

Charity Registration No. SC029247 (Scotland)

Company Registration No. SC198418 (Scotland)

BRITISH INFECTION ASSOCIATION
TRUSTEES' REPORT AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED
30 SEPTEMBER 2020

BRITISH INFECTION ASSOCIATION

LEGAL AND ADMINISTRATIVE INFORMATION

Trustees	Dr Katherine Jeffery Dr Harriet Hughes Dr David Partridge Dr Rejeka Lazarus Dr Hitendrakumar Thaker
Charity number (Scotland)	SC029247
Company number	SC198418
Registered office	Balfour & Manson LLP 54-66 Frederick Street Edinburgh EH2 1LS
Independent examiner	RSM UK Tax and Accounting Limited Chartered Accountants First Floor, Quay 2 139 Fountainbridge Edinburgh EH3 9QG
Bankers	The Royal Bank of Scotland 40 Albyn Place Aberdeen AB10 1YN
Solicitors	Balfour & Manson LLP 54-66 Frederick Street Edinburgh EH2 1LS
Investment advisors	Rathbone Investment Management 28 St Andrew Square Edinburgh EH2 1AF

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Council Members – from September 2020

President*	Professor Martin Llewelyn (Brighton & Sussex University Hospitals NHS Trust)
Vice President*	Dr Katie Jeffery (Oxford University Hospitals NHS Foundation Trust)
Honorary Secretary*	Dr David Partridge (Sheffield Teaching Hospitals NHS Foundation Trust)
Honorary Treasurer*	Dr Michael Kelsey (Whittington Health NHS) & Dr Hitendrakumar Thaker (Hull and East Yorkshire Hospitals NHS Trust)
Meetings Secretary*	Dr Rajeka Lazarus (University Hospital Bristol & Weston)
Manpower & Training Secretary	Dr Bridget Atkins (Oxford University Hospitals NHS Foundation Trust)
Scientific & Research Secretary	Dr Chris Chiu (Imperial College, London)
Guidelines Secretary	Dr Anna Goodman (Guy's & St Thomas' NHS Foundation Trust)
Membership Secretary	Dr Mark Melzer (WXUH Barts Health NHS Trust)
Clinical Services Secretary (MMV)	Dr Natasha Ratnaraja (Sandwell & West Birmingham Hosp NHS Trust)
Clinical Services Secretary (ID)	Dr Anna Checkley (Hosp for Tropical Diseases, London), & Dr Jo Herman (Imperial College London)
Communications Secretary	Dr Ed Moran (Southmead Hospital, Bristol)
Trainee representatives (Meetings)	Dr Francesca Knapper (Southmead Hospital, Bristol)
Trainee representatives (Professional Affairs)	Dr Dinesh Aggarwal (London North West University Healthcare NHS Trust)
Newsletter Editor	Dr Naomi Meardon (Sheffield Teaching Hospitals NHS Foundation Trust)
Devolved Administrations Secretary	Dr Ray Fox (Gartnavel General Hosp, Glasgow)
Associate Members Secretary	Dr Louise Dunsmure (Oxford University Hospitals NHS Foundation Trust)
Editor, Journal of Infection (<i>ex officio</i>)	Professor Rob Read (University of Southampton)
Editor, Clinical Infection in Practice (<i>ex officio</i>)	Professor Martin Wiselka (University Hospitals Leicester)

* *Principal Officers of the Association*

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TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 30 SEPTEMBER 2020

The Trustees present their report and financial statements for the year ended 30 September 2020.

The financial statements have been prepared in accordance with the accounting policies set out in note 1 to the financial statements and comply with the Articles of Association, the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 and "Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)".

Structure, governance and management

British Infection Association is a charitable company limited by guarantee, company registration no. SC198418, established under a Memorandum of Association and is governed under its Articles of Association. It is a charity registered in Scotland, charity registration no. SC029247 and its registered office is located at 54-66 Frederick Street, Edinburgh.

The members have each agreed to contribute £1 in the event of the charity being unable to meet its debts. The membership of the Association at 30 September 2020 consisted of 1,377 people (2019: 1,329).

The Trustees, who are also the directors for the purpose of company law, and who served during the year and up to the date of signing of these financial statements were:

Dr Katherine Jeffery	
Dr Michael Kelsey	(Resigned 20 May 2021)
Prof Martin Llewelyn	(Resigned 20 May 2021)
Dr Rajeka Lazarus	(Appointed 29 September 2020)
Dr Hitendrakumar Thaker	(Appointed 20 May 2021)
Dr David Partridge	
Dr Harriet Hughes	(Appointed 20 May 2021)

Election of Trustees

The sections of the Articles of Association dealing with the recruitment and appointment of Trustees are as follows:

- (a) The affairs of the Association shall be conducted by the Trustees consisting of elected members from among the general membership: President (Chairman of Council), Secretary, Treasurer, Membership Secretary, Meetings Secretary, Scientific Affairs Co-ordinator, Professional Affairs, Co-ordinator, Manpower and Training Co-ordinator, Clinical Services Co-ordinator, Training grade members x 3, Associate Member.
- (b) Each member who agrees to become a Trustee shall be proposed and seconded in writing by Association members one of whom must be of at least 2 years' standing.
- (c) The Editor of the Journal of Infection will be an ex-officio member and will be accountable to and appointed by the Trustees.
- (d) The Trustees reserve the right to co-opt new members as and when this is deemed appropriate.
- (e) A quorum for business shall comprise a majority of its membership.

Office Bearers of the Association

- (a) The Trustees should ensure that there are sufficient nominations for the posts of President, Treasurer, Secretary and Meetings Secretary (the Principal Officers) when these fall vacant. Additional nominations from

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the membership will also be welcomed. The Association should aim to include representation from the different disciplines concerned with infection on the Board. The Trustees may decide that one of its members shall become a Principal Officer in place of an Officer who has had to demit office prematurely.

(b) The President shall serve for a term of two years and shall not be eligible for re-election for a consecutive term as President, except in exceptional circumstances.

(c) Both the Secretary and the Treasurer shall serve a term of three years and shall be eligible for re-election.

Other Trustees

(a) Training grade Trustees shall serve for two years each; in the event of promotion to a consultant or equivalent post such members will be entitled to complete their term of office. Other Trustees shall serve for three years each, with approximately one-third of their number retiring from office each year. Trustees shall not be eligible for immediate re-election except in exceptional circumstances.

(b) The Trustees shall have the rights to establish and dissolve specific Committees, Sub-Committees or working charities as deemed appropriate for the advancement of the Association's business.

The Articles of Association states that:-

(a) The Association shall hold an Annual General Meeting on a date and at a time to be decided by the Trustees.

(b) A quorum for business at the AGM shall comprise at least 5 per cent of the full voting membership.

In addition there are at least four meetings annually where all decisions are made. No strategic decisions are delegated to service providers who act in an administrative capacity only.

The Trustees acknowledge their responsibility to assess and manage the risks that the Association faces or might face in the future. Officers and service providers are required to identify and analyse risks relevant to their responsibilities, assess risks according to their likely occurrence and impact and report on procedures that are in place to manage the risks. The risk management process is overseen and reviewed by the Council.

The aim of the risk management process is to ensure the integrity of British Infection Association as a charity is protected through continued scrutiny and the development of a published strategy which explains how the Association is governed and managed, to the satisfaction of its Membership, Office of the Scottish Charity Regulator (OSCR) and any other interested parties.

The following actions have been proposed:

- To ensure the Memorandum and Articles of Association for the Association are regularly reviewed by Council;
- To make available and publish copies of the annual report, accounts, and records of meetings;
- To review, and further develop the role of Council members;
- To promote opportunities for Council office, sub-committees and other Association activities to the Membership; and
- To establish mechanisms for ensuring continuity on Council and Association sub-committees.

Objectives and activities

The Memorandum states that the objectives of the Association is to ensure the optimum delivery of healthcare to patients diagnosed with infection.

The Trustees agree a programme of work for the forthcoming year. This programme of work is dedicated to promote the science and practice of medicine in relation to further research, training and education in the

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subject, by organising high quality scientific meetings, awarding research and travel grants and ensuring that the infection disciplines have a voice in national decision making.

The Association aims to enable the best care for patients with infectious disease through:

- Setting and reviewing standards in infection practice, including the development of guidelines, working in collaboration where appropriate;
- Supporting infection specialists in the performance of their professional duties by facilitating communication and providing useful resources;
- Developing and providing excellent education and training in infection for all and in particular to support training grades through meetings and presentations (alone and in collaboration with other scientific societies);
- Fostering excellence in all aspects of infection-related research by supporting high quality clinical and basic science research through competitive award of funding to research applicants;
- Disseminating new research and best practice via the Association's publication: the Journal of Infection;
- Working with government, Public Health England, NHS England, and other interested bodies to promote best practice in areas related to infectious disease;
- Providing expert opinion on infection related matters to external agencies, patients, and the wider public; and
- Supporting all aspects of communication between different branches of infection and to work towards the development of an integrated voice for infection specialists.

(A copy of the BIA Memorandum is available to view on the BIA website)

Achievements and performance

These areas will be explored further within the following pages, under the broad headings of:

President's report

Honorary secretary's report

Governance and finance

Honorary treasurer's report

Membership and communications

Standard setting & guideline development

Clinical services

European affairs

Education and meetings

Manpower and training

Science and research

Annual trainees' report

BIS Representation to outside meetings

Journal of infection editor's report

Clinical Infection in Practice (CLIP) Editor's Report

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President's report

I am delighted to introduce this report describing the Association's activities during the year ending September 2020.

At the time of our last report the Association had just completed a review of the priorities of its membership which highlighted a desire to develop support for training and practice and to ensure the relevance of our research support to the practice of our members. The Association was also facing challenges arising from long-standing commitments through research grant awards, rising administration costs and falling revenue from our journals. During the financial year reported here we made significant cost savings and negotiated an improved financial agreement with our publishers, Elsevier, which together have returned our accounts to a state where we can again begin to look at increasing the financial support we can give our charitable activities.

It has also of course been a year of considerable challenges with the impact of the COVID-19 pandemic being felt from April onwards. This clearly had a huge impact on infection medicine practitioners in the UK and worldwide. The Association's officers and members were very much in the front-line and we reluctantly cancelled our Spring meeting in May 2020. Nevertheless, the Association offered an invaluable service to its members in particular facilitating rapid communication through its E-lists and our publishers made all their COVID-related content openly available. The Journal of Infection has played its role admirably as one of the key journals for rapid publication of COVID-19 related research.

Beyond COVID the Association has been able to continue other important areas of work. Recognising that we are one of several specialist societies working in the area of infection medicine, Council have worked with colleagues at the Healthcare Infection Society and the Microbiology Society to establish a new operating framework for delivery of the Federation of Infection Societies meeting each Autumn. We have set out a new vision for this meeting which will promote closer joint multidisciplinary working and involve not just the three "hosting" societies but a diverse range of smaller more specialist organisations working in this field. We will deliver an annual event which brings the wide community of infection practitioners from across the UK and internationally to learn and work together. Other major initiatives set out in the various sections of this report include the success of the Education subcommittee who have supported initiatives such as LearnInfection to support postgraduate training and NITCAR broadening engagement in governance activity. Our new Open Access Journal, Clinical Infection in Practice which published its first volume in Sept 2019 is now firmly established and published six volumes in the year to Sept 2020.

All the work described in this report is down to the extraordinary efforts of council officers and individual members of the Association all of whom have freely given up their time to further the Association's aims often with little wide recognition. Particularly given the challenges of this last year they should be incredibly proud of what has been achieved. We are also indebted to Hartley Taylor who provide indispensable secretariat support. On behalf of the membership, I offer my gratitude for all these contributions.

Clinical Excellence Awards 2020

BIA is registered as a national specialist society with the Advisory Committee on Excellence Awards.

Professor David Dockrell again chaired the Association's Clinical Excellence Awards (CEA) committee.

The Advisory Committee on Clinical Excellence Awards (ACCEA) 2020 competition was launched on Friday 13th March 2020 before the extent of the

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impending Coronavirus pandemic was clear. The following week, the impact of the outbreak was clearer and so the competition was suspended on 20th March.

BIA members were informed of the decision.

BIA ACCEA PANEL 2020; David Dockrell (chair), Martin Llewelyn, Richard Bellamy, Fiona Cooke, Will Irving, Paul Ashwell, Priya Khanna, Shiranee Sriskandan, Martin Wiselka, Peter Moss.

Honorary Secretary's report

As was the case for most other aspects of life, the work of the Association was dominated by COVID and the challenges that it presented both professionally and organisationally. The cancellation of the Spring Meeting meant that the AGM had to be convened virtually in the Autumn and we are very grateful to all members who were able to view and participate in the ratification of accounts, Council elections and changes to the Articles of Association to enable the smooth running of the organisation.

The year saw a number of changes to the council members, following elections in September:

- Meetings Secretary: Dr Rajeka Lazarus
- Scientific & Research Secretary: Dr Chris Chiu
- Clinical Services Secretary (Microbiology & Virology): Dr Natasha Ratnaraja
- Clinical Services Secretary (ID): Dr Anna Checkley & Dr Joanna Herman (shared post)
- Training Grade Member (Meetings): Dr Francesca Knapper
- Training Grade Member (Professional Affairs): Dr Dinesh Aggarwal

We are grateful to all demitting members of Council for their commitment and dedication over their terms of office.

External administrative support and a dedicated Secretariat Services continued to be supplied by Hartley Taylor Medical Communications Ltd (HT).

Richard Pavey continues to provide Technical Support on all Web Services and Laura Smith of HT continued in the role of BIA Web Editor.

The Association was approved as an affiliated society of the European Society of Clinical Microbiology and Infectious Diseases in 2020, supporting co-promotion of events and affording the BIA influence over European Congress of Clinical Microbiology & Infectious Diseases (ECCMID) and other educational content including the ability to put forward our own suggestions for sessions.

The Association submitted evidence to the Parliamentary inquiry into lessons to be learned from the response to the Coronavirus Pandemic within a tight window in November based upon a brief survey of members. We look forward to building on this and contributing to the delivery of further improvements in infection service provision in the UK over the coming year.

The Honorary Secretary welcomes feedback on any aspect of the activities of the British Infection Association (secretary@britishinfection.org).

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Governance and Finance

Aims:

To ensure the integrity of BIA as a charity is protected through open and transparent financial and organisational management, and compliance with the requirements of the Office of the Scottish Charity Regulator (OSCR). This included updates to the information held by Companies House and OSCR in line with Council Officer changes where new Principal Officers were taking up active principal officer posts from September 2020.

A report on the activity and finances of the Association was presented at the virtual Annual General Meeting in September 2020. The finances were ratified by BIA members.

Honorary Treasurer's Report

See the financial review on page 22.

Membership and Communication

Aims:

To ensure that infection specialists and trainees are aware of the Association; that membership of it is attractive to them, and that it is responsive to their evolving requirements.

Membership Statistics 2019/20:

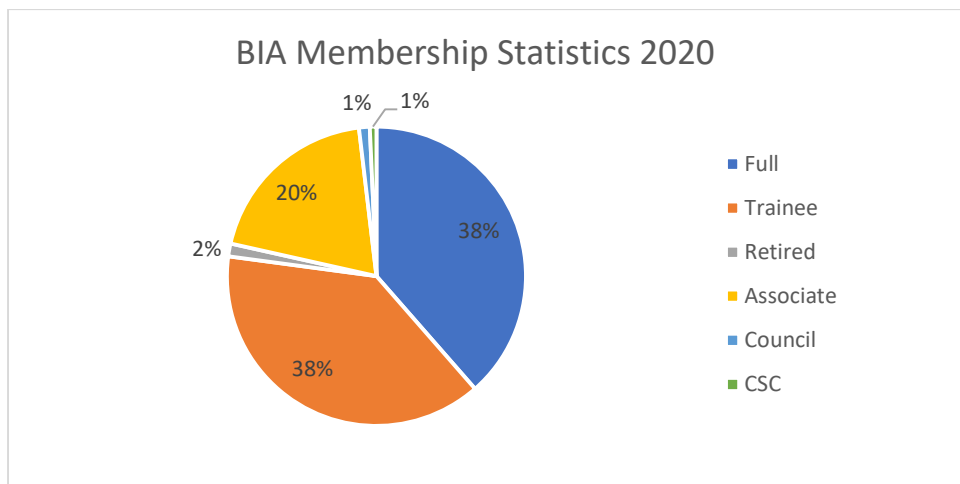
Category	BIA Members
Full	531
Trainee	531
Retired	19
Associate	270
Council	16
CSC	10
	1377

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Membership split:



Membership trend:

Category	BIA Members
2016	1503
2017	1503
2018	1541
2019	1329
2020	1377

Associate Members:

At the BIA Spring Meeting in May 2021, the Association members symposium was incorporated into the main Spring conference programme, which was one of our previous aims.

We are looking at how we can best serve our Association Members. The numbers in this category have grown over the past 12 months and so we will look in more detail as to their needs and expectations as a BIA member.

The BIA communications service works with other members of the Council with the following aims:

- promote the activity of the Association to its members and infection trainees,
- publicise material from a wide range of sources that is likely to be important to their work,
- facilitate professional communication between members,
- provide a responsive service to enquiries from the media and promote the views of the Association regarding infection-related topics that arise in the news.

Website:

The website continues to evolve. The guidelines section has been comprehensively updated and new sections added with the COVID update page proving popular in the early part of the pandemic and a new front page structure with rolling picture banners and boxes giving prominence to key BIA services such as Learn Infection and “Get involved”. Ongoing content management is delivered by Hartley Taylor, the communications secretary and Richard Pavey, the Associations IT provider. Areas for further development will be explored with other members of Council in 2021.

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Twitter:

The BIA twitter feed now has in excess of 2,000 followers. A number of Council members are able to tweet via the Tweetdeck platform using a list of criteria agreed at Council (e.g. infection-related news stories, journal articles of interest, infection-related meetings, BIA events etc.). This has led to an increase in activity particularly during the early part of the COVID pandemic when the BIA feed was used to alert members to rapidly changing advice and national guidelines.

Newsletter:

The 2019 Autumn Edition of the BIA newsletter, was edited by Naomi Meardon, prepared and published online via the BIA website with a link being sent out to all members.

Paper copies were also available for distribution at FIS 2019, on the BIA stand.

The Spring and Autumn newsletters for 2020 were not published due to contributors being overwhelmed by the COVID-19 response in their day job roles.

BIA-eList:

The BIA e-mail list system came into its own in early 2020 as members and UK infection leaders shared experiences and guidelines during the early part of the COVID pandemic. The rapid increase in users and activity revealed a number of limitations with the platform through which it was delivered. Richard Pavey, the BIA IT provider, managed a seamless transition to a new system. This provides a searchable archive of old posts, and multiple channels which will allow us to add special interest charities in the future. There are over 1,000 users not all of whom are members of the Association and it is clearly a resource greatly valued by infection professionals. In response to the increased activity the Association reviewed the terms/conditions and governance of the system and produced a new policy for use which is available on the BIA website.

Standard setting and guideline development

Aims:

To support infection practitioners through the development of appropriate guidelines and relevant standards of practice.

BIA involvement in Guidelines published in Oct 2019-Sept 2020:

Guidelines Secretary Dr Anna Goodman set up a guidelines charity with Daniel Pan, Samuel Mills and Samuel Moses. They discussed and allocated guidelines by email following meetings last year.

As a charity this team responded to consultations through the year October 2019 - September 2020 including but not limited to:

- BHIVA/BASHH/BIA Adult Testing guidelines
- UK SMI V 58: Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) serology
- Global Guideline for the Diagnosis and Management of Rare Mold Infections: An initiative of the ECMM in cooperation with ISHAM
- NICE meningitis

In response to the pandemic the guidelines the BIA has been instrumental in setting up the COVID-19 therapeutics advice and support charity <https://www.ctag-support.org.uk/>. This charity is a subcommittee of the Joint Specialty Committee for Infectious Disease, acting as a formal advisory charity to the Royal College of Physicians, and assisting in rapid COVID-19 guideline development. This charity has been instrumental in rapid evolution of new guidelines in COVID-19.

The BIA was involved in the development of the following guidelines with their status as of September 2020:

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MRSA prophylaxis (Joint with BSAC)- presented at HIS 2018. In current preparation - searches and evidence synthesis are complete according to NICE methodology. Ready to submit to the journal of infection. Contact: Peter Wilson, BIA rep Albert Mifsud.

MRSA treatment (joint with BSAC)- presented at BSAC 2019. Published in early 2021. Contact: Carlyne Horner, BIA rep Anna Goodman.

Allergy guideline - joint with BSACI and BSAC- status in development. Following a pause of several months during the first wave of COVID, the SOCC for BSACI reviewed the PICO questions the writing charity regenerated. Once these are approved the literature search will be executed and the papers graded.

Contact: Louise Savic, BIA rep Nikhil Premchand.

Enteric fever guideline - joint with PHE - status in development. Planned for release ECCMID 2021. Contact: Gauri Godbole.

Norovirus updated guidance - joint with HIS and PHE - status in development. Work being done over email with the working party meeting for the first time in November 2019 and virtual meeting August 2020.

Contact: Kay Miller, BIA rep Sam Mills.

The following new guidelines were commenced between Oct 2019 and Sept 2020:

Necrotising OE guidance Update in September 2020 'We are in the final stages of the Delphi process to agree the definition of NOE, as well as secure agreement on the definition of a severe case, relapse, non-response and key imaging modalities. We hope this will be the final round and we plan to send the outcome to stake holders for feedback".

Contacts: Susanne Hodgson and Monique Andersson - Katie Jeffrey representing BIA.

Eosinophilia in migrants or returning travellers:

Confirmation of writing committee	Sept/Oct 2020
Establish PICO questions, plan structure of guidelines	October 2020
Allocation of tasks, grading of evidence	Oct-April 2021
First draft of updated guidelines	April-June 2021

Contact: Anna Checkley

British Society for Rheumatology has commissioned a rewrite of its **Hot Swollen Joint Guidance**.

Contact: Bridget Atkins

Future Plans:

TB Meningitis update

Contact: Guy Thwaites

More details and current activity can be found on the Consultations page on BIA Website:

<https://www.britishinfection.org/professional-affairs/consultations/>

Clinical services

Aims:

To support infection specialists in their daily work, addressing issues of current concern and importance in the delivery of clinical microbiology, infectious diseases and other infection-related clinical specialties, public health and infection control.

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Progress during 2020:

The **clinical services committee for medical microbiology and virology** usually meets 4 times a year, with a mixture of physical meetings in London and Birmingham and teleconference meetings. Although face to face meetings are ideal, it is recognised that attendance in person is challenging, due to competing work commitments and shortages of staff in departments. The use of teleconferencing facilities has enabled more members of the committee to attend meetings. This has been invaluable during 2020 with the increased workload pressures due to the COVID pandemic and has enabled the committee to remain in touch with each other.

The aim of the committee is to work together to improve infection services. There are regional representatives who then take back initiatives for consultation and also bring ideas for improving infection services. Teleconferencing facilities are available for those who cannot attend in person.

We try and have representatives from all regions across the United Kingdom, with representatives from Infectious Diseases and Virology as well as Medical Microbiology.

If you would like further information on what being a representative involves, please contact **Dr Natasha Ratnaraja, Clinical Services Secretary (Microbiology & Virology)**, at natasha.ratnaraja@uhcw.nhs.uk.

Given the proposed NHSi pathology networks, having a national committee such as the clinical services committee, which is part of the BIA, is important in ensuring that all of our members are represented and that we can retain high quality and safe infection services across the United Kingdom.

Over the past year the committee has published the BIA/RCPATH Best practice standards document for Infection Services on the BIA website. This document sets out seven practical and flexible standards to recognise the diverse ways in which infection expertise may be required across the NHS. It draws on published evidence and guidance where they exist. This has also been endorsed by RCP and available on their website. It is currently in the consultation phase for endorsement by RCPATH.

We are also in the process of producing a series of 'Infection Quick reference Guides' (IQRGs), to be co-published with relevant clinical Standards in Microbiological Investigations, as they are overhauled and re-published. IQRGs are brief, visual guides to assist medical doctors with infection test selection and interpretation at the hospital front door. They will also be available on the RCP and BIA websites, and we aim for them to also be available via an app, such as Microguide.

We have established a working charity within the BIA council to oversee the process, and will invite specialists to join the sign-off process. We will be shortly asking for volunteers to write guides; the next subject will be sepsis.

European Affairs

Highlights from 2020:

The Union Européenne des Médecines Spécialistes (UEMS) is a European medical organisation whose Full members comprises all EU, EEA states, Switzerland and the UK. There is also a number of Associate and Observer members. It exists to provide a unified voice for physicians across Europe and its objectives include the promotion of harmonisation of training standards and assessment of specialist physicians across Europe. UEMS represents the National Medical Associations (NMAs) of each member country. UK's NMA is the British Medical Association. UEMS has 43 specialist sections and boards, of which Medical Microbiology is one; there are also sections of Infectious Diseases and Laboratory Medicine. UEMS accredits CPD events through EACCME and the appraisal of postgraduate assessments through CESMA.

Albert Mifsud is the UK representative to UEMS MM Section, having been nominated by the British Infection Association. Albert was elected Treasurer to the Section in 2020, and was also elected as Secretary to CESMA in 2018.

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One of the objectives of UEMS is to support professional mobility within Europe. According to the Institute for Government's analysis of the BREXIT deal, there are provisions for the development of mechanisms for the mutual recognition of professional qualifications (NB: all existing mutual recognition has ended). It is therefore important that UK continues to engage actively with UEMS to ensure that agreed professional standards are compatible with the expectations of our Profession within the UK.

The UEMS Medical Microbiology Section had developed a curriculum in medical microbiology that was adopted in 2017. This curriculum has already been adopted by a couple of European countries for national specialty training. While not being entirely congruent with the UK's Medical Microbiology curriculum, it is largely compatible, with inclusion of a minimum of 12 months training in clinical medicine (that I had lobbied hard for!).

Once the curriculum had been approved, work commenced on the development of a European Examination in Medical Microbiology. A working charity was established and an examination was developed in co-operation with ESCMID. A charity of question writers (including an additional UK representative) met in Leiden to develop a series of questions based on European practice and guidance. A pilot exam was due to be delivered in April 2020, but was postponed due to COVID-19.

The exam was held remotely on 24th March 2021 and we hope to present our experience at ECCMID next July.

For further information, see: <https://uems-smm.eu/uems-smm/>

BIA is now an ESCMID affiliated society. This engagement with ESCMID provides our members with direct access to ESCMID's activities that should be of interest to seniors and trainees alike. Affiliation also provides other benefits such as enabling the Association to propose sessions at ECCMID, which has been done for ECCMID 2021, and to propose postgraduate educational events (which are usually supported financially by ESCMID). See: https://www.escmid.org/membership_organization/partners/affiliated_societies/

Education and meetings

Aims:

To organise and promote scientific meetings on behalf of the Association (alone, or in collaboration with other scientific bodies) to disseminate knowledge in infection disciplines.

To provide a forum for the presentation of clinical and basic science research by clinical academics, including those in training.

To award prizes for outstanding presentations, encouraging the production of high-quality material.

Highlights from 2019/2020:

Autumn Trainees' Meeting 17th October 2019

This excellent meeting was organised by Dr Farnaz Dave (BIA Trainee Secretary- Meetings) with speakers from all over the UK and had excellent feedback. There are further details within the Trainee Meetings section of this report.

FIS 2019 11 – 14th November 2019

Microbiology Society was the principal Conference organiser and host of this premier event which was held at the EICC in Edinburgh. The programme was varied and the development of this was supported by all the associated Infection societies. There were plenary sessions and symposia on Antimicrobial stewardship,

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Travel related infections, Vaccinations, Antimicrobial prophylaxis, Zoonoses and interactive paediatric cases to name a few.

Professor Paul Griffiths delivered the JD Williams plenary lecture with a session on cytomegalovirus (CMV) infection.

The Barnet Christie lecture was presented by Dr Tom Parks who delivered his winning presentation on 'Genetics, complement and immunoglobulin genes, and why people get A streptococcal disease'.
BIA 4th Infection Dilemmas Meeting 23rd January 2020.

This took place at Manchester Conference Centre on the 23rd January 2020, held the day before and complimenting the well-established HIV Dilemmas Meeting series. It was chaired by Dr Hiten Thaker & Dr Jolanta Bernatoniene and held in collaboration with British Paediatric Allergy Immunity & Infection Charity (BPAIIG).

This meeting was attended by 66 delegates and the feedback was excellent. There were several excellent interactive lectures delivered by leading figures from the around the UK including Dr David Porter (Alder Hey Children's Hospital), Dr Jyoti Dhar (Leicester Royal Infirmary) and Dr Andrew Seaton (Queen Elizabeth University Hospital, Glasgow) all contributing to the successful delivery of this event.

BIA Spring Meeting 2020

This year the 23rd Annual Spring Meeting had to be postponed to 2021 due to the COVID-19 pandemic.

BIA AGM 2020

The BIA AGM is usually held at our Spring Meeting, however as this was postponed to the following year, a virtual AGM was held on 29th September via Microsoft Teams. A recording was made available after the event on the BIA website, allowing those who could not attend to watch at a convenient time.

Forthcoming conferences

We are now living in unprecedented times due to the COVID-19 global pandemic. We were fortunate that we were able to host The Infection Dilemmas meeting in January 2020. However, following the national restrictions being placed due to the pandemic, we had to postpone the BIA 23rd Annual Spring Meeting to 2021, and the Spring Trainees' Day was cancelled.

The Autumn Trainees' day on 15th October 2020 was our first virtual educational meeting event. FIS 2020 was held as a fully virtual meeting.

The Primary Sponsoring societies for FIS 2020 and onwards will be BIA, HIS and Microbiology Society. These meetings will from now on incorporate the biennial HIS meetings. BIA will once again host FIS in November 2021 with planning for a hybrid event well under way.

Final Word

The world now has become a different place with restrictions on people movement, travel and gatherings. The BIA has embraced this and is providing new ways of delivering educational events and conferences. We have embraced the use of virtual meetings and teaching webinars and are looking forward to a hybrid FIS 2021.

BRITISH INFECTION ASSOCIATION

TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 30 SEPTEMBER 2020

Manpower and training

Aims:

To monitor and advise on workforce issues at trainee and consultant level.

To support BIA training and teaching events and opportunities for trainees in all the infection specialities.

To provide leadership for the BIA Education Subcommittee.

Highlights from 2020:

This year saw further work from the BIA Education Subcommittee (ESC), however this was impacted by COVID-19. Work by ESC in 2020 includes:

- 1) Developing a working charity to support the LearnInfection website, providing content creation and review
- 2) Continuing links and support for the National Infection Trainee Collaborative for Audit and Research (NITCAR), the work of which slowed in 2020 with less available resource to dedicate to projects due to COVID-19
- 3) Provision of professional support and advice for the BIA trainee representatives
- 4) Advice to Council about educational issues

Science & Research

Highlights from 2020:

In response to the changing needs of the infection community and trainees in particular, the BIA launched a strategic review of its scientific and research activities in 2019, which led to the implementation of its new research strategy in 2020 (Microsoft Word - BIA_Research_Strategy_v1_200313.docx (britishinfection.org)). Through the Strategy Working charity and wider consultation, it was decided to focus primarily on infection trainees with a clinical role (whether doctors, nurses, pharmacists or others) and expand the range of activities beyond simply grant awards to include other support in developing an academic component to their careers.

Due to the pandemic and strategic restructuring, most of BIA's scientific and research activities were paused in 2020. There was no Spring Meeting and no grant awards were made. However, the BIA continued to provide a central contribution to the Federation of Infection Societies meeting in November 2019. The Barnett Christie Lecture, which highlights early career clinical academics on the most promising research trajectories, was awarded to:

Tom Parks (2019): "Genetics, complement and immunoglobulin genes, and why people get A streptococcal disease"

One round of travel awards was made in October 2019 to Eva Galiza (St George's University Hospital) and Angela McBride (Brighton and Sussex University Hospitals).

Once again, many thanks to the Scientific Assessment Committee for their ongoing commitment and time in reviewing and selection:

- Martin Llewellyn
- Tristan Clark
- Tihana Bicanic
- Tom Evans
- Chris Chiu

BRITISH INFECTION ASSOCIATION

TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 30 SEPTEMBER 2020

Trainees Report

Meeting Highlights from 2019 - 2020:

The Trainees had one very successful meeting in Autumn 2019, but the impact of COVID-19 was such that no further trainee meetings were carried out until Autumn 2020 via an online platform. Both were facilitated by the Trainee Reps.

Autumn Trainee Meeting, 17th October 2019 - University of Manchester, Manchester
Topics for the trainees' day included 'Diagnostic Imaging in Infections: from POCUS to PET', 'Japanese Encephalitis' and 'Overview of Immunisation in Adults'. 75 trainees attended.

The feedback received following the meeting was positive.

Spring Trainee Meeting 2020

This year the meeting had to be postponed to 2021 due to the COVID-19 pandemic.

Future Meetings

Spring Trainee Meeting, 19th May 2021 – Virtual

This meeting was held virtually. The programme included talks on 'Lyme disease and tick-borne infection', 'Travel, vaccines and special considerations' and 'Procalcitonin; how to use this biomarker in clinical practice' and the National Infection Trainee Collaboration for Audit and Research (NITCAR) annual meeting.

Professional Affairs 2019/2020:

The professional affairs trainee rep continued to attend and participate in the following meetings:

- JRCPTB Specialist Advisory Committee trainee (joint and Infection specific)
- Educational Subcommittee meetings
- BIA Council meetings

The focus of the SAC meetings has been to mitigate the impact on training including clinical and academic development. Significant changes have included redeployment, the implementation of new ARCP outcomes to account for COVID-19 delays in competency completion, and new examination formats. Summaries of meeting minutes have been circulated to trainees nationally. The trainee rep has endeavored to constructively feedback trainee views on all of these issues. After the first COVID-19 pandemic wave, a questionnaire was disseminated to Infection Trainees to gather their experience of training during this time. The salient points raised by trainees, disseminated to all training programme directors, included:

- Missed training opportunities (e.g. cancelled clinics, regular ID meetings, and training days)
- A lack of lab-based training during the pandemic
- Trainees overall felt supported by consultants
- Uncertainty around out-of-programme arrangements and lost academic placement time

Diversity and inclusion

The process of recruitment to specialty training has had necessary adjustments this last year to account for social distancing measures. The professional affairs trainee rep used this opportunity to raise the need to be mindful of taking steps to reduce unconscious bias in the recruitment process. This has repeatedly encouraged constructive discussion within the Specialist Advisory Committee (SAC) and BIA committee meetings. In order to formally evaluate existing bias, a Freedom of Information (FOI) request to Health Education England (HEE)

BRITISH INFECTION ASSOCIATION

TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 30 SEPTEMBER 2020

was placed to gather data on recruitment by gender and ethnicity. The findings and recommendations were presented to the SAC and positively received, they included:

- applications and success rates for Combined Infection Training (CIT) in 2020 were Gender balanced
- White British applicants are disproportionately successful in the CIT recruitment process compared to all other ethnicities. Higher pre-interview self-scores by White British applicants may be a contributory factor; underlying reasons for lower self-scores amongst other Ethnicity charities should be investigated. Note: evaluation by country of graduation was not undertaken and may also contribute to discrepancies observed
- recruitment to CIT is largely representative of the national population demographic; discrepancies when compared with representation across the entire pool of potential applicants should be considered
- recommendation to include a category allowing individuals to self-describe their gender identity (e.g. non-binary)
- systematic data monitoring is necessary to evaluate trends in applications and successful recruitment by demographic characteristics over time
- encourage the assessment of progression and retention of the workforce by Gender, Ethnicity, and other protected characteristics within Infection Specialities

Future Direction

The professional trainee rep will continue to engage with their current commitments and build on the recent work conducted around diversity and inclusion (D&I) in recruitment. The trainee rep will try to improve engagement with trainees nationally to gather representative concerns and points of view on training related matters.

BIS Representation to outside meetings

Aims:

To support BIA have representation at various meetings and gatherings throughout the year. Representation is usually as a result of invitation and nominations; the meetings can include though are not limited to, Guidelines and Standard Settings, also workshops and investigations.

BIA Representation during 2020:

A number of BIA members represented the interests of BIA Members on the invitation of the Council to various meetings and events – some are noted below with reports on the attendance and any documented outcomes as agreed.

- RCP Health Informatics Unit
Dr Ewan Hunter
- Pathology Alliance
Dr Katie Jeffery
- RCP London Workforce Meetings
Dr Bridget Atkins
- Royal College of Pathologists Medical Microbiology SAC
Natasha Ratnaraja
- Joint Specialty Royal Colleges SAC
Prof Martin Wiselka / Dr Albert Mifsud
- UEMS Medical Microbiology section
Dr Albert Mifsud

BRITISH INFECTION ASSOCIATION

TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 30 SEPTEMBER 2020

- UEMS Infectious Diseases section
Professor Steve Green
- Chair of ACCEA BIA committee
Prof David Dockrell
- British Thoracic Society MDRTB steering charity as the BIA representative
Dr Martin Dedicoat
- BTS Joint Tuberculosis Committee Meeting
Prof Martin Wiselka
- COVID-19 Therapeutics Advice and Support Charity
Dr Anna Goodman, Prof Martin Llewelyn
- NHSE Infectious Diseases Clinical Reference Charity
Prof Martin Llewelyn / Dr Natasha Ratnaraja

Journal of Infection editor's report

Editors Summary 2020:

- In 2020 the Journal of Infection (JOI) received 5,440 submissions – a 248% increase on the previous year's total of 1,561 and largely driven by COVID related submissions.
- The Journal published 39 Gold Open Access (OA) articles in 2020, compared to 18 such papers in the previous year. OA publication continues to be a significant issue amongst some funders, with both Plan S in Europe and OSTP in the USA looking to encourage greater publication of Gold OA articles and challenge the traditional subscription publishing model. These developments could affect around 15% of papers published in the Journal so it is obviously a significant threat which is being kept under close scrutiny.
- The rejection rate increased a little in 2020 to 89% (87% being desk rejects and 2% peer review process rejects).
- The time taken to reach a first decision on a manuscript was 0.6 weeks for desk rejected articles and 10.1 weeks for papers that were fully peer reviewed (compared to 1 week and 11.6 weeks, respectively, in 2019).
- The average time from submission of an article to it appearing online in its final form in 2020 was 18.2 weeks (was 26.9 weeks in 2019). The increase in speed is due to a slight improvement in peer review turnaround times as well as significantly faster processing at Elsevier for COVID-related papers.
- The key concern for authors is the time taken from acceptance to appearance in corrected form online. The median time required to go from an accepted manuscript to a corrected proof is currently around 7 days.
- The journal's CiteScore for 2020 is 12.0, placing the journal 21/283 in the Infectious Diseases category (CiteScore is the citation metric which is derived from Elsevier's Scopus database). According to the Scopus database, over 85% of JOI articles receive at least 1 citation with a Source Normalised Impact per Paper of 1.587.
- Over 1.8 million papers were downloaded in 2020 (across all platforms), an average of over 150,000 per month, which is a very significant increase (around 310%) on the download figures from 2019.

The editor's thanks go to all assistant and associate editors, as well as our Editorial Assistant, Emma Cousins.

BRITISH INFECTION ASSOCIATION

TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 30 SEPTEMBER 2020

Clinical Infection in Practice (CLIP) Editor's Report

Editors Summary 2019/2020:

- New on-line, open access Journal launched September 2019
- 2 Editions 2019, 6 Editions in 2020
- Journal and Editorial Board supported by Elsevier
- Recent increase in membership of Editorial Board
- Received papers from worldwide submissions and all aspects of Infection practice
- First 25 published papers funded by BIA
- Steady throughput of papers and reduction in time from submission to publication
- Very short time (<2 weeks) between accepting papers and availability on-line
- Agreement to publish JD Williams and Barnett Christie lectures as monographs and publish abstracts from BIA Spring meeting 2021
- Article transfer has been arranged with the Journal of Infection with potentially suitable papers being cascaded to Clinical Infection in Practice

Aims and Scope

The Journal will provide a forum for the advancement of knowledge and discussion of clinical infection in practice. It will embrace relevant clinical research and clinical management issues, including case reports and case series demonstrating novel or interesting findings. This will be of particular value in a field where clinicians are often faced with relatively rare conditions or clinical problems where the only supportive literature is at case report level.

It is aimed at all specialists and trainees working in clinical infection-related disciplines including Clinical Microbiologists/Virologists, Infectious Diseases and Tropical Disease physicians, Public Health Specialists and supporting professional staff. The Journal will publish high-quality peer-reviewed clinically relevant research and case-based reports. Its aims are as follows:

- To publish high quality clinical research, of direct relevance to practising infection specialists, with an international scope.
- To publish state of the art reviews of areas of current clinical and research interest.
- To publish novel case reports of high educational value with relevant learning points.
- To publish educational and relevant clinical audit and quality improvement projects.
- To facilitate clinical decision making by publishing clinic-pathological conferences, illustrative case histories (with questions and learning points), and clinical images of high educational value and relevance.
- To facilitate problem-based learning and help trainees prepare for professional examinations including FRCPPath (CICE) and international equivalent assessments.
- Indexing via PubMed Central will be applied for once 25 articles have been published in the journal.

BRITISH INFECTION ASSOCIATION

TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 30 SEPTEMBER 2020

Submissions to September 2020:

Papers submitted	100
Accepted	46
Rejected	39
Withdrawn	1
In system	14

Website

<https://www.journals.elsevier.com/clinical-infection-in-practice>

Abbreviations used within this review:

ACCEA Advisory Committee on Clinical Excellence Awards
BIA British Infection Association
BSAC British Society for Antimicrobial Chemotherapy
CCT Certificate of Completion of Training
FIS Federation of Infection Societies
GMC General Medical Council
HIS Healthcare Infection Society
OSCR Office of the Scottish Charity Regulator
PHE Public Health England
IPS Infection Prevention Society
JRCPTB Joint Royal Colleges of Physicians Training Board
MRC Medical Research Council
MRCP (UK) Membership of the Royal College of Physicians (UK)
NHSI National Health Service Improvement
NICE National Institute for Clinical Excellence
RCPPath Royal College of Pathologists
RCP Royal College of Physicians
SAC Specialty Advisory Committee
SMI Standards for Microbiology Investigations
UEMS European Union of Medical Specialists
UKAS United Kingdom Accreditation Service
UK NSC UK National Screening Committee

Contact details

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PR4 2EF

Telephone:

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BRITISH INFECTION ASSOCIATION

TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 30 SEPTEMBER 2020

Email:

bia@hartleytaylor.co.uk

Council members contact details:

President, Professor Martin Llewelyn, president@britishinfection.org

Vice President, Dr Katie Jeffery, vicepresident@britishinfection.org

Honorary Secretary, Dr David Partridge, secretary@britishinfection.org

Honorary Treasurer, Dr Hitendrakumar Thaker, treasurer@britishinfection.org

Meetings Secretary, Dr Rajeka Lazarus, meetings@britishinfection.org

Membership Secretary, Dr Mark Melzer, membership@britishinfection.org

Clinical Services (ID), Drs Anna Checkley & Jo Herman, clinicalservicesid@britishinfection.org

Clinical Services (Micro & Virology), Dr Natasha Ratnaraja, clinicalservicesmv@britishinfection.org

Guidelines Secretary, Dr Anna Goodman, guidelines@britishinfection.org

Communications Secretary, Dr Ed Moran, communications@britishinfection.org

Manpower & Training Secretary, Dr Bridget Atkins, manpowertraining@britishinfection.org

Scientific & Research Secretary, Dr Chris Chiu, scientificresearch@britishinfection.org

Trainee (Meetings), Dr Francesca Knapper, traîneemeetings@britishinfection.org

Trainee (Professional Affairs), Dr Dinesh Aggarwal, traîneeprofaffairs@britishinfection.org

Newsletter Editor, Dr Naomi Meardon, newsletter@britishinfection.org

Financial review

The charity's income has decreased from £335,509 in 2019 to £328,970 in 2020. This comprises investment income of £42,462 (2019: £47,213), and income from charitable activities of £286,508 (2019: £288,296). Income from charitable activities includes subscription income of £39,838 (2019: £52,010), royalty income from the Journal of Infection of £240,110 (2019: £232,886) and delegate income of £6,560 (2019: £3,400).

Expenditure for the charity has decreased from £276,368 in 2019 to £185,262 in 2020. This includes £6,344 (2019: £5,781) of expenditure on raising funds i.e. investment manager's costs plus £178,918 (2019: £270,587) of expenditure on charitable activities. A breakdown of the expenditure on charitable activities can be seen in note 5.

The charity made a net loss on investments of £32,478 for the year (2019: gain of £45,452).

Overall, the charity's net income for the year amounted to £111,230 (2019: 104,593) and the reserves of the charity at 30 September 2020 amounted to £1,969,479 (2019: £1,858,249).

The Association does not exist to build up reserves, however, the Trustees have given consideration to a reserves policy as required by the Statement of Recommended Practice in order to demonstrate that it acts prudently to ensure the adequacy of resources available to it. The Trustees consider that the level of reserves should be adequate to support its activities over the next five years which is estimated to be around £1.8m. The charity currently has reserves of £2.0m however future grants may be reduced if income falls. It is the intention to continue to generate income in excess of resources expended.

Investment Policy and Performance

Under the memorandum and articles of association, the Association has the power to make any investment which the Trustees see fit. The investment policy of the charity is to not invest in companies which contravene our charitable purpose. The investment manager's own policies regarding environmental, social and governance issues are also relevant.

BRITISH INFECTION ASSOCIATION

TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 30 SEPTEMBER 2020

The current investment objective is to:

- (a) meet budgeted investment income targets as approved on an annual basis by the Board of Trustees, and
- (b) to achieve an increase in the value of the income and investment portfolio in real terms over time, while maintaining prudent diversification of assets.

The results for the year show an unrealised gain of £14,071 (2019: £46,394) and a realised loss on sale of investments of £46,549 (2019: £942). These could be compared to any targets set and any plans with the investment manager to improve future performance.

The BIA's investment strategy has a medium risk tolerance and aims to generate a return over the long term of 3% above the rate of inflation. It is expected to experience fluctuations of 60 – 80% of the volatility of the global equity markets. This has taken place following discussion with investment managers and has a 6 - 10-year time horizon, recognising that there may be some temporary or permanent capital loss.

This performance criteria was brought about because of the volatility within the scientific journal publication market, which is moving towards an open access model. It is unclear at this time whether profits from such activities will equal those of the current model.

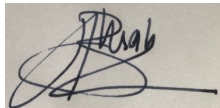
Risk management

The Trustees have assessed the major risks to which the group is exposed and systems have been established to mitigate these risks. The Trustees review the risks facing the group on a regular basis and have assessed the following key risk areas:

- **Financial Risk:** There is a reliance on income from the journal of infection and membership fees. Although income from these streams has remained consistent over the years, there is a risk that publishing revenues or memberships could decline in the future. This can be mitigated by the sale of investments if additional funding was necessary.
- **Reputational Risk:** This is mitigated by the governance framework by ensuring clear policies and standards are in place that are regularly reviewed, and the appointment of experienced persons to the Board of Trustees.
- **Investments Risk:** The Association's assets are largely held in stock exchange investments, the values of which are subject to fluctuations experienced from time to time in the financial markets. This risk is mitigated by engaging a professional fund manager to manage the portfolio. The fund manager has been instructed to adopt a medium risk approach and the portfolio is widely diversified.
- **COVID-19:** The Trustees have considered the impact of the COVID-19 pandemic on the investments and although there is a risk that further losses may be made, they are confident that the diversification within the portfolio will balance the losses going forward. The investment portfolio has since recovered to pre pandemic levels. The Trustees believe there is limited risk from the pandemic to day to day operations with the exception being the cancellation of large-scale events. However, loss of income from cancelled events can be mitigated through insurance policies and by presenting events remotely.

BRITISH INFECTION ASSOCIATION
TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)
FOR THE YEAR ENDED 30 SEPTEMBER 2020

The Trustees' report was approved by the Board of Trustees.



.....
Dr Hitendrakumar Thaker (Treasurer)
Trustee
Dated: 2 September 2021
.....

BRITISH INFECTION ASSOCIATION

INDEPENDENT EXAMINER'S REPORT

TO THE TRUSTEES OF BRITISH INFECTION ASSOCIATION

I report on the financial statements of the charity for the year ended 30 September 2020, which are set out on pages 26 to 35.

Respective responsibilities of Trustees and examiner

The charity's trustees (who are also the directors of the company for the purposes of company law) are responsible for the preparation of the accounts in accordance with the terms of the Companies Act 2006, Charities and Trustee Investment (Scotland) Act 2005 (the 2005 Act) and the Charities Accounts (Scotland) Regulations 2006 (the 2006 Accounts Regulations).

The charity trustees consider that the audit requirement of Regulation 10(1)(a) to (c) of the 2006 Accounts Regulations does not apply and that an independent examination is needed.

It is my responsibility to examine the accounts as required under section 44(1) (c) of the 2005 Act and to state whether particular matters have come to my attention.

Basis of independent examiner's statement

My examination is carried out in accordance with Regulation 11 of the 2006 Accounts Regulations. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeks explanations from the trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently I do not express an audit opinion on the view given by the accounts.

Independent examiner's statement

In the course of my examination, no matter has come to my attention:

- (a) which gives me reasonable cause to believe that in any material respect the requirements:
 - (i) to keep accounting records in accordance with section 44(1)(a) of the 2005 Act and Regulation 4 of the 2006 Accounts Regulations, and
 - (ii) to prepare accounts which accord with the accounting records and comply with Regulation 8 of the 2006 Accounts Regulationshave not been met, or
- (b) to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

Kelly Adams MA (Hons) CA

Kelly Adams MA (Hons) CA
Chartered Accountant
On behalf of RSM UK Tax and Accounting Limited
First Floor, Quay 2
139 Fountainbridge
Edinburgh
EH3 9QG

Dated: 7 September 2021

BRITISH INFECTION ASSOCIATION

STATEMENT OF FINANCIAL ACTIVITIES INCLUDING INCOME AND EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 30 SEPTEMBER 2020

	Notes	2020 £	2019 £
<u>Income from:</u>			
Charitable activities	2	286,508	288,296
Investments	3	42,462	47,213
Total income		<u>328,970</u>	<u>335,509</u>
<u>Expenditure on:</u>			
Raising funds	4	6,344	5,781
Charitable activities	5	178,918	270,587
Total resources expended		<u>185,262</u>	<u>276,368</u>
Net (losses)/gains on investments	10	<u>(32,478)</u>	<u>45,452</u>
Net income for the year/ Net movement in funds		111,230	104,593
Total funds brought forward		<u>1,858,249</u>	<u>1,753,656</u>
Total funds carried forward		<u><u>1,969,479</u></u>	<u><u>1,858,249</u></u>

The statement of financial activities includes all gains and losses recognised in the year.

All income and expenditure in both the current and the prior year relates to unrestricted income funds.

BRITISH INFECTION ASSOCIATION**BALANCE SHEET****AS AT 30 SEPTEMBER 2020**

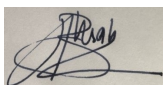
	Notes	2020		2019	
		£	£	£	£
Fixed assets					
Investments	11		1,905,511		1,894,767
Current assets					
Debtors	13	3,965		2,213	
Cash at bank and in hand		301,263		268,126	
		305,228		270,339	
Creditors: amounts falling due within one year	14	(241,260)		(306,857)	
Net current assets/(liabilities)			63,968		(36,518)
Total assets less current liabilities			1,969,479		1,858,249
Income funds					
<u>Unrestricted funds</u>					
Designated funds	16	-		1,650	
General unrestricted funds		1,969,479		1,856,599	
			1,969,479		1,858,249
			1,969,479		1,858,249

The company is entitled to the exemption from the audit requirement contained in section 477 of the Companies Act 2006, for the year ended 30 September 2020. No member of the company has deposited a notice, pursuant to section 476, requiring an audit of these financial statements.

It is the Trustees' responsibility for ensuring that the charity keeps accounting records which comply with section 386 of the Act and for preparing accounts which give a true and fair view of the state of affairs of the company as at the end of the financial year and of its incoming resources and application of resources, including its income and expenditure, for the financial year in accordance with the requirements of sections 394 and 395 and which otherwise comply with the requirements of the Companies Act 2006 relating to accounts, so far as applicable to the company.

These financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies' regime.

The financial statements were approved by the Trustees and authorised for issue on ...2 September 2021



.....
Dr Hitendrakumar Thaker
Trustee

BRITISH INFECTION ASSOCIATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 SEPTEMBER 2020

1 Accounting policies

Charity information

British Infection Association is a private company limited by guarantee incorporated in Scotland (SC198418). The registered office is 54-66 Frederick Street, Edinburgh, EH2 1LS. A description of the charity's activities is included in the Trustees' Report. The liability of each member of the charity in the event of winding up is limited to £1.

Accounting convention

The financial statements have been prepared in accordance with the charity's Memorandum and Articles of Association, the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 and "Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)". The charity is a Public Benefit Entity as defined by FRS 102.

The financial statements are prepared in sterling, which is the functional currency of the charity. Monetary amounts in these financial statements are rounded to the nearest £.

The financial statements have been prepared under the historical cost convention with the exception of investments which are included on a fair value basis. The principal accounting policies adopted are set out below.

Going concern

At the year end the charity had net current assets of £63,968 (2019: net current liabilities £36,518). The charity holds listed fixed asset investments of £1,905,511 (2019: £1,894,767) which are held for investment purposes but can be realised to meet liabilities as they fall due if required. At the time of approving the financial statements, the Trustees have a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. Thus the Trustees continue to adopt the going concern basis of accounting in preparing the financial statements.

Charitable funds

Funds are classified as either restricted or unrestricted funds, defined as follows:

Restricted funds are funds subject to specific purposes which may be declared by the donor or with their authority (e.g. by the restrictive wording of an appeal). A transfer from unrestricted to restricted funds will be made to prevent any restricted fund deficit.

Unrestricted funds are expendable at the discretion of the Trustees in furtherance of the general objectives of the Association. Designated funds represent those unrestricted funds set aside by the Trustees for particular purposes.

Incoming resources

Donations are recognised in the period in which they are receivable, which is when the charity becomes entitled to the resource, it is probable that it will be received and it can be reliably measured.

Income from charitable activities includes royalty income from the charity's publication and membership subscriptions. Income is recognised where the charity is entitled to the resource, it is probable that it will be received and it can be reliably measured.

Income from other trade activities includes sponsorship income from hosting third-party conferences and meetings and is recognised on a receivable basis.

Investment income is recognised in the year in which it is receivable, which is when the Association becomes entitled to use the resources.

BRITISH INFECTION ASSOCIATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 30 SEPTEMBER 2020

1 Accounting policies (Continued)

Resources expended

Resources expended are included in the Statement of Financial Activities on an accruals basis and are recognised when a legal or constructive obligation arises.

Expenditure on raising funds includes costs incurred in relation to the management of the charity's investment portfolio and those costs associated with the hosting of third-party conferences and meetings.

Expenditure on charitable activities comprises those costs incurred by the charity in the delivery of activities and services undertaken to further the purposes of the charity. This includes costs that can be allocated directly to such activities, those costs of an indirect nature necessary to support them and governance costs.

Support costs are those functions that assist the work of the charity but do not directly undertake charitable activities. Support costs include secretarial costs, computer running costs and other similar costs.

Governance costs include those incurred in the governance of the charity and its assets and are primarily associated with constitutional and statutory requirements.

Grants payable are payments to third parties in the furtherance of the objectives of the charity and payments made to members in respect of travel awards granted in the year. Single or multi-year grants are accounted for when either the recipient has a reasonable expectation that they will receive a grant and the Trustees have agreed to pay the grant without condition, or the recipient has a reasonable expectation they will receive a grant and any condition attached to the grant is outside the control of the charity.

Fixed asset investments

Fixed asset investments are initially measured at transaction price excluding transaction costs, and are subsequently measured at fair value at each reporting date. Changes in fair value are recognised in net movement in funds for the year. Transaction costs are expensed as incurred.

A subsidiary, including a programme related investment, is an entity controlled by the charity. Control is the power to govern the financial and operating policies of the entity so as to obtain benefits from its activities.

Investments in subsidiaries are initially measured at cost and subsequently measured at cost less any accumulated impairment losses.

Financial instruments

The charity has elected to apply the provisions of Section 11 'Basic Financial Instruments' and Section 12 'Other Financial Instruments Issues' of FRS 102 to all of its financial instruments.

Financial instruments are recognised in the charity's balance sheet when the charity becomes party to the contractual provisions of the instrument.

Financial assets and liabilities are offset, with the net amounts presented in the financial statements, when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

Basic financial assets

Basic financial assets, which include debtors and cash and bank balances, are initially measured at transaction price including transaction costs and are subsequently carried at amortised cost using the effective interest method unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest. Financial assets classified as receivable within one year are not amortised.

BRITISH INFECTION ASSOCIATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 30 SEPTEMBER 2020

1 Accounting policies (Continued)

Basic financial liabilities

Basic financial liabilities, including creditors, are initially recognised at transaction price unless the arrangement constitutes a financing transaction, where the debt instrument is measured at the present value of the future payments discounted at a market rate of interest. Financial liabilities classified as payable within one year are not amortised.

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of operations from suppliers. Amounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

Derecognition of financial liabilities

Financial liabilities are derecognised when the charity's contractual obligations expire or are discharged or cancelled.

2 Charitable activities

	2020 £	2019 £
Subscriptions	39,838	52,010
Delegate Income	6,560	3,400
Journal of Infection	240,110	232,886
	<u>286,508</u>	<u>288,296</u>

3 Investments

	2020 £	2019 £
Income from listed investments	42,365	47,098
Interest receivable	97	115
	<u>42,462</u>	<u>47,213</u>

BRITISH INFECTION ASSOCIATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 30 SEPTEMBER 2020

4 Raising funds

	2020 £	2019 £
Investment management costs	6,344	5,781
	<u>6,344</u>	<u>5,781</u>

5 Charitable activities

	2020 £	2019 £
Meeting expenses	29,089	62,590
Travel expenses	4,935	14,490
Educational workshops	-	7,132
Journal of Infection	42,788	31,599
Research Guidelines	-	3,500
Advertising	1,063	13,318
	<u>77,875</u>	<u>132,629</u>
Grant funding of activities (see note 6)	(4,483)	(3,790)
Share of support costs (see note 7)	84,317	122,847
Share of governance costs (see note 7)	21,209	18,901
	<u>178,918</u>	<u>270,587</u>
Analysis by fund		
Unrestricted funds	<u>178,918</u>	<u>270,587</u>

6 Grants payable

	2020 £	2019 £
Grants to institutions:		
To fund research - University of Cambridge (1 grant)	-	20,000
To fund research - Imperial College London (1 grant)	-	20,000
To fund research - Queens University Belfast (1 grant)	-	5,000
To support event - The Royal College of Pathologists (1 grant)	3,000	-
	<u>3,000</u>	<u>45,000</u>
Grants to individuals	2,858	9,450
	<u>5,858</u>	<u>54,450</u>

BRITISH INFECTION ASSOCIATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 30 SEPTEMBER 2020

6 Grants payable (Continued)

Grants to institutions written off	(10,341)	(53,756)
Grants to individuals written off	-	(4,484)
	<u>(4,483)</u>	<u>(3,790)</u>

As described in the Trustees' Report, grants to individuals are awarded for travel to infection related conferences and for research projects and fellowships.

Grants written off are a result of amounts unclaimed by grant recipients. Unclaimed amounts by individuals for travel grants are written off in the year they are awarded. Other grants are written off when they have remained unclaimed for a three year period, except for where an extension has been agreed.

7 Support costs

	Support costs	Governance costs	2020	2019
	£	£	£	£
Secretarial assistance	71,927	-	71,927	72,128
Computer running costs	10,897	-	10,897	16,452
Bank charges	185	-	185	229
Legal and professional fees	400	-	400	463
Insurance	475	-	475	453
Sundry	-	-	-	116
Bad and doubtful debts	433	-	433	33,006
Independent examiner's fee	-	3,680	3,680	696
Accountancy fees	-	12,270	12,270	6,510
VAT services	-	4,836	4,836	4,545
Audit fees	-	423	423	7,150
	<u>84,317</u>	<u>21,209</u>	<u>105,526</u>	<u>141,748</u>

Fees payable to RSM UK Tax and Accounting Limited and its associates are £3,680 (2019: £696) for independent examination services, £17,106 (2019: £11,055) for other financial services and £423 (2019: £7,150) for statutory audit services. Note the current year's fees payable for statutory audit services relate to the statutory audit of the charity's prior year accounts.

8 Trustees

None of the Trustees (or any persons connected with them) received any remuneration from the charity during the year and no expenses were reimbursed to Trustees' during the year (2019: £nil).

9 Employees

There were no employees during the year (2019: nil).

BRITISH INFECTION ASSOCIATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 30 SEPTEMBER 2020

10 Net gains/(losses) on investments

	2020 £	2019 £
Revaluation of investments (see note 11)	14,071	46,394
(Loss) on sale of investments	(46,549)	(942)
	<u>(32,478)</u>	<u>45,452</u>

11 Fixed asset investments

	Listed investments £	Other investments £	Total £
Cost or valuation			
At 1 October 2019	1,894,766	1	1,894,767
Additions	451,673	-	451,673
Valuation changes	14,071	-	14,071
Disposals	(455,000)	-	(455,000)
	<u>1,905,510</u>	<u>1</u>	<u>1,905,511</u>
At 30 September 2020			
Carrying amount			
At 30 September 2020	<u>1,905,510</u>	<u>1</u>	<u>1,905,511</u>
At 30 September 2019	<u>1,894,766</u>	<u>1</u>	<u>1,894,767</u>

	Note	2020 £	2019 £
Other investments comprise:			
Investments in subsidiaries	12	<u>1</u>	<u>1</u>

Fixed asset investments revalued

Listed investments are valued at their market price at each year end. The comparable amount on the historical cost basis is £1,408,612 (2019: £1,282,405).

BRITISH INFECTION ASSOCIATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 30 SEPTEMBER 2020

12 Subsidiary

Details of the charity's subsidiary at 30 September 2020 is as follows:

Name of undertaking	Registered office	Nature of business	Class of shares held	% Held	
				Direct	Indirect
BIA Conferences Limited	54-66 Frederick Street, Edinburgh, EH2 1LS	To run conferences	Ordinary share capital	100.00	

BIA Conferences Limited had a capital and reserves deficit of £40,271 (2019: £37,558) at the year end. Income for the year amounted to £nil (2019: £252,308), while expenditure amounted to £2,713 (2019: £287,445), giving a loss for the year of £2,713 (2019: £35,137).

13 Debtors

	2020	2019
Amounts falling due within one year:	£	£
Other debtors	3,965	2,213

14 Creditors: amounts falling due within one year

	2020	2019
	£	£
Trade creditors	6,654	17,853
Accruals and deferred income	66,772	56,793
Accruals for grants payable	167,834	232,211
	241,260	306,857

15 Financial instruments

	2020	2019
	£	£
Carrying amount of financial assets		
Instruments measured at fair value through income and expenditure	1,905,510	1,894,766

BRITISH INFECTION ASSOCIATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 30 SEPTEMBER 2020

16 Designated funds

The income funds of the charity include the following designated funds which have been set aside out of unrestricted funds by the Trustees for specific purposes:

	Balance at 1 October 2019 £	Movement in funds		Balance at 30 September 2020 £
		Incoming resources £	Resources expended £	
Designated funds	1,650	-	(1,650)	-
	<u>1,650</u>	<u>-</u>	<u>(1,650)</u>	<u>-</u>
	<u><u>1,650</u></u>	<u><u>-</u></u>	<u><u>(1,650)</u></u>	<u><u>-</u></u>

Funds were set aside at the previous year end for the purpose of awarding travel grants to individuals who were not notified of the grant until after the prior year end.

17 Related party transactions

BIA Conferences Limited, a subsidiary of the charity, incurred expenses amounting to £433 (2019: £31,125) which were paid by the charity. At the year end £33,439 (2019: £33,006) was due from BIA Conferences Limited however the charity has a bad debt provision of £33,439 (2019: £33,006) in respect of this balance.