

Charity Registration No. SC029247

Company Registration No. SC198418 (Scotland)

British Infection Association

TRUSTEES' REPORT AND UNAUDITED ACCOUNTS

For The Year Ended 30 September 2016

British Infection Association

LEGAL AND ADMINISTRATIVE INFORMATION

TRUSTEES

Dr Albert Mifsud (Vice President)
Dr Michael Kelsey (Treasurer)
Dr Katherine Jeffery (Honorary Secretary)
Dr Martin Wiselka (President)

COUNCIL MEMBERS

Prof Steve Green
Dr Tom Evans
Dr Anna Checkley
Dr David Partridge
Dr Bridget Atkins
Dr Jo Herman
Prof Rob Read
Dr Mike Ankcorn
Dr Ray Fox
Dr Anna Newland
Dr Anna Goodman
Dr Mark Melzer
Dr Hiten Thaker
Dr Sara Boyd
Dr Natasha Ratnaraja
Dr Rebecca Bamber

CHARITY NUMBER

SC029247

COMPANY NUMBER

SC198418

PRINCIPAL ADDRESS & REGISTERED OFFICE

Balfour & Manson LLP
54-66 Frederick Street
Edinburgh
EH2 1LS

ACCOUNTANTS AND INDEPENDENT EXAMINERS

RSM UK Tax and Accounting Limited
First Floor, Quay 2
139 Fountainbridge
Edinburgh
EH3 9QG

BANKERS

The Royal Bank of Scotland
59 High Street
Banchory
Aberdeenshire
AB31 5TJ

SOLICITORS

Balfour & Manson LLP
54-66 Frederick Street
Edinburgh
EH2 1LS

British Infection Association

LEGAL AND ADMINISTRATIVE INFORMATION

INVESTMENT ADVISORS

Speirs & Jeffrey Ltd
George House
50 George Square
Glasgow
G2 1EH

Rathbone Investment Management
28 St Andrew Square
Edinburgh
EH2 1AF

British Infection Association

TRUSTEE'S REPORT

For the year ended 30 September 2016

The trustees present their report and accounts for the year ended 30 September 2016.

The accounts have been prepared in accordance with the accounting policies set out in note 1 to the accounts and comply with the Association's constitution, Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard for Smaller Entities, the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 (as amended) and the Companies Act 2006.

STRUCTURE, GOVERNANCE AND MANAGEMENT

British Infection Association is a charitable company limited by guarantee and not having a share capital. The company was established under a Memorandum of Association which established the objects and powers of the charitable company and is governed under its Articles of Association. The Association is registered with the Inland Revenue as a charity and having no taxable activities is not liable to Corporation Tax.

The members have each agreed to contribute £1 in the event of British Infection Association being unable to meet its debts. The membership of the Association at 30 September 2016 consisted of 1,449 people (2015: 1,401).

The following Principal Officers were in office during the year and up to the date of signing:

Dr Albert Mifsud (Vice president)
Dr Michael Kelsey (Treasurer)
Dr Martin Wiselka (President)
Dr Katherine Jeffery (Secretary) (Appointed 4 May 2017)

Election of Trustees

The sections of the constitution 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 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.

British Infection Association

TRUSTEE'S REPORT

For the year ended 30 September 2016

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

The Constitution 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.

There were no related party transactions during the year.

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 of Understanding 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 constitution 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 British Infection Association aims to enable the best care for patients with infectious disease through:

- Supporting high quality clinical and basic science research in the field of infection through competitive award of funding to research applicants;
- Setting and reviewing standards in infection practice, including the development of guidelines;
- Providing excellent education in infection through meetings and presentations (alone and in collaboration with other scientific societies);

British Infection Association

TRUSTEE'S REPORT

For the year ended 30 September 2016

- 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;
- Supporting infection specialists within their daily work by facilitating communication and providing useful resources; and
- Disseminating new research and best practice via the Association's publication: the Journal of Infection.

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

President's Report
Membership and Communications
Standard Setting & Guideline Development
Clinical Services
Education and Meetings
Manpower and Training
Journal of Infection Editor's Report
Annual Trainees' Report
Science and Research
Governance
Honorary Treasurer's Report
Honorary Secretary's Report

ACHIEVEMENTS AND PERFORMANCE

1) President's Report

The BIA remained a strong and successful organisation during 2015/16, delivering its stated objectives to ensure the optimum delivery of healthcare to patients diagnosed with infection. The Membership continues to increase, reaching a total of 1,449 members including 83 Associate Members, a new category of membership which is being actively encouraged and promoted. Following discussions at the 2015 Annual General Meeting, membership of the BIA remains free to trainee members and trainees make up the largest component of the membership. Particular thanks to Dr Mike Kelsey as Honorary Treasurer, who has helped to sort out the finances and VAT position of the BIA and keep the Association's finances stable.

Important developments have included updating the website and developing a BIA Twitter feed which is proving increasingly popular. The BIA e-list is an important discussion forum for infection specialists. Through the use of Twitter and the current news section of the website the organisation has become more responsive to current events and topical infection issues.

The development of good practice clinical guidelines is an important part of the workload of any professional organisation and the BIA has developed updated guidelines for the management of malaria and meningitis, which were published in 2016. Guidelines in development include MRSA and Bone and Joint infections. However, there is a recognition that the development of robust evidence-based guidelines is extremely labour intensive and requires additional research and resourcing. The major work of the Association in future is likely to involve collaboration on guidelines with other organisations and its contribution to NICE Guidelines, through participation in Guideline Development Groups and as an organisation with a registered interest allowing members to comment on draft guidance.

2015/16 was a period of great change in the management of infection. The Clinical Services secretaries have also ensured that the Association responds in a timely fashion to key consultation documents and the BIA is represented on the RCP/RCPATH Joint Specialty committee and numerous other committees and working groups. Topical issues

British Infection Association

TRUSTEE'S REPORT

For the year ended 30 September 2016

include responses to the national sepsis and anti-microbial stewardship initiatives, transformation of Pathology laboratory provision and recent changes to the training curriculum.

The BIA is perhaps best known for the high standard of its meetings, including the Spring Scientific Meeting, the annual FIS meeting and twice yearly trainees' days. The meetings continue to attract a very high standard of oral and poster presentations and an excellent mix of science and clinical papers. The number of attendees to the meetings shows a year-on-year increase which is testimony to their educational value and the hard work of the Meetings Secretary and Hartley-Taylor's organisational skills. A highlight was the special one day meeting on Ebola in November 2015, which was an outstanding opportunity to share expertise at a time when the epidemic was coming under control. It is vitally important that the lessons learnt are shared and remembered for the next time that a similar situation occurs.

The Journal of Infection, under the expert leadership of its Editor in Chief, Prof Robert Read, continues to make progress with an impact factor of 4.38, placing it amongst the leading infectious diseases journals. Income from the Journal provides crucial support for the BIA and helps to fund research grants. Competition for grant awards remains intense with several excellent applications being funded.

The trainee representatives on Council continue to play a vital role and will undoubtedly help to take the Association forward in the future. They helped to organise very successful trainee meetings and improve the communications strategy of the Association. All members of Council have worked hard during the course of the year and helped to keep the BIA a thriving and relevant forum for all specialists engaged in the management of infection.

Finally, I would like to acknowledge the expert and professional support provided to the BIA by Hartley Taylor and the valued contribution over many years of Sadie Hartley who died in early 2016.

2) Membership and Communications

Aim:

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.

Progress 2016:

BIA Membership Type	September 2016
Full	599
Trainee	718
Associate	83
Retired	21
Council	27
Guest	1
Grand Total	1,449

Membership:

2016 has been another busy year for the Association, notable amongst the many developments that have occurred has been the migration of the BIA Domain and BIA eList. The self-service online membership fees collection method continues to grow with no reported issues. The guidelines section of the website is considered a very useful resource and is now systematically updated as and when updates and new guidelines are issued to offer an alternative access to supporting documentation and response forms.

Continued improvement of the site and the development of new functionality are ongoing goals and we welcome suggestions from members as to areas on which we should focus.

British Infection Association

TRUSTEE'S REPORT

For the year ended 30 September 2016

2016 has also seen us welcome a new Membership secretary, Mark Melzer, and we have also noticed a significant rise in numbers of BIA associate members.

Website:

During 2016 BIA continued to develop and manage their new website. Online membership application continues to grow. Historically collected annual renewals via Direct Debit Services continue to reduce as more members migrate to the new online options with minimal disruption. Members are able to update their own member profile online. The external technical service provider continues to support the BIA website and web content management became part of the BIA secretariat support service agreement. With full council agreement a full SSL certification was implemented to ensure a secure environment for the data and content of the BIA website.

Communications:

May 2016 saw the change of communications manager and David Partridge was elected to the post of Communications Secretary. Early actions included transferring the BIA Domain name and also the BIA eList to the new BIA managed service environment. Both these tasks were completed successfully and seamlessly with the ongoing support of Richard Pavey, BIA Technical support. The BIA eList remains a well-known and well used forum for medical professionals, members and non-members to share information and discuss items and topics of interest between themselves. The discussion forum continues to grow and is now managed and maintained with the secure environment of the managed service. A number of media opportunities and communications ideas are under review and regularly discussed by Council to find additional methods of encouraging existing and new members to participate in the Associations aims to develop a strong knowledge platform within a robust sharing environment with access to all that participate.

Monthly members digest:

Dr Katie Jeffery was instrumental in the reduction of email volume sent to BIA members via weekly notifications, previously sent as received. The introduction of a monthly members digest was agreed by Council and started in December 2015. The Digest contains a roundup of current news, recent activity and forthcoming events. It also notes all current Guidelines, in particular where responses have been requested and contains links to more detail of all content. The digest has been well received by members and well supported by Council offering content and updates. Previous copies are stored on the BIA website for reference to all members and as a look up option for content.

Twitter:

Dr Sara Boyd was elected to Trainee Rep, Professional Affairs in May 2016. One of her early activities was to try and engage more interest via social media methods. Dr Boyd set about encouraging the BIA Twitter News feeds, following groups of interest and increasing BIA followers. This was done very successfully and numbers grew rapidly. We will continue to look at alternative communications tools and methods as we grow the membership through the next stages.

Newsletter:

The 2016 Spring Edition of the BIA newsletter, was edited by Mike Ankcorn, prepared and published in time for the BIA Spring Annual Meeting. A winter edition was prepared and published in time for the FIS 2016 Event. Print copies were available for review and also emailed directly to the membership and remain available on the BIA website. The next edition will be published in November in time for the FIS 2017 Event.

3) Standard Setting & Guideline Development

Aim:

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

BIA involvement in Guidelines published in 2015-16:

A change of Guidelines Secretary in May 2016 saw Dr Anna Goodman elected to the post.

Dr Anna Goodman took over the role of guidelines' secretary from Peter Cowling in May and noted that much of the work to date is thanks to his hard work and that of those at Hartley Taylor. After 4 months in the role Dr Goodman established an understanding of the system of NICE consultation and would encourage anyone who has an interest in any topic to ensure their view is represented via the BIA. Dr Goodman has ensured a BIA response to consultations on Hepatitis B and TB and going forward plans to ensure that those who respond receive a certificate of participation for

British Infection Association

TRUSTEE'S REPORT

For the year ended 30 September 2016

their e-portfolio. BIA has published guidelines this year on malaria and meningitis and it is hoped these have been useful to the clinical practices of the users.

BIA are supporting PHE in developing a leaflet for women with urinary tract infections and do contact us if you'd like to participate. In addition guidelines are in evolution for MRSA, through a consortium as we have realised the benefits of collaboration in the production of NICE approved guidelines.

Dr Goodman is interested to hear from those who feel a new guideline is required and can be contacted at guidelines@britishinfection with any ideas of a guideline to be published or updated.

4) Clinical Services

Aim:

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.

Progress during 2016:

- Responding to key consultation documents.
- Contributing to debate and organisational responses at College sub-specialty meetings.
- Utilisation of the BIA email discussion forum to support members in their daily clinical practice.

Microbiology:

The major topics of discussion have continued to include the transformation of pathology, the evolving application of the infection curriculum, consultant vacancies in microbiology laboratories and a variety of infection prevention and control topics. The committee also exchanges information about regional education and training initiatives. SMI's generated a lot of discussion and interest at the clinical services meetings and appeared as a regular agenda item. The Association's Interim Clinical Services Secretary, Dr Natasha Ratnaraja, is working with other interested parties to review and revise documented processes to support appropriate, effective and efficient audit and measurement metrics within the associated environments.

Infectious Diseases:

The Infectious Diseases Clinical Services Secretary is a recently established post, tasked with supporting infection specialists in their daily work. We started in our role by informally canvassing views at national infection meetings, where we heard a wish for additional professional support, particularly from individuals who were working as infection specialists in single-handed practice. There was a range of opinions as to how this could be delivered, including by using and publicising existing networks more efficiently.

To gain more representative views, we wrote part of a survey which was recently sent to all UK infection leads by the Infectious Diseases Clinical Reference Group. We asked whether infection physicians feel they have adequate access to professional support at present, whether they currently make use of an infection network, whether they would value additional support, and if so what form that should take.

We will use the responses to help us to develop more effective networks for infection physicians in the UK, be that through increased use of existing facilities (eg the BIA list for email discussions) or through the creation of a new network, for example linked to current national meetings.

5) Education and Meetings

Aim:

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

British Infection Association

TRUSTEE'S REPORT

For the year ended 30 September 2016

Highlights from 2016:

- BIA's 19th Annual Spring Scientific meeting was held in London, 19th May 2016, incorporating the BIA AGM. The meeting attendance was 210. The keynote international speaker was Professor Michel Janier from Paris, speaking about syphilis. The two invited UK-based speakers were Professor Sir Ian Weller, speaking about HIV research in Africa, and Professor James Whitworth, talking about Zika Virus.
Prizes for best presentations awarded to:
Free Papers: Claire Turner (Imperial College London) & Ji Soo Baik (Imperial College London)
Clinical Lessons: Sara Boyd (Imperial College London)
Poster: Andrew Kemp (Nottingham University NHS Hospitals Trust)
- 2016 Trainees' meetings were held in November 2015 and May 2016.
6th November 2015 at Manchester Conference Centre, Manchester
18th May 2016 at SOAS (see Scientific & Research section for prizes)
There are further details within the Trainee Meetings section of this report
- A special Ebola meeting was organised by the BIA in cooperation with NHS England, Public Health England and Health Protection Scotland. This took place at Manchester Conference Centre on the 5th November 2015. The feedback was excellent. There were several excellent lectures delivered by leading figures from the around the UK including Sir Michael Jacobs. The BIA Meetings Secretary would very much like to acknowledge the excellent work of Dr Anne Tunbridge (Sheffield) that helped ensure that this event was such a huge success.
- It is also worth noting that the BIA Trainee and Scientific meetings have been growing in numbers year on year. The statistics for 2013 through to 2016 are included below:

BIA Delegates Year on Year	Spring Meeting	Trainees Meeting
2016	210	191
2015	193	178
2014	173	126
2013	152	119

6) Manpower and Training

Aim:

To provide evidence on the requirements for consultant numbers in infection nationally; and
To support trainees in infection specialities and provide ongoing support to members in substantive posts.

Progress during 2016:

During 2016 the assessment and summary of data from RCP annual consultant census with communication to relevant groups was reported. National Recruitment to Combined Infection training recruitment round 2 showed there were approximately 24 applicants for 16 posts. Round 1 for 2017 has just been completed – final results awaited. The first sitting of the new combined infection curriculum CICE/FRCPath Part 1 exam took place. There was also the penultimate sitting of the annual SCE exam.

GMC annual National Trainee Survey results were discussed at the ID SAC. The Infection specialties proved difficult to analyse as dual ID/MM or ID/MV trainees could be coded to microbiology, virology or infectious diseases despite the fact that some programmes are integrated. This also has the effect that numbers are diluted and in some cases less than 3, making analysis difficult. This applied in ID to 8 out of 17 deaneries/LETBs.

The RCP Shape of Training Proposals are in the process of being approved. There is broad support for the proposals which would lead to broader training and more flexibility to modify roles in the future, in line with requirements from employers and the public. Training will be with 3 years of internal medicine (IM1) instead of CMT with the third year being more as a medical registrar post, before entering specialty training. At least 10 of the major medical specialties would undertake this structure. Some of the smaller specialties may not do the third year of IM1. The indicative length of subsequent specialty training is be four years although some may add an additional year as a dual CCT with GIM.

British Infection Association

TRUSTEE'S REPORT

For the year ended 30 September 2016

Further discussions will be had on the structure of ID/MM and ID/MV training in relation to Shape of Training proposals. Changes in Specialty training will not have effect until 2021 at the earliest.

7) Journal of Infection Editor's Report

- The time taken to reach a first decision on a manuscript decreased from 2.5 weeks in 2015 to 2.3 weeks in 2016
- The average time from submission of an article to it appearing online in a citeable format and downloadable is 19.2 weeks
- In 2016 the Journal of Infection received 1231 submissions comparing to 1138 the previous year. The average rejection rate over the last couple of years has been approx. 85%
- In August 2015, the Journal of Infection was included in an Article Transfer Service (ATS) cluster as a "recipient journal" from The Lancet Infectious Diseases (TLID) and in August 2016 in a cluster from The Lancet HIV (TLHIV). To date 40 authors have accepted the invite to transfer their papers from TLID/TLHIV to JOI. To date 2 papers have been accepted and several others are under review
- The latest impact factor for the Journal of Infection is 4.382 with the Journal now ranked at 13/82 in the ISI Infectious Diseases category (in 2015 IF was 4.441 and ranked 13/78)
- A total of 429,187 papers were downloaded in 2016 across all platforms, an average of 35,765 per month. In 2015 a total of 386,186 papers were downloaded, an average of 32,182 per month
- We have worked hard to increase the author, reviewer and end-user experience for the Journal of Infection through the implementation of new initiatives and content innovation such as the Article Transfer System (ATS), Audio Slides, Journal Insights, Mendeley Stats, Reviewer Recognition Platform, Sharelinks and Virtual Special Issues amongst others.

A full report has been made available to members on request to BIA@hartleytaylor.co.uk

8) Annual Trainees' Report

Highlights from 2016:

The Trainees had two very successful meetings, facilitated by the Trainee Reps.

- Chaired and with the program designed by Dr Maheshi Ramasamy and Rajeka Lazarus; Ten speakers presented a variety of topics including: New treatments for hepatitis C; Antifungal agents; Molecular diagnostics and Meliodosis
Attendees: 72
- A number of topics were covered by the 7 speakers including: Leishmaniasis, Chronic Fatigue Syndrome, Communicable diseases in detention centres, Arboviruses, including Zika virus, Aspergillus disease, Tick borne infection with an update on the recently published BIA guidelines on treatment of malaria.
Attendees: 191

All the meetings were very well attended and received strong positive feedback.

The dedicated Trainees area of the BIA website launched together with a Trainee member forum last year which had seen a slow take up and has not been as successful as hoped. Alternative options will be considered. Feedback from our Trainee members is welcome for content and networking ideas. The trainee membership continues to grow and expand, particularly as this allows free attendance at BIA Trainee meetings.

Professional Affairs 2016:

Sara Boyd joined the BIA council in May 2016, an early area of interest was to be the interface with the trainee community and she was able to confirm that there were high levels of anxiety on training expectation for the SCE/CICE. As an active Twitter user Sara agreed to take over moderation and updating the BIA Twitter account with a view to increase followers and improve onward distribution of Tweets. This has been done with great effect and continues to grow and develop.

British Infection Association

TRUSTEE'S REPORT

For the year ended 30 September 2016

9) Science and Research

Highlights from 2016:

- Another very successful Spring Meeting was held in May 2016 at which awards totaling £1,800 were made for the two best scientific free papers the best clinical case and best poster presentation. Prize winners were, Claire Turner (London), Ji Soo Baik (London), Sara Boyd (London) and Andrew Kemp (Nottingham University NHS Hospitals Trust).
- The association made a total of around £142,130 worth of awards as follows:
 - The BIA Research Fellowship of £70,000 was awarded to Dr Chris Duncan (Newcastle University) selected as the best of four peer reviews from a total of *seventeen* applications.
 - Three small project grants for £20,000 were awarded to James Price (University of Sussex), Naomi Walker (LSTHM) and Claire Broderick (LSTHM).
 - With a clinical Exchange award of £5,000 made to Benedict Michael (University of Liverpool), and 5 travel awards were also made.
 - Twelve applications were received to give the Barnet Christie Lecture at the Federation of Infection Societies Meeting 2015 in Glasgow. Dr Timothy Walker (University of Oxford), was selected and gave an excellent talk entitled "Whole genome sequencing of M tuberculosis: how big a revolution?"
- In addition to the BIA awards, the 3 year co-funded MRC/ BIA Clinical Research Training Fellowship available through the infection and immunity board awarded in September 2014 to Dr Nicholas Norton continued into its third year.
- The 2016 scientific assessment committee (SAC) members are; David Dockrell, Shiranee Sriskandan, Tristan Clark, Katie Jeffrey and Tom Evans, without whom the work of review and selection would not be possible. The selection process always to include a Principal Officer as part of the agreed standards.

10) Governance

Aim:

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).

A report on the activity and finances of the Association will be presented at the Annual General Meeting in May 2017.

11) Honorary Treasurer's Report

We have shifted the bookkeeping activities to "the cloud" with QuickBooks and have held discussions with our support team at Hartley-Taylor to amend their invoicing to allow Council to more accurately define our various disbursements. Because of the forthcoming 2018 Federation of Infection Society's annual meeting which we will be hosting, Council has decided to form a separate wholly-owned company "BIA conferences Ltd" to manage the contractual aspects of the meeting.

Income to the Society, from which it's educational and other charitable activities can flow is largely dependent on three sources; membership fees, investment income and royalties from the Journal. There have been no major surprises or changes, but this may not remain stable.

With regard to future income, there is considerable uncertainty about the future funding of scientific publishing and therefore it may be prudent to review areas of funding which have longer term commitments. This is compounded by the fact that investment income has not increased significantly in recent years and dividend income remains insufficient to allow designated expenditure to be allocated from it.

British Infection Association

TRUSTEE'S REPORT

For the year ended 30 September 2016

12) Honorary Secretary's Report

The year saw a number of changes to the council members

Officer roles elected unopposed:

- | | |
|----------------------------|---------------------------------------|
| - Honorary Secretary | Dr Katie Jeffery (previously interim) |
| - Membership Secretary | Dr Mark Melzer |
| - Communications Secretary | Dr David Partridge |
| - Guidelines Secretary | Dr Anna Goodman |

BIA Member voting results:

- | | |
|---|-------------------|
| - Trainee Representative (Meetings) | Dr Rebecca Bamber |
| - Trainee Representative (Professional Affairs) | Dr Sara Boyd |

Changes to the BIA Constitution were proposed and approved at the 2016 Members AGM held in May, the main changes were that all posts could be voted for by all members and Council would have the right to remove a council member should a need arise.

All members with an active email address available to BIA were personally sent details of both nomination submissions process and subsequent voting options by ERS. It was notable that the active voting responses were very low for member roles and even though maximum coverage and member notifications of elections were included in the Monthly Member Digest and made available on the BIA members' pages online the rate of returns was just 158 votes from more than 1500 members listed. The secretariat will investigate any underlying reasons with ERS but with less than 3% of emails failing to deliver successfully it was not the data integrity of the members data that was a problem. The process will be reviewed before the next elections to try and improve member responses for the next series of nominations and subsequent elections.

Feedback is always welcome for additional topics and content or ideas from our members old and new.

BIA representation continued on a number of working groups and committees, including RCPATH SAC and CSTC, JSC, UEMS Med Micro Section, HIS and numerous others. Collaborative working groups including BIA produced New Guidelines with significant support by BIA members to be acknowledged and valued by the wider community. Topics included the Workforce Census, Laboratory Transformation, ID/Micro Training Curriculum changes, Recruitment, and Pathology Alliance.

External administrative support continued to be supplied by Hartley Taylor Medical Communications Ltd (HT). Further to a formal review of the support service provided by HT undertaken by Vice President, Hon Sec and Treasurer, BIA confirmed they were happy with the support provided to date and approved an extension to the scope of agreement, with additional work to be invoiced at the previously agreed rate. Richard Pavey would continue to provide Technical Support on all Web Services and Pat Leonard continued in the role of BIA Web Editor.

British Infection Association

TRUSTEE'S REPORT

For the year ended 30 September 2016

13) Contact Details

Postal Address:

British Infection Association
C/o Hartley Taylor Ltd
Suite GC
Caledonian House
Tatton Street
Knutsford
WA16 6AG

Telephone:

Please contact Head office on 01565 632982

Email:

bia@hartleytaylor.co.uk

Council members contact details:

President, Professor Martin Wiselka, president@britishinfection.org
Vice President, Dr Albert Mifsud, vicepresident@britishinfection.org
Honorary Secretary, Dr Katie Jeffery, secretary@britishinfection.org
Honorary Treasurer, Dr Michael Kelsey, treasurer@britishinfection.org
Meetings Secretary, Professor Steve Green, 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 David Partridge, communications@britishinfection.org
Manpower & Training Secretary, Dr Bridget Atkins, manpowertraining@britishinfection.org
Scientific & Research Secretary, Professor Tom Evans, scientificresearch@britishinfection.org
Trainee (Meetings), Dr Rebecca Bamber, traineemeetings@britishinfection.org
Trainee (Professional Affairs), Dr Sara Boyd, traineeprofaffairs@britishinfection.org
Newsletter Editor, Dr Mike Ankcorn, newsletter@britishinfection.org

Abbreviations used throughout this review:

AMM Association of Medical Microbiologists
BIA British Infection Association
BSAC British Society for Antimicrobial Chemotherapy
CCT Certificate of Completion of Training
DH Department of Health
FIS Federation of Infection Societies
HIS Healthcare Infection Society
IPS Infection Prevention Society
MRC Medical Research Council
NICE National Institute for Clinical Excellence
RCPATH Royal College of Pathologists
RCP Royal College of Physicians

British Infection Association

TRUSTEE'S REPORT

For the year ended 30 September 2016

FINANCIAL REVIEW

The financial statements reflect the introduction of the Charities SORP (FRSSE) for the first time. There was no requirement to restate comparative figures.

The Association's income has reduced from £593,996 in 2015 to £339,955 in 2016. The Association hosts the annual FIS conference every third year and generated income of £282,359 from this in 2015, with no income recognised from conferences in 2016, although this has been partially offset by increases in royalty income from the Journal of Infection (£14,708), member subscription income (£7,732) and sponsorship income (£5,427). Expenditure has reduced from £697,020 in 2015 to £380,819 in 2016 as a result of £248,986 FIS 2014 expenditure being recognised in 2015, combined with a £86,407 reduction in total grants payable. This has resulted in net outgoing resources of £40,864 (2015: £103,024) before investment gains of £178,928 (2015: investment losses of £32,186).

Supplying members' Journal copies cost £33,885 (2015: £33,827) in the year and grants awarded in the year amounted to £164,133 (2015: £250,540). Grants payable 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 attaching to the grant is outside the control of the charity.

Investments have increased from £1,334,898 in 2015 to £1,545,065 in 2016. The Association made an unrealised gain of £172,108 in the year (2015: unrealised loss of £34,124). This is the result of changes in stock market conditions in the year.

The net assets of the Association at 30 September 2016 amounted to £1,670,734 (2015: £1,532,670). The Association looks forward to continuing to improve its financial position with continued improvements in the stock market and the expanding profiles of the Journal of Infection and the membership.

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 and it is the intention to continue to generate income in excess of resources expended.

Under the memorandum and articles of association, the Association has the power to make any investment which the Trustees see fit.

FUTURE PLANS

The planned work of the British Infection Association over the next few years reflects its remit of promoting research, education, and training. The Association will fund and host Infection Trainee meetings, and make a financial contribution to other educational events.

Approaches will be made to other interested professional groups, charities, and governmental and non-governmental bodies with regard to the collaborative production of future guidelines. In the meantime the Association will continue to work on its own guideline programme.

This report has been prepared in accordance with the provisions applicable to companies entitled to the small companies exemption.

On behalf of the Board of Trustees:



Dr Michael Kelsey (Treasurer)

Trustee

Dated: 13/6/17

British Infection Association

STATEMENT OF TRUSTEES' RESPONSIBILITIES

The Trustees, who are also the directors of British Infection Association for the purpose of company law, are responsible for preparing the Trustees' Report and the accounts in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare accounts for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that year.

In preparing these accounts, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the accounts on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the accounts comply with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and the Charity Accounts (Scotland) Regulations 2006 (as amended). They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

British Infection Association

INDEPENDENT EXAMINER'S REPORT TO THE TRUSTEES OF BRITISH INFECTION ASSOCIATION

I report on the accounts of the charity for the year ended 30 September 2016, which are set out on pages 15 to 24.

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
Chartered Accountant
On behalf of RSM UK Tax and Accounting Limited
First Floor, Quay 2
139 Fountainbridge
Edinburgh
EH3 9QG

Dated: 19/06/17

British Infection Association

STATEMENT OF FINANCIAL ACTIVITIES INCLUDING INCOME AND EXPENDITURE ACCOUNT For the year ended 30 September 2016

	Notes	Unrestricted funds £	Designated funds £	Restricted funds £	Total 2016 £	Total 2015 £
INCOME AND ENDOWMENTS FROM:						
Donations and legacies	2	110	-	-	110	-
Charitable activities	3	295,179	-	-	295,179	272,738
Other trading activities	4	-	-	7,667	7,667	284,599
Investments	5	36,999	-	-	36,999	36,659
TOTAL		332,288	-	7,667	339,955	593,996
EXPENDITURE ON:						
Raising funds	6	7,782	-	-	7,782	252,385
Charitable activities	7	335,061	22,000	15,976	373,037	444,635
TOTAL		342,843	22,000	15,976	380,819	697,020
NET EXPENDITURE		(10,555)	(22,000)	(8,309)	(40,864)	(103,024)
TRANSFERS BETWEEN FUNDS		(8,309)	-	8,309	-	-
		(18,864)	(22,000)	-	(40,864)	(103,024)
OTHER RECOGNISED GAINS/(LOSSES):						
Gains/(losses) on investment assets		178,928	-	-	178,928	(32,186)
NET MOVEMENT IN FUNDS		160,064	(22,000)	-	138,064	(135,210)
RECONCILIATION OF FUNDS:						
Total funds brought forward		1,440,670	92,000	-	1,532,670	1,667,880
TOTAL FUNDS CARRIED FORWARD		1,600,734	70,000	-	1,670,734	1,532,670

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

All activities are continuing operations.

British Infection Association

UNAUDITED BALANCE SHEET

As at 30 September 2016

	Notes	2016 £	£	2015 £	£
FIXED ASSETS:					
Investments	13	1,545,065		1,334,898	
Total fixed assets			1,545,065		1,334,898
CURRENT ASSETS:					
Debtors	14	7,778		6,932	
Cash at bank and in hand		515,761		592,855	
Total current assets		523,539		599,787	
LIABILITIES:					
Creditors: amounts falling due within one year	15	(397,870)		(402,015)	
Net current assets			125,669		197,772
Total assets less current liabilities			1,670,734		1,532,670
THE FUNDS OF THE CHARITY:					
Unrestricted funds:					
Designated funds	17		70,000		92,000
Other charitable funds			1,600,734		1,440,670
TOTAL CHARITY FUNDS			1,670,734		1,532,670

For the year ended 30 September 2016 the company was entitled to exemption from audit under Section 477 of the Companies Act 2006 relating to small companies and its members have not required the company to obtain an audit of its financial statements for the year in question in accordance with Section 476.

The directors acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and the preparation of accounts.

These financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies regime and with the Financial Reporting Standard for Smaller Entities (effective January 2015).

The financial statements on pages 15 to 24 were approved by the board of directors and authorised for issue on 13/06/17 and are signed on its behalf by:



Dr Michael Kelsey (Treasurer)

TRUSTEE

British Infection Association

NOTES TO THE ACCOUNTS

For The Year Ended 30 September 2016

1 ACCOUNTING POLICIES

1.1 BASIS OF PREPARATION

The accounts have been prepared under the historical cost convention as modified by the inclusion of investments shown at market value and are in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard for Smaller Entities, published on 16 July 2014, the Financial Reporting Standard for Smaller Entities (FRSSE) (effective 1 January 2015), the Charities and Trustee Investment (Scotland) Act 2005 and the Charities Accounts (Scotland) Regulations 2006 (as amended).

The financial statements reflect the introduction of the Charities SORP (FRSSE) for the first time. There was no requirement to restate comparative figures.

1.2 GOING CONCERN

The Trustees are confident that British Infection Association has sufficient working capital to meet its liabilities as they fall due for at least the next 12 months considering at the year end the Association held cash reserves of £515,761 and investments with a market value of £1,545,065.

1.3 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 trading activities includes sponsorship income and 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.

1.4 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 made 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 attaching to the grant is outside the control of the charity.

British Infection Association

NOTES TO THE ACCOUNTS (CONTINUED)

For The Year Ended 30 September 2016

1 ACCOUNTING POLICIES (Continued)

1.5 INVESTMENTS

Investments are stated at market value at the balance sheet date. Increases or decreases in the market value each year are treated as unrealised gains or losses in the Statement of Financial Activities. Realised gains or losses shown in the Statement of Financial Activities represent the difference between the sales proceeds and the market value at the beginning of the year.

1.6 ACCUMULATED 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 objects of the Association. Designated funds represent those unrestricted funds set aside by the Trustees for particular purposes.

1.7 FINANCIAL INSTRUMENTS

The charity only has financial assets and liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

2 DONATIONS AND LEGACIES

	2016	2015
	£	£
Donations and gifts	110	-
	<u>110</u>	<u>-</u>

Income from donations and legacies amounted to £110 (2015: £nil) for the year. All income in the current and previous year was in respect of unrestricted general funds.

3 INCOME FROM CHARITABLE ACTIVITIES

	2016	2015
	£	£
Subscriptions	52,881	45,148
Journal of Infection	242,298	227,590
	<u>295,179</u>	<u>272,738</u>

Income from charitable activities amounted to £295,179 (2015: £272,738) for the year. All income in the current and previous year was in respect of unrestricted general funds.

British Infection Association
NOTES TO THE ACCOUNTS (CONTINUED)
For The Year Ended 30 September 2016

4 OTHER TRADING ACTIVITIES

	2016 £	2015 £
Hosting of conferences	-	282,359
Sponsorship of BIA events	7,667	2,240
	<u>7,667</u>	<u>284,599</u>

Income from other trading activities amounted to £7,667 (2015: £284,599) for the year, of which £nil (2015: £282,359) was from unrestricted income funds and £7,667 (2015: £2,240) was from restricted income funds.

5 INVESTMENT INCOME

	2016 £	2015 £
Dividends - UK listed	36,299	36,545
Interest receivable	700	114
	<u>36,999</u>	<u>36,659</u>

Investment income amounted to £36,999 (2015: £36,659) for the year. All income in the current and previous year was in respect of unrestricted general funds.

6 EXPENDITURE ON RAISING FUNDS

	2016 £	2015 £
Hosting of conferences	-	248,986
Sponsorship of events	4,000	-
Investment management costs	3,782	3,399
	<u>7,782</u>	<u>252,385</u>

Expenditure on raising funds amounted to £7,782 (2015: £252,385) for the year. All expenditure in the current and previous year was in respect of unrestricted general funds.

British Infection Association
NOTES TO THE ACCOUNTS (CONTINUED)
For The Year Ended 30 September 2016

7 EXPENDITURE ON CHARITABLE ACTIVITIES

	2016 £	2015 £
Travel and meetings	93,587	66,889
Educational workshops	13,427	12,696
Journal of Infection	33,885	33,827
Grant funding of activities (note 9)	164,133	250,540
Support and governance costs (note 8)	68,005	80,683
	<u>373,037</u>	<u>444,635</u>
Total	<u><u>373,037</u></u>	<u><u>444,635</u></u>

Expenditure on charitable activities amounted to £373,037 (2015: £444,635) for the year. £335,061 (2015: £414,554) of this was in respect of unrestricted general funds, £22,000 (2015: £14,000) was in respect of unrestricted designated funds and £15,976 (2015: £16,081) was in respect of restricted funds.

The above charitable activities include providing copies of the journal to members, guidelines groups set up for the purpose of issuing professional guidelines and maintenance of the charity's website.

8 ANALYSIS OF GOVERNANCE AND SUPPORT COSTS

	General support 2016 £	Governance 2016 £	Total 2016 £	Total 2015 £
Secretarial assistance	41,456	-	41,456	37,975
Computer running costs	6,371	-	6,371	17,268
Bank charges	253	-	253	70
Legal and professional fees	400	-	400	2,476
Insurance	438	-	438	477
Sundry	185	-	185	-
Irrecoverable VAT	(3,089)	-	(3,089)	6,799
Audit fee	-	-	-	7,000
Independent examiner's fee	-	2,600	2,600	-
Other governance costs	-	19,391	19,391	8,618
	<u>46,014</u>	<u>21,991</u>	<u>68,005</u>	<u>80,683</u>
	<u><u>46,014</u></u>	<u><u>21,991</u></u>	<u><u>68,005</u></u>	<u><u>80,683</u></u>

Governance costs for the year include amounts payable to the charity's auditor for audit services of £nil (2015: £7,000), amounts payable to the charity's independent examiner of £2,600 (2015: £nil) and £19,391 (2015: £8,618) for other financial services.

British Infection Association
NOTES TO THE ACCOUNTS (CONTINUED)
For The Year Ended 30 September 2016

9 GRANTS PAYABLE

	2016	2015
	£	£
Grants to individuals	34,133	45,540
Grants to institutions	130,000	205,000
	<u>164,133</u>	<u>250,540</u>
Recipients of institutional grants:	2016	
	£	
To fund research - University of Sussex (1 grant)	20,000	
To fund research - LSHTM (2 grants)	40,000	
To fund research - Newcastle University (1 grant)	70,000	
	<u>130,000</u>	

LSHTM: London School of Hygiene & Tropical Medicine.

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

10 TRUSTEES

None of the Trustees, who represent the key management personnel of the charity, (or any persons connected with them) received any remuneration during the year, but four (2015: one) Trustees were reimbursed a total of £2,897 (2015: £584) travelling expenses.

11 EMPLOYEES

There were no employees during the year.

12 TAXATION

The Society being a charity, is exempt from tax in accordance with Section 505 of the Income and Corporation Taxes Act 1988.

British Infection Association
NOTES TO THE ACCOUNTS (CONTINUED)
For The Year Ended 30 September 2016

13 FIXED ASSET INVESTMENTS

	Listed investments £
Market value at 1 October 2015	1,334,898
Disposals at opening book value	(276,460)
Acquisitions at cost	314,519
Change in value in the year	172,108
	<u>1,545,065</u>
MARKET VALUE AT 30 SEPTEMBER 2016	<u><u>1,545,065</u></u>

14 DEBTORS

	2016 £	2015 £
Other debtors	4,988	4,719
Prepayments and accrued income	2,790	2,213
	<u>7,778</u>	<u>6,932</u>

15 CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2016 £	2015 £
Trade creditors	2,748	-
Accruals and deferred income	54,450	49,415
Accruals for grants payable	340,672	352,600
	<u>397,870</u>	<u>402,015</u>

British Infection Association
NOTES TO THE ACCOUNTS (CONTINUED)
For The Year Ended 30 September 2016

16 RESTRICTED FUNDS

The income funds of the charity include restricted funds comprising the following balances of donations and grants held for specific purposes:

	Movement in funds			Balance at 30 September 2016 £
	Balance at 1 October 2015 £	Incoming resources £	Resources expended £	
Travel & Conference Fund	-	7,667	(15,976)	8,309
	-	7,667	(15,976)	8,309

The Travel & Conference Fund relates to incoming resources and resources expended on travel and conferences. Monies have been transferred from unrestricted funds to meet the shortfall in monies received specifically for the purpose of the Travel & Conference fund.

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 2016 £
	Balance at 1 October 2015 £	Incoming resources £	Resources expended £	
Designated Funds	92,000	-	(22,000)	70,000
	92,000	-	(22,000)	70,000

The designated funds have been set aside for the purpose of funding the MRC/BIA Research Fellowship. £22,000 (2015: £22,000) was awarded in the year, which is included in accruals. £70,000 is designated in respect of the next Fellowship, which is expected to be awarded in the year to 30 September 2017.

British Infection Association
NOTES TO THE ACCOUNTS (CONTINUED)
For The Year Ended 30 September 2016

18 ANALYSIS OF NET ASSETS BETWEEN FUNDS

	Unrestricted funds £	Designated funds £	Restricted funds £	Total £
Fund balances at 30 September 2016 are represented by:				
Investments	1,545,065	-	-	1,545,065
Current assets	453,539	70,000	-	523,539
Creditors: amounts falling due within one year	(397,870)	-	-	(397,870)
	<u>1,600,734</u>	<u>70,000</u>	<u>-</u>	<u>1,670,734</u>