



Lay Trustee Recruitment Pack



Welcome

Thank you for taking the time to consider applying to become a Lay Trustee for the Healthcare Infection Society (HIS).

Charity background

HIS was founded in 1980 by a group of consultant medical microbiologists who were becoming increasingly concerned about the rise of healthcare-associated infections (HCAIs). HIS is now a registered charity (n^o.1158172) and membership organisation, and its objectives are to advance knowledge, foster scientific interest and disseminate information about the prevention and control of HCAIs.

HCAIs can develop either as a direct result of healthcare interventions such as medical or surgical treatment, or from being in contact with any healthcare setting. HCAIs pose a very serious threat to patients, staff and visitors and incur major costs for the NHS. They can cause significant morbidity to those infected.

Membership

HIS membership currently stands at 1,250. Members are largely from the medical professions and are strongly represented by consultant microbiologists and trainees. The Society is inclusive, and there are categories of membership available to nurses and other health professionals with an interest in infection prevention and control (IPC).

Income generation

The Society's subscription journal, the *Journal of Hospital Infection* (JHI), is published monthly and includes original articles that relate to all aspects of infection prevention and control in healthcare settings. The JHI also publishes articles that relate to national policies or guidelines. Subscription income from the JHI is the Society's primary income stream, and free access to JHI as a key membership benefit. The JHI seeks to promote collaboration between the many disciplines in infection control in different countries, resulting in multidisciplinary and international coverage of the latest developments.

Infection Prevention in Practice (IPIP) was launched in March 2019 and is the Society's gold open access journal. This low cost fully online journal welcomes quality articles in the field of infection prevention and control, clinical microbiology, and the global burden of infection in healthcare. IPIP provides a comprehensive educational resource for all those working in the field of infectious disease prevention and treatment, through the sharing of local research studies, experiences, case reports, novel techniques, best practice and outbreak reports from clinical professionals globally, with a focus on developing countries.

In addition to the publication of journals, the Society runs an extensive programme of courses, conferences and training days that support healthcare professionals to communicate and learn about the latest developments in the field of healthcare-associated IPC.

Impact and public benefit

Through its membership and publishing activities HIS can make a significant impact on the prevention and control of HCAIs, and ultimately to improve and safeguard public health. We have ambitious strategic objectives, and this is an exciting time for the Society as we develop our staff team, recruit new trustees and diversify our income.

HIS Council membership

HIS Council is comprised exclusively of those from a clinical background with the exception of the Lay Trustee. We are now seeking a Lay Trustee to join what is a group of dedicated and enthusiastic Trustees. We are particularly interested to hear from individuals with property investment and management, the delivery of digital education or scientific publishing professional experience.

Candidates should not have a clinical background. HIS is committed to creating an inclusive culture that supports equality and diversity, and we welcome applications from any individual who supports the Society's objectives and wishes to make an active contribution to their delivery.

This information pack contains more information about the Society, the Lay Trustee role and how to apply.

The Healthcare Infection Society – in detail

Healthcare-associated infections - how we help

Patients can acquire HCAs either as a result of being in contact with a healthcare setting or via medical interventions. Infection prevention and control is a key focus for those working in patient-facing healthcare.

Individuals who are committed to reducing levels of HCAs to the lowest possible levels form the membership that HIS represents and supports.

What we do

- We help to prevent HCAs by sharing research, evidence and best practice
- We provide a source of expertise in the prevention and control of HCAI
- We support everyone in UK healthcare and around the world to reduce avoidable HCAs
- We strive to inspire and support generations of healthcare infection professionals through training, education and collaboration
- We support and communicate pioneering world leading research, driving effective practice

We consult our membership regularly, and every 5 years we formally review our [strategy](#) to ensure we understand the current climate within the field of HCAs, the needs of our members as well as the larger IPC community. We then set strategic objectives and develop plans to ensure we achieve them.

Currently, we achieve our strategic objectives via a programme of training and events, the development of resources, the production of evidence-based publications and guidance, the allocation of research funding, and other activities that support and represent our members.

The **Healthcare Infection Society** (HIS) is a charity (1158172) registered in England and Wales.

Our vision

Is a world in which HCAs have been reduced to the lowest possible level.

Our mission

To provide healthcare professionals with the information, evidence and skills they need to prevent and control HCAs.

Our values

We believe that:

- Good science underpins good clinical practice
- Many HCAs are preventable through effective multi-disciplinary teamwork
- Continual professional learning and development is necessary to reduce the incidence of HCAs
- Collaboration within and beyond the Society will help to advance and communicate knowledge

Our ambitions

Over the next four years we will grow and increase engagement with our professional membership through our expanding activities. We will run a diverse programme of events, fund research that will demonstrate that excellent science underpins excellence in clinical practice, and we will also produce clinical guidelines. We will invest in our journals and ensure we closely integrate the promotion of our journals with the activities of the Society, whilst ensuring the journals are editorially independent of the Society. We will also seek to and diversify our income streams, and it is this latter aspect that will specifically benefit from the views of a Lay Trustee.

Our Strategic Objectives 2020-2025

Our plan is to support healthcare professionals to manage, prevent and control healthcare-associated infections which we will achieve via five strategic objectives.

- 1: Grow and engage our membership
- 2: Professional development
- 3: Research and guidelines
- 4: Collaborate
- 5: Safeguard

[Our strategic plan](#)

A summary of our strategy can be found on page 13 of this pack. Our strategy is a living document, and is discussed during every meeting of Council.

How we will achieve our Strategic Objectives

Our [Staff Team](#) works with our volunteers to achieve our objectives. Volunteers include members of our [Council](#), [Committees](#), [Working Parties](#) and Editorial Boards. Our members and the wider IPC community are also crucial to the success of the organisation as they participate in our events, deliver our funded research projects and support our journals.

Staff Team

The organisation has eight members of staff, all of whom are aligned to specific strategic objectives. They are:

- [Chief Executive](#) - Dr Kay Miller
- [Chief Finance Officer](#) - John Misselbrook
- [Membership, Education and Events Manager](#) - Dr Helen Davies
- [Editorial and Production Manager](#) - Christine Fears

- [Research and Development Manager](#) - Dr Gemma Marsden
- [Researcher in Evidence Synthesis](#) - Dr Aggie Bak
- [Researcher in Evidence Synthesis](#) - Dr Moira Mugglestone
- [Membership, Communications and Events Coordinator](#) - Adel Botfield

HIS Council

Although the trustees delegate the day-to-day management of HIS to the Chief Executive, they are actively involved with setting and delivering the strategic objectives. Each trustee (with the exception of the Lay Trustee) has a professional interest in HCAIs. The HIS Council serves as a Board of Trustees.

(Brackets denote role end year)

OFFICERS

President - Professor Hilary Humphreys (2022) Trustee

Chair - Dr Elisabeth Ridgway (2021) Trustee

Secretary - Dr Peter Jenks (2021) Trustee

Treasurer - Dr Chris Settle (2021) Trustee (Chair-elect)

OTHER COUNCIL MEMBERS WITH DESIGNATED RESPONSIBILITIES

Editor JHI - Dr Jim Gray (2022) Trustee

COMMITTEE CHAIRS

Guidelines Committee - Professor Peter Wilson (2022)

Professional Development Committee - Dr James Price (2022) Trustee

Research Committee - Dr Emma Boldock (2022) Trustee

Trainee Committee - Dr Joanna Walker (2022) Trustee

ORDINARY COUNCIL MEMBERS

Dr Luke Moore (2023) Trustee

Dr Gayti Morris (2023) Trustee

Dr Manjula Meda (2023) Trustee (Secretary-elect)

Dr Gemma Wheldon (2022)

CO-OPTED MEMBERS

Claire Haill (2021) Infection Control Nurse

Dr Shanom Ali (2021) Clinical Scientist

LAY TRUSTEE

Andrea Parsons (2021) Trustee

By definition, HIS Council members must be trustees **except**:

- Committee Chairs
- When individuals are co-opted onto Council for a specific role. Their tenure is at the discretion of Council.

These non-trustee Council members are non-voting.

Although the maximum number of trustees is 13, there is no specific maximum number of HIS Council members.

Committees

Our committees are formed of volunteers who are healthcare professionals. They are formed largely of consultant microbiologists and virologists, trainees enrolled on a specialty training programme, infection control nurses, staff from Public Health England and healthcare scientists. Full details of the terms of reference and membership of all HIS Committees can be found [here](#).

- [Professional Development Committee](#)
- [Research Committee](#)
- [Guidelines Committee](#)
- [Trainee Committee](#)
- [Executive Editorial Board](#)

Working Parties

The Society is involved in a number of Working Parties that produce evidence-based and expert guidance in all areas of infection prevention and control. Many of these are led by the Society. HIS members also provide expert representation on Working Parties of other organisations.

Current Working Parties:

- [Management of norovirus outbreaks in acute and community health and social care settings](#)
- [Prevention and control of Group A Streptococcal infection in acute healthcare and maternity settings in the UK](#)
- [Prevention and control of infection in burns units \(joint with British Burns Association\)](#)
- [Microbiological commissioning and monitoring of operating theatre suites](#)
- [Rituals and behaviours in the operating theatre](#) (joint with the ESGNI study group of ESCMID)
- [Final rinse water for endoscope washer disinfectors](#)
- [Water management for healthcare microbiologists](#)
- [Automatic room decontamination in the healthcare setting](#)
- [Meticillin resistant *Staphylococcus aureus* \(joint with BIA, IPS and BSAC\)](#)
- [COVID-19 Rapid Guidance \(joint with BIA, IPS and RCPATH\)](#)

Editorial boards

Our journals have independent editorial boards as follows:

[Journal of Hospital Infection International Editorial Board](#)

[Infection Prevention in Practice Editorial Board](#)

The Executive Editorial Board oversees all aspects of journal publishing within HIS, in collaboration with our Publisher, Elsevier.

Members

- Dr Jim Gray (Editor in Chief, Journal of Hospital Infection)
- Dr Gemma Winzor (Editor in Chief, Infection Prevention in Practice)
- Dr Nikunj Mahida (Editor, Journal of Hospital Infection)
- Dr Martyn Wilkinson (Editor, Journal of Hospital Infection)
- Dr Pauline Jumaa (Editor, Infection Prevention in Practice)
- Dr Elisabeth Ridgway (Society Chair)
- Dr Christopher Settle (Society Treasurer)
- Dr Katie Prescott (Graham Ayliffe Fellow)

Our income

The Society is in a healthy financial position with total funds of £8,751,000 as at 31 March 2020

(2019: £8,259,000). Due to significant costs savings largely associated with the move to online event delivery and investment gains, the Society's funds now stand at >£9m.

<https://www.his.org.uk/about/annual-reports-and-accounts/>

The Lay Trustee role

Healthcare Infection Society – Trustee Role Description

Overview

The key responsibility of a HIS trustee is, collectively with other trustees, to hold the charity “in trust” for current and future beneficiaries by:

1. Ensuring that HIS has a clear vision, mission and strategic direction and is focused on achieving these;
2. Being responsible for the performance of HIS and for its “corporate” behaviour;

3. Ensuring that HIS complies with all legal and regulatory requirements;
4. Acting as guardians of HIS's assets, both tangible and intangible, taking all due care over the security, deployment, and proper application; and
5. Ensuring that HIS's governance is of the highest possible standard.

Duties and tasks to fulfil these key responsibilities:

1. Ensuring that HIS has a clear vision, mission and strategic direction and is focused on achieving these
To work in partnership with other trustees, the Chief Executive and other senior staff to ensure that:
 - 1.1 HIS has a clear vision, mission and strategic plan that have been agreed by the board of trustees (the board) and that there is common understanding of these by trustees and staff.
 - 1.2 The business, operational and other plans support the vision, mission and strategic priorities.
 - 1.3 The Chief Executive's annual and longer-term objectives and targets support the achievement of the vision, mission and strategic priorities.
 - 1.4 Board policies support the vision, mission and strategic priorities.
 - 1.5 There are effective mechanisms to:
 - Listen to the views of current and future beneficiaries;
 - Review the external environment for changes that might affect HIS,
 - Re-assess the need for HIS and the services it provides or could provide; and
 - Review regularly its strategic plans and priorities.
2. Being responsible for the performance of HS and for its "corporate" behaviour
 - 2.1 To agree the method for measuring of objectives, the progress of HIS in relation to its vision, mission and strategic objectives/priorities, business plans and annual targets and to receive regular reports on the performance of HIS;
 - 2.2 To ensure that the fundamental values and guiding principles of HIS are articulated and reflected throughout HIS.
 - 2.3 To ensure that the views of beneficiaries on the performance of HIS are regularly gathered and considered by the board.
 - 2.4 To appoint the Chief Executive, to set his/her terms and conditions and to ensure that the Chief Executive and HIS invest in the Chief Executive's ongoing professional development.
 - 2.5 To receive regular reports from the Chief Executive on progress towards agreed strategic priorities.
 - 2.6 To hold the Chief Executive to account for the management and administration of HIS.

- 2.7 To ensure that the Chief Executive receives regular, constructive feedback on his/her performance in managing HIS and in meeting his/her annual and longer-term targets and objectives.
 - 2.8 To ensure that the Chief Executive develops a learning organisation and that all staff, both paid and unpaid, review their own performance and regularly receive feedback.
 - 2.9 To articulate the values of HIS.
 - 2.10 To agree board policies.
 - 2.11 To ensure that there are mechanisms for beneficiaries, employees, volunteers, other individuals, group or organisations to bring to the attention of the trustees any activity that threatens the probity of HIS.
3. Ensuring that HIS complies with all legal and regulatory requirements
- 3.1 To be aware of and to ensure that HIS complies with all legal, regulatory and statutory requirements.
 - 3.2 To maintain familiarity with the rules and constitution that govern HIS, to ensure that the HIS complies with its governing instruments and to review the constitution regularly.
 - 3.3 If HIS has powers to delegate, to agree the levels of delegated authority to ensure that these are recorded in writing by means of minutes, terms of reference for board committees and sub-committees, job descriptions for honorary officers, trustees and key staff, etc and to ensure that there are clear reporting procedures which are also recorded in writing and complied with.
 - 3.4 To ensure that the responsibilities delegated to the Chief Executive are clearly expressed and understood and directions given to him/her come from the board as a whole.
4. Acting as guardians of HIS's assets, both tangible and intangible, taking all due care over the security, deployment and proper application
- 4.1 To ensure that HIS has satisfactory control systems and procedures for holding in trust for the beneficiaries all monies, properties and other assets and to ensure monies are invested to the maximum benefit of HIS, within the constraints of the law and ethical and other policies laid down by the board.
 - 4.2 To ensure that the major risks, to which HIS is exposed, are reviewed annually and that systems have been established to mitigate or minimise these risks.
 - 4.3 To ensure that the income and property of HIS is applied for the purposes set out in the governing document and for no other purpose and with complete fairness between persons who are properly qualified to benefit.
 - 4.4 To act reasonably, prudently and collectively in all matters relating to HIS and always to act in the interests of HIS.
 - 4.5 To be accountable for the solvency and continuing effectiveness of HIS and the preservation of its endowments.
 - 4.6 To exercise effective overall control of HIS's financial affairs and to ensure that the way in which HIS is administered is not open to abuse by unscrupulous associates, employees or

volunteers and that the systems of control are rigorous and constantly maintained through regular evaluation and improvement in the light of experience.

- 4.7 To ensure that intangible assets such as organisational knowledge and expertise, intellectual property, HIS's good name and reputation etc are properly valued, utilised and safeguarded.
 - 4.8 If HIS owns land, to know on a continuing basis what condition it is in, if its boundaries are being encroached upon, what can be done with it and how it is or should be used. In particular, to ensure that any property which is a permanent endowment is preserved and invested in such a way as to produce a good income while at the same time safeguarding the real value of the capital.
 - 4.9 To ensure that all income due to HIS is received and that all tax benefits are obtained and all rating relief due is claimed.
5. Ensuring that HIS's governance is of the highest possible standard
- 5.1 To ensure that HIS has a governance structure that is appropriate to a charity of its size/complexity, stage of development and its charitable objects, and that enables the trustees to fulfil their responsibilities.
 - 5.2 To reflect annually on the board's performance and your own performance as a trustee.
 - 5.3 To ensure that the board has the skills required to govern HIS well and has access to relevant external professional advice and expertise.
 - 5.4 To ensure that there are systematic, open and fair procedures for the recruitment or co-option of trustees.
 - 5.5 To ensure that there are succession plans for the Chair and Chief Executive.
 - 5.6 To participate in individual and collective development and training of trustees.
 - 5.7 To abide by the code of conduct for HIS trustees.
 - 5.8 To ensure that major decisions and board policies are made by the trustees acting collectively.

These roles and responsibilities compliment *The six key responsibilities of trustees: The Essential Trustee CC3*.



The six key responsibilities of trustees

<https://www.gov.uk/government/publications/the-essential-trustee-what-you-need-to-know-cc3/the-essential-trustee-what-you-need-to-know-what-you-need-to-do>

What HIS is looking for in a trustee

Ethos

All HIS Council members and trustees are aligned with our core beliefs – that HCAs can, and must, be reduced to the lowest possible levels.

Attributes and disposition

- Understand the legal duties, responsibilities and liabilities of trusteeship
- Willingness to put time and effort into the trustee role
- Commitment to the organisation
- Respected and trusted by others
- Independent and sound judgment
- Impartiality, fairness and confidentiality
- Willingness to speak his or her mind
- Tact and diplomacy
- Respectful of others
- Willingness to learn new skills and to take part in trustee training
- Have strategic vision
- Creative thinking
- Ability to work effectively as a team member
- Good communication and interpersonal skills.

Skills and experience (Lay Trustees should not be medically qualified)

- Property investment and management, the delivery of digital education or scientific publishing professional experience
- Previous trustee experience (useful but not essential)
- Experience of committee work (useful but not essential)

Eligibility

Potential trustees must be at least 16 years of age and should not have previously been disqualified under the Charities Act. Lay Trustees should not be members of HIS or medically qualified.

Term

Three years.

Anticipated time commitment

Taking on the role of a trustee of HIS is a significant undertaking. The Council meets at least 4 times per year in February/March, June, September and November in central London, during the working week. Meetings usually take place during the afternoon and have a typical duration of 4 hours. The February/March Council meeting runs over two days and includes a trustee training session and a strategic workshop. An appropriate time commitment will be required over the course of the year for the preparative work required in between meetings. Trustees are also expected to attend the AGM (usually held at a conference in the UK) in November/December each year.

Salary

Unremunerated (expenses paid).

How to apply

Application is by way of an application form and trustee eligibility form ([available as a download from the HIS website](#)) addressed to Dr Kay Miller.

For an informal discussion of the role, please also contact Kay Miller.

Dr Kay Miller, Chief Executive | Montagu House | 7e Wakefield Street | London, WC1N 1PG

Tel: 07979354242 | Email: kay.miller@his.org.uk | www.his.org.uk

Applications will be reviewed, shortlisted and candidates formally interviewed by Officers of the Society and an appointment recommendation made to Council.

Closing date

30 July 2021. Interviews will be held in September 2021.

Our strategy

Supporting healthcare professionals to manage, prevent and control healthcare-associated infections Our plan to reduce HCAs by funding research, sharing evidence and promoting best practice 2020-2025

Who we are



We are **experts** in the prevention and control of infections

We **inspire** generations of healthcare infection professionals through training, education and collaboration

We **support** everyone in healthcare to reduce avoidable healthcare-associated infections

We **pioneer** world leading science and drive effective practice

We **prevent** healthcare-associated infections by sharing research, evidence and best practice

Challenges we face



1. Patients may become ill or die unnecessarily from preventable infections acquired as a result of contact with a healthcare setting

2. Adherence to IPC best practice in healthcare settings could be improved

3. Reduced staffing levels, increasing patient numbers and clinical complexity are resulting in an increasingly heavy demand on professionals working in IPC

4. Antimicrobial resistance is hindering the effective treatment of infections

5. Community care settings can have poor coverage of IPC specialists, and staff who are not familiar with IPC best practice

6. IPC is underrepresented in training programmes, and the infection specialties struggle to recruit to postgraduate training programmes

7. Changes to the postgraduate training curriculum have led to less exposure to IPC during training

8. IPC specialists need to learn to make high level decisions under pressure, and this is only facilitated by greater experience and exposure

Our objectives



1. Grow our membership, and engage and support our members



2. Design and deliver a range of expert-led educational activities, grants and resources that will promote the application of clinical best practice, and equip healthcare professionals to reduce the levels of healthcare-associated infections, and educate and inform the public



3. Support, develop and communicate research focused on infection prevention and control that will evidence best clinical practice and promote patient safety



4. Collaborate with like-minded organisations to promote best practice and influence key opinion leaders



5. Safeguard our future through investment and diversification



Our priorities



Programme of activities

We will fund a diverse range of research and produce expert guidance on the control and management of HCAs

We will deliver an expert-led high-quality programme of training and events

We will provide accessible platforms for the dissemination of peer-reviewed high-quality research



People

Our activities and publications will support the professional development of our members and the wider IPC community at all career stages and levels

We will encourage our members to become involved with the Society in order to help us realise **our vision**: A world in which HCAs have been reduced to the lowest possible level

We will support and develop our staff and volunteers



Perception

We will ensure our brand, website and key messages communicate that HIS is expert-led and the authority on the delivery of activities and publications that drive best practice

