



Annual Report

for the year ended
31 March 2020

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Welcome

In the twelve months spanning April 2019 - March 2020 the activity of the Healthcare Infection Society (HIS) continued at the energetic pace seen in the previous year. As well as an established educational programme, several new activities were successfully delivered, including the collaborative **Don't panic!** event organised by the Society in association with the Infection Prevention Society (IPS) in June, and the **Bridging the clinical - research gap** workshop with the Microbiology Society in November. We published our new strategy in September 2019, and began to launch a programme of new initiatives and events to mark the Society's 40th anniversary, to be rolled out throughout 2020. In December 2019 we completed the sale of our headquarters in King's Cross Road and moved into temporary accommodation until completion of our new premises - Montagu House. Then, in response to the COVID-19 pandemic, the final three months of the financial year saw a complete shift in the priorities and focus of our staff team and Council: planned events were cancelled or postponed and we switched to the delivery of a range of new activities to support our members and the wider infection prevention and control (IPC) community.

As a medical membership organisation that supports healthcare workers who promote clinical best practice in IPC, our response to the COVID-19 outbreak has been to actively disseminate the latest guidance and evidence, and thus provide knowledge to support IPC practitioners in reducing the transmission of the SARS-CoV-2 virus in healthcare settings.

Key HIS activities have always been the delivery of expert-led events and the publication of our journals, and we modified our operations in order to be able continue these, despite the restrictions imposed by COVID-19. During February and March we developed COVID-19 resources webpages, produced educational infographics and blogs, started the process of generating rapid evidence reviews and gave authors the option to report their early COVID-19 experiences via Practice Points (short peer-reviewed articles) in the Journal of Hospital Infection (JHI). The organisation of our events from March onwards was significantly impacted, not only because of social distancing and travel restrictions, but because our event participants, who were facing enormous IPC work pressures, had largely had study leave cancelled. As a result, as the financial year came to a close, we made plans to launch a free, expert-led webinar series entitled **COVID-19 challenges and solutions**, and thus to disseminate knowledge widely without the need for participants to leave the workplace.

The trustees and I are committed to ensuring the activities of HIS have clear public benefit. Despite the huge challenges and social impact of the COVID-19 pandemic, the importance of IPC in patient care in healthcare settings has never been more clearly understood and acknowledged. For forty years, through our charitable activities, the Society has aimed to reduce the levels of infection acquired through contact with healthcare, and we will continue to adapt our activities whilst we navigate the longer-term impact of COVID-19.

In addition to the organisation of activities for the benefit of our members and the public, safeguarding the Society is one of our strategic objectives. One of the key responsibilities of trustees is to manage the risks to the charity's assets and services, and the Society is fortunate in that it has a diverse portfolio of investments and reserves. This will allow HIS not only to weather the storm of disruption to the financial markets caused by COVID-19, but also to adjust and respond in ways to support our beneficiaries. Comprehensive operational and business continuity plans that were in place prior to the COVID-19 outbreak have meant that we have been able to adapt swiftly to remote working and virtual events and meetings.

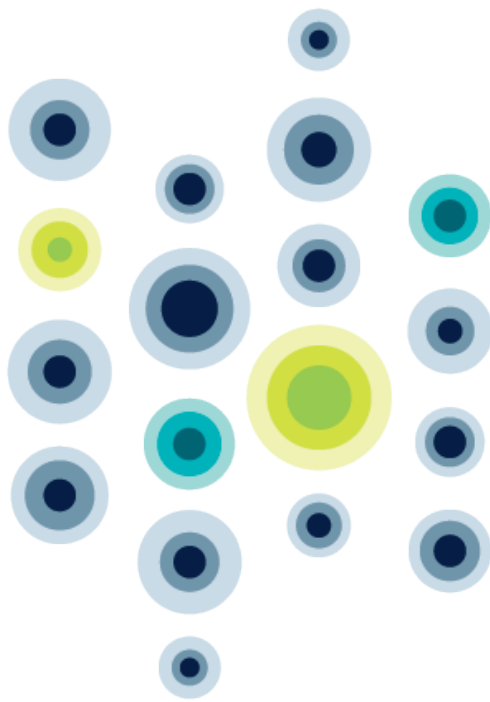
On behalf of the trustees I would like to thank our members, the editors, authors and reviewers who support our journals, and our committee and working party members - all of whom have continued to engage and support our activities during a time of unprecedented challenge in their professional roles.

Elisabeth Ridgway

Elisabeth Ridgway (Oct 9, 2020 16:26 GMT+1)

Dr Elisabeth Ridgway, Chair of Trustees





Healthcare Infection Society

In this report, the trustees present their annual report and financial statements for the year ended 31 March 2020. These have been prepared in accordance with FRS102 and the Charities SORP 2015.

Background

Forty years ago, in January 1980, the Society held its first scientific symposium and the first meeting of its Council.

The Society had been formed by a group of consultant medical microbiologists whose vision was to create an organisation that would foster the scientific interests of those hospital doctors who were interested in nosocomial (or hospital-acquired) infections. Since 1980, the Society has been governed by a board of trustees and officers who along with Committee Chairs and Co-opted members, serve as Council.

First registered as a charity in January 1983 (No. 286064), the Hospital Infection Society is now known as the Healthcare Infection Society and became a Charitable Incorporated Organisation (CIO), charity number 1158172, in 2014.

Whereas, originally membership of the Society was largely clinical, today membership is open to those interested in furthering its objectives. Since May 2018 members fall into the categories of Full, Trainee, Associate, Emeritus and Honorary members, depending on professional and academic qualifications, and their professional role in the control of infection.

Honorary membership is awarded by Council to an individual in recognition of an outstanding and unique contribution to the Society, over and above that which might normally be delivered by holding a Society role or office, or through involvement in Society activities.

The Society publishes the JHI, a leading publication in the field of prevention and control of HCAs and a gold open access online journal, Infection Prevention in Practice (IPIP).

Objectives

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

Statements of purpose

Vision

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

Mission

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

Values

We believe that:

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

Public benefit

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

The Society provides public benefit through:

- Research grant funding that supports the advancement of the science of HCAI prevention and control
- Organised educational and training events for healthcare professionals
- Support and guidance for healthcare professionals at all stages of their career and specialty
- The publication of the JHI and IPIP
- The formation of an accessible network of experts in the field of HCAI prevention and control

By providing evidence and guidance to help healthcare professionals to prevent and control HCAs, the public benefits through the advancement of health and the saving of lives.

In this report, we demonstrate how our charitable funds for the reported year are distributed and spent, and the benefits and impact that has on the advancement of medical research and clinical practice.

The trustees confirm that we have complied with our duty to have regard for the guidance on public benefit published by the Charity Commission on exercising our powers and duties.

Our strategy 2020-2025

During 2018 and 2019 we developed a new organisational strategy following an extensive consultation process with our members, where we identified the challenges our members face, and the activities and initiatives we could deliver that would help our members and the wider IPC community. We redeveloped our governance structure to ensure we have the best possible chance of resourcing and delivering our strategy, and a new committee structure was announced at the AGM in November 2019.

Our 2020-2025 strategy focuses on activities that support our members to overcome the challenges they face, and advance research that underpins excellence in clinical practice.

HIS strategy 2020-2025 overview

Our members save patient lives and are committed to professional excellence. They are the experts in HCAs and IPC, and they champion clinical best practice. Our members influence the behaviour of their peers and they drive change, but they face significant challenges in their roles as healthcare professionals who are on the front-line of patient care.



The challenges our members face

- Patients may become ill or die unnecessarily from preventable infections acquired as a result of contact with a healthcare setting
- Adherence to IPC best practice in healthcare settings could be improved
- Reduced staffing levels, increasing patient numbers and clinical complexity are resulting in an increasingly heavy demand on professionals working in IPC
- Antimicrobial resistance is hindering the effective treatment of infections
- Community care settings can have poor coverage by IPC specialists, and staff are not familiar with IPC best practice
- IPC is underrepresented in training programmes, and the infection specialties struggle to recruit to postgraduate training programmes
- Changes to the postgraduate training curriculum have led to less exposure to IPC during training
- IPC specialists need to learn to make high-level decisions under pressure, and this is only facilitated by greater experience and exposure

Our strategic plan

Our plan is to support healthcare professionals to manage, prevent and control HCAs; we will achieve this via five strategic objectives.

1: Grow and engage

We will grow our membership, and engage and support our members. We will do this by:

- Expanding our membership categories and benefits for all IPC professionals
- Developing a membership ambassador programme
- Championing IPC as a career, and supporting those who choose to follow the infection and healthcare science specialties
- Continuing to shape our social media strategy to communicate our membership pathway and benefits, engage members and the wider IPC community
- Creating a strong awareness of our brand, and developing a reputation for excellence, relevance and expertise across all of our activities

2: Professional development

We will design and deliver a range of expert-led educational activities, grants and resources that will promote the application of clinical best practice, and equip healthcare professionals to reduce the levels of HCAs, and educate and inform the public. We will do this by:

- Delivering focused, relevant and accessible events and training programmes delivered by experts
- Developing e-resources that enhance the HIS training events and support the application of clinical best practice
- Recognising and encouraging outstanding contributions to the field of IPC
- Promoting professional development by providing career development and training bursaries, and travel grants
- Awarding grants for IPC education or engagement events run for the public (delivered by hospital/teaching/research staff)

3: Research and guidelines

We will support, develop and communicate research focused on IPC that will evidence clinical best practice and promote patient safety. We will do this by:

- Developing and reviewing our funding portfolio in order to address gaps in evidence and knowledge
- Ensuring our research funding is focused on HCAs, and is patient-centred and robust
- Resourcing the professional production of expert-led guidelines and guidance
- Maintaining our NICE accredited methodology
- Continuing to develop and promote the JHI
- Developing our new open access journal, IPIP

4: Collaborate

We will strive to collaborate with like-minded organisations to promote best practice and influence key opinion leaders. We will do this by:

- Developing joint events and working with UK-based and international organisations
- Facilitating and supporting joint guideline production
- Developing a reputation as a source of experts who can inform key opinion leaders and organisations
- Being represented on national and local bodies, on key aspects of IPC and HCAs

5: Safeguard

We will safeguard our future through investment and diversification. We will do this by:

- Building a robust and sustainable business model to ensure financial security, continuity and the exploration of new opportunities
- Valuing and supporting our staff, volunteers and members

Achievements against 2019 objectives

Membership and engagement

During the period 1 April 2019 to 31 March 2020, the Society's membership numbers remained stable with the total number of members being 1,144 at the end of March 2020 (2019: 1,141). As of 31 March 2020, the membership comprised 675 Full members (2019: 721), 87 Associate members (2019: 92), 349 Trainee members (2019: 316) and 33 Emeritus members (2019: 12).

The increase in Trainee members was likely due to the ongoing collaboration with the London Trainee Network to deliver a joint **Trainee education day** in February 2020 and the activities of the Trainee Committee in promoting the value and benefits of Trainee membership and the Trainee education programme.

As part of the ongoing work to streamline processes, and following the implementation of a new membership database, a major membership renewal exercise was undertaken between February and May 2019. All Trainee members were asked to login, update their details, and confirm their ongoing eligibility and a desire to renew their free Trainee membership. In addition, Full and Associate members paying by direct debit were transferred onto a more efficient, automated method of direct debit payment. This renewal exercise resulted in all members being required to re-confirm their details, ensuring that the contact and specialty data held for members was accurate and up to date.

An online events registration form, integrated with the membership database, was launched in September 2019. The new events registration process ensures the membership database is automatically checked and the correct delegate registration fee is charged according to member or non-member status.

Event delegates are now also able to view event bookings, receipts, and certificates of attendance all in one place on the HIS portal.



Digital communications

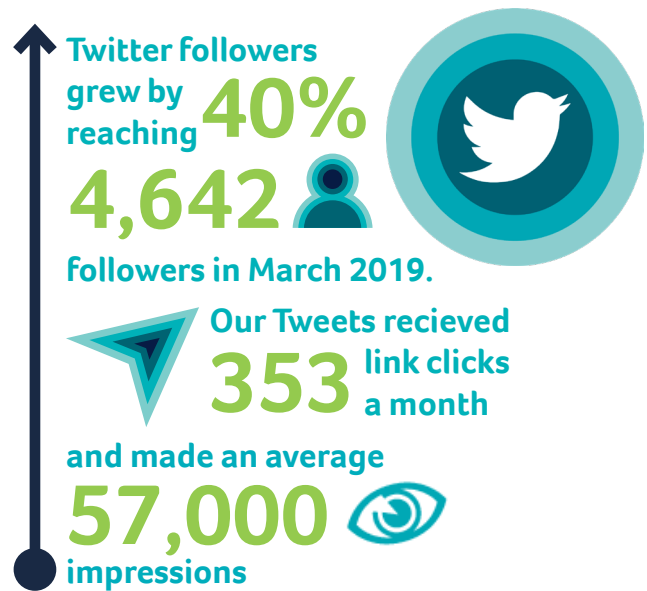
During the year, the Society continued to engage with members and key stakeholders via targeted news emails, and the his.org.uk website. We continued to use Twitter as a platform to build engagement and brand awareness, promote a reputation for excellence, relevance and expertise and to engage with our members and the wider IPC community.

Our Twitter followers grew by over 1,300 to 4,642 by the end of March 2020 (2019: 3,287) with tweets reaching more people than ever before, making an average of 57,000 impressions a month, compared to an average of 26,000 impressions a month the previous year. The HIS Twitter channel has also increased traffic to the his.org.uk website, with tweets receiving an average of 353 link clicks a month.

HIS blogs

The HIS blogs remain popular reads for our members. Launched in 2018 with the goal of providing an informative, but informal forum for opinion, interviews and observations related to IPC, topics covered in the past year have included a companion piece to a JHI article on the importance of mobile phone hygiene practices, a report from an infection control physician on managing COVID-19 in Wuhan, China, and a summary of research into food safety in hospitals and the impact of this on outbreaks in healthcare settings.

Tweets about HIS blogs regularly receive high levels of engagement. Our most-tweeted blogs from the last year include **Life as a healthcare scientist**, in which Dr Elaine Cloutman-Green outlines the responsibilities and contributions of healthcare scientists, and **Are you ready for Candida auris?** an outline of the emergence and spread of *C. auris* to European healthcare facilities by Dr Nikki Kenters.



Healthcare Infection Society @HIS_infection

Are you ready for Candida auris?

New blog from Nikki Kenters discusses the outcomes of an @ischemo expert meeting on controlling #Candidaauris in healthcare institutions.

bit.ly/2SGuQiu #ipc #infection #antimicrobialresistance

Are you ready for Candida auris?

Multidrug resistant Candida auris emerged in 2009, and can cause invasive infections. But where did the superbug come from? And what should you be doing to prepare for it?

4:54 PM · Feb 12, 2020 · Twitter Web App

View Tweet activity

14 Retweets and comments 20 Likes

09 APRIL 2019

Life as a Healthcare Scientist

Many different roles within healthcare contribute to infection prevention and control. In this guest post, we look at the life of a Healthcare Scientist working within IPC teams.

More

HIS events and education

The HIS Spring Meeting **Worries with the (hospital) water works** was held in London on 14 May 2019 and sold out with 130 delegates in attendance. Six short papers were presented as either an oral communication or a poster.

Two **Outbreaks training workshops** were held in June and December 2019 after the successful launch of the first Outbreaks training workshop in 2018. Attendance at both events was very good: 11 delegates attended the workshop in June and in December the workshop was fully subscribed with 16 delegates in attendance.

The **Lowbury Lecture 2019** was presented at the Federation of Infection Societies (FIS) conference 2019 by Professor Petra Gastmeier, Director of the Institute of Hygiene and Environmental Medicine, Berlin, who delivered a lecture titled **From one size fits all to personalized infection**.



Above: Outbreaks training course, December 2019



Above: Professor Petra Gastmeier delivering the Lowbury Lecture 2019

The **Directors of Infection Prevention and Control (DIPC) development programme** continued in 2019 with two further events in June (Manchester) and December (London), on the topics of **Outbreaks and the DIPC: managing the fall out** and **Managing services and infrastructure – getting the basics right**. Both events were well attended, with 53 delegates in attendance in July, and despite the capacity being increased in December from 60 to 80 places, the event sold out.

Following the DIPC development day in June the Society held **Don't Panic!** in collaboration with the IPS for the first time. The event, which looks at practical aspects of infection control, was attended by over 120 delegates.

Three **Trainee education days** took place in 2019/20 on the topics of **IPC in non-acute settings**, **IPC in specialised settings** and **Antimicrobial resistance and stewardship**. In February 2020 the HIS Trainee day was integrated with the London and South East training programme for the second time, resulting in the most popular Trainee education day to date, with over 180 Trainees in attendance.



Above: DIPC development day: **Managing services and infrastructure – getting the basics right**

The **Engineering aspects of infection control** courses, held in July and September 2019 at Eastwood Park Training Centre in Gloucestershire, saw 11 delegates attend in July and reached maximum capacity (16) in September. This course gives delegates the opportunity to thoroughly explore aspects of IPC where engineering criteria are a vital component.

The **Foundation course in infection prevention and control** was held at Colindale in collaboration with Public Health England (PHE) in January 2020 and the course sold out again, well in advance.

The Society collaborated with the **Microbiology Society** to hold a brand-new event, **Bridging the clinical – research gap**, in November 2019. The one-day workshop brought together academic and clinical microbiologists to find ways of collaborating meaningfully, with the aim of improving the translation of research into advances in IPC. The workshop was attended by 57 delegates and feedback was extremely positive.

The Society continued to collaborate on the joint **British Society for Antimicrobial Chemotherapy (BSAC)/British Infection Association (BIA)/HIS educational workshops**, providing both financial and administrative support. The workshops were held at venues across the UK between October and December 2019 on the topic of **The new partnership of antimicrobial stewardship (AMS) and IPC – stewarding new antimicrobials and IPC practices**.

In November 2019 Dr Joanna Walker was awarded the first **Foundation Certificate in IPC** in recognition of sustained commitment to professional development in IPC.



Above L-R: Karen Robinson (Microbiology Society) and Dr James Price (HIS) at **Bridging the clinical - research gap**



Above L-R: Dr Elisabeth Ridgway (Chair of Trustees) presented Dr Joanna Walker with the first **Foundation Certificate in IPC**



Above: Trainee education day: **IPC in specialised settings**



Above: **Foundation Course in IPC** delegates

40th anniversary of the Healthcare Infection Society and the Journal of Hospital Infection

During 2020, a range of activities were planned to celebrate the 40th anniversary of HIS and the JHI. Although the COVID-19 pandemic prevented many of these from taking place, the following events and initiatives were launched:

HIS expert-approved quality mark

The HIS expert-approved quality mark was created in order to allow healthcare professionals to identify resources that:

1. Have been produced by IPC experts
2. Comprise content that has been confirmed as both accurate and evidence-based by at least three expert reviewers

It is the intention that the HIS expert-approved quality mark will be awarded only to resources that meet the high standards of the Society.



To carry the HIS expert-approved quality mark, the content of resources must be based predominantly on peer-reviewed and published evidence, and be fully referenced. Where this level of evidence is not provided, the author must state the basis for inclusion of the data and/or the opinions expressed. Award of the quality mark indicates that inclusion of the data/opinion is considered valid.

The date of certification (detailing when the HIS expert-approved quality mark was awarded) will be included in all resources to enable the reader to assess if there is more recent evidence available.



Healthcare Infection Society Journal of Hospital Infection 1980 - 2020

Special celebration event

It was intended that the highlight of the year would be a special event to celebrate the achievements of the Society and the JHI, and to act as a platform for healthcare and research professionals to engage with experts. The 1.5 day event was planned to take place on 10 and 11 June 2020 in London, and include presentations from speakers who would review 40 years of the Society's activities and impact, and consider the future challenges of HCAIs. Unfortunately, this event was cancelled as a result of the COVID-19 outbreak. The Society is planning a replacement anniversary celebration during 2021.

History book

A book documenting the formation of the Society and key activities during 1979-2020 has been authored and edited by Dr Robert Spencer (Chair of the Society 2001-2007 and current Honorary Archivist), Dr David Shanson (a founding member of the Society), Dr Barry Cookson (past Council member) and Dr Elisabeth Ridgway (Chair of HIS 2015-present) and will be published towards the end of 2020.

HIS Early Career Award

In October 2019 the Society launched the HIS Early Career Award, in celebration of the 40th anniversary of HIS and the JHI. The award recognises outstanding innovative contributions in the prevention and control of HCAs from early career clinicians.

Nominees must be clinicians who are within five years of starting a substantive Consultant post and are currently based in the UK or Republic of Ireland. Clear evidence demonstrating how the nominee has applied an innovative approach to any of the following areas must be provided:

- IPC in clinical practice
- Public engagement
- Leadership or management
- Education or training
- Development of new techniques or devices
- Addressing emerging areas of need

In March 2020 HIS Council made the first award to Dr Benjamin Parcell, a Consultant Medical Microbiologist from Ninewells Hospital, Dundee.



Above: Dr Benjamin Parcell, Early Career Award recipient



Mike Emmerson International Fellowship

In February 2020 the Society launched the Mike Emmerson International Fellowship. Professor Mike Emmerson was a founder member, past President and Chair of the Society.

This Fellowship was established to offer support to overseas clinicians in order to facilitate the sharing of best practice in IPC, and to gain experience in the management of HCAs in a hospital or community setting. This new fellowship will retain support for activities that are in the spirit of Mike Emmerson's commitment to education outside the UK, and replaces the Mike Emmerson Early Career Award. The fellowship is open to healthcare professionals from low-income countries to undertake clinical observership at a hospital or community setting in the UK or Republic of Ireland.



Above: Professor Mike Emmerson

Media Training Course

In recognition of the essential role of good communication of IPC, HIS planned to deliver a focused, expert-led training course for 12 attendees in May 2020. The content was intended to equip participants with the skills they need to get key messages across simply, clearly and honestly. The course was designed with a particular emphasis on TV and radio interview techniques, for those in senior IPC roles, who may need to represent their organisation in the media, for example DIPCs (or equivalent).

Although the course itself was cancelled as a result of the COVID-19 outbreak, former BBC journalist **Mark Brealey** created a [freely accessible 20 minute webinar](#) to help IPC specialists deliver key messages during the COVID-19 outbreak and beyond and a blog outlining the key to communication in a crisis.



Educational resources

The Society continued to produce **IPC in 5** videos from the three Trainee education days that took place during the year. In May 2019, this was also rolled out to produce IPC in 5 for presentations from the Spring Meeting - **Problems with the hospital (water) works**. All IPC in 5 videos continue to be freely available on the HIS website.



Above: IPC in 5: Infection prevention and control in the renal dialysis unit, Dr Sophie Collier

Following the onset of the COVID-19 pandemic in March 2020, we collated a selection of the latest COVID-19 articles published in our journals and other trusted sources and created a new section of our website dedicated to [SARS-CoV-2 resources](#).

External events

HIS exhibited at the European Congress of Clinical Microbiology and Infectious Diseases (ECCMID) from 13–16 April 2019, in Amsterdam. The primary objective was the promotion of the Society's new gold open access journal IPIP.

The Society sponsored a session entitled **Adapting IPC in unconventional spaces** at the International Federation of Infection Control (IFIC) which took place between 26–29 May 2019 in Quebec, Canada.

In September 2019, we attended the Infection Prevention Society Conference 2019 with an exhibition stand. During the conference, Professor Hilary Humphreys gave a lecture sponsored by HIS on **The operating theatre and preventing infection**.

FIS 2019 (hosted by the Microbiology Society), took place in Edinburgh between 11–14 November 2019. HIS organised two sessions in the programme on **Big data and the future of IPC** and **Stewardship and diabetic foot infection**. The Lowbury Lecture presented by Professor Petra Gastmeier, HIS social event and the HIS AGM also took place at FIS 2019.



Above (L-R): Gemma Marsden (Research and Development Manager), Kay Miller (CEO), Helen Davies (Membership, Education and Events, Manager) and Adel Botfield (Membership, Events and Communications Co-ordinator) at the IPS Conference 2019

HIS journals

The Journal of Hospital Infection

The JHI is an internationally respected journal which 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.



The Society is committed to making improvements to the quality and discoverability of the Journal, and to increasing the international reach of content and contributors. The journals team works closely with our publisher Elsevier to promote the Journal and to ensure it has a wide penetration in both academic and healthcare environments.

The Journal has seen higher monthly submissions than ever before in the first quarter of 2020: in 2018 the JHI received a total of 1,010 manuscripts, and in 2019 a total of 988 manuscripts from around the globe. We have already seen 499 submissions between January and March 2020. A large proportion of these submissions are on the topic of COVID-19 and SARS-CoV-2, reflecting the trust the global community places in the JHI to swiftly review and publish work relating to the coronavirus pandemic.

Through 2019–2020, the editorial team have been successful in retaining an average time from submission to first decision of 10 days. Additionally, with the intention of speeding up our post-acceptance processes, the JHI moved to a system of 'article-based publishing' in May 2020, which will decrease the time taken from a paper being published online to it being compiled into an issue and the author provided with issue and page numbers.

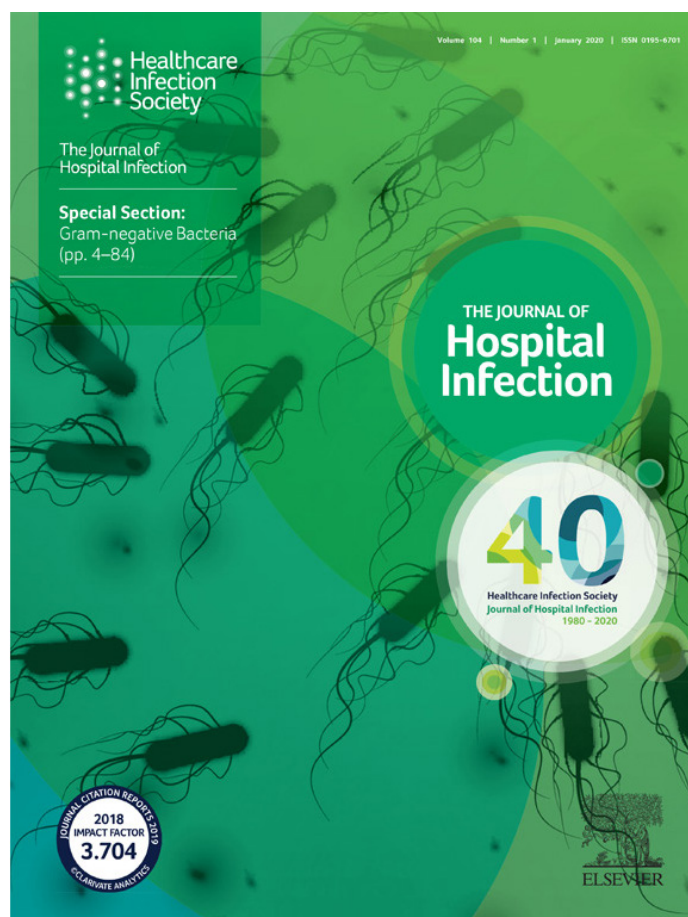
The JHI's International Editorial Board (IEB) comprises 110 editors from across the globe. IEB members assist with reviewing for the Journal, and regularly submit research and review articles, ensuring a global perspective. All new members of the JHI IEB receive one year's free Society membership as a thank you for their work on the Journal. Work is underway to analyse the composition of the board and consider new membership in 2020.

The JHI's 2018 impact factor (released in 2019) increased from 3.354 to 3.704. The impact factor is an important measure of the Journal's output. However, it is important to present a broad range of metrics to assess the impact of JHI articles. Articles published in 2018/2019 have been downloaded a total of 183,544 times to date, and the most-downloaded article in the Journal's history was published in February 2020: Kampf *et al.*'s **Persistence of coronaviruses on inanimate surfaces and its inactivation with biocidal agents** was downloaded 1.5 million times in the first three months of publication.



In the last year the Journal has published multiple issues with **Special Sections** focusing on vital IPC matters: in November 2019 a Special Section on antibiotic stewardship marked World Antibiotic Awareness Week; in January 2020 the Journal's Special Section focused on Gram-negative bacteria; and in March 2020 COVID-19 and environmental cleanliness formed complementary Special Sections. Most recently, in April 2020, our annual Global Hand Hygiene issue featured the World Health Organisation's (WHO) announcement of the **Nurses and Midwives: clean care is in your hands** campaign, and a piece from the JHI editors entitled **Washing our hands of the problem** accompanied by relevant research and review articles.

On Twitter, the JHI has continued to grow in popularity. The JHI Twitter account now has 2,344 followers, up on 1,310 at this time last year. Our Twitter account regularly highlights key papers published in the Journal, presents threads of related papers, notifies followers of new issues of the Journal, and engages with readers and authors.



Infection Prevention in Practice

The Society published the first edition of our new open access journal, IPIP, in March 2019. IPIP is a low-cost, online-only, gold open access journal with the goal of maximising the discoverability of research in IPC globally. The open access business model asks that authors pay a one-off article processing charge (APC) to ensure the content remains freely available to read, download and reuse. IPIP's low APCs aim to provide a fully open access resource that is accessible to all those working in the field of IPC, irrespective of their funding or institutional access.



Other papers of note are IPIP's unique **Debates in Infection Prevention** articles. These articles provide two sides of an interesting debate in IPC, with two different articles arguing 'for' and 'against' a motion. In the first edition of the journal, the case for and against screening Carbapenemase-producing Enterobacteriaceae (CPE) case-contacts in the community was made. In 2020, two articles outlined the arguments for and against dipstick use in the diagnosis and management of urinary tract infections (UTIs) in the over-65s.

Papers from the JHI which are deemed to be of a good quality but out of scope are 'cascaded' to IPIP, if the author agrees to transfer. Additionally, many of the published articles in IPIP are submitted independently to the journal, with submissions increasing gradually since launch. The journal has received 117 submissions since the submission site opened in 2019.

To mark one year since IPIP launched, the editors worked with Elsevier to launch a submissions campaign in March 2020. This email marketing campaign shared IPIP's top five papers and the Aims and Scope of the journal, and encouraged those who engaged with the message to submit. 13,842 emails were sent, with 3,718 people opening the messages and 226 clicking through to read further. IPIP hopes to see an impact on submissions in coming months, and to follow up on the campaign towards the end of 2020.

The journal has an independent IEB, composed of 17 members from 10 different countries and possessing a wide range of expertise, and is led by editors Gemma Winzor, Jim Gray and Nik Mahida.



In the last year IPIP has gone from strength to strength. In 2019, the journal published 20 articles. In the first quarter of 2020, the journal has already accepted 20 articles. IPIP articles published in 2019–2020 have been downloaded a total of 138,341 times, with top-downloaded articles including **A unique approach to the development of infection prevention and control resources for front-line health care workers** (Shaw *et al.*), **The 2018/19 Ebola epidemic the Democratic Republic of the Congo (DRC): epidemiology, outbreak control, and conflict** (Shears and Garavan), and **Potential role of inanimate surfaces for the spread of coronaviruses and their inactivation with disinfectant agents** (Kampf).



Review

The 2018/19 Ebola epidemic the Democratic Republic of the Congo (DRC): epidemiology, outbreak control, and conflict

Paul Shears^{a,*}, Carrie Garavan^b

^a Wirral University Teaching Hospital, Wirral, Merseyside UK

^b WHO Ebola Case Management Team, Butembo DRC & Medicines Sans Frontiers' Ebola Emergency Response Team DRC, Ireland



Potential role of inanimate surfaces for the spread of coronaviruses and their inactivation with disinfectant agents

Günter Kampf

University Medicine Greifswald, Institute for Hygiene and Environmental Medicine, Ferdinand-Sauerbruch-Straße, 17475 Greifswald, Germany

Graham Ayliffe Fellows

Two Graham Ayliffe Fellows (GAFs), Dr Christopher Lynch and Dr Katie Prescott, started work on a year-long placement on the journals in November 2019. The GAFs have contributed greatly to both the JHI and IPIP by editorially handling manuscripts, providing peer review commentaries, writing editorial pieces and commissioning content. The COVID-19 pandemic has necessitated a break in the Fellowships, and we look forward to welcoming the GAFs back when their hospital workloads begin to lessen.

HIS journals and COVID-19

HIS has signed the **Wellcome Joint Statement** on sharing research data and findings relevant to the COVID-19 pandemic, pledging to make all publications related to COVID-19 immediately freely available, to share research findings with the WHO, and encourage authors to make research findings and other data immediately available on preprint servers or data sharing platforms. HIS journals make all papers related to COVID-19 free to view on publication, and they are compiled into one resource page on the HIS website for easy access.



The science of IPC

The Society plays an active role in the promotion and development of infection prevention science by producing expert-led clinical guidelines and supporting research. Guideline production and funding are overseen by the Guidelines Committee and the Research Committee, respectively.

Clinical guidelines and guidance

The Society's expertise is harnessed to produce clinical guidelines and guidance through working parties (as either joint or sole ventures) or through representation.

The methodology used for the production of guidelines is accredited by the National Institute for Health and Care Excellence (NICE). NICE accreditation is granted to organisations only after they demonstrate that they implement the most rigorous processes when developing their guidelines.



NICE accreditation helps health and social care professionals to identify the most trusted sources of guidance which are developed using critically evaluated, high-quality processes. Thus, for healthcare professionals, guidelines carrying the accreditation mark have the 'seal of approval by NICE', which provides confidence that they have access to the best available evidence to support their practice.

To obtain and retain NICE accreditation, guideline producers such as HIS must adhere to six key principles, and are assessed by NICE and their external peer reviewers against six internationally recognised standards (AGREE II instrument). The accreditation is reviewed every five years to ensure that the guideline developers continue to satisfy the standards required by NICE. The year 2020 marks five years since the Society was awarded the NICE accreditation and in March 2020, the Society applied to renew NICE accreditation.

The working parties active between April 2019–March 2020 were:

- Prevention and control of infection in burns units, jointly with the British Burns Association
- Microbiological commissioning and monitoring of operating theatre suites
- Meticillin-resistant *Staphylococcus aureus* (MRSA), jointly with BSAC, IPS and BIA
- Final rinse water for endoscope washer disinfectors
- Automatic room decontamination
- Water management for the microbiologist
- Rituals and behaviours in the operating theatre, jointly with the European Society of Clinical Microbiology and Infectious Diseases (ESCMID)
- Management of norovirus outbreaks in acute and community health and social care settings
- Infection prevention and control of Group A Streptococcal infection in acute healthcare and maternity settings in the UK
- COVID-19 rapid guidance

The Society has developed the resources to facilitate guideline production by maintaining staff expertise in project management and evidence synthesis.

Guidelines published

There were no guidelines published during April 2019–March 2020.

Grants and bursaries

The Society supports research and career development through a portfolio of grants, bursaries, and awards.

Funding ranges from smaller awards (such as travel grants) to major research grants. The awards portfolio aims to foster opportunities and knowledge in infection prevention science that directly impact patient outcomes.



The grants and awards made during this period were:

Major research grant

One major research grant totalling £65,965 was awarded in April 2019 to Professor Heather Loveday from the University of West London for the project entitled **Preventing non-ventilator hospital-acquired pneumonia: the PRHAPs Study**. Another grant, which amounted to £95,012 was awarded in March 2020 to Dr Lena Ciric from University College London for a project entitled **Developing hospital surface sampling protocols for better IPC**.

Graham Ayliffe Training Fellowship

Two Graham Ayliffe Training Fellowships totalling £63,000 each were awarded to Dr Katie Prescott and Dr Christopher Lynch.

Travel grants

Travel grants are awarded to enable members to attend meetings of educational benefit where the member is actively participating. In the year to March 2020, one travel grant of £750 was awarded. Additionally, to coincide with the Society's 40th Anniversary, two Travel grants of £1,500 each were awarded for the attendance of the 6th Decennial International Conference on Healthcare Associated Infections, although this event was cancelled due to the COVID-19 outbreak.

Grant-making policy

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

The award of grants carries several conditions:

- A progress report must be submitted to the Grants Committee every six months until completion of the project
- The grant 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 for first refusal
- Once the study is completed it should be presented to a meeting of the Society

Selection of social, or programme, related investments

In addition to regular grants, the Society may, from time to time, award additional funds for activities which are aligned with its 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.

New premises and income diversification

The Society sold its headquarters in King's Cross Road in December 2019, and completed the purchase of new office premises in Bloomsbury in March 2020. The new headquarters have been named Montagu House after Lady Mary Wortley Montagu (1689-1762), most renowned for her pioneering support for smallpox inoculation.



Above: Lady Mary Wortley Montagu

The new property provides substantial space for income generation through commercial lettings, as well as providing the Society with a home appropriate for the continued delivery of its objectives and activities whilst creating capacity for growth.



Above: Montagu House

Governance structure

Following a review of the Society’s constitution and governance structure by the National Council for Voluntary Organisations (NCVO) in March 2019, a number of recommendations were made, including a reduction in the number of Co-opted members who serve on Council and the management of conflicts of interest. Trustees considered recommendations made and aligned these to the delivery of the Society’s new strategy and staff team, and agreed the following changes to the HIS committee structure which were implemented following the 2019 AGM (see below).

Key changes:

- Committee Chairs are trustees (where practical)
- Co-opted members on Council avoided where possible
- Committees are aligned to strategic objectives
- All committees work with a key member of the HIS staff team

All committees were new (with the exception of the Executive Editorial Board and the Trainee Committee, whose composition changed).

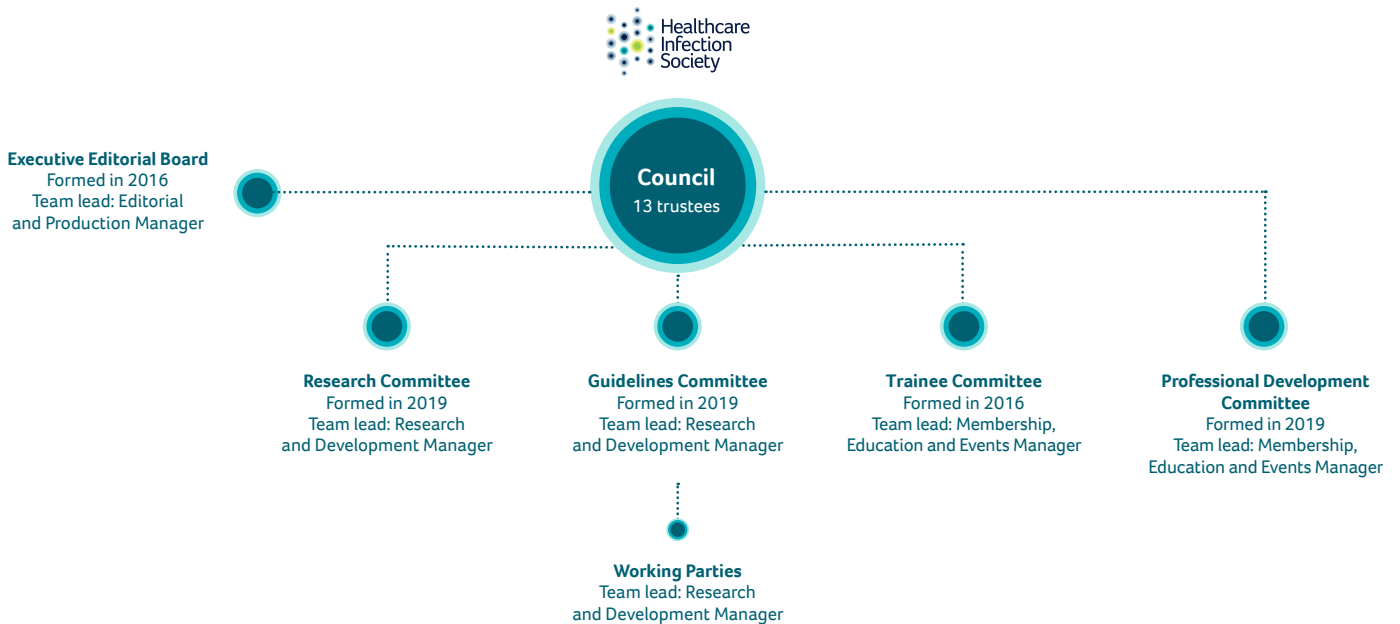
New committees:

- Professional Development Committee
- Research Committee
- Guidelines Committee

Dissolved committees:

- Education Committee
- Scientific Development Committee
- Grants Committee
- DIPC Committee

Following NCVO recommendations, a number of other changes were implemented during 2019/2020, including annual trustee appraisals, a review of the Trustee Induction Handbook and simplifying financial reporting to include charts and graphs.





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.

Whilst officers do not personally financially benefit 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. Following advice from the NCVO and the Society's auditor, Moore Kingston Smith, this is a change from previous policy where officers' employers were compensated as a matter of routine, and was unanimously voted and agreed by Council in their meeting of 11 September 2019. Details of such payments can be found in note 9 of the accounts.

There are other HIS volunteers, such as members of working parties, and HIS representatives on the committees of other organisations. All members of Council and other volunteers are entitled to reimbursement of expenses as outlined in the Travel and Expenses Policy. This Policy is intended to ensure that expenses are kept to a minimum.

Financial review

Brief review of the financial position of the charity

The Society continues to be in a healthy financial position with total funds of £8,751,000 as at 31 March 2020 (2019: £8,259,000).

The surplus for the period of £492,000 (2019: £99,000 deficit) comprises an operational deficit of £378,000 (2019: operational deficit of £159,000), a gain on the sale of fixed asset property of £947,000 (2019: £nil), together with investment losses of £76,000 (2019: £59,000 gain). This includes a charge of £113,000 in respect of cancellation charges for the FIS/HIS 2020 physical conference scheduled for November 2020.

Further details are given in the Statement of Financial Activities on page 36, the Balance Sheet on page 37, and the associated notes to the Financial Statements.

Reserves policy, designated funds and going concern

It is the policy of Council to maintain sufficient funds to meet its objectives and obligations on an ongoing basis. Society funds of £8,751,000 as at 31 March 2020 are all unrestricted funds.

The trustees continue to designate funds in accordance with the Society's financial strategy to ensure sufficient funding for the ongoing Society activities, objectives and strategy, and to safeguard against expected or potential contingencies. Designated funds are further explained in note 17 to the accounts.

Operating reserves represent free reserves and are calculated after deducting designated funds from total Society funds. Operating reserves are held to ensure the financial stability and ongoing operations of the Society in the event of an unanticipated loss in income or unexpected rise in expenditure. Operating reserves as at 31 March 2020 amounted to £3,302,000.

Council have determined that the ideal level of Operating reserves will be equivalent to six months of average operating cost, within a range of three months above or below this level. For the year to 31 March 2020 the requisite level of reserves on this basis was £312,000.

With planned development in Society activities, an increase in the requisite level of reserves, together with the cost of investment funding, it is forecast to attain parity between actual and requisite levels of operating reserves over the next five years.

The trustees have assessed whether the use of the going concern basis is appropriate and have considered possible events or conditions that might cause significant doubt on the ability of the charity to continue as a going concern. In particular the trustees have considered the Society's forecast and projections having taken account of the COVID-19 pandemic. With companies reducing or eliminating their dividends and with a number of events being cancelled or repurposed there will be a consequential fall in income. While an operational deficit is forecast for 2020 and 2021 the trustees gain assurance that the charity has free reserves in excess of £3.3M and healthy cash reserves at year end. The trustees are therefore satisfied the Society has adequate resources to continue in operation for at least twelve months from the approval of the financial statements. The Society continues to adopt the going concern basis in preparing its financial statements.

The Society will continue to monitor and assess financial risk through its officers and Council, recording and mitigating any uncertainties in accordance with its risk policy.

Investment policy and performance

The trustees operate an investment strategy of balanced risk, seeking to provide an income stream supporting Society activities and operations, whilst protecting income and capital values, at least in real terms, through longer term growth.

Following an investment manager review in 2018, the Society holds its investment portfolio with Sarasin and Partners LLP.

Investments are diversified between short and long-term funds, to align with the Society's strategic aims, integrating medium-term liquidity requirements within the operating reserves policy, whilst maximising returns and growth through balanced risk in longer term funds. The funds are benchmarked against relevant composite indices.

The equity holdings within the Sarasin and Partner funds are identifiable. Ethical restrictions applied include no investment in tobacco manufacturers, and the avoidance of investment in companies that generate significant revenue from alcohol manufacture, armaments, gambling or pornography.

Plans for future periods

Our 2020-2025 strategy is underpinned by three key areas of activity and engagement which support our members to deliver excellent clinical practice for the benefit of the public as follows:

1. Programme of activities

- We will fund a **diverse range of research and produce expert guidance** on the control and management of HCAs
- We will deliver an **expert-led, high-quality programme** of training and events
- We will provide accessible platforms for the **dissemination of high-quality, peer-reviewed research**

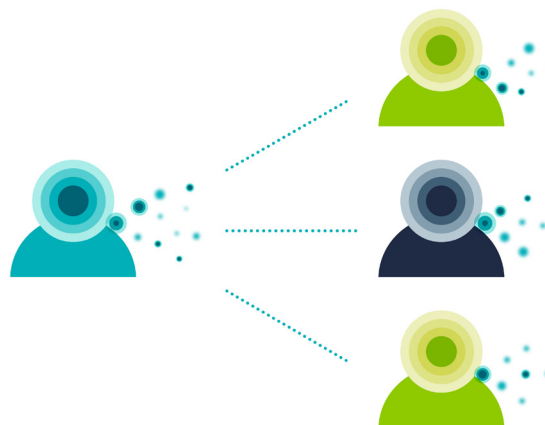
2. People

- Our activities and publications will **support the professional development** of our members and the wider IPC community at all career stages and levels
- We will **encourage our members to become involved** with the Society in order to help us realise our vision: **A world in which HCAs have been reduced to the lowest possible level**
- We will support and develop our staff and volunteers

3. Perception

- We will ensure our new brand, website and key messages communicate that HIS is **expert-led** and the authority on the delivery of activities and publications that drive best practice

The COVID-19 outbreak will significantly impact our original activities and plans to achieve our strategic objectives during 2020/2021. Our planned programme of activities will be compromised not only by social restrictions on mass gatherings and travel, but also on the availability of our members to participate.



However, our strategy and plans remain valid during this period of uncertainty, and the resources we have in place will be redeployed to focus on activities and initiatives that will support our members, improve patient care and further increase our profile as an international leader in the field of IPC.

Membership engagement and educational activities

During 2020/21, in a period which is more challenging to IPC specialists than ever, the Society will continue to support and provide expert-led training and events for those working in the field.

In light of the COVID-19 pandemic, the Society will continue to review the viability of all physical events during 2020/21. Where possible, virtual events will replace conferences and training courses and we will extend the reach of our Trainee education days by opening up those days that are delivered virtually to non-Trainees.

The new e-resources package on the topic of **Specialised ventilation systems** originally planned for late 2019, will now launch in September 2020. The resource will include interactive videos, guidelines, sample reports and papers on the topic, and will provide valuable educational material to bridge gaps in training where courses are cancelled or postponed.



To raise the profile of infection-related specialties to doctors at an earlier stage in training, a new category of Associate Trainee membership will be launched in 2020. The membership category will be open to undergraduate medical students and those in Core Training/Internal Medicine Training (IMT)/Acute Care Common Stem (ACCS), and benefits will include an opportunity to attend free Trainee education days, apply for travel grants and bursaries and benefit from member-rate registration fees for events.

The final stage in the implementation of the membership database will be completed in 2020 with the launch of online travel grant and bursary application forms. This will streamline grant and bursary application processing and ensure applications are held on the members' record and available for the member to view on their online portal.

COVID-19 webinar series

To support our members and the wider IPC community during the COVID-19 outbreak we plan to launch a COVID-19 focused webinar series. The series will focus on current challenges faced by our members, with the aim of sharing experiences and finding solutions. We plan to follow an audience-led question and answer format with an expert panel to ensure the webinars are relevant and of maximum benefit to our audience.



Webinar series COVID-19 challenges and solutions

Social media and COVID-19

During the COVID-19 outbreak we will use social media graphics to disseminate information quickly, simply, and accurately. The graphics will aim to summarize key guidance and highlight the role that healthcare workers have in preventing COVID-19 transmission in healthcare settings. We will make these graphics freely downloadable and encourage our members to cascade these messages to non-IPC colleagues by sharing them on Twitter or adding them to their email signatures.

We will also collaborate with other infection societies including BSAC, BIA, IPS and the Royal College of Pathologists (RCPATH) to ensure messaging is consistent and PHE guidance is followed.

Prevent transmission of COVID-19 in healthcare settings



Maintain careful hand hygiene



Use recommended PPE



Decontaminate the environment and equipment



Segregate, cohort and transport patients appropriately



Look after yourself, and self-isolate if you feel unwell



- Perform hand hygiene before and after every episode of direct patient care, and after removing PPE, cleaning equipment and handling waste
- Use single-use gloves for all direct patient interactions (within 2 metres), and dispose of gloves carefully
- Wash your hands for 20 seconds, using soap and water or alcohol hand gel
- Don't apply alcohol hand gel to gloves instead of removing them
- Avoid using your mobile phone in patient care areas

Good practice protects patients, you, your colleagues and your household



- Don't use unnecessary PPE – not all patient contact is for an AGP
- Don't add extra layers of PPE – it makes doffing more risky
- Reassess how you work to minimise team exposure; reducing face-to-face contact reduces PPE use
- Move clinical discussions away from clinical areas
- Gloves and aprons are always single-use and should be disposed of after each patient interaction

Good practice will keep you safe and will preserve the PPE that you and your colleagues need.



- Decontaminating the environment prevents the transmission of COVID-19
- Wear recommended PPE when decontaminating equipment and dealing with spillage
- Clean thoroughly with neutral detergent, followed by a disinfectant solution of 1,000ppm available chlorine
- Discard cleaning materials and solutions appropriately, remove and discard PPE
- Perform careful hand hygiene and include the forearms

Good practice protects patients, you, your colleagues and your household.



- Patients with suspected COVID-19 should be cared for in single rooms, confirmed may be cohorted
- Movement of patients out of single room/cohort areas should be for essential clinical reasons
- Cohort areas should have clear signage and must not be used as a thoroughfare
- IPC measures are required for longer if patients are immunocompromised or have been critically ill
- Ongoing IPC measures may still be required patients after are discharged home or to residential care



Look after your physical health:

- Follow PHE IPC guidance
- Remember 2m of social distancing also applies to co-workers
- Self-isolate if you feel unwell

Look after your mental health:

- Support your teams, and show your colleagues they are valued
- Talk openly and ask for help if you need it
- Remember your sleep, diet, relationships and exercise



Stay on **GUARD** against COVID-19

- Gel or wash your hands often
- Use a face covering
- Avoid crowds
- Remain in open spaces
- Distance yourself from others (at least 2m)



The JHI

The JHI's Editor-in-Chief, Dr Jim Gray, will continue to work with the Society's Editorial and Production Manager to develop the Journal's strategy. Our priority in the coming months will be to develop the Editorial Team further to ensure that we can keep publishing the best work on COVID-19 alongside vital work on other HCAs. We will continue to increase the international profile of the JHI, and will work with Elsevier to best position our journals' business against changes to the wider publishing landscape, and with the Society Publisher's Coalition to defend the interests of Society journals as debates around changing business and funding models develop.

IPIP

Following the success of IPIP's first year of publication, the editorial team intend to continue to build the profile and increase the number of submissions to the journal with a robust commissioning strategy, and intend to increase promotion of the journal based on the quality of submissions published in the first year. The journal aims to be indexed in PubMed in 2020, which will allow the team to grow and consolidate key journal metrics to attract new authors and readers.

The science of IPC

The Society will maintain a rolling programme to update and continuously review the current guidance and guidelines produced by its working parties. The working parties will be supported by an experienced staff team to research and produce practical guidelines and considerations for implementation. Each working party will have at least two lay members to ensure their views are also considered, as per NICE accreditation requirements.

This year, HIS established a joint COVID-19 Rapid Guidance Working Party with the BIA, IPS, and RCPATH to develop guidance for managing COVID-19 in healthcare settings, and during 2020 a series of Rapid Reviews will be published in the JHI.

Research and grant funding

HIS will continue to review its funding portfolio and engage with other funders to ensure that its awards fulfil the Society's strategic aims. A full research strategy was developed in 2019, which will enable the Society to apply to become a member of the Association of Medical Research Charities in 2020.

New premises and income diversification

The Society will continue the process of relocating to Montagu House. Our new premises are of a size, configuration and location appropriate to fulfilling their function to the benefit of our members, advancing the efficiency and quality of the delivery of Society objectives and activities, whilst creating capacity for growth.

The new-build freehold premises in central London are expected to be ready for occupation in September 2020.

In addition to achieving benefits in Society operation and service, the new property will create an opportunity for the Society to generate additional revenue through the letting of commercial space to other organisations. The intention is that this new income stream, coupled with the diversification of the investment portfolio, will help to ensure the long term financial sustainability of the Society. The new premises will also enable the Society to host training workshops.

Structure, governance and management

Nature of governing document and how the charity is constituted

The Society's governing document is its current Constitution which incorporates the elements of the previous documents into the requirements of the Charity Commission for a CIO.

The Society previously had one trading subsidiary: Hospital Infection Society (Management) Limited, which did not trade during the year. This company was dissolved on 31 May 2016.

Methods adopted for the recruitment and appointment of new trustees

Trustees are recruited following an open call to Full and Trainee members of the Society, with the exception of the Lay Trustee who is not a member of the Society. Lay trustees are recruited via advertisements in national and charity media outlets.

Full and Trainee members of the Society are eligible to be trustees. There are a maximum of 13 trustees of the Society who are all members of the Council. They are:

- President (an officer) - elected by Council members for a single term of four years
- Other officers (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
- Editor-in-Chief of the JHI - appointed by Council for an initial three-year term extendable for two further two-year terms
- Seven Council members - elected by Full and Trainee members of the Society. The call for nominations and any resulting ballot of the membership (should the number of nominations exceed the number of vacancies) is managed by an election process. Following a Resolution passed on 27 April 2017, the inclusion of a Lay Trustee position was agreed by the membership

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. Following the governance review by the NCVO in March 2019, the governance structure of HIS Council was amended, and Chairs of committees are trustees of the Society (and thus members of Council) where practical.

The Chairs of committees are appointed for three years in the first instance but trustees could extend this term by a further two years. Neither the Chairs nor Co-opted members are trustees by virtue of their position on Council. Council also appoints the Chair of the HIS Conference Organising Committee, who is a member of Council but not a trustee.

Policies and procedures for the induction and training of trustees

Trustees participate in an annual trustee development and training session and are provided with a Trustee Induction Handbook which includes the Society's Constitution, details of Society policies and procedures and information on trusteeship from the Charity Commission. Trustees also have access to online training material provided by the NCVO.

A register of interests of trustees is maintained, and declarations of interests are made at all Council and committee meetings. The trustee role description was reviewed during the year.

Organisational structure and decision-making process

The business of the Society is conducted by its Council, which meets quarterly. The 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.org.uk website, by post and by email. The officers, CEO, the Chairs of the standing committees and the Editor-In-Chief meet in person or by teleconference as and when required to discuss key issues, and their proposals and recommendations are taken to Council for discussion and formal decision making.

The Society's AGM was held on 12 November 2019, and minutes are available on the Society's website.

Governance reviews

The Society began a governance review in 2016 and since then has refined existing processes and defined new roles and training processes. This review continued during 2019 following guidance from the NCVO, and changes to committee structures were implemented in November 2019.

Land

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

External collaboration

HIS is represented on a number of national and international committees and other forums. The following is a list of these groups and the current HIS members with involvement:

- IFIC: Board | Elisabeth Ridgway
- RCPATH: Infection Training Speciality Advisory Committee | Peter Wilson
- RCPATH: Medical Microbiology Speciality Advisory Committee | Peter Wilson
- European Network to Promote Infection Prevention for Patient Safety (EUNETIPS) | currently looking for representative
- IPS: Research and Development Group | Chris Settle
- Professional Expert Communication Forum: Decontamination of Medical Devices | Mark Garvey
- PHE: Standards for Microbiology Investigation Steering Group | Chris Settle
- Department of Health (DoH): Human Health Stakeholder Group | Peter Wilson
- NHS Improvement: National Standards of Cleanliness | Chris Settle
- European Committee in Infection Prevention and Control (EUCIC) | Gemma Marsden
- British Standards Institution (BSI) Committee on CH/216 Chemical Disinfectants and Antiseptics | Karren Staniforth
- BSI Water Safety Group | Mike Weinbren
- PHE Surgical Site Infection Surveillance Service Task and Finish Group | Jyothi Rao
- Training Association of ESCMID (TAE) | Chris Lynch
- Royal College of Physicians (RCP) Infection Guideline Review Committee | Christine Bates
- TAILOR Horizon 2020 project | Elisabeth Ridgway
- COVID-19 Affiliated Societies | Mike Anckorn and Hayley Colton

In November 2020, the Society will host the **FIS/HIS International 2020** conference which was originally planned to take place in Edinburgh. FIS is a unique conference which includes the collaboration of societies across the UK with interests in different aspects of infectious diseases, clinical microbiology, biomedical science and infection control. In response to the COVID-19 outbreak, the 2020 conference will be delivered online, and include sessions organised by collaborating societies.

The Society holds other scientific meetings with like-minded groups on an ad hoc basis, and (as in 2019) the Society intends to run the annual **Don't Panic!** events in association with the IPS.

The Society liaises closely with like-minded groups, both national and international, in the production of scientific guidelines and in the provision of educational workshops and other educational opportunities.

A **Foundation course in infection prevention and control** is run in collaboration with PHE.

Risks and uncertainties

The trustees have examined the major risks that the Society faces and confirm that systems have been established so that the necessary steps can be taken to manage any such risks. An extensive risk register is held and reviewed annually.

The trustees recognise that the activities of the Charity in providing support for scientific research and education are principally reliant on the income it receives from the JHI. Support to ensure the continuing success of the Journal is therefore a critical function of the Council. The Editorial and Production Manager, a role within the internal staffing structure, alongside the editors, is responsible for the strategic development of the JHI.

The trustees are currently evaluating alternative forms of income.

The Society maintains a reserve, appropriately invested, to ensure that it is able at any time to fully support all grants and awards that it has made, and to remain a going concern.

Additionally, COVID-19 has presented an unexpected, uncertain and unprecedented risk to both the finances and operations of the organisation. Risk is continuously assessed with mitigation policies established in investments, income generation, conferences and events, publishing, staff welfare, and to the operational support provided within these areas.

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

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

The trustees are aware of additional obligations arising from the Charities (Protection and Social Investment) Act 2016 and are implementing measures to ensure compliance.

Key management personnel remuneration

The Society considers its key management personnel comprises the trustees, CEO and the entire staff team.

All trustees give of their time freely and no trustee received any remuneration or other employee benefits for their role as trustee. As outlined in the Roles and Contribution of Volunteers section earlier in this report, the Society has an option to compensate their trust or employer for the time necessary to fulfil their duties.

Details of trustee expenses and related party transactions are disclosed in notes 9, 18 and 19 to the accounts.

Remuneration Committee

The Remuneration Committee was established in April 2019 and is comprised of the Chair of Trustees, the Treasurer and Lay Trustee. In this financial year the Committee reviewed the remuneration of the CEO, approved the annual staff pay review and reviewed non-financial benefits offered to staff.

The policy and procedure in determining the remuneration payable to the CEO and all staff is as agreed by all the trustees following recommendations made by the Remuneration Committee. The rate of remuneration for all staff is benchmarked against organisations of a similar size and activity.

The Society supports its staff development and welfare through rolling assessments, annual appraisals, focused training, employee assistance programmes, benefit platforms and social engagement. The entire HIS staff team moved to working from home in March 2020, and the monitoring and management of their wellbeing during the COVID-19 outbreak has become a priority for the trustees and CEO.

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 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 Statement of Recommended Practice;
- 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; and
- 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 show and explain the charity's transactions and disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, 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; and
- 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 September 2020, and signed on their behalf by:



C D Settle (Oct 14, 2020 10:49 GMT+1)

Dr Chris Settle
HIS Treasurer

Independent auditor's report to the trustees of the Healthcare Infection Society

Opinion

We have audited the financial statements of the Healthcare Infection Society ('the charity') for the year ended 31 March 2020 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows 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 UK 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 charity's affairs as at 31 March 2020 and of its incoming resources and application of resources 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 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 audit opinion.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in which the ISAs (UK) require us to report to you where:

- The trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- The trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the charity's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

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
- Sufficient accounting records have not been kept; or
- The financial statements are not in agreement with the accounting records and returns; or
- We have not received all the information and explanations we require for our audit.

Responsibilities of trustees

As explained more fully in the Trustees' Responsibilities Statement set out on page 32, 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 determine 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.

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

On behalf of
Moore Kingston Smith LLP
60 Goswell Road
Statutory Auditor
London EC1M 7AD

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

Statement of financial activities

for the year ended 31 March 2020

	Notes	Unrestricted Funds General £	Unrestricted Funds Designated £	Total Funds 2020 £	Total Funds 2019 £
Income from:					
Charitable activities					
Membership		44,850	-	44,850	23,709
Education	2	79,214	-	79,214	73,987
Publications	3	650,776	-	650,776	508,988
Conferences	4	19,000	-	19,000	463,957
Investments	5	103,643	-	103,643	160,933
Total income		897,483	-	897,483	1,231,574
Expenditure on:					
Costs of raising funds					
Investment management fees		6,135	-	6,135	20,078
Charitable activities					
Awards and Grants		66,206	276,312	342,518	53,649
Membership		28,301	57,904	86,205	92,485
Education		66,276	139,368	205,644	202,448
Publications		123,503	58,585	182,088	173,315
Communication		79,036	4,332	83,368	80,076
Conferences		231,771	4,917	236,688	582,381
Research and guidelines		79,506	53,428	132,934	185,825
Total charitable expenditure	6	674,599	594,846	1,269,445	1,370,179
Total expenditure		680,734	594,846	1,275,580	1,390,257
Transfers between funds		159,154	(159,154)	-	-
Gains on disposal of fixed assets		946,509	-	946,509	-
Net investment (losses) / gains	7	(76,079)	-	(76,079)	59,348
Net income / (expenditure) and net movement in funds for the year		1,246,333	(754,000)	492,333	(99,335)
Fund balances brought forward at 1 April		2,055,550	6,203,000	8,258,550	8,357,885
Fund balances carried forward at 31 March		3,301,883	5,449,000	8,750,883	8,258,550

All the above results were derived from continuing activities.
The notes and information on pages 39 to 49 form part of these financial statements.

Balance sheet as at 31 March 2020

	Notes	2020 £	2019 £
Fixed assets			
Tangible assets	10	4,285,784	372,056
Intangible assets	11	29,502	49,171
Investments	12	2,240,996	7,032,572
		6,556,282	7,453,799
Current assets			
Debtors	13	1,244,315	654,330
Short term deposits		92	7,017
Cash at bank and in hand		1,809,903	668,631
		3,054,310	1,329,978
Creditors: amounts falling due within one year	14	719,806	415,312
		2,334,504	914,666
Net current assets			
Creditors: amounts falling due after more than one year	14	139,903	109,915
Net assets	16	8,750,883	8,258,550
Restricted funds		-	-
Unrestricted funds:			
General fund	17	3,301,883	2,055,550
Designated fund	17	5,449,000	6,203,000
Total funds		8,750,883	8,258,550

Approved by the Board of Trustees on 9 September 2020
and signed on its behalf by:



C D Settle (Oct 14, 2020 10:49 GMT+1)

Dr Chris Settle
HIS Treasurer

The notes and information on pages 39 to 49
form part of these financial statements.

Statement of cash flows for the year ended 31 March 2020

	2020 £	2019 £
Cash flows from operating activities:		
Net cash used in operating activities	(704,403)	(547,605)
Cash flows from investing activities:		
Interest and dividends from investments	99,081	158,503
Interest on bank deposit accounts	4,562	2,430
Proceeds from the sale of fixed assets	1,305,000	-
Purchase of fixed assets	(4,285,390)	(60,869)
Proceeds on sale of investments	22,615,497	7,661,430
Additions to investment portfolio	(17,900,000)	(7,174,622)
Net cash generated through / (used in) investing activities	1,838,750	586,872
Change in cash and cash equivalents in the reporting period	1,134,347	39,267
Cash and cash equivalents at the beginning of the reporting period	675,648	636,381
Cash and cash equivalents at the end of the reporting period	1,809,995	675,648
Reconciliation of net expenditure to net cash flow from operating activities		
Gain / (deficit) after other recognised gains and losses	492,333	(99,335)
Net investment losses / (gains)	76,079	(59,348)
Net gains on the sale of fixed assets	(946,509)	-
Depreciation of tangible fixed assets	13,171	18,072
Amortisation of intangible fixed assets	19,669	9,834
Increase in debtors	(589,985)	(223,214)
Increase / (decrease) in creditors	334,482	(32,681)
Investment income	(103,643)	(160,933)
Cash flow from operating activities	(704,403)	(547,605)
Analysis of cash and cash equivalents		
Cash in hand	1,809,903	668,631
Short term deposits	92	7,017
Total cash and cash equivalents	1,809,995	675,648

The notes and information on pages 39 to 49 form part of these financial statements.

Notes to the accounts for the year ended 31 March 2020

1. Accounting policies

The principal accounting policies adopted by the Society are as detailed 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 2015) (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 cause significant doubt on the ability of the charity to continue as a going concern. In particular the trustees have considered the charity's forecast and projections having taken account of the COVID-19 pandemic. While an operational deficit is forecast for 2020 and 2021 the trustees gain assurance that the charity has free reserves in excess of £3.3M and healthy cash reserves at year end. The trustees are therefore satisfied the charity has 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, and that the income will be received and that the amount of income receivable can be measured reliably.

Voluntary income including donations, investment income and income from charitable activities including membership, journal and conference income are 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 to 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.

Charitable activities expenditure includes services supplied 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.

Notes to the accounts for the year ended 31 March 2020

1. Accounting policies (continued)

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) 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.

h) 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.

i) Irrecoverable value added tax

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

j) Tangible fixed assets

Tangible fixed assets of 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 at the following annual rates:

Tangible fixed assets

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

k) 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 at the following annual rates:

Intangible fixed assets

Systems development	33% straight line
---------------------	-------------------

l) 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 17.

m) 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.

At the year end contributions totalling £nil (2019: £3,129) were outstanding.

Notes to the accounts for the year ended 31 March 2020

1. Accounting policies (continued)

n) 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.

o) 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.

p) 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 2020

	2020 £	2019 £			
2. Education income					
Conference and course income:					
Foundation course	23,714	22,660			
Engineering aspects course	45,060	43,777			
DIPC educational programme	6,690	5,950			
Trainee education programme	2,350	900			
Outbreaks workshop	1,400	700			
	79,214	73,987			
3. Publications income					
Journal of Hospital Infection	643,274	507,738			
Infection Prevention in Practice	7,502	1,250			
	650,776	508,988			
4. Conferences income					
HIS 2018	-	457,937			
HIS Spring Meeting	8,995	6,020			
Don't Panic	9,805	-			
Bridging the gap	200	-			
	19,000	463,957			
5. Investment income					
Interest and dividends from investments	99,081	158,503			
Interest on cash deposits	4,562	2,430			
	103,643	160,933			
6. Expenditure on charitable activities					
	Direct Costs £	Staff Costs £	Support Costs £	Total 2020 £	Total 2019 £
Awards and grants	272,573	44,311	25,634	342,518	53,649
Membership	-	52,846	33,359	86,205	92,485
Education	135,528	44,416	25,700	205,644	202,448
Publications	39,232	74,522	68,334	182,088	173,315
Communication	-	53,735	29,633	83,368	80,076
Conferences	153,624	52,846	30,218	236,688	582,381
Research and guidelines	15,515	78,133	39,286	132,934	185,825
Total charitable expenditure	616,472	400,809	252,164	1,269,445	1,370,179

Notes to the accounts for the year ended 31 March 2020

6. Expenditure on charitable activities (continued)	2020	2019	
	£	£	
a. Support costs			
Support costs are allocated on the basis of staff time and comprise the following:			
Repairs and premises costs	28,307	17,495	
Bank charges	2,090	1,844	
Depreciation and amortisation charges	32,840	27,906	
Office, accountancy, legal and administrative expenses	97,521	74,009	
Irrecoverable VAT	4,248	17,639	
Governance costs (see (b) below)	87,158	101,644	
	252,164	240,537	
b. Governance costs			
Council expenditure	75,658	87,344	
Audit	11,500	14,300	
	87,158	101,644	
7. Investment gains / (losses)			
Realised	37,176	1,468,599	
Unrealised	(113,255)	(1,409,251)	
	(76,079)	59,348	
8. Grants awarded			
Professor Heather Loveday	Research	65,965	-
Dr Lena Ciric	Research	95,012	-
Dr Katherine Prescott	Research	63,000	-
Dr Christopher Lynch	Research	63,000	-
Dr Damien Mack	Research	-	10,000
Dr Felicity Fitzgerald	Research	-	10,000
Dr Elaine Cloutman-Green	Public Engagement	-	1,000
		286,977	21,000

Notes to the accounts for the year ended 31 March 2020

9. Employees' remuneration

The average number of persons employed by the charity during the year for the purpose of charitable activities was eight (2019: eight).

2020	2019
£	£

The aggregate payroll costs of these persons were as follows:

Wages and salaries	329,999	374,375
Redundancy and termination	-	(4,000)
Employer pension contributions	19,735	16,964
Social security	35,093	39,509
	384,827	426,848

Two employees received total employee benefits (excluding pension and national insurance contributions) of more than £60,000 in the year under review (2019: Two).

The number of employees receiving salaries within the following bands:

	2020	2019
£60,001 to £70,000	1	1
£70,001 to £80,000	1	1

The Society considers its key management personnel comprises the CEO, Kay Miller, and the trustees. Kay Miller received salary and employer pension and National Insurance (NI) contributions within this period of £92,208 (2019: £90,011).

No trustee received any remuneration or other employee benefits for their role as trustee during the year.

However, the employers of the trustees have invoiced the charity for additional services performed as follows:

Dr Elisabeth Ridgway became Chair of the Society in November 2015. Payments due during the year to her employer, Sheffield Teaching Hospitals NHS Trust, amounted to £16,587 (2019: £16,587).

Dr Peter Jenks became Secretary of the Society in November 2015. Estimated payment due during the year to his employer, Plymouth Hospitals NHS Trust, amounted to £20,000 (2019: £18,687).

Dr Richard Cunningham became Treasurer of the Society in December 2017. Estimated payment due during the year to his employer, Plymouth Hospitals NHS Trust, amounted to £20,000. (2019: £26,126).

Dr Jim Gray has been the Society's Editor-in-Chief since February 2015. During the year payments due for his services amounted to £10,400 (2019: £10,400).

Notes to the accounts for the year ended 31 March 2020

10. Tangible fixed assets

	Fixtures and fittings £	Computer equipment £	Freehold land and buildings £	Assets under construction £	Total £
Cost:					
At 1 April 2019	17,887	11,808	412,153	-	441,848
Additions	-	1,630	-	4,283,760	4,285,390
Disposals	(17,887)	(2,519)	(412,153)	-	(432,559)
At 31 March 2020	-	10,919	-	4,283,760	4,294,679
Depreciation:					
At 1 April 2019	9,835	8,428	51,529	-	69,792
Provision in year	1,934	2,986	8,251	-	13,171
Disposals	(11,769)	(2,519)	(59,780)	-	(74,068)
At 31 March 2020	-	8,895	-	-	8,895
Net book value:					
At 31 March 2020	-	2,024	-	4,283,760	4,285,784
At 31 March 2019	8,052	3,380	360,624	-	372,056

11. Intangible fixed assets

	Systems development £	Total £
Cost:		
At 1 April 2019	-	-
Additions	59,005	59,005
At 31 March 2020	59,005	59,005
Amortisation:		
At 1 April 2019	9,834	9,034
Provision in year	19,669	19,669
At 31 March 2020	29,503	29,503
Net book value:		
At 31 March 2020	29,502	29,502
At 31 March 2019	49,171	49,171

Notes to the accounts for the year ended 31 March 2020

	2020 £	2019 £
12. Quoted investments		
Quoted investments market value:		
At 1 April	7,032,572	7,460,032
Additions	17,900,000	7,174,622
Disposals at market value	(22,615,497)	(7,661,430)
(Losses) / gains in the period	(76,079)	59,348
	2,240,996	7,032,572
Market value as at 31 March		
	2,297,052	6,975,372
Quoted investments analysis at market value:		
UK fixed interest securities	583,381	863,859
Equity UK	337,229	432,539
Equity global	911,670	933,647
Property	55,750	182,578
Alternative investments	204,805	88,694
Liquid assets	148,161	4,531,255
	2,240,996	7,032,572
Market value as at 31 March		

All 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).

During the year to 31 March 2020, a significant proportion of Society investments previously held as liquid assets have been utilised to the purchase of a new building. This purchase is now largely complete and the asset is expected to be brought into use in financial year 2020-21.

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.

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.

Notes to the accounts for the year ended 31 March 2020

	2020 £	2019 £
13. Debtors		
Trade debtors	213,966	26,840
Taxes	739,248	-
Other debtors	125,940	183,783
Prepayments and accrued income	165,161	443,707
	1,244,315	654,330

14. Creditors – amounts falling due within one year

Trade creditors	132,244	71,208
Accruals	63,673	59,504
Grants	311,995	210,596
Taxes and social security	9,812	21,591
Deferred income	201,400	52,323
Other creditors	682	90
	719,806	415,312

Creditor amounts falling due after more than one year relate to grants payable of £139,903 (2019: £109,915)

Reconciliation of deferred income

Balance as at 1 April 2019	£ 52,323
Amounts released to income earned from charitable activities	(52,323)
Amounts deferred in the year	201,400
Balance as at 31 March 2020	201,400

15. Operating lease arrangements

At the Balance Sheet date, the Society had outstanding commitments for future minimum lease payments under non-cancellable operating leases in respect of office equipment, which fall due as follows:

	2020 £	2019 £
For leases expiring:		
Within one year	1,803	1,639
Between two and five years	2,150	3,953
	3,953	5,592

Notes to the accounts for the year ended 31 March 2020

	Unrestricted £	Total Funds £
16. Analysis of net assets between funds		
Tangible fixed assets	4,285,784	4,285,784
Intangible fixed assets	29,502	29,502
Investments	2,240,996	2,240,996
Debtors	1,244,315	1,244,315
Cash at bank and in hand	1,809,903	1,809,903
Short term deposits	92	92
Creditors falling due within one year	(719,806)	(719,806)
Creditors falling due more than one year	(139,903)	(139,903)
Net assets at 31 March 2020	8,750,883	8,750,883

17. Funds

	1 April 2019 £	Income £	Expenditure £	Gains £	Transfers £	31 March 2020 £
Unrestricted Funds						
General	2,055,550	897,483	(680,734)	870,430	159,154	3,301,883
Designated Funds						
Grants Reserve	1,407,000	-	(272,538)	-	(439,462)	695,000
HIS Conference	50,000	-	-	-	-	50,000
Other Society Activities	325,000	-	(289,468)	-	353,468	389,000
Fixed Assets	421,000	-	(32,840)	-	(357,160)	31,000
Montagu House	4,000,000	-	-	-	284,000	4,284,000
Total designated funds	6,203,000	-	(594,846)	-	(159,154)	5,449,000
Restricted Funds	-	-	-	-	-	-
Total funds	8,258,550	897,483	(1,275,580)	870,430	-	8,750,883

Notes to the accounts for the year ended 31 March 2020

The designated funds are set up for the following purposes:

Grants Reserve: Represents the balance of grants awarded with stage payments yet to be paid, together with planned awards for the next financial year to ensure the continued funding of Research and other Grants for the forthcoming financial year.

HIS Conference Fund: Represents the value at risk from the biennial HIS Conference, and ringfences sufficient funds to meet liabilities accrued over each two-year period.

Other Society Activities: Represents the value required to protect and enable the ongoing funding of Society Activities for the next financial year, with the exception of the grants and conferences for which funds have been designated separately.

Fixed Assets Fund: Represents the value invested in headquarters and other fixed assets to enable the ongoing operations and activities of the Society.

Montagu House: Represents the net book value of Montagu House as at 31 March 2020, being an investment, both for HIS headquarters and for the generation of income. The premises are substantially complete and the asset is expected to be brought into use within the 2020-21 financial year.

The undesignated funds are used for operational costs within the Society.

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.

18. Related party transactions

There were no related party transactions during the year.

19. Trustees

The trustees received no remuneration for their role as trustees and were reimbursed expenses incurred in respect of travel and subsistence for 2020: £7,926 to 13 trustees (2019: £8,020 to 14 trustees).

20. Capital commitments

The Society purchased new premises during the year and had capital commitments for the internal fit of fixtures and fittings as at 31 March 2020 with an expected value of £186,458 (2019: Land and Buildings £4,204,530).

The premises will be available for occupation within the financial year ending 31 March 2021.

21. Fixed asset disposal

In connection to the capital commitment outlined in note 20, during the year the Society disposed of its previous head office premises located in King's Cross Road, London WC1. The property sold for £1,305,000 and a realised gain of £946,509 has been accounted for within the 2019-20 financial statements.

Reference and administrative information

Registered name: Healthcare Infection Society

Registered number: 1158172

Registered office address: Montagu House,
7E Wakefield Street
London, WC1X 1PG

Council member	Appointment	Appointed	Term of office completed
Professor Hilary Humphreys	President	November 2018	Current
Dr Elisabeth Ridgway	Chair	November 2015	Current (second term approved at 2018 AGM)
Dr Peter Jenks	Secretary	November 2015	Current (second term approved at 2018 AGM)
Dr Richard Cunningham	Treasurer	December 2017	June 2020 (retained as an Ordinary Member until November 2020)
Dr Emma Boldock	Chair: Research Committee	November 2016	Current (term extended to 2021)
Dr David Enoch	Ordinary Member	April 2016	November 2019
Dr Jyothi Rao	Ordinary Member	November 2018	Current
Dr Jim Gray	Editor-in-Chief	February 2015	Current
Dr David Jenkins	Ordinary Member	December 2017	January 2020
Ms Andrea Parsons	Lay Trustee	February 2018	Current (term extended to 2021)
Dr James Price	Ordinary Member		
	Chair: Professional Development Committee	November 2018	Current
Dr Joanna Walker	Chair: Trainee Committee	November 2019	Current
	Ordinary Member		
Mrs Karren Staniforth	Ordinary Member	December 2017	Current (demits November 2020)
Dr Gemma Wheldon	Ordinary Member	February 2018	Current (maternity leave)
Claire Hail **	Co-opted Infection Control Nurse	March 2018	Current
Dr Mark Garvey **	Chair: Education Committee	February 2018	November 2019
Professor Peter Wilson **	Chair: Guidelines Committee	November 2013	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.

Reference and administrative information

Chief executive officer:	Dr Kay Miller
Bank:	Barclays Bank plc PO Box 12820 1250 High Road Whetstone London N20 0WE
Auditor:	Moore Kingston Smith LLP Devonshire House 60 Goswell Road London EC1M 7AD
Investment fund manager:	Sarasin & Partners LLP Juxon House 100 St. Paul's Churchyard London EC4M 8BU
Solicitors:	RadcliffesLeBrassier 85 Fleet Street London EC4Y 1AE
Human resources:	Peninsula Business Services Ltd The Peninsula Victoria Place Manchester M4 4FB












HIS_Annual_Report_2020_FINAL (002)

Final Audit Report

2020-10-14

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