

Healthcare Infection Society

Annual Report

for the year ended 31 March 2024

Charity number 1158172

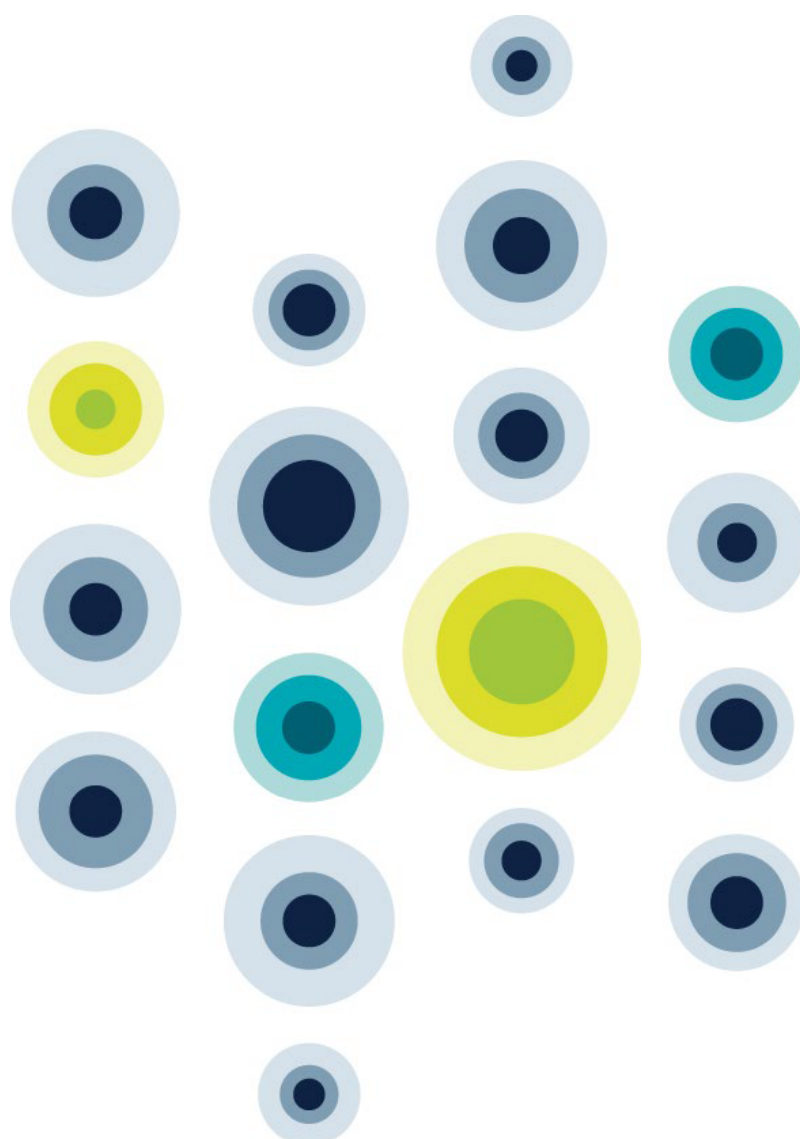


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Chair's statement

I am delighted to be able to share this report from the Trustees of the Healthcare Infection Society (HIS) for the 2023–2024 financial year, outlining our considerable achievements and contributions to the goal of eradicating healthcare-associated infections (HAI).

[Farewell to old friends, and welcome to new faces](#)

This year has been a time of significant flux at HIS, starting with some big changes to our staff team: after six years in post, we said goodbye to our wonderful Chief Executive Officer (CEO), Dr Kay Miller, in August. The transformation Kay brought to HIS during her tenure cannot be overstated: she was instrumental to the development of a very strong team of expert staff, caring for them superbly. As a result of her efforts, the Society is now in a far stronger position to deliver infection prevention and control (IPC) education to a wider audience.

We also said farewell to our Chief Financial Officer (CFO) John Misselbrook in December. John was a core part of Kay's team, and central to significant projects to assure the Society's finances, such as the planning and building of our London headquarters, Montagu House. We are indebted to both Kay and John and wish them both well in their future endeavours.

However, it is with enormous pleasure that I welcome our new CEO and CFO to HIS, to guide us through the next phase of the Society's development.

Dr Sarah Adibi joined us in August from the British Institute of Radiology, where she held the roles of Deputy CEO and Director of Education. She brings a wealth of experience in managing transformational change and overseeing the strategic development of educational programmes. In addition, Sarah holds a key interest in equality, diversity and inclusion (EDI). Building on the strong foundations that Kay laid, Sarah will use her valuable experience to help our Society mature into an organisation that no longer relies on deficit budgets to deliver our charitable aims.

Our new CFO is Robert Miles, who joined the team in November. Robert joins us from the Education Development Trust as CFO and Company Secretary. He is a Chartered Accountant with extensive experience in financial management and other business administration functions.

[Achieving our strategic goals](#)

As we draw nearer to the final year, we have focused on assessing our progress towards achieving the [goals laid out in the 2020-2025 strategy](#). A key focus has been improving the training offered to members, particularly in the digital space where we launched our new eLearning platform. The release of the platform is a significant step towards creating a modernised learning environment for the IPC community, and I want to express my gratitude to the Professional Development Committee and HIS team for perfecting the learning space.

The first course to launch on the new platform was the redeveloped [HIS/UK Health Security Agency \(UKHSA\) Foundation Course in IPC](#), featuring five modules of on-demand content delivered by our experts and curated to address the latest developments in IPC. Many of its modules align with the new [Education Framework for the IPC Workforce](#) released by NHS England in October.

Of course, online education has not replaced the benefits we gain from meeting friends and colleagues face-to-face at conferences and in-person events. HIS hosted a [sold-out Spring Meeting](#) in London in June 2023, which focused on the vital question ‘How do you build a safe hospital? IPC considerations for the built environment.’ Additionally, as a key partner of the Federation of Infection Societies (FIS), we participated in the FIS International Conference in Edinburgh in November 2023 and have started planning for 2024, when HIS will host the event as FIS|HIS International from Liverpool.

Our funded research, guideline development and publication activities continue to have an outsized impact on the academic and clinical IPC worlds: our Working Parties this year [successfully published new guidelines](#) covering rituals and behaviours in the operating theatre, and submitted work on the use of faecal microbiota transplants (FMT) for treating *C. difficile* infection for publication in collaboration with the British Society of Gastroenterology (BSG).

We celebrated another significant impact factor for the *Journal of Hospital Infection* (JHI) of 6.9, reflecting the continuing quality of the publication under the steer of Editor in Chief Dr Nikunj Mahida. The JHI’s sister journal, *Infection Prevention in Practice* (IPIP) was fully indexed in PubMed Central, and will mark five years of publication with its first impact factor next year.

These achievements reflect HIS’s ongoing commitment to advancing knowledge, practice, and leadership in IPC.

[Membership survey](#)

In April, we sent a survey to members, which we illustrate in more detail on p. 18 of this report. The survey included questions about the challenges they face at work, their views on the progress of our strategic objectives, and their views on HIS and the activities HIS funds.

We were delighted that, overall, comments were positive: 71% of respondents said HIS represented their values, and words to describe HIS included ‘educational’, ‘professional’ and ‘respected’. Our events, training and trainee programmes were viewed positively with 83% of respondents commenting that we delivered these activities well, with 73% keen to use our eLearning resources. Our top membership benefit was the personal subscription to the JHI, which is read by 98% of respondents.

[Thank you!](#)

I would like to end on a personal note of thanks to all those who have supported me in the role of Chair. The members and volunteers who give their time for free are the bedrock of the Society. To all of you, a heartfelt thank you!

Dr Chris Settle

Chair, Healthcare Infection Society

Greetings from our new CEO

I would like to take this opportunity to say thank you to Chris, HIS Council, HIS members and the HIS staff team for the warm welcome and support shown during my first six months with the Society. It has been a pleasure to get to know everybody.

I have been impressed by the Society's progress on the 2020-2025 strategy and look forward to building on this with Council and the membership – asking what HIS can achieve in its next chapter.

In the immediate future, we will be shoring up the foundations of the Society to allow us to deliver for our membership long beyond 2025: investing in the staff team to ensure we have the right people in place to drive ambitious plans in membership retention, business development, expanding our educational and events offerings, and caring for our gorgeous HQ here in Montagu House. I want to ensure the team is supported to do its work to expand the Society's reach, financial stability and impact.

I am delighted to announce that in June this year we will be hosting our first HIS Annual Conference, which combines the popular *Don't Panic!* and Spring Meeting into a single two-day event – I hope to meet a lot of our members there. And of course, in November we will again be in the driving seat to host FIS|HIS International, our three-day international event with speakers from across the globe.

Work is also underway on our much-anticipated Water Safety in Healthcare course, due to run online in April 2024, increasing accessibility to the key educational programme. Water, air, and many other aspects of the built environment are central to effective IPC, and we aim to reach new audiences involved in the fight against HAIs – architects, engineers, industry leaders – to forge strong ties around our shared goal.

For members, we are seeking better ways to reward and recognise contributions to the Society and will be investing in the HIS member portal and website to ensure the user experience continues to be secure and smooth, and that more members can find and make use of the courses, guidelines, journals, webinars and other information they need.

I very much look forward to getting to know the HIS membership and wider community better in the coming months, and encourage you to get involved with the Society as we enter the next stage of our evolution.

Dr Sarah Adibi

CEO, Healthcare Infection Society

Who are we?

Founded in 1980 and registered as a charity in 1983, HIS is a membership organisation representing and supporting experts in the prevention and control of healthcare-associated infections.

- Inspiring generations of healthcare professionals with training, education and events
- Working to reduce healthcare-associated infections worldwide
- Pioneering world-leading science and driving effective practice
- Preventing healthcare-associated infections by sharing research, evidence and best practice
- Experts in the prevention and control of healthcare-associated infections

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

What do we want to achieve?

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

Mission, vision and values

Our mission

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

Our vision

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

Our values

We believe that:

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

How do we deliver our activities?

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

Because many patients acquire nosocomial infections either through contact with a healthcare setting or via medical interventions, IPC is a priority for those working in patient-facing healthcare.

Our strategy 2020-2025

The [HIS Strategy 2020-2025](#) focuses on activities to support HIS members and the broader IPC community to overcome the clinical and research challenges they face, and which advance research that underpins excellence in clinical practice.

Every five years a formal strategy review takes place in consultation with the membership to ensure that HIS is up to date with developments in the fields of IPC, medical microbiology and nosocomial infection.

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

Society activities are assessed quarterly during meetings of HIS Council, and progress towards the delivery of key objectives is reviewed each November.

The strategy

(See next page)

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 specialists 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 core activities

Education and events

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

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

Guidelines and guidance

The Society [develops high-quality, evidence-based guidelines](#) in line with the methodology accredited by the National Institute for Health and Care Excellence (NICE). Guidelines are produced in collaboration with experts to influence best clinical practice and enhance patient outcomes.

Grants

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

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

Publications

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

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

Consultations, collaborations and influence

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

How do we raise funds?

HIS generates income through our core charitable activities, including publications, conferences, training and educational events and membership fees. Additionally, the Society has managed investment funds and generates rental income from two floors of our headquarters, Montagu House.

Who delivers for HIS?

Our members

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

Our volunteers

HIS is [governed](#) by a volunteer Board of Trustees, HIS Council, which is supported in its activities by specialist Committees, Working Parties and Editorial Boards.

We are immensely grateful to our volunteers who continue to donate their time, expertise and experience to the Society

Our team

At the start of the financial year, April 2023, HIS had a [staff team](#) of nine specialists who advise on and deliver activities for the Society, supported by three contractor roles. By the end of the financial year, HIS had a staff team of ten supported by one contractor.

Why are we needed?

Infections acquired during, or as a result of, medical treatment in a healthcare setting pose a serious risk to patients, staff and visitors. The WHO's first *Global Report on Infection Prevention and Control* (WHO, 2022) notes that 'out of 100 patients hospitalised, seven will be infected with an HAI, the risk doubling and being up to 20 times higher in low- and middle-income countries.' Along with the significant illness and morbidity risk for those infected, HAIs incur major financial costs for the NHS and healthcare systems worldwide.

To invest in IPC measures is one of the most effective ways to lessen morbidity and cost: 'compelling evidence shows that up to 70% of HAIs can be prevented by scaling up an array of effective IPC interventions' (WHO, 2022). With an increased focus worldwide on the importance of IPC, excellence in IPC practice is a key priority for HIS members, for governments and for healthcare systems, and is vital to protect public health.

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

Public benefit

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

HAIs pose a significant threat to public health, and to health security worldwide. HIS provides education, training, guidance and research evidence to support healthcare professionals to implement the best, evidence-led clinical IPC practice for patients, their families and the public more broadly. We provide:

- Research funding to support the advancement of scientific research into HAIs and IPC in healthcare settings accessed by the public
- Organised educational and training events for healthcare professionals to ensure the highest standards in a key area of public health
- The publication of two international journals, one of which is fully free for the public to access
- The formation of an accessible network of experts in the field of HAI prevention and control
- Collaborative working, to support non-IPC specialists such as engineers and architects to interface successfully with IPC teams
- Patient leaflets, summaries and accessible documents so non-specialists can better understand IPC practices when they access healthcare services

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

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

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

Our impact

Guidelines and grants



Six active Working Parties developing guidelines and guidance



Six research grants awarded



Over £315,565 awarded for research in IPC

The HIS Journals



Submitted



1,266

Published



305

Downloaded



1,247,412



Submitted



256

Published



66

Downloaded



141,060

Our membership in numbers



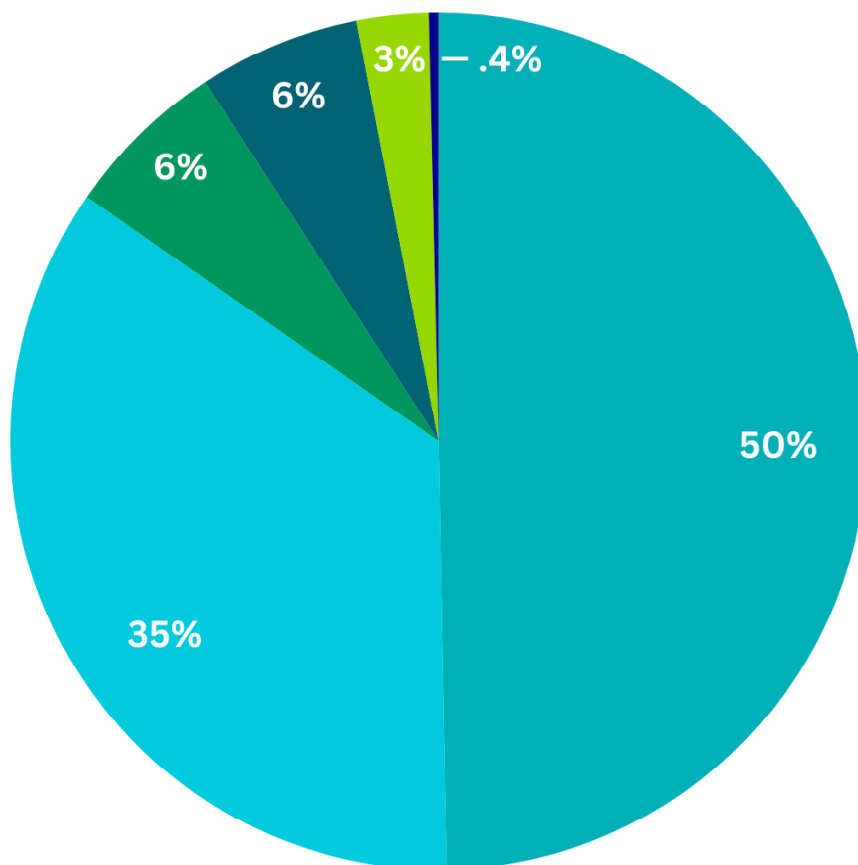
1,362
members



3%
from 1,318

Member category

■ Full: 677 ■ Trainee: 476 ■ Associate: 84
■ Associate Trainee: 83 ■ Emeritus: 37 ■ Honorary: 5



Events and Education: Attendee Numbers

Conferences and workshops



231

Outbreaks courses



85

Engineering courses



31

Online training courses



581

Webinar attendees



Live: 1338
Catch up: 958

eLearning sign-ups



109

Trustees' report

Here the Trustees present their annual report of progress and financial statements for the year ended 31 March 2024. These have been prepared in accordance with FRS102 and the Charities Statement of Recommended Practice (SORP) 2019.

Our progress 2023-2024

Membership

Between April 2023 and March 2024, HIS membership numbers grew by 3%, from 1,318 the previous year to 1,362.

As of 31 March 2023, the membership comprised 677 Full members (2023: 687), 84 Associate members (2023:79), 476 Trainee members (2023: 454), 37 Emeritus members (2023: 35), 83 Associate Trainee members (2023: 58) and five Honorary members.

At the HIS AGM (November 2023), the following changes to HIS membership fees were announced:

- A small increase of £20 was applied for Full and Associate membership, taking the fee (with online access to the JHI) to £90.
- For members wishing to receive printed copies of JHI, an additional £100 was added to the membership fee to cover direct costs.

The changes were applied from 1 January 2024.

Membership survey

In April 2023, we conducted a membership survey to assess the challenges faced by members at work, their views on progress of our strategic objectives, and specific questions regarding our main activities. Members were also asked to share their views on our current membership benefits.

Comments regarding our reputation were overwhelmingly positive: 71% of respondents said HIS represented their values. We are viewed as educational, professional and respected, although 2% of respondents described us as inaccessible and irrelevant.

Events, training and trainee programmes are viewed positively with 83% of respondents commenting that we delivered these activities well. There were also 127 suggestions for new courses and training. 73% said they planned to use relevant eLearning resources.

Our top membership benefit was subscription to the JHI, which is read by 98%. 25% read IPIP. Discounted rates to attend events was the second most popular member benefit. When asked what we could do better, there were 68 suggestions including: being less UK-centric, less medic-focused, and aligning training to a more diverse membership.

Engagement with our digital communications was good, with 87% engaging with Society newsletters, but we have work to do in terms of communicating the availability of other communications.

Our grants portfolio is viewed positively with 66% reported our progress in supporting professional development was positive. An impressive 90.4% of respondents agreed our guidelines and guidance were valuable. Of those who responded to the questions focused on our research activities, 73% reported they were (or had been) research active, but only 19% had applied for HIS funding.



What do you think about the move to eLearning?

73% Positive

24% Neutral

3% Negative

Do you read the HIS journals?

98% Journal of Hospital Infection

25% Infection Prevention in Practice

Does HIS represent you & your values?

71% Yes

How would you describe HIS?

Professional

Influential Invisible Representative

Inaccessible

UK-Centric Innovative Proactive

Vague Supportive Diverse Leading

Up to date Irrelevant Responsive

Respected

Old fashioned

Communicative

Forward-thinking Inclusive Distant

Educational

What role does HIS play for you?

- For me it is the main reference in the field of healthcare associated infections. I value the society hugely and find it a reliable source of advice and guidance for my clinical practice.
- Valuable touchstone – most important European infection control society.
- I have found it friendly, inclusive and a pleasure to work with. However I was introduced into the society via a senior colleague. I'm not sure how approachable I would have found it without this social link.
- Patients may become ill or die unnecessarily from preventable infections acquired as a result of contact with a healthcare setting.
- For me the Society provides an opportunity to connect with other members of the IPC community, particularly those in clinical roles, and to present my research work.
- It helps me meet my curriculum requirements for IPC.
- Informative. I like to read latest information/research findings. Keeps me updated and a member of a specialist forum.
- The journal has been a cornerstone of my professional practice.

Would you join a collaborative network in your research or clinical area?


Yes  73%

No  19%

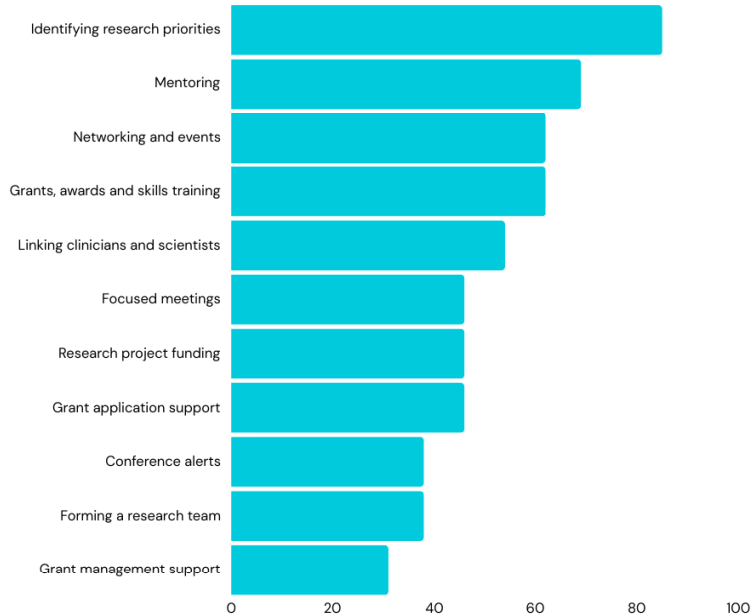
Have you ever been research active?

Yes  73%

No  14%

No, but I want to be  12%

How can HIS help you get involved in research?



Which area of IPC is your clinical or research interest in?

- ☒ Prevention, control or management of healthcare-associated infections
- ☒ Cleaning, disinfection and decontamination of environment and/or equipment
- ☒ The healthcare built environment
- ☒ Antimicrobial stewardship and antimicrobial resistance
- ☒ Transmission of infection
- ☒ Epidemiology and surveillance of infection
- ☒ Behavioural change to improve infection prevention and control practices
- ☒ Diagnosis of infection or colonisation
- ☒ Environmentally sustainable research
- ☒ Infection prevention and control in the paediatric setting

Education and events

Key events

HIS Spring Meeting

How do you build a safe hospital? IPC considerations for the built environment (June 2023, London)

- The highlight of our event calendar, the HIS Spring Meeting was fully booked and attended by 150 delegates.
- Topics covered included changing the culture of the hospital design and construction process, an overview of the New Hospital Programme and a variety of case studies on the topic.
- The Spring Meeting was preceded by a face-to-face trainee networking and meet the experts session on the afternoon of 19 June.

Federation of Infection Societies (FIS) International Conference 2023

(14/15 November 2023, Edinburgh. 17 November 2023, online)

Organisation of FIS 2023 was led by the Microbiology Society (MS). As a hosting Society, HIS contributed several sessions to the programme:

- Modernising IPC: Translating IPC research from bench to bedside
- Debate - Healthcare-associated targets: are they achievable?
- Lessons for future pandemics: Balancing risks in healthcare settings
- Consultants' careers session
- Publishing session, with JHI Editor in Chief Nik Mahida
- The Lowbury Lecture, delivered by Professor Benedetta Allegranzi (WHO)
- Early Career Award Lectures, delivered by Dr James Price and Professor Elaine Cloutman-Green

Education programme

HIS/UKHSA Foundation Course in IPC

In collaboration with UKHSA, HIS runs a five-module Foundation Course in IPC. The redeveloped HIS/UKHSA Foundation Course in IPC launched on our new eLearning platform in December 2023.

- Over 18 months, the new platform was integrated with our membership database and website, allowing learners to seamlessly access courses via the HIS website.
- Each course presents a series of trackable sessions that upon completion present the learner with a self-assessment and score.
- Learners can submit feedback and questions to be shared with an expert panel. Upon completion delegates are sent a certificate with their scores.
- The course covers topics related to controlling HAIs, 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.

- The first cohort sold out in 10 days and was attended by 50 people. A second course ran in March 2024.

HIS Trainee Education Programme

The HIS structured Trainee Education Programme was developed for infection trainees and comprises a series of three independent, one-day training sessions per year, over a three-year period.

Topics covered this year included:

- Antimicrobial resistance and stewardship (5 July 2023, 225 delegates)
- Behaviour change, quality improvement and leadership (1 November 2023, 205 delegates)
- Aspects of decontamination (postponed to 2024 due to strike action)

Other courses

Six in-person **Outbreaks Courses** ran, attended by 85 delegates in total. The course is aimed at senior members of IPC teams who currently work in, or plan to move to, a role leading HAI outbreak management.

The **Engineering Aspects of Infection Control** course ran twice in 2023, in June and October. 31 delegates in total attended the course. This five-day, fully residential course includes sessions on specialist ventilation, disinfection, steam sterilisers, healthcare laundry and other aspects of hospital hygiene and decontamination.

An online **Director of IPC (DIPC) Development Day** was held in December 2023 on 'Outbreaks and the DIPC: Managing the Fallout', attended by 45 delegates. DIPC Development Days are part of the HIS DIPC Network and Development Programme which supports current and aspiring DIPCs, and others working in senior IPC roles.

Don't Panic! was hosted online in November 2023. 64 delegates attended to hear speakers on topics including 'Future directions in IPC', 'Surgical site infection', and 'IPC and the environment'.

The third **Bridging the Clinical-Research Gap** workshop (in collaboration with MS) ran in Birmingham in September 2023, attended by 18 members of HIS and MS. The event brings academic and clinical microbiologists together to spark collaborations.

An Introduction to Guideline Development ran in March 2024. Our programme of Guidelines and Evidence courses introduce participants to processes and methods such as identification, analysis and interpretation of evidence related to clinical- and cost-effectiveness. The course attracted HIS members and non-members and hosted ten attendees.

The new **Understanding Network Meta Analysis** course, also part of the Guidelines and Evidence programme, was held in August 2023. 10 delegates attended.

In October 2023 we held a one-off **Media Training for IPC Specialists** course to provide those in leadership roles with tools to communicate effectively with the media. Five delegates attended.

Webinar series

Webinars are a quick and effective way for HIS to respond to rapid developments in the field of infection. Webinars held this year include:

- Spotlight on Guidelines: Norovirus webinar (174 attendees)
- IPC Challenges and Solutions: Measles (108 attendees)
- IPC Challenges and Solutions: Winter planning and influenza (138 attendees)
- HIS and Infection Prevention Society (IPS) Measles update (917 attendees)

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

Guidelines and guidance

HIS uses NICE-accredited methodology to develop evidence-based guidelines.

NICE accreditation ensures that guidelines are developed using processes which guarantee that the recommendations provide the best advice for IPC practitioners. The recommendations balance clinical effectiveness, feasibility and other values important to clinical practice.

Active Working Parties

- Microbiological commissioning and monitoring of operating theatre suites
- The use of faecal microbiota transplant as treatment for recurrent or refractory *Clostridium difficile* infection and other potential indications, jointly with BSG
- Prevention and control of infection in burns units
- Infection prevention and control of Group A streptococcal infection in acute healthcare and maternity settings in the UK
- Water management for healthcare microbiologists
- Prevention and control of *Aspergillus* – with a new sustainability expert panel member

Guidelines published

- [Rituals and behaviours in the operating theatre – joint guidelines of the Healthcare Infection Society and the European Society of Clinical Microbiology and Infectious Diseases](#)

Grants

Graham Ayliffe Fellowship

The Graham Ayliffe Fellowship awards up to £80,000 to provide clinicians working in IPC an opportunity to take a one-year paid leave of absence to further their area of specialty by expanding their knowledge base and disseminating that knowledge to the wider scientific and medical community. They can also opt to train as an Editor on the HIS Journals during the year.

The 2024 awardee is Siobhain Kelly (Tallaght University Hospital, Dublin) for 'A multicentre prospective study to evaluate the infectious complications in patients presenting to Irish hospitals after undergoing cosmetic procedures abroad'.

Major Research Grant

Our Major Research Grants award up to £99,000 (up to £33,000 per annum) to support work on HAIs and IPC.

The April 2023 awardee was Ross Lathan (Hull University Teaching Hospitals NHS Trust) for 'The DRESSING Trial', a multicentre randomised controlled trial to assess the effectiveness of Dialkylcarbamoylechloride (DACC) coated post-operative dressings versus standard care in the prevention of surgical site infection in clean or clean contaminated vascular surgery.

Small Research Grants

Small Research Grants support small-scale research projects or proof of principle research that may lead to an application for a larger research grant. Up to £10,000 is available for a project of maximum two-years' duration.

November 2023 awardees:

- Scott Pallett (Chelsea and Westminster Hospital). Multi-drug resistant organism carriage & transmission from citizens in conflict zones.
- Vicki Fleming (Queens Medical Centre, Nottingham University Hospitals Trust). Real-time *Pneumocystis jirovecii* genotyping to support clinical decision-making in the management of nosocomial outbreaks.

Pilot Project Grants:

Pilot Project Grants support small-scale research projects that test hypotheses in the form of preliminary projects. Up to £5,000 is available for projects that last up to two years.

- Blair Merrick (St Thomas' Hospital, Guy's and St Thomas' NHS Foundation Trust). Can lyophilised encapsulated FMT improve gut barrier integrity in subjects colonised with multi-drug resistant organisms compared to placebo-controlled subjects?
- Michelle Toleman (Addenbrookes Hospital). Defining the cerebrospinal fluid microbiome to enable rapid diagnosis of central nervous system infections.

Publications

Journal of Hospital Infection

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

Overview

- Impact factor: 6.9
- Submissions: 1,266
- Articles published: 305
- Time from submission to first decision: 10.7 days
- Time from submission to publication: 12 weeks
- Article downloads: 1,247,412
- Clarivate infectious diseases category: 17/96
- Clarivate public, environmental and occupational health category: 27/207

Our top-downloaded papers this year were:

- Porter L, Sultan O, Mitchell B, Jenney A, Kiernan M, Brewster D, Russo P. How long do nosocomial pathogens persist on inanimate surfaces? A scoping review MARCH 2024
- Humphreys H, Bak A, Ridgway E, Wilson A, Vos M, Woodhead K, Haill C, Xuereb D, Walker J, Bostock J, Marsden G, Pinkney T, Kumar R, Hoffman P. Rituals and behaviours in the operating theatre – joint guidelines of the Healthcare Infection Society and the European Society of Clinical Microbiology and Infectious Diseases OCTOBER 2023
- Lin S, Sun J, Hung M, Chang J. Effectiveness of mouth rinses against COVID-19: a systematic review and network meta-analysis September 2023

Special Issues and papers of note:

- May 2023: World Health Organization World Hand Hygiene Day, 5 May 2023. [Accelerate action together](#)
- August 2023 HIS Lowbury Lecture, [Prevention of surgical site infections: a personal odyssey](#) (J Kluytmans)
- October 2023: [Clean Hospitals Day 2023](#), in collaboration with IPIP
- November 2023: [World Antimicrobial Resistance Awareness Week \(WAAW\)](#)
- January 2024: [Neonatal infections](#)

In January 2024, we welcomed Editor Dr Luke Moore to the team. The core Editorial Team of the JHI are Editor in Chief (EiC) Nikunj Mahida and Editor Martyn Wilkinson. The editors are supported by the International Editorial Board (IEB), consisting of 103 members from 28 different countries.

The JHI Editorial Team are working with Guest Editor Shanom Ali of University College London, on a commissioned Special Edition on [Infection prevention risks associated with healthcare water systems and wastewater disposal](#), and with Prof. Bendetta Allegranzi (WHO), on a global perspective on [integrated infection prevention and control and antimicrobial stewardship strategies to reduce infection and antimicrobial resistance in healthcare](#).

Infection Prevention in Practice

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

Overview

- Submissions: 256
- Articles published: 66
- Time from submission to first decision: 30 days
- Time from submission to publication: 19 weeks
- Article downloads: 141,060

Our top-downloaded papers this year were:

- Karimi S, Kolyaei E, Karimi P, Rahmani K. Effectiveness of supervised implementation of an oral health care protocol on ventilator-associated pneumonia patients in

intensive care units: a double-blind multicenter randomized controlled trial
September 2023

- Shamas N, Stokle E, Ashiru-Oredope D, Wesangula E. Challenges of implementing antimicrobial stewardship tools in Low to Middle Income Countries (LMICs) December 2023
- Odada D, Shah J, Mbithi A, Shah R. Surgical site infections post caesarean section and associated risk factors: a retrospective case-control study at a tertiary hospital in Kenya December 2023

Special Issues and papers of note:

- May 2023: [Prevention and management of post-operative infections](#)
- July 2023: [Digital technology, data and AI: the impact on infection prevention and control](#)
- October 2023: [Clean Hospitals Day 2023](#), in collaboration with JHI
- November 2023: [World Antimicrobial Resistance Awareness Week 2023: The overlooked challenges of antimicrobial stewardship](#)
- December 2023: Special section: [IPIP Poster Prize 2022](#)

The journal was indexed in PubMed in July 2021, and in Scopus in early 2022. A submission was made to Clarivate in 2022 for indexation and in August 2023 IPIP was included in Clarivate's Web of Science, Emerging Sources Citation Index and other databases at Clarivate. An impact factor is expected to follow in July 2024.

The Editorial Team of IPIP are EiC Gemma Winzor, who has worked as an Editor on IPIP since launch, and Pauline Jumaa, who joined in January 2021. The core Editorial Team are supported by the journal's independent IEB, composed of seventeen members from ten different countries.

Consultations, collaborations and influence

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

Consultations

Topic	Organisation
UK SMI S 13: Painful and/or discharging ear	UK Health Security Agency (UKHSA)
ESGNI survey on follow up of carriers of Carbapenemase producing Gram-negatives	European Society of Clinical Microbiology and Infectious Diseases (ESCMID)
NICE quality standard on meningitis (bacterial) and meningococcal disease (update)	NICE

Topic	Organisation
NICE guideline on suspected sepsis: recognition, diagnosis and early management – source control, rapid antigen tests for sepsis, indicators of organ hypoperfusion, intravenous fluids, and vasopressors, in the NEWS2 population (Draft scoping exercise)	NICE
NICE guidelines on suspected sepsis: recognition, diagnosis and early management (update)	NICE
NICE guideline on meningitis (bacterial) and meningococcal disease: recognition, diagnosis and management	NICE
RSSPPP: Service specification for specialised infectious diseases services	NHS Wales
NICE acute respiratory infection in over 16s: initial assessment and management, including using virtual wards quality standard	NICE
Launch of consultation on removal of the European Commission Decision Reliance Procedure (ECDRP)	Department of Health Pharmacy Consultations
UK SMI ID 06: Identification of <i>Neisseria</i> species	UK Standards for Microbiology Investigations (UK SMI)
UK SMI ID 15: Identification of <i>Actinomyces</i> and reclassified species	UK SMI
Acute respiratory infection in over 16s: Initial assessment and management	NICE
NICE quality standards advisory committee 3 - 21 September 2023: neonatal infection update	NICE
NICE guidelines development manual sections 2, 5, 9, 11, 12, appendix L	NICE
Candida auris: update to management guidance	UKHSA
NICE quality standard on neonatal infection update	NICE

Topic	Organisation
Infection prevention and control Framework for the specialist infection prevention and control practitioner workforce	NHS England
Automatic water fire suppression systems in a healthcare setting	NHS England
Health building note 00-03: clinical and clinical-support spaces	NHS England
Consultation on interim methods and process statement for including NICE technology appraisal recommendations in guideline topic areas	NICE
Technical engagement: National Estates Technical Bulletin (NETB) HTM 04-01: NTMs - interim update to the current Health Technical Memorandum (HTM) 04-01 Safe water in healthcare premises (2016)	NHS England
Technical engagement: Health Building Note (HBN) 10-01: facilities for surgery	NHS England

Collaborations

HIS is represented on numerous national and international committees, working groups and other forums.

The following is a list of these groups and the current HIS members with involvement up to 31 March 2024.

- Academy of Medical Royal Colleges Clinical Reference Group | Lucía Pareja Cebrián
- British Standards Institution Committee on CH/216 Chemical Disinfectants and Antiseptics | Karren Staniforth
- Decontamination Professional Expert Communication Forum | Robert Spencer
- Eco-maternity IPC Maternity Board | Shanom Ali
- European Network to Promote Infection Prevention for Patient Safety | Aggie Bak
- ESCMID Water Safety Group | Michael Weinbren and Manjula Meda
- IPS: Research and Development Group | Chris Settle
- National Infection Prevention Control Steering Group | James Price
- National Quality Assurance Advisory Panel for Medical Microbiology | James Price
- New Hospital Programme | Chris Settle and Manjula Meda
- NHSE/I IPC Education Framework | Eimear Brannigan (part 1) and Manjula Meda (Part 2)
- Principles of Asepsis/Aseptic Technique Consensus Statement | Vicky Gentry
- RCPATH: Infection Training SAC | Laura Prtak

- RCPATH: Medical Microbiology and Medical Virology Speciality Advisory Committee | Gayti Morris
- Royal College Physicians Joint Specialist Committee for Infectious Diseases | Chris Settle
- Surgical Site Infection Awareness Initiative | James Price
- UKHSA: Standards for Microbiology Investigation Steering Group | Chris Settle
- UKHSA Working Group to Review and Update Guidance on the Diagnosis and Management of PVL-SA in England | James Price
- University of West London Project Advisory Group IPC Services and Pandemic Preparedness | Leila Hail

Federation of Infection Societies

Since March 2021, HIS, the British Infection Association and the MS have collaboratively hosted the annual FIS International Conference in rotation. HIS will continue to host an International Conference every two years branded as FIS|HIS International (next in 2024 and 2026).

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

Communicating our activities

With increased capacity in the communications and marketing team in place from September 2023, HIS has seen an increase in the engagement and reach of our communications with members and other stakeholders.

Social media

Our social media channels, LinkedIn and Twitter, continue to grow steadily, playing a vital role in connecting with our community,



14,721
followers



10.3%
from 13,344

LinkedIn

1,019 followers

51,944 impressions



39.2%
from 732



17k%
from 299

Top 3 LinkedIn posts



1,910 impressions



1,282 impressions



1,197 impressions

X (Twitter)

13,702 followers

657,864 impressions



8.6%
from 12,612



24.5%
from 528,291

Top 3 Twitter posts



23,805 impressions

Increase in hospital-onset
S. aureus bacteraemia rates



20,635 impressions

Announcement of the Early
Career Award recipients



7,407 impressions

New animation highlighting
hand hygiene & glove usage

Email

Email communication is the primary way we engage with our members, providing them with timely updates, essential research, and key resources to support their ongoing professional development and enhance collaboration within the Healthcare Infection Society.



48,289 total sends

Open rate



56%

Click rate



13%

Unsubscribe rate



0%

Top 3 news stories

Our top three most-read news stories on the website this year focused on the importance of hand hygiene, the launch of our new eLearning platform, and the appointment of a new editor for the JHI, reflecting our members' strong engagement with key initiatives.



16 October 2023

News: New animation highlights critical importance of hand hygiene and proper glove usage in healthcare

The Healthcare Infection Society (HIS) alongside the Infection Prevention Society (IPS) have released a new animation aimed at reinforcing the significance of proper hand hygiene and the correct usage of gloves in healthcare settings...

[Read more](#)



06 November 2023

News: Healthcare Infection Society launches innovative E-Learning platform to strengthen training in IPC

The Healthcare Infection Society (HIS) has unveiled a new e-learning platform designed to educate and empower healthcare professionals.

[Read more](#)



11 January 2024

News: Journal of Hospital Infection welcomes new Editor to the team

The flagship journal of the Healthcare Infection Society, the Journal of Hospital Infection (JHI) welcomes a new Editor to the team in 2024.

[Read more](#)

Financial review

The Society continues to be in a healthy financial position, with total funds of £7.0m as at 31 March 2024 (2023: £7.7m). The net deficit for the year of £705k comprises an operational deficit of £436k (2023: £185k), net investment losses of £132k (2023: £490k), and a £137k impairment to the Society's office space at Montagu House (2023: £663k).

Further details are set out in the Statement of Financial Activities on p. 49, the Balance Sheet on p. 50, and the associated notes to the financial statements.

Our income

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

Our expenditure

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

Our reserves

In alignment with its two types of income source (providing charitable services and investing accumulated funds) the Society manages its reserves in general funds and designated funds. Designated funds are ringfenced to maintain a level of investments that will provide a stable recurring investment income stream to fund long-term charitable impact. They also include operating tangible fixed assets that cannot readily be converted to cash. Trustees may from time to time add future expenditure commitments to designated funds. General funds are held to provide working capital for the Society's activities and as a buffer against financial risk. The Society will in future use its 5-year financial plan to calibrate minimum general funds reserves levels for those purposes. Meanwhile, using the same benchmark as last year – six months of average operating cost – the target general funds level at 31 March 2024 was £425k, while the actual general funds were £544k.

Going concern

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

Investments

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

Financial risk

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

Pensions

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

Financial plans

Following a period of financial deficits, the trustees have determined that the Society will stabilise funds for optimal long-term charitable impact in IPC by planning for financial breakeven from the 2026/27 financial year onwards – i.e. after a two-year adjustment period.

Governance review

Governance structure and management

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

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

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

Council and Committees

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

Council:

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

Officers:

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

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

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

Ordinary Council members:

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

Lay member:

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

Co-opted members:

Currently, in addition to Trustee members of Council, there may be members co-opted onto Council at the discretion of the Trustees as per clause 4(14) of the Constitution.

Such individuals serve for one year in the first instance, renewable on an annual basis for up to three years.

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

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

Committees

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

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

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

Governance reviews

Following a review of the Society's Constitution and governance structure by the National Council for Voluntary Organisations (NCVO) in March 2019, recommendations were made including a reduction in the number of Co-opted members who serve on Council and regarding our approach to management of conflicts of interest. Trustees considered the recommendations 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.

The new HIS Committees met for the first time in 2020. Terms of Reference for all Committees are reviewed every two years (reviewed and updated in 2024). Since 2021 the membership composition of Committees has reflected our EDI goals.

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: EDI.

Equity, diversity and inclusion: developing and reviewing the strategy

In 2023 HIS Council and staff took part in an EDI workshop delivered by [ChangeOut](#). Council agreed to new strategies to further ensure that every member has the opportunity to contribute to the goals of the Society as a Trustee or Committee member:

Our five EDI objectives

Objective 1 Understand the diversity within the IPC community and review key diversity information in relation to our volunteers, members and staff across all HIS activities. This includes membership recruitment and retention, event speakers and attendees, grant applicants and journal editors.

Objective 2 To enact our responsibility to embed an understanding and promotion of EDI amongst all volunteers and staff.

Objective 3 Ensure there is representation of key communities throughout volunteer and staff teams and throughout all activities.

Objective 4 Ensure communications reflect our commitment to EDI.

Objective 5 Ensure EDI is a key part of HIS strategic decisions and led by Council.

In 2024 the EDI Focus Group was refreshed, including HIS team members joining. The Focus Group agreed EDI is more than strategy, policies, programmes or headcounts, and intend to produce a set of recommendations to be shared and approved by Council members to ensure we continue to address issues related to EDI and develop an infrastructure that regularly and continually monitors and improves our EDI performance.

Environmental, Social and Governance: developing and reviewing the strategy

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

Organisational structure and decision-making process

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

The officers, the CEO, the Chairs of the Standing Committees and the EiC meet in-person or via teleconference as and when required to discuss key issues, and their proposals and recommendations are taken to Council for discussion and formal decision-making.

The Society's AGM was held on 8 November 2023. 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.

Risks and uncertainties

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

Risk policy

HIS maintains a strong risk-management framework. The Society's policy enables constructive risk mitigation, management and response. Roles are delegated between Trustees and senior management to ensure specific ownership and responsibility. The policy is reviewed annually to ensure relevance.

Council have agreed that, with real or perceived changes in future income opportunities, a risk-based reserves model is a more appropriate method to safeguard future Society financial sustainability, and a policy to this effect is being implemented over the coming financial year.

Risk register

An extensive risk register is maintained and reviewed in full by Council on an annual basis. Significant risks and quarter-on-quarter changes are identified using a heat map and any organisational impact is monitored through key performance indicators.

Any revisions and all continuing or emerging risks rated of high concern, or risks where there is any significant or sudden anticipated change, are reported at each meeting of Council to determine priority action where this is required.

Incidents which are considered to pose a significant threat to the charity, financial or otherwise, are immediately escalated to Council.

The impact of COVID-19 and the more recent Mpox outbreak on HIS activities has both contributed to the development and proven the effectiveness of the risk register as a management tool within the Society.

Principal risks

Income

The Trustees recognise that the activities of the Society are principally reliant on the income received from the JHI. Support to ensure the continuing success of the journal is therefore a critical function of HIS Council. The Head of Publishing and Research Communications, a role within the internal staffing structure, alongside the Editors, is responsible for the strategic development and marketing of the JHI.

The Trustees are currently evaluating alternative forms of income diversification and generation through both existing and additional activities.

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

Income diversification

Income diversification remains key to our financial stability, and therefore a principal risk. Strategic investment in activities underpinning the generation of income through diversification is being supported through the implementation of a risk-based reserves model.

With HIS Council approval, the Society have embarked on an eLearning strategy, focused on the development of HIS Courses for delivery within a new learning management system (LMS). The initial course, the HIS/UKHSA Foundation Course in IPC, was launched and delivered in October 2023.

Other principal risks

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

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

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

Finance Committee

The Finance Committee was established in November 2022 with the primary purpose of providing oversight and advice to HIS Council on the financial management, planning, performance and risk to the Society in the fulfilment of its strategic aims. Its objective is to safeguard Society assets, to maintain financial sustainability and funding, and to ensure compliance within statutory regulation.

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

Remuneration and grant-making

The roles and contribution of volunteers

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

While officers do not personally financially benefit from their role in the Society, where they are unable to carry out their duties because of professional commitments, the Society has an option to compensate their Trust or employer for the time necessary to fulfil their duties.

Following advice from the NCVO and the Society's auditor, Moore Kingston Smith, this is a change from previous policy where officers' employers were compensated as a matter of routine, and was unanimously voted and agreed by Council in the meeting of 11 September 2019. Details of such payments can be found in Note 9 of the accounts. No officers' employers have been remunerated since November 2021.

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

Working Party Lay member payment policy

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

Key management personnel remuneration

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

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 on p. 39, the Society has an option to compensate Trustees' Trust or employer for the time necessary to fulfil their duties.

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

Grant-making policy: research grants and fellowships

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

The award of grants carries several conditions:

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

Sponsored activities

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

Our plans for 2024-2025

As we move into the final year of our 2020-2025 strategy, we will review our progress and begin to develop our strategic goals for the following five years. With new faces in senior leadership roles at HIS, we are excited to embark on the next stage of our Society's development.

Delivering for our membership

- Develop a scheme for greater member recognition and reward
- Improve the member journey on our website, and develop more online member-only benefits
- Develop member retention strategy
- Develop corporate partnerships, to ensure the continued financial stability of the Society

Next steps for our educational offering, events and conferences

- Launch our new Water Safety in Healthcare Training Course

- Upgrade our popular DIPC Development Programme to HIS IPC Leaders' Days and the HIS Leaders Programme to make this valuable resource available more broadly
- Map HIS events and courses to the NHSE Education Framework to ensure our training is the first port of call for NHS workers
- Launch the new HIS Annual Conference, combining our sell-out *Don't Panic!* and Spring Meeting events into a single two-day event
- Redevelop the HIS Engineering Course to safeguard delivery of cost-effective ventilation and decontamination training at all levels
- Introduce a programme of HIS IPC Trainee Days
- Collaborate with IPS to deliver an event on sustainability in IPC
- Return FIS|HIS International to a three-day in-person conference

The future of research, guidelines and guidance

- Update the guidelines development strategy with an aim to increase the number of guidelines produced each year
- Engage our volunteers more in the guideline development process

Publishing goals for the future

- Develop editor knowledge and deliver training on impact on research integrity issues including artificial intelligence, paper mills, and new forms of misconduct
- Strategically extend scope of journals to ensure we are capturing high-impact relevant work
- Train the next generation of authors, editors and reviewers by working with the Graham Ayliffe Training Fellow, and developing training for nurses and junior doctors on research methodologies and academic writing

Preparing ourselves for the next five years

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

Statement of Trustees' responsibilities

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

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

- Select suitable accounting policies and apply them consistently.
- Observe the methods and principles in the Charities SORP.
- Make judgements and accounting estimates that are reasonable and prudent.
- State whether applicable accounting standards and statements of recommended practice have been followed, subject to any departures disclosed and explained in the financial statements.
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

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

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

In so far as the Trustees are aware:

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

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

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

Approved by the Trustees on 4 December 2024, and signed on their behalf by:


David Harvey (Dec 4, 2024 17:56 GMT)

Dr David Harvey

Treasurer, Healthcare Infection Society

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 2024 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 2024 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other

information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

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

We have nothing to report in this regard.

Matters on which we are required to report by exception

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

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

Responsibilities of the Trustees

As explained more fully in the trustees' responsibilities statement set out on p. 43, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's Responsibilities for the audit of the financial statements

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

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

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

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

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

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

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

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

Our approach was as follows:

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

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

Use of our report

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

Moore Kingston Smith LLP

Neil Finlayson (Senior Statutory Auditor)

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

9 Appold Street
London
EC1A 2AP

Date: 11 December 2024

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

Statement of Financial Activities for the year ended 31 March 2024

		Unrestricted Funds	Total Funds 2024	Total Funds 2023
	Notes	£	£	£
Income from:				
Charitable activities				
Membership		53,286	53,286	49,913
Education	2	126,341	126,341	69,195
Publications	3	631,626	631,626	586,202
Conferences	4	17,025	17,025	331,641
Investments				
Interest and dividends	5	146,695	146,695	150,400
Property income		131,605	131,605	131,112
Other income		<u>12,964</u>	<u>12,964</u>	-
Total income		<u>1,119,542</u>	<u>1,119,542</u>	<u>1,318,463</u>
Expenditure on:				
Cost of raising funds				
Investment management		37,109	37,109	37,903
Investment property management		<u>38,184</u>	<u>38,184</u>	<u>19,569</u>
Total cost of raising funds	6	75,293	75,293	57,472
Charitable activities				
Awards and grants		408,978	408,978	145,074
Membership		157,076	157,076	131,371
Education		325,174	325,174	273,223
Publications		161,576	161,576	151,510
Communications		82,707	82,707	81,098
Conferences		135,027	135,027	468,782
Research and guidelines		<u>209,529</u>	<u>209,529</u>	<u>195,382</u>
Total charitable expenditure	6	1,480,067	1,480,067	1,446,440
Total expenditure		<u>1,555,360</u>	<u>1,555,360</u>	<u>1,503,912</u>
Fixed asset losses on valuation	10	(136,969)	(136,969)	(662,973)
Net investment losses	7	(132,215)	(132,215)	(490,055)
Net movement in funds		<u>(705,002)</u>	<u>(705,002)</u>	<u>(1,338,477)</u>
Fund balances brought forward at 1 April		<u>7,701,642</u>	<u>7,701,642</u>	<u>9,040,119</u>
Fund balances carried forward at 31 March		<u>6,996,640</u>	<u>6,996,640</u>	<u>7,701,642</u>

All the above results were derived from continuing activities.

The notes and information on pages 50 to 59 form part of these financial statements.

Balance Sheet as at 31 March 2024

	Notes	2024 £	2023 £
Fixed assets			
Tangible assets	10	981,534	1,172,804
Intangible assets	11	-	-
Quoted investments	12	4,070,972	3,856,742
Property investment	13	<u>1,900,000</u>	<u>2,247,000</u>
		6,952,506	7,276,546
Current assets			
Debtors	14	310,394	360,737
Short term deposits		1,221	423
Cash at bank and in hand		<u>473,401</u>	<u>571,637</u>
		785,016	932,797
Creditors: amounts falling due within one year	15	542,138	428,702
Net current assets		242,878	504,095
Creditors: amounts falling due after more than one year	15	198,744	78,999
Net assets		6,996,640	7,701,642
Restricted funds		-	-
Unrestricted funds			
General fund	17	544,134	1,555,642
Designated funds	17	6,452,506	6,146,000
Total funds		6,996,640	7,701,642

Approved by the Board of Trustees on 4 December 2024

David Harvey
David Harvey (Dec 4, 2024 17:56 GMT)
Dr David Harvey
HIS Treasurer

The notes and information on pages 50 to 59 form part of these financial statements.

Statement of cash flows for the year ended 31 March 2024

	2024 £	2023 £
Cash flows from operating activities:		
Net cash used in operating activities	(239,260)	(543,440)
Cash flows from investing activities:		
Interest and dividends from investments	142,363	149,600
Interest on bank deposit accounts	4,332	800
Purchase of fixed assets	(5,428)	(1,370)
Proceeds on sale of investments	555	540
Additions to investment portfolio	-	(593)
Net cash generated through investing activities	141,822	148,977
 Changes in cash and cash equivalents in the reporting period	 (97,438)	 (394,463)
Cash and cash equivalents at the beginning of the reporting period	572,060	966,523
Cash and cash equivalents at the end of the reporting period	474,622	572,060
 Reconciliation of net expenditure to net cash flow from operating activities		
Net movement in funds	(705,002)	(1,338,477)
Net investment losses	132,215	490,055
Net losses on the valuation of fixed assets	136,969	662,973
Depreciation of tangible fixed assets	59,217	79,898
Loss on disposal of fixed assets	512	-
Decrease / (increase) in debtors	50,343	(111,720)
Increase / (decrease) in creditors	233,181	(175,769)
Investment income	(146,695)	(150,400)
	(239,260)	(543,440)
 Analysis of cash and cash equivalents		
Cash in hand	473,401	571,637
Short term deposits	1,221	423
Total cash and cash equivalents	474,622	572,060

The notes and information on pages 50 to 59 form part of these financial statements.

Notes to the accounts for the year ended 31 March 2024

1. Accounting policies

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

a) Basis of preparation

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

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

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

b) Income recognition

All income is recognised once the Charity has entitlement to the income, it is probable that the income will be received, and the amount of income receivable can be measured reliably.

Voluntary income including donations, investment income and income from charitable activities is shown in the financial statements on a receivable basis. Income received that relates to a subsequent financial accounting period is carried forward as a credit in the Balance Sheet and shown as deferred income.

c) Expenditure recognition

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the Charity to that expenditure, it is probable that settlement will be required, and the amount of the obligation can be measured reliably.

Expenditure is recognised on an accruals basis, that is, in the period in which the liability is incurred.

Support costs are those costs attributable to a specific activity and are allocated in the Statement of Financial Activities on the basis of staff time spent on each area of activity.

Costs of raising funds comprise investment managers' fees, costs of holding the investment property, and an allocation of support costs.

Expenditure on charitable activities includes the services the Charity delivers that are identifiable as wholly or mainly in support of the Society's objectives and includes grants payable.

d) Grants payable

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

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

e) Investments

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

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

f) Gains/losses on investment assets

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

Unrealised gains and losses on investment assets represent the difference between their fair value at the end of the year and their fair value at the beginning of the year, or transaction value if acquired during the year.

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

Notes to the accounts for the year ended 31 March 2024

1. Accounting policies (continued)

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

Assets Under Construction are accounted at their purchase cost and are not depreciated until the asset comes into use.

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

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

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, being the following period (straight line):

Systems development	3 years
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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.

n) Operating leases

Rentals payable under operating leases, where substantially all the risks and rewards of ownership remain with the lessor, are charged to the Statement of Financial Activities on a straight line basis over the lease duration. Contingent rentals arising under operating leases are recognised as an expense in the period in which they are incurred.

o) Financial Instruments

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

p) Critical accounting estimates and areas of judgement

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

Notes to the accounts for the year ended 31 March 2024

	2024 £	2023 £
2. Education income		
Foundation course	59,450	10,500
Engineering course	51,000	44,425
Outbreaks workshop	6,825	2,300
DIPC educational programme	5,085	7,775
Trainee educational programme	1,050	1,420
Guidelines developer course	2,206	2,775
Other courses	725	-
	126,341	69,195
3. Publications income		
Journal of Hospital Infection	615,511	572,521
Infection Prevention in Practice	16,115	13,681
	631,626	586,202
4. Conference income		
HIS Spring Meeting	11,550	6,775
Don't Panic	5,375	7,375
Bridging the gap	100	50
FIS HIS 2022	-	315,941
Other courses	-	1,500
	17,025	331,641
5. Investment income		
Interest and dividends from investments	142,363	149,600
Interest on cash deposits	4,332	800
	146,695	150,400

Notes to the accounts for the year ended 31 March 2024

6. Expenditure

	Direct Costs £	Staff Costs £	Support Costs £	Total 2024 £	Total 2023 £
Cost of raising funds:					
Investment management	26,185	8,073	2,851	37,109	37,903
Investment property management	-	4,005	34,179	38,184	19,569
Total cost of raising funds	26,185	12,078	37,030	75,293	57,472
Charitable expenditure:					
Awards and grants	315,565	69,031	24,381	408,977	145,074
Membership	62,817	69,657	24,602	157,076	131,371
Education	106,293	146,823	72,058	325,174	273,223
Publications	56,646	77,542	27,388	161,576	151,510
Communications	16,565	48,879	17,264	82,708	81,098
Conferences	38,397	71,409	25,221	135,027	468,782
Research and guidelines	33,037	130,426	46,066	209,529	195,382
Total charitable expenditure	629,320	613,767	236,980	1,480,067	1,446,440
Total expenditure	655,505	625,845	274,010	1,555,360	1,503,912

a. Support costs

	2024 £	2023 £
Support costs are allocated on the basis of staff time and comprise the following:		
Office, legal and administrative expenses	109,315	159,239
Premises costs	62,646	27,434
Depreciation and amortisation charges	59,218	79,898
Governance costs (see b. below)	30,006	(55,307)
Irrecoverable VAT	8,161	(6,770)
Bank charges	4,664	3,017
	274,010	207,511

b. Governance costs

Council expenditure	14,153	(68,802)
Audit	15,853	13,495
	30,006	(55,307)

Notes to the accounts for the year ended 31 March 2024

7. Investment gains / (losses)

	Equities	Property	Total 2024	Total 2023
	£	£	£	£
Realised	25	-	25	4
Unrealised	214,760	(347,000)	(132,240)	(490,059)
	214,785	(347,000)	(132,215)	(490,055)

8. Grants awarded

Dr Catherine Houlihan	Research	-	9,462
Dr Sarah Fieldhouse	Research	-	9,225
Prof Lesley Hoyles	Research	-	4,992
Dr Simon Pybus	Research	6,613	58,968
Dr Ross Lathan	Research	98,998	-
Dr Christopher Illingworth	Research	96,727	-
Dr Vicki Fleming	Research	9,637	-
Dr Scott Pallett	Research	9,987	-
Dr Blair Merrick	Research	4,996	-
Dr Michelle Toleman	Research	5,000	-
Dr Siobhain Kelly	Research	70,040	-
Awards of £1,000 or less, and adjustments		13,567	4,814
		315,565	87,461

9. Employees remuneration

	2024	2023
	£	£
Wages and salaries	473,772	413,427
Social security	48,488	46,065
Employer pension contributions	21,228	23,473
	543,488	482,965

The average number of persons employed by the Charity during the year was 10 (2023: 8). No employees received total employee benefits (excluding pension and national insurance contributions) of more than £60,000 in the year (2023: 3), as set out in the bands below.

	2024	2023
£60,001 to £70,000	-	1
£70,001 to £80,000	-	1
£80,001 to £90,000	-	1

The Society considers its key management personnel comprises the CEO – currently Sarah Adibi, formerly Kay Miller – and the trustees. Sarah Adibi received salary and employer pension and national insurance contributions within this period of £64,351 (2023: nil). Kay Miller received salary and employer pension and national insurance contributions within this period of £27,042 (2023: £101,329).

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

Dr Nikunj Mahida is the Society's Editor-in-Chief: during the year payments due for his services in this role amounted to £11,600 (2023 £11,177). Also, the Nottingham Microbiology Society received £750 for services provided by Dr Mahida and others in connection with the preparation of training courses (2023: £750).

Dr Christopher Settle, with a colleague, was awarded a Sponsored Event Grant of £1,000 (2023: nil).

Notes to the accounts for the year ended 31 March 2024

10. Tangible Fixed Assets

	Freehold Property £	Fixtures and fittings £	Computer equipment £	Total £
Cost or valuation:				
At 1 April 2023	1,024,624	323,837	16,545	1,365,006
Adjustment	(4,668)	-	-	(4,668)
Additions	-	-	5,428	5,428
Disposals	-	-	(1,417)	(1,417)
Impairment	(136,969)	-	-	(136,969)
At 31 March 2024	882,987	323,837	20,556	1,227,380
Depreciation:				
At 1 April 2023	56,624	124,649	10,929	192,202
Adjustment	(4,668)	-	-	(4,668)
Provision in the year	6,031	48,575	4,611	59,217
Disposals	-	-	(905)	(905)
At 31 March 2024	57,987	173,224	14,635	245,846
Net book value:				
At 31 March 2024	825,000	150,613	5,921	981,534
At 31 March 2023	968,000	199,188	5,616	1,172,804

The freehold property is depreciated over 50 years based on cost less impairment. Included in the value of freehold property is land of £485,000 which is not depreciated. The property was valued as at 31 March 2024 in accordance with the RICS Valuation – Global Standards 2017 by RICS Registered Valuer, Jonathan Vanstone-Walker BSc (Hons) MSc MRICS of Third Sector Property. On the basis of this valuation an impairment value of £804,610 is included in the carrying value of the freehold property (2023: £662,973).

11. Intangible Fixed Assets

	Systems Development £	Total £
Cost:		
At 1 April 2023	59,005	59,005
Additions	-	-
At 31 March 2024	59,005	59,005
Amortisation:		
At 1 April 2023	59,005	59,005
Provision in the year	-	-
At 31 March 2024	59,005	59,005
Net book value:		
At 31 March 2024	-	-
At 31 March 2023	-	-

Notes to the accounts for the year ended 31 March 2024

	2024 £	2023 £
12. Quoted investments		
Quoted investments market value:		
At 1 April	3,856,742	4,173,366
Additions	-	593
Disposals at market value	(530)	(540)
Gains / (losses) in the period	214,760	(316,677)
Market value as at 31 March	4,070,972	3,856,742
Historic cost	3,796,583	3,797,113
Quoted investments analysis at market value:		
Fixed income securities	1,117,125	1,128,710
Equities	2,140,693	1,768,301
Property	89,993	103,671
Alternative investments	264,833	446,855
Liquid assets	458,328	409,205
Market value as at 31 March	4,070,972	3,856,742

All quoted investments are carried at their fair value.

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

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

The portfolio includes one individual holding which represents more than 5% of the total portfolio value: the Charity's holding in the ICS Sterling Liquidity Fund at 31 March 2024 had a historic cost of £297,175 and market value of £319,813.

13. Investment property

Property investments market value:		
Market value at 1 April	2,247,000	1,471,444
Transfer from fixed assets	-	948,934
Net loss on revaluation	(347,000)	(173,378)
Market value at 31 March	1,900,000	2,247,000
Historic cost	2,427,735	2,420,378

A proportion of Montagu House is excess to operational requirement and is let on a commercial basis at market rate. The value of the non-operational elements is recognised as an investment asset at historic cost. The property was valued as at 31 March 2024 in accordance with the RICS Valuation – Global Standards 2017 by RICS Registered Valuer, Jonathan Vanstone-Walker BSc (Hons) MSc MRICS of Third Sector Property. On the basis of this a valuation loss of £527,735 is included in the carrying value of the investment property (2023: £173,378).

13a. Future lease payments

Minimum lease payments receivable under non-cancellable leases:		
Within one year	117,723	114,411
	117,723	114,411

Notes to the accounts for the year ended 31 March 2024

	2024 £	2023 £
14. Debtors		
Trade debtors	94,475	190,957
Other debtors	647	2,210
Prepayments and accrued income	<u>215,272</u>	<u>167,570</u>
	310,394	360,737

15. Creditors – amounts falling due within one year

Trade creditors	80,420	15,867
Accruals	26,682	46,859
Grants	254,880	180,630
Taxes and social security	64,262	56,801
Deferred income	103,931	123,967
Other creditors	<u>11,963</u>	<u>4,578</u>
	542,138	428,702

Taxes and social security include pension contributions of £3,878 (2023: £3,588).

Creditors: amounts falling due after more than one year relate to grants payable of £198,744 (2023: £78,999).

Reconciliation of deferred income

Balance as at 1 April 2023	123,967	103,430
Amounts released to income	(123,967)	(103,430)
Amounts deferred in the year	<u>103,931</u>	<u>123,967</u>
	103,931	123,967

Notes to the accounts for the year ended 31 March 2024

	Total funds 2024 £	Total funds 2023 £
16. Analysis of net assets between funds		
Tangible fixed assets	981,534	1,172,804
Quoted investments	4,070,972	3,856,742
Property investments	1,900,000	2,247,000
Debtors	310,394	360,737
Short term deposits	1,221	423
Cash at bank and in hand	473,401	571,637
Creditors falling due within one year	(542,138)	(428,702)
Creditors falling due after more than one year	(198,744)	(78,999)
Net assets at 31 March	6,996,640	7,701,642

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

17. Funds	1 April 2023 £	Income £	Expenditure £	Gains / (Losses) £	Transfers £	31 March 2024 £	31 March 2023 £
Unrestricted funds							
General	1,555,642	1,119,542	(1,496,143)	25	(634,932)	544,134	1,555,642
Designated funds							
Montagu House	3,414,000	-	(54,606)	(483,969)	188	2,875,613	3,414,000
Investment Portfolio	-	-	-	214,760	3,356,212	3,570,972	-
Fixed Assets	6,000	-	(4,611)	-	4,532	5,921	6,000
Grants Reserve	537,000	-	-	-	(537,000)	-	537,000
Other Society Activities	281,000	-	-	-	(281,000)	-	281,000
2020-25 Strategy Fund	968,000	-	-	-	(968,000)	-	968,000
Future Sustainability Fund	940,000	-	-	-	(940,000)	-	940,000
Total Designated funds	6,146,000	-	(59,217)	(269,209)	634,932	6,452,506	6,146,000
Restricted funds	-	-	-	-	-	-	-
Total funds	7,701,642	1,119,542	(1,555,360)	(269,184)	-	6,996,640	7,701,642

The designated funds are set up for the following purposes:

Montagu House: Represents the net book value of Montagu House as at 31 March 2024, being an investment, both for HIS headquarters and for the generation of income through commercial lettings.

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

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

The following designated funds have been repurposed in the year to the Investment Portfolio fund:

Grants Reserve: Represented planned grant awards for the following financial year.

Other Society Activities: Represented funding for Society activities for the following financial year.

2020-25 Strategy Fund: Represented funds to deliver the HIS 2020-25 strategy.

Future Sustainability Fund: Represented funds for investment in the Society's financial sustainability.

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

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

Notes to the accounts for the year ended 31 March 2024

18. Related party transactions

Other than as reported at Note 9, there were no related party transactions during the year (2023: None).

19. Trustees

The trustees received no remuneration for their role as trustees. In the year to 31 March 2024, 11 trustees were reimbursed a total of £12,298 for expenses incurred in respect of travel and subsistence (2023: £3,740 to 10 trustees).

20. Trustees

The Society had no capital commitments as at 31 March 2024 (2023: £nil).

Reference and administrative information

Registered name: [Healthcare Infection Society](#)
 Registered number: [1158172](#)
 Registered office address: [Montagu House, 7E Wakefield Street, London, WC1N 1PG](#)

Council member	Appointment	Appointed	Term of office	Completed
Dr Elizabeth Ridgway	President	Nov 2022	Current	
Dr Christopher Settle	Chair	Nov 2021	Current	
Dr Manjula Meda	Secretary	Nov 2021	Current	
Dr David Harvey	Treasurer	Nov 2021	Current	
Dr Nikunj Mahida	Editor in Chief JHI	Sep 2022	Current	
Dr Emma Boldock	Chair: Research Committee	Nov 2019	Current (extended to AGM 2024)	
Dr James Price	Chair: Professional Development Committee	Nov 2019	Current (extended to AGM 2024)	
Dr Oliver Bannister	Chair: Trainee Committee	Jul 2022	Current	
Ron Finlay	Lay member	Nov 2021	Current	
Dr Shanom Ali	Ordinary member	Nov 2021	Current	
Dr John Coia	Ordinary member	Nov 2022	Current	
Professor Colum Dunne	Ordinary member	Nov 2023	Current	
Leila Hail	Ordinary member	Nov 2022	Current	
Dr Jasmin Islam	Ordinary member	Nov 2023	Current	
Dr Luke Moore	Ordinary member	Nov 2020		AGM 2023
Dr Gayti Morris	Ordinary member	Nov 2020		AGM 2023
Dr Sarah Walpole	Ordinary member	Nov 2022	Current	
Dr Joanna Walker	Ordinary member	Nov 2019		AGM 2023
Professor Peter Wilson	**Co-opted member (Clinical Scientist) Chair: Guidelines Committee	Nov 2013	Current (extended to AGM 2024)	
Dr Fenella Halstead	**Co-opted member (Clinical Scientist)	Nov 2023	Current	
Dr Gemma Winzor	**Co-opted member (Editor in Chief IPIP)	Mar 2024	Current	

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

Chief Executive Officer

Dr Sarah Adibi

Banks

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

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

Auditor

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

Investment fund manager

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

Solicitors

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

Human resources

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






Annual Report 23-24 Final

Final Audit Report

2024-12-04

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