

Charity Registration No. SC029247 (Scotland)

Company Registration No. SC198418 (Scotland)

BRITISH INFECTION ASSOCIATION
TRUSTEES' REPORT AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED
30 SEPTEMBER 2021

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 Third Floor 2 Semple Street Edinburgh EH3 8BL
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

BRITISH INFECTION ASSOCIATION

LEGAL AND ADMINISTRATIVE INFORMATION

Council Members – from May 2021

President*	Dr Katie Jeffery (Oxford University Hospitals NHS Foundation Trust)
Vice President*	Dr David Partridge (Sheffield Teaching Hospitals NHS Foundation Trust)
Honorary Secretary*	Dr Harriet Hughes (University Hospital of Wales)
Honorary Treasurer*	Dr Hiten Thaker (Hull University Teaching 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 representative (Meetings)	Dr Francesca Knapper (Southmead Hospital, Bristol)
Trainee representatives (Professional Affairs)	Dr Dinesh Aggarwal (London North West University Healthcare NHS Trust)
Trainee representatives (Communications)	Dr Edward Moseley (Southmead Hospital, Bristol)
<i>Previously Newsletter Editor</i>	
Devolved Administrations Secretary	Dr Rebecca Sutherland (Western General Hospital, Edinburgh)
Associate Members Secretary	Dr Louise Dunsmure (Oxford University Hospitals NHS Foundation Trust)
Editor, Journal of Infection (ex officio)	Professor Rob Read (University of Southampton)
Editor, Clinical Infection in Practice (ex officio)	Professor Martin Wiselka (University Hospitals Leicester)

* *Principal Officers of the Association*

BRITISH INFECTION ASSOCIATION

TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 30 SEPTEMBER 2021

The Trustees present their report and financial statements for the year ended 30 September 2021.

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 2021 consisted of 1,570 people (2020: 1,377).

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 Hitendrakumar Thaker	(Appointed 20 May 2021)
Dr David Partridge	
Dr Harriet Hughes	(Appointed 20 May 2021)
Dr Rajeka Lazarus	

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

BRITISH INFECTION ASSOCIATION

TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 30 SEPTEMBER 2021

nominations from 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.

BRITISH INFECTION ASSOCIATION

TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 30 SEPTEMBER 2021

Objectives and activities

The Memorandum states that the objective 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 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 ensure the optimum delivery of healthcare to patients diagnosed with infection, and to represent the interests of its members.

Specifically:

- To provide expert opinions and represent the views of specialists in infection to anybody seeking advice relevant to infection or infection professionals. Groups who might be expected to consult The British Infection Association include, but are not limited to, the Department of Health and similar bodies in the devolved governments, the Royal Colleges, NICE, statutory medical bodies, House of Lords select committees and other professional bodies, including the professional media. Provision of advice to the general public on personal or individual medical conditions is outside the remit of the Association.
- To set and review standards in infection practice including the development of guidelines, working in collaboration where appropriate.
- To support members of the Association in the performance of their professional duties
- To develop and provide education and training in infection for all and in particular to support training grades.
- To foster excellence in all aspects of infection-related research.
- To support all aspects of communication between different branches of infection medicine and to work towards the development of an integrated voice for infection specialists.
- To provide a public face for infection and represent infection opinions to the general public and to patients.

(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

BRITISH INFECTION ASSOCIATION

TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 30 SEPTEMBER 2021

BIS Representation to outside meetings
Journal of infection editor's report
Clinical Infection in Practice (CLIP) Editor's Report

President's report

Honorary President: Professor Katie Jeffery

I am delighted to introduce this report describing the Association's activities during the year ending September 2021.

I became Honorary President in May 2021, taking over from Professor Martin Llewellyn. At our handover meeting we discussed the significant challenges, progress and achievements of the BIA Council and our wider membership over the last couple of years. I would like to thank him sincerely on behalf of all of us for his skill and hard work in negotiating us through a difficult time, albeit by Teams and Zoom rather than face to face. Martin continues to support us and represent the infection community as Chair of the Joint Specialty Committee for Infectious Disease at the Royal College of Physicians (RCP).

At the time of our last report we were almost a year into the COVID-19 pandemic – since then we have ridden the wave of delta and now omicron, and we have remained very much front-line, be that in delivery of direct patient care or supporting with diagnostics. We now have a number of therapeutic agents to juggle, as well as ever more complex virus characterisation requirements, and we still need to adapt to ever changing guidelines. Our members have been active on a number of key guidelines groups and committees. We have contributed to the worldwide knowledge of SARS-CoV-2 and COVID-19 in terms of high-impact research. The COVID-19 vaccine development and roll-out has undoubtedly saved millions of lives worldwide in the last year, with more still to do to address health disparities in various communities across the world.

SARS-CoV-2 and COVID-19 will undoubtedly continue to have a major influence on our lives for some time. We had a trainees' FIS meeting in October, a very successful Spring meeting and the AGM in May 2021. The Federation of Infection Societies meeting (FIS) was also held virtually in November 2020, hosted by the Healthcare Infection Society (HIS). Together with HIS and the Microbiology Society, we have now entered into a new operating framework for the FIS meeting, promoting closer joint multidisciplinary working between our three societies and smaller more specialist organisations working in this field. Following a competitive tender process we have appointed a professional conference organiser for the next four years to provide us with continuity of support for the FIS meeting. The virtual element of our conferences is here to stay, as part of a hybrid format, and one of the exciting aspects is the expansion of our reach and ability to deliver educational content internationally.

As a consequence of some good editorial decisions supporting rapid publication of COVID related content, the impact factor of the Journal of Infection has surged to above six and rising. This also brings with it considerable challenges for the editorial team as the number of submissions has increased markedly, without an increase in support available from the publisher. We are dependent on income from the journal in order to deliver our charitable activities, and this is an area of active discussion. Our financial position is currently stable, and we have been able to support more small research grants and awards this year. Our Open Access Journal 'Clinical Infection in Practice' which published its first volume in September 2019 is now firmly established.

Thanks to extremely hard work led by the Clinical Services Committee (CSC) on the consultation on Infection Standards we now have a blueprint for services at an individual, regional, and national level. The final document is jointly endorsed by both the RCP and Royal College of Pathologists (RCPath), and is available

BRITISH INFECTION ASSOCIATION

TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 30 SEPTEMBER 2021

as a published article on the Science Direct or BIA website 'Best practice standards for the delivery of NHS infection services in the United Kingdom'. It is hoped that these standards will be a useful resource helping to provide a standard for infection services, and also feed into the national strategy for integrated 'Infection' services and future pandemic preparedness that is being worked on currently by the ID Clinical Reference Group. We are working increasingly closely with the RCPATH as they wish to engage more widely with our members.

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, new guidelines publication, working with the UKHSA Standards for microbiology investigations group to produce NICE accredited IQRGs (Infection Quick Reference guides) and some great initiatives by our trainee representatives, including work on diversity and inclusion in recruitment. We also have a number of members who represent the Association on outside committees and groups.

I would like to thank all members of Council and individual members of the Association who have freely given up their time to further the Association's aims often with little wider recognition. So much has been achieved despite the challenges of the last two years, and we have much to be proud of. We are also indebted to Hartley Taylor who provide indispensable secretariat support.

Clinical Excellence Awards 2021

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. All members were invited to self-nominate. Nominations were circulated to the Association CEA panel.

This year applications for citation could only be made for new applications, not renewals.

All panel members reviewed the applications and eight took part in the ranking meeting via telephone call held on 3rd March 2021. Panel members unable to join the teleconference returned their comments to the Chair by 1st March.

Eight applications were received for a Bronze award, five of these were supported.

Five applications were received for a Silver award, three of these were supported.

Panel members wrote citations and the Chair uploaded these to the applicant's applications. All applicants were informed of the Association's decisions. The process was overseen by our external scrutineer Paul Ashwell who was happy with the conduct of this year's assessment.

BIA ACCEA PANEL 2021; David Dockrell (chair), Martin Llewelyn, Richard Bellamy, Fiona Cooke, Will Irving, Paul Ashwell, Priya Khanna, Shiranee Sriskandan, Martin Wiselka, Peter Moss

BRITISH INFECTION ASSOCIATION

TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 30 SEPTEMBER 2021

Honorary Secretary's report

This year saw a number of changes to Principal Officers and Council members following nominations and elections in May 2021. The AGM was held virtually once again in view of the ongoing COVID-19 pandemic.

President	Dr Katherine Jeffery
Vice-President	Dr David Partridge
Honorary Treasurer	Dr Hitendrakumar Thaker
Honorary Secretary	Dr Harriet Hughes
Devolved Administrations Secretary	Dr Rebecca Sutherland
Meetings Secretary	Dr Rejeka Lazarus
Trainees' rep for Communications	Dr Edward Moseley

We are grateful to all demitting members of Council for their commitment and dedication over their terms of office. We are also very appreciative of all members acting as BIA representatives on a variety of specialist panels, and for reporting back to Council in accordance with our representation policy.

External administrative support and dedicated Secretariat Services have continued to be supplied by Hartley Taylor Medical Communications Ltd (HT) throughout 2020-2021. This contract was renewed for a period of six months at the end of 2021, with a formal review and tender process for support services planned for 2022.

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

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 May 2021.

A report on the activity and finances of the Association was presented at the virtual Annual General Meeting in May 2022. The finances were ratified by BIA members.

Honorary Treasurer's Report

See the financial review on pages 23 and 24.

Membership and Communication

Membership 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.

BRITISH INFECTION ASSOCIATION

TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 30 SEPTEMBER 2021

Membership Statistics 2020/21:

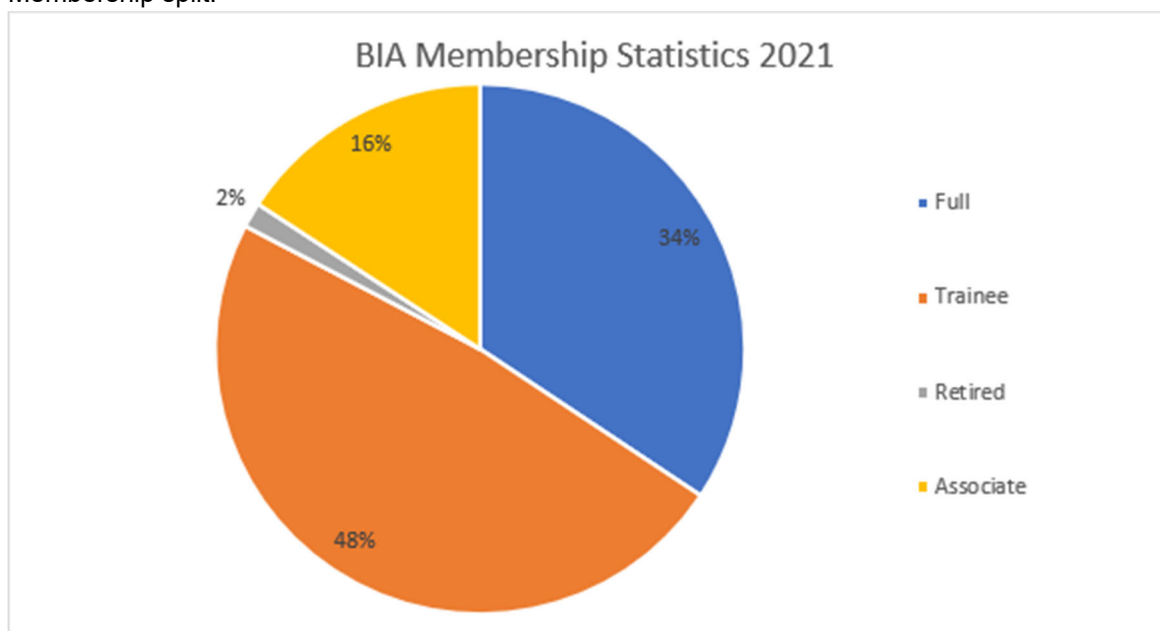
Over the last five years there has been a modest increase in membership which has peaked at 1570 in 2021 following a small 'dip' during the COVID-19 pandemic years. 539 are full members, 759 trainees, 24 retired and 248 associate members. Surprisingly, many have opted not to access the Journal of Infection, either electronically or as hard copies, but could be accessing the journal through their institution.

It is particularly pleasing to see an increase in associate member numbers over five years. An associate members session has been incorporated into the annual Spring conference with a focus on antimicrobial stewardship, Infection Prevention and Control (IP&C) and diagnostic innovation, aimed at Biomedical Scientists, IP&C nurses and antimicrobial pharmacists. I would like to thank Louise Dunsmure for her contribution to these sessions.

Membership Statistics 2020/21:

Category	BIA Members
Full	539
Trainee	759
Retired	24
Associate	248
	1570

Membership split:



BRITISH INFECTION ASSOCIATION

TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 30 SEPTEMBER 2021

Membership trend:

Category	BIA Members
2017	1503
2018	1541
2019	1329
2020	1377
2021	1570

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. There was a focus on antimicrobial stewardship, Infection Prevention and Control (IP&C) and diagnostic innovation, and it was aimed at Biomedical Scientists, IP&C nurses and antimicrobial pharmacists.

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

Communication Aims:

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 Association’s IT provider. Areas for further development will be explored with other members of Council in 2022.

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.

BIA-eList:

The BIA e-mail list system continued to be of great value in 2020 and 2021 as members and UK infection leaders shared experiences and guidelines during the early part of the COVID pandemic. The new system implemented last year by Richard Pavey, the BIA IT provider, provides a searchable archive of old posts and

BRITISH INFECTION ASSOCIATION

TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 30 SEPTEMBER 2021

multiple channels which will allow us to add special interest groups in the future. There are over 800 users not all of whom are members of the Association and it is clearly a resource greatly valued by infection professionals.

Newsletter:

The 2021 Autumn Edition of the BIA newsletter, was edited by Edward Moseley, Trainees representative (Communications) prepared and published online via the BIA website with a link being sent out to all members.

A small number of paper copies were also available for distribution at FIS 2021, on the BIA stand.

The Spring 2022 newsletter is in the planning for June 2022 to include all of the updates presented at the 2022 AGM as part of the BIA Spring Meeting.

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 October 2020 - September 2021:

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

As a group this team responded to consultations through the year October 2020 - September 2021 for NICE and other organisations on time and with certificates circulated to those who commented. This ensured BIA representation on national guidance.

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

The BIA was involved in the development of the following guidelines with their status as of September 2021:

MRSA prophylaxis (Joint with BSAC) - presented at HIS 2018. In current preparation - searches and evidence synthesis are complete according to NICE methodology. Planned for submission to the Journal of Infection.

Contact: Peter Wilson, BIA rep Albert Mifsud

MRSA treatment (Joint with BSAC)- presented at BSAC 2019. Published 3 February 2021 in JAC Antimicrobial Resistance

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 group regenerated. Once these are approved the literature search will be executed and the papers graded. They hope to have a draft document to circulate in 2021.

Contact: Louise Savic, BIA rep Nikhil Premchand.

BRITISH INFECTION ASSOCIATION

TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 30 SEPTEMBER 2021

Enteric fever guideline - Joint with PHE - status awaiting publication. Planned for release ECCMID 2021. Has been circulated to BIA members as a draft document. Expected for publication shortly- being submitted to Journal of Infection.

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

Necrotising OE guidance Completed 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. A draft was circulated to BIA members and the BIA support this.

Contacts Susanne Hodgson and Monique Andersson - Katie Jeffrey representing the BIA

Eosinophilia in migrants or returning travellers:

Confirmation of writing committee September/October 2020

Establish PICO questions, plan structure of guidelines October 2020

Allocation of tasks, grading of evidence October-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

New commissions this year:

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, clinical virology, infectious diseases and other infection-related clinical specialties, public health and infection prevention and control.

Progress during 2021:

The **clinical services committee for medical microbiology and virology** usually meets four times a year, with a mixture of physical meetings in London and Birmingham and all 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. From 2020 onwards the meetings have been held via Microsoft teams, facilitating more members to attend meetings. It is envisaged that as pressures with the

BRITISH INFECTION ASSOCIATION

TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 30 SEPTEMBER 2021

pandemic ease, hybrid meetings will take place, with some meetings being held face to face with an opportunity to attend via Teams.

The aim of the committee is to work together to improve infection services across the UK. There are regional representatives who then take back initiatives for consultation and also bring ideas for improving infection services.

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.

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. This has never been more important as over the past two years, with colleagues at the forefront of the pandemic.

Over the past year the committee has published the BIA/RCPATH Best Practice Standards document for Infection Services on the BIA Open Access online journal Clinical Infections in Practice (CLIP). This document has also been endorsed by RCPATH and RCP.

The document was presented at FIS conference in November 2021, along with the results of the BIA/RCPATH Workforce Survey. We are currently working on publishing the results in CLIP.

We continue to develop our 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. Current IQRGs in development include sepsis, acute gastroenteritis in adults and skin and soft tissue infections. We are developing this with consultation with appropriate affiliated societies. If you wish to be involved in the development of the IQRGs please look out for expressions of interest in the BIA digest.

This year has seen the BIA continue to collaborate with RCPATH, RCP and SMI with groups working on the development of tools to improve efficiency of infection advice and consults. The aim is to try and standardise definitions of different types of consults and advice (e.g. remote, bedside reviews etc) and to determine the minimum type of information required in order to optimise advice.

If you have any ideas on work the clinical services committee could do to help improve infection services please contact **Dr Natasha Ratnaraja, Clinical Services Secretary (Microbiology & Virology)**, at natasha.ratnaraja@uhcw.nhs.uk or **Dr Anna Checkley Clinical Services Secretary (Infectious Diseases)** at anna.checkley@nhs.net.

European Affairs

Highlights from 2021:

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

BRITISH INFECTION ASSOCIATION

TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 30 SEPTEMBER 2021

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.

Alfred Mifsud is the UK representative to UEMS MM Section, having been nominated by the BIA.

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 the 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 group was established and an examination was developed in co-operation with ESCMID. A group 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.

BRITISH INFECTION ASSOCIATION

TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 30 SEPTEMBER 2021

Highlights from 2020/2021:

This past year has seen a gradual restart of meetings using a virtual platform. After cancelling all the BIA meetings from May 2020, we were able to contribute to the virtual FIS conference and to hold virtual annual meetings. Virtual meetings have been welcomed by our members, they are easier to attend for most and the option to watch later make them more accessible than meetings that are only in person. Furthermore, we have seen an interest in attendance in our meetings across the globe. Over the course of the year, BIA in collaboration with Microbiology Society and Healthcare Infection Society successfully appointed a professional conference organiser for a four year term.

Highlights

November 2020 Federations of Infection Meeting, hosted by Hospital Infection Society

BIA session: Latest advances in hepatitis C

Chair Katie Jeffery

Speakers – Dr Peter Moss, Prof Graham Cooke, Prof Emma Thompson

Spring Trainees meeting May 2021

Topics covered: Topics covered: Lyme disease, travel vaccines and special considerations, procalcitonin and how to use this biomarker in clinical practice, viral meningitis and Sequencing and managing the Public Health threat from variants of concern.

Registration - 206

Feedback, 75 responses – average score 8.7

Annual scientific meeting – Virtual Meeting May 2021

Three main speakers (Prof Sharon Peacock, Prof Ravi Gupta, Dr Sarah Jefferies)

Fellowship presentation: Angela Ibler

Registrations: 89

Total cost: ~£7,800

16 responses. - average score 7.3/10

Positive feedback – good organisation, platform worked well, broad range of topics, excellent chairing and interesting and relevant cases.

Autumn Trainees' Meeting October 2020:

This excellent virtual meeting was organised by Dr Francesca Knapper (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.

Final Word:

The world now has become a different place following previous restrictions on people movement, travel and gatherings now lifted. We are still in a time of returning to normal and the BIA continues to acknowledge this and is providing hybrid methods of delivering educational events and conferences.

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.

BRITISH INFECTION ASSOCIATION

TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 30 SEPTEMBER 2021

Highlights from 2021:

This year saw further work from the BIA Education Subcommittee (ESC), however this was impacted by COVID-19. Work by ESC in 2021 includes:

- 1) Developing a working group 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 remained slower in 2021 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.

BIA Education Sub-Committee (ESC)

Members:

- Bridget Atkins (Chair)
- Vice President of BIA – Dr David Partridge (Sheffield)
- Learn Infection lead - Dr Bethany Davies (Brighton & Sussex)
- BIA trainee council reps
 - Francesca Knapper (Bristol)
 - Dinesh Aggarwal (London)
 - Edward Moseley (Bristol)
- NITCAR representative - Jordan Skittrall (Cambridge)
- BIA Junior Doctor representative – Amy Carson (Bristol)

If trainees wish to raise issues or suggestions via this committee, please do via the BIA website.

Science & Research

Highlights from 2020 - 2021:

Following the strategic review of BIA's scientific and research activities, the new research strategy is now in place. 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, some of BIA's scientific and research activities were paused in 2021. However, BIA did award three BIA Research Project Grants, of £10,000 over 12 months.

Fourteen applications were received, the successful applicants being:

Aaron Doherty (Royal College of Surgeons) *Progressing the Clinical Applications of Novel Star-Shaped Antimicrobial Polypeptides for Recalcitrant Infections*

Timothy Rawson (Imperial College NHS Trust) *Exploring therapeutically beneficial drug-drug interactions to support the optimised use of oral antimicrobial agents*

Matthew Routledge (Cambridge University Hospitals NHS Trust) *Utilising a Phosphoproteomic Approach to Understand Neutrophil Dysfunction in Pyogenic Infection*

BRITISH INFECTION ASSOCIATION

TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 30 SEPTEMBER 2021

The BIA continued to provide a central contribution to the Federation of Infection Societies meeting in November 2020. The Barnett Christie Lecture, which highlights early career clinical academics on the most promising research trajectories, was awarded to:

Ankur Gupta-Wright (2020): “Tuberculosis diagnostics to reduce HIV-associated mortality”

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

Trainees Report

Meeting Highlights from 2020 - 2021:

After a pause on meetings due to COVID, the Autumn 2020 and Spring 2021 trainee meetings were carried out via an online platform. This was facilitated by the Trainee Reps.

Autumn Trainee Meeting, October 2020:

Topics for the trainees' day included 'Anaerobic infections', 'Challenges in mycology' and 'Pandemic modelling and COVID-19'. The meeting also including the NITCAR Annual Meeting.

Registration – 110

The feedback received following the meeting was positive. Average score 8.5

Spring Trainee Meeting 2021:

Topics covered: Topics covered: Lyme disease, travel vaccines and special considerations, procalcitonin and how to use this biomarker in clinical practice, viral meningitis and Sequencing and managing the Public Health threat from variants of concern.

Registration - 206

Feedback, 75 responses – average score 8.7

Autumn Trainee Meeting, 14th October 2021 – Virtual:

This meeting was held virtually. The programme included talks on 'Refugee health; setting up a one stop clinic for asylum seekers', 'OPAT: Role, direction of travel and controversies' and 'HIV resistance and the implications for treatment'.

Professional Affairs 2020/2021:

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

BRITISH INFECTION ASSOCIATION

TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 30 SEPTEMBER 2021

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 year to account for social distancing measures. The professional affairs trainee representative 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 SAC and BIA committee meetings. In order to formally evaluate existing bias, a FOI request to HEE 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 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 groups 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 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 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, workshops and investigations.

BIA Representation during 2020 - 2021:

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.

BRITISH INFECTION ASSOCIATION

TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 30 SEPTEMBER 2021

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

Journal of Infection editor's report

Editors Summary 2021:

- In 2021 the Journal of Infection (JOI) received 3,403 submissions – a 37% decrease on the historic high of the previous year's total of 5,432 due to a reduction in COVID related submissions.
- The Journal published 36 Gold Open Access articles in 2021, compared to 39 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 a significant threat which is being kept under close scrutiny.

BRITISH INFECTION ASSOCIATION

TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 30 SEPTEMBER 2021

- The rejection rate decreased a little in 2021 to 88% (85% being desk rejects and 3% peer review process rejects).
- The time taken to reach a first decision on a manuscript was 1.0 weeks for desk rejected articles and 13.5 weeks for papers that were fully peer reviewed (compared to 0.6 week and 10.1 weeks respectively in 2020).
- The average time from submission of an article to it appearing online in its final form in 2021 was 20.3 weeks (was 18.2 weeks in 2020). The slower publication is due to the slightly slower peer review process.
- 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 5 days.
- The Journal's latest impact factor increased to 6.072, rising from the 2019 figure of 4.842. JOI is now ranked 10/93 in the Infectious Diseases category of the Journal Citation Reports (up two places since last year). The 2021 Impact Factor should be available in June/July 2022 and is expected to show a very significant increase.
- The Journal's CiteScore for 2021 is 27.4, placing the journal 11/288 (up substantially from the 12.0 CiteScore in 2020 which ranked the journal at 21/283 in the Infectious Diseases category). According to the Scopus database, from which the CiteScore is derived, 80% of JOI articles receive at least 1 citation, with a Source Normalised Impact per Paper of 1.927.
- Over 2.23 million papers were downloaded in 2021 (across all platforms), an average of over 185,000 per month, which further builds upon the huge increase we experienced in 2020.

Although the inflow of submissions has declined this year, we are still receiving more than double what was received in 2019.

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

Clinical Infection in Practice (CLIP) Editor's Report

Aims:

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.

BRITISH INFECTION ASSOCIATION

TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 30 SEPTEMBER 2021

- 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 FRCPATH (CICE) and international equivalent assessments.

Editors Summary 2020/2021:

Achievements

- Journal and Editorial Board supported by Elsevier.
- Becoming an established Journal. By end of 2020/21 had reached Volume 10 with 64 papers published. Acceptance rate 53%.
- Received papers from worldwide submissions on all aspects of Infection practice.
- Increase in number of papers submitted relating to Coronavirus infection.
- 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 agreement arranged with the Journal of Infection with potentially suitable papers being cascaded to Clinical Infection in Practice.
- 2020 Annual Report highlighted that the Journal was performing well on all metrics. For PubMed Central application in 2021. Large growth in submissions with worldwide submissions received. Editorial speeds improved and usage growth. In 2020 there were 19,290 full text downloads.

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
RCPATH Royal College of Pathologists
RCP Royal College of Physicians

BRITISH INFECTION ASSOCIATION

TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 30 SEPTEMBER 2021

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

Postal Address:
British Infection Association
C/o Hartley Taylor Ltd
2a St George's Court,
St George's Park,
Kirkham,
Preston,
PR4 2EF

Telephone:
Please contact Head office on 01772 681333

Email:
bia@hartleytaylor.co.uk

Council members contact details:

President, Professor Dr Katie Jeffery, president@britishinfection.org
Vice President, Dr David Partridge, vicepresident@britishinfection.org
Honorary Secretary, Dr Harriet Hughes, secretary@britishinfection.org
Honorary Treasurer, Dr Hiten 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, traineemeetings@britishinfection.org
Trainee (Professional Affairs), Dr Dinesh Aggarwal, traineeprofaffairs@britishinfection.org
Trainee (Communications), Dr Edward Moseley, traineecomms@britishinfection.org

Financial review

The charity's income has increased from £328,970 in 2020 to £399,787 in 2021. This comprises investment income of £40,892 (2020: £42,462), income from charitable activities of £354,495 (2020: £286,508) and income from other trading activities of £4,400 (2020: £nil). Income from charitable activities includes subscription income of £65,387 (2020: £39,838), royalty income from the Journal of Infection of £282,508 (2020: £240,110) and delegate income of £6,600 (2020: £6,560).

BRITISH INFECTION ASSOCIATION

TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 30 SEPTEMBER 2021

Expenditure for the charity has decreased from £185,262 in 2020 to £177,043 in 2021. This includes £15,514 (2020: £6,344) of expenditure on raising funds i.e. investment manager's costs, plus £161,529 (2020: £178,918) of expenditure on charitable activities. A breakdown of the expenditure on charitable activities can be seen in note 6.

The charity made a net gain on investments of £324,692 for the year (2020: loss of £32,478).

Overall, the charity's net income for the year amounted to £547,436 (2020: 111,230) and the reserves of the charity at 30 September 2021 amounted to £2,516,915 (2020: £1,969,479).

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 £2.5m 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.

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 £274,892 (2020: £14,071) and a realised gain on sale of investments of £49,800 (2020: loss of £46,549). 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 are 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:

BRITISH INFECTION ASSOCIATION

TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 30 SEPTEMBER 2021

- **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.
- **Ukraine:** The current situation in Ukraine has had an impact on world economies. This may have an impact on the investment portfolio but this is mitigated by the diversity of our investments.

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

Hitendra Thaker

.....
Dr Hitendrakumar Thaker (Treasurer)

Trustee 14/09/22

Dated:

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 2021, which are set out on pages 27 to 37.

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

Kelly Adams MA (Hons) CA
Chartered Accountant
On behalf of RSM UK Tax and Accounting Limited
Third Floor
2 Semple Street
Edinburgh
EH3 8BL

14/09/22

Dated:

BRITISH INFECTION ASSOCIATION

STATEMENT OF FINANCIAL ACTIVITIES INCLUDING INCOME AND EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 30 SEPTEMBER 2021

	Notes	Unrestricted funds £	Restricted funds £	Total 2021 £	Total 2020 £
Income from:					
Charitable activities	2	354,495	-	354,495	286,508
Other trading activities	3	-	4,400	4,400	-
Investments	4	40,892	-	40,892	42,462
Total income		395,387	4,400	399,787	328,970
Expenditure on:					
Raising funds	5	15,514	-	15,514	6,344
Charitable activities	6	157,129	4,400	161,529	178,918
Total resources expended		172,643	4,400	177,043	185,262
Net gains/(losses) on investments	11	324,692	-	324,692	(32,478)
Net income for the year/ Net movement in funds		547,436	-	547,436	111,230
Total funds brought forward		1,969,479	-	1,969,479	1,858,249
Total funds carried forward		2,516,915	-	2,516,915	1,969,479

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

All income and expenditure in the prior year related to unrestricted income funds.

The statement of financial activities also complies with the requirements for an income and expenditure account under the Companies Act 2006.

BRITISH INFECTION ASSOCIATION**BALANCE SHEET****AS AT 30 SEPTEMBER 2021**

	Notes	2021		2020	
		£	£	£	£
Fixed assets					
Investments	12		2,234,846		1,905,511
Current assets					
Debtors	13	13,307		3,965	
Cash at bank and in hand		494,367		301,263	
			507,674		305,228
Creditors: amounts falling due within one year	14	(225,605)		(241,260)	
Net current assets			282,069		63,968
Total assets less current liabilities			2,516,915		1,969,479
Income funds					
<u>Unrestricted funds</u>					
Designated funds	17	66,000		-	
General unrestricted funds		2,450,915		1,969,479	
			2,516,915		1,969,479
			2,516,915		1,969,479

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 2021. 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.

14/09/22

The financial statements were approved by the Trustees and authorised for issue on

Hitendra Thaker

.....
Dr Hitendrakumar Thaker
Trustee

BRITISH INFECTION ASSOCIATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 SEPTEMBER 2021

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 £282,069 (2020: £63,968). The charity holds listed fixed asset investments of £2,234,846 (2020: £1,905,511) 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 charity becomes entitled to use the resources.

BRITISH INFECTION ASSOCIATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 30 SEPTEMBER 2021

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 2021

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.

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

	2021 £	2020 £
Subscriptions	65,387	39,838
Delegate income	6,600	6,560
Journal of Infection	282,508	240,110
	<u>354,495</u>	<u>286,508</u>

3 Other trading activities

	2021 £	2020 £
Sponsorship of BIA events	4,400	-
	<u>4,400</u>	<u>-</u>

All trading income received during the year related to restricted income funds.

4 Investments

	2021 £	2020 £
Income from listed investments	40,892	42,365
Interest receivable	-	97
	<u>40,892</u>	<u>42,462</u>

BRITISH INFECTION ASSOCIATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 30 SEPTEMBER 2021

5 Raising funds

	2021 £	2020 £
Investment management costs	15,514	6,344
	<u>15,514</u>	<u>6,344</u>

6 Charitable activities

	2021 £	2020 £
Depreciation and impairment	1	-
Meeting expenses	18,270	29,089
Travel expenses	-	4,935
Journal of Infection	39,028	42,788
Advertising	-	1,063
	<u>57,299</u>	<u>77,875</u>
Grant funding of activities (see note 7)	285	(4,483)
Support costs (see note 8)	85,728	84,317
Governance costs (see note 8)	18,217	21,209
	<u>161,529</u>	<u>178,918</u>
Analysis by fund		
Unrestricted funds	157,129	178,918
Restricted funds	4,400	-
	<u>161,529</u>	<u>178,918</u>

BRITISH INFECTION ASSOCIATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 30 SEPTEMBER 2021

7 Grants payable

	2021 £	2020 £
Grants to institutions:		
To fund research - University of Cambridge (1 grant)	10,000	-
To fund research - Imperial College London (1 grant)	10,000	-
To fund research - Royal College of Surgeons (1 grant)	10,000	-
To support event - The Royal College of Pathologists (1 grant)	-	3,000
Other	100	-
	<u>30,100</u>	<u>3,000</u>
Grants to individuals	500	2,858
	<u>30,600</u>	<u>5,858</u>
Grants to institutions written off	(28,965)	(10,341)
Grants to individuals written off	(1,350)	-
	<u>285</u>	<u>(4,483)</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.

BRITISH INFECTION ASSOCIATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 30 SEPTEMBER 2021

8 Support costs

	Support costs	Governance costs	2021	2020
	£	£	£	£
Secretarial assistance	68,502	-	68,502	71,927
Computer running costs	10,532	-	10,532	10,897
Bank charges	260	-	260	185
Legal and professional fees	588	2,600	3,188	400
Insurance	513	-	513	475
Bad and doubtful debts	5,333	-	5,333	433
Independent examiner's fee	-	4,050	4,050	3,680
Accountancy fees	-	7,355	7,355	12,270
VAT services	-	4,212	4,212	4,836
Audit fees	-	-	-	423
	<u>85,728</u>	<u>18,217</u>	<u>103,945</u>	<u>105,526</u>

Fees payable to RSM UK Tax and Accounting Limited and its associates are £4,050 (2020: £3,680) for independent examination services, £11,567 (2020: £17,106) for other financial services and £nil (2020: £423) for statutory audit services.

9 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 (2020: £nil).

10 Employees

There were no employees during the year (2020: nil).

11 Net gains/(losses) on investments

	2021	2020
	£	£
Revaluation of investments (see note 12)	274,892	14,071
Gain/(Loss) on sale of investments	49,800	(46,549)
	<u>324,692</u>	<u>(32,478)</u>

BRITISH INFECTION ASSOCIATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 30 SEPTEMBER 2021

12 Fixed asset investments

	Listed investments £	Other investments £	Total £
Cost or valuation			
At 1 October 2020	1,905,510	1	1,905,511
Additions	413,648	-	413,648
Valuation changes	274,892	-	274,892
Impairment	-	(1)	(1)
Disposals	(359,204)	-	(359,204)
At 30 September 2021	<u>2,234,846</u>	<u>-</u>	<u>2,234,846</u>
Carrying amount			
At 30 September 2021	<u>2,234,846</u>	<u>-</u>	<u>2,234,846</u>
At 30 September 2020	<u>1,905,510</u>	<u>1</u>	<u>1,905,511</u>

	2021 £	2020 £
Other investments comprise:		
Investments in subsidiaries	<u>-</u>	<u>1</u>

Following the year end the charity's subsidiary lodged an application with Companies House for the company to be struck off.

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 £1,579,298 (2020: £1,408,612).

13 Debtors

	2021 £	2020 £
Amounts falling due within one year:		
Other debtors	4,807	3,965
Prepayments and accrued income	8,500	-
	<u>13,307</u>	<u>3,965</u>

BRITISH INFECTION ASSOCIATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 30 SEPTEMBER 2021

14 Creditors: amounts falling due within one year

	2021 £	2020 £
Trade creditors	440	6,654
Accruals and deferred income	70,527	66,772
Accruals for grants payable	154,638	167,834
	<u>225,605</u>	<u>241,260</u>

Deferred income of £21,453 (2020: £22,614) relates to deferred membership fees which were received in the year but cover periods from 1 October 2021. During the year £21,453 of income received has been deferred and £22,614 of previously deferred income has been released to the statement of financial activities.

15 Financial instruments

	2021 £	2020 £
Carrying amount of financial assets		
Instruments measured at fair value through income and expenditure	2,234,846	1,905,510
	<u>2,234,846</u>	<u>1,905,510</u>

16 Restricted funds

The incoming funds of the charity includes restricted funds comprising the following balances of donations and grants held on trust for specific purposes:

	Balance at 1 October 2020 £	Movement in funds		Balance at 30 September 2021 £
		Incoming resources £	Resources expended £	
Sponsorship of meetings	-	4,400	(4,400)	-
	<u>-</u>	<u>4,400</u>	<u>(4,400)</u>	<u>-</u>

The Sponsorship of meetings fund relates to incoming resources and resources expended on meetings held by the charity.

BRITISH INFECTION ASSOCIATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 30 SEPTEMBER 2021

17 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:

	Movement in funds				Balance at 30 September 2021 £
	Balance at 1 October 2020 £	Incoming resources £	Resources expended £	Transfers £	
Designated funds	-	-	-	66,000	66,000
	<u>-</u>	<u>-</u>	<u>-</u>	<u>66,000</u>	<u>66,000</u>
	<u>-</u>	<u>-</u>	<u>-</u>	<u>66,000</u>	<u>66,000</u>

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

18 Related party transactions

BIA Conferences Limited, a subsidiary of the charity, incurred expenses amounting to £5,333 (2020: £433) which were paid by the charity and increased the amount due to the charity to £38,772. This balance was written off as a bad debt in the year as it was not considered to be recoverable. At the prior year end £33,439 was due from BIA Conferences Limited however the charity had a bad debt provision of £33,439 in respect of this balance.