

**Charity Registration No. SC029247 (Scotland)**

**Company Registration No. SC198418 (Scotland)**

**BRITISH INFECTION ASSOCIATION  
REPORT AND UNAUDITED FINANCIAL  
STATEMENTS  
FOR THE YEAR ENDED  
30 SEPTEMBER 2018**

# BRITISH INFECTION ASSOCIATION

## LEGAL AND ADMINISTRATIVE INFORMATION

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<b>Trustees</b>	Dr Katherine Jeffery Dr Michael Kelsey Prof Martin Llewelyn Dr Albert Mifsud Dr Hitendrakumar Thaker
<b>Charity number (Scotland)</b>	SC029247
<b>Company number</b>	SC198418
<b>Registered office</b>	Balfour & Manson LLP 54-66 Frederick Street Edinburgh EH2 1LS
<b>Independent examiner</b>	RSM UK Tax and Accounting Limited Chartered Accountants First Floor, Quay 2 139 Fountainbridge Edinburgh EH3 9QG
<b>Bankers</b>	The Royal Bank of Scotland 40 Albyn Place Aberdeen AB10 1YN
<b>Solicitors</b>	Balfour & Manson LLP 54-66 Frederick Street Edinburgh EH2 1LS
<b>Investment advisors</b>	Speirs & Jeffrey Ltd George House 50 George Square Glasgow G2 1EH  Rathbone Investment Management 28 St Andrew Square Edinburgh EH2 1AF

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### Council Members – from May 2018

President	Dr Albert Mifsud (London, Public Health England)
Vice President	Professor Martin Llewelyn (Brighton & Sussex University Hospitals NHS Trust)
Honorary Secretary	Dr Katie Jeffery (Oxford University Hospitals NHS Trust)
Honorary Treasurer	Dr Michael Kelsey (Whittington Health NHS)
Meetings Secretary	Dr Hiten Thaker (Hull and East Yorkshire Hospitals NHS Trust)
Manpower and Training Secretary	Dr Bridget Atkins (Oxford University Hospitals NHS Trust)
Scientific and 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	Dr Natasha Ratnaraja (Sandwell & West Birmingham Hosp NHS Trust)
Clinical Services Secretary	Dr Anna Checkley (Hosp for Tropical Diseases, London), & Dr Jo Herman (Imperial College London)
Communications Secretary	Dr David Partridge (Sheffield Teaching Hospitals NHS Foundation Trust)
Trainee Representatives	Dr Farnaz Dave (North Manchester General Hospital)
Trainee Representatives	Dr Sara Boyd (Imperial College, London)
Newsletter Editor	Dr Naomi Meardon (Sheffield Teaching Hospitals NHS Foundation Trust)
Devolved Administrations Secretary	Dr Ray Fox (Gartnavel General Hosp, Glasgow)
Associate Members Secretary	Louise Dunsmure (Oxford University Hospitals NHS Foundation Trust)
Editor, Journal of Infection	Professor Rob Read (University of Southampton)

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# BRITISH INFECTION ASSOCIATION

## TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

### FOR THE YEAR ENDED 30 SEPTEMBER 2018

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The Trustees present their report and financial statements for the year ended 30 September 2018.

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 Association's Constitution, 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)" (as amended for accounting periods commencing from 1 January 2016).

#### **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 2018 consisted of 1,239 people (2017: 1,400).

The Trustees, who are also the directors for the purpose of company law, and who served during the year were:

Dr Katherine Jeffery (secretary)  
Dr Michael Kelsey (treasurer)  
Prof Martin Llewelyn (vice president)  
Dr Albert Mifsud (president)  
Dr Hitendrakumar Thaker

#### 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.

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#### 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.

(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.

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

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- To establish mechanisms for ensuring continuity on Council and Association sub-committees.

#### **Objectives and activities**

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

The Trustees agree a programme of work for the forthcoming year. This programme of work is dedicated to promote the science and practice of medicine in relation to further research, training and education in the 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 work 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;
- 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 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 Constitution is available to view on the BIA website)*

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#### **Achievements and performance**

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  
European affairs  
Education and meetings  
Manpower and training  
Journal of infection editor's report  
Annual trainees' report  
Science and research  
Governance and finance  
Honorary treasurer's report  
Honorary secretary's report

#### **President's report**

I am delighted to introduce this report that describes the activities being developed by Council members and many others, working on behalf of the Association on committees and working groups.

I demit office at the upcoming AGM in May 2019. This is therefore the last Forward that I shall write for our Association's Annual Report.

The Association was launched in November 2009, following the merger of the Association of Medical Microbiologists and the British Infection Society. We have come a long way since then. Our membership continues to grow and is in excess of 1,500. Importantly, membership is particularly strong among infection trainees and others considering a career in the infection specialties.

Following the consultation of our membership, we have been focussing our activities in line with what the membership has identified as more important to them (see below). Members have asked us to focus our resources on the provision of educational events and opportunities for trainees and consultants and on guideline production. While granny expenditure was given a low priority, overall, members prioritised Fellowships and pump-priming grants ahead of other forms of awards. Consequently, we are investing in the educational resource, Learn Infection, working with NITCAR and we are continuing to provide CPD events. We are launching a new journal this coming year, Clinical Infection in Practice, intended to provide a vehicle for clinical reports, aimed particularly at trainees. We have provided guidance on professional matters such as demonstration of consultant competency to assist our members with satisfying UKAS requirements and we are finalising guidance on consultant workforce and infection departments' service specification, both of which will be issued for consultation in the near future. We are also strengthening our clinical guideline production.

On the European front, despite the challenge of impending Brexit, we are strengthening our engagement with our European partners through curriculum development and pan-European examination development.

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Having been a member of Council since the Association's inception, I have seen the enthusiastic contribution of so many colleagues who are too numerous to list individually. As I hand over the Presidency to Martin Llewellyn, I should like to thank you all, as well as Hartley Taylor, our association's administrative support provider, for all the support and friendship that you have given me. I know that the Association will be in safe hands.

#### Membership and communications

Aims:

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

Membership Statistics 2017 / 2018:

Category	2018
Full	534
Trainee	714
Associate	252
Retired	21
Council	18
Guest	1
Postal Only	1
	1,541

Membership split:



Website:

BIA continued to develop and improve their website during 2018; plans were discussed to review the structure and increase ease of document access and navigation. This will continue to be an activity of focus going in to 2019.

Online membership application continues to grow with the improved self-service membership fee collection method offering a simple and quick sign up facility with no reported issues. Historically collected legacy annual renewals via Direct Debit Services continue to reduce as more members

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migrate to the new online options with minimal disruption. Members have the facility to update their own member profile online, upgrade or swap journal access easily and quickly and set or cancel their own member fees collection and print their own personalised invoice copies for HMRC submission. The external technical service provider continues to support the BIA website. Web content management now forms part of the BIA secretariat support provided by Hartley Taylor. The Association extends its gratitude to Pat Leanord, who has maintained the website for several years. Active use includes guideline and SMI feedback requests as part of the process for document storage with easy access and review reducing the size and volume of emails to members. The guidelines section of the website continues to be developed and is considered a useful resource. It is now an integral part of the member response process and is refreshed regularly as and when updates and new guidelines are issued to offer an alternative access to supporting documentation and response forms.

#### CLIP – Clinical Infection in Practice

Agreement with Elsevier has been reached regarding a new Open-Access journal – CLIP (Clinical Infection in Practice). 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. Indexing via PubMed Central will be applied for once 25 articles have been published in the journal.

#### Monthly Members Digest:

The monthly members digest continues to develop and is the main tool for sharing information and circulating updates and requests for Guideline feedback, Events and job opportunities. Requests for inclusion are triaged by the Honorary Secretary. It contains links to more detail of all content noted and helps encourage more regular visitors to the BIA website. 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 the Trainee Representative for Professional Affairs continued to develop the BIA Twitter News feeds, following groups of interest and increasing BIA followers. This was done very successfully and numbers are still growing. BIA will continue to look at alternative communications tools and methods as we grow the membership through the next stages.

#### Newsletter:

The 2018 Spring Edition of the BIA newsletter, was edited by Mike Ankcorn, prepared and published in time for the BIA Spring Annual Meeting. Mike Ankcorn demitted from the role of newsletter editor after 3 years in post, and identified a successor who Council approved to take over the role – the role of Newsletter editor is co-opted onto Council. Naomi Meardon took up the role of BIA Newsletter Editor from May 2018.

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#### BIA-eList:

2018 also saw notable improvements in the BIA eList, following migration to the BIA domain and services provided by Richard Pavey. The BIA eList remains a popular, 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 managed and maintained within the secure environment of the managed service.

#### Standard setting and guideline development

##### Aims:

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

##### BIA involvement in Guidelines published in Oct 2017-Sept 2018:

Guidelines Secretary Dr Anna Goodman continued to improve and generate more interest in responses to Guideline input requests during 2018.

It was clear from the responses to our March 2018 questionnaire that our membership value guideline activity, being the most valued item after trainee and consultant CPD. Guidelines Secretary Dr Anna Goodman continued to improve and generate more interest in responses to Guideline input requests during 2017-2018. The BIA have submitted comments on 46 guidelines.

In order to improve responses to consultations we have taken a new focused approach, inviting experts to comment in addition to the usual membership consultation and last year's introduction of certificates for participation of which 14 were issued during October 2017 through to September 2018.

Guidance on the Prevention of Infection in Orthopaedic Surgery guidelines has not progressed during 2017-2018 and it is proposed they therefore be withdrawn.

The BIA/BSAC guidelines on treatment of MRSA are in development and were presented at the spring BSAC meeting. A revised literature search has been performed.

##### Future Plans:

It is clear that the role of the BIA in producing guidelines is appreciated by our members. Despite this it has not historically been a priority for funding. In 2018-2019 we plan to appoint more members to a supporting guidelines group to enable people to vote on and determine guideline priorities. We seek funding for a permanent member of guidelines staff responsible for the development of such guidelines. Guidelines are expensive in terms of literature search costs. Guidelines which are in evolution/proposed include eosinophilia in migrants or returning travellers (Anna Checkley), enteric fever (Jayshree Dave with PHE support) and allergy testing (suggestion from our members). In addition, the norovirus guidelines are due for renewal.

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

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

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#### Clinical services

##### Aims:

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

##### Progress during 2018:

The **clinical services committee for medical microbiology and virology** meets 4 times a year in London and Birmingham. The aim of the committee is to work together to improve infection services. There are regional representatives who then take back initiatives for consultation and also bring ideas for improving infection services. Teleconferencing facilities are available for those who cannot attend in person.

We try and have representatives from all regions across the United Kingdom, with representatives from Infectious Diseases and Virology as well as Medical Microbiology. We have recently appointed two Virology representatives, Dr Samuel Moses and Dr Judith Timms, and are looking to appoint an Infection Prevention and Control representative and several regional representatives.

An example of what CSC do is the recent draft consultant competency document that we did for UKAS accreditation- it is available to see below.

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

CSC members were also directly involved in:

- 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.
- Development of advice on Consultant Competencies.
- General Medical Council (GMC) Audits reviews.

##### Microbiology:

#### **Standards for Infection services**

This year the committee has concentrated on developing standards for the delivery of infection services in the United Kingdom. We are hoping to collaborate with RCPATH and RCP on this, and aim to have a document ready by the end of the year.

#### **Infection syndromic pathways**

In addition, the committee is meeting with SMI with the aim of developing reference guides for infection syndromic pathways, for diagnosis and management of common infectious conditions. It is

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hoped that these guidelines will be available on the BIA website, and could be incorporated as hyperlinks on antimicrobial guide apps.

#### **GIRFT**

Tom Lewis, previous CSC member for Devon & South East has been newly appointed to the GIRFT (Get it Right First Time) committee representing Pathology – the committee is looking to work closely with him to ensure that there is a consistent approach to the diagnosis and management of infections.

Updates and current status of the CSC activities can be reviewed by visiting the BIA Website CSC [area](#)

#### **European Affairs**

Highlights from 2018:

The impending challenge of Brexit must not deflect us from continued integration with our neighbours. The UK has historically punched well above its weight in training, academic and clinical arenas, and both we and our continental European neighbours have much to gain from ongoing co-operation.

Within academia, the risks of isolation from continental Europe are clear to see as the UK has all but lost access to EU health-related research funding programmes.

Since its inception, clinical service delivery in the UK NHS has relied on overseas staff. Infection services are no exception, and in recent years, freedom of movement has enabled UK doctors and other clinical staff to work in Europe and conversely, many continental Europeans have come to work in the UK. This has been underpinned by the Professional Qualifications Directive that has sought to underpin quality standards across Europe. For the benefit of clinical services in the UK and for UK doctors who wish to work or gain experience in continental Europe, it is important that BIA continues to engage constructively with our European neighbours.

In this context, the Union Europeenne de Medecins Specialistes is developing curricula in all medical specialties and is supporting quality assured European assessment programmes.

Medical microbiology had developed a European curriculum which was approved formally in 2016. Albert Mifsud had contributed substantially to the European curriculum's development. While not fully equivalent to the UK curriculum, the European curriculum contains a strong element of clinical training and, in most respects, the two curricula are compatible in outputs. The Medical Microbiology Section is now developing a European exit examination and Albert Mifsud is a member of the core group developing this project.

Infectious Diseases has also developed a European curriculum. Nick Beeching (UEMS JRCPTB representative) and Steve Green contributed significantly to the European curriculum development and this is mostly equivalent to the UK curriculum. The UEMS ID section has now commenced a project to develop a European examination.

Council is considering becoming affiliated to ESCMID. This engagement with ESCMID will provide our members with direct access to ESCMID's activities that should be of interest to seniors and trainees alike. Affiliation would also provide other benefits such as enabling the Association to propose sessions at ECCMID and to propose postgraduate educational events (which are usually supported

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financially by ESCMID). See:

[https://www.escmid.org/membership\\_organization/partners/affiliated\\_societies/](https://www.escmid.org/membership_organization/partners/affiliated_societies/)

#### Education and meetings

Aims:

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

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

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

Highlights from 2018:

#### BIA Spring Meeting

BIA's Annual Spring Scientific meeting was held in London at the Cavendish Conference Centre on 17th May 2018, incorporating the BIA AGM. Another interesting programme designed by Dr Hiten Thaker was delivered. The meeting was attended by 215 delegates, some of whom also attended the Trainee day held on the previous day. The keynote international speaker was Dr Francesca Conradi, from Australia, speaking about current management and latest research on the Management of Drug resistant TB. The two invited UK-based speakers were Professor Barry Campbell (Liverpool), talking about Gut Microbiome and Professor Charles Lacey, speaking on Clinical implications of HPV infection.

#### BIA Spring Meeting- Associate Breakout Session

A programme on Antimicrobial Stewardship- put together by Dr Mark Melzer (Membership secretary) & Louise Dunsmure (Associate Member Secretary) was delivered to a sub group of the Scientific Meeting attendees. The meeting was very well received and now a regular item on the Spring meeting agenda. Presentations were delivered by Dr Paul Wade - Consultant Pharmacist Guy's & St Thomas' NHS FT, Dr David Porter - Consultant in Paediatrics Infection & Immunology Alder Hey Children's Hospital, Julie Wilkinson - Principal Pharmacist, South Warwickshire NHS FT & Dr Matthew Inada-Kim - Consultant Acute Medicine, Hampshire Hospitals NHS FT.

#### Junior Doctors Supper Meeting evening of 16th May 2018

Held as a follow-on evening after the Spring Trainee day, the programme designed and organised by Farnaz Bazeghi and Naeem Desai. This was the second Supper meeting and though not as well attended as the first meeting still engaged active participation and interaction with the presenters from those attending. There was a prize for the best poster submitted.

BIA Jnr Dr Supper Mtg 16th May Poster Prize Rebecca Stout £100.

#### Trainee Meetings November 2017 and May 2018

- On the 29<sup>th</sup> November 2017 at The De Vere Colmore Gate, Birmingham
- On the 16<sup>th</sup> May 2018 at The Cavendish, London the day before the Annual Scientific Meeting
- There are further details within the Trainee Meetings section of this report

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#### BIA 2<sup>nd</sup> Infection Dilemmas Meeting January 2018

This took place at Manchester Conference Centre on the 25<sup>th</sup> January 2018, held the day before and complimenting the well-established HIV Dilemmas Meeting series. It was chaired by BIA President Dr Albert Mifsud and Dr Anne Tunbridge. The feedback was excellent. There were several excellent interactive lectures delivered by leading figures from the around the UK including Dr Hiten Thaker (Hull & East Yorkshire), Prof Martin Wiselka (Leicester) Dr Pippa Newton (Manchester), Dr Mas Chaponda (Liverpool) and Dr Anne Tunbridge all contributing to the successful delivery of this event.

#### FIS 2017 29th November 2017

BIA was a major contributor to this Birmingham based Conference held at the ECC, hosted by BSAC. Pharmatologists Ltd were the supporting event agency.

Professor Peter Chiodni delivered the JD Williams lecturer presenting "In at the Deep End".

The Barnett Christie lecture was presented by Dr Timothy Rawson who delivered his winning presentation on **What is the role of Bio Sensors and artificial intelligence achieving in individualised antimicrobial therapy.**

#### Forthcoming conferences

At the end of the year, BIA's preparation for FIS 2018, where BIA was the host society, was all under way. FIS 2018 was held in November in the SAGE building in Gateshead, Newcastle.

BIA Spring 2019 meeting planning is underway this will take place in London at the Congress centre and included in the program are a dedicated Associate Breakout session, a NITCAR session and another Junior Doctors Supper Evening.

#### BIA Spring Scientific Meeting & Trainee Meetings

The BIA Trainee and Scientific meetings continue to grow in popularity. These meetings were provided free of charge, once again new members joining in time for the Annual Scientific meeting were evident, with specific note given to the growth of Associate Members following the dedicated breakout session added to the Scientific programme agenda and inclusion of the special supper meeting dedicated to junior doctors and trainees on the evening of the trainees day meeting. Meeting output and the meeting books from all previous BIA meetings can also be found on the BIA website.

BIA Delegates Year on Year	Spring Meeting	Trainees Meeting
2018	215	175
2017	202	236
2016	210	191
2015	193	178

#### Manpower and training

##### Aims:

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

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

To provide leadership for the BIA education subcommittee.

Highlights from 2018:

This year saw the development of a BIA Education Subcommittee (ESC) with the aims of strengthening teaching and training opportunities for trainees in all the infection specialties nationally. It is an opportunity for trainees' representatives to help develop resources. More recently a junior doctor (sub specialist registrar level) was also invited to join the group. Work by ESC undergone so far includes:

- 1) Incorporating the 'Learn Infection' on line teaching tool on a new platform into free resources for BIA members. We are pleased to have appointed Dr Bethany Davies (Brighton and Sussex) as Learn Infection lead clinician. Any consultants or trainees who are interested in contributing questions or providing other support should contact her.
- 2) Strengthening links between BIA and the National Infection Trainee Collaborative for Audit and Research (NITCAR) and trainee representation on ESC.
- 3) Provision of professional support and advice for the BIA trainee meeting representative.
- 4) Advice to council about educational issues.

BIA Education Sub-Committee (ESC)

Members:

- Chair: Manpower and Training Secretary - Dr Bridget Atkins (Oxford)
- Vice President of BIA - Prof Martin Llewelyn (Brighton & Sussex)
- BIA trainee council reps
  - Meetings - Dr Farnaz Dave (Manchester)
  - Newsletter - Dr Naomi Meardon (Sheffield)
  - Professional - Dr Sara Boyd (London)
- Learn Infection lead - Dr Bethany Davies (Brighton & Sussex)
- NITCAR representative - Shadia Ahmed (Leeds)
- BIA Junior Doctor representative - Naeem Desai (Blackburn)

If trainees wish to raise issues or suggestions via this committee please do via the [BIA trainee representatives](#)

#### Journal of Infection editor's report

- In 2018 the Journal of Infection received 1,409 submissions – a 10% increase on the previous year's total of 1,277.
- The Journal published a record number of Open Access (OA) papers in 2018 – there were 22 such papers, compared to 12 in the previous year. OA publication continues to be a significant issue amongst some funders. 2018 saw the launch of the PlanS manifesto, which committed a number of European research bodies to only publishing in fully-compliant OA journals by 2020 (compliance seemingly being defined by the level of Article Publishing

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Charge and a journal being gold OA). This could affect around 12-14% of papers published in the Journal so it is obviously a significant threat which is being kept under close scrutiny.

- The average rejection rate was fairly steady at 84% (78% being desk rejects and 6% peer review process rejects).
- The time taken to reach a first decision on a manuscript was 0.8 weeks for desk rejected articles and 12.7 weeks for papers that were fully peer reviewed (compared to 0.9 weeks and 10.4 weeks, respectively, in 2017).
- The average time from submission of an article to it appearing online in its final form in 2018 was 29.5 weeks (was 22.1 weeks in 2017). This was partly due to an increase in peer review time (up from an average of 14.1 weeks to 17.6 weeks) and in processing time at Elsevier after acceptance (from 8.8 weeks to 11.9 weeks). The latter was due to a slight backlog of material that has now built up for the Journal. We have two issues-worth of papers ready as corrected proofs. We will slightly increase the size of the next few issues, to reduce this backlog, and thus speed up the time taken for future submissions to move to paginated form.
- 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 12 days.
- The Journal's latest impact factor increased to 4.603, the highest ever figure recorded by the Journal. It is now ranked 14/88 in the Infectious Diseases category of the Journal Citation Reports (in the 2016 figures, the IF was 4.201 and the ranking 16/84).
- Its CiteScore Tracker for 2018 is already at 3.18, suggesting we will at least match the 2017 CiteScore figure of 3.32 when the final figure is declared later this year. (CiteScore is the citation metric which is derived from Elsevier's Scopus database.)
- Over 400,000 papers were downloaded in 2018 (across all platforms), an average of over 33,000 per month. Complete data is not yet available for all platforms, but we will definitely exceed the number of 2017 downloads (which was recalculated at 402,000).
- A new e-submission system was launched for the Journal in December. Following the purchase by Elsevier of Aries Systems, the Journal was one of the first to transfer to Editorial Manager, which is a more modern and stable system with a number of time-saving features for authors such as 'drag and drop' uploading of files and metadata extraction from manuscript files.

This year we said goodbye to two longstanding Assistant Editors – David Partridge and David Laloo. The editor would like to thank both of them for the tremendous service they have given over the last 12 years since they joined the team. We said hello to two new associate editors – Odile Harrison (Oxford) and Tom Darton. Our editorial assistant (Dr Zoe Pounce) has also moved on to pastures new, and has been replaced by Emma Cousins (Welcome to Emma!).

*A full report has been made available to members on request to [BIA@hartleytaylor.co.uk](mailto:BIA@hartleytaylor.co.uk);*

# BRITISH INFECTION ASSOCIATION

## TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

### FOR THE YEAR ENDED 30 SEPTEMBER 2018

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#### Annual trainees' report

Meeting Highlights from 2017 - 2018:

The Trainees had two very successful meetings, facilitated by the Trainee Reps  
Autumn Trainee Meeting 29<sup>th</sup> November 2017 – DeVere, Colcore Gate, Birmingham  
Chaired by and with a program designed by Dr Rebecca Bamber supported by Sara Boyd, the meeting opened with a Careers in Infection for Juniors session in collaboration with UBMS Tropical Medicine Society followed by a morning programme of four main speakers presenting a variety of topics around Microbiology in Challenging Patient Groups. The afternoon programme was case based discussions presented by Trainees.

Attendees: 69

Spring Trainee Meeting 16<sup>th</sup> May 2018 - Cavendish Centre, London

A number of topics were covered and the meeting was opened by – Dr Francesca Conradie, presenting on Treating MDR-TB – what we know and what we need to know, followed by Professor Barry Campbell – “Gut Microbiome” & Professor Charles Lacey, talking about “HPV infection”  
The afternoon was for Trainees to present abstracts on “their most interesting cases”

Attendees: 175

Autumn Trainee Meeting 11<sup>th</sup> October 2017 - The Conference Centre, Manchester

Plans were underway and the draft programme prepared for the 2018 Autumn Trainee day, the venue was in Manchester. The Program was being developed by Dr Farnaz Dave as her first meeting since joining the Council.

Professional Affairs 2018:

The majority of the focus for the professional affairs trainee rep was in attending JRCPTB SAC meetings for Infection training and disseminating feedback to trainees nationally. Much of the focus of these meetings has been around developing the new ID, MM and MV curricula with consideration for Shape of Training. By way of update the CIT SAC has appointed a focus group to develop these curricula, with the aim of having these submitted by 2020. The CIT SAC was able to agree broadly on the specialty specific CiPS (capabilities in practice). These are essentially headline/core competencies that need to be evidenced and signed off through training and these will be finalised and submitted to the relevant committees for approval in due course. The committee has also made a formal agreement that for any time OOPR, a maximum of 3 months will be counted towards time in training, based upon the generic transferrable skills attained during a period of research. It is acknowledged that some trainees may be involved in additional clinical duties whilst in research and that up to a total of 6 months could be counted in these cases. This information and other training issues including regarding e-portfolio, courses and exams were disseminated to trainees and feedback or queries relayed to the committee by the BIA professional affairs rep throughout the year.

#### Science and research

Highlights from 2018:

Another very successful Spring Meeting was held in May 2018 at which awards totaling £1,800 were made for the best scientific free paper, the best clinical case, and best poster presentation. Prize winners were Daniela Kirwan (London), Iain Page (Manchester), Philip Simpson (Sheffield) and Thomas Locke (Sheffield).

# BRITISH INFECTION ASSOCIATION

## TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

### FOR THE YEAR ENDED 30 SEPTEMBER 2018

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The Association made a total of around £144,000 worth of grant awards as follows:

The BIA Research Fellowship of £70,000 was awarded to Angel Ibler (Cambridge) to investigate virulence mechanisms in multi-drug resistant typhoid. This was selected from 5 shortlisted for peer review out of a total of 12 applicants.

Three small project grants for £20,000 were awarded to Ilsa Haeusler (UCL) to investigate TB in prison populations, Benjamin Lindsey (Imperial) for influenza whole-genome sequencing and Rebecca Drummond (Birmingham) for healthcare-associated fungal infections. Eleven submissions were reviewed.

Six travel awards were made out of 32 applications.

Clinical Exchange award for £5,000 was awarded to Christopher Smith (Malawi Intern, Liverpool) to study the economic burden of typhoid in Blantyre.

Five applications were received to give the Barnet Christie Lecture at the Federation of Infection Societies Meeting 2018 in Newcastle. Dr Bernadette Young (University of Oxford) was selected and presented her talk entitled "**Passengers and pathogens: how can bacterial genomes help us understand *Staphylococcus aureus* infections?**".

The 2018 scientific assessment committee (SAC) members are: Martin Llewellyn, Tristan Clark, Chris Chiu, Tihana Bicanic and Tom Evans, without whom the work of review and selection would not be possible. The selection process always includes a Principal Officer as part of the agreed standards.

#### **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 2018.

A report on the activity and finances of the Association was presented at the Annual General Meeting in May 2018.

#### **Honorary treasurer's report**

See the financial review on page 17.

#### **Honorary secretary's report**

Highlights from 2018:

The year saw a number of changes to the council members

Officer Roles elected unopposed;

Treasurer

Michael Kelsey

# BRITISH INFECTION ASSOCIATION

## TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

### FOR THE YEAR ENDED 30 SEPTEMBER 2018

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Manpower & Training Secretary  
Devolved Administrations Secretary  
Associate Members Secretary  
Trainee Rep Prof Affairs  
Trainee Rep Meetings

Bridget Atkins  
Ray Fox  
Louise Dunsmure  
Sara Boyd  
Farnaz Dave

External administrative support and a dedicated Secretariat Services 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 President, Vice President, Hon Sec and Treasurer, BIA confirmed they were happy with the support provided to date and approved a renewal of the agreement, 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.

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

#### 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](mailto:bia@hartleytaylor.co.uk)

##### Council members contact details:

President, Dr Albert Mifsud, [president@britishinfection.org](mailto:president@britishinfection.org)  
Vice President, Professor Martin Llewelyn, [vicepresident@britishinfection.org](mailto:vicepresident@britishinfection.org)  
Honorary Secretary, Dr Katie Jeffery, [secretary@britishinfection.org](mailto:secretary@britishinfection.org)  
Honorary Treasurer, Dr Michael Kelsey, [treasurer@britishinfection.org](mailto:treasurer@britishinfection.org)  
Meetings Secretary, Dr Hiten Thaker, [meetings@britishinfection.org](mailto:meetings@britishinfection.org)  
Membership Secretary, Dr Mark Melzer, [membership@britishinfection.org](mailto:membership@britishinfection.org)  
Clinical Services (ID), Drs Anna Checkley & Jo Herman, [clinicalservicesid@britishinfection.org](mailto:clinicalservicesid@britishinfection.org)  
Clinical Services (Micro & Virology), Dr Natasha Ratnaraja, [clinicalservicesmv@britishinfection.org](mailto:clinicalservicesmv@britishinfection.org)  
Guidelines Secretary, Dr Anna Goodman, [guidelines@britishinfection.org](mailto:guidelines@britishinfection.org)  
Communications Secretary, Dr David Partridge, [communications@britishinfection.org](mailto:communications@britishinfection.org)  
Manpower & Training Secretary, Dr Bridget Atkins, [manpowertraining@britishinfection.org](mailto:manpowertraining@britishinfection.org)  
Scientific & Research Secretary, Dr Chris Chiu, [scientificresearch@britishinfection.org](mailto:scientificresearch@britishinfection.org)  
Trainee (Meetings), Dr Farnaz Dave, [traineemeetings@britishinfection.org](mailto:traineemeetings@britishinfection.org)

# BRITISH INFECTION ASSOCIATION

## TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

### FOR THE YEAR ENDED 30 SEPTEMBER 2018

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Trainee (Professional Affairs), Dr Sara Boyd, [traineeprofaffairs@britishinfection.org](mailto:traineeprofaffairs@britishinfection.org)  
Newsletter Editor, Dr Naomi Meardon, [newsletter@britishinfection.org](mailto:newsletter@britishinfection.org)

#### **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  
CIT Combined Infection Training  
ECCMID European Congress of Clinical Microbiology and Infectious Diseases  
ESCMID European Society of Clinical Microbiology and Infectious Diseases  
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  
NITCAR National Infection Trainee Collaborative for Audit and Research  
OOPR Out of Programme Training  
RCPATH Royal College of Pathologists  
RCP Royal College of Physicians  
SAC Specialty Advisory Committee  
SMI Standards for Microbiology Investigations  
UBMS University Birmingham Medical School  
UEMS European Union of Medical Specialists  
UKAS United Kingdom Accreditation Service  
UK NSC UK National Screening Committee

#### **Financial review**

The Association's income has reduced from £309,104 in 2017 to £306,990 in 2018. This comprises investment income of £41,158 (2017: £37,390), income from charitable activities of £265,832 (2017: £271,214) and £nil (2017: £500) for sponsorship income for meetings. The income from charitable activities includes subscription income of £51,203 (2017: £49,295) and royalty income from the Journal of Infection of £214,629 (2017: £221,919).

Supplying members' Journal copies cost £29,239 (2017: £29,852) in the year and grants awarded in the year amounted to £143,634 (2017: £141,042). 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.

# BRITISH INFECTION ASSOCIATION

## TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

### FOR THE YEAR ENDED 30 SEPTEMBER 2018

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Expenditure has increased from £352,542 in 2017 to £372,415 in 2018. This includes £5,665 (2017: £9,186) of expenditure on raising funds i.e. investment managers' costs plus £366,750 (2017: £343,356) of expenditure on charitable activities. A breakdown of the expenditure on charitable activities can be seen in note 6.

The total income and expenditure detailed above has resulted in net outgoing resources for the year of £65,425 (2017: £43,348).

Net gains on investment assets for the year amount to £72,238 (2017: £119,547).

Investments have increased from £1,675,233 in 2017 to £1,814,445 in 2018. This comprises a portfolio valued at £1,629,191 managed by Speirs & Jeffrey Ltd, a portfolio valued at £185,253 managed by Rathbone Investment Management and a £1 investment in the Association's subsidiary, BIA Conferences Limited. The Association made an unrealised gain of £83,047 in the year (2017: £116,648). This is the result of changes in stock market conditions in the year.

Creditors at 30 September 2018 have increased by £60,088 to £389,330. This increase is mainly attributable to the value of grants awarded but not yet paid of £331,772 (2017: £270,545). The outstanding grants can be broken down into the following year of award - 2014: £2,942, 2015: £29,558, 2016: £34,185, 2017: £127,087 and 2018: £138,000.

The reserves of the Association at 30 September 2018 amounted to £1,753,656 (2017: £1,746,843).

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 revenue of £1.7m however future grants may be reduced if income falls. 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.

This report has been prepared in accordance with the special provision of Part 15 of the Companies Act 2006 relating to small companies.

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



.....  
Dr Michael Kelsey (Treasurer)

Trustee

Dated: 21 June 2019

# BRITISH INFECTION ASSOCIATION

## INDEPENDENT EXAMINER'S REPORT

### TO THE TRUSTEES OF BRITISH INFECTION ASSOCIATION

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I report on the financial statements of the charity for the year ended 30 September 2018, which are set out on pages 20 to 30.

#### **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.

*RSM UK Tax and Accounting Limited*

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

Dated: 27/6/19

# BRITISH INFECTION ASSOCIATION

## STATEMENT OF FINANCIAL ACTIVITIES INCLUDING INCOME AND EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 30 SEPTEMBER 2018

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	Notes	2018 £	2017 £
<b><u>Income from:</u></b>			
Charitable activities	2	265,832	271,214
Other trading activities	3	-	500
Investments	4	41,158	37,390
<b>Total income</b>		<u>306,990</u>	<u>309,104</u>
<b><u>Expenditure on:</u></b>			
Raising funds	5	5,665	9,186
Charitable activities	6	366,750	343,356
<b>Total resources expended</b>		<u>372,415</u>	<u>352,542</u>
Net gains on investments	11	72,238	119,547
<b>Net income for the year/ Net movement in funds</b>		6,813	76,109
Total funds brought forward		<u>1,746,843</u>	<u>1,670,734</u>
<b>Total funds carried forward</b>		<u><u>1,753,656</u></u>	<u><u>1,746,843</u></u>

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

All income and expenditure derive from continuing activities and relates 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 2018**

	Notes	2018		2017	
		£	£	£	£
<b>Fixed assets</b>					
Investments	12		1,814,445		1,675,233
<b>Current assets</b>					
Debtors	14	2,956		5,423	
Cash at bank and in hand		325,585		395,429	
		328,541		400,852	
<b>Creditors: amounts falling due within one year</b>	15	(389,330)		(329,242)	
Net current (liabilities)/assets			(60,789)		71,610
<b>Total assets less current liabilities</b>			1,753,656		1,746,843
<b>Income funds</b>					
<u>Unrestricted funds</u>					
Designated funds	17	3,150		-	
General unrestricted funds		1,750,506		1,746,843	
			1,753,656		1,746,843
			1,753,656		1,746,843

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 2018. No member of the company has deposited a notice, pursuant to section 476, requiring an audit of these financial statements.

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

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

The financial statements were approved by the Trustees and authorised for issue on [.26.June.2019](#)



Dr Michael Kelsey  
**Trustee**

# BRITISH INFECTION ASSOCIATION

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 SEPTEMBER 2018

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### 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.

#### 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)" (as amended for accounting periods commencing from 1 January 2016). 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 liabilities of £60,789 (2017: net current assets of £71,610). The charity holds listed fixed asset investments of £1,814,444 (2017: £1,675,232) which are held for investment purposes but can be realised to meet liabilities as they fall due. At the time of approving the financial statements, the Trustees have a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. Thus the Trustees continue to adopt the going concern basis of accounting in preparing the financial statements.

#### Charitable funds

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

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

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

#### Incoming resources

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

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

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

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

# BRITISH INFECTION ASSOCIATION

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 30 SEPTEMBER 2018

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### 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 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 2018

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### 1 Accounting policies (Continued)

#### **Basic financial liabilities**

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

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

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

#### **Derecognition of financial liabilities**

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

### 2 Charitable activities

	2018 £	2017 £
Subscriptions	51,203	49,295
Journal of Infection	214,629	221,919
	<u>265,832</u>	<u>271,214</u>

All income from charitable activities in both the current and the prior year was unrestricted.

### 3 Other trading activities

	2018 £	2017 £
Sponsorship of BIA events	-	500
	<u>-</u>	<u>500</u>

Income from other trading activities amounted to £nil (2017: £500) for the year, of which £nil (2017: £nil) was from unrestricted income funds and £nil (2017: £500) was from restricted income funds.

# BRITISH INFECTION ASSOCIATION

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 30 SEPTEMBER 2018

### 4 Investments

	2018 £	2017 £
Income from listed investments	41,101	37,345
Interest receivable	57	45
	<u>41,158</u>	<u>37,390</u>

All investment income in both the current and the prior year was unrestricted.

### 5 Raising funds

	2018 £	2017 £
Sponsorship of events	-	4,000
Investment management costs	5,665	5,186
	<u>5,665</u>	<u>9,186</u>

All expenditure on raising funds in both the current and the prior year was from unrestricted funds.

### 6 Charitable activities

	2018 £	2017 £
Meeting expenses	91,126	75,030
Travel expenses	15,475	21,403
Educational workshops	11,789	2,725
Journal of Infection	29,239	29,852
	<u>147,629</u>	<u>129,010</u>
Grant funding of activities (see note 7)	143,634	141,042
Share of support costs (see note 8)	58,554	61,063
Share of governance costs (see note 8)	16,933	12,241
	<u>366,750</u>	<u>343,356</u>
<b>Analysis by fund</b>		
Unrestricted funds	366,750	342,856
Restricted funds	-	500
	<u>366,750</u>	<u>343,356</u>

# BRITISH INFECTION ASSOCIATION

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 30 SEPTEMBER 2018

### 7 Grants payable

	2018 £	2017 £
Grants to institutions:		
To fund research - University of Cambridge (1 grant)	70,000	-
To fund research - University College London (1 grant)	20,000	-
To fund research - University of Birmingham (1 grant)	20,000	-
To fund research - Imperial College London (1 grant)	20,000	-
To fund research - LSHTM (2 grants)	-	40,000
To fund research - University College London (2 grants)	-	90,000
To support event - The Royal College of Pathologists (1 grant)	3,000	3,000
For clinical exchange award - University of Liverpool (1 grant)	5,000	-
	<u>138,000</u>	<u>133,000</u>
Grants to individuals	5,634	8,042
	<u>143,634</u>	<u>141,042</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.

### 8 Support costs

	Support costs £	Governance costs £	2018 £	2017 £
Secretarial assistance	49,447	-	49,447	47,290
Computer running costs	8,143	-	8,143	8,614
Bank charges	240	-	240	259
Legal and professional fees	1,840	-	1,840	2,423
Insurance	436	-	436	477
Sundry	35	-	35	413
Irrecoverable VAT	(1,587)	-	(1,587)	1,587
Independent examiner's fee	-	3,354	3,354	2,860
Accountancy fees	-	6,360	6,360	4,628
VAT services	-	7,219	7,219	4,753
	<u>58,554</u>	<u>16,933</u>	<u>75,487</u>	<u>73,304</u>

Governance costs for the year included amounts payable to the charity's independent examiner of £3,354 (2017: £2,860) and £13,579 (2017: £9,381) for other financial services.

# BRITISH INFECTION ASSOCIATION

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 30 SEPTEMBER 2018

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### 9 Trustees

None of the Trustees (or any persons connected with them) received any remuneration from the charity during the year. One (2017: four) Trustee was reimbursed a total of £428 (2017: £2,312) for travel expenditure.

### 10 Employees

There were no employees during the year.

### 11 Net gains/(losses) on investments

	<b>2018</b>	<b>2017</b>
	<b>£</b>	<b>£</b>
Revaluation of investments (see note 12)	83,047	116,648
Gain/(loss) on sale of investments	(10,809)	2,899
	<u>72,238</u>	<u>119,547</u>

# BRITISH INFECTION ASSOCIATION

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 30 SEPTEMBER 2018

### 12 Fixed asset investments

	Listed investments £	Other investments £	Total £
<b>Cost or valuation</b>			
At 1 October 2017	1,675,232	1	1,675,233
Additions	127,588	-	127,588
Unrealised gain	83,047	-	83,047
Disposals	(71,423)	-	(71,423)
	<u>1,814,444</u>	<u>1</u>	<u>1,814,445</u>
At 30 September 2018	1,814,444	1	1,814,445
	<u>1,814,444</u>	<u>1</u>	<u>1,814,445</u>
<b>Carrying amount</b>			
At 30 September 2018	1,814,444	1	1,814,445
	<u>1,814,444</u>	<u>1</u>	<u>1,814,445</u>
At 30 September 2017	1,675,232	1	1,675,233
	<u>1,675,232</u>	<u>1</u>	<u>1,675,233</u>
		<b>2018</b>	<b>2017</b>
Other investments comprise:	<b>Note</b>	<b>£</b>	<b>£</b>
Investments in subsidiaries	<b>13</b>	<u>1</u>	<u>1</u>

#### Fixed asset investments revalued

Listed investments are valued at their market price at each year end. The comparable amount on the historical cost basis is £1,220,506 (2017: £1,137,139).

### 13 Subsidiaries

Details of the charity's subsidiary at 30 September 2018 is as follows:

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

BIA Conferences Limited did not trade during the year and had capital and reserves deficit of £2,421 (2017: surplus of £1) at the year end.

# BRITISH INFECTION ASSOCIATION

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 30 SEPTEMBER 2018

### 14 Debtors

	2018 £	2017 £
<b>Amounts falling due within one year:</b>		
Amounts due from subsidiary undertakings	1,881	-
Other debtors	1,075	751
Prepayments and accrued income	-	4,672
	<u>2,956</u>	<u>5,423</u>

### 15 Creditors: amounts falling due within one year

	2018 £	2017 £
Trade creditors	1,499	-
Accruals and deferred income	56,059	58,697
Accruals for grants payable	331,772	270,545
	<u>389,330</u>	<u>329,242</u>

### 16 Financial instruments

	2018 £	2017 £
<b>Carrying amount of financial assets</b>		
Debt instruments measured at amortised cost	1,881	-
Equity instruments measured at cost less impairment	1	1
Instruments measured at fair value through income and expenditure	1,814,444	1,675,232
	<u>1,816,326</u>	<u>1,675,233</u>
<b>Carrying amount of financial liabilities</b>		
Measured at amortised cost	389,330	329,242
	<u>389,330</u>	<u>329,242</u>

### 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 2018 £
	Balance at 1 October 2017 £	Incoming resources £	Resources expended £	Transfers £	
Designated funds	-	-	-	3,150	3,150
	<u>-</u>	<u>-</u>	<u>-</u>	<u>3,150</u>	<u>3,150</u>

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

# BRITISH INFECTION ASSOCIATION

## NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 30 SEPTEMBER 2018

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### 18 Analysis of net assets between funds

	Unrestricted Funds £	Designated Funds £	Total £
Fund balances at 30 September 2018 are represented by:			
Investments	1,814,445	-	1,814,445
Current (liabilities)/assets	(63,939)	3,150	(60,789)
	<u>1,750,506</u>	<u>3,150</u>	<u>1,753,656</u>

### 19 Related party transactions

BIA Conferences Limited, a subsidiary of the charity, incurred expenses amounting to £1,881 which were paid by the charity. At the year end £1,881 was due from BIA Conferences Limited and is included within amounts due from subsidiary undertakings, see note 14.