# **Trustees' Report and Financial Statements**

for the year ended 31 March 2019



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### Welcome

The potential for acquiring an infection as a result of contact with a healthcare setting is a very real threat to patients across the UK. The Healthcare Infection Society (HIS) is a specialist medical membership organisation that supports healthcare workers who are committed to clinical best practice in infection prevention and control (IPC).

HIS operates as a charitable incorporated organisation (CIO) registered in England and Wales, and myself and the trustees are committed to ensuring our activities have clear public benefit. We demonstrate this by supporting our members (via education and research) to deliver the best clinical practice and patient care at all stages of the care pathway. Through our charitable activities, we aim to help reduce the levels of infections acquired as a result of contact with healthcare settings.

In last year's annual report I explained how 2017-2018 had marked the start of a huge transformation for HIS, which we hoped would refresh and modernise the Society, making it more resilient and able to respond to, and be supportive of, members. I am delighted to confirm that the pledges we made are now either complete, or are well underway with clear delivery dates.

During the year we launched many new initiatives including **IPC in 5**, the Gary French Lecture, Outbreaks Training Courses, Certificates in IPC and Career Development Bursaries and added new grants to our funding portfolio. Supporting the professional development of our members and healthcare workers is a key HIS activity, and our new educational resources **IPC in 5** were launched in April 2018 in response to frequent requests for concise, expert-led e-resources. **IPC in 5** videos are 5 minute overviews of presentations delivered by experts on our Trainee Education Days and are freely available from the HIS website.

Following the success of the roll-out of our new Society brand in April 2018, we launched new websites for the Society and the Journal of Hospital Infection (JHI) and also introduced the new JHI cover design. JHI article submissions reached over 1,024 for the year (2018: 856) and we published the 100<sup>th</sup> volume of the journal. Alongside our new website we implemented an integrated membership database. This has allowed website and membership management to be brought back under the control of the HIS in-house team to provide a more responsive service to our members. During September we saw membership numbers reach over 1,000 for the first time.

During the year we reviewed our activities and began to develop our new strategy for 2020-2025. As part of the review process we consulted the membership regarding both the professional challenges they face, and the activities we are planning to address the challenges.

We continued with our plans to acquire new premises and diversify our income streams, and in March 2019 we purchased a new headquarters (with space for tenants) and launched a new gold open access online journal – Infection Prevention in Practice (IPIP). We are confident that both of these activities will provide a stable future income to safeguard the Society.

It has been an exciting year, and later in 2019 we will publish our new strategy for 2020-2025 and move into our new premises. We are also finalising the details of our 40<sup>th</sup> anniversary celebrations in 2020, which will include a special event taking place from 10-11 June 2020 at BMA House in London.

### Dr Elisabeth Ridgway, Chair of Trustees



L-R: Dr Elisabeth Ridgway (Chair of Trustees), Professor Hilary Humphreys (HIS President 2018-2022) and Professor Gary French (HIS President 2014-2018).

In this report the trustees present their annual report and financial statements for the year ended 31 March 2019 which have been prepared in accordance with FRS 102 and the Charities SORP 2015.

### Background

In 1979 a group of consultant medical microbiologists met to form a society that would foster the scientific interests of those hospital doctors who were interested in nosocomial (or hospital-acquired) infections. The first formal meeting of the Society took place in 1980, and the Society moved into permanent premises at 162 King's Cross Road London in July 2002.

Since 1980, the Society has been governed by a board of trustees and officers whom, along with committee chairs and co-opted members, serve as Council. First registered as a charity in January 1983 (No. 286064) the Hospital Infection Society is now known as the Healthcare Infection Society (HIS) and became a charitable incorporated organisation, charity number 1158172, in 2014.

Membership of the Society is open to those interested in furthering its objectives, and since May 2018 members fall into the categories of Full, Trainee, Associate, Emeritus and Honorary members, depending on professional and academic qualifications, and practice in the control of infection. Honorary membership is awarded by Council to an individual in recognition of a significant and longstanding commitment to infection prevention and control, who has worked in the field of hospital and other healthcare-associated infection and who have made a clear contribution to the Society.

The Society publishes the Journal of Hospital Infection (JHI) which is a leading publication in the field of healthcareassociated infection prevention and control and a gold open access online journal Infection Prevention in Practice (IPIP).

# **Objectives**

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

### **Statements of purpose**

### Vision

A world in which healthcare-associated infections have been reduced to the lowest possible level.

### Mission

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

### Values

We believe that:

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

### **Public benefit**

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

The Society provides public benefit through:

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

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

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

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

### Strategic objectives (2015 - 2019)

During 2015-2019, the objectives of the Society were to:

- Ensure that the JHI is the leading journal in its field
- Promote and develop the science of infection prevention and control and to strive to ensure that clinical practice is consistent with latest scientific knowledge
- Design and deliver a range of educational activities that will help equip healthcare professionals to prevent and control healthcare-associated infections
- Retain, enhance engagement with and increase membership
- Increase the numbers of people and organisations with whom HIS communicates and collaborates, particularly overseas
- Ensure that the Society is properly resourced to effectively fulfil its strategic objectives and to
- Enhance its existing governance procedures

As part of the development of the new strategy for 2020-2025, the 2015-2019 objectives were reviewed during 2019. New objectives, which are aligned to the challenges faced by healthcare workers who work to manage healthcare-associated infections, and the Society's charitable objectives, have been developed. The new strategy has undergone a member consultation, and will be launched in 2019.

### Achievements against 2018 objectives

### Membership and engagement

During the period 1 April 2018 to 31 March 2019, the Society's membership network grew substantially, with the number of members reaching over 1,000 for the first time in the Society's history. By the end of March 2019, membership numbers had reached 1,141 - an increase of 24% - (April 2018: 917 members) and comprised 721 Full members, 92 Associate members, 316 Trainee members and 12 Emeritus members.

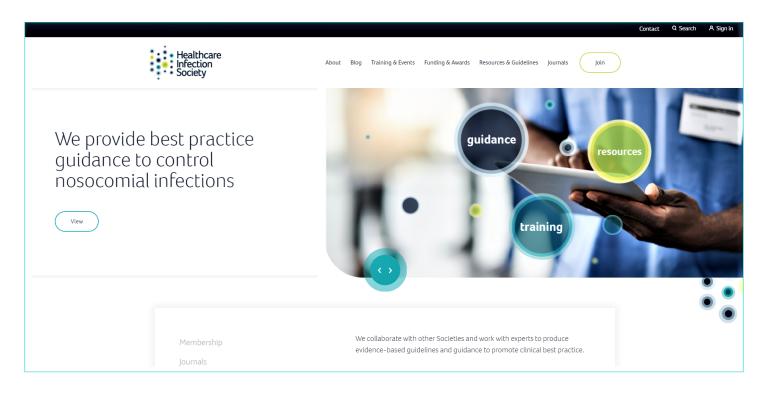
The growth in the membership network during the period can be attributed to further development and promotion of valuable member benefits. These include a reduced registration fee for HIS members attending the Spring meeting and the HIS 2018 conference, the strengthening reputation of the HIS trainee education days (and resulting increased attendance) and a review of the eligibility for HIS grants, further benefitting HIS members.

During the year, the Society reviewed the membership categories and made several changes to category names and eligibility. 'Ordinary membership' became 'Full membership' and 'Retired membership' changed to 'Emeritus membership'.

# The membership journey – recognising the commitment to professional development in IPC

Following five years continuous membership and having demonstrated significant and ongoing experience in infection prevention and control (IPC), Associate members are now able to apply for Full membership, and a review of the Trainee membership criteria means that clinical scientists registered on an HSST programme are now be eligible for Trainee membership. In addition to these changes, a new category of Honorary membership was introduced in May 2018. Honorary membership will be awarded by Council to individuals for their significant and longstanding commitment to IPC. A new option of free online only 'low income country' membership was also introduced for Full or Associate members, residing in low and lower middle-income countries (as classified by the World Bank).

A key activity during 2018 was the implementation of the new his.org.uk website and integrated membership database, with improved functionality and accessibility for members and visitors. The website included an improved member portal, allowing members to update their profile, view and renew their membership subscription, access receipts for payment, access the JHI and view any committee memberships and papers, all in one place.



Functionality includes a regular Blog which is published with submissions drawn from the membership and experts in IPC.

During the year, the Society continued to engage with members and key stakeholders via targeted news emails, the new his.org.uk website and social media. Twitter followers reached 3,287 by the end of March 2019. In December/January 2019, HIS issued a comprehensive survey asking all members to feedback on membership and key activities of the Society. The results of this were analysed and used to feed into the organisational strategy.

### **HIS events and education**

The HIS Spring Meeting on **Outbreaks** was held in London on 23 May 2018 and attracted a good attendance of 92 delegates. Six abstracts were presented as either an oral communication or a poster. The meeting received excellent feedback and discussions at this event resulted in the launch of the first **HIS Outbreaks training workshop**, in Nottingham in December 2018. The event was fullysubscribed and attended by 16 Trainee members.

The highlight of the events and education programme during the year was the **HIS 2018 international conference** in Liverpool on 26 – 28 November 2018. Despite the attendance number of **655** being lower than expected (likely due to the date proximity of the Federation of Infection Societies conference which also took place in November), the scientific programme committee put together an outstanding programme of **96** speakers, incorporating two excellent sessions presented by HIS grant holders and **253** posters; 96% respondents to the feedback survey rated their overall conference experience as good or very good.



Gloves protect healthcare workers and patients, right?





More

Above L-R: Gemma Marsden, Kay Miller, Helen Davies, Sophie Body and Antonia Johnson at HIS 2018



Above: The Society's stand at HIS 2018

The Lowbury Lecture 2018 was presented at HIS 2018 by Dr Susan Huang, University of California Irvine School of Medicine, USA University of Technology who spoke on the topic of 'Decolonisation to reduce multidrug-resistant organisms (MDROs) in healthcare: who, what, where, when, and why?'

The **DIPC development programme** continued in 2018 with two further events in July (Manchester) and December (London), on the topics of **Taking surveillance forwards: making the most of your data and Navigating the minefield: dealing with complaints, litigation and the media.** Both events were well attended, with 55 and 54 delegates respectively.

Three **Trainee education days** took place in 2018/19 on the topics of **Public health aspects of IPC**, **Environmental aspects of infection prevention and control: risks and solutions and IPC in adult and paediatric critical care.** For the first time in February 2019, the HIS trainee day was integrated with the London and South East training programme and the day was attended by 130 trainees.

**The Foundation Course in Infection Prevention and Control** was held at Colindale in collaboration with Public Health England, in January 2019. Despite the capacity again being increased to offer 44 places, the course sold out well in advance.

**The Engineering Aspects of Infection Control** courses, held in July and September 2018 at Eastwood Park Training centre in Falfield, Gloucestershire, continued to be popular with 14 and 16 attendees respectively (maximum 16 per course).



**Above:** Dr Susan Huang delivering the 2018 Lowbury Lecture



Above L-R: Peter Hoffman (Consultant Clinical Scientist, Public Health England and course convenor) and Helen Davies (Membership Education and Events, Manager, HIS) during the **Engineering** Aspects of Infection Control in June 2018.

and courses. Educational resources

Following the launch of the new online educational resources **IPC in 5** in early 2018, HIS continued to produce these for all topics in the Trainee education days and make the resources freely available via the HIS website. The short videos are an excellent knowledge transfer and engagement tool regularly promoted via social media.

The Society continued to collaborate on the joint BSAC/

BIA/HIS Educational Workshops providing both financial

at venues across the UK between October and December

2018 on the topic of 'The ongoing challenges of MRSA'.

and administrative support. The workshops were held

To further support the continuing professional

development of members the Society launched two

new certificates in 2018: the Foundation Certificate

in DIPC Development and the Advanced Certificate

attendance and participation in HIS training events

in IPC. Both recognise members who have demonstrated

a continuing and sustained commitment to their training

### **External events**

HIS attended ECCMID 21-24 April 2018 in Madrid with an exhibition stand. The focus of attendance was to launch the Society's new brand, promote the JHI, HIS 2018 and membership, and the HIS team hosted a members' reception during the conference.

HIS sponsored a session on **'Addressing healthcare associated Gram-negative bacteraemias'** at the IFIC Congress, 25-27 April 2018 in Krakow. The Society also sponsored at talk given by Dr David Enoch on **'Treatment options for multidrug resistant Gram-negative bacteria'** at Infection Prevention 18 which took place on 30 September - 2 October 2018 in Glasgow.

HIS participated in the FIS 2018 conference on 13-15 November 2018 in Gateshead by sponsoring a session (jointly with the IPS) on **'Lessons in microbiology'** and having an exhibition stand at the conference. The inaugural **Gary French Lecture**, entitled 'The rise and fall of MRSA in England' was given by Professor Gary French himself during FIS 2018 on Thursday 15 November.

### **The Journal of Hospital Infection**

The Journal of Hospital Infection (JHI) is an international journal with an aim to reach IPC professionals all over the world. It is a monthly publication and continues to be a leading international journal in its field. The Society is committed to making improvements to the quality of the journal and to widen its international contribution, and works closely with Elsevier (its publisher) to promote the journal and to ensure it has a wide penetration in the academic and healthcare environment. It was a record year for the submissions to the Journal in 2018, and we have improved on this again from April 2018 to March 2019 receiving **1,024** submissions in this time period, a 22% increase on the previous year.

The editorial team have also been successful in reducing the average time from submission to first decision to 10 days, a reduction of 2 days compared to the previous year. Our impact factor has also increased this year, rising from **3.126** to **3.354**.

The International Editorial Board (IEB) now comprises 112 editors from across the globe. The inaugural meeting of the IEB took place at the HIS conference in Liverpool in November 2018, with approximately 30 members of the IEB in attendance. This meeting will be held biennially and will allow the IEB to discuss areas of journal strategy, raise operational concerns and have input in shaping the future of the journal. We have continued to offer all members of the JHI IEB one year's free Society membership as a thank you for their work on the journal.

Impactful research is a vital part of the Journal strategy, and the journal uses a variety of measures to assess the impact of our articles outside of the impact factor. The JHI Twitter presence has continued to grow, with the journal re-establishing the official JHI Twitter account in April 2018, which now has **1,310** followers. Our Twitter account regularly highlights key papers published in the Journal, notifies followers of new issues of the Journal, promotes our monthly Editor's Choice article. A paper on national antimicrobial stewardship competencies for UK undergraduate healthcare professional education published in the JHI was included in the government's five-year action plan for tackling antimicrobial resistance. A study in our December 2018 issue by Best *et al.*, on environmental contamination of hospital bathrooms based on hand drying methods, was our top article based on PlumX metrics, which measure all aspects of impact including citations, downloads, news mentions and social media. This paper was tweeted 160 times and received 50 mentions in the news media. Publishing open access allows maximum dissemination of the research in the Journal, and over this time period the journal accepted 49 open access publications, compared to 27 the previous year.

The 100<sup>th</sup> volume of the journal ran from September to December 2018, with four issues of the Journal dedicated to celebrating our past and looking ahead to our future. The journal put out a call for papers for this volume which successfully led to many quality submissions in diverse areas of IPC. The Editor in Chief also contributed a series of pieces collecting together interesting JHI articles from past editions, using different themes. We published our now annual Global Hand Hygiene issue in the April 2018 issue of the journal, featuring a WHO-endorsed editorial from the 'Clean your Hands' campaign.



#### Environmental contamination by bacteria in hospital washrooms according to hand-drying method: a multi-centre study

E. Best<sup>a</sup>, P. Parnell<sup>a</sup>, J. Couturier<sup>b</sup>, F. Barbut<sup>b</sup>, A. Le Bozec<sup>b</sup>, L. Arnoldo<sup>c</sup>, A. Madia<sup>c</sup>, S. Brusaferro<sup>c</sup>, M.H. Wilcox<sup>a, d, \*</sup> <sup>a</sup>Microbiology, Leeds Teaching Hospitals, Leeds, UK

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SUMMARY

A R T I C L E I N F O Article history: Received 23 May 2018 Accepted 4 July 2018 Available online 10 July 2018

Background: Hand hygiene is a fundamental component of infection prevention, but few studies have examined whether hand-drying method affects the risk of dissemination of potential pathogens. Aim: To perform a multi-centre, internal-crossover study comparing bacterial contami-



### **Infection Prevention in Practice**

The Society announced plans to publish a new, gold open access journal, Infection Prevention in Practice (IPIP) in September 2018. IPIP was opened for submissions in February 2019 and the first issue was published online in March 2019. This new, online-only journal aims to maximise the discoverability of research in IPC globally by providing a fully open access resource that is accessible to all those working in the field of IPC, irrespective of their funding or institutional access. Publishing in the journal requires an article processing charge, which we have intentionally set well below the current market rate in order to make publishing open access achievable for those without funding. The focus of IPIP is on practical, applicable research in IPC, particularly with relevance to global and developing communities with their own unique challenges.

The new Journal has been established with its own IEB and editorial team. The Journal is under the current stewardship of editors Gemma Winzor, Jim Gray and Nik Mahida, with an IEB consisting of 17 members from 10 different countries. The journal also aims to promote trainee involvement in publishing, with two trainee members on our IEB and a promotional campaign aimed at trainees to encourage them to be involved with reviewing for the journal. A new Twitter account has been established at IPIP Open which currently has 234 followers.

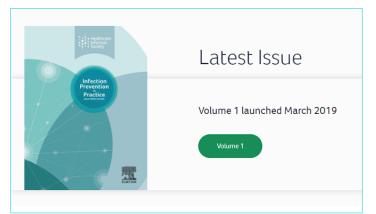
Operationally, IPIP has a set up 'cascade' system with the JHI, whereby papers not suitable for the publication in the JHI (on the basis that articles are high quality, and aligned more clearly to the scope of IPIP) can be recommended for transfer to IPIP if the author agrees. The IPIP submission site launched in January 2019, and the Journal has so far received 18 submissions, publishing 7 articles into our first volume, including examples of a new article type, Debates in Infection Prevention. This article type aims to provide two sides of an interesting debate in IPC, with two different articles arguing 'for' and 'against' a motion.

### The science of infection prevention and control

The Society has an active role in the promotion and development of infection prevention science by producing expert led clinical guidelines and supporting research. The activities involved in guideline production and funding are overseen of the Scientific Development Committee (SDC) and the Grants Committee.

### **Clinical guidelines and guidance**

The Society's expertise is used to produce clinical guidelines and guidance through working parties (as either joint or sole ventures) or through representation. The methodology used for the production of guidelines is accredited by the National Institute for Health and Care Excellence (NICE), which provides quality assurance.



The working parties active during April 2018-March 2019 period were:

- Prevention and control of infection in burns units, jointly with the British Burns Association
- Commissioning and monitoring of operating theatre suites
- Meticillin-resistant Staphylococcus aureus (MRSA), jointly with BSAC, Infection Prevention Society (IPS) and BIA
- Final rinse water for endoscope washer disinfectors
- Automatic room decontamination
- Decontamination of intracavity medical devices
- Water management for the microbiologist
- Rituals and behaviours in the operating theatre, jointly with ESCMID

Updates are scheduled for the following guidelines:

- Prevention and control of Norovirus
- Respiratory and facial protection
- Prevention and control of Group A Streptococcus.

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

### **Guidelines published**

Bradley *et al.* Guidance for the decontamination of intracavity medical devices: the report of a working group of the Healthcare Infection Society. J Hosp Infect. **2018 Aug 7.** pii: S0195-6701(18)30414-6. doi: 10.1016/j.jhin.2018.08.003.

Mullish *et al.* The use of faecal microbiota transplant as treatment for recurrent or refractory *Clostridium difficile* infection and other potential indications: joint British Society of Gastroenterology (BSG) and Healthcare Infection Society (HIS) guidelines. J. Hosp Infect. **2018 Sep**;100 Suppl 1: S1-S31. doi: 10.1016/j.jhin.2018.07.037.

### **Grants and bursaries**

The Society supports research and career development through a portfolio of grants, bursaries and awards. Funding ranges from smaller awards (such as travel grants) to major research grants. The awards portfolio aims to foster opportunities and knowledge in infection prevention science that directly impact patient outcomes.

The grants and awards made during this period were:

### Small research grants

One small research grant of £10,000 was awarded during the year to Dr Damien Mack, Royal Free Hospital, in order to complete research entitled 'Evaluation of the Accelerate Pheno System™ for the rapid identification and antimicrobial susceptibility testing of Gram-negative bacteria from positive blood cultures and impact on time to targeted antimicrobial therapy.'

### Major research grant

One major research grant totalling £65,965 was awarded in 2019. These funds were awarded to Professor Heather Loveday for a project entitled '**Pr**eventing non-ventilator **h**ospital-**a**cquired **p**neumonia: the **PRHAPs** Study'.

### **Travel Grants**

Travel Grants are awarded to enable members to attend meetings of educational benefit where the member is actively participating. In the year to March 2019, 16 travel grants were awarded with a total value of  $\pm$ 10,935.

### **New grants**

This year also saw the Society launch the **Pilot Project Grant** to encourage innovative proof of principle research. **A Career Development Bursary** was also launched to support development opportunities for Full and Associate members.

### **Public engagement grants**

The Society launched two new funds (totalling £2,000) in 2018 to support events where aspects of clinical microbiology, infection prevention and control, and healthcare-associated infections (HCAIs) are promoted to the public and other relevant stakeholders.

Events eligible for support can be diverse (pieces of art to popular music) or funds may be used to aid individuals to exhibit at public science festivals. The main criterion is that the event/activity must promote the science of microbiology in the context of (HCAIs).

#### Funded events in 2018

#### Nosocomial a microbiology play

By Dr Elaine Cloutman-Green (GOSH) and playwright Nicola Baldwin.

The aim was to create and test a play in which audiences could participate in the lab experience. The play was co-created with a group of scientists from across healthcare and academia. Twenty four Healthcare Scientists from 8 institutions co-created the play across 3 workshops. Scientists worked directly with actors and a creative team. Scientists shared their experiences with colleagues and a playwright in the working group, and also with the general public through the play. Nosocomial was programmed for 3 nights as a site-specific performance at Camden People's Theatre during their September 2018 'Underground' festival.



**Nosocomial** was extremely well received by microbiologists and the general public. Scientists were enthusiastic about sharing their experiences with other colleagues in the working group, and with the general public in the play. Audience members previously unfamiliar with microbiology had the strongest reaction, of amazement they had known so little about healthcare science, describing it as "eye-opening", "fascinating" or "astonishing". The intention is that the play will be developed for a full production in 2019, to be performed in theatres, and available for festivals and workshops.

### "Let's Get Buggy," Interactive session for Key Stage 1 Children

Dr Gayti Morris (Sheffield Teaching Hospitals NHS Foundation Trust)

Six members from Sheffield Teaching Hospital's NHS Foundation Trust's Microbiology and Infection Prevention and Control department spent the morning with three successive classes (more than 90 children) of Year 3 pupils at Hallam Primary School.



The aim of the project was to provide a fun, engaging and interactive session to help the children, aged 7-8 years, consolidate their understanding of the importance of hand washing with soap and water and introduce ideas of different types of microbes (viruses, bacteria and fungi). This was achieved through a simple, but practical experiment observing the effect of soap on pretend pepper microbes in water and asking the children to design and build their own 'helpful' or 'harmful' microbes. A true or false quiz was held to reinforce key messages and pupils had a chance to quiz the 'experts.'

Pupils enjoyed the sessions and were enthusiastic participants in all the activities. The final true/false quiz demonstrated how they had retained key messages of the importance of washing hands with soap and water and different kinds of useful and harmful microbes. The children asked thoughtful questions such as: 'how are microbes born?' and 'what's the most deadliest microbe?' Teaching staff agreed that the session had been useful, engaging and fun.

**Sponsored events grants funding** was launched by the Society in 2018 and provides sponsorship of up to £1,000 to assist with the organisation of events that focus on the prevention and control of healthcare-acquired infections. Events should be held in an academic or healthcare setting, and aimed specifically at healthcare professionals.

# **Policies**

### **Grant making**

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

The award of grants carries several conditions:

- A progress report must be submitted to the Grants Committee every 6 months until completion of the project
- The grant must be acknowledged in any publications associated with this work
- Unless there is a compelling reason not to do so, the main publication should be submitted to the JHI for first refusal
- Once the study is completed it will be presented to a meeting of the Society

### Selection of social or programme related investments

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

# The roles and contribution of volunteers

Members and Officers of Council conduct the business of the Society, with the exception of editorial services, on a voluntary basis.

Whilst Officers do not personally financially benefit from their role in the Society, where they are unable to carry out their duties because of professional commitments, a payment can be made to their employers to allow them the necessary time to fulfil their duties. Details of such payments can be found in note 9 of the accounts.

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

# **Financial review**

### Brief review of the financial position of the charity

The Society continues to be in a healthy financial position with total funds of £8,259,000 as at 31 March 2019 (2018: £8,358,000). The deficit for the period of £99,000 (2018: £365,000) comprises of an operational deficit of £159,000 (2018: £137,000) together with investment gains of £59,000 (2018: £228,000 losses). Further details are given in the Statement of Financial Activities on page 25, the Balance Sheet on page 26, and the associated notes to the Financial Statements.

### Reserves policy, designated funds and going concern

It is the policy of Council to maintain sufficient funds to meet its objectives and obligations on an ongoing basis. Society funds of £8,259,000 as at 31 March 2019 are all unrestricted funds.

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

Operating reserves represent free reserves and are calculated after deducting designated funds from total Society funds. Operating reserves are held to ensure the financial stability and ongoing operations of the Society in the event of an unanticipated loss in income or unexpected rise in expenditure. Operating reserves as at 31 March 2019 amounted to £2,056,000.

The Council have determined that the ideal level of Operating reserves will be equivalent to 6 months of average operating cost, within a range of 3 months above or below this level. For the year to 31 March 2019 the requisite level of reserves on this basis was £312,000.

With planned development in Society activities, an increase in the requisite level of reserves, together with the cost of investment funding, is forecast to attain parity between actual and requisite levels of operating reserves over the next 5 years.

The trustees have reviewed the Society's financial position and consider that the Society has adequate resources to continue operating for the foreseeable future. For this reason they continue to adopt the going concern basis in preparing the financial statements.

The Society will continue to review its reserves policy annually.

### Investment policy and performance

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

Following an investment manager review in 2018, the Society transferred its investment portfolio from Rathbones Investment Management to Sarasin and Partners.

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

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

## **Plans for future periods**

The Society's plans to launch a new strategy for 2020-2025 will bring with it a focus on activities and initiatives that will aim to further increase our profile as an international leader in the field of IPC. During 2019 and 2020, the Society, the JHI and IPIP will continue to develop awareness of our commitment to evidencebased research and best-practice. Our new strategy will be underpinned by **three key areas of activity** and engagement which support our members to deliver excellent clinical practice for the benefit of the public:

- 1. Programme of activities
- We will fund a diverse range of research and produce expert guidance on the control and management of HCAIs
- We will deliver an expert-led high-quality programme of training and events
- We will provide accessible platforms for the dissemination of peer-reviewed high quality research
- 2. People
- Our activities and publications will support the professional development of our members and the wider IPC community at all career stages and levels
- We will encourage our members to become involved with the Society in order to help us realise our vision: A world in which HCAIs have been reduced to the lowest possible level
- We will support and develop our staff and volunteers
- 3. Perception
- We will ensure our new brand, website and key messages communicate that HIS is expert-led and the authority on the delivery of activities and publications that drive best practice

### Membership engagement and educational activities

During 2019/20, the Society will continue to support the professional development of IPC specialists at every stage of their career and professional level by providing expert-led training and events for those working in the field.

Following the launch of the new HIS website and integrated membership database, an events registration and online travel grants and bursary application forms will be launched in 2019. This means that members will be able to view all their event bookings, receipts and certificates of attendance all in one place alongside their member subscription information on the online member portal.

Alongside the existing programme of conferences, events and training courses, the Society will run the popular **Don't Panic!** conference for the first time as a HIS event in June 2019. Following the success of the pilot workshop on **Dealing with outbreaks** in December 2018, two more Outbreaks training workshops will be organised in June and December 2019. In addition, to support the demand for places on the Foundation Course in Infection Prevention and Control, plans are underway to run a second course each year from 2020.

HIS will continue to collaborate with sister societies in 2019, organising two sessions at FIS 2019 on 12 – 14 November in Edinburgh on 'Big data and the future of IPC' and 'Stewardship and Diabetic Foot Infection'. Professor Petra Gastmeier, Director of the Institute of Hygiene and Environmental Medicine (Charité Universitätsmedizin Berlin), will deliver the 2019 **Lowbury Lecture** 'From one size fits all to personalized infection prevention' during FIS 2019.

In response to member feedback, HIS will launch a pilot e-resources package on the topic of 'Ventilation systems in infection prevention and control' in 2019. The aim of these new resources will be to bring together 'IPC in 5' interactive videos and other supportive resources including guidelines and sample reports and papers on key topics in the field of IPC.



### 40<sup>th</sup> anniversary of the Healthcare infection Society and the Journal of Hospital Infection

In 2020, a series of events and initiatives will take place to celebrate the 40<sup>th</sup> anniversary of HIS.

The highlight of the year will be a special event which will celebrate the achievements of the Society and the JHI, and act as a platform for healthcare and research professionals to engage with experts. The 1.5 day event (which will be open to HIS members) will take place **10 - 11 June 2020** in London, and will include presentations from speakers who will review the last 40 years, and consider the future challenges of healthcare-associated infections.

### **The Journal of Hospital Infection**

The JHI's Editor-in-Chief, Dr Jim Gray, will work with the Society's Editorial and Production Manager to continue to build on the journal strategy. Our focus will be on increasing the international profile of the JHI and promoting the Journal as the journal of choice in infection prevention and control globally. The Society will be working together with Elsevier, the journal publisher, to best position our journals business against changes to the wider publishing landscape.

The strategic objectives of the journal will align with those of the Society in promoting expert knowledge globally, with new USA and China-focused strategies being implemented and a drive to recruit reviewers and IEB members to our journal's from developing journal markets. The journal will be a key part of the Society 40<sup>th</sup> anniversary celebrations, highlighting the relationship between our Society activities and those of the JHI.

### **Infection Prevention in Practice**

Following the publication of the 1<sup>st</sup> issue in March 2019, the Society aims to establish IPIP as a respected journal in its own right, growing submissions, and establishing connections with our IEB and members of the IPC community. We also hope to promote IPIP as a target journal for trainees and early-career researchers to publish in. We plan to grow and consolidate key journal metrics and improve on our operational processes, promote trainee involvement in the journal and continue to evolve the strategic aims of the journal following its first full year.

### The science of infection prevention and control

The Society maintains a rolling programme to update its existing guidelines and continuously reviews its current guidance and invites proposals for new guidelines and guidance. Working parties are supported to produce practical guidelines and consider implementation.

HIS will continue to review its funding portfolio during the next financial year and engage with other funders to ensure that the awards fulfil the Society's strategic aims. A full research strategy will be developed in 2020 which will allow the Society to become a member of the Association of Medical Research Charities.

### **External collaboration**

The Society will continue to focus on growing and strengthening its collaboration with external organisations and kindred societies. For the first time in 2019, HIS will organise a joint event with the Microbiology Society. This one-day event will focus on bridging the divide between clinical and academic research.

### New premises and income diversification

The Society plans to relocate its Head Office to premises of a size, configuration and location appropriate to fulfilling its function to the benefit of its members, advancing the efficiency and quality in the delivery of its objectives and activities, whilst creating capacity for growth. New build freehold premises in central London have been identified and secured, and are expected to be ready for occupation in 2019. In addition to achieving benefits in Society operation and service, the new property will create an opportunity for the Society to generate additional revenue through the letting of commercial space to other organisations. The intention is that this new income stream, coupled with the diversification of the investment portfolio, will help to ensure the long term financial sustainability of the Society.

# Structure, governance and management

# Nature of governing document and how the charity is constituted

The Society's governing document is its Constitution. This incorporates the elements of the previous constitution into the requirements of the Charity Commission for a Charitable Incorporated Organisation.

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

### Methods adopted for the recruitment and appointment of new trustees

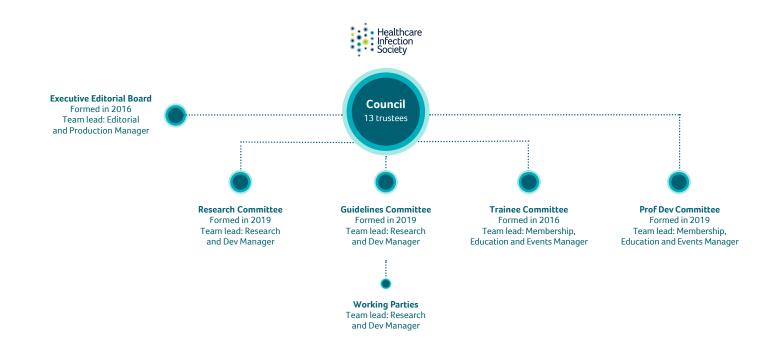
Trustees are recruited following an open call to Full and Trainee members of the Society, with the exception of the Lay Trustee who is not a member of the Society. Lay trustees are recruited via advertisements in the national and charity media outlets. Full and Trainee members of the Society are eligible to be trustees. There are a maximum of 13 trustees of the Society who are all members of the Council. They are:

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

Currently, in addition to trustee members of Council, there may be members co-opted onto Council at the discretion of the trustees as per clause 4(14) of the Constitution. Such individuals serve for one year in the first instance, renewable on an annual basis for up to three years. In addition, trustees will appoint the Chairs of the Society's standing committees, which are the Scientific Development Committee and the Education Committee.

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

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



### **Key changes:**

- Committee Chairs are trustees
- Co-opted members on Council avoided where possible
- Committees are aligned to strategic objectives
- All committees work with a key member of the HIS staff team
- All committees are new (with the exception of the Executive Editorial Board and the Trainee committee, but their composition will change)

#### New committees:

Professional development committee

Research committee

Guidelines committee

#### **Dissolved committees:**

Education committee Scientific development committee Grants committee

DIPC committee

# Policies and procedures for the induction and training of trustees

Trustees participate in an annual trustee development and training session and are provided with a trustee induction pack 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 on-line training material provided by the NCVO.

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

### Organisational structure and decision-making process

The business of the Society is conducted by its Council, which meets quarterly. The Council determines the strategy of the Society and reviews progress against its strategic aims and objectives. Council reports to the members via the Annual General Meeting, by notices on the Society website, by post and by email. The Officers, Chief Executive Officer, the Chairs of the standing committees and the Editor-In-Chief meet in person or by teleconference as and when required to discuss key issues, and their proposals and recommendations are taken to Council for discussion and formal decision making.

The Society's Annual General Meeting was held on 26 November 2018, and minutes are available on the Society's website.

### **Governance reviews**

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

### Land

The Society retains title to all land held by the Society, which, at the date of this report, consists of the premises at 162 King's Cross Road, London, WC1X 9DH. New premises are currently being purchased in Wakefield Street, London, WC1 with an expected completion in 2019, and the Society intends to sell 162 King's Cross Road.

# Details of related parties and wider networks in which the charity is involved

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

- International Federation of Infection Control: Board I Elisabeth Ridgway
- Royal College of Pathologists: Infection Training Speciality Advisory Committee | Peter Wilson
- Royal College of Pathologists: Medical Microbiology Speciality Advisory Committee | Peter Wilson
- European Network to Promote Infection Prevention for Patient Safety (EUNETIPS) | Martin Kiernan
- Infection Prevention Society: Research and Development Group | Chris Settle
- Professional Expert Communication Forum: Decontamination of Medical Devices | Mark Garvey
- Public Health England: Standards for Microbiology Investigation Steering Group | Chris Settle
- Sepsis Trust Steering Group | Simon Goldenberg
- Department of Health: Human Health Stakeholder Group | Peter Wilson

- NHS Improvement: National Standards of Cleanliness | Chris Settle
- Standards for Microbiology Investigation Steering Group | Chris Settle
- European Committee in Infection Prevention and Control (EUCIC) | Gemma Marsden
- Public Health England and NHS Improvement: IPC Manual | Bill Newsholme
- BSI Committee on CH/216 Chemical Disinfectants and Antiseptics | Karren Staniforth

The Society participates with several other organisations in an annual three-day scientific meeting under the title of the Federation of Infection Societies (FIS). It holds other scientific meetings with like-minded groups on an *ad hoc* basis.

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

A Foundation Course in Infection Prevention and Control is run in collaboration with Public Health England (PHE).

### **Risks and uncertainties**

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

The trustees recognise that the activities of the Charity in providing support for scientific research and education are principally reliant on the income it receives from the JHI. Support to ensure the continuing success of the journal is therefore a critical function of the Council. The Editorial and Production Manager, a role within the internal staffing structure, alongside the editors, is responsible for the strategic development of the JHI. The Society maintains a reserve, appropriately invested, to ensure that it is able at any time to fully support all grants and awards that it has made, and to remain a going concern.

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

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

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

The trustees have appointed an external human resources/health and safety management firm to ensure compliance with legal requirements and good practice.

### Key management personnel remuneration

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

All trustees give of their time freely and no trustee received any remuneration or other employee benefits for their role as trustee. Details of trustee expenses and related party transactions are disclosed in notes 9, 18 and 19 to the accounts.

The policy and procedure in determining the remuneration payable to the Chief Executive is as agreed by the trustees. The rate of remuneration for all staff is bench-marked against organisations of a similar size and activity.

### Statement of trustees' responsibilities

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

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

The trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charity's transactions and disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with Charities Act 2011, the Charity (Accounts and Reports) Regulations 2008 and the provisions of the charity's constitution. They are also responsible for safeguarding the assets of the charity and group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the trustees are aware:

- There is no relevant audit information of which the charity's auditor is unaware; and
- The trustees have taken all steps that they ought to have taken to make them aware of any relevant audit information and to establish that the auditor is aware of that information.

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

Approved by the trustees on 11 September 2019, and signed on their behalf by:

Inne

Dr Richard Cunningham Trustee

### 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 2019 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and 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 charity's affairs as at 31 March 2019 and of its incoming resources and application of resources for the year then ended;
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- Have been prepared in accordance with the requirements of the Charities Act 2011.

### **Basis for opinion**

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

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

### Conclusions relating to going concern

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

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

### **Other information**

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

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

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

# Matters on which we are required to report by exception

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

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

### **Responsibilities of trustees**

As explained more fully in the trustees' responsibilities statement set out on page 21, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

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

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

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purposes of expressing an opinion on the effectiveness of the charity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the trustees.

- Conclude on the appropriateness of the trustees' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the charity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the charity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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

#### Use of our report

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

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Neil Finlayson, Senior Statutory Auditor Devonshire House for and on behalf of Moore Kingston Smith LLP 60 Goswell Road Statutory Auditor London EC1M 7AD

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

16/9/2019

# Statement of financial activities for the year ended 31 March 2019

Income from:	Notes	Unrestricted Funds General £	Unrestricted Funds Designated £	Total Funds 2019 £	Total Funds 2018 £
Charitable activities					
Membership		23,709	-	23,709	36,656
Education	2	73,987	-	73,987	61,090
Publications	3	508,988	-	508,988	525,074
Conferences	4	463,957	-	463,957	1,087
Investments	5	160,933	-	160,933	306,252
Other income		-	-	-	491
Total income		1,231,574	-	1,231,574	930,650
Expenditure on:					
Costs of raising funds					
Investment management fees		20,078	-	20,078	37,459
Charitable activities					
Awards and Grants		(32,985)	86,634	53,649	320,050
Membership		12,276	80,209	92,485	88,599
Education		68,617	133,831	202,448	152,522
Publications		100,494	72,821	173,315	192,619
Communication		68,202	11,874	80,076	118,459
Conferences		569,788	12,593	582,381	80,116
Research and guidelines		77,433	108,392	185,825	77,541
Total charitable expenditure	6	863,825	506,354	1,370,179	1,029,906
Total expenditure		883,903	506,354	1,390,257	1,067,365
Transfers between funds		(214,354)	214,354	-	-
Net investment gains / (losses)	7	59,348	-	59,348	(228,255)
Net income / (expenditure) and					
net movement in funds for the year		192,665	(292,000)	(99,335)	(364,970)
Fund balances brought forward at 1 April		1,862,885	6,495,000	8,357,885	8,722,855
Fund balances carried forward at 31 March		2,055,550	6,203,000	8,258,550	8,357,885

All the above results were derived from continuing activities. The notes and information on pages 28 to 38 form part of these financial statements.

## Balance sheet as at 31 March 2019

		2019	2018
Fixed assets	Notes	£	£
Tangible assets	10	372,056	388,264
Intangible assets	11	49,171	-
Investments	12	7,032,572	7,460,032
		7,453,799	7,848,296
Current assets			
Debtors	13	654,330	431,116
Short term deposits		7,017	201,357
Cash at bank and in hand		668,631	435,024
		1,329,978	1,067,497
Creditors: amounts falling due within one year	14	415,312	369,908
Net current assets		914,666	697,589
Creditors: amounts falling due after more than one year	14	109,915	188,000
Net assets	16	8,258,550	8,357,885
Restricted funds		-	-
Unrestricted funds:			
General fund	17	2,055,550	1,862,885
Designated fund	17	6,203,000	6,495,000
Total funds		8,258,550	8,357,885

Approved by the Board on 11 September 2019 and signed on its behalf by:

Am

Richard Cunningham Trustee

The notes and information on pages 28 to 38 form part of these financial statements.

# Statement of cash flows for the year ended 31 March 2019

	2019	2018
Cash flows from operating activities:	£	£
Net cash used in operating activities	(547,605)	(302,048)
Cash flows from investing activities:		
Interest and dividends from investments		304,890
Interest on bank deposit accounts		1,362
Fixed assets additions		(8,947)
Proceeds on sale of investments		1,482,764
Additions to investment portfolio	(7,174,022)	(1,871,913)
Net cash generated through / (used in)		
investing activities	586,872	(91,844)
Change in cash and cash equivalents		
in the reporting period	39,267	(393,892)
Cash and cash equivalents at the beginning		
of the reporting period	636,381	1,030,273
Cash and cash equivalents at the end		
of the reporting period	675,648	636,381
Reconciliation of net expenditure		
to net cash flow from operating activities		
Deficit after other recognised gains and losses	(99,335)	(364,970)
Net investment (gains) / losses	(59,348)	228,255
Depreciation of tangible fixed assets		17,448
Amortisation of intangible fixed assets	9,834	
(Increase) / decrease in debtors	(223,214)	
(Decrease) / increase in creditors		120,158
Investment income	(160,933)	(306,252)
Cash flow from operating activities	(547,605)	(302,048)
Analysis of cash and cash equivalents		
Cash in hand	668,631	435,024
Short term deposits	7,017	
Total cash and cash equivalents	675,648	

The notes and information on pages 28 to 38 form part of these financial statements.

### 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 consider that there are no material uncertainties about the Society's ability to continue as a going concern. There are no significant areas of judgement or key assumptions that affect items in the financial statements other than those included within the accounting policies described below. With respect to the next reporting period for the year ended 31 March 2019, the most significant areas of uncertainty that affect the carrying value of assets held by the Society are the level of investment return and the performance of the investment markets (see the investment policy and performance and risk management sections of the Report of the Trustees for more information).

### b) Income recognition

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

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

### c) Expenditure recognition

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

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

Costs of raising funds comprise investment managers' fees.

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

### d) Grants payable

Grants are made to institutions and individuals for training, research and travel and are charged to the Statement of Financial Activities when authorised by the Board of Trustees and communicated to the recipient. The provision for a multi-year grant is recognised at its transaction value and is not discounted, given that discounting is not material to the financial statements.

### e) Investments

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

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

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

### 1. Accounting policies (continued)

### f) Gains/losses on investment assets

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

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

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

### g) Foreign currencies

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

### h) Cash and cash equivalents

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

### i) Irrecoverable value added tax

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

### j) Tangible fixed assets

Tangible fixed assets are stated at cost less accumulated depreciation. 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

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

### I) 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 £3,129 (2018: £Nil) were outstanding.

### n) Operating leases

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

	2019	2018
2. Education income	£	£
Conference and course income:		
Foundation course	22,660	21,720
Engineering aspects course	43,777	34,250
DIPC educational programme	5,950	4,920
Trainee education programme	900	200
Outbreaks workshop	700	-
	73,987	61,090
3. Publications income		
Journal of Hospital Infection	507,738	525,074
Infection Prevention in Practice	1,250	-
	508,988	
4. Conferences income		
FIS / HIS 2016	-	(4,091)
HIS 2018	457,937	-
HIS Spring Meeting	6,020	5,178
	463,957	1,087
5. Investment income		
Interest and dividends from investments	158.503	304,890
Interest on cash deposits	2,430	
	160,933	306,252
		500,252

### 6. Expenditure on charitable activities

	Direct Costs £	Staff Costs £	Support Costs <del>£</del>	Total 2019 £	Total 2018 <del>£</del>
Awards and grants	(10,180)	40,982	22,847	53,649	320,050
Awards and grants Membership	11,938	40,982 48,491	32,047	92,485	88,599
Education	136,804	42,304	23,340	202,448	152,522
Publications	30,741	74,348	68,226	173,315	192,619
Communication		47,978	32,098	80,076	118,459
Conferences	506,812	48,491	27,078	582,381	80,116
Research and guidelines	13,306	137,627	34,892	185,825	77,541
Total charitable expenditure	689,421	440,221	240,537	1,370,179	1,029,906

		2019 £	2018 €
a. Support costs		E	E
Support costs are allocated on the basis of staff time and comprise the following:			
Repairs and premises costs		17,495	10,607
Bank charges		1,844	1,960
Depreciation and amortisation charges		27,906	17,448
Office, accountancy, legal and administrative expenses		74,009	120,067
Irrecoverable VAT		17,639	14,940
Governance costs (see (b) below)			106,014
			271,036
b. Governance costs			
Council expenditure		87,344	93,764 12,250
Audit		14,300	
			106,014
7. Investment gains / (losses)			
Realised			260,490
Unrealised		(1,409,251)	(488,745)
		59,348	
8.Grants awarded			
Dr Damien Mack	Research	10,000	-
Dr Felicity Fitzgerald	Research	10,000	-
Dr Cloutman-Green	Public Engagement	1,000	-
Dr Nicola Irwin	Research	-	95,488
Dr Ginny Moore	Research	-	32,985
Dr Beatrice Jimenez	Research	-	10,000
Dr Katie Hardy	Research	-	9,760
Dr Emma Wiley (additional funding)	Research	-	3,625
Dr Bozena Poller	Research	-	63,000
Dr Cristina Suraz	Research	-	9,751
		21,000	224,609

### 9. Employees' remuneration

The average number of persons employed by the charity during the year for the purpose of charitable activities was 8 (2018: 5).

was o (2016. 5).	2019	2018
	£	£
The aggregate payroll costs of these persons were as follows:		
Wages and salaries	374,375	236,712
Redundancy and termination	(4,000)	39,823
Employer pension contributions	16,964	8,422
Social security	39,509	24,444
	426,848	309,401
Two employees received total employee benefits (excluding pension and national insurance contributions) of more than £60,000 in the year under review (2018: One).		

The number of employees receiving salaries within the following bands:

	2019	2018
£60,001 to £70,000	1	1
£70,001 to £80,000	1	-

The Society considers its key management personnel comprises the Chief Executive Officer, Kay Miller, and the Trustees. Kay Miller received salary and employer pension and NI contributions within this period of £90,011 (2018: £77,464).

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

Dr Elisabeth Ridgway became Chair of the Society in November 2015. Payments due during the year to her employer, Sheffield Teaching Hospitals NHS Trust, amounted to £16,587 (2018: £16,587).

Dr Peter Jenks became Secretary of the Society in November 2015. Payment due during the year to his employer, Plymouth Hospitals NHS Trust, amounted to £18,687 (2018: £18,687). Dr Richard Cunningham became Treasurer of the Society in December 2017. Payment due during the year to his employer, Plymouth Hospitals NHS Trust, amounted to £26,126. (2018: £8,708).

Dr Alaric Colville completed his term of office as Treasurer of the Society in December 2017. Payments due during the year to his employer, Royal Devon and Exeter NHS Foundation, amounted to £nil (2018: £8,981).

Dr Jim Gray has been the Society's journal editor since February 2015. During the year payments due for his services amounted to £10,400 (2017: £10,400).

### 10. Tangible fixed assets

10. Tangible fixed assets			Freehold	
	Fixtures and fittings	Computer equipment	land and buildings	Total
	£	£	£	£
Cost:				
At 1 April 2018	17,887	15,816	412,153	445,856
Additions	-	1,864	-	1,864
Disposals	-	(5,872)	-	(5,872)
At 31 March 2019	17,887	11,808	412,153	441,848
Depreciation:		•••••		•••••
At 1 April 2018	7,152	10,362	40,078	57,592
Provision in year	2,683	3,938	11,451	18,072
Disposals	-	(5,872)	-	(5,872)
At 31 March 2019	9,835	8,428	51,529	69,792
Net book value:				
At 31 March 2019	8,052	3,380	360,624	372,056
At 31 March 2018	10,735	5,454	372,075	388,264

### 11. Intangible fixed assets

	Systems development £	Total <del>£</del>
<b>Cost:</b> At 1 April 2018		
Additions	59,005	59,005
At 31 March 2019	59,005	59,005
Amortisation: At 1 April 2018	-	-
Provision in year	9,834	9,834
At 31 March 2019	9,834	9,834
Net book value: At 31 March 2019	49,171	49,171
At 31 March 2018	-	-

	2019	2018
12. Quoted investments	£	£
Quoted investments market value:		
At 1 April	7,460,032	7,299,138
Additions	7,174,622	1,871,913
Disposals at market value	(7,661,430)	(1,482,764)
(Losses) / gains in the period	59,348	(228,255)
Market value as at 31 March	7,032,572	7,460,032
Historic cost	6,975,372	5,993,581
Quoted investments analysis at market value:		
UK fixed interest securities	863,859	1,160,315
Equity UK	432,539	2,837,524
Equity global	933,647	2,806,180
Overseas unit trusts	-	519,078
Overseas fixed interest	-	136,935
Property	182,578	-
Alternative investments	88,694	-
Liquid assets	4,531,255	-
Market value as at 31 March		7,460,032

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

As at 31 March 2019, a significant proportion of Society investments were held as liquid assets in readiness for the financing of the purchase of a new building.

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. Debtors	2019 £	2018 £
Trade debtors Other debtors Prepayments and accrued income	26,840 443,707 183,783	195,783 59,311 176,022
	654,330	
14. Creditors – amounts falling due within one year		
Trade creditors	71,208	26,471
Accruals Grants	59,504 210,596	72,031 184,653
Taxes and social security	21,590	30,720
Deferred income	52,323	54,280
Other creditors	90	1,753
	415,312	369,908
Creditor amounts falling due after more than one year relate to grants payable of £109,915 (2018: £188,000)		
Reconciliation of deferred income	£	
Balance as at 1 April 2018	54,280	
Amounts released to income earned from charitable activities Amounts deferred in the year	(54,280) 52,323	
Anounts deferred in the year	JZ,JZJ	
Balance as at 31 March 2019	52,323	
15. Operating lease arrangements		
At the balance sheet date, the Society had outstanding		
commitments for future minimum lease payments under non-cancellable operating leases in respect		
of office equipment, which fall due as follows:		
	2019	2018
<b>For leases expiring:</b> Within one year	£ 1,639	<b>£</b> 1,490
Between two and five years	3,953	1,490 5,592
Over 5 years	-,	-,
	5,592	7,082

16. Analysis of net assets between funds	Unrestricted £	Total Funds £	Total Funds £
Tangible fixed assets	372,056	-	372,056
Intangible fixed assets	49,171	-	49,171
Investments	7,032,572	-	7,032,572
Debtors	654,330	-	654,330
Cash at bank and in hand	668,631	-	668,631
Short term deposits	7,017	-	7,017
Creditors falling due within one year	(415,312)	-	(415,312)
Creditors falling due more than one year	(109,915)	-	(109,915)
Net assets at 31 March 2019	8,258,550	-	8,258,550
			••••••

### 17. Funds

	1 April 2018 £	Income £	Expenditure £	Gains £	Transfers £	31 March 2019 £
Unrestricted Funds						
General	1,862,885	1,231,574	(883,903)	59,348	(214,354)	2,055,550
Designated Funds						
Grants Reserve	1,453,000	-	(76,334)	-	30,334	1,407,000
HIS Conference	50,000	-	-	-	-	50,000
Other Society Activities	333,000	-	(337,414)	-	329,414	325,000
Fixed Assets	388,000	-	(27,906)	-	60,906	421,000
JHI Contingency	200,000	-	-	-	(200,000)	-
Relocation	4,000,000	-	-	-	-	4,000,000
Website and CRM	65,000	-	(59,000)	-	(6,000)	-
Branding	6,000	-	(5,700)	-	(300)	-
Total designated funds	6,495,000	-	(506,354)	-	214,354	6,203,000
Restricted Funds	-	-	-	-	-	-
Total funds	8,357,885	1,231,574	(1,390,257)	59,348	-	8,258,550

# The designated funds are set up for the following purposes:

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

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

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

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

JHI Contingency Fund: To recognise the risk of diminishing publishing revenues. With investment already having been made into other revenue generating activities, this fund has been removed. Relocation Fund: Represents the net funding requirement for investment in new premises, both for HIS headquarters and as an investment for the generation of income. The premises have been secured and relocation will occur within the next 12 months.

**Website and CRM Fund:** For the 2018 implementation of integrated CRM and CMS systems enabling efficiency and security in the administration and management of the Society activities.

**Branding:** To fund the 2018 update and relaunch of the Society branding and its relevance within the sector.

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

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

### 18. Related Party transactions

There were no related party transactions during the year.

### 19. Trustees

The Trustees received no remuneration for their role as Trustees and were reimbursed expenses incurred in respect of travel and subsistence for 2019: £8,020 to 14 Trustees (2018: £11,835 to 12 Trustees).

### 20. Capital commitments

The Society had capital commitments for land and buildings as at 31 March 2019 with an expected value of £4,204,530 (2018: £nil) and subject to a cap of £4,246,575. This relates to the purchase of new head office premises in Wakefield Street, London WC1. A 10% deposit of £420,453 has been paid to secure these premises and has been recognised within these financial statements. This purchase, and the balance of this transaction, will be complete within the financial year ending 31 March 2020.

### 21. Fixed asset disposal

In connection to the capital commitment outlined in note 20, the Society plans to dispose of the current head office premises located in King's Cross Road, London WC1. As detailed in note 10, the net book value of this property as at 31 March 2019 amounts to £360,624. The property has been marketed at £1,350,000 and any realised gain will be accounted for in the financial year of sale, expected to be the year ending 31 March 2020.

## **Reference and administrative information**

Registered name:	Healthcare Infection Society
Registered number:	1158172
Registered office address:	162 King's Cross Road, London, WC1X 9DH

### **Council member**

### Appointment

President

President

Secretary

Chair

Appointed

November 2014

November 2018

November 2015

November 2015

December 2017

November 2016

November 2013

April 2016

Professor Gary French	
Professor Hilary Humphreys	
Dr Elisabeth Ridgway	

**Dr Peter Jenks** 

Dr Richard Cunningham Dr Emma Boldock Dr David Enoch

Dr Jyothi Rao Dr James Gray Dr David Jenkins Dr Manjula Meda Ms Andrea Parsons **Dr James Price** 

Dr Chris Settle Mrs Karren Staniforth Dr Gemma Wheldon Claire Haill \*\*

Dr Mark Garvey \*\*

Professor Peter Wilson \*\* Treasurer **Ordinary Member** Ordinary Member **Ordinary Member** Editor-in-Chief **Ordinary Member Ordinary Member** 

Lay Trustee

Ordinary member

**Ordinary Member** 

**Ordinary Member** 

Ordinary Member

Chair: Education Committee

Chair: Scientific

**Development Committee** 

Co-opted Infection Control Nurse

Chair:

November 2018 February 2015 December 2017 November 2015 February 2018 November 2016 Trainee Committee November 2018 November 2013 December 2017 February 2018 March 2018 February 2018

### Term of office completed

November 2018 Current Current (second term approved at 2018 AGM) Current (second term approved at 2018 AGM) Current Current (maternity leave) Current (extended until 2019 AGM) Current Current Current November 2018 Current Current (demits July 2019)

Current November 2018 Current Current (maternity leave)

Current

Current

Current

\*\* Chairs and co-opted members are not trustees.

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

# **Reference and administrative information**

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





