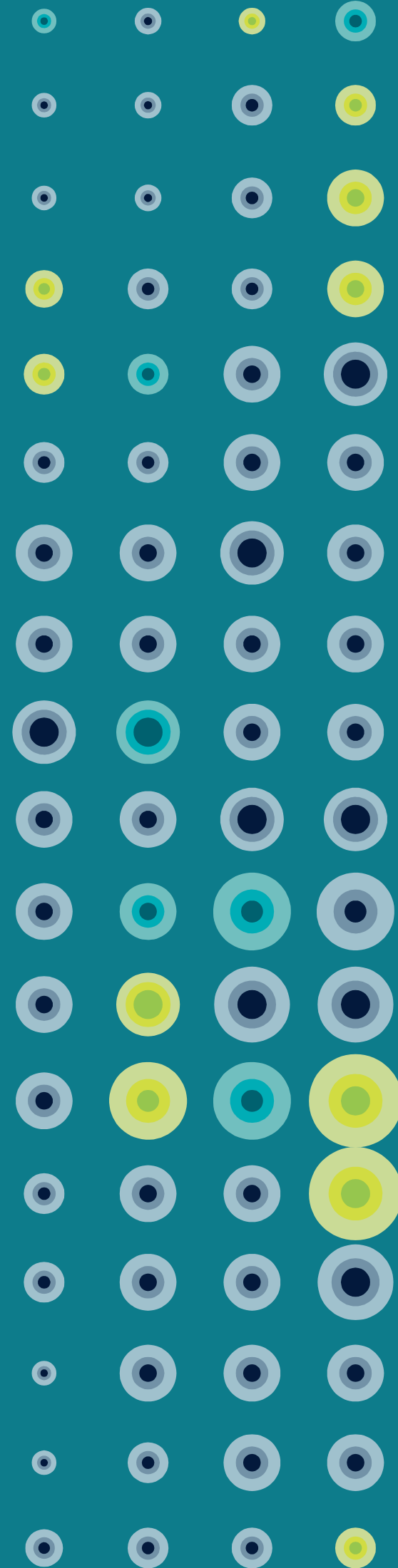


Healthcare  
Infection  
Society



# Annual Report

For the year ended  
31 March 2022

Charity number 1158172

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**FIS 2021**  
Federation of Infection Societies Conferer

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# Chair's statement

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As the Society's new Chair, I am delighted to be able to share with you this report from the Trustees of the Healthcare Infection Society (HIS) for the 2021–2022 financial year.

My role as Chair began in November 2021 when I took over from Elisabeth (Lisa) Ridgway. Lisa was Chair for two consecutive terms and the Society is extremely grateful to Lisa and to Peter Jenks, who also stepped down in November after serving two terms as Honorary Secretary.

Unsurprisingly, the Society and its members are still managing the impact of the COVID-19. However, despite the numerous challenges associated with the outbreak, there have been many positives.

The transition to online delivery of our education and training during the pandemic has allowed us to reach larger and more diverse audiences. As such, virtual events have now become the norm and our training and education programme now includes three distinct and permanent webinar series.

During the year, our planned programme of events included three online Trainee Education Days, each attended by between 194 and 287 of the Society's 480 Trainee members. After cancelling two Directors of Infection Prevention and Control (DIPC) events in 2020 because of difficulties securing speakers during the pandemic, it was gratifying that two DIPC Development Days went ahead online in June and December, with a hybrid event planned for June 2022 to take place in London and online. In June 2021 the *Don't Panic!* conference took place, organised in association with the Infection Prevention Society (IPS), and was attended by 135 delegates.

As we demonstrated during 2020–2021, while some educational events were relatively straightforward to convert to a virtual format, others were not. The five-day HIS/UK Health Security Agency (UKHSA) Foundation Course in Infection Prevention and Control (IPC) was particularly difficult, because of its interactive nature.

In April 2021, after a hiatus of more than a year, and after a huge amount of work from the convenors, it

was delivered virtually for the first time. In addition to the high-quality, expert-led presentations, the course included interactive workshops and real-life scenarios. The demand for this course, which has run since the 1980s, increases every year. Although online delivery of the event means we can accept more attendees than usual, the live interactive sessions are a crucial part of the learning experience and can only be managed by capping the numbers.

Consequently, despite accommodating 50 delegates for each event in April, December, and February 2022, more than 100 remain on the waiting list. During 2022 we will work with UKHSA to revise the format of this event to ensure we are able to reach more IPC specialists.

In September, as national COVID-19 restrictions were relaxed, and after the implementation of COVID-secure measures, the trustees approved a phased return for staff to on-site working at our headquarters, Montagu House. September saw the staff team back in the office and the start of face-to-face meetings and events.

The 150th Council meeting took place as a hybrid event, with some trustees attending in person and others attending virtually, and in September and November Tim Boswell and Nik Mahida delivered the Outbreaks Training Course to a small group of delegates in Montagu House. The Eastwood Park Engineering Aspects of Infection Control Course, which could not be converted to a virtual format because of its hands-on nature, returned in a conventional face-to-face format in October. Eleven delegates (compared to the usual 16) attended to ensure that appropriate distancing was possible during all sessions.

Guideline and guidance production remains one of the Society's key activities: five clinical guidelines were completed and published during the year. We are grateful to our Working Parties and to the sister societies who have worked so hard to ensure these guidelines were produced.

To help facilitate their implementation and discovery, a new webinar series, Spotlight on Guidelines, and educational resources were delivered to coincide with publication. The webinars were audience-led and provided a platform for attendees to question members of the Working Party.

We were delighted to announce that the *Journal of Hospital Infection's* (JHI) impact factor (2020) had risen from 3.271 to 3.926 – the highest JHI impact factor to date. This was particularly pleasing given the unexpected fall in 2019, and was accompanied by other positive journal metrics that give an insight into our impact on the scientific community. On behalf of the Society, I would like to express my thanks to Jim Gray, the JHI Editor in Chief, and all the journals team, for their work over the last year. Their unfailing commitment, professionalism, and enthusiasm in dealing with the massively increased workload arising from the pandemic have been extraordinary.

Our second journal, *Infection Prevention in Practice* (IPIP) was launched in 2019 as a fully open access online publication and in August 2021 we received notice that, following a rigorous evaluation process, IPIP had been successfully indexed in PubMed Central. We are hugely grateful to IPIP's Editor in Chief Gemma Winzor and the IPIP team for their commitment to IPIP's success, and to everyone who has published in IPIP in the last two years in support of this new publication.

## Plans for 2022–2023

Over the next few years, our main source of income, namely that from the JHI, is likely to decline. To allow HIS to keep on delivering courses and meetings, producing guidelines, supporting research, and publishing the journals, new funding will need to be found. Identifying suitable sources of income has been, and remains, a priority for the Society. Whatever 2022 and subsequent years bring, HIS will adapt and continue to support healthcare professionals to manage, prevent and control healthcare-associated infections (HCAIs).

I would like to thank our fellow trustees and Council members, the volunteers on Committees and Working Parties, the journal editors, and the Society staff for their

Despite the ongoing pandemic, the Society has remained resilient and managed to support its members and the wider IPC community.

commitment to HIS over the last year. The pandemic has been a gruelling time for IPC and challenges undoubtedly remain. Despite the ongoing pandemic, the Society has remained resilient and managed to support its members and the wider IPC community through the delivery of new and reformatted online events and courses, and with the massive output from the journals.

I cannot thank those who have contributed their time and effort, when under such sustained pressure from COVID, enough.

On a final note, we look forward to being able to finally celebrate our 40th anniversary (two years later than planned) in May 2022. This event will highlight the achievements of the Society since it was formed in 1980 and look forward to the future.

**Dr Chris Settle, Chair of Trustees**



[Christopher Settle \(Nov 3, 2022 09:20 GMT\)](#)



# Who are we?

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HIS is a membership organisation and learned society. HIS delivers activities and initiatives to support healthcare professionals to manage, prevent and control nosocomial (healthcare-associated) infections.

Many patients acquire HCAs either as a result of being in contact with a healthcare setting or via medical interventions. IPC is therefore a priority for those working in patient-facing healthcare.

## Our history

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The Society was formed by a group of consultant medical microbiologists in 1980. Their vision was to create an organisation that would nurture and promote the scientific interests of hospital doctors who were interested in nosocomial infections.

## #OUR HISTORY

First registered as a charity named 'Hospital Infection Society' in January 1983 (No. 286064), HIS became a Charitable Incorporated Organisation (CIO), charity number 1158172, in 2014.

Since inception, the Society has been governed by a board of trustees and Officers who, along with Committee Chairs and Co-opted members, serve as the HIS Council. The membership was originally largely clinical, but today membership is open to those interested in furthering the Society's objectives: members fall into the categories of Full, Associate, Trainee, Associate Trainee and Emeritus membership, depending on professional and academic qualifications, and the member's professional role in IPC.

The category of 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. One founding member, David Shanson, remains a member today. David was awarded Honorary membership status and the HIS Gold Medal in 2020.



Founder Member, David Shanson

# What do we want to achieve?

## Our objectives

The Society aims to support educational initiatives which improve IPC practice, and to reduce the levels of preventable HCAs in existence. Through our events, online resources, funded research and scientific

journals, we communicate new developments and best practice within IPC.

We work to reach a global community of IPC specialists and non-specialists to bring the benefits of the best IPC practice to patients and thereby improve the care of all patients for the public benefit.



Preventing HCAs by supporting research, evidence and best practice.



Offering expert guidance in the prevention and control of HCAs.



Supporting everyone in UK healthcare and around the world to reduce avoidable HCAs.



Striving to inspire and support generations of IPC professionals through training, education and collaboration



Communicating pioneering world-leading research, driving effective practice.

## Our statements of purpose



### OUR VISION

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



### OUR MISSION

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



### OUR VALUES

Good science underpins good clinical practice.

Continual professional learning and development is necessary to reduce the incidence of HCAs.

Many HCAs are preventable through effective multidisciplinary teamwork.

Collaboration within and beyond the Society will help to advance and communicate knowledge.

# How do we deliver our activities?

## Our strategy for 2020–2025

The 2020–2025 strategy focuses on activities which support HIS members to overcome the professional challenges they face, and which advance research that underpins excellence in clinical practice.

The membership is consulted regularly, and every five years a formal strategy review takes place to ensure that HIS is up to date with the current climate within the field of nosocomial infection, the needs of members and the needs of the larger IPC community. On this basis, strategic objectives are set and plans developed

to ensure they are achieved. Currently, the strategic objectives are met by sharing research, evidence and best practice via a programme of training and events, the development of resources, the production of evidence-based publications and guidance, the allocation of research funding, and other activities that support and represent HIS members.

Society activities are assessed quarterly during meetings of HIS Council, and progress towards the delivery of key objectives is reviewed each November. In March 2022 HIS Council and the staff team met to conduct a full review of progress to date and to assess next steps.

## Our strategy



### Grow and engage

We will grow our membership, and engage and support our members.



### 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, equip healthcare professionals to reduce the levels of HCAs, and educate and inform the public.



### Research and guidelines

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



### Collaborate

We will collaborate with like-minded organisations to promote best practice and influence key opinion leaders.



### 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.



## Our research

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The Society funds research in hospitals, research institutes and universities within the UK. Collaboration between clinicians, academics and experts from different disciplines is key to producing robust, evidence-based research that informs clinical best practice and improves patient outcomes.

HIS aims to support researchers at different stages of their careers: in December 2020 the research strategy was published to define priority funding areas. Funding is reviewed regularly to ensure it is fit for purpose for both the Society and the research community. HIS is a member of the Association for Medical Research Charities (AMRC).

## Our journals

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HIS publishes two internationally respected journals in collaboration with Elsevier: the JHI and IPIP. The JHI was founded with the Society in 1980 and has served to publish and promote research in IPC and medical microbiology since that time. IPIP was launched in 2019 as a gold open access companion journal to the JHI and has a strong focus on localised outbreaks and IPC in lower- and middle-income countries.

## Our educational programme

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The Society develops and delivers training events and resources aimed at all those who work in IPC both within the UK and globally.

The Trainee Education Programme is aligned to the Combined Infection and Higher Specialty Training curriculum and is open to all trainees registered on or considering infection specialty training. The Programme comprises a series of three independent, one-day training sessions per year, over a three-year period.

In collaboration with the UKHSA, HIS runs a five-day standalone Foundation Course in IPC. The course covers many topics related to controlling HCAs, including surveillance, outbreak investigation, hospital hygiene and antimicrobial resistance, and enables medical trainees, newly appointed consultants and other practitioners such as nurses and clinical scientists to gain a firm grounding in IPC.

The one-day Outbreaks Training Course, aimed at senior members of IPC teams who currently work in, or plan to move to, a role leading HCAI outbreak management, combines taught and practical sessions with opportunities for dialogue around outbreak management.

For those who wish to develop a deeper understanding of aspects of IPC where engineering criteria are a vital component, the five-day, fully-residential Engineering Aspects of Infection Control includes sessions on specialist ventilation such as that of operating theatres, thermal (surgical instrument) and chemical (endoscope) washer-disinfectors, steam sterilisers, healthcare laundry and other aspects of hospital hygiene and decontamination.

To support current or aspiring DIPCs, the Society runs a DIPC Network and Development Programme of one-day events that provide information, guidance and training around HCAs and a chance to network with key IPC professionals. The programme comprises a series of two independent, one-day events per year over a three-year period, with topics reflecting the current challenges faced by those working in a DIPC role.

HIS also runs regular webinars and an annual Spring Meeting on specialist topics, as well as hosting the Federation of Infection Societies (FIS) International Conference every two years.



# How do we raise funds?

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HIS generates income through charitable activities including journal publication, conferences, training and educational events and membership.

Additionally, the Society has managed investment funds and rental income from two floors of the HIS headquarters, Montagu House.

# Who are our audience, supporters and team?

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## Our members

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The membership is formed of individuals who are committed to reducing HCAI to the lowest possible level.

HIS has over 1,300 members, drawn largely from the medical profession. They are predominantly consultant microbiologists and doctors enrolled on infection specialty training programmes.

Nurses, clinical scientists, research scientists and others with a demonstrable professional interest in HCAs are also a vital part of the membership network.

HIS is currently UK-focused, with 85% of members based in England, Scotland, Wales and Northern Ireland. However, everyone with an interest in HCAs, wherever they are located, can access the Society's education resources and publications.

## Our volunteers

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As a charity, the Society is governed by a Board of Trustees, the HIS Council. Area-specific Committees and Working Parties (all of whom are committed volunteers) guide and work closely with the experienced staff team. Volunteers help HIS to deliver all activities, from training events to the production of guidelines.

HIS would like to thank all the volunteers who, during 2021 and 2022, despite being under intense pressure, continued to donate time and share their expertise and experiences so that the Society could continue to deliver a wide range of publications and activities.

Thank you to:

- HIS Council
- HIS Committees
- HIS Working Parties
- HIS event convenors, speakers and attendees
- HIS journal editors, reviewers, authors and readers
- And finally, to all HIS members and the wider IPC community.

## Our team

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The HIS staff team is comprised of nine individuals who, since September 2021, have worked to a hybrid model from HIS headquarters in London and from their homes.

In response to government guidance, during the period covered by this report, all members of the team worked exclusively from home during periods when it was advised by the UK Government to do so.

# Why are we needed?

HCAIs pose a serious risk to patients, staff and visitors in healthcare settings. These infections can incur major costs for the NHS and healthcare systems worldwide, and cause significant morbidity to those infected. Excellent IPC is a key priority for Society members, for governments and for healthcare systems, and is vital to protect public health.

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

During the COVID-19 pandemic, the importance of IPC in community and healthcare settings became universally accepted as being a critical component of public health protection.

## The challenges our members face

Within the context of HCAIs, HIS members face many challenges:

- Patients, who have sought medical interventions for other reasons, 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.

## Public benefit

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

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.
- Supporting and guiding healthcare professionals at all stages of their career and speciality.
- The publication of two international journals, one of which is free for public access.
- The formation of an accessible network of experts in the field of HCAI prevention and control.

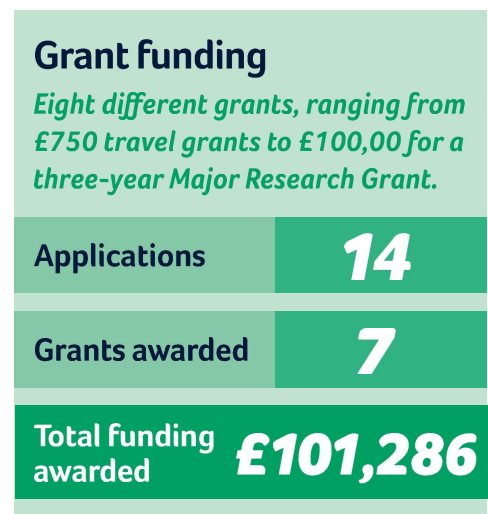
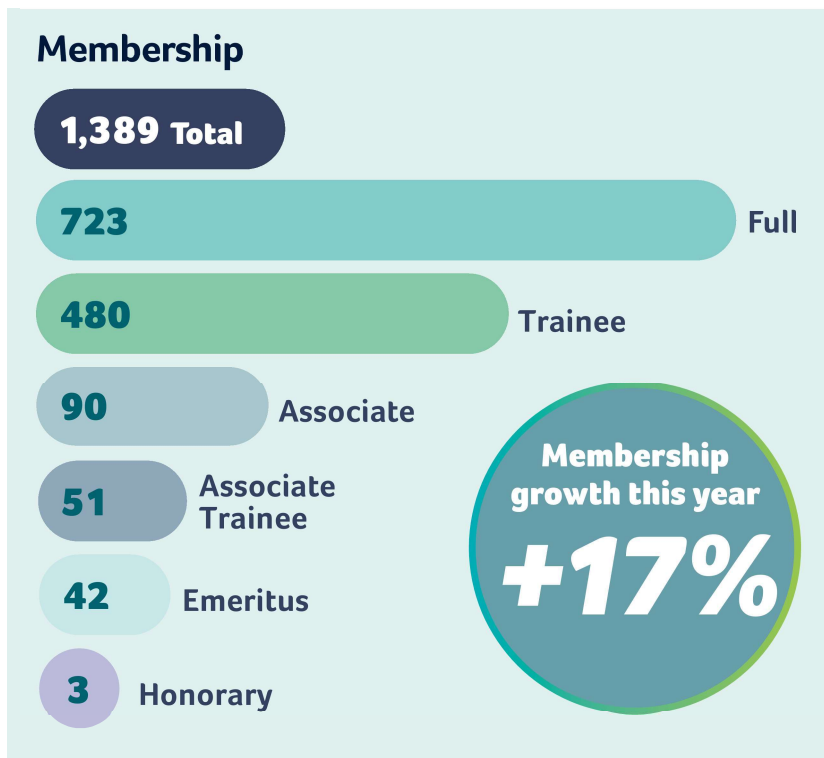
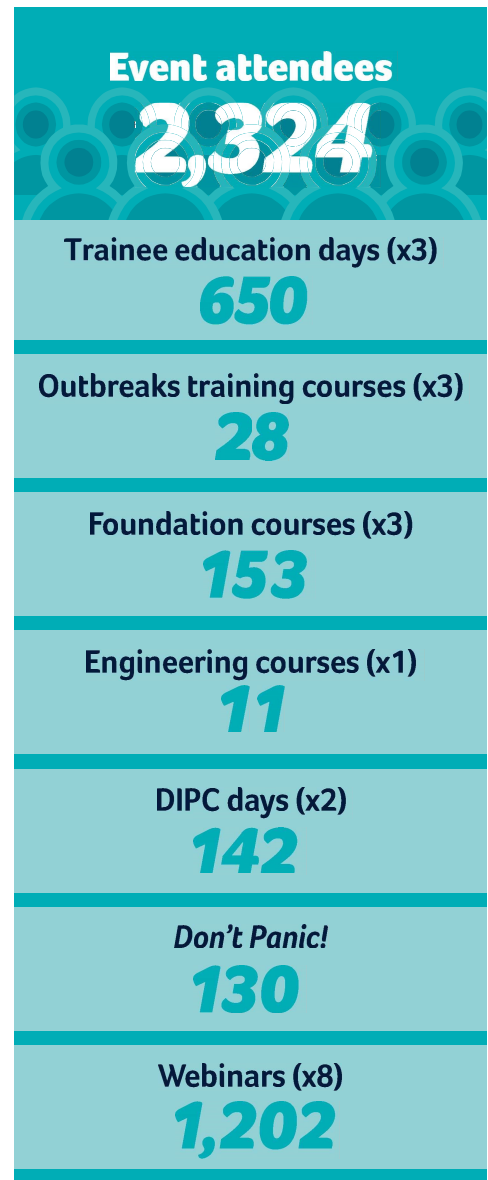
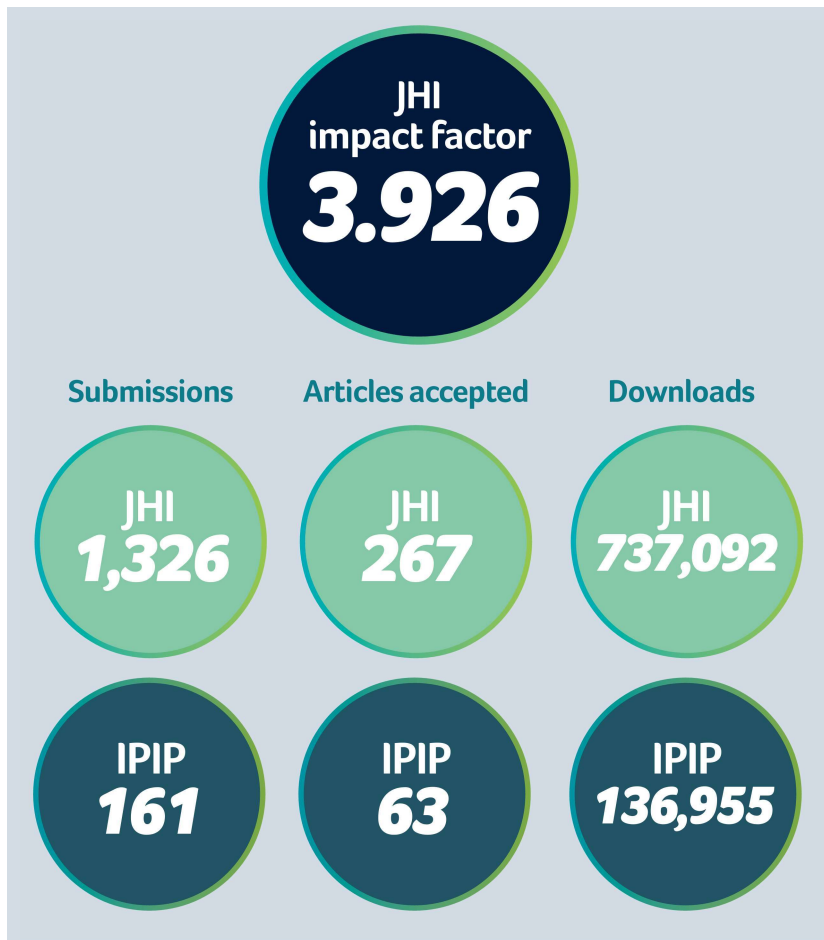
This report demonstrates how the Society's charitable funds for the reported year were distributed and spent, and the benefits and impact of this on the advancement of medical research and clinical practice.

The COVID-19 outbreak and the 2022 monkeypox outbreak have highlighted the importance of high standards of IPC in community and healthcare settings, and HIS will continue to ensure that healthcare professionals are supported to acquire the knowledge and skills necessary to deliver excellent clinical practice.

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

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

# Our impact



# Trustees' report

In this report, the trustees present their annual report and financial statements for the year ended 31 March 2022. These have been prepared in accordance with FRS102 and the Charities SORP 2015.

## Financial review

The Society continues to be in a robust financial position with total funds of £9m as at 31 March 2022 (2021: £9.2m).

The deficit for the year of £154k (2021: £443k surplus) comprises an operational deficit of £144k (2021: operational surplus of £1k), together with investment losses of £10k (2021: investment gains of £442k).

Further details are given in the Statement of Financial Activities on page 41, the Balance Sheet on page 42 which form part of these financial statements, and the associated notes to the financial statements.

## Our income

The Society's income is generated through charitable activities: educational events and membership, journal publications, conferences, as well as through managed investment funds and rental income from tenants at Montagu House.

## Our expenditure

### Charitable activities

HIS's income is used to fund the Society's charitable objectives, which are met through charitable activities in the field of IPC. These include journal publications, conferences, education, research and guidelines, grants and awards and membership.

Income is also used to support the professional development of HIS Council and the staff team through a programme of training.

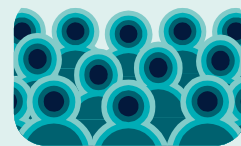
## How we generated funds



**Journal publications**

Amount raised:

**£451,000**



**Events**

Amount raised:

**£118,000**



**Investments**

Amount raised:

**£127,000**



**Membership**

Amount raised:

**£52,000**

## What we funded



**Research and guidelines**

**£223,000**



**Research grants**

**£157,000**



**Conferences and educational events**

**£275,000**



**Communications**

**£90,000**



**Membership activities**

**£146,000**

## Managing our reserves

It is the policy of Council to maintain sufficient funds for the Society to meet its objectives and obligations on an ongoing basis. Society funds of £9m as at 31 March 2022 (2021: £9.2m) are all unrestricted funds.

### Designated funds

The trustees continue to designate funds in accordance with the Society's financial strategy to ensure sufficient funding for ongoing Society activities and objectives, and to safeguard against expected or potential contingencies. Designated funds as at 31 March 2022 amounted to £8.3m (2021: £8.4m). These include the addition of a £3m Future Sustainability Fund for investment in income diversification to underpin the Society's financial sustainability. Designated funds are further explained in note 17 to the accounts.

### Reserves policy

Operating reserves represent free reserves and are calculated after deducting designated funds from total Society funds. In line with the current HIS reserves policy, 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.

The reserves policy, as determined by Council, sets the ideal level of operating reserves as the equivalent of six months of average operating cost, within a range of three months above or below this level. As at 31 March 2022 the requisite level of reserves on this basis was £394k.

Actual operating reserves as at 31 March 2022 amounted to £753k (2021: £785k).

Council have agreed that, with real or perceived changes in future income opportunities, a risk-based reserves model may be a more appropriate method in safeguarding future Society financial sustainability, and a policy to this effect will be developed over the forthcoming financial year.

### Going concern

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 current and anticipated financial performance, together with its current reserves position, cash liquidity, and the ability to draw down on readily realisable investments as required in light of the impacts experienced and expected of global events and the downturn in the global economy.

Taking these factors into account the trustees are satisfied the Society has adequate resources to continue in operation for at least 12 months from the approval of the financial statements. The Society therefore continues to adopt the going concern basis in preparing its financial statements.

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, while 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-, medium- and long-term funds, aligned with the Society's strategic aims, integrating medium-term liquidity requirements within the operating reserves policy, while 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 Partners LLP 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.

## Pensions

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

## Future viability considerations

The Society is currently developing income generation and diversification strategies, as underpinned by the Future Sustainability Fund within Designated Funds, to enable both sustainability and growth in future activities.

# Our progress 2021–2022

## Membership

During the period 1 April 2021 to 31 March 2022, the HIS membership grew by 17%, with a total of 1,389 members at the end of March 2022 (2021: 1,186).

As of 31 March 2022, the membership comprised 723 Full members (2021: 620), 90 Associate members (2021: 85), 480 Trainee members (2021: 412), 42 Emeritus members (2021: 39), 51 Associate Trainee members (2021: 27) and three Honorary members.

The largest increases in membership numbers were in the Full and Trainee membership categories. The increase in Trainee membership numbers was a result of increased numbers of trainees registering to access the online Trainee Education Days.

Pre-pandemic, the average attendance at Trainee Education Days was between 90 and 120 trainees. On moving to an online delivery format, attendee numbers exceeded 300 at some events.

The reintroduction of the *Don't Panic!* conference and DIPC days (online) also saw new members joining to take advantage of member registration rates.

The conversion of Trainee to Full membership remained steady at 30% for the period April 2021 to March 2022. During this period HIS launched a new consultants' working group whose remit, amongst other things, is to review the process for converting from a Trainee to Full member.

## Communications

During the year, the Society continued to engage with members and key stakeholders via targeted news emails and the his.org.uk website. Twitter continued to be a key tool for building engagement and brand awareness with members and the wider IPC community, and for promoting a reputation for excellence, relevance and expertise.

### Email

The average monthly open rate of the monthly newsletters continues to be very high as compared with industry standard in the sector (~31%): 41% for the members' newsletter and 46% for the trainee newsletter.

### Twitter

The @HIS\_infection Twitter following grew by over 25% to 7,157 to the end of March 2022 (2021: 5,715). During this period tweets made an average of 37,000 impressions per month; although this was lower than in 2020/2021, the HIS Twitter channel has increased traffic to the his.org.uk website, with tweets receiving an average of 1,000 link clicks a month.

The JHI Twitter account has continued to grow in popularity, with 3,623 followers – an increase of 671 from last year. The journals' Twitter accounts highlight key papers, issue calls for papers, present threads of related papers, notify followers of new issues of the journals, and engage with readers and authors.

## Blog

The HIS blog provides an informative, but informal, forum for opinion, interviews and observations related to IPC. The blog continues to be a popular read for HIS members and the wider IPC community.

Between April 2021 and March 2022, the blog played a role in highlighting IPC issues in lower income settings: Felicity Fitzgerald wrote on the success of the app NeoTree (recipient of a HIS Small Research Grant in a previous year), which aims to improve neonatal care in low-resource settings, and the IPIP article collection on 'the local, the contextual and the pragmatic' was launched with a blog by Editor in Chief Gemma Winzor.

HIS journal articles have been usefully expanded and built upon in blog posts which seek to dive deeper into HIS publications. 'Should we be using chlorhexidine dressings with external ventricular drains?' by Mueez Waqar and Abdurrahman Islim began as an article in the JHI, and 'Bot the difference: is hand hygiene adherence better with or without a robot?' by Hemendra Worlikar, James O'Connell and Derek O'Keeffe was based on an article first published in IPIP.

## Events and education

The first online HIS/UKHSA Foundation Course in IPC took place at the end of April 2021, with 53 delegates attending. A significant amount of work was required

from the HIS staff team, convenors and speakers to transition the course to an online format, but a full four-day course was successfully delivered online, including pre-recorded speaker presentations, a live Q&A and live interactive practical sessions each day. Two further courses (expanded to five days) took place in December 2021 and February 2022, with 50 delegates attending each course.

Following the initial success of the online Trainee Education Days in 2020, the programme continued via Zoom during 2021-22, with three further days: Reducing Harm to Patients and Improving Quality of Care: Surgical Site Infection (July 2021, 183 delegates); Public Health Aspects of IPC, Including Implications of Travel (October 2021, 200 delegates); and Environmental Aspects of IPC: Risks and Solutions (February 2022, 267 delegates).

The first in-person Outbreaks Training Courses since COVID-19 restrictions were enforced took place at Montagu House on 16 September 2021, 18 November 2021 and 31 March 2022. The courses were organised with extensive COVID prevention measures in place and small groups of between seven and ten delegates attending.

The Engineering Aspects of Infection Control Course also returned in a face-to-face format at Eastwood Park during October 2021. The HIS team worked closely

Below: Featured HIS blog article, 17 January 2022



17 JANUARY 2022

## Have telephone consultations improved privacy for our patients?

The COVID-19 pandemic has transformed the ways in which we communicate and interact in our working lives. Dr Michael Kamdar explores the impact on patient experience in an Infectious Diseases department.

More



with Eastwood Park Training Centre to ensure that appropriate COVID-secure measures were in place and a smaller group of 11 delegates attended (as opposed to the usual 16).

The hugely successful audience-led webinars continued through 2021/22: eight further webinars were hosted. Three webinars in the COVID-19 Challenges and Solutions series took place between May and July 2021. These were attended live by over 500 people. In September the first of the Infection Prevention Challenges and Solutions webinar series launched on the topic of waterborne infections, followed by a second on surgical site infections.

To support the publication of the updated HIS and IPS guidelines on Methicillin-resistant *Staphylococcus aureus* (MRSA) and the HIS guidance on rinse water for endoscope washer-disinfectors, the Spotlight on Guidelines webinar series was launched. In these webinars, members of the guideline Working Parties answered questions submitted by the audience. These were well received, and similar webinars are planned for HIS guideline publications in the future. Over the year, HIS webinars were attended live by over 1,500 attendees.

The first online DIPC Development Day, 'Investing in the Future: Quality Improvement and Education', took place on 21 June. The event received excellent feedback and was attended by 90 delegates. The second online

event, 'Influencing Others and Changing Behaviours', was less well attended (52 delegates) but also received positive feedback.

Due to the ongoing pandemic, the popular *Don't Panic!* conference was hosted online for the first time. Over 130 delegates attended to hear speakers on a range of topics including pneumonia, UTIs and high consequence infectious diseases.

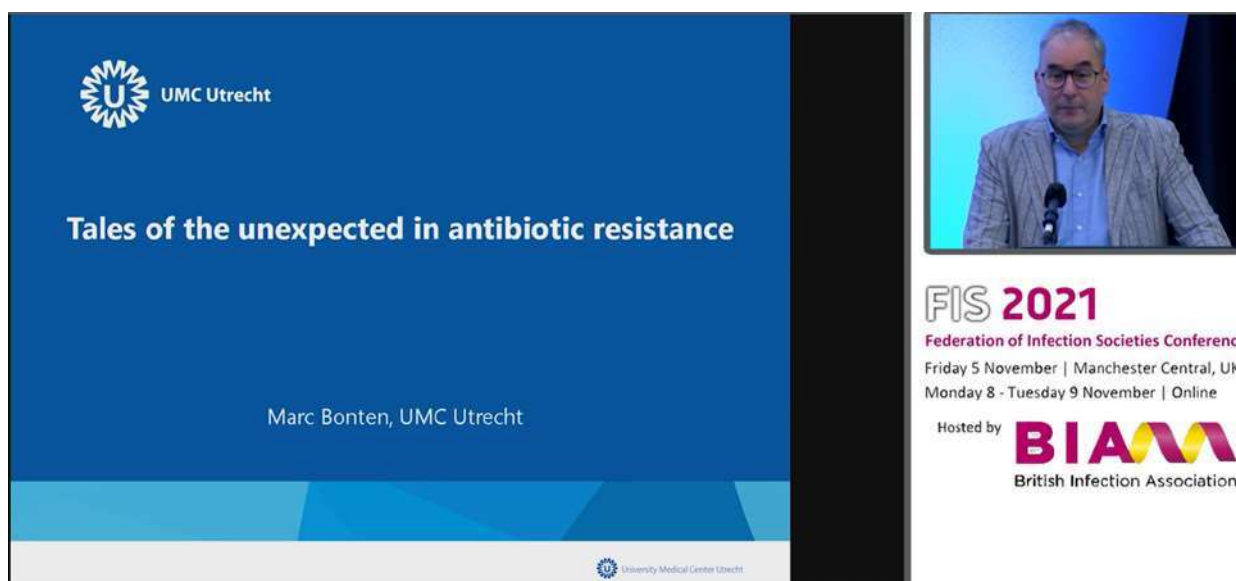
During 2021, HIS supported the British Infection Association (BIA) in the planning and promotion of FIS 2021 which took place as a hybrid event on 5 November at Manchester Central, UK and 8-9 November online.

The Lowbury Lecture, entitled 'Tales of the unexpected in antibiotic resistance' was delivered by Professor Marc Bonten (UMC Utrecht) on 5 November. HIS organised a session on hospital-onset COVID infection online on 8 November.

In collaboration with the Microbiology Society (MS), HIS began planning a second Bridging the Clinical-Research Gap workshop. This workshop, aimed at bringing together academic and clinical microbiologists, was scheduled to take place in February 2022 but was postponed to September 2022 due to the pandemic.

The one-day Introduction to Guideline Development Course launched in 2020 was repeated in May 2021, September 2021 and January 2022. The course retained

Below: Marc Bonten delivering the 2021 FIS Lowbury Lecture



an online format, with up to 15 delegates attending each event. The range of participants was broadened to include non-HIS members.

The course programme covered the phases of guideline development, the design and conduct of systematic evidence reviews as part of guideline development, and the formulation of recommendations taking account of available evidence.

## Educational resources

To further promote the publication of the joint HIS and IPS guidelines on MRSA, four short IPC in 5 resources were produced. These covered MRSA surveillance, the management of positive individuals and screening.

## External events

Due to the COVID-19 pandemic, external events in which HIS would normally participate were cancelled or postponed. As such the Society was unable to exhibit at any external events during the period.

## HIS journals

### *Journal of Hospital Infection*

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

The past year saw a return to ‘normality’ on the JHI: from April 2021 to March 2022, the JHI received a total of 1,236 submissions. While this was higher than the pre-pandemic average of 990, it was far lower than the pandemic heights of 2,570 in 2020. 267 articles were accepted for publication. The average time from submission to first decision was 9.5 days, and the time from submission to acceptance for articles going through peer review was 9.5 weeks on average.

The 2020 JHI impact factor (IF) was released in June 2021. The JHI experienced a 20% increase to 3.926, moving up one place in the Clarivate infectious diseases category (now 36/92), but dropping to 56/203 in the public, environmental and occupational health category. 3.926 is the highest IF JHI has received..

JHI articles were downloaded 737,092 times between

Below: One of the IPC in 5 resources

The screenshot shows a presentation slide titled "MRSA summary" with the following content:

- Logos:** Healthcare Infection Society (HIS) and Infection Prevention Society (IPS).
- Title:** Joint Healthcare Infection Society (HIS) and Infection Prevention Society (IPS) guidelines for the prevention and control of methicillin-resistant *Staphylococcus aureus* (MRSA) in healthcare facilities.
- Section:** Overview
- Author:** Professor Peter Wilson
- Footer:** www.his.org.uk and @HIS\_Infection.
- Navigation:** A menu on the left lists: Summary, Introduction, Why update?, How?, Main changes, Implementation, Thank you. At the bottom right, there are navigation buttons: < PREV and NEXT >.

April 2021 and March 2022. The most-downloaded articles published in this period were de Hatanaka *et al.*'s 'Chlorine dioxide is a more potent antiviral agent against SARS-CoV-2 than sodium hypochlorite' (12,511 downloads) and Man *et al.*'s 'Airborne SARS-CoV-2 in home and hospital environments investigated with a high-powered air sampler' (7,655 downloads).

The journal published several special sections: in May 2021, the annual Global Hand Hygiene issue featured the World Health Organisation's announcement of the 'Seconds save lives – clean your hands' campaign, and a piece from the JHI editors entitled 'Hand hygiene: a COVID beneficiary?' accompanied by relevant research and review articles. The May 2021 edition also featured a special section on water systems, headed by an editorial piece from Mike Weinbren and Teresa Inkster on 'The hospital built environment: biofilm, biodiversity and bias'.

The November 2021 special section covered World Antibiotic Awareness Week, with an editorial from the JHI editors and a selection of articles, reports and reviews on the subject. In January 2022 a special section on COVID-19 featured an editorial by the JHI

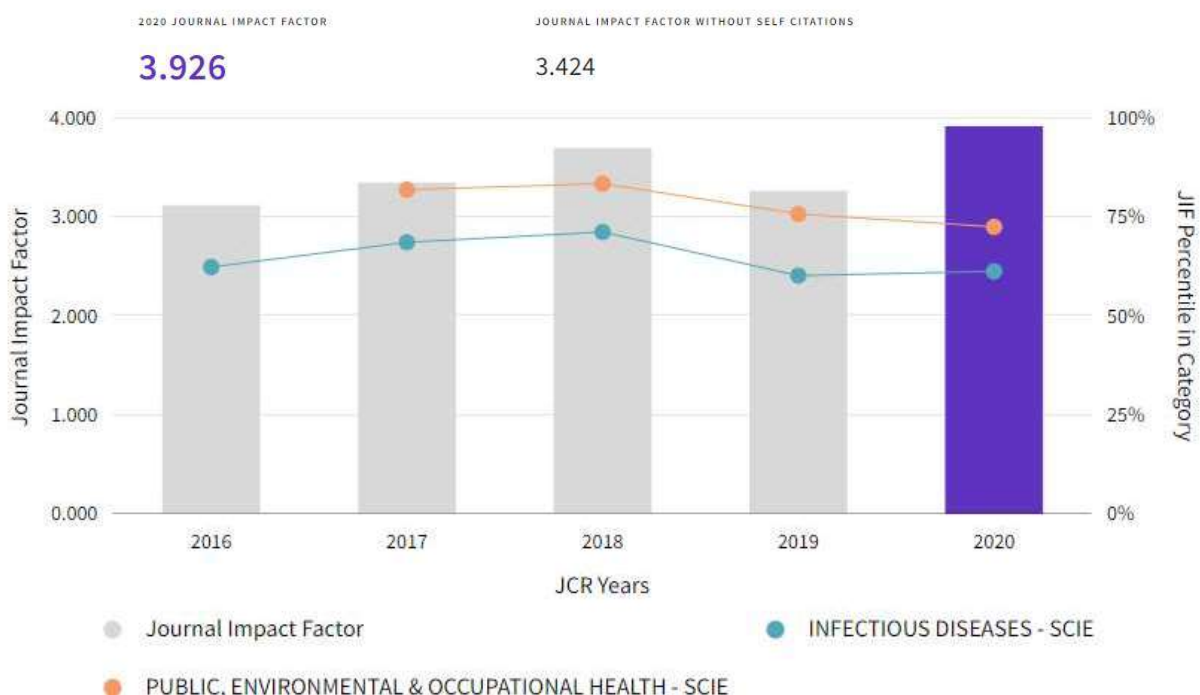
and IPIP editors on 'Lessons learned from the COVID-19 pandemic through the JHI and IPIP'.

Other papers of note included the 2020 Lowbury Lecturer's accompanying article, 'Linking infection control to clinical management of infections to overcome antimicrobial resistance' by Evelina Tacconelli, and the joint HIS and IPS 'Guidelines for the prevention and control of MRSA in healthcare facilities' as a supplement to the JHI in December 2021. This was accompanied by an MRSA special section in the main December edition, with an editorial by the JHI editors entitled 'New MRSA guidelines: New evidence for dealing with an old problem'.

The Editorial Team of the JHI consists of Editor in Chief Jim Gray and Editors Nik Mahida and Martyn Wilkinson. In 2021, the International Editorial Board (IEB) of the journal was updated. New members were invited, while members who had been less active stepped down. There are now 103 members of the IEB from 28 different countries.

Other projects in 2021–2022 included an update of the Instructions for Authors, and amendments to the

Below: Journal impact factor trend 2016–2020



article types offered on the journal: opinion pieces were consolidated into either editorials or commentaries, and the instructions for original research and short reports were merged to allow for varied lengths of research article to be submitted. We additionally removed case reports and outbreak reports, instead urging authors to submit these to IPIP for consideration.

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

IPIP launched in March 2019 as the Society's first gold open access journal. It is low-cost and online-only, and provides a freely-available resource that is accessible to all those working in the field of IPC, irrespective of

their funding, location or the availability of institutional access.

The journal was indexed in PubMed in July 2021, achieving a key goal in its development. Indexation caused an immediate spike in submissions as the journal became more visible to researchers. The journal was indexed in Scopus in early 2022, and a submission has been made to Clarivate for indexation – with the goal of receiving an impact factor for the journal.

In September 2021, the journal published a special section entitled 'FIS Poster Prize: learning from pragmatic local research', which featured three reports written by the inaugural IPIP Poster Prize winners' from the FIS/HIS International Conference 2020 (FIS/HIS 2020). These were accompanied by an editorial piece on 'Learning from pragmatic local research'.

A second special section was published in the December 2021 edition, featuring work on the hospital built environment. The third in IPIP's unique Debates in IPC article series was also published in the December issue. These articles provide two sides of an interesting debate in IPC, with two different articles arguing 'for' and 'against' a motion. In 'Subspecialisation within infection prevention and control', Mike Weinbren and Teresa Inkster argued in favour of greater subspecialisation in training, and Peter Wilson and Leila Hall argued against.

Alongside special issues, IPIP has pioneered article collections in the last year. In these web-based issues, previously-published articles are gathered thematically and promoted. The three article collections launched in the last year were 'Infection prevention and

Healthcare Infection Society

Submit your research, reviews and views to the *Journal of Hospital Infection*

The *Journal of Hospital Infection* (JHI) is an editorially independent scientific publication of the Healthcare Infection Society.

THE JOURNAL OF **Hospital Infection**

2022 IMPACT FACTOR 3.926

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control in low-resource settings: the need for the local, the contextual and the pragmatic’, which highlighted work from lower- and middle-income countries and featured an editorial piece; ‘The hospital built environment’, which collected work on water systems and ventilation, and offered an outbreak report as an example for readers; and ‘An *Infection Prevention in Practice* review round-up’, which gathered important review articles published by the journal.

The editors of the JHI ‘cascade’ manuscripts which are deemed to be of a good quality, but are out of scope for the JHI, to IPIP by offering the author the option to transfer.

In 2021–2022, 73 manuscripts were transferred from the JHI to IPIP, and transferred manuscripts accounted for around 50% of published output on IPIP. The journal received 161 submissions overall between April 2021 and March 2022. In the same period, 63 articles were accepted for publication in the journal.

Downloads for IPIP were also strong in 2021–2022: total downloads for the period were 136,955.

Top-downloaded articles included ‘Evidence review of physical distancing and partition screens to reduce healthcare acquired SARS-CoV-2’ by Rooney *et al.* (2,338 downloads), ‘Nosocomial or not? A combined epidemiological and genomic investigation to understand hospital-acquired COVID-19 infection on an elderly care ward’ by Wenlock *et al.* (1,535 downloads) and ‘Association of environmental surface contamination with hand hygiene and infections in nursing homes: a prospective cohort study’ by Teasing *et al.* (1,392 downloads).

The Editorial Team of IPIP comprise Editor in Chief Gemma Winzor, who has worked as an on IPIP since launch, Pauline Jumaa, who joined in January 2021 and Jim Gray, who advises on the journal.

The core Editorial Team are supported by the journal’s independent IEB, composed of 17 members from ten different countries and possessing a wide range of expertise.

Katie Prescott, a Graham Ayliffe Fellow on the HIS journals, paused her Fellowship due to the COVID-19

IPIP is low-cost and online-only, and provides a freely-available resource that is accessible to all those working in the field of IPC, irrespective of their funding, location or the availability of institutional access.

pandemic and resumed her work with the journals in March 2021. She completed her final few months with the journal in August 2021, contributing greatly by providing peer review, handling articles in an editorial capacity and writing editorial commentaries, and commissioning content. Katie was invited to become a member of the IPIP IEB.

## The science of IPC

The Society actively promotes evidence-based clinical best practice and harnesses the expertise of members to produce expert-led clinical guidelines and guidance. The Society seeks to improve the available evidence base by supporting research through its funding portfolio. Guideline production and the funding portfolio are under the purview of the Guidelines Committee and the Research Committee, respectively.

## Clinical guidelines and guidance

The Society uses National Institute for Health and Care Excellence-accredited (NICE-accredited) methodology to produce clinical guidelines, and tools such as network method analysis to produce evidence-based and expert recommendations for best practice.



NICE accreditation enables health and social care professionals to identify the most trusted sources of guidance. NICE-accredited guidelines are developed

using critically-evaluated, high-quality processes to a high standard. The accreditation is granted to organisations that consistently demonstrate the implementation of rigorous processes for guideline development.

In 2020, due to the COVID-19 pandemic, Working Party activities were paused and rapid guidance was produced to support IPC practitioners through the pandemic. Following this period, the trustees decided to refocus resources and staffing in order to complete outputs from the Working Parties.

### Working Parties active between April 2021–March 2022

- Microbiological commissioning and monitoring of operating theatre suites.
- Meticillin-resistant *Staphylococcus aureus* (MRSA), jointly with IPS, the British Society for Antimicrobial Chemotherapy (BSAC) and the British Infection Association (BIA).
- Final rinse water for endoscope washer-disinfectors.
- Automatic room decontamination devices.
- 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.
- COVID-19 rapid guidance.

### Guidelines published

Since April 2021, the following guidelines have been published:

- SARS-CoV-2 routes of transmission and recommendations for preventing acquisition: joint British Infection Association (BIA), Healthcare Infection Society (HIS), Infection Prevention Society (IPS) and Royal College of Pathologists (RCPATH) guidance.
- Joint Healthcare Infection Society (HIS) and Infection Prevention Society (IPS) guidelines for the prevention and control of meticillin-resistant *Staphylococcus aureus* (MRSA) in healthcare facilities.

- Automated room decontamination: report of a Healthcare Infection Society Working Party.
- Final rinse water quality for flexible endoscopy to minimize the risk of post-endoscopic infection. Report from Healthcare Infection Society Working Party.

The following guidance was also submitted to BMC Infectious Diseases in early 2022 and published in May 2022:

- Presymptomatic, asymptomatic and post-symptomatic transmission of SARS-CoV-2: joint British Infection Association (BIA), Healthcare Infection Society (HIS), Infection Prevention Society (IPS) and Royal College of Pathologists (RCPATH) guidance.

Additionally, Working Parties have supported the Society in the development of additional resources such as patient leaflets, one-page summaries and IPC in 5 overviews. The Spotlight on Guidelines webinar series launched and has hosted four webinars since mid-2021.

### Grants and bursaries

Career development and research is supported by the Society through a portfolio of grants, bursaries, smaller awards (for example, travel bursaries) and larger awards such as the Major Research Grant. This funding supports career-development opportunities and the development of knowledge in infection prevention science that will ultimately lead to better patient outcomes.

The Society became a member of the AMRC in 2021, which confirms high standards and transparency in its grant awarding and peer review processes.



## Graham Ayliffe Fellowship

Razan Saman of Leeds Teaching Hospitals NHS Trust started her Graham Ayliffe Fellowship year in August 2021. Razan is looking at strategies to prevent the transmission of extended spectrum beta-lactamase Enterobacterales. This process includes completing systematic reviews and developing a core outcome set to be used in future clinical trials. Razan is also working with patients and stakeholders in the development of different trial designs.

The Research Committee have reviewed the eligibility criteria and application process for the Graham Ayliffe Fellowship after gaining feedback from Society Committees and members. The application process is now a two-stage process that includes mentoring during the preparation of the full application, with an opportunity to become involved in different Society activities. The Fellowship is now open to those on a Higher Specialist Scientific Training pathway in microbiology.

## Major Research Grant

The Major Research Grant of £99,000 was awarded to Toney Thomas Poovelikunnel in April 2021 for a study entitled 'The safety and tolerability evaluation of a novel mupirocin formulation on patients colonised with oro-nasal methicillin resistant *Staphylococcus aureus* (MRSA) in a randomised phase II trial.'

The project team worked to achieve regulatory approval with Health Products Regulatory Authority in Ireland. However, the product manufacturer withdrew from the project in early 2022. While efforts to secure an alternative manufacturer are being made the grant has been put in abeyance.

## Small Research Grants

One Small Research Grant of £10,000 was awarded in December 2021 to Harry Dean of St Marks Hospital and Academic Institute for an investigation entitled 'Prospective bacteriology of surgical site infection following surgery for intestinal failure'.

## Travel grants

The Society awards travel grants to enable members to present at meetings of educational benefit. Meeting organisers started to offer a hybrid, virtual and in-

person format in late 2021. In the year to March 2022, three travel grants of £750 were awarded for in-person attendance at the 32nd ESCMID which was held in Portugal in April 2022.

## Rescinding of grants

The Society introduced new terms and conditions in 2018. Since this time, the progress and communication for all funded grants and fellowships has been monitored and reported to trustees at each Council meeting.

In early 2021, a working group of trustees was formed to assess if the progress of three awarded grants was sufficient to justify continued funding. Following a detailed review the trustees decided to withdraw support for two Small Research Grants that had been awarded in 2017 and 2018.

## Consultations and influencing

On 21 September 2021 The House of Commons Science and Technology Committee and Health and Social Care Committee published a report entitled [Coronavirus: lessons learned to date](#). The report examined the initial UK response to the COVID pandemic. HIS members contributed to the expert panel.

Public Health England (PHE) convened an expert Respiratory Evidence Panel in February 2021 to critically assess the evidence behind SARS-CoV-2 transmission to inform their guidance and recommendations. Nominated individuals from UK-wide professional infection societies (including HIS) contributed to [an expert panel statement](#) published in October 2021 on the role of face coverings in mitigating COVID-19 transmission.

Guidance on [Good infection prevention practice: using ultrasound gel](#) was published by UKHSA on 10 November 2021 and updated 26 May 2022. The guidance was developed following a review of published literature, and was informed through outbreak investigations, and through consultation with key medical and subject-matter experts and users of ultrasound gel within the UK.

Recommendations were discussed in workshops and agreed upon in consultation with a core working group of stakeholders that included representatives from

HIS. The Society was represented on the NHS England/ Improvement (NHSE/I) working group for the [National Standards of Healthcare Cleanliness](#), which produced the linked document in August 2021. Additionally, representatives of the Society were part of the British Standards Institution (BSI) working groups on water and disinfection.

## Our headquarters

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Montagu House became the official HIS headquarters in September 2020.

The building was constructed during 2019 and 2020 on the site of an old dairy located in Wakefield Street, Bloomsbury, London, WC1N 1PG. The HIS staff team occupy the lower ground floor, which includes a library the HIS membership can make use of, and meeting rooms which can accommodate educational workshops and meetings of HIS Committees and Working Parties. The upper two floors are configured for the purposes of income generation.

Montagu House includes a library the HIS membership can make use of, and meeting rooms which can accommodate educational workshops and meetings of HIS Committees and Working Parties.

Below: HIS headquarters, Montagu House





# Our plans for 2022–2023

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The 2020–2025 strategy is underpinned by three key pillars of activity and engagement which support HIS members to deliver excellent clinical practice for the benefit of the public:

## 1. Programme of activities

**HIS will fund a diverse range of research and produce expert guidance on the control and management of HCAIs.**

HIS will deliver an expert-led, high-quality programme of training and events.

HIS will provide accessible platforms for the dissemination of high-quality, peer-reviewed research.

## 2. People

**HIS activities and publications will support the professional development of Society members and the wider IPC community at all career stages and levels.**

HIS will encourage members to become involved with the Society to help it realise the vision of a world in which HCAIs have been reduced to the lowest possible level.

HIS will support and develop staff and volunteers.

## 3. Perception

**HIS will ensure the Society's 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.**

Although the uncertainties surrounding the COVID-19 outbreak and pressures on HIS volunteers and members will continue to impact the original activities and plans to achieve set strategic objectives during 2021–2022, the Society has adapted its planned programme of activities to consider social restrictions on mass gatherings and travel, and also on the availability of HIS members to participate.

As reported last year, the COVID-19 outbreak created an opportunity for the Society to review how key activities are delivered, and has led to a transition from the delivery of face-to-face events to online events.

## Membership engagement

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During 2022–2023, HIS will continue to grow and support the membership network, paying particular attention to the support offered to early-career consultants as the new consultants' working group becomes active.

## Equality, diversity and inclusion

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The diversity of the HIS membership and Committees is currently under review, and is discussed further on page 30 of this report.

## Training and education

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From May 2022, the Society will run face-to-face conferences again. The Spring Meeting on 'Future-proofing healthcare ventilation' will take place at BMA House in London the day after the Society's postponed 40th anniversary celebration event.

The Spring Meeting will be followed in June by the *Don't Panic!* conference in Manchester and the DIPC Development Day, Taking Surveillance Forwards: Making the Most of Your Data. This will be the first fully-hybrid event offering delegates the opportunity to join either in person in London or online.

In September, HIS will host FIS/HIS 2022 as a two-day face-to-face conference in London followed by a one-day virtual event, with all content available on demand post-event. All delegates who register to attend across three days will, for the first time in the history of FIS/HIS, be able to access the content from all four parallel sessions for each day after the event.

Due to the success of the online format, the Trainee Education Days will be delivered online during 2022, with the Outbreaks Training Courses delivered face-to-face at Montagu House three or four times each year.

The Engineering Aspects of Infection Control Course will also continue in a face-to-face format in June and September 2022 at Eastwood Park Training Centre in Gloucestershire.

The Introduction to Guideline Development Course has proved very popular, and will therefore be offered at regular intervals throughout 2022-2023.

The team behind this course are building a portfolio of online guidelines and evidence courses designed to introduce participants to processes and methods relevant to clinical guideline development.

This will include a one-day Health Economic Evaluation Course (April 2022) and a one-day Understanding Network Meta-Analysis Course (autumn 2022).

The Spotlight on Guidelines webinar series, which compliments the publication of HIS clinical guidelines, will continue as guidelines are published. The Infection Prevention Challenges and Solutions webinar series will be expanded to collaborate with other organisations and the wider IPC community.

The postponed Bridging the Clinical-Research Gap workshop will be run in collaboration with the MS in September 2022. Due to the interactive nature of the event, the workshop will take place face-to-face in Birmingham.

During 2022, a new Learning Management Platform will be implemented and launched with a new-format HIS/UKHSA Foundation Course in IPC in the Spring of 2023.



## Social media

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HIS social media platforms will continue to be a source of support for members and the wider IPC community, and will continue to communicate updates to infection guidance clearly and quickly.

## Podcast: *Infection Prevention in Conversation*

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The journals team are in the early stages of planning a podcast dedicated to discussing the latest IPC research. The podcast is scheduled to launch in Q2 2022.

## Our journals

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### *Journal of Hospital Infection*

The JHI faces a big change in the coming year: the current Editor in Chief Jim Gray's term comes to an end in September 2022. The process of seeking a new Editor in Chief has commenced with adverts inviting applications, with a deadline of March 2022. Once applications are received HIS Council will select the next Editor in Chief and a handover period will commence from the beginning of August 2022.

Following a busy couple of years on the journal during the COVID-19 pandemic, 2022-2023 will be a good opportunity for the team to reset and reconsider the aims, scope and criteria for acceptance for the journal. A new system to triage papers will be introduced, and the publication is working with Elsevier to study areas of high-citation to ensure commissioning plans are impactful.

### *Infection Prevention in Practice*

Following the success of IPIP's first two years of publication, the Editorial Team, led by Editor in Chief Gemma Winzor, intends to create more themed article collections highlighting the best work published in IPIP, with the goal of attracting more submissions. The IEB on IPIP is due to be updated in 2022-2023, alongside an update to the Guide for Authors.

The journal's application to be indexed in Clarivate's Emerging Citation Index has been submitted, a year

sooner than planned. Indexation in this database opens the journal up to being indexed in Clarivate's main Web of Science database, which assigns impact factors. The team anticipates a positive response shortly.

The journals team will continue to increase the international profile of the JHI and IPIP, and will work with Elsevier to best position the 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 in publishing develop.

## Guideline production

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Prior to 2021 the Society implemented a rolling update and review programme for all previously-published guidance and guidelines. An emphasis on clinical priority has been added to this system.

The Society will continue to invite the community to propose guideline topics. The website was updated during 2022 to explain the method of guideline production to facilitate this process. The guidelines staff team will continue to produce guidelines within newly-defined timeframes and work with members of each Working Party at key points in the guideline development process to consider the link between the evidence and clinical recommendations.

The Society is also looking towards developing pragmatic guidelines and tools for implementation that capture the patient voice.

## Research and grant funding

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The Research Committee continually evaluates both the funding portfolio and application processes to ensure that HIS grants and bursaries support the strategic aims of the Society and are supported by the current research strategy.

The Research Committee will be examining how the Society should measure impact and support research that promotes good clinical practice.

## Income diversification

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Montagu House was purchased with the capacity to generate income through the letting of commercial space to other organisations.

While this was delayed due to the impact of the pandemic, tenants are now in residence and this new income stream, coupled with the diversification of the investment portfolio and the development of new online educational courses, will help to ensure the long-term financial sustainability of the Society.

# Our governance

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## Governance structure and management

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

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

In November 2021 the Constitution was amended to specify that the election of trustees should follow an open recruitment process where there is a published call for nominations from the membership. Following this open call, trustees then make the final recommendations in terms of the selection of candidates as they have a full knowledge of the current skills gaps on Council.

### Organisational structure and decision-making process

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

The Officers, the Chief Executive Officer (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 as a hybrid event on 5 November 2021 during FIS, and minutes are available on the Society's website.

## Council and Committees

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As a charity, HIS is governed by Council who may co-opt members and appoint Committees. HIS Council are members of the Society (with the exception of the

Lay Trustee) who are either appointed by Council or elected by the membership for a defined term. With the exception of the Lay Trustee, only Full and Trainee members of the Society are eligible to be trustees.

### Council

There are a maximum of 13 Trustees of the Society who are all members of Council.

### Officers

- **President:** Elected by Council members for a single term of four years.
- **Chair, Secretary, and Treasurer:** Elected by Council members for a three-year term and may be re-elected for one further term of three years.
- **Editor in Chief of the JHI:** The Editor in Chief is appointed by Council for an initial three-year term extendable for two further two-year terms.

### Ordinary Council members

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

### Lay member

- Following a Resolution passed on 27 April 2017, the inclusion of a Lay Trustee position was agreed by the membership. The Lay Trustee is not a member of the Society and is recruited via advertisements in national and charity media outlets.

### Co-opted members

- Currently, in addition to trustee members of Council, there may be members co-opted onto Council at the discretion of the trustees as per clause 4(14) of the Constitution.
- Such individuals serve for one year in the first instance, renewable on an annual basis for up to three years. Following the governance review by the National Council for Voluntary Organisations

(NCVO) in March 2019, the governance structure of HIS Council was amended, and Chairs of Committees are now 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 can extend this term by a further two years. Neither the Chairs nor Co-opted members are trustees by virtue of their position on Council.

### Committees

HIS Committees are formed through the election of representative members who are healthcare professionals who have volunteered to contribute to guiding and driving Society strategies and activities. They are largely consultant microbiologists and virologists, trainees enrolled on a specialty training programme, infection control nurses, staff from UKHSA and healthcare scientists.

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

Trustees participate in an annual trustee development and training session and are provided with the *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

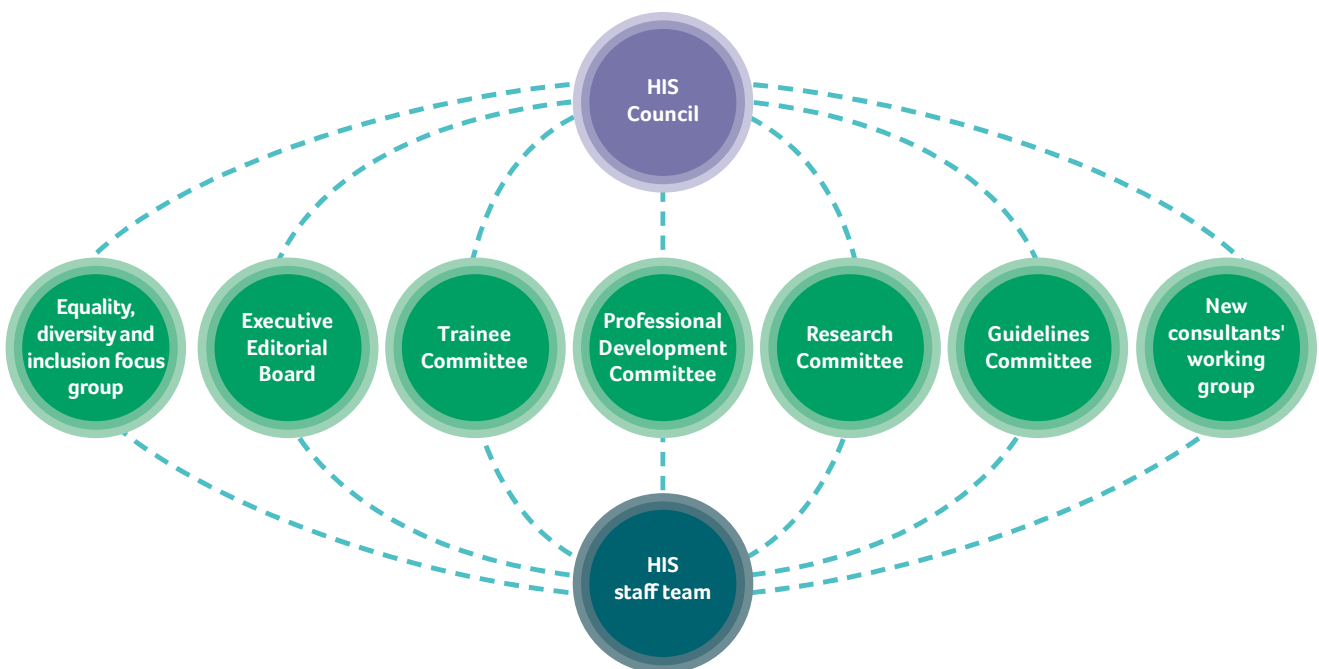
training material provided by the NCVO. A register of interests of trustees is maintained, and declarations of interests are made at all Council and Committee meetings. The trustee role description was reviewed during the year.

## Governance reviews

Following a review of the Society's Constitution and governance structure by the 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 the new Committee structure was implemented following the 2019 Annual General Meeting (AGM).

Key changes:

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



All Committees listed below are new (with the exception of the Executive Editorial Board and the Trainee Committee, whose composition changed):

- Professional Development Committee.
- Research Committee.
- Guidelines Committee.
- Trainee Committee.
- Executive Editorial Board.

The new HIS Committees met for the first time in 2020, and the Terms of Reference for all Committees were reviewed and amended ahead of the 2021 AGM which marked two years since their inception.

## The Governance Code

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

The Governance Code was refreshed towards the end of 2020, and the Society has understood and responded to the key changes to Principle 6: Equality, Diversity and Inclusion (EDI). In 2021 HIS Council and staff took part in an EDI workshop delivered by the Equality Academy.

## Equality, diversity and inclusion: developing a strategy

In March 2021 trustees agreed to further review how HIS can ensure it welcomes every potential Society member working in IPC in healthcare settings, and further to ensure that every member has the opportunity to contribute to the goals of the Society as a trustee or Committee member.

To this end, a new Committee, the EDI Focus Group (EDIFG), was formed in order to develop an EDI strategy for the Society. In November 2021, trustees approved five EDI strategic objectives proposed by the EDIFG, and

implementation began immediately with the collection of EDI data from the HIS membership.

### Our five EDI objectives

#### Objective 1



Understand diversity within the IPC community and review key diversity information in relation to our volunteers (Council, Committees, Working Parties, Editors), members and staff across all HIS activities. This includes membership recruitment and retention, event speakers and attendees, grant applicants and journal editors.

#### Objective 2

To enact our responsibility to embed an understanding and promotion of EDI amongst all volunteers and staff.

#### Objective 3

Ensure there is representation of key communities throughout volunteer and staff teams and throughout all of our activities.

#### Objective 4

Ensure communications reflect our commitment to EDI.

#### Objective 5

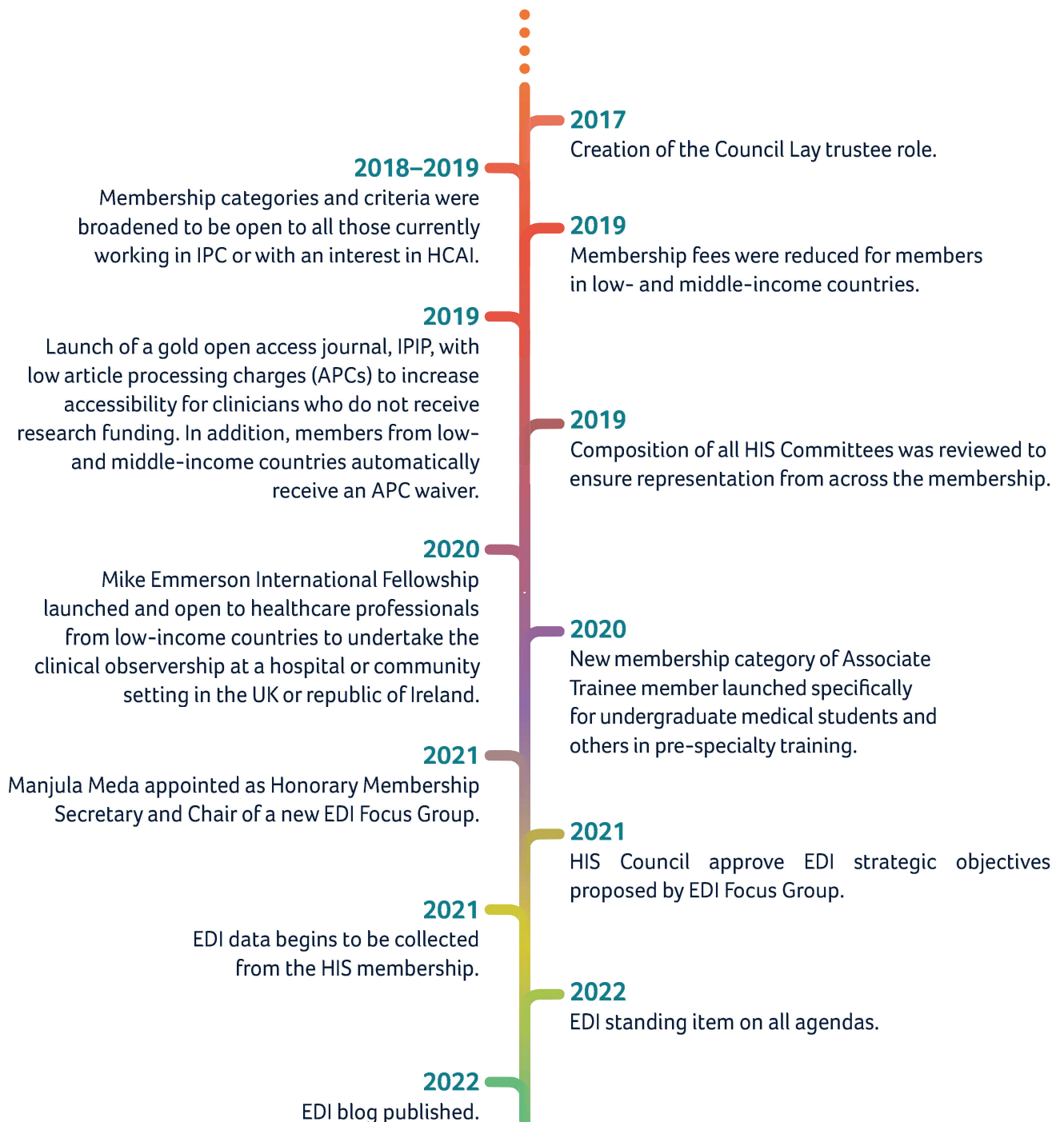
Ensure EDI is a key part of strategic decisions and led by Council.

## Timeline: EDI initiatives

### 1980s: Travel grants

The Society awarded travel grants to support members in an early-career or trainee post to present their research at a scientific conference or meeting.

HIS offers travel grants and bursaries to support delegates who may have difficulty obtaining funding to attend FIS and HIS International Conferences, and also offers travel grants to support members presenting at non-HIS conferences.



## Organisational structure and decision-making process

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

The Officers, the Chief Executive Officer (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 as a hybrid event on 5 November 2021 during FIS, and minutes are available on the Society's website.

## Land and property

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

## External collaborations

HIS is represented on numerous national and international committees, working groups and other forums. The following is a list of these groups and the current HIS members with involvement up to 31 March 2022.

- International Federation of Infection Control: Board, Elisabeth Ridgway
- RCPATH: Medical Microbiology and Medical Virology Speciality Advisory Committee, Gayti Morris
- European Network to Promote Infection Prevention for Patient Safety, currently looking for representative
- IPS: Research and Development Group, Chris Settle
- Professional Expert Communication Forum: Decontamination of Medical Devices, Mark Garvey
- UKHSA: Standards for Microbiology Investigation Steering Group, Chris Settle
- NHS Improvement: National Standards of Cleanliness, Chris Settle
- European Committee in Infection Prevention and Control, Kay Miler
- BSI Committee on CH/216 Chemical Disinfectants

Below: Peter Hoffman and delegates at the Engineering Aspects of Infection Control course.





and Antiseptics, Karren Staniforth

- BSI Water Safety Group, Mike Weinbren
- Academy of Medical Royal Colleges Clinical Reference Group, Lucia Pareja-Cebrian
- Trainee Association of ESCMID, Jennifer Walsh
- NHSE & NHSI collaborative working group on personal protective equipment, Manjula Meda
- National Quality Assurance Advisory Panel for Medical Microbiology, James Price
- NHSE/I IPC Education Framework, Eimear Brannigan
- NHSE/I National Infection Prevention and Control Manual Steering Group, James Price
- University of West London Project Advisory Group IPC services and pandemic preparedness, Leila Hail

### Federation of Infection Societies

In March 2021 HIS, BIA and MS implemented a new framework for hosting the annual hybrid FIS International Conference. Each Society will host the annual hybrid FIS event in an agreed rotation. The BIA and MS will host a FIS conference every four years (BIA in 2021 and MS in 2023). HIS will continue to host an international conference every two years and the conference will be branded as a FIS/HIS International (2022 and 2024). Key to the success of FIS is the

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

In 2022 FIS/HIS International will take place as a two-day live event (22 and 23 September) at the Business Design Centre in London and a one-day fully virtual event on 26 September.

### Risks and uncertainties

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

### Risk policy

HIS is committed to maintaining a strong risk-management framework. The Society's policy enables constructive risk mitigation, management and response. Specific roles are delegated between trustees and senior management to attribute specific ownership and responsibility. The policy is reviewed annually to ensure relevance. Council have agreed that, with real or perceived changes in future income

FIS|HIS International 2022

Hosted by the Healthcare Infection Society

opportunities, a risk-based reserves model is a more appropriate method to safeguard future Society financial sustainability, and a policy to this effect will be developed over the forthcoming financial year.

### **Risk register**

An extensive risk register is consistently maintained and reviewed in full by Council on an annual basis. Significant risks and quarter-on-quarter changes are identified using a heat map and any organisational impact is monitored through key performance indicators. Any revisions and all continuing or emerging risks rated of high concern, or risks where there is any significant or sudden anticipated change, are reported at each meeting of Council to determine priority action where this is required.

Incidents which are considered to pose a significant threat to the charity, financial or otherwise, are immediately escalated to Council. The impact of COVID-19 and the more recent monkeypox outbreak on HIS activities has both contributed to the development and proven the effectiveness of the risk register as an effective management tool within the Society.

## **Principle risks**

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### **Income**

The trustees recognise that the activities of the Society 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 HIS 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 diversification and generation through both existing and additional activities.

Through its delegated funds and reserves policy, the Society maintains appropriate financial investments to ensure that it can fully support its charitable activities, and to remain a going concern.

### **COVID-19**

COVID-19 presented an unexpected, uncertain and unprecedented risk to both the finances and operations of the organisation. Managed through the risk policy and register, the risks associated with the pandemic have been continuously assessed throughout 2021 and 2022, with mitigation policies established in investments, income generation, conferences and events, publishing and staff welfare, as well as to the operational support provided within these areas.

### **Income diversification**

Income diversification remains key to the ongoing financial stability of the Society, and therefore a principle risk.

Strategic investment in activities underpinning the generation of income through diversification are supported through the Future Sustainability Delegated Fund as well as through the proposed development of a risk-based reserves model.

With HIS Council approval the Society have embarked on an e-learning strategy, focused on the development of HIS Courses for delivery within a new learning management system. The initial course is planned to go live in March 2023. In 2022 HIS Council agreed on the formation of a Finance Committee, one aspect of which will be to oversee the future financial sustainability of the Society.

### **Other principle risks**

The trustees are aware of the research undertaken by the Fraud Advisory Panel on the extent of fraud in the charity sector and recognise that fraud must be covered in the Society's 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.

# Challenges during the year

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## Staff home working and wellbeing

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HIS supports staff development and welfare through rolling assessments, annual appraisals, focused training, employee assistance programmes, benefit platforms and social engagement. During the year the entire HIS staff team moved to working in a hybrid format, where all team members work from Montagu House on the same two days each week, and from home thereafter.

## Volunteer engagement

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The development and delivery of the majority of the Society's activities rely heavily on the input of our volunteers as experts in nosocomial infections and IPC. During the COVID-19 outbreak, study leave for much of the IPC workforce was cancelled, and the sheer demands of work during this period and afterwards meant that volunteers did not have the capacity to help the Society to deliver activities to planned levels.

## Cancelled events

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Many of the Society's face-to-face events during the period of this report were cancelled and replaced, where possible, with online versions of the events.

Face-to-face events returned on 16 September 2021 with an Outbreaks Training Course held at Montagu House with reduced delegate numbers and COVID-19 restrictions in place.

## New premises

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HIS completed the purchase of new premises, Montagu House in Wakefield Street, London, in March 2020, approximately two weeks prior to the first COVID-19 lockdown. The building has three floors. Approximately 40% of one floor is utilised as the HIS headquarters, with the remaining 60% as commercial space to create an income stream through letting. The building was purchased as a shell and core, with headquarters fit out managed through the pandemic and successfully completed in August 2020.

The impact of COVID-19 led to some delays in bringing the building into use, with HIS staff working on a hybrid basis from September 2021, and commercial tenants occupying the additional two floors from February 2022.

## Remuneration and grant making

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### The roles and contribution of volunteers

In principle, members and Officers of Council conduct the business of the Society, with the exception of editorial and convenor services, on a voluntary basis.

While Officers do not personally 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 the meeting of 11 September 2019. Details of such payments can be found in note 9 of the accounts. No Officers' employers have been remunerated since November 2021.

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

### Lay member payment policy

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

### Conveyor contracts

Through an agreement with UKHSA, HIS engages the services of Karren Staniforth as convenor for both Engineering Aspects of Infection Control courses and for the HIS/UKHSA Foundation courses.

## Remuneration Committee

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The Remuneration Committee was established in April 2019 and is comprised of the Chair of Trustees, the Treasurer and the Lay Trustee. The primary responsibilities of the Remuneration Committee are to make recommendations to Council on staff pay awards and on the performance-related pay scheme. If required, payments to trustees or employer compensation payments are discussed.

In this financial year the Committee reviewed the remuneration of the CEO and approved the annual staff pay review.

## Key management personnel remuneration

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

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 trustees' 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.

### Grant-making policy

Grants and fellowships are awarded for research and

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

The award of grants carries several conditions:

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

### 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 HIS aims and objectives. Such awards will be discussed and approved or refused by the members of Council on presentation of a fully-costed application which includes aims, objectives and intended outcomes.

# Statement of trustees' responsibilities

The trustees are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable legislation and regulations. The law applicable to charities in England and Wales requires trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of its incoming resources and the application of resources of the charity for that period. The trustees have elected to prepare the financial statements in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law). In preparing these financial statements, the trustees are required to:

- Select suitable accounting policies and apply them consistently.
- Observe the methods and principles in the Charities 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.
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The trustees are responsible for keeping adequate accounting records that are sufficient to explain the charity's transactions and disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008 and the provisions of the charity's Constitution.

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

In so far as the trustees are aware:

- There is no relevant audit information of which the charity's auditor is unaware.

- The trustees have taken all steps that they ought to have taken to make them aware of any relevant audit information and to establish that the auditor is aware of that information.

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

Approved by the trustees on 21 September 2022, and signed on their behalf by:

*D. Harvey*

D. Harvey (Nov 3, 2022 11:19 GMT)

**Dr David Harvey, HIS Treasurer**

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

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## Opinion

We have audited the financial statements of Healthcare Infection Society ('the charity') for the year ended 31 March 2022 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 'The Financial Reporting Standard Applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2022 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

## Basis for opinion

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

## Conclusions relating to going concern

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

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

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

## Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

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

We have nothing to report in this regard.

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

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

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

## Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 37, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

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

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

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

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

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

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

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

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

The objectives of our audit in respect of fraud, are; to identify and assess the risks of material misstatement of the financial statements due to fraud; to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud, through designing and implementing appropriate responses to those assessed risks; and to respond appropriately to instances of fraud or suspected fraud identified during the audit. However, the primary responsibility for the prevention and detection of fraud rests with both management and those charged with governance of the charity.

Our approach was as follows:

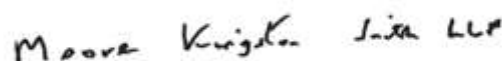
- We obtained an understanding of the legal and regulatory requirements applicable to the charity and considered that the most significant are the Charities Act 2011, the Charity SORP, and UK financial reporting standards as issued by the Financial Reporting Council.
- We obtained an understanding of how the charity complies with these requirements by discussions with management and those charged with governance.
- We assessed the risk of material misstatement of the financial statements, including the risk of material misstatement due to fraud and how it might occur, by holding discussions with management and those charged with governance.
- We inquired of management and those charged with governance as to any known instances of non-compliance or suspected non-compliance with laws and regulations.

- Based on this understanding, we designed specific appropriate audit procedures to identify instances of non-compliance with laws and regulations. This included making enquiries of management and those charged with governance and obtaining additional corroborative evidence as required.

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

### **Use of our report**

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



### **Neil Finlayson (Senior Statutory Auditor)**

for and on behalf of  
Moore Kingston Smith LLP, Statutory Auditor  
9 Appold Street, London EC1A 2AP

**Date:** 05/11/2022

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



# Statement of financial activities

## for the year ended 31 March 2022

	Notes	Unrestricted Funds General £	Unrestricted Funds Designated £	Total Funds 2022 £	Total Funds 2021 £
<b>Income from:</b>					
<b>Charitable activities</b>					
Membership		51,732	-	<b>51,732</b>	39,404
Education	2	110,870	-	<b>110,870</b>	3,970
Publications	3	618,563	-	<b>618,563</b>	595,696
Conferences	4	7,600	-	<b>7,600</b>	146,105
<b>Investments</b>					
Interest and dividends	5	110,355	-	<b>110,355</b>	100,054
Property income		16,314	-	<b>16,314</b>	-
<b>Other income</b>		-	-	-	24
<b>Total income</b>		<b>915,434</b>	-	<b>915,434</b>	<b>885,253</b>
<b>Expenditure on:</b>					
<b>Cost of raising funds</b>					
Investment management fees		(905)	-	<b>(905)</b>	1,168
<b>Charitable activities</b>					
Awards and grants		58,255	99,217	<b>157,472</b>	89,640
Membership		78,782	67,567	<b>146,349</b>	131,658
Education		86,104	96,168	<b>182,272</b>	63,125
Publications		102,263	65,943	<b>168,206</b>	168,646
Communication		76,314	14,035	<b>90,349</b>	80,873
Conferences		80,059	13,301	<b>93,360</b>	146,877
Research and guidelines		174,949	47,759	<b>222,708</b>	202,286
<b>Total charitable expenditure</b>	6	<b>656,726</b>	<b>403,990</b>	<b>1,060,716</b>	<b>883,105</b>
<b>Total expenditure</b>		<b>655,821</b>	<b>403,990</b>	<b>1,059,811</b>	<b>884,273</b>
Transfers between funds		(281,990)	281,990	-	-
Net investment gains / (losses)		(9,630)	-	<b>(9,630)</b>	442,263
<b>Net income and net movement in funds for the year</b>		<b>(32,007)</b>	<b>(122,000)</b>	<b>(154,007)</b>	<b>443,243</b>
Fund balances brought forward at 1 April		785,126	8,409,000	<b>9,194,126</b>	8,750,883
<b>Fund balances carried forward at 31 March</b>		<b>753,119</b>	<b>8,287,000</b>	<b>9,040,119</b>	<b>9,194,126</b>

All the above results were derived from continuing activities.

The notes and information on pages 44 to 51 form part of these financial statements.

## Balance sheet as at 31 March 2022

	Notes	2022 £	2021 £
<b>Fixed assets</b>			
Tangible assets	10	2,863,239	4,422,172
Intangible assets	11	-	9,834
Quoted investments	12	4,173,366	4,181,825
Property investment	13	1,471,444	-
		<b>8,508,049</b>	<b>8,613,831</b>
<b>Current assets</b>			
Debtors	14	249,017	357,993
Short term deposits		2	266
Cash at bank and in hand		966,521	877,677
		<b>1,215,540</b>	<b>1,235,936</b>
<b>Creditors: amounts falling due within one year</b>	15	<b>519,893</b>	493,231
<b>Net current assets</b>		<b>695,647</b>	742,705
<b>Creditors: amounts falling after more than one year</b>	15	<b>163,577</b>	162,410
<b>Net assets</b>	16	<b>9,040,119</b>	9,194,126
<b>Restricted funds</b>			
<b>Unrestricted funds:</b>			
General fund	17	753,119	785,126
Designated funds	17	8,287,000	8,409,000
<b>Total funds</b>		<b>9,040,119</b>	9,194,126

Approved by the Board of Trustees on 21 September 2022  
and signed on its behalf by:

*D. Harvey*

D.Harvey (Nov 3, 2022 11:19 GMT)

**Dr David Harvey**

**HIS Treasurer**

The notes and information on pages 44 to 51 form part of these financial statements.

## Statement of cash flows for the year ended 31 March 2022

	Notes	2022	2021
		£	£
<b>Cash flows from operating activities:</b>			
<b>Net cash used in operating activities</b>		(6,999)	660,924
<b>Cash flows from investing activities:</b>			
Interest and dividends from investments		110,273	98,903
Interest on bank deposit accounts		82	1,151
Proceeds from the sale of fixed assets		-	-
Purchase of fixed assets		(13,605)	(194,464)
Proceeds on sale of investments		538	501,489
Additions to investment portfolio		(1,709)	(2,000,055)
<b>Net cash generated through investing activities</b>		<b>95,579</b>	<b>(1,592,976)</b>
<b>Change in cash and cash equivalents in the reporting period</b>		<b>88,580</b>	<b>(932,052)</b>
Cash and cash equivalents at the beginning of the reporting period		877,943	1,809,995
<b>Cash and cash equivalents at the end of the reporting period</b>		<b>966,523</b>	<b>877,943</b>
<b>Reconciliation of net expenditure to net cash flow from operating activities</b>			
Gain after other recognised gains and losses		(154,007)	443,243
Net investment (gains) / losses		9,630	(442,263)
Net gains on the sale of fixed assets		-	-
Depreciation of tangible fixed assets		101,094	58,076
Amortisation of intangible fixed assets		9,834	19,668
Decrease / (increase) in debtors		108,976	886,322
(Decrease) / increase in creditors		27,829	(204,068)
Investment income		(110,355)	(100,054)
<b>Cash flow from operating activities</b>		<b>(6,999)</b>	<b>660,924</b>
<b>Analysis of cash and cash equivalents</b>			
Cash in hand		966,521	877,677
Short term deposits		2	266
<b>Total cash and cash equivalents</b>		<b>966,523</b>	<b>877,943</b>

The notes and information on pages 44 to 51 form part of these financial statements.

## Notes to the accounts for the year ended 31 March 2022

### 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 (FRS102)), 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. Whilst an operational deficit is forecast for the years to 31 March 2023 and 2024, the trustees gain assurance that that the charity has significantly healthy reserves and cash funds as at the year end. The Society has created a £3m designated fund specifically to offset such deficits, and to invest in future income generation strategies to mitigate these going forward. 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.

#### 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.

## Notes to the accounts for the year ended 31 March 2022 (cont.)

### 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 £3,960 (2020: £3,967) were outstanding.

### 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 2022 (cont.)

	2022	2021
	£	£
<b>2. Education income</b>		
Foundation course	72,200	-
Engineering aspects course	16,995	-
DIPC educational programme	8,750	-
Trainee educational programme	2,000	1,470
Guidelines developer course	5,575	1,500
Outbreaks workshop	1,350	-
Webinars	4000	1,000
	<b>110,870</b>	<b>3,970</b>
<b>3. Publications income</b>		
Journal of Hospital Infection	600,003	578,507
Infection Prevention in Practice	18,560	17,189
	<b>618,563</b>	<b>595,696</b>
<b>4. Conferences income</b>		
FIS   HIS 2020	-	146,105
HIS Spring Meeting	-	
Don't Panic	7,600	
Bridging the gap	-	
	<b>7,600</b>	<b>146,105</b>
<b>5. Investment income</b>		
Interest and dividends from investments	110,273	98,903
Interest on cash deposits	82	1,151
	<b>110,355</b>	<b>100,054</b>

<b>6. Expenditure on charitable activities</b>	Direct costs	Staff costs	Support costs	Total 2022	Total 2021
	£	£	£	£	£
Awards and grants	91,457	47,433	18,582	157,472	89,640
Membership	54,266	60,227	31,855	146,348	131,658
Education	75,107	56,728	50,438	182,273	63,125
Publications	51,683	82,013	34,510	168,206	168,646
Communications	1,842	59,306	29,201	90,349	80,873
Conferences	1,278	60,227	31,855	93,360	146,877
Research and guidelines	18,944	134,744	69,020	222,708	202,286
<b>Total charitable expenditure</b>	<b>294,577</b>	<b>500,678</b>	<b>265,461</b>	<b>1,060,716</b>	<b>883,105</b>

**a. Support costs**

	2022	2021
	£	£
<b>Support costs are allocated on the basis of staff time and comprise the following:</b>		
Repairs and premises costs	39,816	39,074
Bank charges	3,319	3,487
Depreciation and amortisation charges	110,848	77,744
Office, legal and administrative expenses	64,756	64,638
Irrecoverable VAT	4,896	741
Governance costs (see (b) below)	41,826	45,928
	<b>265,461</b>	<b>231,612</b>

## Notes to the accounts for the year ended 31 March 2022 (cont.)

	2022	2021
	£	£
<b>b. Governance costs</b>		
Council expenditure	31,256	32,028
Audit	10,570	13,900
	<b>41,826</b>	<b>45,928</b>
<b>7. Investment gains / (losses)</b>		
Realised	-	267
Unrealised	<b>(9,630)</b>	441,996
	<b>(9,630)</b>	<b>442,263</b>
<b>8. Grants awarded</b>		
Dr Kate Walker	Research	- 9,969
Dr Sarah Forbes	Research	- 9,990
Dr Razan Saman	Research	- 62,502
Dr Benjamin Parcell	Early career award	- 1,000
Dr Andrew Kirby	Research	<b>87,852</b> -
Mr Harry Dean	Research	<b>10,000</b> -
Dr Poonam Kapila	Career Development Bursary	<b>1,200</b> -
Dr Nicola Baldwin	Public Engagement Grant	<b>1,015</b> -
Dr David Eyre	Early career award	<b>1,000</b> -
		<b>101,067</b> 83,461

**9. Employers remuneration**

The average number of persons employed by the charity during the year for the purpose of charitable activities was 8 (2021: 8).

The aggregate payroll costs of these persons were as follows:

Wages and salaries	<b>407,294</b>	365,433
Social security	<b>42,526</b>	37,952
Employer pension contributions	<b>24,161</b>	23,023
	<b>473,981</b>	<b>426,408</b>

2 employees received total employee benefits (excluding pension and national insurance contributions) of more than £60,000 in the year under review (2021: 2).

The number of employees receiving salaries within the following bands:

	2022	2021
£60,001 to £70,000	-	1
£70,001 to £80,000	<b>1</b>	1
£80,001 to £90,000	<b>1</b>	-

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 contributions within this period of £96,876 (2021: £94,980).

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 and resigned November 2021. Payments

due during the year to her employer, Sheffield Teaching Hospitals NHS Trust, amounted to £8,202 (2021: £8,158).

Dr Peter Jenks became Secretary of the Society in November 2015 and retired November 2021. Estimated payment due during the year to his employer, Plymouth Hospitals NHS Trust, amounted to £13,600 (2021: £20,000).

Dr Jim Gray has been the Society Editor in Chief since February 2015. During the year payments due for his services, including employers NI, amounted to £10,615 (2021: £10,623).

## Notes to the accounts for the year ended 31 March 2022 (cont.)

<b>10. Tangible fixed assets</b>	Fixtures and fittings £	Computer equipment £	Freehold land £	Freehold buildings £	Total £
<b>Cost:</b>					
At 1 April 2021	318,407	12,702	1,680,000	2,477,023	4,488,132
Additions	5,430	8,175	-	-	13,605
Cost adjustment	-	-	-	-	-
Disposals	-	(5,702)	-	-	(5,702)
Transfers	-	-	-	(1,471,444)	(1,471,444)
<b>At 31 March 2022</b>	<b>323,837</b>	<b>15,175</b>	<b>1,680,000</b>	<b>1,005,579</b>	<b>3,024,591</b>
<b>Depreciation:</b>					
At 1 April 2021	27,860	9,201	-	28,899	65,960
Provision in the year	48,213	3,261	-	49,540	101,014
Disposals	-	(5,622)	-	-	(5,622)
<b>At 31 March 2022</b>	<b>76,073</b>	<b>6,840</b>	<b>-</b>	<b>78,439</b>	<b>161,352</b>
<b>Net book value:</b>					
<b>At 31 March 2022</b>	<b>247,764</b>	<b>8,335</b>	<b>1,680,000</b>	<b>927,140</b>	<b>2,863,239</b>
At 31 March 2021	290,547	3,501	1,680,000	2,448,124	4,422,172

<b>11. Intangible fixed assets</b>	Systems development £	Total £
<b>Cost:</b>		
At 1 April 2021	59,005	59,005
Additions	-	-
<b>At 31 March 2022</b>	<b>59,005</b>	<b>59,005</b>
<b>Amortisation:</b>		
At 1 April 2021	49,171	49,171
Provision in the year	9,834	9,834
<b>At 31 March 2022</b>	<b>59,005</b>	<b>59,005</b>
<b>Net book value:</b>		
<b>At 31 March 2022</b>	<b>-</b>	<b>-</b>
At 31 March 2021	9,834	9,834



## Notes to the accounts for the year ended 31 March 2022 (cont.)

	2022	2021
	£	£
<b>12. Quoted investments</b>		
<b>Quoted investments market value:</b>		
At 1 April	4,181,825	2,240,996
Additions	1,709	2,000,055
Disposals at market value	(538)	(501,489)
Gains / (losses) in the period	(9,630)	442,263
<b>Market value as at 31 March</b>	<b>4,173,366</b>	<b>4,181,825</b>
<b>Historic cost</b>	<b>3,797,056</b>	<b>3,795,885</b>
<b>Quoted investments analysis at market value:</b>		
UK fixed interest securities	1,024,174	1,195,979
Equity UK	681,337	618,182
Equity global	1,355,932	1,482,185
Property	138,679	59,158
Alternative investments	525,231	309,053
Liquid assets	448,013	517,268
<b>Market value as at 31 March</b>	<b>4,173,366</b>	<b>4,181,825</b>

All quoted investments are carried at their fair value.

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

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

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 the 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.

### 13. Investment property

Historic cost

**1,471,444**

-

During the year to 31 March 2020, a significant proportion of Society investments previously held as liquid assets were utilised for the purchase of a new building, Montagu House. This purchase is now complete and for the financial statements to 31 March 2021 the property has been accounted for in its entirety as freehold property within tangible fixed assets.

A proportion of Montagu House is excess to operational requirement and from 14 February 2022 this proportion has been let on a commercial basis at market rate.

For the financial statements to 31 March 2022, the value of the nonoperational element has been transferred from tangible fixed assets and recognised as investment assets at historic cost.

During the forthcoming financial year the Society will seek an independent valuation, in accordance with the requirements of the RICS Valuations Standards and FRS 102, and recognise this asset at fair value.

## Notes to the accounts for the year ended 31 March 2022 (cont.)

	2022	2021
	£	£
<b>14. Debtors</b>		
Trade debtors	42,523	173,331
Taxes	-	-
Other debtors	8,667	11,949
Prepayments and accrued income	197,827	172,713
	<b>249,017</b>	<b>357,993</b>
<b>15. Creditors – amounts falling due within one year</b>		
Trade creditors	41,527	17,145
Accruals	131,482	116,244
Grants	189,351	234,276
Taxes and social security	52,269	39,604
Deferred income	103,430	84,799
Other creditors	1,834	1,163
	<b>519,893</b>	<b>493,231</b>

Creditor amounts falling due after more than one year relate to grants payable of £163,577 (2021: £162,410)

**Reconciliation of deferred income**

Balance as at 1 April 2021	84,799	201,400
Amounts released to income earned from charitable activities	<b>(84,799)</b>	<b>(201,400)</b>
Amounts deferred in the year	103,430	84,799
	<b>103,430</b>	<b>84,779</b>

**16. Analysis of net assets between funds**

Tangible fixed assets	2,863,239	4,422,172
Intangible fixed assets	-	9,834
Quoted investments	4,173,366	4,181,825
Property investments	1,471,444	-
Debtors	249,017	357,993
Short term deposits	2	266
Cash at bank and in hand	966,521	877,677
Creditors falling due within one year	<b>(519,893)</b>	<b>(493,231)</b>
Creditors falling due after more than one year	<b>(163,577)</b>	<b>(162,410)</b>
<b>Net assets at 31 March 2022</b>	<b>9,040,119</b>	<b>9,194,126</b>

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

## Notes to the accounts for the year ended 31 March 2022 (cont.)

17. Funds	1 April 2021	Income	Expenditure	Gains	Transfers	31 March 2022	31 March 2021
	£	£	£	£	£	£	£
<b>Unrestricted funds</b>							
General	785,126	915,434	(655,821)	(9,360)	(281,990)	753,119	785,126
<b>Designated funds</b>							
Grants Reserve	675,000	-	(91,457)	-	58,457	642,000	675,000
Other Society Activities	302,000	-	(201,685)	-	209,685	310,000	302,000
Fixed Assets	32,000	-	(13,095)	-	(10,905)	8,000	32,000
Montagu House	4,400,000	-	(97,753)	-	24,753	4,327,000	4,400,000
Future Sustainability Fund	3,000,000	-	-	-	-	3,000,000	3,000,000
<b>Total designated funds</b>	<b>8,409,000</b>	<b>-</b>	<b>(403,990)</b>	<b>-</b>	<b>281,990</b>	<b>8,287,000</b>	<b>8,409,000</b>
<b>Restricted funds</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total funds</b>	<b>9,194,126</b>	<b>915,434</b>	<b>(1,059,811)</b>	<b>(9,360)</b>	<b>-</b>	<b>9,040,119</b>	<b>9,194,126</b>

### 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.

**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 tangible 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 2022, being an investment, both for HIS headquarters and for the generation of income through commercial lettings.

**Future Sustainability Fund:** Represents funds set aside to meet planned future deficit budgets, as well as to facilitate investment within income generating initiatives.

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 (2021: None).

### 19. Trustees

The trustees received no remuneration for their role as trustees. In the year to 31 March 2022, 7 trustees were reimbursed a total of £1,837 for expenses incurred in respect of travel and subsistence. (2021: £nil to 0 trustees).

### 20. Capital commitments

The Society had no capital commitments as at 31 March 2022. (2021: £nil).

## Reference and administrative information

Registered name: **Healthcare Infection Society**  
 Registered number: **1158172**  
 Registered office address: **Montagu House, 7E Wakefield Street London, WC1N 1PG**

Council member	Appointment	Appointed	Term of office	Completed
<b>Professor Hilary Humphreys</b>	President	Nov 2018	Current	
<b>Dr Elisabeth Ridgway</b>	Chair	Nov 2015		AGM 2021
<b>Dr Peter Jenks</b>	Secretary	Nov 2015		AGM 2021
<b>Dr Manjula Meda</b>	Ordinary member	Nov 2020		AGM 2021
	Secretary	Nov 2021	Current	
<b>Dr Christopher Settle</b>	Treasurer	Jun 2020		AGM 2021
	Chair	Nov 2021	Current	
<b>Dr David Harvey</b>	Treasurer	Nov 2021	Current	
<b>Dr Jim Gray</b>	Editor in Chief JHI	Feb 2015	Current	
<b>Dr Emma Boldock</b>	Ordinary member Chair: Research Committee	Nov 2016	Current (term extended to AGM 2022)	
<b>Dr James Price</b>	Ordinary member Chair: Professional Development Committee	Nov 2018	Current (term extended to AGM 2022)	
<b>Dr Joanna Walker</b>	Ordinary member Chair: Trainee Committee	Nov 2019	Current (term extended to AGM 2023)	
<b>Dr Gemma Wheldon</b>	Ordinary member	Feb 2018	Current (term extended to AGM 2022)	
<b>Ron Finlay</b>	Lay trustee	Nov 2021	Current	
<b>Leila Hail</b>	**Co-opted member (Infection Control Nurse)	Nov 2021	Current	
<b>Dr Luke Moore</b>	Ordinary member	Nov 2020	Current	
<b>Dr Gayti Morris</b>	Ordinary member	Nov 2020	Current	
<b>Andrea Parsons</b>	Lay trustee	Feb 2018		AGM 2021
<b>Dr Shanom Ali</b>	**Co-opted member (Clinical Scientist)	Nov 2020		AGM 2021
	Trustee	Nov 2021	Current	
<b>Claire Hail</b>	**Co-opted member (Infection Control Nurse)	Mar 2018		AGM 2021
<b>Professor Peter Wilson</b>	**Co-opted member Chair: Guidelines Committee	Nov 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.

Chief Executive Officer: Dr Kay Miller  
Bank: Barclays Bank plc, PO Box 12820 1250 High Road Whetstone London N20 0PB  
Auditor: Moore Kingston Smith LLP 9 Appold Street London EC2A 2AP  
Investment fund manager: Sarasin & Partners LLP Juxon House 100 St. Paul's Churchyard London EC4M 8BU  
Solicitors: RadcliffesLeBrassier 85 Fleet Street London EC4Y 1AE  
Human resources: Peninsula Business Services Ltd The Peninsula Victoria Place Manchester M4 4FB



Healthcare Infection Society (HIS)

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