

Charity Registration No. SC029247 (Scotland)

Company Registration No. SC198418 (Scotland)

BRITISH INFECTION ASSOCIATION
TRUSTEES' REPORT AND FINANCIAL STATEMENTS
FOR THE YEAR ENDED
30 SEPTEMBER 2022

BRITISH INFECTION ASSOCIATION

LEGAL AND ADMINISTRATIVE INFORMATION

Trustees	Dr Katherine Jeffery Dr Harriet Hughes Dr David Partridge Dr Rejeka Lazarus Dr Hitendrakumar Thaker
Charity number (Scotland)	SC029247
Company number	SC198418
Registered office	Balfour & Manson LLP 54-66 Frederick Street Edinburgh EH2 1LS
Auditor	RSM UK Audit LLP Chartered Accountants Third Floor 2 Semple Street Edinburgh EH3 8BL
Bankers	The Royal Bank of Scotland 40 Albyn Place Aberdeen AB10 1YN
Solicitors	Balfour & Manson LLP 54-66 Frederick Street Edinburgh EH2 1LS
Investment advisors	Rathbone Investment Management George House 50 George Square Glasgow G2 1EH

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Council Members – from May 2022

Principal Officers:

President (Chair of Council)	Prof Katie Jeffery (Oxford University Hospitals NHS Foundation Trust)
Vice President (President Elect)	Dr David Partridge (Sheffield Teaching Hospitals NHS Foundation Trust)
Honorary Secretary	Dr Harriet Hughes (University Hospital of Wales)
Treasurer	Dr Hiten Thaker (Hull University Teaching Hospitals NHS Trust)
Meetings Secretary	Dr Rajeka Lazarus (University Hospital Bristol & Weston)

BIA Council Members:

Membership Secretary	Dr Megan Jenkins (North Bristol NHS Trust)
Clinical Services Secretary (ID)	Dr Anna Checkley (Hosp for Tropical Diseases, London)
Clinical Services Secretary (ID)	Dr Joanna Herman (Imperial College London)
Clinical Services Secretary (M & V)	Dr Natasha Ratnaraja (Sandwell & West Birmingham Hosp NHS Trust)
Guidelines Secretary	Dr Samuel Moses (East Kent Hospitals University NHS)
Communications Secretary	Dr Fiona McGill (Leeds Teaching Hospitals NHS Trust)
Workforce and Training Secretary	Dr Anna Goodman (Guy's & St Thomas' NHS Foundation Trust)
Scientific & Research Secretary	Dr Chris Chiu (Imperial College, London)
Associate Members Secretary	Dr Louise Dunsmure (Oxford University Hospitals NHS Foundation Trust)
Trainee (Meetings) Secretary	Dr James Meiring (The University of Sheffield)
Trainee (Professional Affairs) Secretary	Dr Amy Belfield (Newcastle-Upon-Tyne)
Trainee (Communications) Secretary	Dr Edward Moseley (Southmead Hospital, Bristol)
Devolved Administrations Secretary	Dr Rebecca Sutherland (Western General Hospital, Edinburgh)
Secretary for Overseas Members	Prof Abdullah Yusuf (National Institute of Neurosciences and Hospital Dhaka)
Editor - Journal of Infection	Prof Robert Read (University of Southampton)
Editor – Clinical Infection in Practice (CLIP)	Prof Martin Wiselka (University Hospitals Leicester)

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TRUSTEES' REPORT (INCLUDING DIRECTORS' REPORT)

FOR THE YEAR ENDED 30 SEPTEMBER 2022

The Trustees present their report and financial statements for the year ended 30 September 2022.

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

Structure, governance and management

British Infection Association (BIA) 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 2022 consisted of 1,540 people (2021: 1,570).

BIA Conferences Limited, a subsidiary of the charity, was struck off during the year. Please see note 20 for further details.

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

Dr Katherine Jeffery
Dr Hitendrakumar Thaker
Dr David Partridge
Dr Harriet Hughes
Dr Rajeka Lazarus

Election of Trustees

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

- a) The affairs of the Association shall be conducted by the Trustees consisting of elected members from among the general membership:
 - a. President (Chairman of Council)
 - b. Vice-President (President Elect)
 - c. Secretary
 - d. Treasurer
 - e. Meetings Secretary
 - f. Clinical Services Secretary (Medical Microbiology (MM) & Virology (MV))
 - g. Clinical Services Secretary (Infectious Diseases (ID) & other disciplines)
 - h. Membership Secretary
 - i. Scientific & Research Secretary
 - j. Workforce Secretary
 - k. Guidelines Secretary
 - l. Communications Secretary (who may be the webmaster)
 - m. Secretary for members from devolved UK administrations

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- n. Medical Trainee (Professional Affairs)
 - o. Medical Trainee (Meetings)
 - p. Trainee (Professional Affairs, Higher Specialist Scientist Training)
 - q. Trainee (Communications)
 - r. Secretary for Overseas Members
- b) Secretary for Associate members
 - c) 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 two years' standing.
 - d) The Editor of the Journal of Infection will be an ex-officio member and will be accountable to and appointed by the Trustees.
 - e) The Trustees reserve the right to co-opt new members as and when this is deemed appropriate.
 - f) 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 roles are 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 charities as deemed appropriate for the advancement of the Association's business.

The Articles of Association states that: -

- a) The Association shall hold an Annual General Meeting on a date and at a time to be decided by the Trustees.
- b) A quorum for business at the AGM shall comprise of at least 50 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.

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

The following actions have been proposed:

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

Objectives and activities

The Memorandum states that the 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 promoting the science and practice of medicine in relation to further research, training and education in the subject, by organising high quality scientific meetings, awarding research and travel grants and ensuring that the infection disciplines have a voice in national decision making.

The Association aims to ensure the optimum delivery of healthcare to patients diagnosed with infection, and to represent the interests of its members.

Specifically:

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

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

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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
Honorary Secretary's report
Governance and finance
Honorary Treasurer's report
Membership and communication
Standard setting and guideline development
Clinical services
Education and meetings
Workforce and training
Science and research
Trainees' report
BIS Representation to outside meetings
Journal of Infection Editor's Report
Clinical Infection in Practice (CLIP) Editor's Report

President's report

Honorary President: Professor Katie Jeffery

I am delighted to introduce this report describing the Association's activities during the year ending September 2022. I would like to thank all members of Council and individual members of the Association who freely give up their time to further the Association's aims, often with little recognition. Council members who stepped down in May 2022 included Bridget Atkins, Mark Melzer, Francesca Knapper, Ed Moran and Dinesh Aggarwal. We are also indebted to Hartley Taylor who have provided many years of indispensable secretariat support. Hartley Taylor decided to step back from providing our Secretariat services after June 2022. After a competitive tender process, we appointed Fitwise from July 1st, 2022, and I am very pleased to report a seamless transition to our new Secretariat provider.

Our journals continue to do well. As a consequence of the editorial decisions supporting rapid publication of COVID-19 related content, the impact factor of the Journal of Infection has now surged to 38.6. This brings with it considerable challenges for the editorial team. We have also been through a period of considerable instability with Elsevier in terms of publisher support, but we now have a Senior Publisher in place. Plans are in place to review the feasibility of flipping to Open Access with careful consideration of the likely financial position, maintaining our impact factor, and considering BIA membership benefits. Our Open Access Journal 'Clinical Infection in Practice' (CLIP) which published its first volume in September 2019 is now firmly established, and the royalty payments for last year were made available to our trainees in the form of grants to attend Federation of Infection Societies (FIS) 2022 conference. We have also agreed to help with article production costs for up to 4 National Infection Teams Collaborative for Audit and Research (NITCAR) papers per year led by BIA members accepted in CLIP.

Our meetings programme has been very successful this year with a return to face to face/hybrid meetings. In my last report I described that together with Healthcare Infection Society (HIS) and the Microbiology Society, we have designed a new operating framework for the FIS meeting to promote closer joint multidisciplinary working between our three societies and smaller more specialist organisations working in this field. We had undertaken a competitive tender process to appoint a professional conference organiser for the next four

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years to provide us with continuity of support for the FIS meeting. This contract has since been signed and appointed to Fitwise Management Limited.

The national Clinical Impact Awards scheme (previously known as the national Clinical Excellence Awards) has been reformed in order to broaden access to the scheme, make the application process fairer and more inclusive, and ensure the scheme rewards and incentivises excellence across a broader range of activity and behaviours. I would like to sincerely thank Professor David Dockrell for chairing the Association's Clinical Excellence Awards (CEA) committee for many years. With the revision of the award scheme, we have taken the opportunity to review and re-fresh the award panel, and I am delighted that Professor Alison Holmes has agreed to Chair the new panel. Nominations for the first round of these awards took place in June this year.

Each Council member has their own portfolio, and the various sections of this report will describe the activities and achievements of the Council members and sub-committees over the last year.

In May 2022 we welcomed several new Council members including Fiona McGill (co-opted), Sam Moses, Megan Jenkins, James Meiring, Amy Belfield, and Abdullah Yusuf who has come into the new role of Secretary for Overseas Members. Once again, I would like to thank all members of Council and individual members of the Association who have freely given up their time to further the Association's aims. So much has been achieved despite the challenges of the last three years, and we have much to be proud of. We are also indebted to Hartley Taylor and to Fitwise for provision of indispensable secretariat support.

Clinical Excellence Awards 2022

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

All BIA members were invited to submit an application for an award. Panel members reviewed the applications and took part in the ranking meeting via Teams on 16th June 2022.

Five applications were received, and in line with the BIA allocation for awards, two were selected for BIA support.

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

BIA ACCIA panel 2022:

Alison Holmes (London, Chair)
David Dockrell (Edinburgh)
Paul Ashwell (Lay member)
Richard Bellamy (Middlesborough)
Priya Khanna (London)
Katie Jeffery (Oxford)
Jaisi Sinha (Cardiff)
Shiranee Srisikandan (London)
Martin Wiselka (Leicester)

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Honorary Secretary's report

This year saw a number of changes to Principal Officers and Council members following nominations and elections in May 2022.

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

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

External administrative support and dedicated Secretariat Services was supplied by Hartley Taylor Medical Communications Ltd (HT) throughout 2020-2021. This contract was renewed for a period of six months at the end of 2021, with a formal review and tender process for support services carried out in 2022. Fitwise was subsequently appointed as a result of the tender process carried out and carries out administrative and secretariat services on behalf of BIA.

Richard Pavey continues to provide Technical Support on all Web Services and BIA PA performs the role of BIA Web Editor.

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

Governance and finance

Aims:

To ensure the integrity of BIA as a charity is protected through open and transparent financial and organisational management, and compliance with the requirements of 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 2022.

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

Honorary Treasurer's report

See the financial review on pages 24 and 25.

Membership and communication

Membership Aims:

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

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Membership Statistics:

The BIA membership has decreased by 30 members since the previous financial year, BIA are continuing to monitor this trend and are discussing ways to enhance the presence of BIA. BIA are thankful to our members for their continued support.

Membership Totals 30 September 2022:

Category	BIA Members
Full	507
Trainee	783
Retired	16
Associate	234
TOTAL	1540

Membership trend:

Category	BIA Members
2017	1503
2018	1541
2019	1329
2020	1377
2021	1570
2022	1540

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Communication Aims:

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

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

Website:

The website continues to evolve. There is a restructure ongoing to modernise the website and there will be some upgrading on each page. Council Profiles will be added to the website to allow the members to meet the council members. Richard Pavey, the Association's IT provider and Fitwise are working together on this. Areas for further development will be explored with other members of Council in 2023.

Twitter:

The BIA twitter feed now has in excess of 2,700 followers. Council members are able to tweet via the Tweetdeck platform using a list of criteria agreed at Council (e.g. infection-related news stories, journal articles of interest, infection-related meetings, BIA events etc.). Rajeka Lazarus is the BIA meetings secretary and creates content using Tweetdeck, while the Fitwise marketing lead creates a social media schedule for the month and distributes this on the platform as well. This has led to increased activity on the platform.

LinkedIn:

BIA LinkedIn is now in use and is being used to distribute the monthly social media posts for the BIA by the Fitwise marketing lead and BIA council lead Rajeka Lazarus is also an admin. The account currently has just over 150 followers and we hope to see this grow with continued use.

Digest:

The 2021/2022 BIA Digest, Edited by Amber Vorster (BIA Secretariat), gets sent out every month and has had great success since the restructure. All Digests are edited and sent out with updated information and upcoming dates.

A small number of paper copies were also available for distribution at FIS 2022, on the BIA stand.

BIA e-list:

This is an email based communication network that allows members to communicate directly with each other. The e-list allows members to discuss challenging cases (anonymised), governance and topical issues. The e-list post is not formally monitored however an overview of the email exchanges is maintained by the Communications secretary to ensure all posts are appropriate.

Standard setting and guideline development

Aims:

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

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A. BIA involvement in Guidelines published in October 2021 - September 2022:

Guidelines Secretary Dr Samuel Moses met along with the rest of the BIA Guidelines Committee members Daniel Pan, Samuel Mills and Mia Cokljat, in September 2022. The plan is for this group to meet quarterly and discuss current guidelines in development and future work.

Members of the Guideline Committee have been involved in NICE rapid guidelines for COVID-19, providing a voice for BIA as a body of infection specialists in UK.

The BIA was involved in the development of the following guidelines with their status as of September 2022:

Allergy guideline: Joint with BSACI and BSAC- status: Published

Following a pause of several months during the first wave of COVID-19, the Standards of Care Committee (SOCC) for BSACI with BIA input from BIA representative Nikhil Premchand published the final guideline in September 2022. This is the link to the Publication: <https://onlinelibrary.wiley.com/doi/10.1111/cea.14217>

Norovirus updated guidance: Joint with HIS and PHE – status: External Consultation.

The guidelines working party have now sent out the draft for external consultation following a period of internal consultation. The external consultation concluded on 07 December 2022, and the full publication of guidelines has been published.

Necrotising OE guidance: Completed the Delphi process to agree the definition of NOE, as well as secure agreement on the definition of a severe case, relapse, non-response and key imaging modalities. There is now a national study (IONOE – improving outcomes in NOE), which will inform guideline development. Contacts Susanne Hodgson and Monique Andersson - Katie Jeffrey representing the BIA.

Eosinophilia in migrants or returning travellers: Aiming for 2023 ECCMID presentation and subsequent publication

Contact: Anna Checkley; Daniel Pan from Guidelines committee to work with Anna Checkley

British Society for Rheumatology (BSR) has commissioned a rewrite of its **Hot Swollen Joint Guidance**. BSR have decided to pause this review of their 2006 guidance. BIA involvement only if BSR approach again. Contact: Bridget Atkins.

INFORM Guidelines on Hip Prosthetic Infection: British Hips Society, NIHR

In June 2022, BIA issued a supporting letter and endorsement of National Institute for Health and Care Research funded INFORM (**IN**fection **OR**thopaedic **M**anagement) programme (RP-PG-1210-12005) and the consensus work which has gone into developing these guidelines on the management of hip prosthetic infection, fully supporting their adoption into practice.

Ongoing engagement on COVID-19 guidelines for NICE

BIA Guidelines Committee members have been responding to various NICE COVID-19 rapid guidelines, technology appraisals and consultation documents. Some examples are:

- Multiple Technology Appraisal (MTA): Therapeutics for people with COVID-19 [ID4038]
- Health Technology Evaluation (HTE): Tixagevimab–cilgavimab for preventing COVID-19 [ID6136]

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Guidelines Committee meetings

Committee membership: Daniel Pan, Sam Mills, Mia Cokljat, Samuel Moses

Planned 3 monthly meetings; first meeting happened on 14th September 2022

New commissions for coming year:

Extrapulmonary NTM

Contact: Anna Goodman

B. BIA Guidelines Activity tracker table:

1) Guidelines

Guideline	Published / Under review / Potential Review / New Proposed / New Draft	Committee Lead, Partner (Lead)	Date (Target / Published)
BSACI guideline for the set-up of penicillin allergy de-labelling services by non-allergists working in a hospital setting (<i>external with BIA in the acknowledgements</i>)	Published in " Clinical and Experimental Allergy "	Nikhil Premchand (BIA)	Sept 2022
Norovirus updated guidance - joint with HIS and PHE	Under Review	Sam Mills (Committee) Hospital Infection Society (Kay Miller)	Published
Eosinophilia in migrants or returning travellers - 2013	Under Review	Anna Checkley (BIA)	Dec 2023
Extrapulmonary NTM	New Proposed	Anna Goodman (BIA) British Thoracic Society	Not yet set

2) Other collaborations, activities

Title	Category	Lead
IONOE – improving outcomes in NOE	National Study	Monique Andersson

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

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

Clinical services

Aims:

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

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Progress during 2022:

The **clinical services committee for medical microbiology and virology** met four times this year as usual, all meetings online via Teams. A hybrid meeting was planned, but time pressures meant that the online format was preferred and we reverted to online.

The aim of the committee is to work together to improve infection services across the UK. Each regional representative shares locally generated ideas for improving infection services, and brings back initiatives for consultation and shared information and learning to their regional committee.

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

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

The Clinical Services Committee helps to ensure representation of all of our members, and helps us to maintain high quality and safe infection services across the United Kingdom. Regional challenges are often shared at different sites, and sharing local solutions helps shared learning. This has never been more important as over the past two years, with colleagues at the forefront of the pandemic.

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

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

We continue to develop our series of 'Infection Quick reference Guides' (IQRGs), to be co-published with relevant clinical Standards in Microbiological Investigations. IQRGs are brief, visual guides to assist physicians and allied healthcare professionals with infection test selection and interpretation at the hospital front door. The first four documents, sepsis, acute gastroenteritis, pneumonia and skin and soft tissue infections, are currently available for consultation on the BIA website. Comments from the BIA membership are welcome; input has also been received from relevant societies including both emergency and acute medicine as well as relevant specialist societies. The next three IQRGs: CNS infections, urinary tract infection and fever in the returned traveller, will be posted for consultation in 2023. They will be published on the BIA and RCP websites, and also on the popular app Microguide. If you wish to be involved in the development of the IQRGs please look out for expressions of interest in the BIA digest.

This year has seen the BIA continue to collaborate with RCPATH, RCP and SMI with groups working on the development of tools to improve efficiency of infection advice and consults. The aim is to try and standardise definitions of different types of consults and advice (e.g. remote, bedside reviews etc) and to determine the minimum type of information required in order to optimise advice. In addition, the working group aims to identify tools infection specialists can use to try and many their consults, including telephone resources, electronic and email resources. Simple audit tools are being developed so infection services can audit the quality of information provided by users when seeking advice, as well as auditing the advice the service provides. Consultation on the definitions of the types of consults and advice will be sought soon.

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

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 2021/2022:

This year we have seen a return to business usual after the initial part of the pandemic, although not without disruption. The pandemic highlighted the value of virtual and hybrid meetings and the experience of the past 12 months suggests that these adaptations are here to stay. Virtual meetings improve better access to meetings and have a lower carbon footprint. That said, meeting feedback supports that members still value the opportunity to network in person as well as having a virtual option. It remains to be seen what the most cost-effective balance will be between virtual and in-person meetings over the coming years.

Since the end of September 21, the BIA has hosted the Federation of Infection Societies meeting in November 21, Infection Sustainability webinar in March 22 and the annual Spring and Scientific meeting. An Infection Dilemmas meeting planned for January 22 was postponed to November 22, due to high rates of COVID-19 infection and will be reported in next year's report.

Highlights

November 2021 Federations of Infection meeting

This meeting was the first return to in person meetings with an in person day in Manchester followed by two virtual sessions. There was good engagement for other infection societies meaning that a wide range of topics were offered. The JD Williams Prize was awarded to Professor Grace Smith and Barnett Christie award to Dr Rishi Gupta. Fitwise Organised this event.

Infection Sustainability Webinar March 2022

This was the first infection sustainability event organised in the UK. The webinar covered sustainability issues relating to all aspects of infection practice including antibiotics, antibiotic microbial resistance, personal protective equipment and other infection control matters and laboratory aspects.

Spring Trainees meeting May 2022

Topics covered: Viral infection in immunocompromised, managing fungal infections, Q fever, pneumococcal epidemiology and EUCAST rules along with a NITCAR update and trainee case presentations.

Annual scientific meeting – hybrid Meeting May 2022 held in Bristol

Three main speakers with a theme of celebrating 30 years of the Barnett Christie lecture award with the return of three award holders, Prof Guy Thwaites, Prof Dimitra Peppas and Prof Sunil Shaunak.

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September 2022 Federations of Infection meeting

This meeting was the second return to in person meetings with an in person day in London followed by two virtual sessions. There was good engagement for other infection societies meaning that a wide range of topics were offered. The JD Williams Prize was awarded to Professor Peter Chiodini and Barnett Christie award to Dr Alexander Mentzer. BIA Had an active stand and the Council meeting was held at FIS on September 22, 2022.

Workforce and training

Aims:

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

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

To provide leadership for the BIA Education Subcommittee.

Highlights from 2022:

This year saw further work from the BIA Education Subcommittee (ESC); however this was impacted by COVID-19. Work by ESC in 2021/2022 includes:

- 1) Provision of professional support and advice for the BIA trainee representatives.
- 2) Advice to council about educational issues.

BIA Education Sub-Committee (ESC)

Members:

Dr Anna Goodman	Workforce & Training Secretary	anna.goodman@gstt.nhs.uk
Dr Louise Dunsmure	Associate Members Secretary	Louise.Dunsmure@ouh.nhs.uk
Dr James Meiring	Training Grade Member (Meetings)	j.meiring@sheffield.ac.uk
Dr Amy Belfield	Training Grade Member (Professional Affairs)	a.belfield@nhs.net
Dr Edward Moseley	Training Grade Member (Communications)	edward.moseley@nhs.net
Dr Bethany Davies	LearnInfection Lead	B.Davies@bsms.ac.uk
Richard Pavey	Web Technician	mail@richardpavey.co.uk
Dr Razan Saman	NITCAR Chair	razan.saman@nhs.net

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

Science and research

Highlights from 2021 - 2022:

With signs that we have moved into a new phase of the pandemic, it has been possible to resume some of the BIA's usual research activities. During 2020, the BIA completed its review of research strategy and, following a pause in grant funding, we have now come back with a flexible and sustainable funding model that focuses

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strongly on supporting future clinical academic leaders in infection (doctors, nurses, pharmacists, and other health professionals).

In March 2022 four one-year Small Project Grants were awarded:

- **Ali Amini** (University of Oxford): MAIT cells and early interferon responses to SARS-CoV-2 vaccines
- **Muge Cevik** (University of St Andrews): Unravelling the role of host microenvironment in the development of phenotypic resistance in MTB
- **Lucy O'Connor** (UCL): The impact of antibiotic pressure on the nasopharyngeal bacterial resistome in Malawi
- **Jordan Skittral** (University of Cambridge): HIV-1 central polypurine tract structure, contribution to replication and effect of disruption

The Barnett Christie Lecture was awarded to Alexander Mentzer (Oxford) with a talk entitled “*Opportunities and challenges with studying human genetic susceptibility to infectious disease*”.

Seven FIS bursaries were awarded using funds from Clinical Lessons in Practise to the following trainees

- Yee Man Hung (Medical Student, Keele)
- Dowan Kwon (SpR, Bristol)
- Claire-Marie Mullender (SpR, UCL)
- Kate Pickering (BMS, Lancashire)
- Stephanie Rimmer (SpR, Imperial)
- Ai Shern Tan (FY1, Worcestershire)
- Meng San Wu (SpR, Imperial)

Thus, a wide range of project areas were funded, and the BIA remains committed to all types of research, including fundamental research on pathogens. During this time, the Scientific Assessment Committee has also been refining and making more transparent our grant awards process. The next deadline for these grants was 31st January 2023.

In addition, travel awards of £1,000 were awarded three times during the year, with deadlines for applications on 31st January, 30th April and 31st August. Congratulations to Blair Merrick (GSTT), Manik Kohli (Central and North West London NHS FT) and Daniel Plan (University of Leicester) on their awards.

Following the formation of the BIA Early Career Researchers' (ECR) subcommittee, there has been substantial work by the committee members to establish its role and activities. The ECR committee held a successful session collaborating with NITCAR at FIS 2021 and has since formally launched its mentorship scheme. This aims to link trainees with an interest in research but perhaps uncertainty about the career path or needing help with access to experts in a particular field. Networking events are planned.

Once again, many thanks to the Scientific Assessment Committee for their ongoing commitment and time in reviewing and selection. This is now comprised of:

- Chris Chiu (Scientific and Research Secretary) - *Professor of Infectious Diseases, Imperial College London*
- Tihana Bicanic - *Reader in Infectious Diseases, St George's University of London*
- Tristan Clark - *Associate Professor and Honorary Consultant in Infectious Diseases, University of Southampton Faculty of Medicine and University Hospital Southampton NHS Foundation Trust*
- Katie Jeffery - *Consultant in Microbiology, Director Infection Prevention and Control, Oxford University Hospital NHS Foundation Trust*

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- David Lalloo – *Professor of Tropical Medicine & Director, Liverpool School of Tropical Medicine*
- Andrew Kirby – *Associate Professor in Microbiology, University of Leeds*
- Rajeka Lazarus – *Consultant in Infection, University Hospital Bristol & Weston*

Trainees report

Spring Trainees meeting May 2022

Topics covered: Viral infection in immunocompromised, managing fungal infections, Q fever, pneumococcal epidemiology and EUCAST rules along with a NITCAR update and trainee case presentations.

There were a total of 255 attendees at the event.

We are currently planning the Spring Trainee Day in Manchester which will be a return to a fully in person trainee meeting.

Trainee (Communications) 2021/2022

In addition to editing the newsletter, which saw a refreshed design from its Autumn 2021 issue, the trainee (communications) representative has been seeking other opportunities within the association to broaden their remit, the role having evolved from the previous Newsletter Editor post.

They have regularly attended the following meetings:

- BIA council meetings.
- Education Subcommittee meetings.

A specific e-List for trainee members was created with the hope that this would provide a forum for trainee members to discuss training issues and opportunities. However, this has been under-utilised, and so alternative modes of trainee engagement are being explored.

A survey of members social media use is being carried out to determine the best platforms for ongoing online engagement with the membership and wider infection community. It is hoped that results from this will also help to guide future development of our means of online networking.

In addition to the above work, the trainee (communications) representative continues to seek new and innovative ways to engage with the trainee membership and improve the way information is communicated to the association as a whole.

Professional affairs 2021/2022

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

- JRCPTB Specialist Advisory Committee trainee (Joint and Infection specific)
- Educational Subcommittee meetings
- BIA council meetings

The focus of the SAC and educational subcommittee meetings has been on the implementation of the new curriculum and finalising the process back to previous ARCP outcomes from the changes made in light of the COVID-19 pandemic.

In addition, there have been ongoing conversations regarding improvement to the recruitment process with regards to diversity and inclusion following on from the previous report in 20/21. An additional focus for this

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year is on which sub-specialities trainees fill more readily across the UK, and why, with regards to initial recruitment and transfers to different sub-specialities.

Future direction:

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

BIS Representation to outside meetings

Aims:

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

BIA representation during 2021 - 2022:

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

- **RCP Health Informatics Unit**
Dr Ewan Hunter
- **Pathology Alliance**
Professor Katie Jeffery
- **RCP London Workforce Meetings**
Dr Bridget Atkins; Dr Anna Goodman since May 2022
- **Royal College of Pathologists Medical Microbiology SAC**
Dr Natasha Ratnaraja
- **Joint Specialty Committee on Infectious Diseases**
Dr David Partridge, Dr Harriet Hughes
- **UEMS Medical Microbiology section**
Dr Albert Mifsud
- **UEMS Infectious Diseases section**
Professor Steve Green
- **Chair of ACCEA BIA committee**
Professor Alison Holmes
- **British Thoracic Society MDRTB steering group as the BIA representative**
Dr Martin Dedicat
- **BTS Joint Tuberculosis Committee Meeting**
Professor Martin Wiselka

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- **NHSE Infectious Diseases Clinical Reference Group**
Professor Martin Llewelyn / Dr Natasha Ratnaraja / Professor Katie Jeffery
- **UKHSA Resp evidence panel**
Dr Susie Jerwood
- **UK Standards for Microbiology Investigations (SMIs) Steering Group**
Professor Katie Jeffery
- **UK Standards for Microbiology Investigations (SMIs) Working Group**
Dr Natasha Ratnaraja

Journal of Infection Editor's Report

Highlights in 2021-2022:

- The number of submissions in 2021-2022 was consistent with the previous year, reaching 86 in total.
- Speed of publication improved again in 2021-2022, thanks to the efforts of the Editor, Editorial Board, reviewers, and authors.
- Rejection rate was quite steady (at 42%).
- Case Reports make up 62% of the submissions.
- Published articles reached a high of 55.
- Journal remains dependent on UK submissions, so work will be needed to widen geographic outreach.
- This could be partly addressed by commissioning some content via Special Issues.
- The journal has been accepted for indexing in Scopus.
- That will lead to it being given a CiteScoreTracker figure initially and then CiteScore each year.
- An application will be made to PubMed Central once we have corrected the omissions of Ethical Approval and Conflict of Interest statements from some papers (by means of publishing two Errata summarizing the details).
- The upsurge in submissions due to COVID-19 is now moderating. However, the Journal of Infection still received last year more than double the number of 2019 submissions.
- The interest in COVID-19 papers will be felt in a major increase of the impact factor. This effect has already been seen in a doubling of the CiteScore figure.
- Speed of review and publication remained competitive, thanks to the efforts of the Editorial teams, reviewers and authors.

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- The expected surge in IF will probably result in another peak of submissions, so a revision of the editorial structure of the Journal of Infection would be advisable to cope with this.
- It will also provide opportunities for Clinical Infection in Practice to pick up more papers diverted from the Journal of Infection and it could provide the basis for launching a new OA title.
- A royalty payment of £238,934 was received during the year for the Journal of Infection, plus delayed payments of £7,110 for 2020 and £10,160 for 2021 were made for Clinical Infection in Practice.
- Publisher recruitment is ongoing at Elsevier. Ian Salusbury will remain in position until a permanent appointment is made.

The Editor's thanks go to all assistant and associate editors and looks forward to the Future.

Clinical Infection in Practice (CLIP) Editor's Report

Aims:

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

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

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

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Editors Summary 2021/2022:

Achievements

- Journal and Editorial Board supported by Elsevier.
- Clinical Infection in Practice has now become an established Journal. By end of 2021/22 had reached Volume 16 with 145 papers accepted. Acceptance rate 56%.
- Received papers from worldwide submissions on all aspects of Infection practice.
- Increase in number of papers submitted relating to Coronavirus infection has been maintained.
- Reduction in time from submission to publication.
- Very short time (<two weeks) between accepting papers and availability on-line.
- Barnett Christie lecture and abstracts from BIA Spring meetings 2021/22 have been published in the Journal
- Article transfer agreement arranged with the Journal of Infection with potentially suitable papers being cascaded to Clinical Infection in Practice.
- A Royalty of £10,160 was paid to the BIA in 2021 as a result of submissions to the Journal.
- Special Editions and a collaboration with the Imported Fever Service to publish selected case reports are under discussion.
- The Journal is hoping for PubMed Central (PMC) listing in the next year.

Website:

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

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Abbreviations used within this review:

ACCEA Advisory Committee on Clinical Excellence Awards
ACCIA Advisory Committee on Clinical Impact Awards
BIA British Infection Association
BSAC British Society for Antimicrobial Chemotherapy
BSACI British Society for Allergy & Clinical Immunology
ECCMID European Society of Clinical Microbiology and Infectious Diseases
FIS Federation of Infection Societies
HIS Healthcare Infection Society
IONOE Improving Outcomes of Necrotising Otitis Externa
NICE National Institute for Clinical Excellence
NIHR National Institute for Health and Care Research
NITCAR National Infection Teams Collaborative for Audit and Research
NOE Necrotising Otitis Externa
NTM Nontuberculous Mycobacteria
OE Otitis Externa
OSCR Office of the Scottish Charity Regulator
PHE Public Health England
RCP Royal College of Physicians
RCPATH Royal College of Pathologists
SAC Specialty Advisory Committee
SMI Standards for Microbiology Investigations
SOCC Standards of Care Committee
UEMS European Union of Medical Specialists

Contact details

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Financial review

The charity's income has increased from £399,787 in 2021 to £567,096 in 2022. This comprises investment income of £45,692 (2021: £40,892), income from charitable activities of £379,334 (2021: £354,495) and income from other trading activities of £142,070 (2021: £4,400). Income from charitable activities includes subscription income of £60,765 (2021: £65,387), royalty income from the Journal of Infection and from the Journal of Clinical Infection in Practice of £301,731 (2021: Journal of Infection £282,508) and delegate income of £16,838 (2021: £6,600). £141,070 (2021: £nil) of other trading income relates to the 2021 FIS conference hosted by BIA, with the remaining £1,000 (2021: £4,400) relating to sponsorship income.

Expenditure for the charity has increased from £177,043 in 2021 to £444,611 in 2022. This includes £15,627 (2021: £15,514) of expenditure on raising funds i.e. investment manager's costs, £300,795 (2021: £161,529) of expenditure on charitable activities, and FIS expenditure in relation to the FIS 2021 & FIS 2022 conferences of £128,189 (2021: £nil). A breakdown of the expenditure on charitable activities can be seen in note 6.

The charity made a net loss on investments of £370,460 for the year (2021: gain of £324,692) see note 4 to the accounts and the below investment policy performance section for further information.

Overall, the charity's net deficit for the year amounted to £247,975 (2021: income of £547,436) and the reserves of the charity at 30 September 2022 amounted to £2,268,940 (2021: £2,516,915).

The Association does not exist to build up reserves, however, the Trustees have given consideration to a reserves policy as required by the Statement of Recommended Practice in order to demonstrate that it acts prudently to ensure the adequacy of resources available to it. The Trustees consider that the level of reserves should be adequate to support its activities over the next five years which is estimated to be around £1.8m. The charity currently has reserves of £2.3m however future grants may be reduced if income falls. It is the intention to continue to generate income in excess of resources expended.

Investment policy and performance

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

The current investment objective is to:

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

The results for the year show an unrealised loss of £343,024 (2021: gain of £274,892) and a realised loss on sale of investments of £27,436 (2021: gain of £49,800). These could be compared to any targets set and any plans with the investment manager to improve future performance.

The BIA's investment strategy has a medium risk tolerance and aims to generate a return over the long term of 3% above the rate of inflation. It is expected to experience fluctuations of 60 – 80% of the volatility of the

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global equity markets. This has taken place following discussion with investment managers and has a 6 - 10-year time horizon, recognising that there may be some temporary or permanent capital loss.

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

Risk management

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

- **Financial Risk:** There is a reliance on income from the journal of infection and membership fees. Although income from these streams has remained consistent over the years, there is a risk that publishing revenues or memberships could decline in the future. This can be mitigated by the sale of investments if additional funding was necessary. However, the sale of the investments would be used as a last resort and a range of methods would be adopted to examine and improve membership numbers in advance of this. These would include increased advertising and promotional activity to encourage membership uptake for both new and existing members.
- **Reputational Risk:** This is mitigated by the governance framework by ensuring clear policies and standards are in place that are regularly reviewed, and the appointment of experienced persons to the Board of Trustees.
- **Investments Risk:** The Association's assets are largely held in stock exchange investments, the values of which are subject to fluctuations experienced from time to time in the financial markets. This risk is mitigated by engaging a professional fund manager to manage the portfolio. The fund manager has been instructed to adopt a medium risk approach and the portfolio is widely diversified.
- **Ukraine:** The current situation in Ukraine has had an impact on world economies. This may have an impact on the investment portfolio but this is mitigated by the diversity of our investments.

Disclosure of information to auditor

Each of the Trustees has confirmed that there is no information of which they are aware which is relevant to the audit, but of which the auditor is unaware. They have further confirmed that they have taken appropriate steps to identify such relevant information and to establish that the auditor is aware of such information.

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

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

Hitendra Thaker

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Dr Hitendrakumar Thaker (Treasurer)

Trustee

Dated: 20/06/23

BRITISH INFECTION ASSOCIATION

STATEMENT OF TRUSTEES' RESPONSIBILITIES FOR THE YEAR ENDED 30 SEPTEMBER 2022

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 financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

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

In preparing these financial statements, 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 financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in operation.

The Trustees are responsible for keeping adequate accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 (as amended) and the Companies Act 2006. 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.

INDEPENDENT AUDITOR'S REPORT TO THE TRUSTEES AND MEMBERS OF BRITISH INFECTION ASSOCIATION

Opinion

We have audited the financial statements of British Infection Association (the 'charitable company') for the year ended 30 September 2022 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cashflows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland" (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 30 September 2022 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended).

Basis for opinion

We have been appointed auditor under section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report to you in accordance with regulations made under those Acts.

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

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

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

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

INDEPENDENT AUDITOR'S REPORT TO THE TRUSTEES AND MEMBERS OF BRITISH INFECTION ASSOCIATION (CONTINUED)

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the directors' report prepared for the purposes of company law and included within the trustees' annual report, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the directors' report, included within the trustees' annual report, has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the directors' report, included within the trustees' annual report.

We have nothing to report in respect of the following matters where the Companies Act 2006 and the Charities Accounts (Scotland) Regulations 2006 (as amended) require us to report to you if, in our opinion:

- adequate and proper accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the trustees' were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies exemptions in preparing the directors' report, included within the trustees' annual report, and from the requirements to prepare a strategic report.

Responsibilities of Trustees

As explained more fully in the statement of trustees' responsibilities set out on page 27, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

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

The extent to which the audit was considered capable of detecting irregularities, including fraud

Irregularities are instances of non-compliance with laws and regulations. The objectives of our audit are to obtain sufficient appropriate audit evidence regarding compliance with laws and regulations that have a direct effect on the determination of material amounts and disclosures in the financial statements, to perform audit procedures to help identify instances of non-compliance with other laws and regulations that may have a material effect on the financial statements, and to respond appropriately to identified or suspected non-compliance with laws and regulations identified during the audit.

In relation to fraud, the objectives of our audit are to identify and assess the risk of material misstatement of the financial statements due to fraud, to obtain sufficient appropriate audit evidence regarding the assessed risks of material misstatement due to fraud through designing and implementing appropriate responses and to respond appropriately to fraud or suspected fraud identified during the audit.

However, it is the primary responsibility of management, with the oversight of those charged with governance, to ensure that the entity's operations are conducted in accordance with the provisions of laws and regulations and for the prevention and detection of fraud.

INDEPENDENT AUDITOR'S REPORT TO THE TRUSTEES AND MEMBERS OF BRITISH INFECTION ASSOCIATION (CONTINUED)

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud, the audit engagement team:

- obtained an understanding of the nature of the sector, including the legal and regulatory framework that the charitable company operates in and how the charitable company is complying with the legal and regulatory framework;
- inquired of management, and those charged with governance, about their own identification and assessment of the risks of irregularities, including any known actual, suspected or alleged instances of fraud;
- discussed matters about non-compliance with laws and regulations and how fraud might occur including assessment of how and where the financial statements may be susceptible to fraud

As a result of these procedures we consider the most significant laws and regulations that have a direct impact on the financial statements are FRS 102, Charities SORP (FRS 102), the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended). We performed audit procedures to detect non-compliances which may have a material impact on the financial statements which included reviewing the financial statements including the Trustees' Report and remaining alert to new or unusual transactions which may not be in accordance with our understanding of the entity.

The most significant laws and regulations that have an indirect impact on the financial statements are those in relation to the Data Protection (2018) Act. We performed audit procedures to inquire of management whether the charitable company is compliant with these law and regulations and inspected correspondence with regulatory authorities.

The audit engagement team identified the risk of management override of controls as the area where the financial statements were most susceptible to material misstatement due to fraud. Audit procedures performed included but were not limited to testing manual journal entries and other adjustments, evaluating the business rationale in relation to significant, unusual transactions and transactions entered into outside the normal course of business, challenging judgements and estimates and using data analytics software to select the riskiest journals for testing.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at <http://www.frc.org.uk/auditorsresponsibilities>. This description forms part of our auditor's report.

Use of our report

This report is made exclusively to the members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006, and to the charity's trustees, as a body, in accordance with section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and regulation 10 of the Charities Accounts (Scotland) Regulations 2006 (as amended). Our audit work has been undertaken so that we might state to the members and the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity, its members as a body, and its trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Kelly Adams

Kelly Adams MA(Hons) CA (Senior Statutory Auditor)

For and on behalf of RSM UK Audit LLP, Statutory Auditor

Chartered Accountants

Third Floor

2 Semple Street

Edinburgh

EH3 8BL

22/06/23

RSM UK Audit LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

BRITISH INFECTION ASSOCIATION

STATEMENT OF FINANCIAL ACTIVITIES INCLUDING INCOME AND EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 30 SEPTEMBER 2022

	Notes	Unrestricted 2022 £	Total 2021 £
<u>Income from:</u>			
Charitable activities	2	379,334	354,495
Other trading activities	3	142,070	4,400
Investments	4	45,692	40,892
Total income		<u>567,096</u>	<u>399,787</u>
<u>Expenditure on:</u>			
Raising funds	5	15,627	15,514
Charitable activities	6	300,795	161,529
FIS 2021 & 2022		128,189	-
Total resources expended		<u>444,611</u>	<u>177,043</u>
Net (losses)/gains on investments	11	(370,460)	324,692
Net (expenditure)/income for the year/ Net movement in funds		<u>(247,975)</u>	<u>547,436</u>
Total funds brought forward		<u>2,516,915</u>	<u>1,969,479</u>
Total funds carried forward		<u><u>2,268,940</u></u>	<u><u>2,516,915</u></u>

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

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

BRITISH INFECTION ASSOCIATION

STATEMENT OF FINANCIAL ACTIVITIES INCLUDING INCOME AND EXPENDITURE ACCOUNT

FOR THE YEAR ENDED 30 SEPTEMBER 2021

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

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

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 2022**

	Notes	2022 £	£	2021 £	£
Fixed assets					
Investments	12		1,900,025		2,234,846
Current assets					
Debtors	13	65,321		13,307	
Cash at bank and in hand		544,026		494,367	
		609,347		507,674	
Creditors: amounts falling due within one year	14	(240,432)		(225,605)	
Net current assets			368,915		282,069
Total assets less current liabilities			2,268,940		2,516,915
Income funds					
<u>Unrestricted funds</u>					
Designated funds	17	48,450		66,000	
General unrestricted funds		2,220,490		2,450,915	
			2,268,940		2,516,915
			2,268,940		2,516,915

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 20/06/23

Hitendra Thaker

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Dr Hitendrakumar Thaker
Trustee

BRITISH INFECTION ASSOCIATION

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 30 SEPTEMBER 2022

	Notes	2022 £	£	2021 £	£
Cash flows from operating activities					
Cash generated from operations	18		39,606		156,856
Investing activities					
Purchase of investments		(226,935)		(413,648)	
Proceeds on disposal of investments		191,296		409,004	
Interest received		45,692		40,892	
Net cash generated from investing activities			10,053		36,248
Net cash used in financing activities			-		-
Net increase in cash and cash equivalents			49,659		193,104
Cash and cash equivalents at beginning of year			494,367		301,263
Cash and cash equivalents at end of year			544,026		494,367

BRITISH INFECTION ASSOCIATION

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 SEPTEMBER 2022

1 Accounting policies

Charity information

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

Accounting convention

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

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

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

Going concern

At the year end the charity had net current assets of £368,915 (2021: £282,069). The charity holds listed fixed asset investments of £1,900,025 (2021: £2,234,846) which are held for investment purposes but can be realised to meet liabilities as they fall due if required. At the time of approving the financial statements, the Trustees have a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. Thus the Trustees continue to adopt the going concern basis of accounting in preparing the financial statements.

Charitable funds

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

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

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

Incoming resources

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

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

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

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

BRITISH INFECTION ASSOCIATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 30 SEPTEMBER 2022

1 Accounting policies (Continued)

Resources expended

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

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

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

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

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

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

Fixed asset investments

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

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

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

Financial instruments

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

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

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

Basic financial assets

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

BRITISH INFECTION ASSOCIATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 30 SEPTEMBER 2022

1 Accounting policies (Continued)

Basic financial liabilities

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

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

Derecognition of financial liabilities

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

2 Charitable activities

	2022 £	2021 £
Subscriptions	60,765	65,387
Delegate income	16,838	6,600
Journal of Infection & Journal of Clinical Infection in Practice	301,731	282,508
	<u>379,334</u>	<u>354,495</u>

3 Other trading activities

	2022 £	2021 £
FIS 2021	141,070	-
Sponsorship of BIA events	1,000	4,400
	<u>142,070</u>	<u>4,400</u>

4 Investments

	2022 £	2021 £
Income from listed investments	45,559	40,892
Interest receivable	133	-
	<u>45,692</u>	<u>40,892</u>

BRITISH INFECTION ASSOCIATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 30 SEPTEMBER 2022

5 Raising funds

	2022 £	2021 £
Investment management costs	15,627	15,514
	<u>15,627</u>	<u>15,514</u>

6 Charitable activities

	2022 £	2021 £
Impairment	-	1
Meeting expenses	41,541	18,270
Travel expenses	2,800	-
Journal of Infection	32,832	39,028
Research guidelines	2,813	-
	<u>79,986</u>	<u>57,299</u>
Grant funding of activities (see note 7)	47,741	285
Support costs (see note 8)	133,657	85,728
Governance costs (see note 8)	39,411	18,217
	<u>300,795</u>	<u>161,529</u>
Analysis by fund		
Unrestricted funds	300,795	157,129
Restricted funds	-	4,400
	<u>300,795</u>	<u>161,529</u>

BRITISH INFECTION ASSOCIATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 30 SEPTEMBER 2022

7 Grants payable

	2022 £	2021 £
Grants to institutions:		
To fund research - University of Cambridge (1 grant)	10,000	10,000
To fund research - University College London (1 grant)	10,000	-
To fund research - Imperial College London (1 grant)	-	10,000
To fund research - University of Oxford (1 grant)	10,000	10,000
To fund research - St Andrews University (1 grant)	10,000	-
Other	3,621	100
	<u>43,621</u>	<u>30,100</u>
Grants to individuals	4,653	500
	<u>48,274</u>	<u>30,600</u>
Grants to institutions written off	(336)	(28,965)
Grants to individuals written off	(197)	(1,350)
	<u>47,741</u>	<u>285</u>

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

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

BRITISH INFECTION ASSOCIATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 30 SEPTEMBER 2022

8 Support costs

	Support costs	Governance costs	2022	2021
	£	£	£	£
Secretarial assistance	86,657	-	86,657	68,502
Computer running costs	11,456	-	11,456	10,532
Bank charges	200	-	200	260
Legal and professional fees	798	5,688	6,486	3,188
Insurance	563	-	563	513
Sundry	272	-	272	-
Irrecoverable VAT	33,711	-	33,711	-
Bad and doubtful debts	-	-	-	5,333
Independent examiner's fee	-	-	-	4,050
Accountancy fees	-	8,565	8,565	7,355
VAT and other tax services	-	13,158	13,158	4,212
Audit fees	-	12,000	12,000	-
	<u>133,657</u>	<u>39,411</u>	<u>173,068</u>	<u>103,945</u>

Fees payable to RSM UK Tax and Accounting Limited and its associates are £nil (2021: £4,050) for independent examination services, £21,723 (2021: £11,567) for other financial services and £12,000 (2021: £nil) for statutory audit services.

9 Trustees

None of the Trustees (or any persons connected with them) received any remuneration from the charity during the year and no expenses were reimbursed to Trustees' during the year (2021: £nil).

10 Employees

There were no employees during the year (2021: nil).

11 Net (losses)/gains on investments

	2022	2021
	£	£
Revaluation of investments (see note 12)	(343,024)	274,892
(Loss)/gain on sale of investments	(27,436)	49,800
	<u>(370,460)</u>	<u>324,692</u>

BRITISH INFECTION ASSOCIATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 30 SEPTEMBER 2022

12 Fixed asset investments

	Listed investments £
Cost or valuation	
At 1 October 2021	2,234,846
Additions	226,935
Unrealised loss	(343,024)
Disposals	(218,732)
	<hr/>
At 30 September 2022	1,900,025
	<hr/>
Carrying amount	
At 30 September 2022	1,900,025
	<hr/> <hr/>
At 30 September 2021	2,234,846
	<hr/> <hr/>

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 £1,625,571 (2021: £1,579,298).

13 Debtors

	2022 £	2021 £
Amounts falling due within one year:		
Trade debtors	51,241	-
Other debtors	1,385	4,807
Prepayments and accrued income	12,695	8,500
	<hr/>	<hr/>
	65,321	13,307
	<hr/> <hr/>	<hr/> <hr/>

14 Creditors: amounts falling due within one year

	2022 £	2021 £
Trade creditors	5,350	440
Accruals and deferred income	71,418	70,527
Accruals for grants payable	163,664	154,638
	<hr/>	<hr/>
	240,432	225,605
	<hr/> <hr/>	<hr/> <hr/>

Deferred income of £27,640 (2021: £21,453) relates to deferred membership fees which were received in the year but cover periods from 1 October 2022. During the year £27,640 of income received has been deferred and £21,453 of previously deferred income has been released to the statement of financial activities.

BRITISH INFECTION ASSOCIATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 30 SEPTEMBER 2022

15 Financial instruments	2022	2021
	£	£
Carrying amount of financial assets		
Instruments measured at fair value through income and expenditure	1,900,025	2,234,846
	<u> </u>	<u> </u>

16 Restricted funds

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

	Balance at 1 October 2021	Movement in funds		Balance at 30 September 2022
	£	Incoming resources	Resources expended	£
Sponsorship of meetings	-	-	-	-
	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	Balance at 1 October 2020	Movement in funds		Balance at 30 September 2021
	£	Incoming resources	Resources expended	£
Sponsorship of meetings	-	4,400	(4,400)	-
	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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

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:

	Balance at 1 October 2021	Movement in funds			Balance at 30 September 2022
	£	Incoming resources	Resources expended	Transfers	£
Designated funds	66,000	-	(66,000)	48,450	48,450
	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	<u>66,000</u>	<u> </u>	<u>(66,000)</u>	<u>48,450</u>	<u>48,450</u>

Funds were set aside at the year end for the purpose of awarding grants to individuals & institutions who were not notified of the grant until after the year end. The specific grants set aside have varying conditions and award criteria and are open to applicants. These are expected to be awarded in the year to 30 September 2023. The grants are to be funded from the activities undertaken by the charity.

BRITISH INFECTION ASSOCIATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 30 SEPTEMBER 2022

17 Designated funds (Continued)

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

Funds were set aside at the year end for the purpose of awarding grants to individuals & institutions who were not notified of the grant until after the year end. The specific grants set aside have varying conditions and award criteria and are open to applicants. These were awarded in the year to 30 September 2022. The grants were funded from the activities undertaken by the charity.

18 Cash generated from operations

	2022 £	2021 £
(Deficit)/surplus for the year	(247,975)	547,436
Adjustments for:		
Investment income recognised in statement of financial activities	(45,692)	(40,892)
Loss/(gain) on disposal of investments	27,436	(49,800)
Fair value gains and losses on investments	343,024	(274,892)
Depreciation and impairment of tangible fixed assets	-	1
Movements in working capital:		
(Increase) in debtors	(52,014)	(9,342)
Increase/(decrease) in creditors	14,827	(15,655)
Cash generated from operations	39,606	156,856

19 Analysis of changes in net funds

	1 October 2021	Cash flows	30 September 2022
Cash at bank and in hand	494,367	49,659	544,026
	494,367	49,659	544,026

The charity had no debt during the year.

BRITISH INFECTION ASSOCIATION

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED) FOR THE YEAR ENDED 30 SEPTEMBER 2022

20 Related party transactions

BIA Conferences Limited, a subsidiary of the charity, was struck off during the year. Expenses of £750 were incurred during the year on behalf of the now dissolved subsidiary (2021: £5,333). During the prior year a balance of £38,772 due from BIA Conferences Limited was written off as a bad debt as it was not deemed to be recoverable.

In the year, a total of £489 (2021: £nil) was paid to Trustees in respect of reimbursement for travel to meetings.