

Healthcare
Infection
Society

Annual report

for the year ended March 2021



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Who we are

We support healthcare professionals to manage, prevent and control nosocomial (healthcare-associated) infections. Patients can acquire healthcare-associated infections (HCAIs) either as a result of being in contact with a healthcare setting or via medical interventions. Infection prevention and control (IPC) is therefore a key focus for those working in patient-facing healthcare.

Our history

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

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

Since our inception the Society has been governed by a board of trustees and officers who, along with Committee Chairs and Co-opted members, serve as Council. Originally our membership was largely clinical. Today, membership is open to those interested in furthering its objectives and our members fall into the categories of Full, Associate, Trainee, Associate Trainee, Emeritus and Honorary membership, depending on professional and academic qualifications, and their professional role in the control of infection.

Honorary members



Martin Kiernan



Peter Wilson



Peter Hoffman

Our 40th anniversary

In 2020 we celebrated our 40th anniversary. Although the COVID-19 outbreak delayed the delivery of some of our planned activities, during our Annual General Meeting (AGM) on 12 November 2020 we celebrated four members who have contributed significantly to the Society's success over the last 40 years.

First, we welcomed our first three Honorary members: Peter Hoffman, Martin Kiernan and Peter Wilson. 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.

We also presented the final HIS Gold Medal to David Shanson, a founder member who has been involved with the Society since the first meeting of what was to become the Steering Committee that drove the formation of the Society. We are particularly grateful for the role David played in convening the first HIS International Conference which was both a scientific and financial success, and significantly contributed to the long-term financial security of the Society.



David Shanson

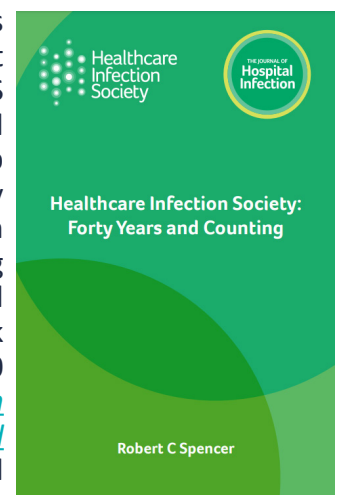


HIS Gold Medal

During 2020 the Society's Honorary Archivist, Robert C Spencer (Chair of HIS 2001-2007) continued the work of Philip Sanderson (Honorary Archivist 1989-1992) in researching and recording the activities of HIS and our journals. A book documenting our first 40 years, [*Healthcare Infection Society: Forty Years and Counting*](#) was published on 12 February 2021.

Members of the Society are invited to review the first edition of the book and to contribute further content and images.

A second edition will be published in 2022 to coincide with the deferred celebration event which will take place at BMA House in May 2022.



What we do

Our objectives

We advance the education of healthcare workers in the prevention and control of hospital and other HCAs, ultimately to improve the care of all patients – for the public benefit. Through our funded research and scientific journals, we communicate the benefits of new developments and best practice within the field of nosocomial infection to a global community of infection control specialists and non-specialists – in order to bring the benefits of IPC to patients.

Through our activities we focus on:

- **Helping to prevent HCAs by sharing research, evidence and best practice**
- **Providing a source of expertise in the prevention and control of HCAI**
- **Supporting everyone in UK healthcare and around the world to reduce avoidable HCAs**
- **Striving to inspire and support generations of healthcare infection professionals through training, education and collaboration**
- **Supporting and communicating pioneering world leading research, driving effective practice**

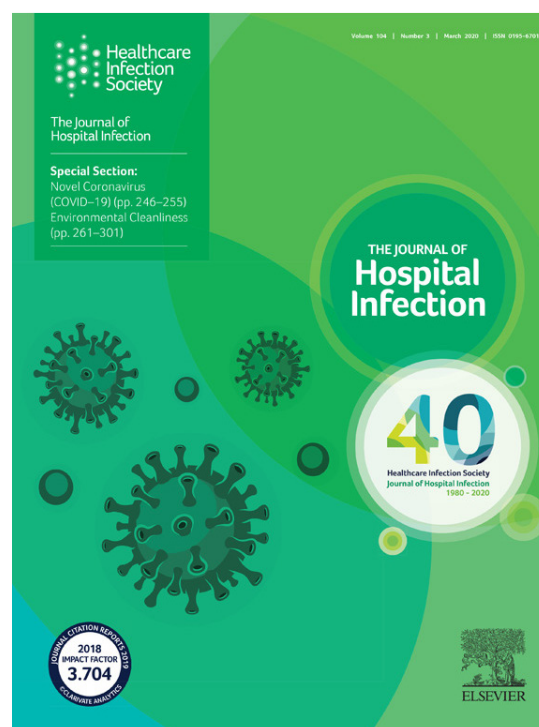
Our research

We fund research that takes place in hospitals, research institutes and universities within the UK. We believe that collaboration between clinicians, academics and different disciplines is key to producing robust, evidence-based research that will inform clinical best practice and improve patient outcomes. We aim to support researchers at different stages of their careers; in December 2020 we published our [research strategy](#) to define our priority funding areas. We regularly review our funding portfolio to ensure it is fit for purpose for both the Society and our research community.



Our journals

We publish two internationally respected journals in collaboration with our publisher, Elsevier: the *Journal of Hospital Infection* (JHI) and *Infection Prevention in Practice* (IPIP). The JHI was founded with the Society in 1980 and has served to publish and promote research in infection prevention 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 team

The HIS staff team is comprised of eight individuals who, until the COVID-19 outbreak began, worked from our headquarters in London. In response to government guidance, during the period covered by this report, all members of the team worked from home.



Kay Miller
Chief Executive Officer



John Misselbrook
Chief Finance Officer



Christine Fears
Editorial and Production
Manager



Gemma Marsden
Research and Development
Manager



Aggie Bak
Researcher in
Evidence Synthesis



Moira Mugglestone
Researcher in
Evidence Synthesis



Helen Davies
Membership, Education
and Events manager



Adel Botfield
Membership, Events
and Communications
Coordinator

Our educational programme

We develop and deliver training events and resources aimed at all those who work in IPC both within the UK and globally.

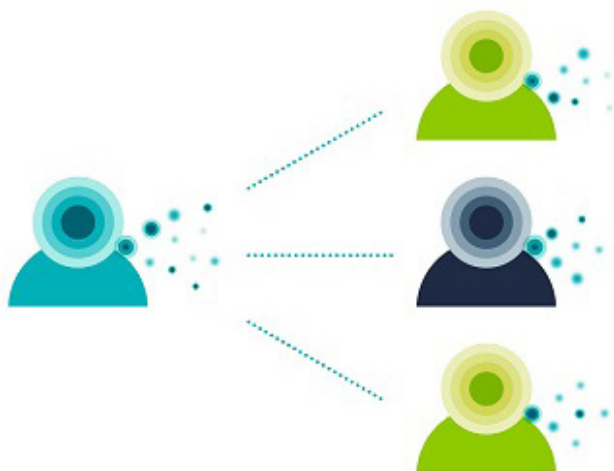
Our Trainee Education Programme is aligned to the Combined Infection and Higher Specialty Training curriculum and is open to all trainees registered on or considering infection specialty training. The programme comprises a series of three independent, one-day training sessions per year, over a three-year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

In collaboration Public Health England (PHE), we run a four-day standalone Foundation Course in IPC. The course covers many topics related to HCAI 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 IPC.



*Foundation course in infection prevention and control
November 2019*

Our one-day Outbreaks training course, aimed at senior members of infection control teams, who are currently working in, or planning to move into, 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.

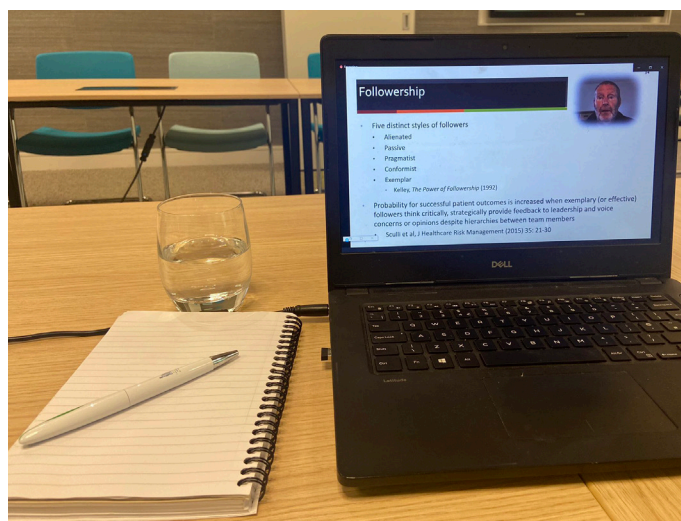
To support current or aspiring Directors of Infection Prevention and Control (DIPCs) we run a DIPC Network and Development Programme of one-day events that provide information, guidance and training around HCAs and a chance to network with key IPC professionals. The programme comprises a series of two 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.



Engineering Aspects of Infection Control September 2019



Trainee education day: Antimicrobial stewardship, February 2020



Martin Kiernan presenting at a Trainee education day: Behaviour change, quality improvement and leadership, online, October 2020

Our statements of purpose

Our vision

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

Our mission

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

Our values

We believe that:

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

Why we are needed

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

Our members save patient lives and are committed to professional excellence. They are leading experts in HCAI and IPC, and they champion clinical best practice. Our members influence the behaviour of their peers and they drive change, but they face significant challenges in their roles as healthcare professionals who are on the front-line of patient care. It is only now, during the COVID-19 pandemic, that the importance of the control and prevention of infections in community and healthcare settings is universally accepted as being a critical component of public health protection.

The challenges our members face

The COVID-19 outbreak has highlighted the importance of IPC in the community and healthcare settings.

Within the context of HCAIs, our members face many challenges, including:

- That 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 specialty
- The publication of the JHI and IPIP
- The formation of an accessible network of experts in the field of HCAI prevention and control

In this report, we demonstrate how our 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 highlighted the importance of high standards of IPC in community and healthcare settings, and we will continue to ensure we support healthcare professionals to acquire the knowledge and skills they need 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 its future activities. The trustees confirm that we have complied with our duty to have regard for the guidance on public benefit published by the Charity Commission on exercising our powers and duties.



How we deliver our activities: our strategy 2020-2025

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

We consult our membership regularly, and every five years we formally review our [strategy](#) to ensure we understand the current climate within the field of nosocomial infection, and the needs of our members as well as the larger IPC community. We then set our strategic objectives and develop plans to ensure we achieve them.

Currently, we achieve our strategic objectives by sharing research, evidence and best practice. We do this 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 our members.

How we raise funds

Our income is generated through our charitable activities including journal publications, conferences, training and educational events and membership – as well as through our managed investment funds.

Our members

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

We have over 1,200 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 HCAIs are also a vital part of our membership network.

We are predominantly UK-focused, with 85% of our members currently based in England, Scotland, Wales and Northern Ireland. However, everyone with an interest in HCAIs, wherever they are located, can access our education resources and publications via our programme of events, e-resources and journals.



Our volunteers

As a charity we are [governed](#) by our Council who serve as a board of trustees (listed on page 50), and we rely on our committees and Working Parties (all of whom are committed volunteers) to guide and work closely with our team of experienced staff. Our volunteers help us to deliver all of our activities, from training events to the publication of our journals.

We would like to thank all of our volunteers who during 2020 and 2021, despite being under intense pressure, continued to donate their time and share their expertise and experiences so that we could deliver our 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 strategy

Supporting healthcare professionals to manage, prevent and control healthcare-associated infections Our plan to reduce HCAs by funding research, sharing evidence and promoting best practice 2020-2025

Who we are



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

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

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

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

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

Challenges we face



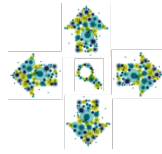
1. Patients may become ill or die unnecessarily from preventable infections acquired as a result of contact with a healthcare setting
2. Adherence to IPC best practice in healthcare settings could be improved

3. Reduced staffing levels, increasing patient numbers and clinical complexity are resulting in an increasingly heavy demand on professionals working in IPC
4. Antimicrobial resistance is hindering the effective treatment of infections

5. Community care settings can have poor coverage of IPC specialists, and staff who are not familiar with IPC best practice
6. IPC is underrepresented in training programmes, and the infection specialties struggle to recruit to postgraduate training programmes

7. Changes to the postgraduate training curriculum have led to less exposure to IPC during training
8. IPC specialists need to learn to make high level decisions under pressure, and this is only facilitated by greater experience and exposure

Our objectives



1. Grow our membership, and engage and support our members

2. Design and deliver a range of expert-led educational activities, grants and resources that will promote the application of clinical best practice, and equip healthcare professionals to reduce the levels of healthcare-associated infections, and educate and inform the public

3. Support, develop and communicate research focused on infection prevention and control that will evidence best clinical practice and promote patient safety

4. Collaborate with like-minded organisations to promote best practice and influence key opinion leaders

5. Safeguard our future through investment and diversification

Our priorities



Programme of activities

We will fund a diverse range of research and produce expert guidance on the control and management of HCAs

We will deliver an expert-led high-quality programme of training and events

We will provide accessible platforms for the dissemination of peer-reviewed high quality research

People

Our activities and publications will support the professional development of our members and the wider IPC community at all career stages and levels

We will encourage our members to become involved with the Society in order to help us realise **our vision**:
A world in which HCAs have been reduced to the lowest possible level

We will support and develop our staff and volunteers

Perception

We will ensure our 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



Our impact during 2020-2021



Article downloads

2,311,435

162,475

Articles accepted

392

64

Submissions

2,491

150

Impact factor

3.271



Our membership network grew by **3.6%**

1,186 members



620

Full



85

Associate



412

Trainee



39

Emeritus



27

Associate trainee



3

Honorary

Trainee education days



2 online events

472 attendees

FIS|HIS INTERNATIONAL ONLINE

2020

1,000+ delegates

54 countries

COVID-19 challenges and solutions webinar series



2,500+ attendees

4,500+ video views

11 webinars

Grant funding

6 grants awarded

£83,461 total funding awarded



Chair's statement

This report covers an unprecedented period for the Healthcare Infection Society and, of course, society as a whole. In our 2019-2020 report I spoke of the Society's initial response to the COVID-19 pandemic, where the weeks leading up to lockdown in March 2020 saw a complete shift in the priorities and focus of our staff team and Council: we cancelled or postponed planned events, changed the delivery of existing meetings and launched new activities to support our members and the wider IPC community.

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

Key HIS activities have always been the delivery of expert-led events and the publication of our journals, and we modified our operations in order to be able continue these, despite the restrictions imposed by COVID-19.



Our headquarters - Montagu House

These modified activities continued from April 2020 to the date of this report, March 2021, and continued to be adapted during the year. Despite our new headquarters, Montagu House, being completed and ready for occupation in September, our staff team have been primarily working from home. Our journals have been significantly impacted as the numbers of article submissions to both the JHI and IPIP increased dramatically due to the COVID-19 pandemic. We are pleased that all COVID-19 content in the JHI has been made accessible free of charge, and the scope of the JHI Practice Points has been broadened to include reports related to COVID-19.

As the extent of the pandemic became clear, all face-to-face educational events were cancelled. However, mindful of the importance of the Society's role in education, on 6 May we launched our new audience-led Q&A webinar series, COVID-19 Challenges and Solutions. During the first webinar, focusing on IPC, our audience submitted questions to an expert panel and took part in live polls. The format of the webinar was novel and engaging and between May 2020 and March 2021 a total of 11 such webinars have taken place. These have been viewed live by 2,500 attendees, with another 4,600 watching the recordings post-event. The success of the webinar series during the year contributed to the decision to run FIS/HIS International as an exclusively online event in November 2020 (rather than cancelling it) and consequently more than 1,000 delegates from 54 Countries were able to register.

Like the webinar series, many of our regular blogs have focused on the very real observations and experiences of our community during the constantly-evolving pandemic. Consultants, trainees and public health experts have addressed a range of subjects including the [unintended consequences of new COVID-19 PPE guidance](#), [setting up a healthcare worker programme for SARS-CoV-2 testing](#) and [new variants of COVID-19](#).



15 APRIL 2020

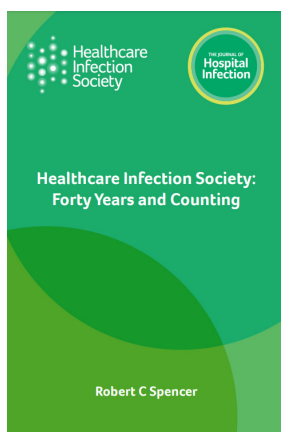
Coronavirus in healthcare settings

From other coronavirus outbreaks, we know that if an infected patient enters a busy hospital environment undetected, the virus can be transmitted to other patients and in no time a hospital-wide outbreak can result. In this blog, Dr Mike Weinbren discusses how SARS-CoV-2 spreads in healthcare settings, and what healthcare professionals should do to limit spread and stay safe.

As I prepare this statement, the Society is in the process of recording the speaker presentations for the HIS/PHE Foundation Course in IPC that is due to take place in April 2021. The demand for this course, which has run since the 1980s, increases every year. Although we are able to accommodate more attendees than usual by online delivery of the event, the live interactive sessions are a crucial part of the learning experience and can only be accommodated by capping the numbers. Consequently, more than 100 people remain on the waiting list for the next event.

During 2020 the Society experienced great challenge and change but, despite this, I am pleased to report that our original plans to celebrate our 40th anniversary by publishing a book to document the development of the Society continued. Researching our past has allowed us to look back over the last 40 years of the Society's history. Seeing our founding members' drive to represent medical microbiologists with a brand-new Society, looking at photos from HIS events and lecture tours around the world, and hearing our members' tales has reminded us just how adaptable the Society has been through the years – and to appreciate how well that adaptability has served us during the seismic events of 2020.

I encourage you to read about all of this in our new open access book, [Healthcare Infection Society: Forty Years and Counting](#), and I also encourage you to [contribute your memories and photographs](#) to the 2nd edition of the book which will be published in 2022 to mark our deferred 40th anniversary celebrations.



The trustees and I continue to be committed to ensuring the activities of HIS have clear public benefit. The last 12 months have demonstrated the importance of IPC in providing high-quality healthcare, and this has never been more clearly understood and acknowledged.

The trustees and I thank our members, webinar and conference contributors and audiences, editors, authors, readers and reviewers who support our journals, and our committees and Working Party members, all of whom, during a time of unprecedented challenge in their professional roles, have continued to engage in and support the Society.

A handwritten signature in black ink, reading 'Elisabeth Ridgway', is shown above a horizontal line.

Dr Elisabeth Ridgway,
Chair of Trustees



Trustees' report

In this report, the trustees (listed on page 50) present their annual report and financial statements for the year ended 31 March 2021. 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 £9.2m as at 31 March 2021 (2020: £8.8m).

The surplus for the year of £443k (2020: £492k) comprises an operational surplus of £1k (2020: operational deficit of £378k), together with investment gains of £442k (2020: losses of £76k).

Further details are given in the Statement of Financial Activities on page 38, the Balance Sheet on page 39, and the associated notes to the financial statements.

Our income

Our income is generated through our charitable activities, being journal publications, conferences, educational events and membership, as well as through our managed investment funds.

Our expenditure

Charitable activities

Our income is used to fund our charitable objectives, which we meet through our charitable activities in the field of IPC. These include our journal publications, conferences, education, research and guideline, grants and awards and membership.

How we generate funds



Publications

Journal publications raised £427,000



Events

Our conferences, training and events raised £150,000



Investments

Our investment portfolio raised £100,000



Membership

Membership subscriptions generated £39,000

What we fund

Research and guidelines

We spent £202k producing evidence-based guidelines

Research grants

We spent £90k* supporting research in the field of IPC

Conferences and educational events

We spent £210k on conferences and educational events

Communications

We spent £80k on communications, including staff and support costs

Membership activities

We spent £132k on membership activities

*Grant expenditure was exceptionally low for the period as the impact of COVID significantly reduced the number of grant applications

Managing our reserves

It is the policy of Council to maintain sufficient funds to meet its objectives and obligations on an ongoing basis. Society funds of £9.2m as at 31 March 2021 (2020: £8.8m) 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 the ongoing Society activities and objectives, and to safeguard against expected or potential contingencies. Designated funds as at 31 March 2021 amounted to £8.4m (2020: £5.4m). These include the addition of a £3.0m 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 our current 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.

Our 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 2021 the requisite level of reserves on this basis was £367k.

Actual operating reserves as at 31 March 2021 amounted to £785k (2020: £3.3m).

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 the COVID-19 pandemic.

With changes in the delivery of conferences and events, the Society has strategically determined a more digital approach to the fulfilment of these objectives. While this has had a consequential fall in income, operating through this model has also

created a corresponding and greater reduction in cost, with a net positive impact on Society income. Society investments continue to perform well, both in income and in capital return.

Taking these factors into account, together with the assurance of free reserves of almost £9.2m and healthy cash reserves at year end, 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 Partner funds are identifiable. Ethical restrictions applied include no investment in tobacco manufacturers, and the avoidance of investment in companies that generate significant revenue from alcohol manufacture, armaments, gambling or pornography.

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

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

Our progress 2020-2021

We regularly monitor our activities and achievements to ensure they are aligned with our five strategic objectives.

Our strategic objectives can be found on page 8, and are summarised as follows:

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

Research and guidelines

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

Collaborate

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

Safeguard

We will safeguard our future through investment and diversification.

Membership

During the period 1 April 2020 to 31 March 2021, our membership network grew by 3.6%, with a total of 1,186 members at the end of March 2021 (2020: 1,144). As of 31 March 2020, the membership comprised 620 Full members (2020: 675), 85 Associate members (2020: 87), 412 Trainee members (2020: 349), 39 Emeritus members (2019: 33), 27 Associate Trainee members and three Honorary members.

Grow and engage

Two new categories of membership were introduced during the year. In October 2020, a new category of Associate Trainee membership was launched, aimed at medical students and doctors below Foundation training contemplating a career in infection-related specialties. In celebration of the 40th anniversaries of the Society and the JHI, the first three Honorary members of the Society, Peter Hoffman, Martin Kiernan and Peter Wilson, were announced at the AGM on 9 November. Honorary members receive complimentary life membership.



Our membership network grew by 3.6%



We again saw an increase in the number of Trainee members of the Society. This was in line with an increased attendance at the two Trainee education days in October 2020 and March 2021, which were run online for the first time.

In 2020 we implemented an online trainee bursary application form, linked to the membership database. This enabled us to streamline bursary application processing and ensure applications are held on the members' record and available for the member to view on their online portal on the HIS website.

Digital communications

During an unprecedented year in which all physical events were cancelled, digital communications were more important than ever. The Society continued to engage with Twitter followers, members and key stakeholders via targeted news emails and the his.org.uk website. We continued to use Twitter as a platform to build engagement and brand awareness with our members and the wider IPC community, and to promote a reputation for excellence, relevance and expertise.

Our Twitter followers grew by over 1,073 to 5,715 at the end of March 2021 (2020: 4,642). Tweets reached more people than ever before, making an average of 70,000 impressions a month, compared to an average of 57,000 impressions a month the previous year. The HIS Twitter channel has also increased traffic to the his.org.uk website, with tweets receiving an average of 750 link clicks a month.

Engagement with monthly news emails also increased, with open rates rising from 35% in 2020 to 38% in 2021.

Grow and engage

5,715

followers



70,000

impressions
per month



750

link clicks
per month

HIS Early Career Award

In March 2021, HIS Council selected David Eyre as the second recipient of the HIS Early Career Award in recognition of his outstanding innovative contributions to the prevention and control of HCAs as an early-career clinician. David used traditional and molecular diagnostics, whole genome sequencing and wider healthcare analytics to investigate microbial transmission, and applied large data-driven studies to reduce HCAI and directly influence staff and patient care.

HIS Council also recognised David's significant role in supporting the IPC strategy of his trust during the COVID-19 outbreak. They acknowledged that his role in the development of a web-based application to collect data and support trust staff had led to the first publication internationally to show that prior COVID-19 infection protects against subsequent symptomatic COVID-19 infection.

David is Honorary Consultant in Infectious Diseases and Medical Microbiology at Oxford University Hospitals NHS Foundation Trust, Associate Professor at the Nuffield Department of Population Health (University of Oxford) and a Robertson Foundation Fellow at the Big Data Institute (University of Oxford).

"I am delighted and very honoured to accept the Healthcare Infection Society's Early Career Award 2021."

- Dr David Eyre



Grow and
engage

Benjamin Parcell – winner of the 2020 Early Career Award – published his award manuscript in the JHI on 8 November 2020, entitled '[Clinical perspectives in integrating whole-genome sequencing into the investigation of healthcare and public health outbreaks – hype or help?](#)'.

Communications

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

The blog has played a role in helping readers understand the impact of the COVID-19 pandemic on IPC. Posts such as '[Lockdown and the law of unintended consequences: the impact of COVID-19 on waterborne infections within healthcare premises](#)' by Mike Weinbren and '[Long-sleeved gowns and COVID-19: the unintended consequences of new PPE guidance](#)' by Manjula Meda look beyond the immediate impact of SARS-CoV-2 on health to the effect of the pandemic on day-to-day IPC practice. '[New variants of COVID-19: extent, impact and how to respond](#)' from Jim McManus looked to the future to give guidance on the potential impact of and responses to new variants of the virus.

Grow and
engage

Professional
development

Research and
guidelines

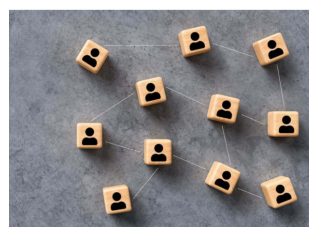
Collaborate



08 JUNE 2020

Lockdown and the law of unintended consequences: the impact of COVID-19 on waterborne infections within healthcare premises

Blog by Mike Weinbren.



13 AUGUST 2020

Co-location, co-location, co-location: using hospital data to predict healthcare-acquired infection

In this blog Jeff Rewley discusses a method of predicting healthcare-acquired infection using hospital data, and how it may apply to contact tracing for COVID-19. The method counts the number of hours a patient spends in the same hospital ward as a patient suspected of infection, and specifically predicts a variety of infections with high accuracy.

HIS journal articles have been usefully expanded and built upon in blog posts which seek to look into the potential impact of research published in HIS publications. Manjula's blog began as an article in the JHI, and '[Co-location, co-location, co-location: using hospital data to predict healthcare-acquired infection](#)' by Jeff Rewley – discussing the potential

of hospital administrative data and electronic medical record data to predict subsequent HCAI – complimented their recent JHI article.

During the pandemic we used social media graphics to disseminate information and guidance quickly, simply, and accurately. [Eight graphics](#) were created to summarize key guidance and highlight the role of healthcare workers in preventing COVID-19 transmission in healthcare settings. An additional two graphics were created to encourage the public to follow public health guidance.

The first graphic was produced in collaboration with other infection societies including the British Society for Antimicrobial Chemotherapy (BSAC), the British Infection Association (BIA), the Infection Prevention Society (IPS) and the Royal College of Pathologists (RCPATH) to ensure messaging was consistent and PHE guidance was followed.

Prevent transmission of COVID-19 in healthcare settings



Control of COVID-19: Ventilation matters

- Physical distancing alone may not prevent transmission
- Airborne transmission increases with poor ventilation and more people
- Improve ventilation by:
 - Opening windows – even short periods make a difference
 - Avoiding ventilation systems that recirculate or mix the air
 - Including particle filtration systems
- Measuring CO₂ levels can help identify inadequate ventilation

Assessing ventilation in many environments requires engineering expertise – seek help if you need it



Events and education

By the beginning of summer 2020 we began transitioning the programme for the Trainee Education Day on Behaviour Change, Quality Improvement and Leadership to an online format. The event was run on Zoom on 21 October 2020. 147 attendees joined for the full day, viewing pre-recorded presentations and interacting in live Q&A sessions with the speakers. In March 2021, we organised a second online Trainee education day on the topic of decontamination which was attended by over 320 trainees. Both events were also opened up to attendance by non-trainees.

To support our members and the wider IPC community during the COVID-19 pandemic, on 6 May 2020 we launched our new audience-led webinar series: COVID-19 Challenges and Solutions. Between May 2020 and March 2021, we ran 11 webinars in which the audience submitted questions to the expert panels and took part in live polls. The 11 webinars were attended by over 2,500 live viewers and there have been over 4,000 views of the videos on catch up.

In November, our collaborative conference FIS/HIS International 2020 took place in a fully online format for the first time in its history. 1,002 delegates from 54 countries registered to attend, 236 abstracts were submitted and over 200 virtual poster presentations were given. 23 oral communications were selected to be presented in four sessions. A full programme of over 40 sessions – including three days of four parallel sessions, three keynote lectures, a debate and two clinical cases/grand round sessions – was delivered with 14 Federation of Infection Societies (FIS) societies participating in organising sessions.

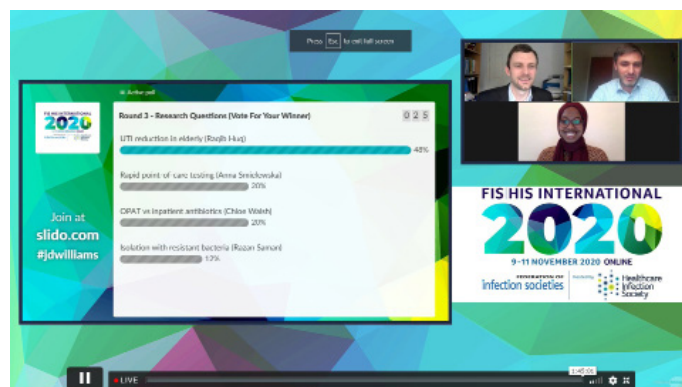
Grow and engage

Professional development

Research and guidelines

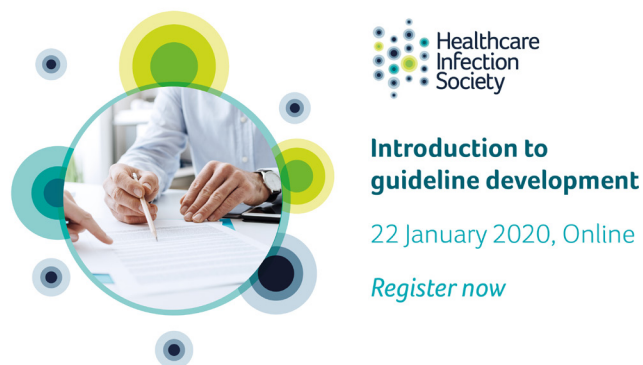
Collaborate

Safeguard



NITCAR session at FIS/HIS International online 2020

In 2020/21 the HIS events programme was expanded to include the one-day course An Introduction to Guideline Development. The course was presented for the first time in January 2021 in an online format. The course outlined the phases of the guideline development process, the design and conduct of systematic evidence reviews in a guideline development context, and the formulation of recommendations taking account of the evidence. The number of participants was capped to ensure an interactive and audience-led format, with practical sessions and discussion time interspersed throughout the day.



Educational resources



The first module of our new e-resource IPC Matters launched on 19 October 2020 on the topic of specialised ventilation systems. The resource includes interactive videos, guidelines, sample reports and papers on the topic, and will provide a valuable resource for HIS members.



External events



Due to the COVID-19 pandemic, the external events in which HIS would normally participate were either cancelled or postponed. As such we were unable to participate in 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 has included plenty of challenges for the JHI team: submissions more than doubled during the first months of the pandemic, and remained above pre-pandemic levels into 2021. To put this in context, in 2018 the JHI received a total of 1,010 manuscripts and in 2019 a total of 988 manuscripts. In 2020 the journal had exceeded these numbers by May and in the period of this report a total of 2,491 submissions were made to the JHI, the highest annual number the journal has received to date.



**The JHI recieved
2,491
submisisions**

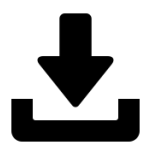
Against this increase in submissions, the Editorial Team reduced the average time from submission to first decision from 10 to 7.2 days. However, peer review times did increase as the availability of expert reviewers dwindled in the face of increased workloads. We offered extended timelines for reviewers to complete their commentary and for authors to revise their work to acknowledge the increased demands the pandemic placed on their time.

Impact factor 3.271

Authors should not have noticed too much delay to final publication, as the JHI's post-acceptance processes were moved to a system of 'article-based

publishing' in May 2020, which decreased the time taken from a paper being published online to it being compiled into an issue and the author provided with issue and page numbers.

The 2019 JHI impact factor (IF) was released in June 2020. Unfortunately, our impact factor dropped a little: to 3.271, down from 3.704. The impact factor is an important measure of the journal's output. However, it is important to present a broad range of metrics to assess the impact of JHI articles: we achieved a record number of article downloads in 2020-2021, with papers downloaded 2,311,435 times between April 2020 and March 2021. The most-downloaded articles published in this period were Zhang *et al.*'s ['Knowledge, attitude, and practice regarding COVID-19 among healthcare workers in Henan, China'](#) (38k downloads) and Tang *et al.*'s ['Dismantling myths on the airborne transmission of severe acute respiratory syndrome coronavirus-2 \(SARS-CoV-2\)'](#) (60k downloads).



Articles have
been downloaded
2,311,435 times

In the last year the journal has published two Special Sections: in April 2020, our annual Global Hand Hygiene issue featured the World Health Organisation's announcement of the ['Nurses and Midwives: clean care is in your hands'](#) campaign, and a piece from the JHI editors entitled ['Washing our hands of the problem'](#) accompanied by relevant research and review articles. The November 2020 Special Section on Antimicrobial Resistance and Antimicrobial Stewardship marked World Antibiotic Awareness Week, with an Editorial from the JHI editors and a selection of articles, reports and reviews on the subject. Other papers of note include the publication of the Early Career Award paper, ['Clinical perspectives in integrating whole-genome sequencing into the investigation of healthcare and public health outbreaks – hype or help?'](#) by Benjamin Parcell in February 2021.



This year has seen change on the JHI in the form of Beryl Oppenheim, who has worked with the JHI in various roles for over 20 years, stepping down from her role as Editor on the journal. The team were very sad to see Beryl step down, but pleased to welcome

Martyn Wilkinson into the role as Editor. We also extend special thanks to Paul Shears for stepping in as Assistant Editor on the JHI to help the team to quickly read and review papers at a very busy time.



2,952
followers

On Twitter, the JHI has continued to grow in popularity. The JHI Twitter account now has 2,952 followers, an increase of 608 from this time last year. Our journal Twitter accounts highlight key papers, present threads of related papers or series, notify followers of new issues of the journals, and engage with readers and authors.

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 aims to provide a freely-available resource that is accessible to all those working in the field of IPC, irrespective of their funding, location or availability of institutional access.



In September 2020, the journal published a Special Issue entitled ['Carbapenemase-producing Enterobacterales: a challenge for healthcare now and for the next decade'](#) featuring research and commentary and tied together by an Editorial from Patel *et al.* The second in IPIP's unique ['Debates in Infection Prevention'](#) article series was also published in the September issue. These articles provide two sides of an interesting debate in IPC, with two different articles arguing 'for' and 'against' a motion. In ['To Dipstick or Not?'](#), Mike Cooper argued for dipsticks in the diagnosis and management of urinary tract infections the over-65s, and Amelia Joseph argued against.

The IPIP team have worked to increase recognition and discoverability of our content in the past year. Working with our publisher, Elsevier, we promoted two Author Stories, in which authors published by IPIP outline their research and discuss the journal. Authors featured so far are Amit Aggarwal, Specialist in Medical Microbiology at Janakpuri Super Speciality Hospital Society, Delhi, and Roy D. Sleator of the Department of Biological Sciences, Munster Technological University, Ireland. As well as being published on the journal's website, these were

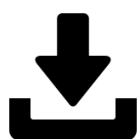
emailed to Elsevier's infectious disease specialist mailing list, and promoted via the HIS newsletter and website. Additionally, to encourage submissions from lower- and middle-income nations, IPIP signed up to the Research4Life scheme to offer waived or discounted fees to author groups from these nations.



The editors of the JHI 'cascade' manuscripts which are deemed to be of a good quality but out of scope to IPIP by offering the author the option to transfer. In 2020-2021, 37 manuscripts were transferred from the JHI to IPIP, and transferred manuscripts account for over 50% of published output on IPIP. The journal received 150 submissions overall between April 2020 and March 2021. In the same period, we accepted 64 articles for publication in the journal.



**IPIP received
150
submissions**



**Articles have
been downloaded
162,475 times**

Downloads for IPIP were also strong in 2020-2021: total downloads for the period being 162,475. Top-downloaded articles included '[Therapeutic management of patients with COVID-19: a systematic review](#)' by Tobaiqy *et al.* (27,321 downloads), '[Environmental surface and air contamination in severe acute respiratory syndrome coronavirus 2 \(SARS-CoV-2\) patient rooms by disease severity](#)' by Nakamura *et al.* (4,122 downloads) and '[Control and management of multidrug resistant *Acinetobacter baumannii*: A review of the evidence and proposal of novel approaches](#)' by Weinberg *et al.* (2,565 downloads).

Gemma Winzor, who has worked as an Editor on IPIP since launch, accepted the role of Editor-in-Chief on the journal at the end of 2020. Nik Mahida, joint Editor on both IPIP and the JHI, stepped back to focus on his role on the JHI. We were pleased to welcome Pauline Jumaa to the IPIP team as an Editor from January 2021. The core Editorial Team are supported by the journal's independent International Editorial Board (IEB), composed of 17 members from ten different countries and possessing a wide range of expertise.

The HIS journals at FIS/HIS International 2020

Both Society journals had a strong presence at FIS/HIS International 2020. The IEB Meeting originally scheduled to be held during the conference in Edinburgh was postponed due to the difficulty of holding a round-table discussion across many time zones digitally. Instead, complimentary attendance of the conference was offered to all IEB members.

Research and
guidelines

Collaborate

FIS/HIS INTERNATIONAL

2020 Prizes

Lynette Phee

229: Underreporting of carbapenemase-producing organism (CPO) colonisation at a district general hospital: universal screening may help cost-effectively control transmission



The inaugural IPIP Poster Prize winners were announced during the first day of the conference. These were awarded to Lynette Phee ('Underreporting of carbapenemase-producing organism (CPO) colonisation at a district general hospital: universal screening may help cost-effectively control transmission'), Rhys Wenlock ('An investigation into a nosocomial COVID-19 outbreak reveals a high level of asymptomatic staff infection') and Georgia Lamb ('A quality improvement project to improve antibiotic prescribing practice in general surgery using a daily ward-round checklist: ABBDDOMM'). Winners were offered complimentary publication in IPIP in our 'Prize Edition', in which the prizewinning articles will be published in a Special Section in 2021 accompanied by an Editorial piece from the IPIP Editors.



Publishing your work: A beginner's guide to scholarly journal publication session at FIS/HIS International online 2020

On the final day of FIS/HIS International 2020 David Spencer from Elsevier, Christine Fears from HIS and Gemma Winzor took part in the FIS/HIS journals session 'Publishing your work: A beginner's guide to scholarly journal publication', chaired by Nikunj Mahida.

Clinical guidelines and guidance



The production of clinical guidelines and guidance, in addition to representation on international and national bodies, enables the Society to utilise its experts and expertise to ensure best practice.

We apply the National Institute for Health and Care Excellence (NICE) accredited methodology for guideline production. NICE accreditation is granted to organisations that demonstrate the implementation of rigorous processes when developing guidelines. The accreditation mark enables health and social care professionals to identify the most trusted sources of guidance which are developed using critically evaluated, high-quality processes and standards.



To maintain NICE accreditation, guideline producers are assessed by NICE and their external peer reviewers against six internationally recognised standards (known as the AGREE II instrument). Accreditation is now only available to previously-accredited organisations and is reviewed every five years to ensure that the guideline developers continue to satisfy the standards required. The Society's accreditation was successfully renewed in May 2020.

In 2020, Working Party activities were paused from February to June due to the COVID-19 pandemic. In April, a new collaborative Working Party including representation from IPS, BIA and RCPATH was formed to produce rapid guidance using the swiftly-produced evidence relating to the pandemic.

Working Parties active between June 2020-March 2021:

- Prevention and control of infection in burns units, jointly with the British Burns Association
- Microbiological commissioning and monitoring of operating theatre suites
- Meticillin-resistant *Staphylococcus aureus* (MRSA), jointly with BSAC, IPS and BIA
- Final rinse water for endoscope washer disinfectors

Graham Ayliffe Training Fellows

Our two Graham Ayliffe Training Fellows (GATF), Christopher Lynch and Katie Prescott, have worked on the two HIS journals since the beginning of their Fellowships in 2019. Katie paused her Fellowship due to the COVID-19 pandemic and has now resumed her work with the journals. Chris completed his Fellowship in late 2020. The fellows have contributed greatly to both journals by providing peer review, handling articles in an editorial capacity and writing editorial commentaries, and commissioning content.



"This fellowship has been the highlight of my training to date."

- Dr Katie Prescott

Chris used his Fellowship year to develop expertise in theatre ventilation and surgical site infection surveillance. He was involved in the IPC response to COVID-19, particularly in ventilation planning, decontamination, personal protective equipment, and procurement. Katie was also part of her trusts response and planning for COVID-19 and used her Fellowship year to investigate outbreaks, chair and attend various meetings related to IPC and become the paediatric microbiology liaison.

The science of IPC



The promotion and development of infection prevention science is actively pursued by the Society and the expertise of our membership is harnessed by producing expert-led clinical guidelines and supporting research. Guideline production and funding are overseen by the Guidelines Committee and the Research Committee, respectively.

- Automatic room decontamination devices
- Water management for the microbiologist
- Rituals and behaviours in the operating theatre, jointly with the European Society of Clinical Microbiology and Infectious Diseases (ESCMID)
- Management of norovirus outbreaks in acute and community health and social care settings
- Infection prevention and control of Group A Streptococcal infection in acute healthcare and maternity settings in the UK
- COVID-19 rapid guidance

In February 2021, the trustees took the decision to pause all activity on Working Parties with the exception of:

- Meticillin-resistant *Staphylococcus aureus* (MRSA), jointly with BSAC, IPS and BIA
- Final rinse water for endoscope washer disinfectors
- Automatic room decontamination devices
- COVID-19 rapid guidance

This step was taken to focus resources and staffing to ensure completion of outputs from the above Working Parties. In order to facilitate this, we maintained and invested in resources to facilitate guideline production by enhancing staff expertise in project management and evidence synthesis.

Guidelines published



In January 2021, our rapid guidance, 'SARS-CoV-2 routes of transmission and recommendations for preventing acquisition', was submitted to the JHI for peer review and publication.

Grants and bursaries

Research projects and career development opportunities for IPC specialists are supported by the Society through a portfolio of grants, bursaries, and awards. The funding ranges from smaller awards (such as travel grants) to major research grants. With this portfolio, we aim to foster opportunities and knowledge in infection prevention science that directly impact patient outcomes.

Graham Ayliffe Training Fellowship

One GATF totalling £62,500 was awarded in September 2020 to Razan Saman of St James

University Hospital, Leeds, to develop strategies to prevent transmission of extended spectrum beta-lactamase Enterobacterales.

Small Research Grants

One small research grant was awarded in November 2020 to Kate Walker of the University of Nottingham. Kate was awarded £10,000 to examine maternity services' response to the COVID-19 pandemic, how PHE guidance was implemented and what we can learn for the future.

Travel grants

Due to the COVID-19 outbreak, the majority of



conferences and meetings switched to a virtual format and the Society received no travel grant applications in this period. In order to support attendance at events of different formats, we updated the eligibility criteria for conferences in March 2021 to allow applications for hybrid and online-only events in addition to in-person meetings.

Our headquarters



Since September 2020, Montagu House has been the official headquarters of the Healthcare Infection Society.

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 which is open to our membership and meeting rooms which can accommodate educational workshops and meetings of our committees and Working Parties. The upper two floors are configured for the purposes of income generation. A virtual tour of Montagu House is [available on our Vimeo channel](#).

The name Montagu House was chosen by HIS Council to honour an important historical figure in infection control: [Lady Mary Wortley Montagu](#) (1689-1762). Lady Mary was an aristocrat, traveller and writer who played an important role introducing smallpox inoculation to Britain in the 18th Century.

Our plans for 2021-2022

Our 2020-2025 strategy (summarised on page 8) is underpinned by three key pillars of activity and engagement which support our members to deliver excellent clinical practice for the benefit of the public as follows:

1. Programme of activities

We will fund a diverse range of research and produce expert guidance on the control and management of HCAs.

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

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

2. People

Our activities and publications will support the professional development of our members and the wider IPC community at all career stages and levels.

We will encourage our members to become involved with the Society to help us realise our vision: a world in which HCAs have been reduced to the lowest possible level.

We will support and develop our staff and volunteers.

3. Perception

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

Adapting to change

Although the uncertainties surrounding the COVID-19 outbreak will continue to impact our original activities and plans to achieve our strategic objectives during 2021/2022, we have adapted our planned programme of activities to social restrictions on mass gatherings and travel, and also on the availability of our members to participate. The COVID-19 outbreak created an opportunity for us to review how we deliver key activities and has led to a transition from the delivery of face-to-face events to online events.

Our strategy and plans for 2020-2025 remain valid during this period of uncertainty, and the resources we have in place will be redeployed to focus on activities and initiatives that will support our members, improve patient care and further increase our profile as an international leader in the field of IPC.

Membership engagement



Equality, diversity and inclusion



Training and education



In April we will deliver the four-day HIS/PHE Foundation Course in IPC virtually for the first time. In addition to the high-quality, expert-led presentations, the course will include interactive workshops and real-life scenarios. To meet demand, we will aim to run the online course twice in 2021 and again in early 2022.

Given the popularity of the inaugural presentation of the Introduction to Guideline Development course, we plan to repeat this course in May 2021. The aim will be to increase the number of participants without compromising the delivery, allowing a waiting list of potential participants to be accommodated and attracting further participants from beyond the HIS membership.

Our Don't Panic! conference and DIPC Development Day, Investing in the Future: Quality Improvement and Education, will be delivered via Zoom in June and the Trainee education days will continue to be delivered virtually during 2021. We will also work with the course convenors to transition the popular Outbreaks course to a virtual format.

The new audience-led webinar series has proved very successful, and we will continue to organise audience-led webinars on COVID-19-related topics, but also on other topics of interest to our members and the wider IPC community.

Assuming COVID-19 restrictions permit, the Engineering Aspects of Infection Control course, which was last run in 2019, will resume in October 2021 in a face-to-face format at Eastwood Park Training Centre in Gloucestershire.

In early 2022, we plan to run the Bridging the Clinical Research Gap workshop in collaboration with the Microbiology Society (MS) for the second time. Due to the interactive nature of the event, we plan to hold this event in a face-to-face event.



Dr Karen Robinson and Dr James Price at Bridging the Clinical-Research Gap workshop

To support the delivery of online learning, the Society will implement a learning management system (LMS) in 2021/22. An LMS is software that provides the framework to handle all aspects of the learning process and will enable us to house, deliver, assess and track training content.

Social media and COVID-19

We will continue to use our social media platforms to support our members and the wider IPC community. We will communicate updates to COVID-19 guidance clearly and quickly, continuing to use COVID-19 graphics to translate key information. Our COVID-19 graphics will be reviewed as guidance is updated. Freely-available COVID-19 articles will be shared on the journals' Twitter accounts, alongside guidance produced by the COVID-19 Rapid Guidance Working Party.

Our journals



Journal of Hospital Infection

The COVID-19 pandemic resulted in hugely increased submissions to the JHI. The Editor-in-Chief, Jim Gray, and team will be working with the Society's Editorial and Production Manager to achieve some of the goals put on hold during the pandemic, including updating the IEB membership and refreshing the publication's offering in terms of articles published and scope to ensure we continue to align with the needs of readers.

We will continue to increase the international profile of the JHI, and will work with Elsevier to best position our journals' business against changes to the wider publishing landscape, and with the Society Publisher's Coalition to defend the interests of Society journals as debates around changing business and funding models in publishing develop.

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, intend to reward authors who submitted work to the fledgling journal with dedicated Article Collections, including one designed to highlight strong work from lower- and middle-income countries following the journal's adoption of the Reserach4Life fee waiver scheme.

The editors have commissioned Special Series to be published in 2021/2022 designed to highlight the work of early-career researchers and have new educational content in the pipeline, as well as continuing the popular Debates in IPC.

The journal's application to be indexed in PubMed has been submitted, and the team anticipates a positive response.

The science of IPC



The Society has planned a rolling programme to update and review the current guidance and guidelines produced by its Working Parties. Our guidelines staff team will, from March 2021, adopt a new model of guideline production to produce guidelines within newly defined time frames. The team will 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 as well as the requirements for implementation.

Each Working Party will have at least two lay members to ensure the patient voice is captured as per NICE accreditation requirements. To facilitate the recruitment of a diverse range of lay members, we have aligned our policy on the payment of lay members to organisations such as National Institute of Health Research (NIHR) and NICE. In late 2021, we will launch a targeted campaign using established platforms such as People in Research and Healthwatch.

Research and grant funding



We continually evaluate our funding portfolio and processes to ensure that our awards fulfil our strategic aims, supported by the research strategy that was published in 2020. In discussion with other funders, we will look for mechanisms to support research culture and research integrity. We will complete our application to become a member of the Association of Medical Research Charities in 2021.

New premises and income diversification

Montagu House has the capacity to generate income through the letting of commercial space to other organisations. While this has been delayed due to the impact of the pandemic, the intention is that this



new income stream, coupled with the diversification of the investment portfolio, will help to ensure the long-term financial sustainability of the Society.



Montagu House Boardroom



Montagu House Newsom Library



Montagu House office space

Our governance

Governance structure and management

Nature of governing document and how the charity is constituted

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

As a result of the COVID-19 outbreak, the Charity Commission issued guidance in early 2020 which led the trustees of HIS to vote to agree that the 2020 AGM should take place virtually. Although the previous Constitution did include a provision to allow trustee meetings to take place virtually, the Constitution was amended on 9 November 2020 to include a further provision to also allow general meetings to take place by electronic means.

Council and Committees

As a charity, we are governed by our Council who may co-opt members and appoint committees.

As explained in the following section, 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.

Methods adopted for the recruitment and appointment of Council members

Council members are trustees who serve as officers, the Editor-in Chief of the JHI, Ordinary members, as a lay trustee or as Co-opted members

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 the Council. They are:

1) 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.

2) 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.

3) 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 Council members (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 and an election process via a ballot from Full and Trainee members of the Society.

4) Lay trustee:

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.

5) 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 trustees of the Society (and thus members of Council) where practical.

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

Neither the Chairs nor Co-opted members are trustees by virtue of their position on Council. Council also appoints the Chair of the HIS Conference Organising Committee, who is a member of Council but not a trustee.

6) Committees

Our committees are formed through the election of representative members who are healthcare professionals, who volunteer to contribute to guiding and driving our strategies and activities. They are largely consultant microbiologists and virologists, trainees enrolled on a specialty training programme, infection control nurses, staff from PHE 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 a Trustee Induction Handbook which includes the Society's Constitution, details of Society policies

and procedures and information on trusteeship from the Charity Commission. Trustees also have access to online training material provided by the NCVO. A register of interests of trustees is maintained, and declarations of interests are made at all Council and Committee meetings. The trustee role description was reviewed during 2020.

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 AGM.

Key changes:

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

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

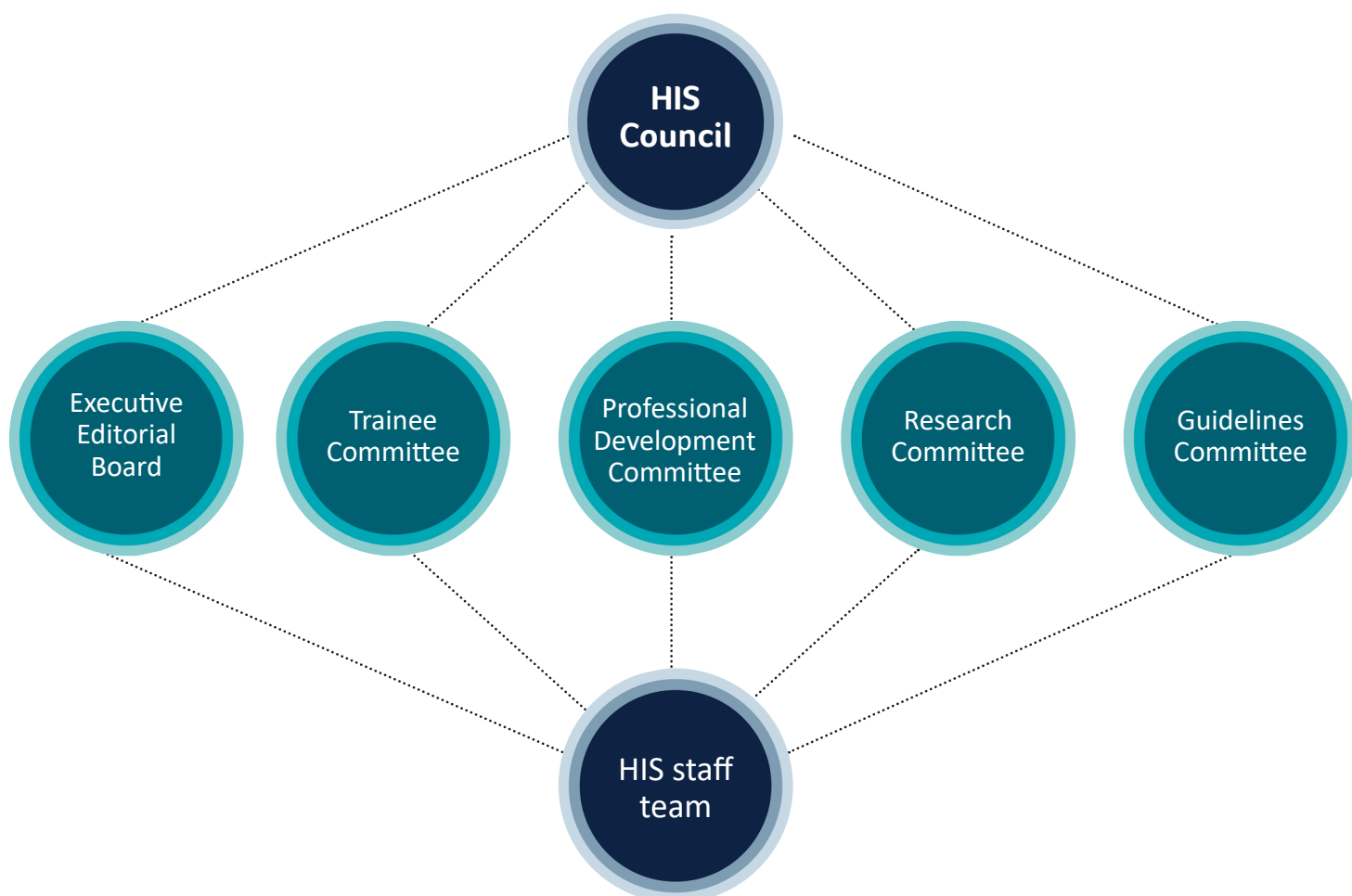
- Professional Development Committee
- Research Committee
- Guidelines Committee
- Trainee Committee
- Executive Editorial Board

The new committees met for the first time in 2020, and the Terms of Reference for all committees will be reviewed ahead of the 2021 AGM which will mark 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 March 2021 HIS Council and staff took part in an EDI workshop delivered by the [Equality Academy](#).



Equality, diversity and inclusion: developing a strategy

Following the EDI workshop, trustees agreed to formulate a strategy during 2021 to ensure EDI is embedded in the delivery of all five of the Society's strategic objectives going forwards.

Organisational structure and decision-making process

The business of the Society is conducted by our Council, which meets quarterly. The Council determines the strategy of the Society and reviews progress against its strategic aims and objectives. Council reports to the members via the AGM, by notices on the his.org.uk website, by post and by email. The officers, CEO, the Chairs of the standing committees and the Editor-in-Chief meet in person or by teleconference as and when required to discuss key issues, and their proposals and recommendations are taken to Council for discussion and formal decision making. The Society's AGM was held as a virtual event on 9 November 2020 during FIS/HIS International, 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 a number of national and international committees and other forums. The following is a list of these groups and the current HIS members with involvement up to 31 March 2021:

- **IFIC:** Board | Elisabeth Ridgway
- **RCPATH:** Infection Training Speciality Advisory Committee | TBC
- **RCPATH:** Medical Microbiology and Medical Virology Speciality Advisory Committee | Gayti Morris
- **European Network to Promote Infection Prevention for Patient Safety (EUNETIPS)** | TBC
- **IPS:** Research and Development Group | Chris Settle
- **Professional Expert Communication Forum:** Decontamination of Medical Devices | Mark Garvey
- **PHE:** Standards for Microbiology Investigation Steering Group | Chris Settle
- **Department of Health:** Human Health Stakeholder Group | Peter Wilson

- **NHS Improvement:** National Standards of Cleanliness | Chris Settle
- **European Committee in Infection Prevention and Control (EUCIC)** | Gemma Marsden
- **British Standards Institution Committee on CH/216 Chemical Disinfectants and Antiseptics** | Karren Staniforth
- **BSI Water Safety Group** | Mike Weinbren
- **PHE Surgical Site Infection Surveillance Service Task and Finish Group** | Jyothi Rao
- **Training Association of ESCMID (TAE)** | Chris Lynch
- **Royal College of Physicians Infection Guideline Review Committee** | Christine Bates
- **RCPATH COVID advisory group** | Chris Settle
- **TAILOR Horizon 2020 project** | Elisabeth Ridgway
- **COVID-19 Affiliated Societies** | Mike Anckorn and Hayley Colton
- **Academy of Medical Royal Colleges Clinical Reference Group** | Lucia Pareja-Cebrian

Federation of Infection Societies

In March 2021, HIS Council signed a new FIS Annual Event Operating Framework 2021-2024 detailing how FIS will be organised by three societies: the BIA, HIS and the MS. Each 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) and 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-fertilization that occurs between different networks and membership groups. The Hosting Societies will aim to continue to develop multidisciplinary educational opportunities.



On Friday 5 November 2021, FIS 2021 will take place as a hybrid event at Manchester Central, UK, and between Monday 8 and Tuesday 9 November will be online only. The in-person meeting on 5 November will feature the FIS plenary lectures, including the HIS Lowbury Lecture from Marc Bonten, networking opportunities, oral papers and exhibition. The two days of online conference will comprise three

programme streams, including sessions hosted by FIS societies. HIS will organise a session on hospital-onset COVID-19 infections covering the impact of surveillance for this section of the event.

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

We are committed to maintaining a strong risk management framework, and have developed a policy enabling 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.

Risk register

An extensive risk register is consistently maintained, discussed quarterly during Council meetings 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 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

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. Council held an away day on 10 March 2021 specifically for this purpose, identifying opportunities, primarily through its activities in publishing and events.

Through its delegated funds and reserves policy, the Society maintains appropriate financial investments to ensure that it is able to 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 2020 and 2021, 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 our ongoing financial stability, and therefore a principle risk in the continuation of the Society. 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.

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 its risk management processes.

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

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

Challenges during the year

Staff home working and well being

We support our staff development and welfare through rolling assessments, annual appraisals, focused training, an employee assistance programme, benefit platforms and social engagement. The entire HIS staff team moved to working from home in March 2020 and continue to do so in line with government guidelines. The monitoring and management of their wellbeing during the COVID-19 outbreak has become a priority for the trustees and CEO.



Volunteer engagement

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. Particularly at the beginning of the COVID-19 outbreak, study leave for much of the IPC workforce was cancelled, and the sheer demands of work during this period meant that volunteers did not have the capacity to help the Society to deliver activities to planned levels.

Cancelled events

The HIS staff team were able to renegotiate contracts with venues for all cancelled face-to-face events, and as a result the Society has not incurred financial penalties as a result of the cancellation of events during the year.

Guideline production

Guideline and guidance production is a key part of the current HIS strategic plan (2020-2025), but our guideline process has made slow progress since 2018 because of the heavy reliance on the input of our committed, but overwhelmed volunteers. This progress stalled in March 2020 when the activity of the Working Parties was paused in response to the COVID-19 outbreak.

In 2020, our guideline methodology was NICE accredited for a further 5 years. Our aim is to continue to prepare all guidelines and guidance using NICE methodology to ensure the evidence is as robust as possible. The guideline development process employed by the Society for many years is iterative and, until the guideline is at the stakeholder-consultation stage, all aspects of the development may be altered. The process is heavily reliant on volunteers and in order to facilitate the timely production of guidelines, in March 2021 HIS Council agreed that the HIS Guidelines team should adopt a guideline production process which transfers a significant part of the production process to HIS staff. This process will therefore be less reliant on volunteers and more focused towards HIS staff meeting agreed deadlines.

New premises

HIS completed the purchase of its 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, representing approximately 40% on one floor utilised as 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, and the headquarters fit out was managed through the pandemic and successfully completed and ready for occupation in August 2020. Overall the final purchase and fit costs amounted to £399k (8%) lower than originally budgeted.

The impact of the pandemic on working patterns has led to some delays in letting out the commercial space.

Remuneration and grant making

The roles and contribution of volunteers

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

While officers do not personally 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. This change was unanimously voted and agreed by Council in their meeting of 11 September 2019. Details of such payments can be found in note 9 of the accounts.

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

Lay member payment policy

To enable to recruitment and involvement of a diverse cross section of the public and patients as lay members, 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 NIHR. This new policy allows for claims of out-of-pocket expenses and honoraria.

Conveyor contracts

Through an agreement with Nottingham University Hospitals NHS Trust (NUH), HIS engaged the services of Karren Staniforth as convenor for both the Engineering Aspects of Infection Control courses and the HIS/PHE Foundation courses. This contract was primarily suspended through the pandemic, being restarted from 1 December 2020 in line with the Society's future requirements for the delivery of these courses.

Remuneration Committee

The Remuneration Committee was established in April 2019 and is comprised of the Chair of Trustees, the Treasurer and lay trustee. The primary responsibilities of the Remuneration Committee are to make recommendations to Council on staff pay awards and 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

The Society considers its key management personnel comprises the trustees, 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 their trust or employer for the time necessary to fulfil their duties.

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

Grant-making policy

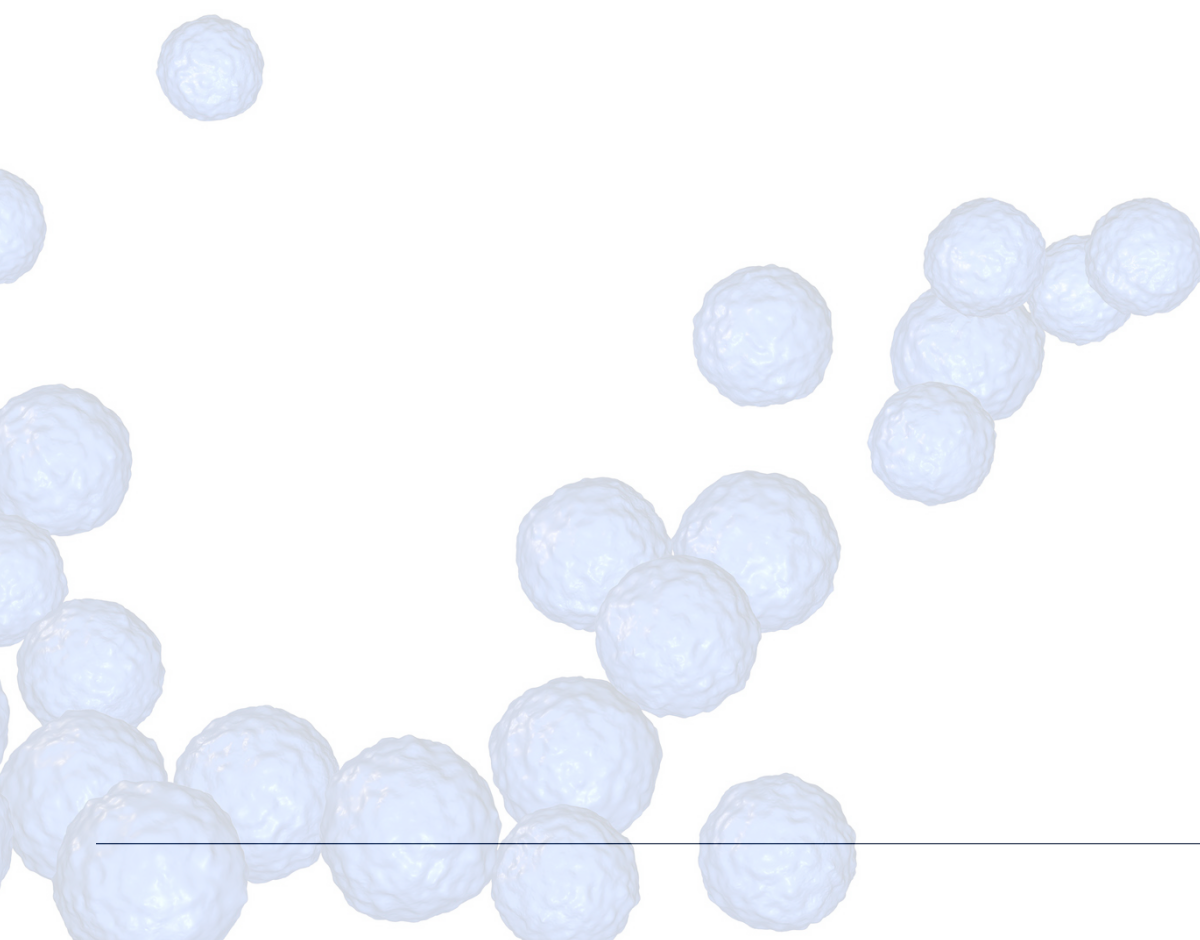
Grants and fellowships are awarded for research and career development opportunities which are pertinent to IPC, including epidemiology and prevention. The applicant's aims must be clearly stated and the research must be hypothesis driven, where applicable. All applications enter a triage process before being reviewed in a robust and transparent process by the Research Committee. Where applicable, short listed 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 our 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 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 show and explain the charity's transactions and disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008 and the provisions of the charity's Constitution.

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

In so far as the trustees are aware:

- There is no relevant audit information of which the charity's auditor is unaware
- 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 15 September 2021, and signed on their behalf by:



C D Settle

Dr Chris Settle
HIS Treasurer

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

Opinion

We have audited the financial statements of Healthcare Infection Society ('the charity') for the year ended 31 March 2021 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 2021 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 Companies Act 2006.

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 charitable

company'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.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the trustees' annual report for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the trustees' annual report have been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the company and its environment obtained in the course of the audit, we have not identified material misstatements in the trustees' annual report.

We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made;
- we have not received all the information and explanations we require for our audit.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 34, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company'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 charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

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.

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.

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

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 charitable company.

Our approach was as follows:

- We obtained an understanding of the legal and regulatory requirements applicable to the charitable company and considered that the most significant are the Companies Act 2006, the Charities Act 2011 and the Charity SORP.
- We obtained an understanding of how the charitable company 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.

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.

Moore Kingston Smith LLP

- 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 charitable company'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 charitable company'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 charitable company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the company's members 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 charitable company and charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Neil Finlayson (Senior Statutory Auditor)

for and on behalf of

Moore Kingston Smith LLP

60 Goswell Road

Statutory Auditor

London EC1M 7AD

Date: 30/09/2021

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

Statement of financial activities

		Unrestricted Funds General	Unrestricted Funds Designated	Total Funds 2021	Total Funds 2020
	Notes	£	£	£	£
Income from:					
Charitable activities					
Membership		39,404	-	39,404	44,850
Education	2	3,970	-	3,970	79,214
Publications	3	595,696	-	595,696	700,622
Conferences	4	146,105	-	146,105	19,000
Investments	5	100,054	-	100,054	103,643
Other income		24	-	24	-
Total income		885,253	-	885,253	947,329
Expenditure on:					
Cost of raising funds					
Investment management fees		1,168	-	1,168	6,135
Charitable activities					
Awards and grants		54,651	34,989	89,640	342,518
Membership		74,925	56,733	131,658	136,051
Education		60,952	2,173	63,125	205,644
Publications		104,199	64,447	168,646	182,088
Communication		71,774	9,099	80,873	83,368
Conferences		138,131	8,746	146,877	236,688
Research and guidelines		158,897	43,389	202,286	132,934
Total charitable expenditure	6	663,529	219,576	883,105	1,319,291
Total expenditure		664,697	219,576	884,273	1,325,426
Transfers between funds		(3,179,576)	3,179,576	-	-
Gains on disposal of fixed assets		-	-	-	946,509
Net investment gains / (losses)		442,263	-	442,263	(76,079)
Net income and net movement in funds for the year		(2,516,757)	2,960,000	443,243	492,333
Fund balances brought forward at 1 April		3,301,883	5,449,000	8,750,883	8,258,550
Fund balances carried forward at 31 March		785,126	8,409,000	9,194,126	8,750,883

All above results were derived from continuing activities.

The notes and information on pages 41 to 49 form part of these financial statements.

Balance sheet

	Notes	2021 £	2020 £
Fixed assets			
Tangible assets	10	4,422,172	4,285,784
Intangible assets	11	9,834	29,502
Investments	12	4,181,825	2,240,996
		8,613,831	6,556,282
Current assets			
Debtors	13	357,993	1,244,315
Short term deposits		266	92
Cash at bank and in hand		877,677	1,809,903
		1,235,936	3,054,310
Creditors: amounts falling due within one year	14	493,231	719,806
Net current assets		742,705	2,334,504
Creditors: amounts falling after more than one year	14	162,410	139,903
Net assets	16	9,194,126	8,750,883
Restricted funds			-
Unrestricted funds:			
General fund	17	785,126	3,301,883
Designated funds	17	8,409,000	5,449,000
Total funds		9,194,126	8,750,883

Approved by the Board of Trustees on 15 September 2021 and sign on its behalf by:


 C D Settle
Dr Chris Settle
 HIS Treasurer

The notes and information on pages 41 to 49 form part of these financial statements.

Statement of cash flows

	2021 £	2020 £
Cash flows from operating activities:		
Net cash used in operating activities	660,924	(704,403)
Cash flows from investing activities:		
Interest and dividends from investments	98,903	99,081
Interest on bank deposit accounts	1,151	4,562
Proceeds from the sale of fixed assets	-	1,305,000
Purchase of fixed assets	(194,464)	(4,285,390)
Proceeds on sale of investments	501,489	22,615,497
Additions to investment portfolio	(2,000,055)	(17,900,000)
Net cash generated through investing activities	(1,592,976)	1,838,750
Change in cash and cash equivalents in the reporting period	(932,052)	1,134,347
Cash and cash equivalents at the beginning of the reporting period	1,809,995	675,648
Cash and cash equivalents at the end of the reporting period	877,943	1,809,995
Reconciliation of net expenditure to net cash flow from operating activities		
Gain after other recognised gains and losses	443,243	492,333
Net investment (gains) / losses	(442,263)	76,079
Net gains on the sale of fixed assets	-	(946,509)
Depreciation of tangible fixed assets	58,076	13,171
Amortisation of intangible fixed assets	19,668	19,669
Decrease / (increase) in debtors	886,322	(589,985)
(Decrease) / increase in creditors	(204,068)	334,482
Investment income	(100,054)	(103,643)
Cash flow from operating activities	660,924	(704,403)
Analysis of cash and cash equivalents		
Cash in hand	877,677	1,809,903
Short term deposits	266	92
Total cash and cash equivalents	877,943	1,809,995

The notes and information on pages 41 to 49 form part of these financial statements.

Notes to the accounts

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 2022 and 2023, the trustees gain assurance 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 subsectors.

f) Gains/losses on investment assets

All gains and losses are taken to the Statement of Financial Activities as they arise.

Unrealised gains and losses on investment assets represent the difference between their fair value at the end of the year and their fair value at the

beginning of the year, or transaction value if acquired during the year.

Realised gains and losses on disposal of investment assets represent the difference between the sale proceeds and the fair value at the beginning of the year, or transaction value if acquired during the year.

g) Foreign currencies

Monetary assets and liabilities denominated in foreign currencies are translated at the rate of exchange ruling at the Balance Sheet date. Transactions in foreign currencies are recorded at the rate ruling at the date of the transaction. All differences are taken to the Statement of Financial Activities.

h) Cash and cash equivalents

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

i) Irrecoverable value added tax

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

j) Tangible fixed assets

Tangible fixed assets of a value of £500 and over are capitalised, and are stated at cost less accumulated depreciation.

Assets Under Construction are accounted at their purchase cost and are not depreciated until the asset comes into use. Depreciation is charged so as to write off the full cost, less any residual value, over the economic life of the asset at the following annual rates:

Tangible fixed assets:

Land and buildings 2% straight line

Computer equipment 33% straight line

Fixtures and fittings 15% straight line

K) Intangible fixed assets

The cost of developing the Content Management System (CMS) and Customer Relationship Management (CRM) systems were considered a significant investment in Society infrastructure and have been capitalised as an intangible asset.

Intangible fixed assets are stated at cost less accumulated amortisation.

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

Intangible fixed assets:

Systems development 33% straight line

l) Fund accounting

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

Designated funds are unrestricted funds which have been set aside by the trustees at their discretion for specific purposes as shown in note 17.

m) Employee benefits

i. Short term benefits

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

ii. Pension costs

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

At the year end contributions totalling £3,967 (2020:£nil) 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

	2021	2020
	£	£
2. Education income		
Conference and course income:		
Foundation course	-	23,714
Engineering aspects course	-	45,060
DIPC educational programme	-	6,690
Trainee educational programme	1,470	2,350
Guidelines developer course	1,500	-
Outbreaks workshop	-	1,400
Webinars	1,000	-
	3,970	79,214

3. Publications income		
Journal of Hospital Infection	578,507	643,274
Infection Prevention in Practice	17,189	7,502
	595,696	650,776

4. Conferences income		
FIS HIS 2020	146,105	-
HIS Spring Meeting	-	8,995
Don't Panic	-	9,805
Bridging the gap	-	200
	146,105	19,000

5. Investment income		
Interest and dividends from investments	98,903	99,081
Interest on cash deposits	1,151	4,562
	100,054	103,643

6. Expenditure on charitable activities	Direct	Staff	Support	Total	Total
	Costs	Costs	Costs	2021	2020
	£	£	£	£	£
Awards and grants	28,187	41,187	20,266	89,640	342,518
Membership	47,987	57,616	26,055	131,658	136,051
Education	(4,629)	47,488	20,266	63,125	205,644
Publications	51,814	79,196	37,636	168,646	182,088
Communications	353	54,465	26,055	80,873	83,368
Conferences	63,206	57,616	26,055	146,877	236,688
Research and guidelines	18,120	108,887	75,279	202,286	132,934
Total charitable expenditure	205,038	446,455	231,612	883,105	1,319,291

a. Support costs

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

	2021	2020
	£	£
Repairs and premises costs	95,833	28,307
Bank charges	6,621	2,090
Depreciation and amortisation charges	77,744	32,840
Office, legal and administrative expenses	4,745	97,521
Irrecoverable VAT	741	4,248
Governance costs (see (b) below)	45,928	87,158
	231,612	252,164

Notes to the accounts

	2021	2020
	£	£
b. Governance costs		
Council expenditure	32,028	75,658
Audit	13,900	11,500
	45,928	87,158

7. Investment gains / (losses)

Realised	267	37,176
Unrealised	441,996	(113,255)
	442,263	(76,079)

8. Grants awarded

Professor Heather Loveday	Research	65,965
Dr Lena Ciric	Research	95,012
Dr Katherine Prescott	Research	63,000
Dr Christopher Lynch	Research	63,000
Dr 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
	83,461	286,977

9. Employers remuneration

The average number of persons employed by the charity during the year for the purpose of charitable activities was eight (2020: eight).

The aggregate payroll costs of these persons were as follows:

Wages and salaries	365,433	329,999
Social security	37,952	35,093
Employer pension contributions	23,023	19,735
	426,408	384,827

Two employees received total employee benefits (excluding pension and national insurance contributions) of more than £60,000 in the year under review (2020: two)

The number of employees receiving salaries within the following bands:

	2021	2020
£60,001 to £70,000	1	1
£70,001 to £80,000	1	1

The Society considers its key management personnel comprises the CEO, Kay Miller, and the trustees. Kay Miller received salary and employer pension and national insurance contributions within this period of £94,980 (2020: £92,208).

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

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

Dr Elisabeth Ridgway became Chair of the Society in November 2015. Payments due during the year to her employer, Sheffield Teaching Hospitals NHS Trust, amounted to £8,158 (2020: £16,587).

Dr Peter Jenks became Secretary of the Society in November 2015. Estimated payment due during the year to his employer, Plymouth Hospitals NHS Trust, amounted to £20,000 (2020: £20,000).

Dr Richard Cunningham became Treasurer of the Society in December 2017 and resigned June 2020. Estimated payment due during the year to his employer, Plymouth Hospitals NHS Trust, amounted to £1,749 (2020: £20,000).

Dr Jim Gray has been the Society's Editor-in-Chief since February 2015. During the year payments due for his services, including employers NI, amounted to £10,623 (2020: £10,623).

Notes to the accounts

10. Tangible fixed assets

	Fixtures and fittings £	Computer equipment £	Freehold land £	Freehold buildings £	Assets under construction £	Total £
Cost:						
At 1 April 2020	-	10,919	-	-	4,283,760	4,294,679
Additions	212,706	2,794	-	-	-	215,500
Cost adjustment	-	-	-	(21,036)	-	(21,036)
Disposals	-	(1,011)	-	-	-	(1,011)
Transfers	105,701	-	1,680,000	2,498,059	(4,283,760)	-
At 31 March 2021	318,407	12,702	1,680,000	2,477,023	-	4,488,132
Depreciation:						
At 1 April 2020	-	8,895	-	-	-	8,895
Provision in the year	27,860	1,317	-	28,899	-	58,076
Disposals	-	(1,011)	-	-	-	(1,011)
At 31 March 2021	27,860	9,201	-	28,899	-	65,960
Net book value:						
At 31 March 2021	290,547	3,501	1,680,000	2,448,124	-	4,422,172
At 31 March 2020	-	2,024	-	-	4,283,760	4,285,784

11. Intangible fixed assets

	Systems development £	Total £
Cost:		
At 1 April 2020	59,005	59,005
Additions	-	-
At 31 March 2021	59,005	59,005
Amortisation:		
At 1 April 2020	29,503	29,503
Provision in the year	19,668	19,668
At 31 March 2021	49,171	49,171
Net book value:		
At 31 March 2021	9,834	9,834
At 31 March 2020	29,502	29,502

Notes to the accounts

	2021	2020
	£	£
12. Quoted investments		
Quoted investments market value:		
At 1 April	2,240,996	7,032,572
Additions	2,000,055	17,900,000
Disposals at market value	(501,489)	(22,615,497)
Gains / (losses) in the period	442,263	(76,079)
Market value as at 31 March	4,181,825	2,240,996
Historic cost		
	3,795,885	2,297,052
Quoted investments analysis at market value:		
UK fixed interest securities	1,195,979	583,381
Equity UK	618,182	337,229
Equity global	1,482,185	911,670
Property	59,158	55,750
Alternative investments	309,053	204,805
Liquid assets	517,268	148,161
Market value as at 31 March	4,181,825	2,240,996

All investments are carried at their fair value.

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

During the year to 31 March 2020, a significant proportion of Society investments previously held as liquid assets were utilised for the purchase of a new building. This purchase is now complete and has been accounted for as freehold property within tangible fixed assets. A proportion is expected to be brought into use as an investment asset within financial year 2021-22.

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

The main risk to the Society from financial instruments lies in the combination of uncertain investment markets and volatility in yield. The Society is reliant on dividend yield in part to finance its work and this leads to greater exposure to international companies, the values of which, together with their yield are exposed to exchange rate risk when converting the holdings into sterling.

The Society manages these investment risks by retaining expert advisers and operating an investment policy that provides for a high degree of diversification of holdings within investment asset classes that are quoted on recognised stock exchanges.

The Society does not make use of derivatives and similar complex financial instruments as it takes the view that investments are held for their longer term yield total return.

Notes to the accounts

	2021	2020
	£	£
13. Debtors		
Trade debtors	173,331	213,966
Taxes	-	739,248
Other debtors	11,949	125,940
Prepayments and accrued income	172,713	165,161
	357,993	1,244,315

14. Creditors - amounts falling due within one year

Trade creditors	17,145	132,244
Accruals	116,244	63,673
Grants	234,276	311,995
Taxes and social security	39,604	9,812
Deferred income	84,799	201,400
Other creditors	1,163	682
	493,231	719,806

Creditor amounts falling due after more than one year relate to grants payable of £162,410 (2020: £139,903)

Reconciliation of deferred income

Balance as at 1 April 2020	201,400
Amounts released to income earned from charitable activities	(201,400)
Amounts deferred in the year	84,799
	84,799

15. Operating lease arrangements

During the year the Society came to a mutual agreement to end its operating lease in respect of office equipment. At the balance sheet date, the Society had no further outstanding commitments for future lease payments.

Commitments for future lease payments, for leases expiring:

Within one year	-	1,803
Between two and five years	-	2,150
	-	3,953

Notes to the accounts

16. Analysis of net assets between funds

	Unrestricted 2021 £	Total funds 2021 £	Total funds 2020 £
Tangible fixed assets	4,422,172	4,422,172	4,285,784
Intangible fixed assets	9,834	9,834	29,502
Investments	4,181,825	4,181,825	2,240,996
Debtors	357,993	357,993	1,244,315
Short term deposits	266	266	92
Cash at bank and in hand	877,677	877,677	1,809,903
Creditors falling due within one year	(493,231)	(493,231)	(719,806)
Creditors falling due after more than one year	(162,410)	(162,410)	(139,903)
Net assets at 31 March 2021	9,194,126	9,194,126	8,750,883

17. Funds

	1 April 2020 £	Income £	Expenditure £	Gains £	Transfers £	31 March 2021 £	31 March 2020 £
Unrestricted funds							
General	3,301,883	885,253	(664,697)	442,263	(3,179,576)	785,126	3,301,883
Designated funds							
Grants Reserve	695,000	-	(28,187)	-	8,187	675,000	695,000
HIS Conference	50,000	-	-	-	(50,000)	-	50,000
Other Society Activities	389,000	-	(113,645)	-	26,645	302,000	389,000
Fixed Assets	31,000	-	(20,985)	-	21,985	32,000	31,000
Montagu House	4,284,000	-	(56,759)	-	172,759	4,400,000	4,284,000
Future Sustainability Fund	-	-	-	-	3,000,000	3,000,000	-
Total designated funds	5,449,000	-	(219,576)	-	3,179,576	8,409,000	5,449,000
Restricted funds	-	-	-	-	-	-	-
Total funds	8,750,883	885,253	(884,273)	442,263	-	9,194,126	8,750,883

The designated funds are set up for the following purposes:

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

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

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

Fixed Assets Fund: Represents the value invested in 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 2020, being an investment, both for HIS headquarters and for the generation of income. The premises are complete and the investment proportion of this asset is expected to be brought into use within the 2021- 22 financial year.

Future Sustainability Fund: Represents funds set aside to meet essential future spending 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.

Notes to the accounts

18. Related party transactions

There were no related party transactions during the year.

19. Trustees

The trustees received no remuneration for their role as trustees and there were no reimbursed expenses incurred in respect of travel and subsistence for 2021 (2020: £7,926 to 13 trustees).

20. Capital commitments

The Society had no capital commitments as at 31 March 2021. (2020: Fixtures and Fittings £186,458).

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
Professor Hilary Humphreys	President	November 2018	Current	
Dr Elisabeth Ridgway	Chair	November 2015	Current (second term approved at 2018 AGM)	
Dr Peter Jenks	Secretary	November 2015	Current (second term approved at 2018 AGM)	
Dr Richard Cunningham	Treasurer	December 2017		June 2020 (retained as an Ordinary member until November 2020)
Dr Christopher Settle	Treasurer	June 2020	Current	
Dr James Gray	Editor-in-Chief JHI	February 2015	Current (term extended to 2022)	
Dr Emma Boldock	Ordinary member Chair: Research Committee	November 2016	Current – maternity leave (term extended to 2022)	
Dr James Price	Ordinary member Chair: Professional Development Committee	November 2018	Current (term extended to 2022)	
Dr Joanna Walker	Ordinary member Chair: Trainee Committee	November 2019	Current	
Dr Gemma Wheldon	Ordinary member	February 2018	Current (term extended to 2022)	
Dr Jyothi Rao	Ordinary member	November 2018		November 2020
Mrs Karren Staniforth	Ordinary member	December 2017		November 2020
Dr Luke Moore	Ordinary member	November 2020	Current	
Dr Gayti Morris	Ordinary member	November 2020	Current	
Dr Manjula Meda	Ordinary member	November 2020	Current	

Ms Andrea Parsons	Lay trustee	February 2018	Current (term extended to 2021)	
Dr Shanom Ali	**Co-opted member (Clinical Scientist)	November 2020	Current	
Claire Haill	**Co-opted member (Infection Control Nurse)	March 2018	Current (extended to AGM 2021)	
Professor Peter Wilson	**Co-opted member (Chair: Guidelines Committee)	November 2013	Current	

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

All Ordinary members of Council are trustees. There are additional members of Council co-opted on a discretionary basis as per clause 4(14) of the

Constitution. Co-opted members are not trustees and may not vote at Council meetings, but they provide valuable additional experience from across healthcare professions.

Chief executive officer: Dr Kay Miller

Bank: Barclays Bank plc
PO Box 12820 1250 High Road Whetstone London N20 0WE

Auditor: Moore Kingston Smith LLP Devonshire House 60 Goswell Road London EC1M 7AD

Investment fund manager: Sarasin & Partners LLP Juxon House 100 St. Paul's Churchyard London EC4M 8BU

Solicitors: RadcliffesLeBrassier 85 Fleet Street London EC4Y 1AE

Human resources: Peninsula Business Services Ltd The Peninsula Victoria Place Manchester M4 4FB

