

Healthcare
Infection
Society

Annual Report

For the year ended
31 March 2023

Charity number 1158172

THE JOURNAL OF
**Hospital
Infection**

Healthcare
Infection
Society
The Journal of
Hospital Infection
**Special Section:
COVID-19**

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Infection**

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Chair's statement

I am delighted to be able to share with you this report from the trustees of the Healthcare Infection Society (HIS) for the 2022–2023 financial year.



Dr Chris Settle, Chair of Trustees

The Society has existed as charity since the early 1980s, and on 19 May 2022, we were finally able to celebrate the 40th anniversary of both HIS and the *Journal of Hospital Infection* (JHI). After almost three years of planning (and two postponed events) we were delighted to welcome over 100 HIS members to BMA House in London for a Special Celebration Event marking the Society's 40(+2) year history. The day included fantastic presentations, a special exhibition of HIS and JHI memorabilia, and selected works of the celebrated BioArtist, Anna Dumitriu, and was the focus of our [June blog](#).



It was fitting that, following the anniversary event, we were able to announce that the 2021 impact factor (IF) for the JHI had risen significantly from 3.926 to 8.944. We thank Jim Gray, whose term ended in September 2022, for his tenure as Editor in Chief (EiC) of the JHI, and are delighted that Nik Mahida accepted the role of EiC from October 2022. Nik is a Consultant Medical Microbiologist and Infection Control Doctor at Nottingham University Hospitals and has worked alongside Jim as an Editor on the journal since 2017, before which he trained in the post as part of the [Graham Ayliffe Training Fellowship](#) between 2015–2016.

Throughout the year we continued to support the professional development of our members and the infection prevention and control (IPC) community via a programme of training and events in the form of the HIS/UK Health Security Agency (UKHSA) Foundation Courses in IPC, the Engineering Aspects of Infection Control courses, Outbreaks Training Courses, Trainee Education Days, DIPIC Development Days, the Spring Meeting, *Don't Panic!*, Bridging the Gap, and our assorted webinar series.

During 2022, we adapted the delivery of the HIS/UKHSA Foundation Courses in IPC. To enable people to access the vital education delivered, a version of the current Foundation Course was released as on-demand, pre-recorded content on 1 September 2022. Content comprised presentations already developed and delivered for the previous HIS/UKHSA Foundation Courses in IPC (excluding the Q&A sessions and workshops) in 2021 and early 2022.

Connecting with our members via events has always been a key activity of the Society, and this year we launched our new podcast, [Infection Prevention in Conversation](#), as a new way to engage with the wider IPC community. The podcast covers a wide variety of subjects in IPC, allowing the stories behind recent research to come to the front as guests discuss their personal experiences, careers and infection control interests.

In a significant change to previous years, the Federation of Infection Societies (FIS) International Conference (known as 'FIS/HIS' when run by HIS) took place in London in September as a hybrid, face-to-face and virtual, event. Although FIS/HIS had taken place in November for many years, during the planning stages we listened to our members' concerns that winter work pressures alongside uncertainties surrounding COVID-19 outbreaks may make it difficult for delegates to attend. We understood that accessibility could also

be an issue, and as Northern England and Scotland had hosted the event regularly, a venue with national and international transport links in London was chosen.

The virtual FIS/HIS 2020 and hybrid FIS 2021 events were great successes, and the virtual element allowed more people to access the scientific content – but nothing beats being able to meet and network with colleagues and friends in-person, especially after a period where this had not been possible. In September 2022, the new hybrid format allowed 937 attendees to access content and engage in the event in a way that suited them.

During the Annual General Meeting (AGM) held at FIS/HIS 2022, we gave our sincere thanks to Hilary Humphreys, who demitted his role as President, and welcomed Elisabeth Ridgway, who re-joined HIS Council as President after serving two terms as Chair of the Society until 2021.

Plans for 2023

Equality, diversity and inclusion (EDI) has been a [focus for the society this year](#), and our trustees took part in a workshop focused on EDI in March 2023. As a Society, we are committed to improving the diversity of HIS Council and our Committees, as well as improving the relevance and accessibility of our events and training for a diverse IPC workforce.



In March 2023, we surveyed the HIS membership to seek their views on the challenges they face, our progress, our research funding schemes, membership fees and benefits, and our future activities. The results from this survey will help to shape our future, and I look forward to sharing these with you later in 2023. We have already begun to adapt our activities to consider sustainability within IPC, and at the March meeting of HIS Council in 2022, it was agreed that

any new guideline produced by HIS must consider environmental impact and sustainability issues. Each Working Party will be asked to either include an environmental sustainability review question or include environmental impact as an outcome measure.

This will ensure that our guidelines consider not only the clinical and cost benefits of proposed interventions, but that they help healthcare services to achieve their sustainability targets – for example the Greener NHS programme.

The activities of the Research Committee will continue to focus on developing the HIS research strategy and grants portfolio. Specific proposals include offering summer studentships, developing research networks, and prioritising sustainability within IPC practice. We will continue to develop and launch training and events in blended-learning formats via the new HIS eLearning platform, and we aim to increase the reach of our publications via webinars and podcasts.

Although our finances remain robust, trustees are aware that the Society's main source of income, subscription revenue from the JHI, is likely to decline in coming years. For HIS to continue delivering courses and meetings, producing guidelines, supporting research and publishing journals, new funding streams need to be identified. Developing suitable and sustainable sources of income has been, and remains, a priority for the Society and was the focus of the March 2023 HIS Council Away Day. In 2022, we committed significant funds to the development and delivery of a new eLearning platform which will host resources and courses, the first of which will launch in 2023. We also welcomed our first paying tenants into Montagu House in 2022, and we are on track to return to break-even budgets in the future. During 2023, we will continue to safeguard our future through investment and diversification.

Our challenge remains, as ever, how to balance the demand for new initiatives with finite resources – including the demands on the time of what is a relatively small (but dedicated) band of expert volunteers. I cannot thank enough those who have contributed their time and effort, when under sustained pressures.

Dr Chris Settle, Chair of Trustees

Who are we?

HIS is a membership organisation and learned society with over 1,300 members who are experts in the prevention and control of healthcare-associated infections (HCAIs).

HIS delivers activities and initiatives to support the membership and other healthcare professionals to manage, prevent and control nosocomial infections. Because many patients acquire nosocomial infections either as a result of contact with a healthcare setting or via medical interventions, IPC is a priority for those working in patient-facing healthcare.

Our history

In 1979, a group of consultant medical microbiologists met to discuss the formation of a learned society that would foster the scientific development of hospital doctors who were interested in nosocomial infections. The first Scientific Meeting, on the topic of 'Practical problems in hospital infections' took place in January 1980. In the same year the first issue of the JHI was published.

First registered as a charity named 'Hospital Infection Society' in January 1983 (charity no. 286064). HIS became a Charitable Incorporated Organisation (CIO), charity number 1158172, in 2014. At the inaugural AGM in 1981, the Society reported a membership of 264 – it stands at over 1,300 today.

During 2019 and 2020, the Society's Honorary Archivist, Robert Spencer, continued the work of

Philip Sanderson (Honorary Archivist 1989-1992) and researched and recorded the past activities of the Society. A book documenting the first 40 years entitled *Healthcare Infection Society: Forty Years and Counting* was published on 12 February 2021.

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. Today, membership is more diverse and open to those from a broader range of professional backgrounds. Members fall into the categories of Full, Associate, Trainee, Associate Trainee and Emeritus membership, depending on professional and academic qualifications, and the member's professional role in IPC.

A special category of Honorary membership is awarded by Council to an individual in recognition of an outstanding and unique contribution to the Society, over and above that which might normally be delivered by holding a Society role or office, or through involvement in Society activities. In 2022, in recognition of a committed and longstanding contribution to the development of the Society between 2015-2021, including the growth of the staff team and redevelopment of the organisational structure, two awards of Honorary membership were made to Elisabeth Ridgway (Chair of Trustees 2015-2021) and Peter Jenks (Honorary Secretary 2015-2021).

From left to right: *Healthcare Infection Society: Forty Years and Counting*, by Robert C. Spencer; Dr Elisabeth Ridgway (Honorary member 2022); Dr Peter Jenks (Honorary member 2022)



What do we want to achieve?

Our objectives

The Society aims to support educational initiatives which improve IPC practice, and to reduce the levels of preventable HCAs.

Through our events, online resources, funded research and scientific journals we communicate new developments and best practice within IPC.

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

Our focus



Preventing HCAs by supporting research, evidence and best practice.



Offering expert guidance in the prevention and control of HCAs.



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



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



Communicating pioneering world-leading research, driving effective practice.

Our statements of purpose

Our mission

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



Our vision

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



Our values

- To provide healthcare professionals with the information, evidence and skills they need to prevent and control HCAs.
- Good science underpins good clinical practice.
- Continual professional learning and development is necessary to reduce the incidence of HCAs.
- Many HCAs are preventable through effective multidisciplinary teamwork.
- Collaboration within and beyond the Society will help to advance and communicate knowledge.



How do we deliver our activities?

Our strategy for 2020–2025

Since 2020, our strategy has focused on activities which support HIS members to overcome the professional challenges they face, and which advance research that underpins excellence in clinical practice.

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

Currently, the strategic objectives are met by sharing research, evidence and best practice via a programme

of training and events, the development of resources, the production of evidence-based publications and guidance, the allocation of research funding, and other activities that support and represent HIS members.

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

In March 2022 HIS Council and the staff team met to conduct a full review of progress to date and to assess next steps, and during March and April 2023 members took part in a survey to comment on our progress to date and future plans.

Our strategy



Grow and engage

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



Professional development

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



Research and guidelines

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



Collaborate

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



Safeguard

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

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

Our research

The Society provides funding for high-quality quantitative and qualitative research that relates to all aspects of IPC in healthcare settings. HIS-funded research can take place in hospitals, research centres, and universities within the UK. We fund people at all career stages, and from a range of disciplines including biomedical or clinical science, informatics, public health, and social sciences. Collaboration between medical professionals, academics, and subject-matter experts from different fields is essential for the development of robust, evidence-based studies that guide clinical best practice and enhance patient outcomes in IPC.

HIS aims to support researchers at different stages of their careers and the [HIS Research Strategy](#) sets out the key funding priorities of 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. HIS is a member of the Association for Medical Research Charities (AMRC).



Our journals

HIS publishes two internationally respected journals: the [JHI](#) and [Infection Prevention in Practice](#) (IPIP). The JHI was founded in 1980 and has served to publish and promote research in IPC and medical microbiology since that time. IPIP was launched in 2019 as a gold open access companion journal to the JHI and has a strong focus on localised outbreaks, outbreak reporting and IPC in lower- and middle-income countries. Both journals are produced in collaboration with Elsevier, our publisher.



Our educational programme

The Society delivers a programme of conferences, focused training courses and online resources developed by experts. Our events support the professional development of IPC specialists at every stage of their career and professional level.

The HIS structured Trainee Education Programme, specifically developed for medical microbiology, medical virology and infectious diseases trainees, is aligned to the Joint Royal Colleges of Physicians' Training Board and Royal College of Pathologists (RCPath) curricula. The programme comprises a series of three independent, one-day training sessions per year, over a three-year period.

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

The one-day Outbreaks Training Course, aimed at senior members of IPC teams who currently work in, or plan to move to, a role leading HCAI outbreak management, combines taught and practical sessions with opportunities for dialogue around outbreak management. This course runs in-person, in small groups of 14–16 delegates, six to eight times per year.

For those who wish to develop a deeper understanding of aspects of IPC where engineering criteria are a vital component, the five-day, fully residential Engineering

Aspects of Infection Control includes sessions on specialist ventilation such as that of operating theatres, thermal (surgical instrument) and chemical (endoscope) washer-disinfectors, steam sterilisers, healthcare laundry and other aspects of hospital hygiene and decontamination.


To support current or aspiring Directors of Infection Prevention and Control (DIPCs), the Society runs a DIPC Network and Development Programme of one-day events that provide information, guidance, and training around HCAs. The programme, which is currently run online, comprises a series of two independent, one-day events per year over a three-year period, with topics reflecting the current challenges faced by those working in a DIPC role.

The Society's online Guidelines and Evidence Courses introduce participants to processes and methods used in the development of clinical guidelines, including identification, analysis and interpretation of evidence related to clinical- and cost-effectiveness.


Bridging the Clinical—Research Gap is organised jointly with the Microbiology Society (MS). The workshop brings academic and clinical microbiologists together to find ways to collaborate meaningfully, with the aim of improving the translation of research into advances in IPC.

HIS also runs regular webinars, two one-day conferences (*Don't Panic!* and the Spring Meeting), as well as hosting the FIS International Conference every two years.





Webinar series – Spotlight on guidelines
Final rinse water for endoscope washer-disinfectors
Wednesday 30 March 2022, 17.00–18.00
Register now!



How do we raise funds?

HIS generates income through charitable activities including journal publication, 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 are our audience, supporters and team?

Our members

Our membership network is formed of over 1,300 individuals who are experts in the prevention and control of HCAs. Our members are drawn largely from the medical profession. They 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 HCAs are also a vital part of our membership network. HIS membership remains UK-focused, with 85% of our members currently based in England, Scotland, Wales and Northern Ireland. However, everyone with an interest in HCAs, wherever they are located, can access the Society's educational resources. Accessibility has been improved as more of our training events are now being delivered online.

Our team

The [HIS staff team](#) is comprised of nine individuals who work to a hybrid model from HIS headquarters in London and from their homes.

Our volunteers

As a charity, the Society is [governed](#) by a Board of Trustees: HIS Council. Area-specific Committees and Working Parties (all of whom are committed volunteers) guide and work closely with our experienced staff team.

Volunteers help HIS to deliver all activities, from training events to the production of guidelines and the publication of journals.

HIS would like to thank all the volunteers who, during 2022 and 2023, despite being under intense pressure, continued to donate time and share their expertise and experiences so that the Society could continue to deliver a wide range of publications, events and activities.

Thank you to:

- HIS Council
- HIS Committees
- HIS Working Parties
- HIS event convenors, speakers and attendees
- HIS journal editors, reviewers, authors and readers.



Past and present HIS Presidents and Chairs. From left to right: Robert Spencer; Tim Boswell; Thomas Rogers; Elisabeth Ridgway; David Shanson; Chris Settle; Gary French.

Why are we needed?

Infections acquired during, or as a result of, medical treatment in a healthcare setting incur major costs for the NHS and healthcare systems worldwide. Unfortunately, HCAIs pose a serious risk to patients, staff and visitors and can cause significant illness and morbidity to those infected. Excellence in IPC practice is a key priority for HIS members, for government and for healthcare systems, and is vital to protect public health.

HIS members save patient lives and are committed to professional excellence. They are leading experts in HCAI and IPC, and they champion clinical best practice. HIS members influence the behaviour of their peers and they drive change, but they face significant challenges in their roles as healthcare professionals on the front-line of patient care. During the COVID-19 pandemic, the importance of IPC in community and healthcare settings became universally accepted as a critical component of public health protection.

The challenges our members face

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

- Patients, who have sought medical interventions for other reasons, may become ill or die unnecessarily from preventable infections acquired as a result of contact with a healthcare setting.
- Adherence to IPC best practice in healthcare settings could be improved.
- Reduced staffing levels, increasing patient numbers and clinical complexity are resulting in an increasingly heavy demand on professionals working in IPC.
- Antimicrobial resistance is hindering the effective treatment of infections.
- Community care settings can have poor coverage by IPC specialists, and staff are not familiar with IPC best practice.
- IPC is underrepresented in training programmes, and the infection specialties struggle to recruit to postgraduate training programmes.

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

Public benefit

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

The Society provides public benefit through:

- Research grant funding that supports the advancement of the science of HCAIs and IPC.
- Organised educational and training events for healthcare professionals.
- Supporting and guiding healthcare professionals at all stages of their career and specialty.
- The publication of two international journals, one of which is fully free for public access.
- The formation of an accessible network of experts in the field of HCAI prevention and control.

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

The COVID-19 outbreak, the 2022 monkeypox outbreak and the Group A Streptococcus outbreak in 2022-23 highlighted the importance of high standards of IPC in community and healthcare settings, and HIS will continue to ensure that healthcare professionals are supported to acquire the knowledge and skills necessary to deliver excellent clinical practice.

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

Delegates at the HIS 40th Anniversary
Special Celebration Event

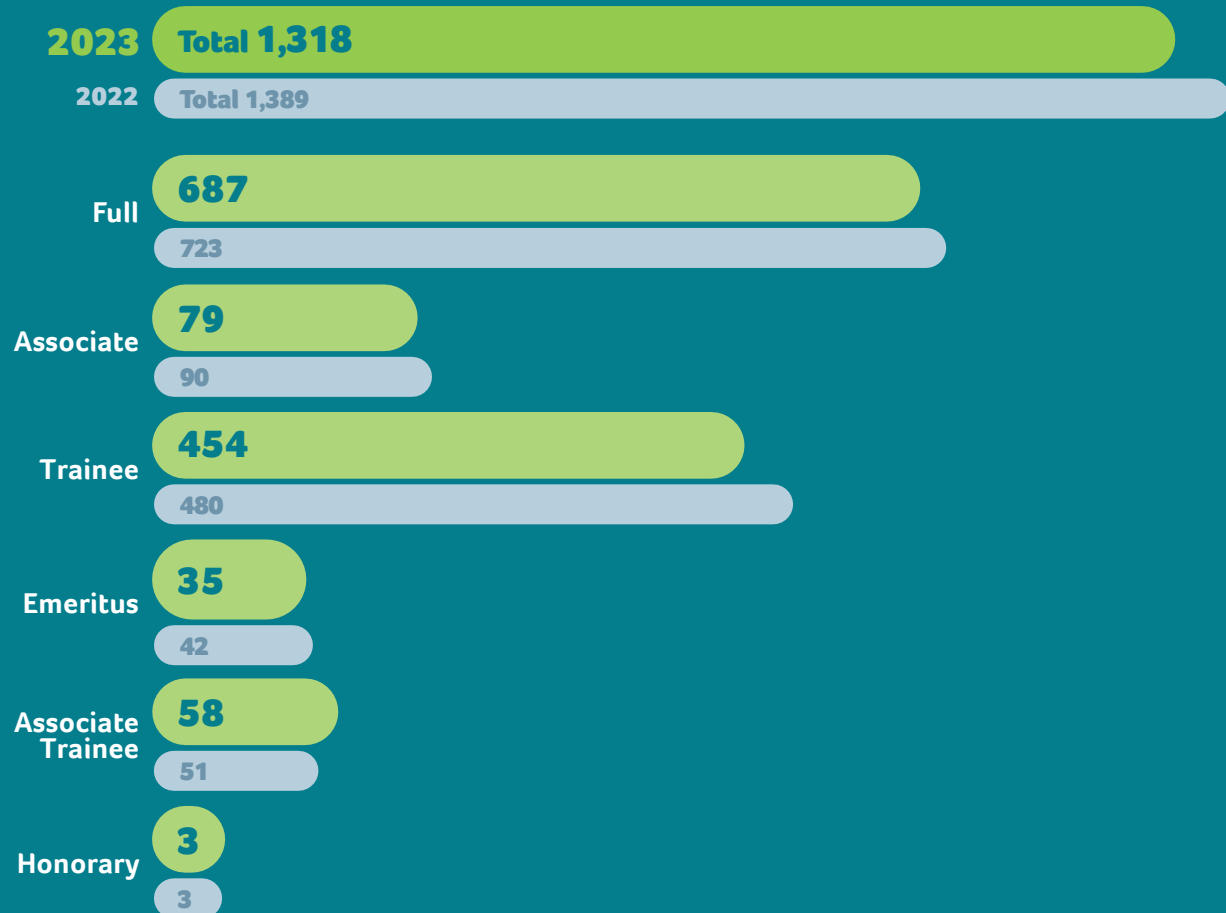


Our year in numbers

Journal performance



Membership



Events

Total event attendees 2022–2023: **3,044**

937 FIS/HIS International Conference 2022

933 Webinars

627 Trainee Education Days

108 DIPC Days

105 40th Anniversary Special Celebration Event

100 Spring Meeting

85 *Don't Panic!*

40 Outbreaks Training Courses

40 Bridging the Gap

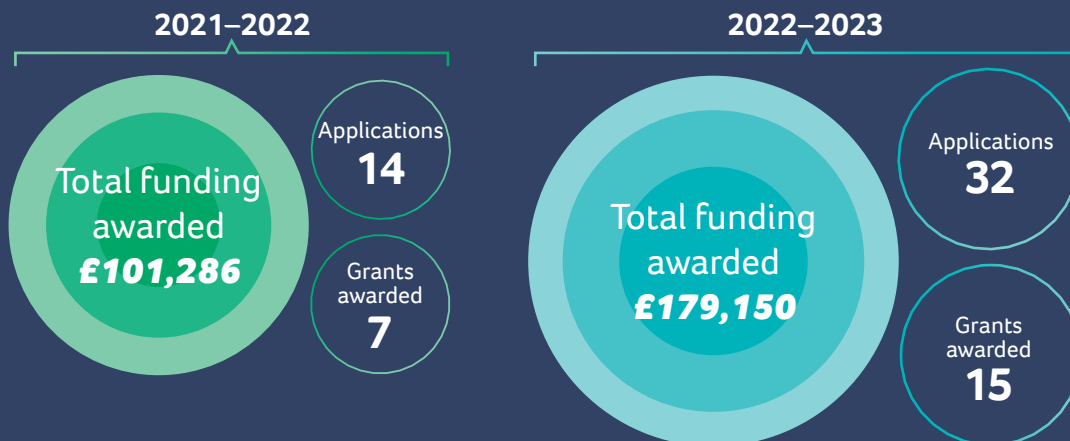
38 Foundation Course on-demand

24 Engineering Courses

18 Guideline and Evidence Courses

Grants awarded

Eight different grants (ranging from £750 Travel Grants to £99,000 for a three-year Major Research Grant)

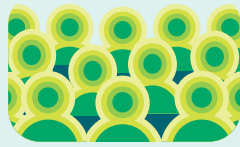


Trustees' report

How we generated funds



Journal publications
Amount raised:
£435,000



Events
Amount raised:
£401,000



Investments
Amount raised:
£282,000



Membership
Amount raised:
£50,000

What we funded



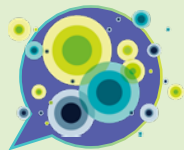
Research and guidelines
£195,000



Research grants
£145,000



Conferences and educational events
£742,000



Communications
£81,000



Membership activities
£131,000

Here the trustees present their annual report and financial statements for the year ended 31 March 2023. These have been prepared in accordance with FRS102 and the Charities Statement of Recommended Practice (SORP) 2015.

Financial review

The Society continues to be in a robust financial position with total funds of £7.7m as at 31 March 2023 (2022: £9.0m).

The deficit for the year of £1.3m (2022: deficit £154k) comprises an operational deficit of £185k (2022: operational deficit of £144k), together with investment losses of £490k (2022: investment losses of £10k), and a loss on the revaluation of Montagu House of £663k (2022: Nil).

Further details are given in the Statement of Financial Activities on page 47, the Balance Sheet on page 48, and the associated notes to the financial statements.

Our income

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

Our expenditure

Charitable activities

HIS's income is used to fund the Society's charitable objectives, which are met through charitable activities in the field of IPC.

These include journal publications, conferences, education, research and guidelines, grants, awards and membership.

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

Managing our reserves

It is the policy of Council to maintain sufficient funds for the Society to meet its objectives and obligations on an ongoing basis. Society funds of £7.7m as at 31 March 2022 (2022: £9m) are all unrestricted funds.

Designated funds

The trustees continue to designate funds in accordance with the Society's financial strategy to ensure sufficient funding for ongoing Society activities and objectives, and to safeguard against expected or potential contingencies. Designated funds as at 31 March 2023 amounted to £6.1m (2022: £8.3m). These include a Future Sustainability Fund for investment in income diversification to underpin the Society's financial sustainability. Designated funds are further explained in Note 17 to the accounts.

Reserves policy

Operating reserves represent free reserves and are calculated after deducting designated funds from total Society funds. In line with the current HIS reserves policy, operating reserves are held to ensure the financial stability and ongoing operations of the Society in the event of an unanticipated loss in income or unexpected rise in expenditure.

The reserves policy, as determined by Council, sets the ideal level of operating reserves as the equivalent of six months of average operating cost, within a range of three months above or below this level. As at 31 March 2023 the requisite level of reserves on this basis was £398k.

Actual operating reserves as at 31 March 2023 amounted to £1,556k (2022: £753k).

Going concern

The trustees have assessed whether the use of the going concern basis is appropriate and have considered possible events or conditions that might cause significant doubt on the ability of the charity to continue as a going concern. In particular, the trustees have considered the Society's forecast and projections, having taken account of current and anticipated financial performance, together with its current reserves position, cash liquidity, and the ability to draw down on readily realisable investments as required in light of the impacts experienced and expected of global events and the downturn in the global economy.

Taking these factors into account, the trustees are satisfied the Society has adequate resources to

continue in operation for at least 12 months from the approval of the financial statements. The Society therefore continues to adopt the going concern basis in preparing its financial statements.

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

Investment policy and performance

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

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

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

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

Pensions

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

Future viability considerations

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

Our progress 2022–2023

Membership

During the period 1 April 2022 to 31 March 2023, HIS membership numbers fell by 5%, with a total of 1,318 members at the end of March 2023 (2021: 1389). As of 31 March 2023, the membership comprised 687 Full members (2022: 723), 79 Associate members (2022: 90), 454 Trainee members (2022: 480), 35 Emeritus members (2022: 42), 58 Associate Trainee members (2021: 51) and three Honorary members.

Despite this slight decline, our membership numbers remain higher than 2021. Numbers rose sharply in 2022, likely due to the introduction of webinars and other online activities during COVID.

During this period, we continued working with our New Consultants' Working Group to develop plans for how the Society can support new consultants. HIS Council approved continuation of the Working Group for a further year.

Communications

Newsletters and social media

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

The average open rate of the monthly newsletters continues to be very high compared with the industry standard in the sector (~31%): 52.6% (2022: 41%) for the members' newsletter and 59.84% (2022: 46%) for the trainee newsletter.

The [@HIS_infection](https://twitter.com/HIS_infection) Twitter account amassed an additional 754 followers this year, reaching 7,911 followers (2022: 7,157). During this period, tweets made an average of 29,167 monthly impressions, although this is lower than in 2021–2022 (37,000).



Delegates at the FIS/HIS International Conference 2022, held at the Business Design Centre. Photograph © Simon Callaghan Photography.

The journals Twitter accounts, @JHleditor and @IPIP_Open, continued to grow in popularity. @JHleditor now has 3,939 followers, an increase of 534 from last year, and @IPIP_Open has grown to 671 followers. The journal accounts highlight key papers, circulate calls for papers, present threads of related papers, notify followers of new issues of the journals, and engage with readers and authors.

From December 2022, we have used LinkedIn as a communications platform, which has resulted in increased followers (166) and interactions.

Blog

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

The HIS blog this year highlighted ongoing initiatives at HIS, such as the renewed commitment to EDI in ‘Who do we think we are? Equality, diversity and inclusivity at HIS’, our organisational strategy in ‘Three years into our five-year plan... how are we doing?’, and changes on the journals team in ‘Introducing the new Editor in Chief of the *Journal of Hospital Infection*’.

It has offered advice to readers on elements of the scientific process such as publishing in ‘Writing for publication: how to structure and submit your article’ and ‘Want to publish with the HIS journals?’, and launched a series on how to research, write and submit successful grant applications.

Podcast: Infection Prevention in Conversation

Two series of *Infection Prevention in Conversation* have now aired, with a third live from the European Congress of Clinical Microbiology and Infectious Diseases (ECCMID) conference underway in April 2023.

In an informal setting, Gemma Winzor talks to expert guests about current research, challenges and opinions in IPC. The podcast is an engaging listen for infection control specialists, healthcare professionals or anybody with an interest in IPC, microbiology, epidemiology or healthcare more broadly.

The podcast covers a wide variety of subjects in infection control, allowing the stories behind recent research to come to the front as guests discuss their personal experiences, careers and interests in IPC.

Since launch, the podcast has received 3,137 downloads in total across 83 countries.





Grant writing blog series



Preparing a grant application for the first time

It can be difficult to know where to start when preparing a grant application. HIS Research Awards and Evidence Manager, Angharad Green, provides advice and recommendations for preparing research proposals in the first of



Funding experience



HIS Major Research Grant

09 MARCH 2023

HIS Major Research Grant funding experience

In this blog we talk to Dr Lena Ciric and her PhD student Sam Watkin, who is in his final year, about their research, their experience of being awarded a HIS Major Research Grant and using the award to fund a PhD studentship.

Events and education

Key events

A highlight of our events calendar during 2022–2023 was the rescheduled 40th Anniversary Special Celebration Event, held on 19 May 2022. This was followed by the annual Spring Meeting, this year on the subject of ‘Futureproofing healthcare ventilation’, on 20 May 2022. Both events were held at BMA House on Tavistock Square, London.

The Special Celebration Event was well-attended with just over 100 guests. The programme incorporated a full day of presentations and a panel discussion plus a special exhibition including selected works of the BioArtist Anna Dumitriu. The day ended with a drinks reception at BMA House, and a Special Celebration Dinner. The Spring Meeting began with a live stream of Catherine Noakes of the University of Leeds, followed by live sessions alongside two pre-recorded presentations. Attendee feedback was fantastic, with participants commenting that they enjoyed the

presentations and the opportunity to catch up with friends and colleagues.

Another key event in the HIS calendar was the return of a face-to-face format for FIS/HIS International Conference 2022. The event took place in London for the first time, and was held between 22–23 September at the Business Design Centre, Islington, before continuing online on 26 September. 608 people attended in London with a further 329 attending virtually.

Overall, 230 abstracts were accepted for presentation as either posters or oral communications. The programme presented five plenary lectures, two debates, a clinical grand round, four free-paper sessions and 36 further parallel sessions organised by 23 infection organisations and societies. The HIS Lowbury Lecture was delivered by Jan Kluytmans on 22 September and the Gary French Lecture was given by Alison Holmes on 23 September. Registration remained open for one month after the event, with on-demand access to all sessions available for six months after the event.



Alison Holmes delivered this year's Gary French Lecture.



Jan Kluytmans, lecturer for the The HIS Lowbury Lecture.

Education programme

A longstanding and popular component of our education programme is the Foundation Course in IPC. In agreement with UKHSA, the course was redeveloped for launch on a new eLearning platform in 2023. As much of the material was in need of redevelopment, the full five-day online course did not run in 2022. In its place, the Foundation Course On-Demand is launched in autumn to provide on-demand access to all previous content from the online course. This was accessed by 38 delegates.

The HIS Trainee Education Days continued online via Zoom during 2022-2023. Topics included IPC in adult and paediatric critical care (6 July 2022, 192 delegates), IPC in non-acute settings (2 November 2022, 170 delegates) and IPC in specialised settings (8 February 2023, 265 delegates). Feedback on the Trainee Education Days continues to be overwhelmingly positive with the extended Q&A sessions proving particularly popular.

Four in-person Outbreaks Courses, attended by 40 delegates in total, were organised between 1 April 2022 and 31 March 2023. Due to national train strikes in November 2022, one scheduled Outbreak Course was delivered online as a one-off. Although feedback from those who attended online was positive overall, trainers and delegates agreed that the in-person format remains preferable.

The Engineering Aspects of Infection Control course ran twice in 2022, in June and September. Twelve people attended each course.

Webinar series

Our audience-led webinars continued through 2022-2023, with the first Spotlight on Guidelines: Automated Room Decontamination Guidance in April 2022 attended by 75 viewers. Five further webinars were hosted during the period, with a focus on collaboration. In June 2022, we organised a joint webinar with the British Infection Association (BIA) entitled Monkeypox: A New Clinical and IPC Challenge.

In October, we joined forces with RCPATH to run a webinar on Communication in IPC: Spreading the Message Rather Than Infection!. In December, two webinars ran, one with the International Federation of Infection Control, entitled Can you Predict Infection?, and one entitled Diphtheria: A Recurring Clinical and IPC Challenge organised jointly with BIA and the European Society of Clinical Microbiology and Infectious Diseases Study Group for Public Health Microbiology (ESGPHM). Our final webinar of the period sought feedback on our draft guideline, Rituals and behaviours in the operating theatre. Over the year, HIS webinars were attended live by over 900 attendees.

Workshops and courses

Two DIPC Development Days ran in 2022-2023. The first took place on 9 June 2022 in London as the first fully-hybrid HIS event. Delegates could attend face-to-face at the Royal College of Physicians or online via the venue's interactive event platform. The topic for the day was 'Taking surveillance forwards: making the most of your data'. 24 people attended in-person and 40 online. The second, on the topic of 'Navigating



Rituals and behaviours in the operating theatre – the joint guidelines of Healthcare Infection Society and the European Society of Clinical Microbiology and Infectious Diseases (ESCMID) and its study group (ESCMID Study Group for Nosocomial Infections [ESGNI])

The webinar will begin shortly.

Please visit www.sli.do and join the event using event code #HIS to submit questions or comments to our panel

the minefield: dealing with complaints, litigation and the media', took place online on 9 December and was attended by 44 delegates.

2022 was the 25th anniversary of the popular *Don't Panic!* conference. The conference was again hosted online, and 85 delegates attended to hear speakers on a range of topics including 'Lessons for IPC in communicating risk', 'Lessons from the pandemic' and 'Guideline updates and an update on the UK epidemiology of MRSA and MSSA'.

In collaboration with the MS, HIS ran a second Bridging the Clinical-Research Gap workshop in September 2022. The event took place in Birmingham and was attended by 40 members of both HIS and the MS.

Our popular one-day course, An Introduction to Guideline Development, was repeated in October 2022. As previously, the course attracted HIS members and non-members. Two further one-day courses were introduced in 2022 under the banner Guidelines and Evidence Courses.

The first, Health Economic Evaluation, was held in April 2022. This course featured topics such as cost-effectiveness analysis and cost-utility analysis, including their application in guideline development. The second new course, Understanding Network Meta-analysis, was held in November 2022.

This course provided an overview of the statistical technique of network meta-analysis, which allows multiple interventions to be compared in a unified analysis. All three courses in the Guidelines and Evidence portfolio ran as online events and included small-group practical sessions using breakout rooms.

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.

From April 2022 to March 2023, the JHI received a total of 1,110 submissions. 257 articles were accepted for publication. The average time from submission to first decision was 11.8 days, and the time from submission to publication for articles going through peer review was 12 weeks on average.



The 2021 JHI IF was released in June 2022, and rose significantly from 3.926 to 8.944 in response to the frequency with which JHI articles have been cited during an unprecedented time for the world, and the

IPC community. The journal jumped up in the Clarivate infectious diseases category (now 18/94, up from 36/92) and in the public, environmental and occupational health category (to 18/210 up from 56/203). We are thrilled that work published in the JHI has made such a contribution to our knowledge and understanding of COVID-19 in the context of healthcare settings.

The impact factor is an important measure of the journal's output. However, it is important to present a broad range of metrics to assess the impact of JHI articles. JHI articles were downloaded 893,913 times between April 2022 and March 2023. The most-downloaded articles published in this period were de Knobloch *et al.*'s 'Overview of tight fit and infection prevention benefits of respirators (filtering face pieces)' (14,044 downloads) and Bhatia *et al.*'s 'Under-mask beard covers achieve an adequate seal with tight-fitting disposable respirators using quantitative fit testing' (3,855 downloads).

The journal published several special sections. In April 2022, in response to the unfolding refugee crisis following Russia's invasion of Ukraine, the JHI commissioned work from Polish IPC specialists managing arrivals from Ukraine and published this alongside previously published work on IPC in refugee contexts in an article collection titled Infection Prevention and Control for Refugees Fleeing Conflict.





Nik Mahida,
EiC of the JHI

In May 2022, the annual Global Hand Hygiene issue featured the World Health Organisation's announcement of the 'Unite for safety – clean your hands' campaign, accompanied by relevant research and review articles. The May 2022 edition also featured the 2021 Lowbury Lecture, 'Tales of the unexpected in antibiotic resistance' from Marc Bonten. In April 2022, the JHI published work from the HIS Early Career Award winner David Eyre on the subject of 'Infection prevention and control insights from a decade of pathogen whole-genome sequencing'.

A November 2022 special section covered World Antibiotic Awareness Week, with an editorial from the JHI editors on the subject of 'Antimicrobial stewardship in the post-COVID-19 pandemic era: an opportunity for renewed focus on controlling the threat of antimicrobial resistance', and a selection of articles, reports and reviews on the subject. The November issue also featured a short section on Public Health England maternity service responses to the COVID-19 pandemic. The February 2023 issue featured a short special section on prion disease and decontamination.

Other papers of note include the publication in June 2022 of two guidance documents from HIS Working Parties, 'Final rinse water quality for flexible endoscopy to minimize the risk of post-endoscopic infection' and 'Automated room decontamination'.

In 2022, we advertised for a new EiC of the JHI and in October 2022, Nik Mahida took up the role on the journal. Outgoing EiC Jim Gray stepped into the role of Editor for a transition period, alongside Editor Martyn Wilkinson. The core Editorial Team 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 Kieta Morikane of Yamagata University Hospital, Japan, on a commissioned Special Edition on [Surgical Site Infection: The Perspective from Japan](#), with comparisons with healthcare systems worldwide. The journal hopes to have a multimedia element to this project and to publish the Special Edition in October 2023.

Infection Prevention in Practice

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

The journal was indexed in PubMed in July 2021, achieving a key goal in its development. Indexation



caused an immediate spike in submissions as the journal became more visible to researchers. The journal was indexed in Scopus in early 2022, and a submission was made to Clarivate in 2022 for indexation – with the goal of receiving an impact factor for the journal.

In December 2022, the journal published a special section entitled 2021 IPIP Poster Prize Award, which featured three papers written by the inaugural IPIP Poster Prize winners from the FIS International Conference 2021. An article collection on the prevention and management of post-operative infections was published in July 2022, featuring four research articles from around the globe on the subject.

The editors of the JHI can suggest an author transfer a manuscript which is deemed to be of a good quality, but is not novel enough for the JHI, to IPIP. In 2022–2023, 38 manuscripts were transferred from the JHI to IPIP, and 21 transferred manuscripts were published in IPIP.

The journal received 160 submissions overall in this period, and 61 articles were accepted for publication in the journal.

Total downloads for 2022–2023 numbered 121,345. Top-downloaded articles included 'Best practice in the use of peripheral venous catheters: A scoping review and expert consensus' by Zingg *et al.* (3,111 downloads), 'Factors affecting compliance with infection prevention and control standard precautions among healthcare workers in Songwe region, Tanzania' by Bahegwa *et al.* (2,076 downloads) and 'Monkeypox: An old foe, with new challenges' by Bosworth *et al.* (1,715 downloads).

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

The science of IPC

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

Clinical guidelines and guidance

The Society is accredited by the National Institute for Health and Care Excellence (NICE) and uses NICE methodology to develop guidelines. NICE-accredited guidelines are developed using high-quality processes and frameworks which guarantee that health and social care professionals obtain the most trusted sources of guidance.

In 2022, NICE announced that they would be suspending the accreditation programme and instead focusing on developing their methodology for 'living guidelines'. It is currently unclear whether the programme will restart after 2023. HIS intends to follow NICE methodology for the development of future guidelines, until advised otherwise.

In 2022, in recognition of the importance of issues around sustainability in IPC, HIS Council mandated that all future Working Parties should consider sustainability and environmental impact when making recommendations.

Working Parties active between April 2021–March 2022

- Microbiological commissioning and monitoring of operating theatre suites.
- Rituals and behaviours in the operating theatre, jointly with the European Society of Clinical Microbiology and Infectious Diseases (ESCMID).
- Management of norovirus outbreaks in acute and community health and social care settings.
- The use of faecal microbiota transplant as treatment for recurrent or refractory *Clostridium difficile* infection and other potential indications, jointly with British Society of Gastroenterology.
- Prevention and control of infection in burns units, jointly with the British Burn Association.
- Infection prevention and control of Group A streptococcal infection in acute healthcare and maternity settings in the UK.

Guidelines published

Since April 2022, the following guidelines have been published:

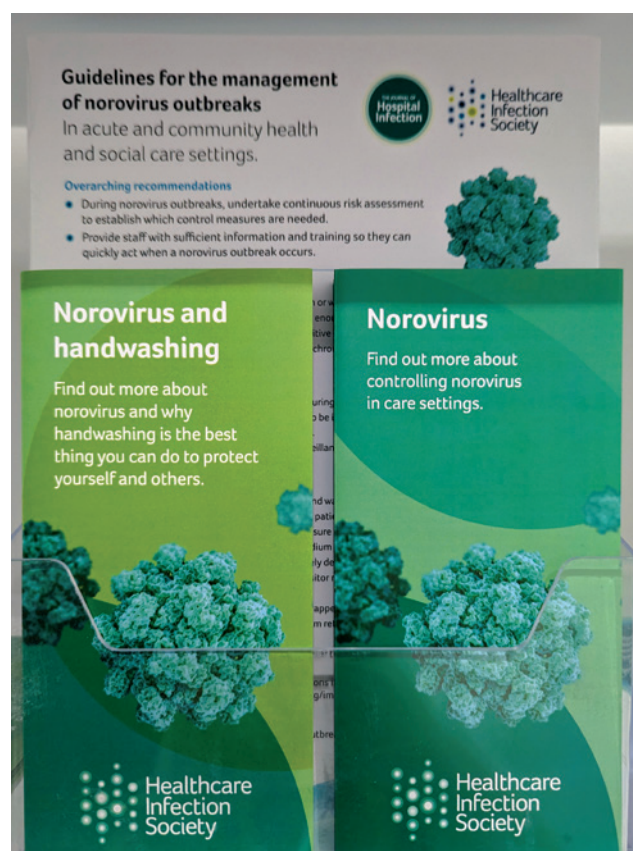
- Presymptomatic, asymptomatic and post-symptomatic transmission of SARS-CoV-2: joint British Infection Association (BIA), Healthcare Infection Society (HIS), Infection Prevention Society (IPS) and Royal College of Pathologists (RCPATH) guidance. Published in *BMC Infectious Diseases* May 2022.
- Guidelines for the management of norovirus outbreaks in acute and community health and social care settings. Published in the JHI February 2023.

During the year the following guidance was also submitted to JHI:

- Rituals and behaviours in the operating theatre – joint guidelines of the Healthcare Infection Society (HIS) and the European Society of Clinical Microbiology and Infectious Diseases (ESCMID).

The HIS staff team includes two full-time Researchers in Evidence Synthesis who continue to support guideline development and the HIS Working Parties.

Working with the Working Parties, the team have continued the development of supplementary resources to complement and communicate the publication of new guidelines and guidance, such as IPC in 5 overviews, patient leaflets, one-page summaries and the Spotlight on Guidelines webinars. Additional resources alongside the published guidelines can be found on the [Guidelines pages of the HIS website](#)



Grants

HIS supports diverse research in the field of IPC in healthcare. We offer funding for pilot projects, small-scale research projects, major research projects and career-development fellowships. HIS also offers grants to support early-career researchers or Trainee members to present research at scientific conferences and meetings.

The [HIS funding portfolio](#) promotes opportunities for career development and the advancement of

knowledge in IPC science, to ultimately improve patient outcomes in healthcare settings. The Society is a member of the AMRC, which confirms high standards and transparency in its grant awarding and peer review processes.



Graham Ayliffe Fellowship

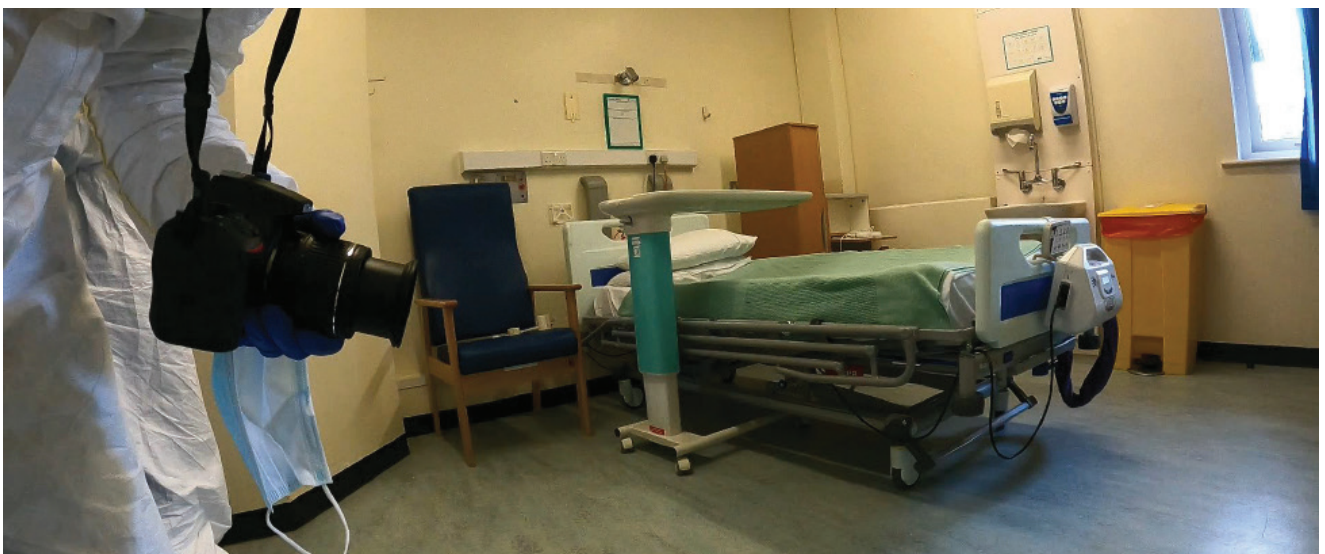
The Graham Ayliffe Fellowship was awarded to Simon Pybus in March 2023, as a joint fellowship working within NHS Scotland's Assure Antimicrobial Resistance & Healthcare Associated Infection Scotland and Assurance Service. This is a one-year career fellowship for Simon to start in September 2023, to develop specialist skills in the prevention of infections associated with the built environment in healthcare settings, and the surveillance and management of outbreaks related to the built environment.

Major Research Grant

A Major Research Grant was awarded to Andrew Kirby from the University of Leeds in March 2022 for a study entitled 'Colo-Pro_2: A feasibility randomised controlled double-blind trial to compare standard bolus dosed cefuroxime prophylaxis to bolus-continuous infusion dosed cefuroxime prophylaxis for the prevention of infections after colorectal surgery'.

Small Research Grants

In May 2022, Catherine Houlihan, a consultant in infection with UKHSA and consultant in clinical virology at University College London Hospitals NHS Foundation Trust, was awarded a HIS Small Research Grant. The project aims to investigate the risk of Monkeypox virus transmission using cell culture as a proxy for infectiousness in clinical samples from patients diagnosed in the UK between 2018 and 2021. Work from this project was published in March 2023 in the JHI, entitled 'MPOX virus isolation from longitudinal samples from four patients to infer risk of onwards transmission: An interim analysis'.



Above right: Sarah Fieldhouse, recipient of a HIS Small Research Grant at a CSI and on a hospital ward.
Above: A single-bed patient room examined during a HIS research project.

In November 2022 Dr Sarah Fieldhouse, an Associate Professor of Forensic Science at the School of Justice, Security and Sustainability at Staffordshire University and was awarded a HIS Small Research Grant to investigate how forensic methods can be applied for IPC purposes. This project examines the use of alternate light sources for the detection of evidentially relevant material in healthcare settings, such as body fluids which are known to contain and transmit infection but are typically invisible.

Pilot Project Grants

The first-awarded Pilot Project Grant was given to Lesley Hoyles from Nottingham Trent University in October 2022 for a project entitled 'Investigating the influence of physiologically relevant cultivation conditions on biofilm formation by bacteria associated with catheter infections'.

Travel Grants

In the year to March 2023, Travel Grants of up to £750 were awarded to support members to present their research at the following events:

- ECCMID 2022 Conference, Lisbon, Portugal: one Travel Grant awarded in April 2022.
- FMT/Gut Microbiota 2022 Conference, Copenhagen, Denmark: one Travel Grant awarded in September 2022.
- International Society for Infectious Diseases 2022 Conference in Kuala Lumpur, Malaysia: one Travel Grant awarded in November 2022.
- ECCMID 2023 Conference, Copenhagen, Denmark: One Travel Grant was awarded in February 2023 and another in March 2023.

In September 2022, the Society hosted the FIS/HIS International Conference in London. Six Travel Grants were awarded to HIS members in August 2022 to support their attendance to present their IPC research.

Rescinding of grants

The Society introduced new terms and conditions in 2018 regarding grants awarded. The progress of all funded grants and fellowships is monitored and reported to trustees at each Council meeting. In the financial year to 31 March 2023, no grants were rescinded (2022: one rescinded grant totalling £10,000). Unutilised funds of £17,366 relating to two completed grants was written back to the Society and made available for use in fulfilling other charitable objectives.

Consultations and influencing

During the year, HIS contributed to the following consultations and programmes:

May 2022

- The guidance document '[Good infection prevention practice: using ultrasound gel](#)' was published by UKHSA on 10 November 2021 and updated on 26 May 2022. The guidance was developed following a review of published literature, and was informed through outbreak investigations, and through consultation with HIS and key medical and subject-matter experts and users of ultrasound gel within the UK. Recommendations were discussed in workshops and agreed upon in consultation with a core working group of stakeholders that included representatives from HIS.
- Parliamentary inquiry regarding single use endoscopes. Unpublished at time of publication of this report.

October 2022

- UKHSA requested HIS's input into the design and delivery of a survey of respiratory protective equipment use in the NHS.
- Health Building Note 04-01 Supplement 1: Special ventilated isolation facilities for patients in acute settings. Unpublished at time of publication of this report.
- Scoping meeting for [NICE diagnostic accuracy for early UTI](#).
- UKHSA *Clostridioides difficile* infection guidance. Unpublished at time of publication of this report.

November 2022

- [Developing NICE guidelines: the manual](#). Sections 1, 4, 6, 7 and appendices B, H, I, J and K.
- HIS engaged with NHS England Technical Standards and Guidance on the topic of special ventilated isolation facilities for patients in acute settings.

December 2022

- HIS participated in the consultation regarding the updated guidance '[Health and Social Care Act 2008: code of practice on the prevention and control of infections](#)'.

February 2023

- February 2023 COVID-19 testing for NHS hospitals [strategy for 2023-24](#).
- Health Building Note 00-03: Clinical and clinical support spaces. Unpublished at time of publication of this report.

March 2023

- HIS formed a specialist IPC in the Built Environment group to work with the New Hospital Programme 2023.

In 2022–2023 HIS was a key stakeholder in the development of the [NHS England Infection Prevention and Control Education Framework](#).

Part 1 focused on the health and social care workforce

and was published in March 2023. Part 2, focused on IPC practitioners, is due to be published in 2023.

Our headquarters

Montagu House has been the official HIS headquarters since September 2020. The building was constructed during 2019 and 2020 on the site of an old dairy located in Wakefield Street, Bloomsbury, London, WC1N 1PG.

The HIS staff team occupy the lower ground floor, which includes a library the HIS membership can make use of, and meeting rooms which can accommodate educational workshops and meetings of HIS Committees and Working Parties.

The upper two floors are configured for the purposes of income generation.



The meeting room at HIS HQ, Montagu House

Our plans for 2023–2024

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

Programme of activities

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

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

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

People

HIS activities and publications will support the professional development of Society members and the

wider IPC community at all career stages and levels.

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

HIS will support and develop staff and volunteers.

Perception

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

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

Membership survey and our future strategy

In March and April 2023, we conducted a survey of the HIS membership. The survey asked members to assess the challenges they are currently facing at work, their views on progress of our 2020–2025 strategic objectives, and included specific questions regarding our main activities.

Members were also asked to share their views on our current membership benefits and fees.

There were 174 responses, the majority of which were from Full members (72%) who were consultants (33%). Of the 153 who described the challenges they are facing at work, 45 cited that 'reduced staffing levels, increasing patient numbers and clinical complexity are resulting in an increasingly heavy demand on professionals working in IPC'. Of the eight challenges identified for the 2020–2025 strategy, the responses received were mapped as relevant to five of them. A new major challenge cited in responses was the 'impact of infrastructure (availability of isolation facilities/side rooms, ventilation and water systems)'.

The broadening of the HIS membership categories was seen as a positive move by 79% of respondents, and only 3% believed membership should be restricted to IPC specialists. Our top membership benefit was the personal subscription to the JHI, which is read by 98% of those who responded, and 48% access it via their own personal online subscription. Of the respondents, 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.

Comments regarding our reputation were overwhelmingly positive, and 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. Our events, training and trainee programmes were viewed positively with 83% of respondents commenting that we delivered these activities well. There were also 127 suggestions for new courses

and training. Although 73% said they planned to use relevant eLearning resources, comments regarding a willingness to pay for these resources was mixed.

Our grants portfolio was viewed positively, with 66% responding that 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.

The results from the survey will inform the Society's future strategy when it is developed during 2024.

Membership engagement

During 2023, HIS will continue to grow and support the membership network. We will review the eligibility criteria of our membership categories to ensure that our categories remain inclusive across all professions. Following a first year of activity, the New Consultants Working Group will continue for a further year, focusing on developing a plan for how the Society can support early-career consultants.

Equality, diversity and inclusion

Improving the diversity of the HIS membership and Committees, and the equity of access to our resources and activities is of key importance to the Society, and it currently under review. Our plans are discussed in detail on page 36 of this report.

Training and education

During 2023, the Society will continue to deliver events and training courses in a range of formats, including online and face-to-face. We will survey attendees and review feedback on the most appropriate format for each type of event and course.

The Spring Meeting will take place in June in London on the important and timely topic 'How do you build a safe hospital? IPC considerations for the built environment'. To fill the gap in face-to-face trainee networking opportunities created by delivering the Trainee Education Days online, we will run a face-to-face, half-day training and networking afternoon the day before the Spring Meeting, exclusively for Trainee members.

Due to the continued success of the online format, the Trainee Education Days will again be delivered online during 2023, with the Outbreaks Training Courses delivered face-to-face at Montagu House three or four times during the year, with an increased delegate capacity, to meet demand.

The Engineering Aspects of Infection Control course will also continue in a face-to-face format in June and October 2023 at Eastwood Park Training Centre in Gloucestershire. Due to demand for places on this course, delegate numbers will return to pre-COVID levels of 16 per course.

The three existing Guidelines and Evidence Courses will be offered again in 2023–2024. An Introduction

FEDERATION OF INFECTION SOCIETIES

London
22 - 23 September

Virtual
26 September

FIS|HIS International 2022

Hosted by the Healthcare Infection Society

to Guideline Development will be repeated in April 2023, while Understanding Network Meta-Analysis and Health Economic Evaluation will be repeated in autumn 2023 or spring 2024. Further expansion of the Guidelines and Evidence Courses portfolio will be explored during the year.

In November, HIS will support the MS in delivering FIS International Conference 2023, both face-to-face in Edinburgh and online. HIS will organise four sessions during the conference, including a careers session for new consultants and a publishing session.

Webinars

The successful audience-led webinar series will continue every six to eight weeks with a focus on three key areas:

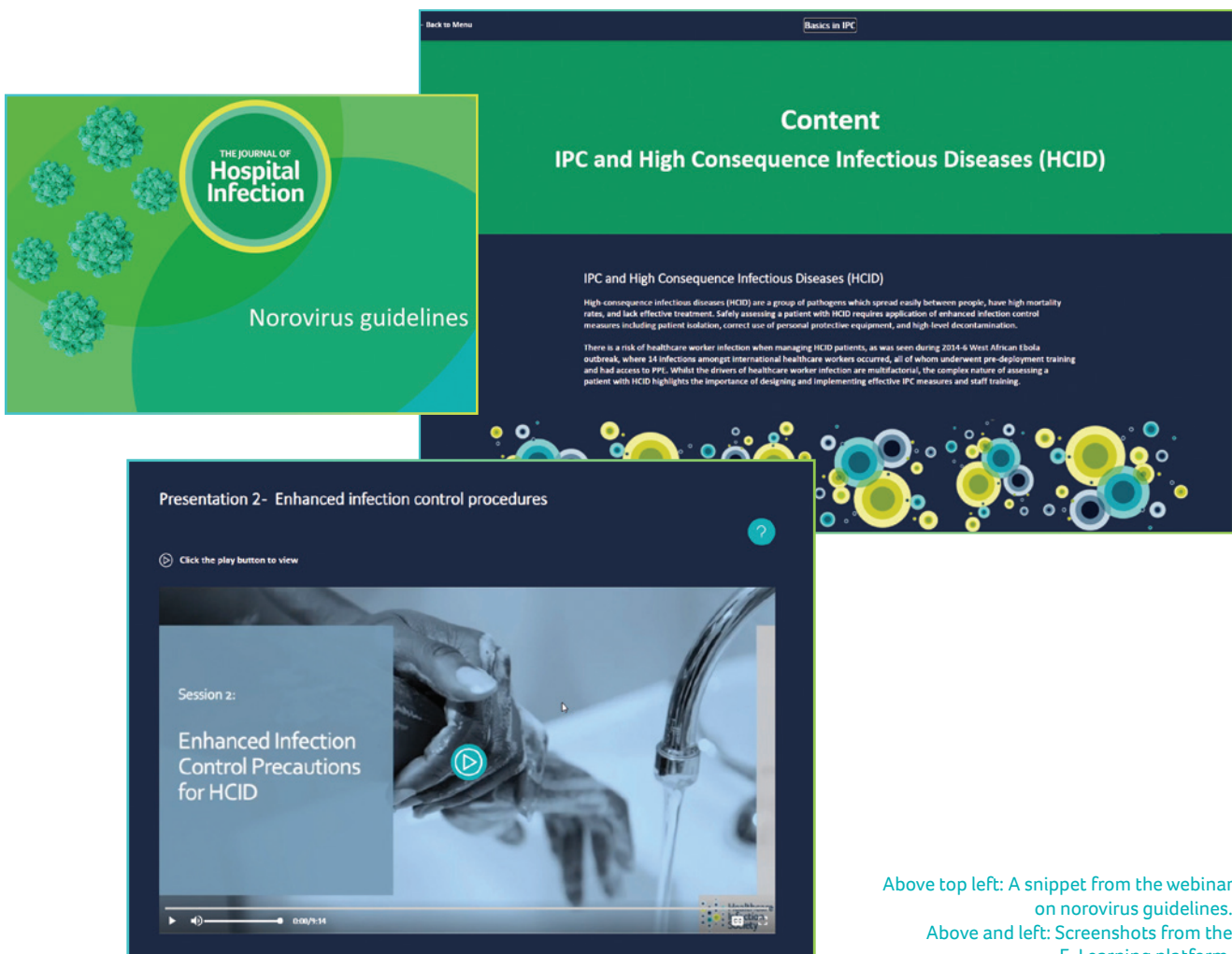
- Webinars focusing on emerging issues.
- Webinars to complement HIS guidelines.
- Webinars to support education.

Bridging the Clinical–Research Gap workshop

The Bridging the Clinical–Research Gap workshop will be run for a third time in collaboration with the MS in October 2023. Due to the interactive nature of the event, the workshop will again take place face-to-face in Birmingham.

Learning on-demand

Originally planned for late 2022/early 2023, a new HIS Learning Management System (LMS) will launch in autumn 2023 with a new format HIS/UKHSA Foundation Course in IPC. The Foundation Course will be available in two formats: an on-demand format providing immediate access to five modules of content which learners can work through at their own pace, and a blended-course format providing on-demand access to five modules of content plus a week of live Q&A and interactive online workshop sessions. This new-format course will provide an opportunity to make the essential education available to a much wider audience.



Above top left: A snippet from the webinar on norovirus guidelines.
 Above and left: Screenshots from the E-Learning platform.

Social media and communications

In 2023 HIS will recruit a new member of the team at HIS HQ whose role will be to focus on marketing and communications. This will ensure that the full range of Society activities is widely communicated to appropriate audiences. We will continue to focus on increasing our engagement via social media channels, particularly Twitter and LinkedIn.

We will continue to produce episodes of *Infection Prevention in Conversation* podcast and highlight the activities of the Society and our members on the HIS blog.

Publications

Journal of Hospital Infection

Following the launch of the first Guest Editor-led Special Issue on surgical site infection in Japan, the JHI team will follow this up with two further issues launching in 2023-2024, led by high-profile Guest Editors.

For the past few years on the journal submissions, downloads and citations have been driven by COVID-19 research. The JHI will inevitably continue to publish work relating to the pandemic, but with greater emphasis on lessons learned and preparedness for future pandemics.

Finally, in 2022-2023 we will focus on ensuring our EDI goals for the publication are met, with a focus on ensuring our core Editorial Team and IEB reflect the international readership and authorship of the journal.

Infection Prevention in Practice

Following the success of IPIP's published Article Collections (collections of notable previously-published work) in highlighting the work published in the journal, the Editorial Team intends to develop commissioned Special Issues to promote the journal's key goals, including promotion IPC research in lower- and middle-income countries and overlooked challenges in antimicrobial stewardship.

IPIP was indexed in PubMed and in Scopus in 2021. In February 2022, the team applied for indexation in Clarivate's Emerging Sources Citation Index. A response is anticipated in 2023.

Engaging members with publication activities

Both journals will expand engagement with trainee and early-career researchers in the coming year, with a journals trainee position offered as part of the Graham Ayliffe Fellowship and a pilot scheme to encourage more trainees and postdocs to engage in the peer review process.



Call for Papers
Surgical Site Infection
The perspective from Japan
Deadline for submissions: 30 April 2023

THE JOURNAL OF
Hospital Infection

Guideline production

The Society will continue to evaluate all previously-published guidance and guidelines, and consider new guidance based on clinical priority. Any member can propose a new guideline topic and HIS encourages the community to continue do so. The HIS website was updated during 2022 to explain the method of [guideline production to facilitate this process](#).

The HIS guidelines staff team will continue to produce guidelines within defined timeframes, and will work together with the members of each Working Party at key points in the guideline development process to consider the link between the evidence and clinical recommendations. Members with an interest in influencing decisions for our guidelines will be encouraged to join the HIS Guidelines Committee.

During 2023-2024 we will continue to create practical recommendations and implementation tools that best represent the needs of patients. To increase the uptake and application of our guideline recommendations, we will continue producing educational resources for every guideline such as one-page summaries, patient information leaflets and eLearning tools. We continuously review how best to implement and ensure good uptake of HIS-produced guidance and will encourage our members to give recommendations on how we can make our guidelines more accessible.

Our accreditation with NICE will be coming to an end in the next year, but this will be the same for all organisations. We will continue to align our methodology with NICE and hope to renew the accreditation if a new programme is available.

Research and grant funding

HIS grants and bursaries are subject to ongoing evaluation by the Research Committee to ensure the funding portfolio and application procedures support the current HIS research strategy. During 2022-2023 the Research Committee identified high priority research themes by reviewing The James Lind Alliance top priorities for HCAIs.

For the September 2023 grant deadlines, there will be a call for applications relevant to these themes for the HIS Small and Major Research Grants. The Research Committee will evaluate the effectiveness of a themed

research funding call alongside our existing open call for applications for these two grants. In the next year the Pilot Project Grant will be re-purposed into a new Summer Studentship Scheme with the aim to encourage students at the early stages of their training to get involved in IPC research.

Income diversification

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

The space designated for this purpose is fully occupied and a full year rental income was achieved during 2022-2023.

Coupled with the diversification of the investment portfolio and the development of new online educational courses, this will help to ensure the long-term financial sustainability of the Society.

Our governance

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 CIO. In recent years, the Constitution has been amended on a number of occasions in line with changes to the Society's membership and governance structure.

In November 2021, the Constitution was amended to specify that the election of trustees should follow an open recruitment process 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 gaps 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. With the exception of the Lay member, only Full 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.
- **Editor in Chief of the JHI:** The Editor in Chief is appointed by Council for an initial three-year term extendable for two further two-year terms.

Ordinary Council members

- Seven Ordinary Council members are selected from a call for nominations from Full and Trainee members of the Society. The 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. Chairs of Committees are now trustees of the Society (and thus members of Council) where practical.

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

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

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

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

Governance reviews

Following a review of the Society's Constitution and governance structure by the 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. Since 2021 the membership composition of Committees has reflected our EDI diversity 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. In 2023, HIS Council and staff took part in an EDI workshop delivered by ChangeOut.



Lucy Calicott from ChangeOut delivers an EDI workshop.

EDI: developing and reviewing the strategy

Following an EDI workshop, the formation of the EDI Focus Group and the publication of EDI objectives in 2021, in March 2023 trustees agreed to further review how HIS can embed EDI in our governance and ensure we welcome every potential Society member working in IPC in healthcare settings. In March 2023, 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.



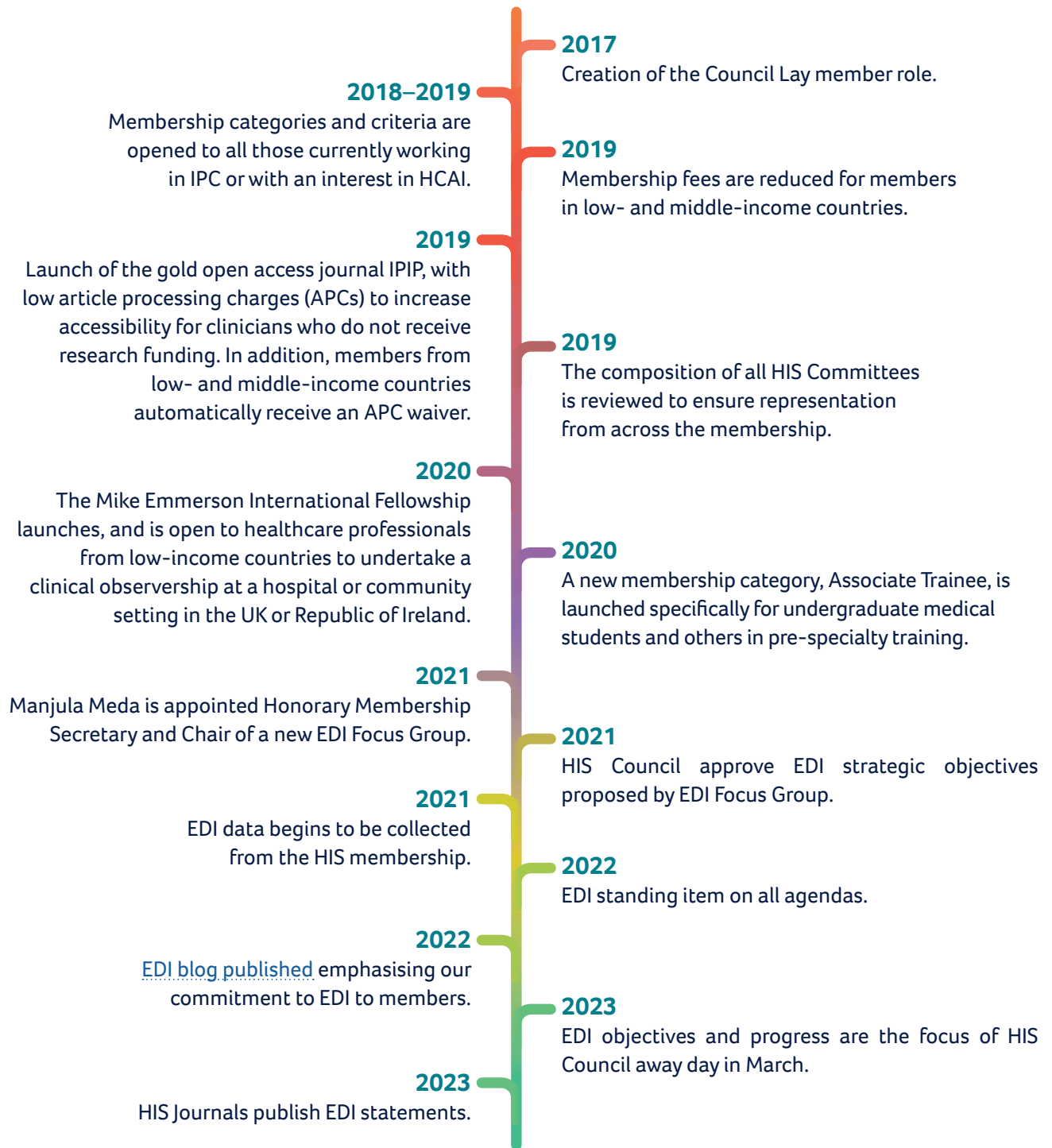
Above: A speaker at FIS/HIS International Conference 2022

Timeline: EDI initiatives

1980s

The Society awards Travel Grants to support members in an early-career or trainee post to present their research at a scientific conference or meeting.

HIS continues to offer Travel Grants and Bursaries to support delegates who may have difficulty obtaining funding to attend FIS and HIS International Conferences, and to support HIS members presenting at non-HIS conferences.



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, by post and by email.

The officers, the Chief Executive Officer (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 30 November 2022 at Montagu House and online, and minutes are available on the Society's website.

Land and property

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

External collaborations

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

The following is a list of these groups and the current HIS members with involvement up to 31 March 2023.

- Academy of Medical Royal Colleges Clinical Reference Group | **Lucía Pareja Cebrián**
- British Standards Institution Committee on

CH/216 Chemical Disinfectants and Antiseptics | **Karren Staniforth**

- European Network to Promote Infection Prevention for Patient Safety | **Aggie Bak**
- International Federation of Infection Control Board | **Elisabeth Ridgway**
- 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**
- NHSE and NHSI Collaborative Working Group on Personal Protective Equipment | **Manjula Meda**
- NHSE/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**
- UKHSA: Standards for Microbiology Investigation Steering Group | **Chris Settle**
- University of West London Project Advisory Group IPC Services and Pandemic Preparedness | **Leila Hail**
- OneTogether | **James Price**
- Surgical Site Infection Awareness Initiative | **James Price**
- Powering the UK's Approach to Antimicrobial Resistance | **James Price**
- Royal College of Paediatrics and Child Health: Developing Pragmatic IPC Guidance for Children Presenting to Hospital with Respiratory Tract Infections | **Sarah Thompson**

Federation of Infection Societies

Since March 2021, HIS, the BIA and the MS have hosted the annual FIS International Conference in rotation. The BIA and MS will host a FIS conference every four years (MS in 2023 and BIA in 2025).

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-fertilization that occurs between different networks and membership groups. The hosting societies will continue to develop multidisciplinary educational opportunities.

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 will be developed 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 monkeypox 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 Editorial and Production Manager, a role within the internal staffing structure, alongside the editors, is responsible for the strategic development of the JHI.

The trustees are currently evaluating alternative forms of income diversification and generation. Through its delegated funds and reserves policy, the Society maintains appropriate financial investments to ensure that it can fully support its charitable activities, and to remain a going concern.

Income diversification

Income diversification remains key to our financial stability, and therefore a principal risk. Strategic investment in activities underpinning the generation of income are supported through the Future Sustainability Delegated Fund as well as through the proposed development of a risk-based reserves model.

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

Other 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.

Challenges during the year

Staff home working and wellbeing

The trustees and CEO believe the HIS staff are a huge asset to the Society. HIS supports the development and welfare of the staff team through rolling assessments, annual appraisals, focused training, employee assistance programmes, benefit platforms and social engagement. The entire HIS staff team work in a hybrid format, where all team members work from Montagu House on the same two days each week, and from home thereafter.

This hybrid model of working continues to be well-received by the staff team. Although further requests for flexible working are encouraged, the current model (where two days a week in the office is a mandatory requirement for all staff) is in place to promote engagement and creativity between team members, and to foster a positive team-working environment and culture.

Volunteer engagement

The development and delivery of the majority of the Society's activities continue to rely heavily on the input of our volunteers as experts in nosocomial infections and IPC.

The requirement for engagement from our volunteers has now returned to pre-COVID levels. Because of the sheer demands of their professional roles, on occasion our reliance on volunteers can (understandably) delay the development and delivery of some of our activities.

Reduced capacity for face-to-face events

Many of the Society's face-to-face events during the period operated at a reduced capacity in order to reduce the likelihood of the spread of infection.

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.

Finance Committee

The Finance Committee was established in November 2022 and is comprised of the Society Treasurer, three members of Council, the CEO and the Chief Financial Officer (CFO).

The primary purpose of the Finance Committee is to provide 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.

The Finance Committee has assumed the responsibilities of the former Remuneration Committee which has now been disbanded.

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 Remuneration Committee. The rate of remuneration for all staff is benchmarked against organisations of a similar size and activity.

All trustees give of their time freely and no trustee received any remuneration or other employee benefits for their role as trustee. As outlined in 'The roles and contribution of volunteers' section on page 40, 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

Grants and fellowships are awarded for research and career-development opportunities which are pertinent to IPC, including epidemiology. The applicant's aims must be clearly stated, and the research must be hypothesis driven, where applicable. All applications enter a triage process before being reviewed in a robust and transparent process by the Research Committee. Where applicable, shortlisted applications 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.



40th Anniversary Badge.

Guests at the 40th Anniversary Special Celebration Event.



HIS Professional Learning Committee,
Mercator University Hospital

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 20 September 2023, and signed on their behalf by:

Dr David Harvey, HIS Treasurer

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

Opinion

We have audited the financial statements of Healthcare Infection Society ('the charity') for the year ended 31 March 2023 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 'The Financial Reporting Standard Applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

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

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs(UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

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

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

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

Other information

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

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

We have nothing to report in this regard.

Matters on which we are required to report by exception

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

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

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 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.

Neil Finlayson (Senior Statutory Auditor)

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

Date:

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 2023

	Notes	Unrestricted Funds General £	Unrestricted Funds Designated £	Total Funds 2023 £	Total Funds 2022 Restated £
Income from:					
Charitable activities					
Membership		49,913	-	49,913	51,732
Education	2	69,195	-	69,195	110,870
Publications	3	586,202	-	586,202	618,563
Conferences	4	331,641	-	331,641	7,600
Investments					
Interest and dividends	5	150,400	-	150,400	149,045
Property income		131,112	-	131,112	16,314
Other income		-	-	-	-
Total income		1,318,463	-	1,318,463	954,124
Expenditure on:					
Cost of raising funds					
Investment management fees		37,903	-	37,903	37,785
Investment property management		19,569	-	19,569	-
Total cost of raising funds	6	57,472	-	57,472	37,785
Charitable activities					
Awards and grants		52,082	92,992	145,074	157,472
Membership		65,665	65,706	131,371	146,349
Education		87,986	185,237	273,223	182,272
Publications		92,388	59,122	151,510	168,206
Communication		64,834	16,264	81,098	90,349
Conferences		459,563	9,219	468,782	93,360
Research and guidelines		150,617	44,765	195,382	222,708
Total charitable expenditure	6	973,135	473,305	1,446,440	1,060,716
Total expenditure		1,030,607	473,305	1,503,912	1,098,501
Transfers between funds		1,667,695	(1,667,695)	-	-
Fixed asset losses on valuation	10	(662,973)	-	(662,973)	-
Net investment losses	7	(490,055)	-	(490,055)	(9,630)
Net income and net movement in funds for the year		802,523	(2,141,000)	(1,338,477)	(154,007)
Fund balances brought forward at 1 April		753,119	8,287,000	9,040,119	9,194,126
Fund balances carried forward at 31 March		1,555,642	6,146,000	7,701,642	9,040,119

All the above results were derived from continuing activities.

The notes and information on pages 50 to 57 form part of these financial statements.

Balance sheet as at 31 March 2023

	Notes	2023 £	2022 £
Fixed assets			
Tangible assets	10	1,172,804	2,863,239
Intangible assets	11	-	-
Quoted investments	12	3,856,742	4,173,366
Property investment	13	2,247,000	1,471,444
		<u>7,276,546</u>	<u>8,508,049</u>
Current assets			
Debtors	14	360,737	249,017
Short term deposits		423	2
Cash at bank and in hand		571,637	966,521
		<u>932,797</u>	<u>1,215,540</u>
Creditors: amounts falling due within one year	15	428,702	519,893
Net current assets		<u>504,095</u>	<u>695,647</u>
Creditors: amounts falling after more than one year	15	78,999	163,577
Net assets	16	<u>7,701,642</u>	<u>9,040,119</u>
Restricted funds			
Unrestricted funds:			
General fund	17	1,555,642	753,119
Designated funds	17	6,146,000	8,287,000
Total funds		<u>7,701,642</u>	<u>9,040,119</u>

Approved by the Board of Trustees on 20 September 2023 and signed on its behalf by:

Dr David Harvey
HIS Treasurer

The notes and information on pages 50 to 57 form part of these financial statements.

Statement of cash flows for the year ended 31 March 2023

	2023	2022
	£	Restated £
Cash flows from operating activities:		
Net cash used in operating activities	(543,440)	(45,689)
Cash flows from investing activities:		
Interest and dividends from investments	149,600	148,963
Interest on bank deposit accounts	800	82
Proceeds from the sale of fixed assets	-	-
Purchase of fixed assets	(1,370)	(13,605)
Proceeds on sale of investments	540	538
Additions to investment portfolio	(593)	(1,709)
Net cash generated through investing activities	148,977	134,269
Change in cash and cash equivalents in the reporting period	(394,463)	88,580
Cash and cash equivalents at the beginning of the reporting period	966,523	877,943
Cash and cash equivalents at the end of the reporting period	572,060	966,523
Reconciliation of net expenditure to net cash flow from operating activities		
Gain after other recognised gains and losses	(1,338,477)	(154,007)
Net investment (gains) / losses	490,055	9,630
Net losses on the valuation of fixed assets	662,973	-
Depreciation of tangible fixed assets	79,898	101,094
Amortisation of intangible fixed assets	-	9,834
Decrease / (increase) in debtors	(111,720)	108,976
(Decrease) / increase in creditors	(175,769)	27,829
Investment income	(150,400)	(149,045)
Cash flow from operating activities	(543,440)	(45,689)
Analysis of cash and cash equivalents		
Cash in hand	571,637	966,521
Short term deposits	423	2
Total cash and cash equivalents	572,060	966,523

The notes and information on pages 50 to 57 form part of these financial statements.

Notes to the accounts for the year ended 31 March 2023

1. Accounting policies

The principal accounting policies adopted by the Society are as detailed below:

a) Basis of preparation

The financial statements have been prepared under the historical cost convention with items recognised at cost or transaction value unless otherwise stated in the relevant note(s) to these financial statements. The financial statements have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) (Charities SORP (FRS 102)), and the Charities Act 2011.

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

The trustees have assessed whether the use of the going concern basis is appropriate and have considered possible events or conditions that might cause significant doubt on the ability of the charity to continue as a going concern. In particular the trustees have considered the charity's financial projections, and, whilst an operational deficit is forecast for the years to 31 March 2024 and 2025, the Charity has designated funds specifically to offset such deficits, and to invest in future income generation strategies to mitigate these going forward. The trustees are therefore satisfied the charity has 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, and that the income will be received and that the amount of income receivable can be measured reliably.

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

c) Expenditure recognition

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

Expenditure is recognised on an accruals basis, that is, in the period in which the liability is incurred. Support costs are those costs attributable to a specific activity and are allocated to the Statement of Financial Activities on the basis of staff time spent on each area of activity.

Costs of raising funds comprise investment managers' fees.

Charitable activities expenditure includes services supplied identifiable as wholly or mainly in support of the Society's objectives and includes grants payable.

d) Grants payable

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

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

e) Investments

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

The Society does not acquire put options, derivatives or other complex financial instruments.

The main form of financial risk faced by the Society is that of volatility in equity markets and investment markets due to wider economic conditions, the attitude of investors to investment risk and changes in sentiment concerning equities and within particular sectors or sub-sectors.

f) Gains/losses on investment assets

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

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

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

g) Foreign currencies

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

h) Cash and cash equivalents

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

Notes to the accounts for the year ended 31 March 2023 (cont.)

i) Irrecoverable value added tax

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

j) Tangible fixed assets

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

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

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

Tangible fixed assets:

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

k) Intangible fixed assets

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

Intangible fixed assets are stated at cost less accumulated amortisation.

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

Intangible fixed assets:

Systems development	33% straight line
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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.

At the year end contributions totalling £3,588 (2022: £3,960) were outstanding.

n) Operating leases

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

o) Financial Instruments

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

p) Critical accounting estimates and areas of judgement

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

Notes to the accounts for the year ended 31 March 2023 (cont.)

	2023	2022			
	£	£			
2. Education income					
Foundation course	10,500	72,200			
Engineering aspects course	44,425	16,995			
DIPC educational programme	7,775	8,750			
Trainee educational programme	1,420	2,000			
Guidelines developer course	2,775	5,575			
Outbreaks workshop	2,300	1,350			
Webinars	-	4,000			
	69,195	110,870			
3. Publications income					
Journal of Hospital Infection	572,521	600,003			
Infection Prevention in Practice	13,681	18,560			
	586,202	618,563			
4. Conferences income					
FIS HIS 2022	315,941	-			
HIS Spring Meeting	6,775	-			
HIS 40th Anniversary	1,500	-			
Don't Panic	7,375	7,600			
Bridging the gap	50	-			
	331,641	7,600			
5. Investment income		Restated			
Interest and dividends from investments	149,600	148,963			
Interest on cash deposits	800	82			
	150,400	149,045			
6. Expenditure on charitable activities	Direct costs	Staff costs	Support costs	Total 2023	Total 2022
	£	£	£	£	£
Awards and grants	87,461	47,401	10,212	145,074	157,472
Membership	56,487	57,864	17,020	131,371	146,349
Education	106,196	71,847	95,180	273,223	182,272
Publications	51,150	85,610	14,750	151,510	168,206
Communications	7,742	57,471	15,885	81,098	90,349
Conferences	393,897	57,865	17,020	468,782	93,360
Research and guidelines	24,496	133,442	37,444	195,382	222,708
Total charitable expenditure	727,429	511,500	207,511	1,446,440	1,060,716
a. Support costs		2023	2022		
Support costs are allocated on the basis of staff time and comprise the following:		£	£		
Premises costs		27,434	39,816		
Bank charges		3,017	3,319		
Depreciation and amortisation charges		79,898	110,848		
Office, legal and administrative expenses		159,239	64,756		
Irrecoverable VAT		(6,770)	4,896		
Governance costs (see (b) overleaf)		(55,307)	41,826		
		207,511	265,461		

Notes to the accounts for the year ended 31 March 2023 (cont.)

	2023	2022
	£	£
b. Governance costs		
Council expenditure	(68,802)	31,256
Audit	13,495	10,570
	(55,307)	41,826

7. Investment gains / (losses)

	Equities	Property	Total 2023	Total 2022
	£	£	£	£
Realised	4	-	4	-
Unrealised	(316,681)	(173,378)	(490,059)	(9,630)
	(316,677)	(173,378)	(490,055)	(9,630)

8. Grants awarded

Dr Andrew Kirby	Research	-	87,852
Mr Harry Dean	Research	-	10,000
Dr Poonam Kapila	Career Development Bursary	-	1,200
Dr Nicola Baldwin	Public Engagement Grant	-	1,015
Dr David Eyre	Early career award	-	1,000
Dr Catherine Houlihan	Research	9,462	-
Dr Sarah Fieldhouse	Research	9,225	-
Prof Lesley Hoyles	Research	4,992	-
Dr Simon Pybus	Research	58,968	-
		82,647	101,067

9. Employers remuneration

The average number of persons employed by the charity during the year for the purpose of charitable activities was 8 (2022: 8).

The aggregate payroll costs of these persons were as follows:

	2023	2022
	£	£
Wages and salaries	413,427	407,294
Social security	46,065	42,526
Employer pension contributions	23,473	24,161
	482,965	473,981

3 employees received total employee benefits (excluding pension and national insurance contributions) of more than £60,000 in the year under review (2022: 2).

The number of employees receiving salaries within the following bands:

	2023	2022
£60,001 to £70,000	1	-
£70,001 to £80,000	1	1
£80,001 to £90,000	1	1

The Society considers its key management personnel comprises the CEO, Kay Miller, and the trustees. Kay Miller received salary and employer pension and national insurance contributions within this period of £101,329 (2021: £96,876).

No trustee received any remuneration or other employee benefits for their role as trustee during the year. However, the employers of the trustees have invoiced the charity for additional services performed as follows:

Dr Elisabeth Ridgway became Chair of the Society in November 2015 and resigned November 2021. Payments due during the

year to her employer, Sheffield Teaching Hospitals NHS Trust, amounted to £nil (2022: £8,202).

Dr Peter Jenks became Secretary of the Society in November 2015 and retired November 2021. Estimated payment due during the year to his employer, Plymouth Hospitals NHS Trust, amounted to £nil (2022: £13,600).

Dr Jim Gray has been the Society's Editor-in-Chief from February 2015 to September 2022. During the year payments due for his services, including employers NI, amounted to £5,298 (2022: £10,615).

Notes to the accounts for the year ended 31 March 2023 (cont.)

10. Tangible fixed assets	Freehold property	Fixtures and fittings	Computer equipment	Total
	£	£	£	£
Cost or valuation:				
At 1 April 2022	2,685,579	323,837	15,175	3,024,591
Additions	-	-	1,370	1,370
Disposals	-	-	-	-
Transfer to investments	(997,982)	-	-	(997,982)
Impairment	(662,973)	-	-	(662,973)
At 31 March 2023	1,024,624	323,837	16,545	1,365,006
Depreciation:				
At 1 April 2022	78,439	76,073	6,840	161,352
Provision in the year	27,233	48,576	4,089	79,898
Disposals	-	-	-	-
Transfer to investments	(49,048)	-	-	(49,048)
At 31 March 2023	56,624	124,649	10,929	192,202
Net book value:				
At 31 March 2023	968,000	199,188	5,616	1,172,804
At 31 March 2022	2,607,140	247,764	8,335	2,863,239

The freehold property is depreciated over 50 years based on cost. Included within the value of freehold property is land of £590,000 which is not depreciated. The property was valued on 16 February 2023 in accordance with the RICS Valuation - Global Standards 2017 by a RICS Registered Valuer,

Jonathan Vanstone-Walker BSc (Hons) MSc MRICS of Third Sector Property. On the basis of this valuation an impairment value of £662,973 has been recognised within these financial statements.

11. Intangible fixed assets	Systems development	Total
	£	£
Cost:		
At 1 April 2022	59,005	59,005
Additions	-	-
At 31 March 2023	59,005	59,005
Amortisation:		
At 1 April 2022	59,005	59,005
Provision in the year	-	-
At 31 March 2023	59,005	59,005
Net book value:		
At 31 March 2023	-	-
At 31 March 2022	-	-

Notes to the accounts for the year ended 31 March 2023 (cont.)

	2023	2022
	£	£
12. Quoted investments		
Quoted investments market value:		
At 1 April	4,173,366	4,181,825
Additions	593	1,709
Disposals at market value	(540)	(538)
Gains / (losses) in the period	(316,677)	(9,630)
Market value as at 31 March	3,856,742	4,173,366
Historic cost	3,797,113	3,797,056
Quoted investments analysis at market value:		
Fixed income securities	1,128,710	1,024,174
Equities	1,768,301	2,037,269
Property	103,671	138,679
Alternative investments	446,855	525,231
Liquid assets	409,205	448,013
Market value as at 31 March	3,856,742	4,173,366

All quoted investments are carried at their fair value.

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

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

The main risk to the Society from financial instruments lies in the combination of uncertain investment markets and

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

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

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

13. Investment property

Property investments market value:

Market value at 1 April	1,471,444	-
Transfer from fixed assets	948,934	1,471,444
Net (loss) on revaluation	(173,378)	-
Market value at 31 March	2,247,000	1,471,444

Historic cost

2,420,378 **1,471,444**

During the year to 31 March 2020, a significant proportion of Society investments previously held as liquid assets were utilised for the purchase of a new building, Montagu House. This purchase is now complete and for the financial statements to 31 March 2021 the property has been accounted for in its entirety as freehold property within tangible fixed assets. A proportion of Montagu House is excess to operational requirement and from 14 February 2022 this proportion has been let on a commercial basis at market rate.

For the financial statements to 31 March 2022, the value of the non-operational element has been transferred from tangible

fixed assets and recognised as investment assets at historic cost. A further transfer was made within the financial year to 31 March 2023 to also recognise a proportion of the land value.

The property was valued on 16 February 2023 in accordance with the RICS Valuation - Global Standards 2017 by a RICS Registered Valuer, Jonathan Vanstone-Walker BSc (Hons) MSc MRICS of Third Sector Property. On the basis of this a valuation loss of £173,378 has been recognised within these financial statements.

Notes to the accounts for the year ended 31 March 2023 (cont.)

	2023	2022
	£	£
14. Debtors		
Trade debtors	190,957	42,523
Other debtors	2,210	8,667
Prepayments and accrued income	167,570	197,827
	360,737	249,017
15. Creditors – amounts falling due within one year		
Trade creditors	15,867	41,527
Accruals	46,859	131,482
Grants	180,630	189,351
Taxes and social security	56,801	52,269
Deferred income	123,967	103,430
Other creditors	4,578	1,834
	428,702	519,893
Creditor amounts falling due after more than one year relate to grants payable of £78,999 (2022: £163,577)		
Reconciliation of deferred income		
Balance as at 1 April 2022	103,430	84,799
Amounts released to income earned from charitable activities	(103,430)	(84,799)
Amounts deferred in the year	123,967	103,430
	123,967	103,430
16. Analysis of net assets between funds		
Tangible fixed assets	1,172,804	2,863,239
Quoted investments	3,856,742	4,173,366
Property investments	2,247,000	1,471,444
Debtors	360,737	249,017
Short term deposits	423	2
Cash at bank and in hand	571,637	966,521
Creditors falling due within one year	(428,702)	(519,893)
Creditors falling due after more than one year	(78,999)	(163,577)
Net assets at 31 March	7,701,642	9,040,119

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

Notes to the accounts for the year ended 31 March 2023 (cont.)

17. Funds	1 April 2022 £	Income £	Expenditure £	Gains/ (Losses) £	Transfers £	31 March 2023 £	31 March 2022 £
Unrestricted funds							
General	753,119	1,318,463	(1,030,607)	(1,153,028)	1,667,695	1,555,642	753,119
Designated funds							
Grants Reserve	642,000	-	(87,461)	-	(17,539)	537,000	642,000
Other Society Activities	310,000	-	(245,940)	-	216,940	281,000	310,000
Fixed Assets	8,000	-	(4,089)	-	2,089	6,000	8,000
Montagu House	4,327,000	-	(75,809)	-	(837,191)	3,414,000	4,327,000
2020-25 Strategy Fund	-	-	-	-	968,000	968,000	-
Future Sustainability Fund	3,000,000	-	(60,006)	-	(1,999,994)	940,000	3,000,000
Total designated funds	8,287,000	-	(473,305)	-	(1,667,695)	6,146,000	8,287,000
Restricted funds	-	-	-	-	-	-	-
Total funds	9,040,119	1,318,463	(1,503,912)	(1,153,028)	-	7,701,642	9,040,119

The designated funds are set up for the following purposes:

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

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

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

Montagu House: Represents the net book value of Montagu House as at 31 March 2022, being an investment, both for HIS headquarters and for the generation of income through commercial lettings.

2020-25 Strategy Fund: Represents funds set aside to meet deficit budgets planned for the delivery of the HIS 2020-25 strategy.

Future Sustainability Fund: Represents funds set aside to facilitate investment within income generation and other initiatives designed to realise future years financial sustainability. The undesignated funds are used for operational costs within the Society. The undesignated funds are used for operational costs within the Society.

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

18. Related party transactions

There were no related party transactions during the year (2022: None).

19. Trustees

The trustees received no remuneration for their role as trustees. In the year to 31 March 2023, 10 trustees were reimbursed a total of £3,740 for expenses incurred in respect of travel and subsistence. (2022: £1,837 to 7 trustees).

20. Capital commitments

The Society had no capital commitments as at 31 March 2023 (2022: £nil).

21. Correction of a prior period error

Investment income in prior years financial statements has been reported as net of investment management fees, whereas the fees should have been recognised as an expenditure within cost of raising funds. This is due to the fees not having been readily identifiable within previous years investment managers reports.

For the year to 31 March 2022 investment fees amounted to £38,690. For the year to 31 March 2023 this has been corrected within the prior year comparatives of the Statement of Financial Activities. This has resulted in the following restatements for 2022:

Income from Investments: Interest and dividends has increased from £110,355 to £149,045

Total income has increased from £915,434 to £954,124

Expenditure on Cost of raising funds: Investment management fees has increased from £(905) to £37,785

Total expenditure has increased from £1,059,811 to £1,098,501

All other figures for the year to 31 March 2022 remain as previously stated.

For the year to 31 March 2023, investment fees amounted to £38,363 and have been correctly accounted for as expenditure within the financial statements.

Reference and administrative information

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

Council member	Appointment	Appointed	Term of office	Completed
Professor Hilary Humphreys	President	Nov 2018	Current	AGM 2022
Dr Elisabeth 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 Jim Gray	Editor in Chief JHI	Feb 2015		Sep 2022
Dr Nikunj Mahida	Editor in Chief JHI	Sep 2022	Current	
Dr Emma Boldock	Ordinary member	Nov 2016		AGM 2022
	Chair: Research Committee	Nov 2019	Current	
Dr James Price	Ordinary member	Nov 2018		AGM 2022
	Chair: Professional Development Committee	Nov 2019	Current	
Dr Joanna Walker	Ordinary member	Nov 2019	Current (term extended to AGM 2023)	
	Chair: Trainee Committee	Nov 2019		Jul 2022
Dr Oliver Bannister	Chair: Trainee Committee	Jul 2022	Current	
Dr Gemma Wheldon	Ordinary member	Feb 2018		AGM 2022
Ron Finlay	Lay member	Nov 2021	Current	
Leila Hail	Ordinary member	Nov 2022	Current	
Dr Luke Moore	Ordinary member	Nov 2020	Current	
Dr Gayti Morris	Ordinary member	Nov 2020	Current	
Dr Sarah Walpole	Ordinary member	Nov 2022	Current	
Dr John Coia	Ordinary member	Nov 2022	Current	
Dr Shanom Ali	Ordinary member	Nov 2021	Current	
Professor Peter Wilson	**Co-opted member (Clinical Scientist) Chair: Guidelines Committee	Nov 2013	Current	

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

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



Chief Executive Officer
Dr Kay Miller

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

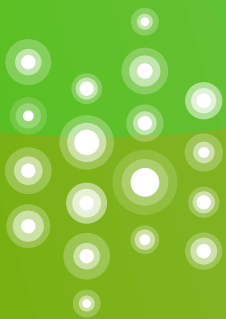
Auditor
Moore Kingston Smith LLP, 9 Appold Street, London, EC2A 2AP

Investment fund manager
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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

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Healthcare Infection Society

Healthcare Infection Society (HIS)

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Montagu House, 7E Wakefield Street, London, WC1N 1PG

Registered Charity Number: 1158172