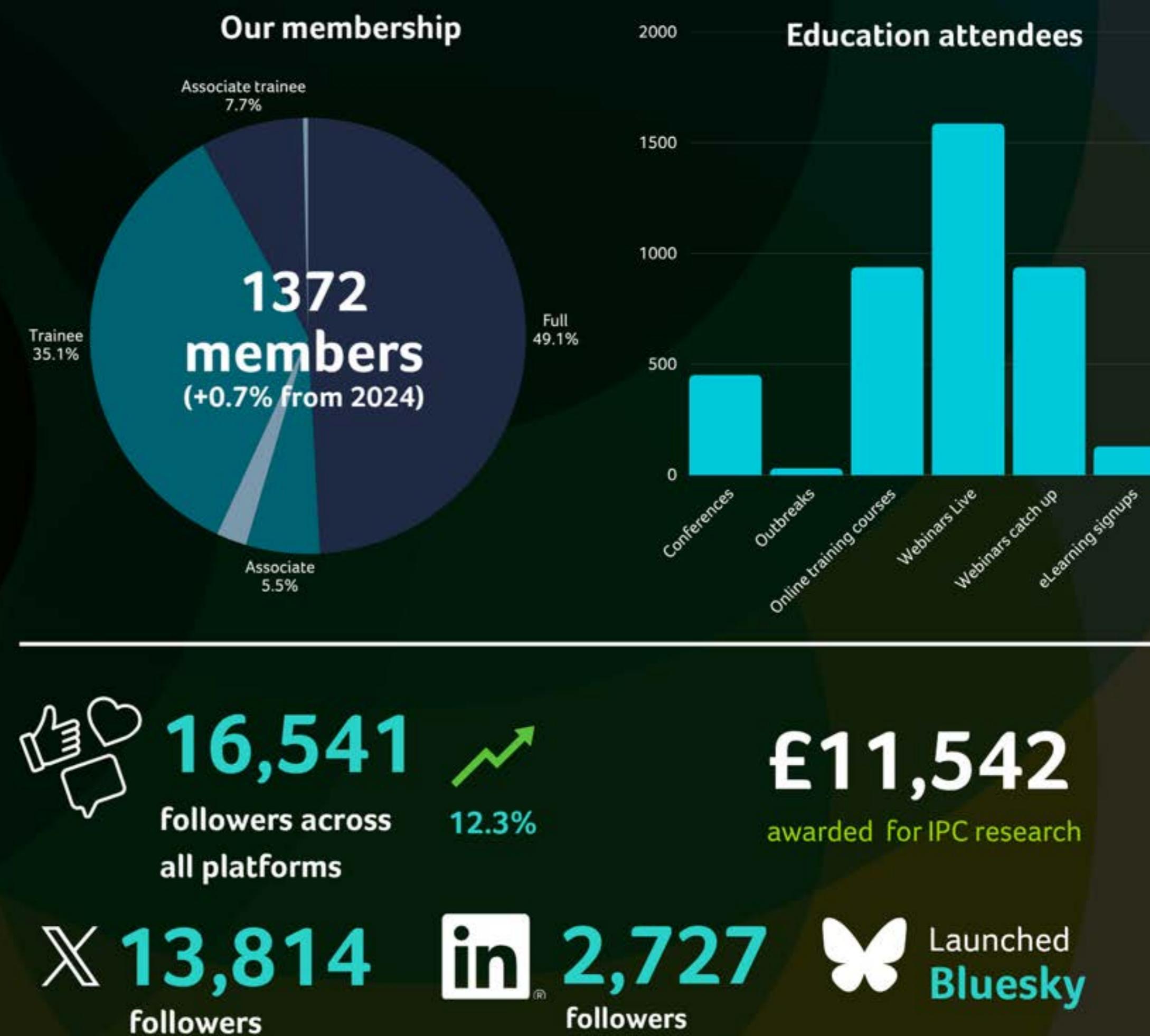
- Patient leaflets, summaries and accessible documents so non-specialists can better understand IPC practices when they access healthcare services.
- Engagement with industry, which leads research and development into many of the devices, products and tools used by IPC professionals to protect patients.

This report demonstrates how the Society's charitable funds for the reported year were distributed and spent, and the benefits and impact of this on the advancement of medical research and clinical practice.

The Society has referred to the Charity Commission's guidance on public benefit when reviewing its aims and objectives and in planning for future activities. The trustees confirm that HIS has complied with its duty to have regard for the guidance on public benefit published by the Charity Commission on exercising its powers and duties.



# Our impact





Here the trustees present their annual report of progress and financial statements for the year ended 31 March 2025, which has been prepared in accordance with FRS102 and the Charities Statement of Recommended Practice (SORP) 2019.

All data reported throughout pertains to the tax year 2024–2025 unless otherwise stated.



# Our progress 2024 – 2025

## Membership

**In the period of this report, HIS membership numbers grew from 1,362 to 1,372.**

As of March 2025, the membership comprised 674 Full members (2024: 677), 75 Associate members (2024: 84), 482 Trainee members (2024: 476), 31 Emeritus members (2024: 37), 105 Associate Trainee members (2024: 83) and five Honorary members.

During the year, the Society implemented a membership communication scheme to increase renewals by contacting members before their membership lapsed.

In August, work began to revamp the look, feel and functionality of the [membership portal](#). All members access this portal online to organise their HIS payments, event bookings and access to journals and membership areas of the website. The membership application forms will be much improved, and the membership renewal process has been streamlined for ease of renewal in just a few clicks.

These changes are all expected to launch publicly in June 2025. It is hoped that HIS members will enjoy the simplified and modernised portal.





# Education and events

## Key events

### HIS Annual Conference 2024 (HISCON)

**Risk management in IPC: Assessing and addressing the routine and the rare (24-25 June 2024, London)**

The Society held its inaugural [HIS Annual Conference in June 2024](#), merging the programmes of the HIS Spring Meeting and *Don't Panic!* events.

The programme featured a diverse range of plenary presentations, oral abstract presentations, debates and discussion on topics including environmental risk, surveillance, preparedness and sustainability.

The event attracted an audience of 167 attendees and a sold-out trade exhibition featuring nine companies.

### Federation of Infection Societies (FIS) International Conference 2024

**(20-22 November 2024, Liverpool)**

HIS hosted the 2024 [FIS International Conference](#), which returned to a fully in-person, three-day format for the first time since the COVID-19 pandemic.

The event was one of the biggest and most successful FIS Conferences in years, attracting 703 attendees and speakers. HIS delivered ten sessions:

- IPC to Protect the Planet as well as People.
- Healthcare Built Environment Microbiomes: Understanding Colonization.
- Unique Paediatric Considerations in the Prevention of Healthcare-associated Infections.
- A Global Perspective on Surgical Site Infection: New Work from the HIS Journals.
- Bridging the Clinical–Research Gap.
- Lessons Learned and Future Pandemic Preparedness.
- Leadership as a New Consultant Workshop.
- A Tale of Two Parts: Navigating the FRCPath Exams Workshop.
- Spotlight on Industry: Dragon's Den.
- The Annual Lowbury Lecture, presented by Dr Ling Moi-Linn.

### IPC Route to Net Zero Conference

**(10 December 2024, online)**

HIS partnered with Infection Prevention Society (IPS) to deliver the online [IPC Route to Net Zero Conference](#).

The event was freely available to members of both societies with income from non-member registrations and event sponsors being shared equally between both societies. The event was sponsored by Tork and DiffX.

The programme included a varied lineup of IPC and healthcare professionals, and included a keynote presentation by the Chair of the UK Health Alliance of Climate Change (UKHACC), Richard Smith.

A total of 285 delegates registered for the conference, of which 191 attended live.



## Education programme

### HIS/UKHSA Foundation Course in IPC

In collaboration with UKHSA, HIS runs a five-module [Foundation Course in IPC](#). In the year covered by this report, the course ran two iterations with a total of 103 delegates attending.

### Water and Wastewater Safety in Healthcare

In April 2025, HIS piloted a newly developed course on [Water and Wastewater Safety in Healthcare](#) for a cohort of 30 delegates. Topics covered related to the understanding and identification of the risks presented by water distribution systems in healthcare, the periphery of the water system and wastewater systems.

Learning from the pilot, the course was further developed over the next six months to offer delegates three segments of prework to review before attending four afternoons of live online workshops in October 2024.

To prepare for the course, HIS developed the [new HIS eLearning platform](#), allowing the Society to host each segment of the course as a series of trackable sessions that, upon completion, present the learner with a self-assessment and score. Attendees can also submit feedback and questions to be shared with an expert panel.

The first cohort in October sold out with an attendance of 40.

### HIS Trainee Education Programme

The HIS structured [Trainee Education Programme](#) was initially developed for infection trainees and comprises of independent, one-day training sessions delivered on a rolling basis.

In 2024, the programme was revised and rebranded as 'IPC Training Days' to meet the educational needs of trainees and the wider community of multi-disciplinary professionals working in the field of IPC. This revision saw the introduction of registration fees for Trainee members to secure the financial security of the HIS education programme.

Four sessions were delivered this year:

	Number registered	Number attended
3 July 2024 - Aspects of decontamination	273	218
11 Sept 2024 - Reducing Harm to Patients and Improving Quality of Care	253	227
6 Nov 2024 - Public Health aspects of IPC, including implications of travel	257	218
<b>Registration fees introduced for Trainee members</b>		
25 Feb 2025 - Environmental aspects of IPC: risks and solutions	192	182



## Other courses

### Outbreaks Training Course

Three instalments of the [Outbreaks Training Course](#) were delivered in October 2024 and March 2025 to a total of 32 participants. The course is designed for senior members of infection control teams with an aim to develop knowledge and key practical skills in investigating and managing a HAI outbreak investigation.

### IPC Leaders' Development Programme

The HIS [IPC Leaders' Development Programme](#) consists of a series of six independent, one-day events, which cover the current challenges faced by those working in IPC leadership roles. Two further events were delivered online on the topics 'IPC aspects of services and infrastructure' (60 registrants) and 'Quality improvement and education' (42 registrants).

### Webinar series

Delivering education through webinars provides an effective way for HIS to respond to topical and emerging developments in infection, to increase accessibility and participation to a wider audience and to collaborate with other organisations. Recent webinars include:

- Bridging the Knowledge Gap: Harnessing the Benefits of Cross-Disciplinary Insights Between IPC Professionals, Architects and M&E Consultants (331 attendees, 143 viewed on demand).
- Spotlight on Guidelines: Faecal Microbiota Transplant (92 attendees, 80 viewed on demand).
- Journal Club: It's in the Water? Addressing Risks from Healthcare Water Systems, in collaboration with IPC Partners (262 attendees, 343 viewed on demand).
- Controlling Outbreaks in Healthcare: The Role of Environmental Hygiene, in collaboration with EUCIC (283 attendees, 153 viewed on demand).
- *Candidozyma (Candida) Auris*: Responding to an Emerging Threat to Public Health, in collaboration with UKHSA (619 attendees, 218 viewed on demand).

HIS webinars are [available to members](#) on the HIS website.





# Guidelines and guidance

The HIS process for developing evidence-based guidelines was accredited by the National Institute for Health and Care Excellence (NICE) from March 2015 until the closure of the NICE accreditation programme in July 2024. During the accreditation period, the Society adopted the system for assessing evidence and formulating recommendations for clinical practice developed by the Grading of Recommendations Assessment, Development and Evaluation (GRADE) working group. The GRADE approach continues to be used by HIS throughout 2024–2025.

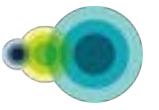
## Completed guidelines

The use of faecal microbiota transplant as treatment for recurrent or refractory *Clostridioides difficile* infection and other potential indications: second edition of joint British Society of Gastroenterology (BSG) and Healthcare Infection Society (HIS) guidelines. DOI: [10.1016/j.jhin.2024.03.001](https://doi.org/10.1016/j.jhin.2024.03.001)

## Guidelines in development

The society has several programmes of Guidelines at various stages of approval and development which will be published in the coming years:

- Microbiological commissioning and monitoring of operating theatre suites.
- Prevention and control of infection in burns units.
- Infection prevention and control of Group A streptococcal infection in acute healthcare and maternity settings in the UK.
- Water management for healthcare microbiologists.
- Prevention and control of *Aspergillus*.
- epic4 (led by the University of West London in collaboration with HIS and the IPS).
- Environmental sampling to detect multidrug-resistant bacteria and *Clostridioides difficile* for infection prevention and control purposes (joint with the European Society of Clinical Microbiology and Infectious Diseases (ESCMID)).



# Grants

## Public Engagement Grants

The Society's Public Engagement Grants provide funds to support events or activities where aspects of clinical microbiology, IPC and HAIs are promoted to the public and other relevant stakeholders.

In November 2024 HIS awarded **£1,000** to Val O'Brien and Robert Spencer of the Central Sterilising Club (CSC), to co-support the publication of a book, *The Principles of Medical Device Decontamination*. This publication was co-sponsored by CSC, HIS, IPS, the Institute of Healthcare Engineering and Estates Management (IHEEM) and Institute of Decontamination Sciences (IDSc).

## 2024 Summer Studentships

The HIS 2024 Summer Studentship Scheme supports student interest in IPC and medical microbiology. This scheme provides students with research experience in a project that directly relates to the clinical practice of IPC in preventing HAIs. The scheme can be used to generate preliminary data for further grant applications.

The 2024 Summer Studentship grant of **£3,700** was awarded to Andrew Kirby (University of Leeds) to support student Shakeela Brown on an eight-week project entitled 'The isolation of multidrug-resistant Gram-negative bacteria from sinks in hospitals'.

## Travel grants

HIS offers travel grants to support members in an early-career or trainee post to present their research at a scientific conference or meeting. The grant contributes to registration, travel, accommodation, and subsistence costs. Eligible conferences must have a strong focus on IPC and HAIs.

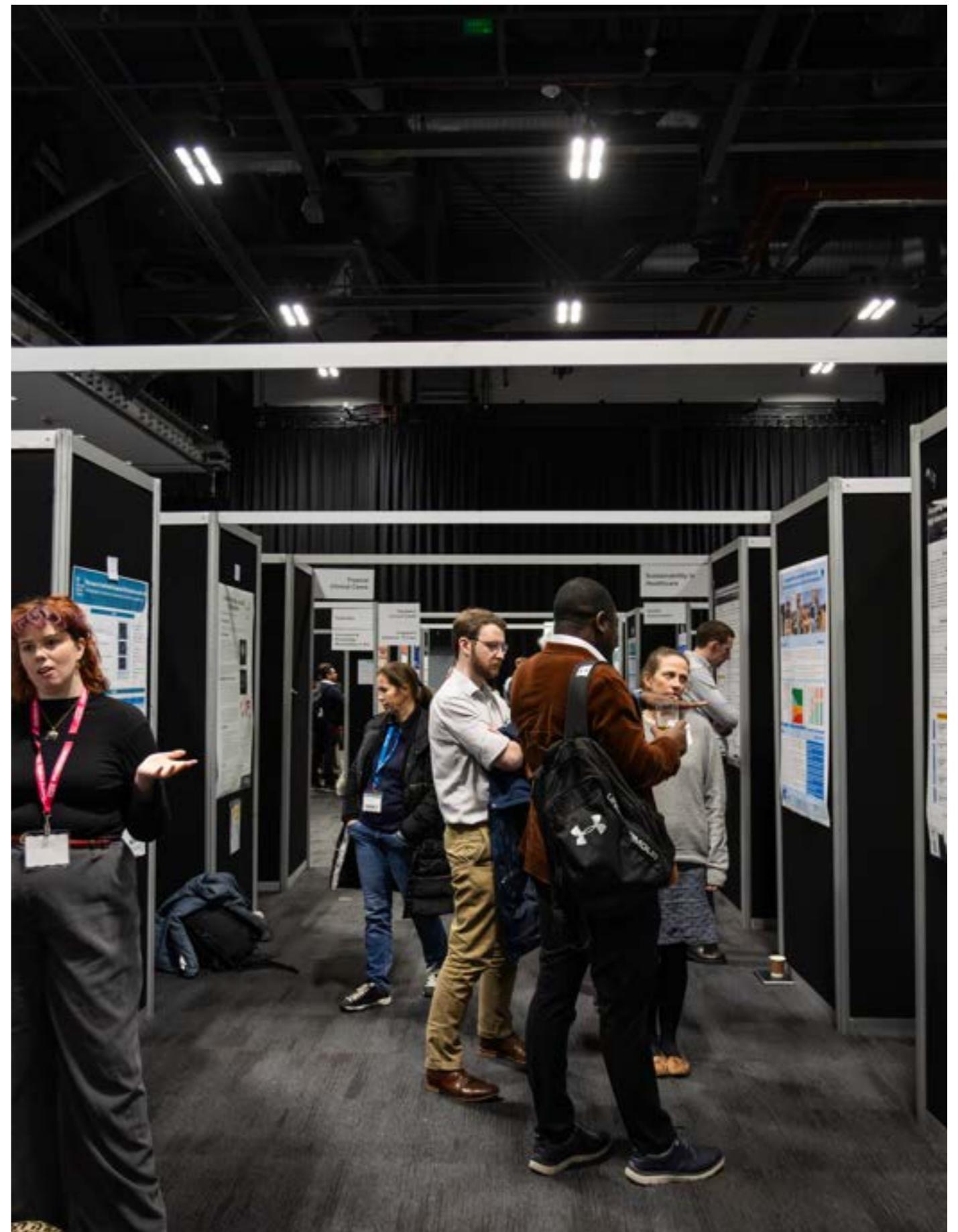
The following HIS Travel grants were awarded between 1 April 2024 and 31 March 2025 to a total value of **£4,960.96**.

- **Julie-Anne Houlihan** FIS|HIS 2024
- **Opeyemi Makanjuola** FIS|HIS 2024
- **Saba Farrukh** FIS|HIS 2024
- **Edward Monk** Conference of Applied Infectious Disease Epidemiology
- **Ioannis Baltas** Conference of Applied Infectious Diseases Epidemiology
- **Jack Stanley** Conference of Applied Infectious Diseases Epidemiology
- **Lauren Hookham** ESCMID/ASM Conference: Meet the Challenge of Antimicrobial Resistance

## SIG grants

In March 2025, the Society provided **£1,881** to support a scoping meeting of SPARC – a working group commissioned by HIS to advance knowledge in the priority area of AMR and wastewater.

SPARC will work across specialities and sectors, and across HIS, to co-ordinate efforts to reduce the patient impact of priority healthcare infections caused by wastewater and AMR.





## Publications

### ***Journal of Hospital Infection***

The JHI publishes high-quality, peer-reviewed research and commentary relating to IPC in healthcare settings. It is a monthly publication and continues to be a leading journal in its field.

#### **Overview**

- Clarivate Analytics impact factor 2023: 3.9
- Submissions: 1,318
- Articles published: 276
- Time from submission to first decision: 14 days
- Time from submission to publication: 13 weeks
- Article downloads: 1,511,393
- Clarivate infectious diseases category: 32/132
- Clarivate public, environmental and occupational health category: 60/403

#### **Most-downloaded papers this year:**

McAndrew F, Abeysuriya RG, Sacks-Davis R, Sammann M, Lister DM, West D, Majumdar SS, Scott N. [Admission screening testing of patients and staff N95 respirators are cost-effective in reducing COVID-19 hospital-acquired infections](#). October 2024.

Mullish BH, Merrick B, Quraishi MN, Bak A, Green CA, Moore DJ, Porter RJ, Elumogo NT, Segal JP, Sharma N, Marsh B, Kontkowski G, Manzoor SE, Hart AL, Settle C, Keller JJ, Hawkey P, Iqbal TH, Goldenberg SD, Williams HRT. [The use of faecal microbiota transplant as treatment for recurrent or refractory \*Clostridioides difficile\* infection and other potential indications: second edition of joint British Society of Gastroenterology \(BSG\) and Healthcare Infection Society \(HIS\) guidelines](#). June 2024.

Livesey A, Quarton S, Pittaway H, Adiga A, Grudzinska F, Dosanjh D, Parekh D. [Practices to prevent non-ventilator hospital-acquired pneumonia: a narrative review](#). September 2024.

#### **Special Issues and papers of note:**

- April 2024: [Surgical Site Infection](#): The perspective from East Asia, ed. by Keita Morikane
- May 2024: World Health Organization [World Hand Hygiene Day 2024](#)
- June 2024: New Guidelines: [The use of FMT as treatment for recurrent or refractory \*C. diff\* infection](#)
- June 2024-November 2025: Healthcare water systems and wastewater disposal, ed. by Shanom Ali
- November 2024: [Infection prevention and control in refugee and conflict settings](#)
- November 2024: [World Antimicrobial Resistance Awareness Week 2024 \(WAAW\)](#)
- January 2025-present: [Special Section on Integrated infection prevention and control and antimicrobial stewardship strategies to reduce infection and antimicrobial resistance in healthcare: a global perspective](#)

The core Editorial Team of the JHI are Editor in Chief (EiC) Nikunj Mahida and Editors Martyn Wilkinson and Luke Moore. The Editors are supported by the [International Editorial Board \(IEB\)](#), consisting of 113 members from 28 different countries.



The JHI Editorial Team are currently working with Guest Editor Prof. Benedetta Allegranzi (WHO), on a global perspective on integrated infection prevention and control and antimicrobial stewardship strategies to reduce infection and antimicrobial resistance in healthcare, the first papers of which were published in early 2025.

## ***Infection Prevention in Practice***

IPIP launched in March 2019 as the Society's first fully open access journal. It is competitively priced and provides a freely-available resource to professionals and researchers working in the field of IPC, irrespective of their funding, location or the availability of institutional access.

### **Overview**

- First Clarivate Analytics impact factor 2023: 1.8
- Submissions: 294
- Articles published: 82
- Time from submission to first decision: 30 days
- Time from submission to publication: 22 weeks
- Article downloads: 219,128
- Clarivate infectious diseases category: 94/132
- Clarivate public, environmental and occupational health category: 239/403

### **Most-downloaded papers this year:**

Fallatah DI and Adekola HA. Digital epidemiology: [harnessing big data for early detection and monitoring of viral outbreaks](#). September 2024.

Almuzara M, Cittadini R, Traglia G, Haim MS, De Belder D, Alvarez C, de Lourdes Reynal O'Connor Z, Ocampo CV, Barberis C, Prieto M, Campos J, Vay C. [Phytobacter spp: the emergence of a new genus of healthcare-associated Enterobacterales encoding carbapenemases in Argentina: a case series](#). September 2024.

Orlando S, Cicala M, De Santo C, Mosconi C, Ciccacci F, Guarante L, Carestia M, Liotta G, Di Giovanni D, Buonomo E, Riccardi F, Palombi L, Emberti Gialloreti L. [The financial burden of healthcare-associated infections: a propensity score analysis in an Italian healthcare setting](#). March 2025.

### **Special Issues and papers of note:**

- November 2024: [Infection prevention and control in refugee and conflict settings](#)
- March 2025: [MRSA: The enduring foe](#)

IPIP was first indexed in PubMed in July 2021, in Scopus in early 2022, and in Clarivate's Emerging Sources Citation Index and other databases in August 2023. This year, we are delighted that the journal has received its first impact factor of 1.8 – a strong entry score for a young open access title.

The Editor in Chief of IPIP is Gemma Winzor, who has worked on IPIP since launch. During the period of this report, Editor Pauline Jumaa stepped down at the end of her term, and Simon Ching Lam stepped into the role in November 2024. The core Editorial Team are supported by the journal's independent IEB, [composed of 19 members from ten different countries](#).





# Consultations, collaborations, influence

HIS engages with the IPC and healthcare communities through participation in external consultations with local and international organisations, and by connecting members with collaborators who share the goals of the Society.

## Consultations

Topic	Consultation
UK SMI S 13: Painful and/or discharging ear	UK Health Security Agency (UKHSA)
ESGNI survey on follow up of carriers of Carbapenemase producing Gram-negatives	European Society of Clinical Microbiology and Infectious Diseases (ESCMID)
NICE quality standard on meningitis (bacterial) and meningococcal disease (update)	NICE
NICE guideline on suspected sepsis: recognition, diagnosis and early management – source control, rapid antigen tests for sepsis, indicators of organ hypoperfusion, intravenous fluids, and vasopressors, in the NEWS2 population (Draft scoping exercise)	NICE
NICE guidelines on suspected sepsis: recognition, diagnosis and early management (update)	NICE
NICE guideline on meningitis (bacterial) and meningococcal disease: recognition, diagnosis and management	NICE
RSSPPP: Service specification for specialised infectious diseases services	NHS Wales
NICE acute respiratory infection in over 16s: initial assessment and management, including using virtual wards quality standard	NICE
Launch of consultation on removal of the European Commission Decision Reliance Procedure (ECDRP)	Department of Health Pharmacy Consultations
UK SMI ID 06: Identification of <i>Neisseria</i> species	UK Standards for Microbiology Investigations (UK SMI)
UK SMI ID 15: Identification of <i>Actinomyces</i> and reclassified species	UK SMI
Acute respiratory infection in over 16s: Initial assessment and management	NICE
NICE quality standards advisory committee 3 - 21 September 2023: neonatal infection update	NICE
NICE guidelines development manual sections 2, 5, 9, 11, 12, appendix L	NICE
<i>Candida auris</i> : update to management guidance	UKHSA
NICE quality standard on neonatal infection update	NICE
Infection prevention and control framework for the specialist infection prevention and control practitioner workforce	NHS England
Automatic water fire suppression systems in a healthcare setting	NHS England
Health building note 00-03: clinical and clinical-support spaces	NHS England
Consultation on interim methods and process statement for including NICE technology appraisal recommendations in guideline topic areas	NICE
Technical engagement: National Estates Technical Bulletin (NETB) HTM 04-01: NTMs - interim update to the current Health Technical Memorandum (HTM) 04-01 Safe water in healthcare premises (2016)	NHS England
Technical engagement: Health Building Note (HBN) 10-01: facilities for surgery	NHS England



## Collaborations

HIS is represented on numerous national and international committees, working groups and other forums that are listed below with the current HIS members involved, up to 31 March 2025.

- Academy of Medical Royal Colleges Clinical Reference Group | Lucía Pareja Cebrián
- Centre for Sustainable Healthcare | Sarah Walpole
- Decontamination Professional Expert Communication Forum | Robert Spencer
- Eco-maternity IPC Maternity Board | Shanon Ali
- European Network to Promote Infection Prevention for Patient Safety | Aggie Bak and Siobhan Kelly
- Infection Prevention in the Built Environment – an integrated approach | Michael Weinbren and Manjula Meda
- IPS: Research and Development Group | Chris Settle
- Microbiology Professional Committee within UKMedLab- reviewing guidance for employing a Consultant Clinical Scientist in Microbiology | Leila White
- National Quality Assurance Advisory Panel for Medical Microbiology | James Price
- New Hospital Programme | Chris Settle and Manjula Meda
- NHSE/I IPC Education Framework Part 2 | Manjula Meda
- Principles of Asepsis/Aseptic Technique Consensus Statement | Vicky Gentry
- RCPPath: Infection Training Speciality Advisory Committee | Laura Prtak
- RCPPath: Medical Microbiology and Medical Virology Speciality Advisory Committee | Gayti Morris
- Royal College Physicians Joint Specialist Committee for Infectious Diseases | Chris Settle
- Surgical Site Infection Awareness Initiative | James Price
- UKHSA: Standards for Microbiology Investigation Steering Group | Manjula Meda
- UKHSA Working Group to Review and Update Guidance on the Diagnosis and Management of PVL-SA in England | James Price
- UK Health Alliance on Climate Change | Sarah Adibi, James Price and Sarah Walpole
- University of West London Project Advisory Group IPC Services and Pandemic Preparedness | Leila Hail

## Federation of Infection Societies

Since December 2023, HIS and the British Infection Association have collaboratively hosted the annual FIS International Conference in rotation.

HIS will continue to host an International Conference every two years branded as FIS|HIS International (occurring next in 2026).

The unique breadth and range of communities that participate in FIS are key to its success, and the cross-fertilisation that occurs between different networks and membership groups. The hosting societies will continue to develop multidisciplinary educational opportunities.



# Communicating our activities

Through 2024–2025, the HIS Communications Team increased the Society's visibility and deepened engagement with members, stakeholders, and the wider IPC community. Through strategic campaigns, refreshed visuals and targeted outreach, the team strengthened HIS's position as a trusted voice in IPC. Highlights include:

## Built environment campaign

A strong focus was placed on the built environment and its impact on IPC. The campaign began with a built environment webinar, which attracted over 1,000 registrations and demonstrated demand for expert-led content on this topic. Building on that momentum, the inaugural HIS Annual Conference, HISCON, centred on key issues such as hospital water safety, further cementing the Society's role in leading this conversation.

These efforts culminated in the creation of the Silent Pandemic Workshop, which brought together IPC professionals and the construction sector to call for urgent changes in hospital design and resulted in the Society's most engaged-with post on LinkedIn to date.

## Launch of Corporate Partnership Programme

Introduced in August 2024, the [Corporate Partnership Programme](#) creates a structured framework for collaboration with industry leaders and was launched via a dedicated communications push that showcased new engagement routes for partners including webinars, blogs and exhibitor attendance.

## Media and thought leadership

HIS featured in [The Guardian's AMR and Infectious Diseases supplement](#) (November 2024), where Chair Manjula Meda highlighted the threat of carbapenem resistant organisms in hospital wastewater, raising national awareness. The Silent Pandemic Workshop was covered in the [Health Estates Journal](#).

## Visual refresh

A cleaner, more consistent look was introduced for the Society's social media graphics. The refreshed style enhances brand professionalism and drives stronger brand recognition across platforms. The member newsletter was given a fresh new look designed to improve readability, highlight key content and better reflect the Society's expertise and activities. It was rebranded 'IPC Insights'.

## Website improvements

The [news section](#) was redesigned for improved navigation, accessibility and content discovery, making it easier for users to stay informed about Society activities. A programme of continuous improvement in collaboration with the website developers was planned to launch in 2025.

## Digital growth

LinkedIn engagement hit a record high in March 2025 following The Silent Pandemic workshop, and all channels saw sustained increases in impressions, clicks, and follower growth. Engagement with X (Twitter) saw a temporary dip following the US presidential election, reflecting wider platform instability during that period, but overall digital performance remained strong. The Society also launched Bluesky accounts for the JHI and the Society, which are gradually growing in followers.





## Financial Review

**The Society continues to be in a healthy financial position, with total funds of £7.1m as at 31 March 2025 (2024: £7.0m).**

The net surplus for the year of £79k (2024: net deficit £705k) comprises an operational surplus of £118k (2024: £436k deficit), investment losses of £11k (2024: £132k), and a £28k fixed assets revaluation loss (2024: £137k).

Further details are set out in the Statement of Financial Activities on page 72, the Balance Sheet on page 73, and the associated notes to the financial statements.

### Our income

The Society's income is generated through certain of its charitable activities – the journals, conferences, educational events and membership – as well as from its investment funds. The latter comprise a portfolio of quoted investments that generates dividends and interest, and the commercially let portion of Montagu House that generates rental income.

### Our expenditure

The Society's income is used to fund the Society's charitable objectives, which are met through activities in the field of IPC. As well as the income-generating activities noted above, these include research and guidelines, and grants and other awards.

### Our reserves

In alignment with its two types of income source (providing charitable services and investing accumulated funds) the Society manages its reserves in general funds and designated funds. Designated funds are ringfenced to maintain a level of investments that will provide a stable recurring investment income stream to fund long-term charitable impact. They also include operating tangible fixed assets that cannot readily be converted to cash. Trustees may from time to time add future expenditure commitments to designated funds. General funds are held to provide working capital for the Society's activities and as a buffer against financial risk. The Society calibrates minimum general funds reserves levels by means of a five-year financial plan, which is updated annually. Based on the relevant five-year plan, the target general funds level at 31 March 2025 was £691k, while the actual general funds were £715k.

### Going concern

The trustees have assessed whether the use of the going concern basis is appropriate, taking account of possible events or conditions that might cast significant doubt on the ability of the charity to continue as a going concern. In particular, the trustees have considered the current and forecast financial position and performance, and the adverse impact of potential risks were they to crystallise. The trustees have concluded that the Society has adequate resources to continue in operation for at least 12 months from the approval of the financial statements. The Society therefore continues to adopt the going concern basis in preparing its financial statements.



# Governance review

## Investments

The Society holds its investment portfolio with the investment manager, Sarasin and Partners LLP. The trustees operate an investment strategy of balanced risk, seeking to provide income to fund Society activities while protecting capital value in real terms through longer-term growth. Investments are therefore diversified between short-, medium- and long-term funds, integrating medium-term liquidity requirements, while maximising returns and growth in longer-term funds. The funds are benchmarked against relevant composite indices. The Society applies ethical restrictions: the funds include no investment in tobacco manufacturers and avoid investee companies that generate significant revenue from alcohol manufacture, armaments, gambling or pornography.

## Financial risk

The main risk to the Society from financial instruments lies in the combination of uncertain investment markets and volatility in yield. The Society is reliant on dividend yield in part to finance its work and this leads to greater exposure to international companies, the values of which, together with their yield are exposed to exchange rate risk when converting the holdings into sterling. The Society manages these investment risks by retaining expert advisers and operating an investment policy that provides for a high degree of diversification of holdings within investment asset classes that are quoted on recognised stock exchanges. The Society does not make use of derivatives and similar complex financial instruments as it takes the view that investments are held for their longer-term yield total return.

## Pensions

The Society provides staff a defined contribution workplace pension through the People's Pension. The Society matches employee contributions to a maximum of 7%.

## Financial Plans

Following a period of financial deficits, the trustees have determined that the Society will stabilise funds for optimal long-term charitable impact in IPC by planning for sustained annual financial break-even results from no later than the 2026/27 financial year onwards.

## Structure, governance and management

### The nature of our governing document and how the charity is constituted

The Society's governing document is the current Constitution, which incorporates elements of the Society's previous documents into the current requirements of the Charity Commission for a charitable incorporated organisation (CIO). In recent years, the Constitution has been amended in line with changes to the Society's membership and governance structure.

The Constitution was amended in November 2021, to specify that the election of trustees should follow an open recruitment process with a published call for nominations from the membership. Following the open call, trustees make the final recommendations in terms of the selection of candidates bases on the current skills gap on Council.

### Council and Committees

As a charity, HIS is governed by Council who may co-opt members and appoint Committees. HIS Council is made up of members of the Society (except for the Lay member) who are either appointed by Council or elected by the membership for a defined term. Only Full and Trainee members of the Society are eligible to be trustees.

### Council

There are a maximum of 13 trustees of the Society, all of whom are members of Council.

### Officers:

**President** Elected by Council members for a single term of four years

**Chair, Secretary and Treasurer** Elected by Council members for a three-year term and may be re-elected for one further term of three years

**EiC of the JHI** Appointed by Council for an initial three-year term extendable for two further two-year terms.

### Ordinary Council members:

Seven Ordinary Council members are selected from a call for nominations from Full and Trainee members of the Society. The selection of trustees who serve as Ordinary members of Council (should the number of nominations exceed the number of vacancies) is managed by a review by trustees of applications received against an audit of skills and experience gaps within Council.

### Lay member:

The Lay member is not a member of the Society and is recruited via advertisements in national and charity media outlets.

### Co-opted members:

Currently, in addition to trustee members of Council, there may be members co-opted onto 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 for up to three years.

The Chairs of Committees are appointed for three years in the first instance, but trustees can extend this term by a further two years.

Neither the Chairs nor Co-opted members are trustees by virtue of their position on Council.

## Committees

HIS Committees are formed through the election of representative members who are healthcare professionals who have volunteered to contribute to guiding and driving Society strategies and activities.

## Policies and procedures for the induction and training of trustees and Co-opted members

Trustees and Co-opted members participate in an induction, development and training session and are provided with the *Trustee and Co-opted Induction Handbook* which includes the Society's Constitution, details of Society policies and procedures and information on trusteeship from the Charity Commission. Trustees and Co-opted members also have access to online training material. A register of interests is maintained, and declarations of interests are made at all Council and Committee meetings.

## Governance reviews

The Society undertakes a governance review regularly to ensure that the charity continues to be compliant with the law and relevant regulations, and to ensure that the organisation functions in a way that works towards meeting the charity's purpose.

The committee structure was last reviewed and updated in 2019, at which time the current committee structure was implemented. The last governance review was carried out in 2021 when trustees were all invited to complete the [National Council for Voluntary Organisations' governance wheel](#).

A streamlined governance review is planned for 2025/6.

## The Governance Code

The Governance Code is a practical tool intended to help charities and their trustees develop high standards of governance. The trustees of the Society have used the principles included in the Governance Code to review the performance of Council on a regular basis since 2017. In addition, a review of trustee skills, contributions and training requirements is conducted regularly.

The Governance Code was refreshed towards the end of 2020, and the Society has understood and responded to the key changes to Principle 6: EDI.

## Equity, diversity and inclusion: developing and reviewing the strategy

In 2023 Council and staff took part in an EDI workshop delivered by [ChangeOut](#). Council agreed to new strategies to further ensure that every member has the opportunity to contribute to the goals of the Society as a trustee or Committee member. More information about the Society's EDI strategy can be found on the [HIS website](#).

## [HIS website](#).

In 2024, the EDI Focus Group was refreshed, and new HIS staff members joined. The Focus Group agreed EDI is more than strategy, policies, programmes or headcounts, and intends to produce a set of recommendations to be shared and approved by Council members to ensure the Society continues to address issues related to EDI and develops an infrastructure that regularly and continually monitors and improves EDI performance.

## Environmental, Social and Governance: developing and reviewing the strategy

The Society is committed to best practice in Environmental, Social and Governance (ESG) standards and is developing clear and robust ESG policies, both in the interest of regulatory compliance as well as to support a wider commitment to sustainability.

## Organisational structure and decision-making process

The business of the Society is conducted by Council, which meets quarterly. Council determines the strategy of the Society and reviews progress against its strategic aims and objectives. Council reports to the members via the AGM, by notices on the HIS website, and by email.

The officers, the CEO, the Chairs of the Standing Committees and the EiC meet in-person or via 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 AGM was held on 20 November 2024. Minutes are [available to members only on the Society's website](#).

## Land and property

The Society retains title to all land held by the Society, which, at the date of this report, consists of the freehold land and property at Montagu House, 7E Wakefield Street, London, WC1N 1PG.

## Risks and uncertainties

The trustees have examined the major risks the Society faces and confirm that systems and policies have been established to ensure necessary steps can be taken to manage or mitigate any such risks.

## Risk management

HIS maintains a strong risk management framework, which enables constructive risk mitigation, management and response. A strategic risk register is maintained and reviewed in full by the Finance Committee and Council at each respective meeting. Emerging risks are escalated immediately, mitigating actions are developed and tracked, and all significant risks are monitored until the assessed threat is reduced to an acceptable level. Any incidents which are considered to pose a significant risk to the charity, financial or otherwise, are immediately escalated to Council.

## Principal risks

The major risks that have been identified and are currently being monitored through the risk management



framework are set out below.

Risk	Mitigation planning
Cyber security breach	Cyber security certification Ongoing internal awareness and response planning
Reliance on outsourced services	Regular market testing – selecting 'best-fit' suppliers Ongoing enhanced contract / service management
Internal capacity	Developing knowledge sharing framework Team capacity building
Financial resilience	Planning for sustained annual break-even Bedding in new reserves management framework

## Finance Committee

The Finance Committee provides oversight and advice to Council on the financial management, planning, performance and risk to the Society in the fulfilment of its strategic aims. Its objective is to safeguard Society assets, to maintain financial sustainability and funding, and to ensure compliance within statutory regulation.

Membership of the Finance Committee consists of at least six members: the Society Treasurer, the CEO, the CFO, at least two members of Council and one Lay member (being either the existing Council Lay member, or an externally recruited Lay member with specific expertise relevant to the Finance Committee).



# Remuneration and Grant-making

## The roles and contribution of volunteers

In principle, members and officers of Council conduct the business of the Society, with the exception of editorial and convenor services, on a voluntary basis. While officers do not personally benefit financially from their role in the Society, where they are unable to carry out their duties because of professional commitments, the Society has an option to compensate their Trust or employer for the time necessary to fulfil their duties. No officers' employers have been remunerated since November 2021.

Other HIS volunteers include 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 and Expenses Policy. This Policy is intended to ensure that expenses are kept to a minimum.

## Working Party Lay member payment policy

To enable the recruitment and involvement of a diverse cross section of the public and patients as lay representatives, in March 2020 the trustees agreed to bring the Society's payment and expenses policy for Lay members in line with recommendations from NICE and the National Institute for Health and Care Research. This policy allows for claims of out-of-pocket expenses and honoraria.

## Key management personnel remuneration

The Society considers that its key management personnel are the trustees, the CEO and the entire HIS staff team. The policy and procedure in determining the remuneration payable to the CEO and all staff was agreed by all trustees following recommendations made by the Finance Committee. The rate of remuneration for all staff is benchmarked against organisations of a similar size and activity.

Details of trustee expenses and related party transactions are disclosed in notes 8, 9 and 19 to the accounts.

## Grant-making policy: research grants and fellowships

Research grants and fellowships are awarded for research and career-development opportunities which are pertinent to IPC. The applicant's aims must be clearly stated, and the research must be hypothesis driven, where applicable. All applications enter triage, in which they are reviewed in a robust and transparent process by the Research Committee. Where applicable, shortlisted applications undergo external peer review with leading experts.

The award of grants carries several conditions:

- A progress report must be submitted to the Research Committee every six months until completion of the project.
- Principal Investigators are required to communicate regularly with the Society and present their findings on a yearly basis.
- The grant funding must be acknowledged in any publications associated with the work.
- Unless there is a compelling reason not to do so, the main publication should be submitted to the JHI or IPIP for first refusal.

IPIP for first refusal.

- Once the study is completed it should be presented at a meeting of the Society.
- The host organisation must have the financial infrastructure in place to manage the award.

## Sponsored activities

In addition to regular grants, the Society may, from time to time, award additional funds for activities which are aligned with HIS aims and objectives. Such awards will be discussed and approved or refused by the members of Council on presentation of a fully-costed application which includes aims, objectives and intended outcomes.



# Our plans for 2025–2026

## Delivering for our membership

- Review HIS membership categories to support equity and inclusivity and to provide targeted exemptions to build future workforce and global engagement.
- Develop the website and new online membership portal including development of more online member-only benefits.
- Develop the international membership strategy.
- Develop the membership recruitment strategy to attract a broader range of members to benefit from the training offered by the Society.

## Next steps for our educational offering, events and conferences

- Develop new eLearning courses in ventilation and decontamination to meet demand for education in environmental aspects of IPC.
- Expand and develop HISCON, to reach a larger multidisciplinary audience, showcase more educational content and increase exhibitor and sponsor revenue.
- Identify and recruit additional expert trainers to diversify, grow and strengthen the HIS network of trainers and event speakers.
- Further engage with HIS corporate partners and to foster greater collaboration with industry to develop more educational content in IPC.
- Explore ways to adapt existing educational material for alternative and international audiences.
- Launch sponsorship opportunities for all educational events and courses to secure the financial sustainability for the education programme provided by the Society.

## The future of research, guidelines and guidance

- Continue to align the HIS guideline development process with AGREE II indicators of quality, including retention of the GRADE system for assessing evidence and formulating recommendations.
- Move towards modular development of guidelines to facilitate a more agile and responsive process for issuing guidance and explore bite-sized materials for disseminating published content in a more accessible format.
- Strengthen links between recommendations for further research formulated as part of guideline development and calls for HIS funding (and *vice versa*).

## Publishing goals

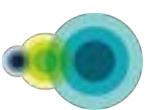
- Develop Editor knowledge and deliver training on research integrity issues including artificial intelligence, paper mills, and new forms of misconduct.
- Strategically extend scope of journals to ensure they are capturing impactful leading research.
- Train the next generation of authors, Editors and reviewers by working with the Graham Ayliffe Training Fellow, and developing training for nurses and junior doctors on research methodologies and academic writing.

## SIGs, campaigns and research

- Hold three SPARC meetings and develop consensus concerning current issues and pertinent research questions.
- Award Major and Small Research Grants in the upcoming year's award cycle.
- Develop ideas from the BEIPI workshop into a campaign to impact policy and improve IPC in the built environment in all new-build hospitals.
- Develop a strategy to ensure all areas of research at HIS – from concept development through funding, research, writing to publication – are joined up and support the HIS core strategy 2025–2030.

## The next five years

- Upgrade the security features and redesign elements of the current HIS website to reflect changes to the Society.
- Develop an improved membership portal with better resources for members.
- Ensure the financial underpinning provided by HIS journals remains robust.
- Develop new roles on the staff team to support the work of the Society.
- Begin considerations for the HIS strategy 2025–2030.



# Statement of Trustees' Responsibilities

The trustees are responsible for preparing the Trustees' Report and the Financial Statements in accordance with applicable legislation and regulations.

The law applicable to charities in England and Wales requires trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of its incoming resources and the application of resources of the charity for that period. 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). In preparing these financial statements, the trustees are required to:

- Select suitable accounting policies and apply them consistently.
- Observe the methods and principles in the Charities SORP.
- Make judgements and accounting estimates that are reasonable and prudent.
- State whether applicable accounting standards and statements of recommended practice have been followed, subject to any 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 operation.

The trustees are responsible for keeping adequate accounting records that are sufficient to 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, the Charity (Accounts and Reports) Regulations 2008 and the provisions of the charity's Constitution.

They are also responsible for safeguarding the assets of the charity and group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the trustees are aware:

- There is no relevant audit information of which the charity's auditor is unaware.
- The trustees have taken all steps that they ought to have taken to make them aware of any relevant audit information and to establish that the auditor is aware of that information.

The trustees are responsible for the maintenance and integrity of the charity and financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Approved by the trustees on 9 December 2025, and signed on their behalf by:



*Shanom Ali*

Dr Shanom Ali

Treasurer, Healthcare Infection Society



## Opinion

We have audited the financial statements of Healthcare Infection Society ('the charity') for the year ended 31 March 2025 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 'The Financial Reporting Standard Applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2025 and of its incoming resources and application of resources, including its income and expenditure, for the year 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.

## Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs(UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

## Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

## Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. Our

opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

## 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 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
- the charity has not kept adequate accounting records; 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 required for our audit.

## Responsibilities of the trustees

As explained more fully in the trustees' responsibilities statement set out on p. 64, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

## Auditor's Responsibilities for the audit of the financial statements

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably



be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs (UK) we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the charity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.
- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

## Explanation as to what extent the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below.

The objectives of our audit in respect of fraud, are; to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during

the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charity.

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the charity and considered that the most significant are the Charities Act 2011, the Charity SORP, and UK financial reporting standards as issued by the Financial Reporting Council
- We obtained an understanding of how the charity complies with these requirements by discussions with management and those charged with governance.
- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.
- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.
- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

There are inherent limitations in the audit procedures described above. We are less likely to become aware of instances of non-compliance with laws and regulations that are not closely related to events and transactions reflected in the financial statements. Also, the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery or intentional misrepresentations, or through collusion.

## Use of our report

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. 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 any party other than the charity and charity's trustees as a body, for our audit work, for this report, or for the opinion we have formed.

*Moore Kingston Smith LLP*

**Neil Finlayson (Senior Statutory Auditor)**

for and on behalf of Moore Kingston Smith LLP, Statutory Auditor

9 Appold Street

London

EC1A 2AP

Date: 16/12/2025

Moore Kingston Smith LLP is eligible to act as auditor in terms of Section 1212 of the Companies Act 2006.





# Statement of Financial Activities for the year ended 31 March 2025

	Notes	Unrestricted Funds	Total Funds 2025	Total Funds 2024
		£	£	£
<b>Income from:</b>				
<b>Charitable activities</b>				
Membership		67,898	<b>67,898</b>	53,286
Education	2	150,675	<b>150,675</b>	126,341
Publications	3	692,600	<b>692,600</b>	631,626
Conferences	4	520,974	<b>520,974</b>	17,025
<b>Investments</b>				
Interest and dividends	5	145,379	<b>145,379</b>	146,695
Property income		149,786	<b>149,786</b>	131,605
<b>Other income</b>		6,507	<b>6,507</b>	12,964
<b>Total income</b>		1,733,819	<b>1,733,819</b>	1,119,542

	Notes	£	£	£
<b>Expenditure on:</b>				
<b>Cost of raising funds</b>				
Investment management		31,716	<b>31,716</b>	37,109
Investment property management		60,590	<b>60,590</b>	38,184
<b>Total cost of raising funds</b>	6	92,306	<b>92,306</b>	75,293
<b>Charitable activities</b>				
Awards and grants		40,728	<b>40,728</b>	408,978
Membership		142,076	<b>142,076</b>	157,076
Education		287,232	<b>287,232</b>	325,174
Publications		177,387	<b>177,387</b>	161,576
Communications		77,666	<b>77,666</b>	82,707
Conferences		565,308	<b>565,308</b>	135,027
Research and guidelines		233,147	<b>233,147</b>	209,529
<b>Total charitable expenditure</b>	6	1,523,544	<b>1,523,544</b>	1,480,067
<b>Total expenditure</b>		1,615,851	<b>1,615,851</b>	1,555,360
Fixed asset losses on valuation	10	(27,680)	<b>(27,680)</b>	(136,969)
Net investment losses	7	(11,436)	<b>(11,436)</b>	(132,215)
<b>Net movement in funds</b>		78,853	<b>78,853</b>	(705,002)
Fund balances brought forward at 1 April		6,996,640	<b>6,996,640</b>	7,701,642
<b>Fund balances carried forward at 31 March</b>		<b>7,075,493</b>	<b>7,075,493</b>	6,996,640

# Balance Sheet as at 31 March 2025

	Notes	2025	2024
		£	£
<b>Fixed assets</b>			
Tangible assets	10	<b>901,913</b>	981,534
Intangible assets	11	<b>28,905</b>	-
Quoted investments	12	<b>4,113,954</b>	4,070,972
Property investment	13	<b>1,845,000</b>	1,900,000
		<b>6,889,772</b>	6,952,506
<b>Current assets</b>			
Debtors	14	<b>570,535</b>	310,394
Short term deposits		<b>2,324</b>	1,221
Cash at bank and in hand		<b>378,916</b>	473,401
		<b>951,774</b>	785,016
<b>Creditors: amounts falling due within one year</b>			
	15	<b>562,212</b>	542,138
<b>Net current assets</b>			
		<b>389,562</b>	242,878
<b>Creditors: amounts falling due after more than one year</b>			
	16	<b>203,841</b>	198,744
<b>Net assets</b>			
		<b>7,075,493</b>	6,996,640
<b>Unrestricted funds</b>			
General fund	17	<b>714,626</b>	544,134
Designated funds	17	<b>6,360,867</b>	6,452,506
<b>Total funds</b>			
		<b>7,075,493</b>	6,996,640

Approved by the Board of Trustees on 9 December 2025

*Shanom Ali*

Dr Shanom Ali  
Treasurer, Healthcare Infection Society

The notes and information on pages 75 to 83 form part of these financial statements.

All the above results were derived from continuing activities.  
The notes and information on pages 75 to 83 form part of these financial statements.



# Statement of cash flows for the year ended 31 March 2025

	2025	2024
	£	£
<b>Cash flows from operating activities:</b>		
Net cash used in operating activities	(202,184)	(239,260)
<b>Cash flows from investing activities:</b>		
Interest and dividends from investments	142,230	142,363
Interest on bank deposit accounts	3,149	4,332
Purchase of fixed assets	(37,160)	(5,428)
Proceeds on sale of investments	129,051	555
Additions to investment portfolio	(128,469)	-
<b>Net cash generated through investing activities</b>	<b>108,802</b>	<b>141,822</b>
<b>Changes in cash and cash equivalents in the reporting period</b>		
	(93,382)	(97,438)
Cash and cash equivalents at the beginning of the reporting period	474,622	572,060
<b>Cash and cash equivalents at the end of the reporting period</b>	<b>381,240</b>	<b>474,622</b>
<b>Reconciliation of net expenditure to net cash flow from operating activities</b>		
Net movement in funds	78,853	(705,002)
Net investment losses	11,436	132,215
Net losses on the valuation of fixed assets	27,680	136,969
Depreciation of tangible fixed assets	60,196	59,217
Loss on disposal of fixed assets	-	512
Decrease / (increase) in debtors	(260,141)	50,343
Increase / (decrease) in creditors	25,171	233,181
Investment income	(145,379)	(146,695)
	<b>(202,184)</b>	<b>(239,260)</b>
<b>Analysis of cash and cash equivalents</b>		
Cash in hand	378,916	473,401
Short term deposits	2,324	1,221
<b>Total cash and cash equivalents</b>	<b>381,240</b>	<b>474,622</b>

# Notes to the accounts for the year ended 31 March 2025

## 1. Accounting policies

The principal accounting policies adopted by the Society are set out below:

### a) Basis of preparation

The financial statements have been prepared under the historical cost convention with items recognised at cost or transaction value unless otherwise stated in the relevant note(s) to these financial statements. The financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019) (Charities SORP (FRS 102)), and the Charities Act 2011.

Healthcare Infection Society meets the definition of a public benefit entity as defined by FRS102.

The trustees have assessed whether the use of the going concern basis is appropriate and have considered possible events or conditions that might cast significant doubt on the ability of the charity to continue as a going concern. In particular the trustees have considered the charity's financial projections, and are satisfied the charity has healthy reserves and adequate resources to continue in operation for at least twelve months from the approval of the financial statements. The charity continues to adopt the going concern basis in preparing its financial statements.

### b) Income recognition

All income is recognised once the charity has entitlement to the income, it is probable that the income will be received, and the amount of income receivable can be measured reliably. Voluntary income including donations, investment income and income from charitable activities is shown in the financial statements on a receivable basis. Income received that relates to a subsequent financial accounting period is carried forward as a credit in the Balance Sheet and shown as deferred income.

### c) Expenditure recognition

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that settlement will be required, and the amount of the obligation can be measured reliably. Expenditure is recognised on an accruals basis, that is, in the period in which the liability is incurred. Support costs are those costs attributable to a specific activity and are allocated in the Statement of Financial Activities on the basis of staff time spent on each area of activity. Costs of raising funds comprise investment managers' fees, costs of holding the investment property, and an allocation of support costs. Expenditure on charitable activities includes the services the charity delivers that are identifiable as wholly or mainly in support of the Society's objectives and includes grants payable.

### 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. The provision for a multi-year grant is recognised at its transaction value and is not discounted, given that discounting is not material to the financial statements.

### e) Investments

Investments are a form of basic financial instrument and are initially recognised at their transaction value and subsequently measured at their fair value as at the Balance Sheet date using the closing quoted market price. The Statement of Financial Activities includes the net gains and losses arising on the revaluation and disposals throughout the year.

The Society does not acquire put options, derivatives or other complex financial instruments. The main form of financial risk faced by the Society is that of volatility in equity markets and investment markets due to wider economic conditions, the attitude of investors to investment risk and changes in sentiment concerning equities and within particular sectors or sub- sectors.

### f) Gains/losses on investment assets

All gains and losses are taken to the Statement of Financial Activities as they arise. Unrealised gains and losses on investment assets represent the difference between their fair value at the end of the year and their fair value at the beginning of the year, or transaction value if acquired during the year. Realised gains and losses on disposal of investment assets represent the difference between the sale proceeds and the fair value at the beginning of the year, or transaction value if acquired during the year.

### g) Investment properties

Investment properties are held to earn rental income and/or for capital appreciation. They are measured at fair value at each reporting date, with changes recognised as they arise in investment gains/losses. No depreciation is charged. Rental income is recognised on a straight line basis over the lease term.



# Notes to the accounts for the year ended 31 March 2025

## 1. Accounting policies (continued)

### h) 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.

### i) Cash and cash equivalents

Cash and cash equivalents include cash and cash at banks and in hand and short term deposits with a maturity date of three months or less.

### j) Irrecoverable value added tax

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

### k) Tangible fixed assets

Tangible fixed assets with a value of £500 and over are capitalised, and are stated at cost less accumulated depreciation. Assets Under Construction are accounted at their purchase cost and are not depreciated until the asset comes into use.

Depreciation is charged so as to write off the full cost, less any residual value, over the economic life of the asset, being the following periods (all straight line):

Land and buildings	50 years
Computer equipment	3 years
Fixtures and fittings	6 years 8 months

### l) Intangible fixed assets

The cost of developing the Content Management System (CMS) and Customer Relationship Management (CRM) systems were considered a significant investment in Society infrastructure and have been capitalised as an intangible asset. Intangible fixed assets are stated at cost less accumulated amortisation. Amortisation is charged so as to write off the full cost, less any residual value, over the economic life of the asset, being the following period (straight line):

Systems development	3 years
---------------------	---------

### m) Fund accounting

General funds are unrestricted funds used for furthering the objects of the Society. Designated funds are unrestricted funds which have been set aside by the trustees at their discretion for specific purposes as shown in note 18.

### n) Employee benefits

#### i. Short term benefits

Short term benefits, including holiday pay and other similar non-monetary benefits, are recognised as an expense in the period in which the service is received.

#### ii. Pension costs

The Society operates a defined contribution pension scheme. Contributions are charged to the Statement of Financial Activities in the year in which they fall due.

### o) 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. Contingent rentals arising under operating leases are recognised as an expense in the period in which they are incurred.

### p) Financial Instruments

The Society only has financial assets and liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and are subsequently measured at amortised cost using the effective interest method.

### q) Critical accounting estimates and areas of judgement

In preparing financial statements it is necessary to make certain judgements, estimates and assumptions that affect the amounts recognised in the financial statements. In the view of the trustees in applying the accounting policies adopted, no judgements were required that have a significant effect on the amounts recognised in the financial statements nor do any estimations or assumptions made carry a significant risk of material adjustment in the next financial year.

# Notes to the accounts for the year ended 31 March 2025

	2025	2024
	£	£
<b>2. Education income</b>		
Foundation course	86,970	59,450
Water Course	31,700	(200)
Leader Days	10,765	5,085
IPC Training Days	8,700	1,050
Outbreaks Course	5,175	6,825
Topics in IPC	4,090	-
Webinars	3,000	-
Guideline Developer Course	175	2,206
Engineering Course	100	51,000
Other courses	-	925
	<b>150,675</b>	<b>126,341</b>
<b>3. Publications income</b>		
Journal of Hospital Infection	666,052	615,511
Infection Prevention in Practice	26,548	16,115
	<b>692,600</b>	<b>631,626</b>
<b>4. Conference income</b>		
FIS   HIS 2024	485,659	-
HIS Annual Conference	33,625	-
IPC Route to Net Zero	1,690	-
HIS Spring Meeting	-	11,550
Don't Panic	-	5,375
Bridging the gap	-	100
	<b>520,974</b>	<b>17,025</b>
<b>5. Investment income</b>		
Interest and dividends from investments	142,230	142,363
Interest on cash deposits	3,149	4,332
	<b>145,379</b>	<b>146,695</b>



## Notes to the accounts for the year ended 31 March 2025

6. Expenditure	Direct Costs	Staff Costs	Support Costs	Total 2025	Total 2024
	£	£	£	£	£
<b>Cost of raising funds:</b>					
Investment management	27,417	2,815	1,484	<b>31,716</b>	37,109
Investment property management	17,000	12,449	31,141	<b>60,590</b>	38,184
<b>Total cost of raising funds</b>	<b>44,417</b>	<b>15,264</b>	<b>32,625</b>	<b>92,306</b>	<b>75,293</b>
<b>Charitable expenditure:</b>					
Awards and grants	4,837	23,500	12,391	<b>40,728</b>	408,977
Membership	51,511	59,299	31,266	<b>142,076</b>	157,076
Education	34,342	165,583	87,307	<b>287,232</b>	325,174
Publications	65,159	73,483	38,745	<b>177,387</b>	161,576
Communications	5,088	47,522	25,057	<b>77,666</b>	82,708
Conferences	451,793	74,325	39,189	<b>565,308</b>	135,027
Research and guidelines	21,763	138,406	72,978	<b>233,147</b>	209,529
<b>Total charitable expenditure</b>	<b>634,493</b>	<b>582,118</b>	<b>306,933</b>	<b>1,523,544</b>	<b>1,480,067</b>
<b>Total expenditure</b>	<b>678,910</b>	<b>597,383</b>	<b>339,558</b>	<b>1,615,851</b>	<b>1,555,360</b>

a. Support costs	2025	2024
	£	£
Support costs are allocated on the basis of staff time and comprise the following:		
Office, legal and administrative expenses	<b>118,713</b>	109,315
Irrecoverable VAT	<b>60,298</b>	8,161
Depreciation and amortisation charges	<b>60,196</b>	59,218
Premises costs	<b>55,145</b>	62,646
Governance costs (see b. below)	<b>33,757</b>	30,006
Bank charges	<b>11,449</b>	4,664
	<b>339,558</b>	274,010

b. Governance costs	2025	2024
	£	£
Council expenditure		
Audit	<b>15,361</b>	14,153
	<b>18,395</b>	15,853
	<b>33,757</b>	30,006

## Notes to the accounts for the year ended 31 March 2025

7. Investment gains / (losses)	Equities	Property	Total 2025	Total 2024
	£	£	£	£
Realised	9,761	-	<b>9,761</b>	25
Unrealised	33,803	(55,000)	<b>(21,197)</b>	(132,240)
	43,564	(55,000)	<b>(11,436)</b>	(132,215)
<b>8. Grants awarded</b>				
Dr Andrew Kirby		Research	<b>3,700</b>	-
Dr Ross Lathan		Research	-	98,998
Dr Christopher Illingworth		Research	-	96,727
Dr Siobhain Kelly		Research	-	70,040
Dr Scott Pallett		Research	-	9,987
Dr Vicki Fleming		Research	-	9,637
Dr Simon Pybus		Research	-	6,613
Dr Michelle Toleman		Research	-	5,000
Dr Blair Merrick		Research	-	4,996
Awards of £1,000 or less, and adjustments			<b>1,137</b>	13,567
			<b>4,837</b>	315,565

9. Employees remuneration	2025	2024
	£	£
Wages and salaries	<b>519,195</b>	473,772
Social security	<b>52,956</b>	48,488
Employer pension contributions	<b>25,232</b>	21,228
	<b>597,383</b>	543,488

The average number of persons employed by the charity during the year was 11 (2024: 10). One employee received total employee benefits (excluding pension and national insurance contributions) of more than £60,000 in the year (2024: none), as set out in the bands below.

	2025	2024
	£	£
£60,001 to £70,000	-	-
£70,001 to £80,000	-	-
£80,001 to £90,000	1	-

The Society considers its key management personnel comprises the CEO – currently Sarah Adibi, formerly Kay Miller – and the trustees. Sarah Adibi received salary and employer pension and national insurance contributions within this period of £105,698 (2024: 64,351).

No trustee received any remuneration or other employee benefits for their role as trustee during the year. However, the charity made payments for other services performed by trustees as follows:

Dr Nikunj Mahida is the Society's Editor in Chief: during the year payments due for his services in this role amounted to £11,600 (2024: £11,600). Also, the Nottingham Microbiology Society received £1,000 for services provided by Dr Mahida and others in connection with the preparation of training courses (2024: £750).



## Notes to the accounts for the year ended 31 March 2025

10. Tangible Fixed Assets	Freehold Property	Fixtures and fittings	Computer equipment	Total	2025 £	2024 £
	£	£	£	£		
<b>Cost or valuation:</b>						
At 1 April 2024						
At 1 April 2024	882,987	323,837	20,557	1,227,381	4,070,972	3,856,742
Additions	-	5,405	2,805	8,255	128,469	-
Disposals	-	-	-	-	(119,290)	(530)
Impairment	(27,680)	-	-	(27,680)	33,803	214,760
<b>At 31 March 2025</b>	<b>855,307</b>	<b>329,242</b>	<b>23,407</b>	<b>1,207,956</b>	<b>4,113,954</b>	<b>4,070,972</b>
<b>Depreciation:</b>						
At 1 April 2024	57,987	173,224	14,636	245,847	3,805,762	3,796,583
Provision in the year	7,320	48,934	3,942	60,196		
Disposals	-	-	-	-		
<b>At 31 March 2025</b>	<b>65,307</b>	<b>222,158</b>	<b>18,578</b>	<b>306,043</b>		
<b>Net book value:</b>						
<b>At 31 March 2025</b>	<b>790,000</b>	<b>107,084</b>	<b>4,829</b>	<b>901,913</b>		
At 31 March 2024	825,000	150,613	5,921	981,534		

The freehold property is depreciated over 50 years based on cost less impairment. Included in the value of freehold property is land of £355,000 which is not depreciated. The property was valued as at 31 March 2025 in accordance with the RICS Valuation – Global Standards 2024 by RICS Registered Valuer, Claudia Grattarola MRICS of Third Sector Property. On the basis of this valuation an impairment value of £832,290 is included in the carrying value of the freehold property (2024: £804,610).

11. Intangible Fixed Assets	Systems Development	Total	2025 £	2024 £
	£	£		
<b>Cost:</b>				
At 1 April 2024				
At 1 April 2024	59,005	59,005	1,900,000	2,247,000
Additions	28,905	28,905	(55,000)	(347,000)
<b>At 31 March 2025</b>	<b>87,910</b>	<b>87,910</b>	<b>1,845,000</b>	<b>1,900,000</b>
<b>Amortisation:</b>				
At 1 April 2024	59,005	59,005		
Provision in the year	-	-		
<b>At 31 March 2025</b>	<b>59,005</b>	<b>59,005</b>		
<b>Net book value:</b>				
<b>At 31 March 2025</b>	<b>28,905</b>	<b>28,905</b>		
At 31 March 2024	-	-		

## Notes to the accounts for the year ended 31 March 2025

12. Quoted investments	2025 £	2024 £
<b>Quoted investments market value:</b>		
At 1 April	4,070,972	3,856,742
Additions	128,469	-
Disposals at market value	(119,290)	(530)
Gains / (losses) in the period	33,803	214,760
<b>Market value as at 31 March</b>	<b>4,113,954</b>	<b>4,070,972</b>

Historic cost	2025 £	2024 £
<b>Quoted investments analysis at market value:</b>		
Fixed income securities	939,618	1,117,125
Equities	1,992,987	2,140,693
Property	96,705	89,993
Alternative investments	389,240	264,833
Liquid assets	695,404	458,328
<b>Market value as at 31 March</b>	<b>4,113,954</b>	<b>4,070,972</b>

All quoted investments are carried at their fair value.

Investments in bonds, equities, property and alternative investments are all traded in quoted public markets, primarily the London Stock Exchange. The basis of fair value for quoted investments is equivalent to the market value, using mid-market price. Asset sales and purchases are recognised at the date of trade at cost (i.e. their transaction value).

For the remaining investments, the significance of financial instruments to the ongoing financial sustainability of the Society is considered in the financial review and investment policy and performance sections of the Trustees' Report.

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

13. Investment property	2025 £	2024 £
<b>Property investments market value:</b>		
Market value at 1 April	1,900,000	2,247,000
Net loss on revaluation	(55,000)	(347,000)
<b>Market value at 31 March</b>	<b>1,845,000</b>	<b>1,900,000</b>
<b>Historic cost</b>		
	<b>2,427,735</b>	<b>2,427,735</b>

A proportion of Montagu House is excess to operational requirement and is let on a commercial basis at market rate. The value of the non-operational elements is recognised as an investment asset at historic cost. The property was valued as at 31 March 2025 in accordance with the RICS Valuation – Global Standards 2024 by RICS Registered Valuer, Claudia Grattarola MRICS of Third Sector Property.. On the basis of this valuation an impairment of £582,735 is included in the carrying value of the freehold property (2024: £527,735).

13a. Future lease payments	2025 £	2024 £
<b>Minimum lease payments receivable under non-cancellable leases:</b>		
Within one year	163,300	117,723
Between one and five years	109,725	-
	<b>273,025</b>	<b>117,723</b>



## Notes to the accounts for the year ended 31 March 2025

	2025 £	2024 £
<b>14. Debtors</b>		
Trade debtors	75,385	94,475
Other debtors	53,147	647
Prepayments and accrued income	441,993	215,272
	<b>570,535</b>	<b>310,394</b>
<b>15. Creditors – amounts falling due within one year</b>		
Trade creditors	62,609	80,420
Accruals	63,315	26,682
Grants	214,336	254,880
Taxes and social security	31,697	64,262
Deferred income	154,159	103,931
Other creditors	36,096	11,963
	<b>562,212</b>	<b>542,138</b>
Taxes and social security include pension contributions of £4,859 (2024: £3,878).		
<b>Reconciliation of deferred income</b>		
Balance as at 1 April 2024	103,931	123,967
Amounts released to income	(103,931)	(123,967)
Amounts deferred in the year	154,159	103,931
	<b>154,159</b>	<b>103,931</b>
<b>16. Creditors – amounts falling due after more than one year</b>		
Grants	108,410	198,744
Rent deposit	95,431	-
	<b>203,841</b>	<b>198,744</b>
<b>17. Analysis of net assets between funds</b>		
	Total funds 2025 £	Total funds 2024 £
Tangible fixed assets	901,913	981,534
Intangible fixed assets	28,905	-
Quoted investments	4,113,954	4,070,972
Property investments	1,845,000	1,900,000
Debtors	570,535	310,394
Short term deposits	2,324	1,221
Cash at bank and in hand	378,916	473,401
Creditors falling due within one year	(562,212)	(542,138)
Creditors falling due after more than one year	(203,841)	(198,744)
<b>Net assets at 31 March</b>	<b>7,075,493</b>	<b>6,996,640</b>

For the purpose of these accounts, all Society funds are unrestricted.

## Notes to the accounts for the year ended 31 March 2025

18. Funds	1 April 2024 £	Income £	Expenditure £	Gains / (Losses) £	Transfers £	31 March 2025 £	31 March 2024 £
<b>Unrestricted funds</b>							
General	544,134	1,733,819	(1,555,655)	9,761	(17,434)	714,626	544,134
<b>Designated funds</b>							
Montagu House	2,875,613	-	(56,254)	(82,680)	5,405	2,742,084	2,875,613
Investment Portfolio	3,570,972	-	-	33,803	9,179	3,613,954	3,570,972
Fixed Assets	5,921	-	(3,942)	-	2,850	4,829	5,921
<b>Total Designated funds</b>	<b>6,452,506</b>	-	<b>(60,196)</b>	<b>(48,877)</b>	<b>17,434</b>	<b>6,360,867</b>	<b>6,452,506</b>
<b>Total funds</b>	<b>6,996,640</b>	<b>1,733,819</b>	<b>(1,615,851)</b>	<b>(39,116)</b>	-	<b>7,075,493</b>	<b>6,996,640</b>

The designated funds are set up for the following purposes:

**Montagu House:** Represents the net book value of Montagu House as at 31 March 2025, being an investment, both for HIS headquarters and for the generation of income through commercial lettings.

**Investment Portfolio:** Represents the value of quoted investments that are held for the long term to provide investment income to fund charitable activities.

**Fixed Assets:** Represents the value invested in tangible fixed assets to enable the operations of the Society.

The undesignated funds are held to fund working capital and as a reserve against operational and general risk.

Transfers between the unrestricted and designated funds during the year represent the changing requirement for funds in line with Society strategy and operations as agreed by the trustees.

### 19. Related party transactions

Other than as reported at Note 9, there were no related party transactions during the year (2024: None).

### 20. Trustees

The trustees received no remuneration for their role as trustees. In the year to 31 March 2025, 11 trustees were reimbursed a total of £10,821 for expenses incurred in respect of travel and subsistence (2024: £12,298 to 10 trustees).

### 21. Capital commitments

In addition to the £28,905 invested during the year on its website and customer portal project (Note 11), the Society had a further £12,075 of commitments as at 31 March 2025 to complete the project (2024: £nil).



# Reference and Administrative Information

Registered name: **Healthcare Infection Society**

Registered number: **1158172**

Registered office address: **Montagu House, 7E Wakefield Street, London, WC1N 1PG**

Council member	Appointment	Appointed	Term of office	Completed
<b>Dr Elisabeth Ridgway</b>	President	Nov 2022	Current	
<b>Dr Manjula Meda</b>	Chair	Nov 2024	Current	
<b>Dr Christopher Settle</b>	Chair	Nov 2021		Nov 2024
<b>Dr James Price</b>	Secretary	Nov 2024	Current	
<b>Dr Manjula Meda</b>	Secretary	Nov 2021		Nov 2024
<b>Dr David Harvey</b>	Treasurer	Nov 2021	Current (extended AGM2024)	
<b>Dr Nikunj Mahida</b>	Editor in Chief JHI	Sep 2022	Current	
<b>Ron Finlay</b>	Lay member	Nov 2021	Current (extended AGM 2024)	
<b>Dr Shanom Ali</b>	Ordinary member (Treasurer elect)	Nov 2021	Current (extended AGM 2024)	
<b>Dr John Coia</b>	Ordinary member	Nov 2022	Current	
<b>Professor Colum Dunne</b>	Ordinary member	Nov 2023	Current	
<b>Leila Hail</b>	Ordinary member	Nov 2022	Current	
<b>Dr Jasmin Islam</b>	Ordinary member	Nov 2023	Current	
<b>Dr Sarah Walpole</b>	Ordinary member	Nov 2022	Current	
<b>Dr Andrew Kirby</b>	*Chair: Research Committee	Mar 2024	Current	
<b>Dr Emma Boldock</b>	*Chair: Research Committee	Nov 2019		Mar 2024
<b>Dr Surabhi Taori</b>	*Chair: Professional Development Committee	Nov 2024	Current	
<b>Dr James Price</b>	*Chair: Professional Development Committee	Nov 2019		Nov 2024
<b>Dr Oliver Bannister</b>	*Chair: Trainee Committee	Jul 2022	Current	
<b>Dr Caroline Mitchell</b>	*Chair: Guidelines Committee	Nov 2024	Current	
<b>Professor Peter Wilson</b>	*Chair: Guidelines Committee	Nov 2013		Nov 2024
<b>Dr Fenella Halstead</b>	*Co-opted member (Clinical Scientist)	Nov 2023		Nov 2024
<b>Dr Gemma Winzor</b>	*Co-opted member (Editor in Chief IPIP)	Mar 2024	Current	

\*Chairs and Co-opted members are not trustees unless they are also Ordinary members.

All Ordinary members of Council are trustees. There are additional members of Council co-opted on a discretionary basis as per clause 4(14) of the Constitution. Co-opted members are not trustees and may not vote at Council meetings, but they provide valuable additional experience from across healthcare professions.

**Chief Executive Officer**

**Dr Sarah Adibi**

**Banks**

**National Westminster Bank plc, 52 Rectory Road, West Bridgford, Nottingham, NG2 6FF**

**Barclays Bank plc, PO Box 12820, 1250 High Road, Whetstone, London, N20 0PB**

**Auditor**

**Moor Kingston Smith LLP, 9 Appold Street, London, EC2A 2AP**

**Investment fund manager**

**Sarasin & Partners, LLP, Juxon House, 100 St. Paul's Churchyard, London, EC4M 8BU**

**Solicitors**

**Weightmans LLP, The Hallmark Building, 105 Fenchurch Street, London EC3M 5JG**

**Human resources**

**Peninsula Business Services Ltd., The Peninsula, Victoria Place, Manchester, M4 4FB**

