THE INTENSIVE CARE SOCIETY

England & Wales · Charity number 1039236

Details

Other names	ICS
Status	Registered
Legal form	Charitable company
Company number	02940178
Registered	1994-07-06
Register	View on the Charity Commission register

Contact

Address	7-9 Bream's Buildings London EC4A 1DT
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Activities

Objects: TO ADVANCE AND PROMOTE THE CARE AND SAFETY OF CRITICALLY ILL PATIENTS, BY (1) THE ADVANCEMENT AND PROMOTION OF THOSE BRANCHES OF MEDICAL SCIENCE CONCERNED WITH CRITICAL CARE; AND (2) THE PROMOTION OF STUDY AND RESEARCH INTO CRITICAL CARE AND THE PUBLICATION OF THE USEFUL RESULTS OF SUCH STUDY AND RESEARCH.

Activities: Advance and promote the care of critically ill patients, including medical science and research concerned with critical care.

Classification

- **How:** Makes Grants To Individuals, Makes Grants To Organisations, Provides Services, Sponsors Or Undertakes Research, Acts As An Umbrella Or Resource Body
- **What:** Education/training, The Advancement Of Health Or Saving Of Lives
- **Who:** Other Defined Groups

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Geography

- Northern Ireland
- Scotland
- Throughout England And Wales

Finances

Period end	Income	Expenditure	Assets	Employees
2024-12-31	£2,035,032	£2,049,807	£1,402,656	15
2023-12-31	£2,070,282	£2,003,321	£1,429,306	15
2022-12-31	£1,891,778	£1,784,369	£1,355,027	16
2021-12-31	£1,662,286	£1,430,239	£1,266,264	14
2020-12-31	£1,581,145	£964,273	£1,004,893	9

Trustees

Name	Role	Appointed
Dr Shondipon Kumar Laha	Chair	2017-12-05
Caryl Annette Longley		2025-12-08
Darren Fergus		2024-05-14
Dr Andrew Breen		2023-12-04
Dr Ashley Miller		2025-12-08
Dr Paul Dean		2022-01-01
Professor Zudin Amilka Puthucheary		2025-12-08
Stephen Bruce Allen		2025-12-08

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THE INTENSIVE CARE SOCIETY

England & Wales - Charity number 1039236

Accounts

Intensive Care Society

Trustees' Annual Report 2024

For year ended 31 December 2024

ics.ac.uk

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Trustees' Report

The Trustees of the Intensive Care Society (the "Society") who are also Directors of the company for the purposes of the Companies Act 2006, present their annual report on the affairs of the Society, together with the financial statements and auditor's report for the year ended 31 December 2024. This report has been prepared in accordance with the provisions applicable to companies entitled to the small companies' exemption, which includes an exemption from preparing a Strategic Report. The Society is governed by its Memorandum and Articles of Association last amended on 21 April 2021.

Each year the Trustee Board approves a costed budget and an accompanying Operational Implementation Plan (OIP) which maps against our strategy. The OIP outlines the annual plan of activities and is delivered via a Divisional structure with an elected Council member as chair of each division collaborating with a named senior manager. The strategy and annual operational implementation plan set out the Society's work under five Strategic Priorities (SP) supported by two critical enablers: Equality Diversity and Inclusion; and Governance, Financial Resilience and Environmental Sustainability.

A statement from our President and President-elect

As we reflect on 2024, we are incredibly grateful to our members, staff, partners and volunteers whose dedication and expertise have been fundamental to the Society's success this year.

Over the past year, the Society has continued to work tirelessly to support our members and the wider intensive care community across the United Kingdom. It has been both a challenging and rewarding period, marked by ongoing recovery following the pandemic and a renewed focus on collaboration, innovation and professional development. We remain committed to promoting excellence in patient care and ensuring that the voices of our multi-professional membership are represented in national discussions about the future of healthcare.

As you'll read throughout this Trustees' Annual Report, we have made great progress this year and are looking forward to continuing this in the years to come. As ever, we are focussed on our charitable objective to advance and promote the

care and safety of critically ill patients, which we feel is underpinned by our five strategic priorities and two critical enablers.

A significant milestone during this period was our participation in the UK Covid-19 Inquiry. We were honoured to provide oral evidence during Module 3 on behalf of the intensive care community, and to highlight the extraordinary efforts made by our members and colleagues during the pandemic. It was particularly reassuring to hear that the Society's work was acknowledged and referenced by others giving evidence, and we are proud that our contribution helped to shape the Inquiry's understanding of the role of intensive care in supporting patients, families and health services throughout this unprecedented period.

In addition, we have strengthened our programme of education and accreditation and demonstrated our leadership through the ongoing development of important guidelines. We were delighted to award five 'Road to Research Awards' to provide support and access for clinicians new to research to conduct small research projects that contribute to the evidence base for our specialty.

A highlight of the year was SOA 2024, our annual Congress. With over 1,300 delegates, 270 poster presentations, 110 speakers and 40 sponsors, it was a busy and rewarding three days full of connections, scientific insight and the latest updates from the intensive care community.

Looking ahead, we will continue to champion the voice of the multi-professional intensive care community and advocate for investment in critical care services across the UK. Our priorities are clear: to continue advocating for our patients and workforce, to promote the best quality care, safety and research, and to ensure our Society remains a trusted, inclusive, and forward-thinking organisation.

With thanks and commitment,

Dr Steve Mathieu
President

Professor Shondipon Laha
President-Elect

Strategic priorities and objectives

Strategic Priority 1

Be an influential leader and the voice for our multi-professional intensive care community.

Goal 1: To be a key source of expertise and information to policy makers and the wider healthcare system on all aspects of intensive care.

Goal 2: To be the main source of information for patients, their loved ones and the public regarding intensive care.

Strategic Priority 2

Grow our membership by delivering quality products and services that support current and future members of the intensive care community.

Goal 1: To develop our membership value so that the Society is seen as an essential choice for anyone working in intensive care.

Goal 2: To support the development of the intensive care workforce of the present and future, no matter their career stage or goals.

Strategic Priority 3

Influence the implementation of standards, guidelines, policies, quality improvement and research.

The Society saw some very positive and important developments across its standards and research areas in 2024.

Goal 1: To build on the Society's role in standards development by embedding quality improvement principles and processes.

Goal 2: To champion quality intensive care research across the multi-professional team supporting all intensive care units to become research-active.

Strategic priority 4

Develop an expanded portfolio of quality blended learning activities and accreditation services.

Goal 1: To grow our multi-professional blended learning, combining the best of digital and face-to-face experiences.

Goal 2: To build on our multi-professional accreditation programme expanding our services to enable competence in other subject areas.

Strategic priority 5

For SOA to be the leading Congress based on educational content, professional development opportunities and networking for those involved in critical care.

Goal 1: To secure year-on-year growth of the annual SOA congress, led by an in-house events team to ensure its financial sustainability.

Strategic Priority 1

Be an influential leader and the voice for our multi-professional intensive care community.

Goal 1: To be a key source of expertise and information to policy makers and the wider healthcare system on all aspects of intensive care.

Action plan

Raise the profile of the APPG for Intensive Care and host at least one key stakeholder holder event to influence policy.

Our achievements and impact

We continued to engage with the leadership of our All-Party Parliamentary Group (APPG) on Intensive Care up until the General Election in July 2024, at which time all APPGs were dissolved. We discussed with them issues relating to workforce as well as potential benefit changes that may assist in post ICU syndrome. Other planned work with the APPG had to be stopped owing to the Election taking place sooner than had been anticipated.

Outside of the APPG, and with their advice, the Society published a General Election Manifesto to set out our priorities for the next government of the UK. The manifesto identified five priority areas to build a strong and sustainable intensive care service, properly resourced to care for critically ill patients. The priorities covered:

- Investing in intensive care staff
- Prioritising rehabilitation for intensive care survivors
- Enabling life-saving research
- Supporting a diverse workforce
- Delivering a Carbon Zero intensive care service.

Action plan

Develop a fully scoped out and costed project for the Society to provide evidence to all relevant modules of the UK COVID-19 Inquiry.

Our achievements and impact

We worked with our legal team to respond to additional requests for information from the COVID-19 Inquiry team following the submission of our evidence statement. This statement provided evidence setting out our role during the COVID-19 pandemic, between March 2020 and June 2022.

We were called to give oral evidence as part of Module 3 (Impact of COVID-19 pandemic on healthcare systems in the 4 nations of the UK), and our President, Dr Steve Mathieu, presented on behalf of the Society on 9 October. We were pleased to be able to represent our multi-professional membership at the Inquiry, and we also made sure that we reflected the combined efforts made by the intensive care community to support the entire country and colleagues globally. We were pleased that the contributions we made were recognised and referenced by several others during the module.

Action plan

Fill the policy gap on rehabilitation to better support patients and the multi-professional workforce to ensure appropriate transitional care immediately after leaving the unit.

Our achievements and impact

We have continued to play an active role with The Community Rehabilitation Alliance (CRA) in England, which is made up of more than 60 charities and professional bodies.

Along with our CRA partners, we met MPs to call for the end of the rehabilitation postcode lottery and the appointment of a named rehab lead in every hospital trust and board in the UK. The event was sponsored by one of the Co-chairs of our APPG, Rachael Maskell MP, alongside Baroness Finlay (also one of the APPG members). We also continue to work with NHS England's Rehabilitation Outcomes working group and support the NCEPOD study on Rehabilitation following critical

illness.

Goal 2: To be the main source of information for patients, their loved ones and the public regarding intensive care.

Action plan

Support our Patients, Relatives and Public Advisory Group (PRPAG) to provide clear navigation to sources of information already available, and to fill the information gaps to develop materials for patients, their loved ones and the public.

Our Achievements and Impact

The PRPAG has now been fully recruited, with Society members, patient and relative roles filled in line with the group's terms of reference. The PRPAG continues to meet to review and provide a patient perspective on a variety of Society activities, as well as provide guidance to external researchers and patient groups.

The PRPAG has discussed providing patient information in intensive care units, which is an ongoing and collaborative project.

Strategic Priority 2

Grow our membership by delivering quality products and services that support current and future members of the intensive care community.

Goal 1: To develop our membership value so that the Society is seen as an essential choice for anyone working in intensive care.

Total membership numbers at 31 December 2024 were 3,372 (2023: 3,708), representing a decrease of 9% over the course of the year. There were 672 (2023: 1,019) new members during the year. Retention rates continue to be challenging, for renewals on 1 January 2024, the retention rate was 71.95% (2023: 81.13%). Retention rates are higher for Intensivist members. These changes may reflect the constraints in funding within the NHS and general cost of living crisis.

Action plan

Improve the membership journey from joining as a new member, to amending membership profiles and renewing each year.

Our achievements and impact

This year, members continue to benefit from improvements to our membership journey both for new and existing members made in 2022 and 2023. We continued to ensure our platform's functionality creates a more user-focused membership process and makes it significantly easier for members to update their information and profiles.

Action plan

Make the membership survey more engaging, so members feel able to provide feedback, and can see how their voices help shape the Society.

Our achievements and impact

We worked with an external agency to design and deliver a membership survey. As this was the first survey carried out for some years, a 10% response rate was set as an acceptable target that would provide sufficient data to be statistically robust. In the end, a 13% response rate was achieved. The survey was analysed by the agency

and a report discussed by the Society's Council and Board of Trustees. The findings have highlighted a few key areas for development, including how we communicate with members, and is also being used to support ongoing development of the Society's activities.

Action plan

Enhance the website user journey so that members can always find exactly what they need when they need it.

Our achievements and impact

We continue to review and refine our website based on user feedback and other analytics as we strive to deliver for our members. This year we have added additional content and created a new member only learning portal bringing content previously hosted on a third-party site into our website.

Action plan

Refine our digital infrastructure to meet the future needs of our membership.

Our achievements and impact

This year we have embedded the enhancements and refinements to our digital infrastructure, which began with our move to a new website in October 2022.

Action plan

Establish a process and criteria for the allocation of membership discounts for those working less than full-time.

Our achievements and impact

A process and criteria for allocating membership discounts was implemented in 2023, which allowed all members renewing from 1 January to access a discount on membership if they were employed less than full time or undertaking a period of extended leave, such as maternity leave. This process was implemented

throughout 2024 and continues to this day. It will be reviewed again from 1 January 2025.

Action plan

Implement rolling 12-month memberships based on the date members join the Society.

Our achievements and impact

Rolling membership was introduced from 1 April 2024, ensuring that anyone joining at any point in the year receives a full year's membership and replaces the fixed renewal date and quarterly reductions for joining part way through the year.

This also ensures that trainee doctors upgrading to Intensivist member can start a new membership effective from that date and receive a credit for the unused element of their existing subscription. Together with those joining part way through the year, they will then have a renewal date on their anniversary of joining, and not in January when there are pressures for other subscriptions.

It enables those taking parental leave to extend membership for the full period of the leave and not lose a proportion of the membership paid for.

There was also a disadvantage for members joining towards the end of the calendar year as they paid 50% but were then asked for a renewal fee in January.

It also protects the Society, when delegates wish to join to benefit from discounts for SOA and events, as pro-rata fees are no longer payable. The impact of these changes will continue to be reviewed throughout 2025.

Goal 2: To support the development of the intensive care workforce of the present and future, no matter their career stage or goals.

Action plan

Develop a sustainable funding model for our nine-month, annual multi-professional leadership programme (LeaP).

Our achievements and impact

This year we welcomed the third cohort of our leadership programme for LeaP3, and we were thrilled to have 19 participants join us for the nine-month course. Delegates joined us by self-funding or by obtaining funding through their Trust or other organisations.

We provided applicants with guidance and other resources to help in obtaining this funding and will continue this for future cohorts.

Applications to join LeaP4 opened at the end of 2024, and while delegates will again be funded by their Trusts or other organisations, we will be offering a fully funded place to someone that may face substantial difficulty in gaining funding through other means.

Action plan

Scope the potential for a LeaP alumni and mentoring programme to be developed and rolled out.

Our achievements and impact

This has been rolled over until 2025.

Action plan

Developed a series of modular leadership training for aspiring managers called Aspire to Lead.

Our achievements and impact

After a review in 2023, the Aspire to Lead modular leadership training course was not delivered in 2024. Aspects of the approach were embedded into LeaP.

Action plan

Maintain the Peer Support training programme.

Our achievements and impact

Our Peer Support training programme continued to thrive in 2024, and we were able to train a further 129 peer supporters across four training sessions. This has enabled us to expand our network of supporters and increase the number of hospital sites able to benefit from this training.

Strategic Priority 3

Influence the implementation of standards, guidelines, policies, quality improvement and research.

The Society saw some very positive and important developments across its standards and research areas in 2024.

Goal 1: To build on the Society's role in standards development by embedding quality improvement principles and processes.

Action plan

Maintain sufficient capacity and capability to continue work on a maximum of eight guidelines annually while also developing the quality improvement function.

Our achievements and impact

Chaired by President Steve Mathieu, work on the fifth edition of the Society's guidance for the Transfer of the Critically Ill Adult continues, and is expected to be released in 2025. This will be a seminal resource for the community. The 2025 edition will also include new supplements for maternity patients and specialist aeromedical transfers.

The Society also continued its work on the following guidelines:

- Delirium in the critically ill patient
- The acute management of status epilepticus in adult patients
- The decision making & transfer of critically ill adults to their preferred place of death
- Updated safety checklists for invasive procedures

These workstreams rely heavily on the individual writing groups, our Standards and Guidelines Committee, Council and stakeholder partners to see them from inception, review through to publication. These projects often run as multi-year projects and we're hugely grateful to our subject matter leads and experts for their commitment, hard work and contributions.

Action plan

Pilot a system with at least two sets of guidelines to survey their use and assess their impact on patient care and clinical practice.

Our achievements and impact

A survey was conducted in time for the Society's Annual Congress SOA24, on our guidelines on the management of patients with Gas Embolism. The response rate for the pilot surveys was lower than had been desired, so a review of our approach to gathering feedback is underway.

Action plan

Continue to lead on ICU staffing standards across the UK using GPICS.

Our achievements and impact

Co-Chaired by Hon Secretary Dr Paul Dean, the new editorial board of the Guidelines for the Provision of Intensive Care Services (GPICS) continues its work to deliver the third full edition of this critical resource. This board includes all new section editors alongside lay and patient representatives. We began initial work on GPICS Version 3 in 2024, with a view to releasing the completed guidelines at the end of 2025.

Action plan

Continue to collaborate with NHS England and devolved nations on including the findings from the Getting It Right First Time (GIRFT) programme to address gaps and variance of provision across the country.

Our achievements and impact

Our engagement and collaboration with NHS England and devolved nations continues. NHS England is a strategic partner of the Society, and has dedicated seats at our biannual Council meeting with Strategic Partners. The Society also has nominated representative to NHSE's Adult Critical Care Clinical Reference

Group. Key areas of close engagement include the review of the guidelines for the Transfer of the Critically Ill Adult fifth edition and the COVID-19 inquiry.

Goal 2: To champion quality intensive care research across the multi-professional team supporting all intensive care units to become research-active.

Action plan

Review the diversity of our awards panels to ensure they are representative of our membership.

Our achievements and impact

The Society's Research Grants and Awards Committee expanded its membership in 2023 to include greater diversity and to increase awareness of the Society's research awards. This proved hugely beneficial for the inaugural Road to Research Awards, which took place in 2024.

Action plan

Review the number, make-up and diversity of the Journal's Associate Editors and Reviewers to ensure appropriate capacity and representation.

Our achievements and impact

Working closely with Editor in Chief (EiC), Prof Daniel Martin the review and recruitment process of Associate Editors and Reviewers is working well. In line with request from Prof Martin, succession planning for the next EiC is also underway.

Action plan

Work with PAGs, critical care special interest groups and others to amplify the message about the Society's research awards being open to all those who work in intensive care, regardless of their profession.

Our achievements and impact

The Society launched its first Road to Research Grants awards in 2024. These awards aim to provide support and access for ICU clinicians who are new to research for a small research project or service evaluation under the guidance of a research mentor. The scheme offers awardees up to £5,000.

The successful awardees are:

- Nicholas Richards, Clinical Research Fellow in Intensive Care Medicine, will look at initial feasibility of using continuous ketamine sedation for patients undergoing mechanical ventilation in ICU.
- Sarah Penkett, Trainee ACCP, will explore DETECT-PE Diagnostic Evaluation of Thoracic Electrical impedance Tomography vs CT Angiography for Pulmonary Embolism.
- Joseph Wilson, Junior Clinical Fellow in Critical Care, will look at how a new drug reduces the production of specific fats in a weakened immune system, improves immune function, and reduces the risk of sepsis in liver failure patients.
- Fiona Howroyd, Senior Physiotherapist Critical Care Research, will identify novel biomarkers for post-operative pneumonia using gene expression analysis of blood samples from pre- and post-operative surgical patients.
- Sean Harrington, Advanced Critical Care Practitioner, will explore the attitudes, knowledge and experiences of critical care staff in managing delirium, agitation and sedation.

Action plan

Develop a plan to increase citations and therefore, the likelihood of a successful application for an Impact Factor for Journal of the Intensive Care Society (JICS).

Develop an expanded portfolio of quality blended learning activities and accreditation services.

Our achievements and impact

The Journal was successfully awarded an Impact Factor in 2023. Throughout 2024, work continued to help drive an increase in citations and remains and ongoing priority.

To do this, we have conducted a wide range of activities, including increasing promotion of the Journal, hosted dedicated sessions on writing and submitting manuscripts, and encouraged authors to discuss potential submissions with the editorial team.

Strategic priority 4

Develop an expanded portfolio of quality blended learning activities and accreditation services.

Goal 1: To grow our multi-professional blended learning, combining the best of digital and face-to-face experiences.

Action plan

Deliver eight hybrid Study Days or workshops on a not-for-loss basis, ensuring a financial contribution back to the charity and with delivery focussed around Autumn, Winter and Spring (none within the two months prior to SOA).

Our achievements and impact

The Society delivered seven Study Days in 2024, six of them virtual and one hybrid. They received highly positive feedback from delegates, on both content and delivery. The feedback will help shape the design and delivery of the 2025 Study Day programme.

The Society has also strengthened collaboration between the Chair of the Learning Division and staff, resulting in more streamlined and effective processes. There has also been an increased interest from industry partners in supporting Study Days and independent webinars.

Action plan

Review and restructure our Learning Management System to enable ease of access for users.

Our achievements and impact

Planning for a new learning management system (LMS) continued in 2024. Some significant and immediate cost savings were achieved through a combination of changed LMS licencing usage and identifying a more cost-efficient contract with the existing provider, in preparation for planned move in 2025.

Scoping activities and demos took place with several potential providers, which helped to refine plans to identify, review, select, procure, test and implement a new LMS by the end of 2025. Once in place, the new system should improve the user experience for FUSIC® delegates, as well as resulting in enhanced reporting capabilities.

Action plan

Collaborate with two organisations to produce educational activities.

Our achievements and impact

The Society successfully collaborated on two educational events in 2024. The first with the British Geriatric Society (BGS), focusing on Rehab beyond the four walls. The second which was on Antimicrobial Stewardship was in collaboration with the British Infection Association (BIA). In both cases our partnering organisations encouraged their members to attend, participate and benefit from these educational opportunities.

Goal 2: To build on our multi-professional accreditation programme expanding our services to enable competence in other subject areas.

Action plan

Implement systems to ensure that FUSIC data are accurately recorded and stored within a fully functioning database, capable of providing the necessary accreditation reports.

Our achievements and impact

Together with the LMS project, this work now belongs to a much bigger project, which seeks to improve systems of data capture, accuracy and functioning of reporting across the Society's wider digital infrastructure, overseen by a recently formed Digital Strategy Programme Board (DSPB).

Action plan

Develop new and improved systems and processes to support mentors and supervisors to maintain their competence and to ensure a high-quality learning experience.

Our achievements and impact

Good progress has been made towards creating systems to facilitate the connecting and collaborating of all who undertake and support the Society's PoCUS training.

Action plan

Fully implement CACTUS (paediatrics) and Focussed Ultrasound in Intensive Care (FUSIC) HD modules.

Our achievements and impact

Collaborative work continued with the Paediatric Society of Critical Care (PCCS) to develop new modules for the jointly run paediatric accreditations. A slight pause in activities was taken to analyse market demands and re-prioritise the order of work. We also decided to identify synergies between paediatric and adult accreditation development work, to streamline efforts and maximise resources. Outcomes are anticipated in 2025.

The inaugural summative assessment for the FUSIC® Haemodynamic (HD) took place on 28 May 2024, and resulted in seven candidates successfully completing it. In 12 months from the date of the assessment, candidates will have gained the right to become FUSIC® HD Trainers. As holders of this advanced Heart-related FUSIC® accreditation, these candidates also have been granted the right to become FUSIC® Heart Supervisors. The next summative assessment is set for 21 February 2025.

Action plan

Champion the use of FUSIC to the wider multi-professional community.

Our achievements and impact

The Society's multi-professional membership continues to embrace the benefits of developing PoCUS skills, and as a result FUSIC® Lung and its paediatric equivalent CACTUS® Lung have seen an upsurge in uptake from both physiotherapists and nurses. The same can be said for ICS's flagship accreditation FUSIC® Heart.

Action plan

Secure intellectual property across all areas of the Society's accreditation offerings.

Our achievements and impact

Having successfully trademarked our FUSIC® accreditation offering in 2023, the trademark continues to be recognised alongside any mention of FUSIC® and covers all accreditation pathways.

Strategic priority 5

For SOA to be the leading Congress based on educational content, professional development opportunities and networking for those involved in critical care.

Goal 1: To secure year-on-year growth of the annual SOA congress, led by an in-house events team to ensure its financial sustainability.

Action plan

Increase the quality of targeted and timely marketing and improved delivery of SOA.

Our achievements and impact

In 2024, the Society promoted our flagship annual Congress, SOA24, across a wide breadth of channels, including our newsletters, targeted emails to key audiences, our social media channels and through our networks of stakeholders and partner organisations. This year we aimed to make our communications increasingly targeted and relevant to specific groups, in order to maximise engagement and relevance, and build on our knowledge of what attendees value most. The work we undertook this year through our membership survey will also help ensure we can build on this work in years to come, ensuring our communications strategy places the needs of our audience front and centre to all our activity.

In 2024, our marketing activity contributed to securing the attendance of over 1,300 delegates, as well as contributions of over 270 poster presentations, over 110 speakers and more than 40 corporate sponsors.

Action plan

Improve the delegate experience by a new model of collaboration between Society staff and the professional conference organiser.

Our achievements and impact

For the first time, the Society successfully delivered SOA entirely in-house, rather than through a professional conference organiser. This shift allowed the Society to directly engage with stakeholders, speakers, industry partners, and delegates,

ensuring that every aspect of the event was shaped by the community it serves. By building closer relationships and streamlining communication, the Society was able to create and deliver a collaborative and innovative Congress.

SOA24 achieved a Net Promoter Score of +28 through its delegate feedback survey, reflecting the strength of its programme, the quality of its delivery, and the positive reputation it continues to build among delegates.

Action plan

Revise the ticket pricing structure and financial model for SOA maintaining value for money whilst providing equality, diversity and inclusion alongside long-term financial sustainability.

Our achievements and impact

The SOA Programme Board made the decision in 2023 to increase the ticket cost and sponsorship and exhibition packages by 2.5%, to reflect the annual increases in costs of venue rental, supplier fees and conference organising.

The pricing structure of the event for each profession remained at the core of the budget considerations, highlighting the importance of making the event as inclusive as possible.

Action plan

Develop a business case and staffing structure to set out phase 2 of the transition plan to deliver SOA by an in-house events team on a not-for-loss basis.

Our achievements and impact

While SOA24 did not generate a financial surplus, it provided strong foundations for the future of the Congress, with the aim of each iteration improving in delivery and delegate experience. Despite staff changes in the run up to the Congress, SOA24 was delivered to a highly professional standard and further strengthened the Society's ability to deliver such a complex event in-house.

Lessons learned from running SOA24 in-house also allowed the team to improve its processes and implement changes for SOA25, looking to improve the planning and delivery of the event.

Action plan

Improve our virtual packages to attract and enable increased global attendance year-on-year.

Our achievements and impact

Following the successful delivery of SOA24 as a hybrid event, the Trustees confirmed that SOA will continue in this format going forward. This approach ensures the Congress remains accessible to those unable to travel, those choosing not to travel for sustainability reasons, and those without the necessary funding to attend in person. It is also a key point in the Society's strategy to make SOA attractive to global delegates. Having initially been set up as a hybrid event in 2023, SOA saw 153 people attend the event remotely that year. In 2024, this number grew to 177, proving there is an appetite for this modality that can be built upon in future years.

Action plan

Develop a rolling five-year plan for SOA venues booked in advance to ensure maximum value for money.

Our achievements and impact

The Society successfully secured a two-year contract with the International Convention Centre in Birmingham for SOA25 and SOA26. In parallel, the events team has been proactively monitoring the pricing structures of potential host venues for future congresses and has begun discussions on contracting opportunities extending through to SOA29.

Critical enablers

Equality, Diversity and Inclusion

In *Your Society - Our Strategy 2023-2027*, we enshrined our commitment to equality, diversity and inclusion, and to providing a voice and support for all our members.

Our Equality, Diversity and Inclusion Working Group provides comment and insight on the guidelines we publish and has contributed to the first Equality, Diversity and Inclusion chapter in the Guidelines for the Provision of Intensive Care Services (GPICs), which is due to be published in 2025.

The Group is currently working with a team of international experts on the specialty's first guidance on caring for gender-diverse patients in the ICU. 2024 also saw work undertaken to develop a new training course for the intensive care community supporting autistic patients in the ICU.

Following on from its publication in 2023, the landmark document *Towards an Inclusive Future – A look inside our Teams* was presented internationally at ESICM Lives.

State of the Art Congress 2023 and 2024 brought some of the themes highlighted through this work to life. The sessions explored the real lived experiences of speakers and asked how the power of people around them could or should have made that different. They covered themes relating to neurodiversity, allyship, supporting bereaved colleagues, experiences of racism and providing inclusive care for patients with physical disabilities and hearing impairment.

We have evolved the planning and delivery of SOA to ensure it is an inclusive event, including working with the venue to ensure step-free access and wheelchair-friendly facilities, a dedicated multi-faith prayer room and a family room with baby-changing and feeding facilities. SOA is more than a conference – it's a space for collaboration, discovery, and connection across the entire intensive care community. We're proud to foster an environment where everyone feels they belong.

We are embedding EDI into everything we do, and this is a priority for 2025, including focusing on the diversity of our leadership.

Environmental sustainability

Our sustainability work has continued to be a priority for 2024.

In collaboration with the Australia and New Zealand Intensive Care Society (ANZICS) and endorsed by the American Society of Critical Care Medicine, we developed *A Beginners Guide to Green Teams in the ICU*. This publication builds on the ANZICS sustainability toolkit (2022) and provides practical tools and case studies on how and why to establish a Green Team in your ICU.

Later in 2024 we started a collaborative project with the Faculty of Intensive Care Medicine, UK Critical Care Nursing Alliance, and University of Brighton, funded by the Small Business Research Initiative (SBRI) Healthcare, to develop an Intensive Care Environmental Sustainability Recipe Book. The work is to develop a guide to assist team to reduce their carbon footprint while maintaining quality, patient-centred care.

As we work towards our commitment to reduce our carbon footprint by 50% by 2030, we are measuring our footprint annually to help us identify where we can make changes to our activities and reduce our carbon emissions. We have now measured our carbon footprint for our annual Congress in 2024, which we will release in 2025.

Structure and governance

Trustees, Senior Management and Advisors

Patron

- HRH, Princess Anne

Chair of Trustees and President

- Steve Mathieu - President

Trustees and Company Directors

- Andy Breen – Honorary Secretary
- Darren Fergus – Lay Trustee (appointed 14 May 2024)
- Hugh Montgomery - Council Member Trustee
- Martin Cresswell - Lay Trustee
- Paul Dean - Honorary Treasurer
- Shondipon Laha – President Elect
- Sarah Anderson - Lay Trustee

Chief Executive

- Sandy Mather (until 13 January 2025)
- Katie Nurcombe (appointed 13 January 2025)

Senior Management Team

- Asha Abdillahi – Head of Standards and Policy
- Sarah Hall – Head of Finance & Internal Operations (left 31 October 2024)
- Uloaku Ikegwu – Head of Finance & Operations (appointed 16 September 2024)
- Mani Rai – Head of Events (left 31 March 2024)
- Tanguy Roelens – Head of Sponsorship and Events (appointed 18 March 2024)
- Jon Sacker – Interim Head of Communications (appointed 3 April 2024)
- Maryah Tafri – Head of CPD

Elected Council and ICS Company Members

- Aoife Abbey
- Sekina Bakare (appointed 16 January 2024)
- Danni Bear
- Andy Breen
- Sarah Burgess (maternity leave from 5 February 2024)
- Hannah Conway
- Eleanor Damm (appointed 16 January 2024)
- Paul Dean
- Michelle Hatch
- Rebekah Haylett
- Michaela Jones
- Shondipon Laha
- Steve Mathieu
- Reena Mehta
- Ashley Miller
- Segun Olusanya
- Marlies Ostermann
- Zudin Puthucheary
- Louise Rose
- Jonny Wilkinson
- Clare Windsor

Specialist advisors to Council

- Dan Martin – Editor in Chief, JICS
- Stephen Webb – Chair of FUSIC Committee
- Parjam Zolfaghari – SOA Programme Director

Bankers

HSBC Bank Plc

PO Box 6201

Coventry

CV3 9HW

Auditors

MHA

Building 4, Foundation Park

Roxborough Way

Maidenhead

SL6 3UD

Lawyers

Bates Wells

10 Queen Street Place

London

EC4R 1BE

Kennedys Law LLP

20 Fenchurch St

London

EC3M 3BY

Registered Address

The Intensive Care Society

7-9 Breams Buildings, London, EC4A 1DT

Telephone: +44 (0)20 7280 4350

Email: info@ics.ac.uk

Website: www.ics.ac.uk

Company registration no: 02940178

Charity no in England and Wales: 1039236

Scotland: SC040052

Trustee Board

Our Trustee Board is made up of eight members who meet at least four times a year where they discuss and make decisions about strategy, performance and assurance.

Lay trustees are recruited through open competition and appointed for a three-year term, which can be extended for a further three years with mutual consent and Council approval. The Council member trustee is appointed for two years. The Honorary Secretary and Honorary Treasurer trustees are elected by council for a period of three years which cannot be extended without a break. However, they can stand for election to other Honorary Officer roles which they have not previously held. The President and Chair of Trustees is a role for two years; they also hold the role of President-elect trustee for one year prior to that and Immediate Past President trustee for one year after their presidential term.

Our lay Trustees are recruited based on an assessment of the skills gaps within the Trustee Board, and each have a unique skill set which enables the Society to operate a high-quality governance structure. The lay Trustees are recruited through national campaigns, with successful candidates being selected through a rigorous interview process.

All Trustees have a comprehensive induction with our CEO and legal advisor to ensure they fully understand their roles and responsibilities as well as the Society's activities and culture. Trustees are provided with key documents, including the Articles of Association, Annual Accounts, 5-year Strategy, OIP, previous Board Minutes and the Charity Governance Code, and Charity Commission guides.

Executive Committee

Our Executive Committee comprises the Honorary Officers who are elected by the Council, which itself is elected by the membership of the Society. The Committee for 2024 was:

- President: Steve Mathieu
- President Elect: Shondipon Laha
- Honorary Treasurer: Paul Dean
- Honorary Secretary: Andy Breen

Key management personnel

The key management personnel comprise the Executive Committee and Chief Executive Officer. The Trustees delegate the day-to-day operations of the Intensive Care Society to the Chief Executive.

The pay and remuneration of the Chief Executive Officer is reviewed annually by the Trustees. Trustees are able to seek independent HR advice to assist with benchmarking pay within the sector.

The Chief Executive Officer is supported by the Senior Management Team with expertise in communications, education, finance, HR, policy and standards.

Trustees work with the Chief Executive and Senior Management Team to develop our long-term strategic plans and sign off on our yearly Operational

Implementation Plan (OIP).

Staff

Our staff are vital to the delivery and success of our organisation, and it is with their dedication, passion, and expertise that we have been able to continue supporting the intensive care community through the pandemic.

Staff are recruited for their alignment with the Society's values as much as for their competence and commitment. Our team are the essence of our values and help shape the unique character of the Society.

Public benefit statement

In accordance with the Charities Act 2011, we confirm that the activities we undertake to achieve our objectives are all carried out for the public benefit as described by the Charity Commission. Our primary beneficiaries are intensive care professionals and patients who are experiencing intensive care and their loved

ones. Our wider beneficiaries include the public and policy makers and other healthcare professionals.

The Society's Trustees have described in this report the charitable public benefit of our activities; they regularly review our progress against our aims and objectives. They confirm that they have complied with the duty in section 4 of the Charities Act 2011 to have due regard to public benefit guidance published by the Charity Commission.

Fundraising

In 2024, fundraising activity were mainly centred around challenge and running events, aimed at members of the Society and external partners. This year these have included the Big Half marathon, the London Landmarks half marathon, skiing challenges, and the London Royal Parks urban trek. Details of income raised are outlined in the financial section of this Report. The Society recognises its supporters as an extension of the intensive care community. Our Senior Management Team and dedicated Fundraising Manager work closely with organisations looking to support us so to provide a window into our charity so they can understand our ethos from the start.

Every member of the Society's team is given a thorough briefing on our beneficiaries and supporters when they start by our CEO and then receives regular updates thereafter to ensure they are always at the centre of everything we do.

Our Trustees have considered the Charities (Protection and Social Investment) Act 2016 so that our fundraising activities are in compliance, are not unreasonably persistent and do not apply undue pressure, particularly to vulnerable people, to donate to the Society.

The Intensive Care Society is registered with the Fundraising Regulator and is committed to meeting the standards as set out in the Code of Fundraising Practice: www.fundraisingregulator.org.uk/code.

The Charity received no fundraising complaints in 2024.

Strategic partners

We are working in partnership with like-minded organisations in the best interests of our beneficiaries to meet our charitable objects and strategic vision. The Trustees have due regard to Charity Commission guidance on collaboration and consider all partnerships as opportunities to fulfil our charitable objectives and deliver increased public benefit.

- Association of Anaesthetists (AoA)
- Association of Cardiothoracic Anaesthesia and Critical Care (ACTACC)
- Association of Chartered Physiotherapists in Respiratory Care (ACPRC)
- British Dietetic Association, Critical Care Specialist Group (BDA)
- Faculty of Intensive Care Medicine (FICM)
- Intensive Care National Audit & Research Centre (ICNARC)
- National Critical Care Network – Directors Group
- National Critical Care Network - Medical Leads Group
- Network for Improving Critical Care System and Training (NICST)
- NHS England (NHSE)
- NHS Improvement (NHSI)
- NHS Elect
- Northern Ireland Intensive Care Society (NIICS)
- Paediatric Critical Care Society (PCCS)
- Psychologists in Critical Care-UK (PINC-UK)
- Royal College of Occupational Therapists - Critical Care Special Interest Group (RCOT)
- Royal College of Speech and Language Therapists - Critical Care Special Interest Group (RCSLT)
- Scottish Intensive Care Society (SICS)
- Society of Critical Care Technologists (SCCT)
- UK Clinical Pharmacy Association (UKCPA)
- UK Critical Care Nursing Alliance (UKCCNA)
- UK Critical Care Research Group (UKCCRG)
- Welsh Intensive Care Society (WICS)

Financial review

The Society's activities produced a deficit, before investment losses, of £14,775 (2023: surplus of £66,961). The overall deficit after accounting for changes in the value of investments was £26,650 (2023: surplus of £74,279).

The total funds of the Society amounted to £1,402,656 (2023: £1,429,306) comprising general unrestricted reserves of £1,398,747 (2023: £1,405,397), designated funds of £nil (2023: £20,000) and restricted reserves of £3,909 (2023: £3,909).

The value of the investments at the market value on 31 December 2024 was £508,467(2023: £511,599). These investments represent funds held for the development of the Society's activities in the medium to long term and have generated income over the year.

Income

The Society continues to benefit from diversity of income sources and operating income was £2,035,032 (2023: £2,070.282).

Membership numbers fell to 3,372 at the end of 2024 (2023: 3,708) with a decrease in membership income to £678,217 (2023: £729,896).

The State of the Art Conference was held in Liverpool in 2024 and attracted 1,099 in-person delegates and 177 virtual delegates. Overall delegate income was £509,463 (2023: £364,536) and sponsorship and exhibition revenue was £272,676 (2023: £373,196).

2024 also saw a full year's programme of one day study days and the continued growth of FUSIC accreditation resulting in income for the learning division of £326,955 (2023: £345,632)

Expenditure

Overall expenditure increased in 2024 to £2,049,807 (2023 £2,003,321).

The Society has increased staffing levels to deliver charitable activities and services to members and support the functions of the Society, reducing the reliance on external third parties.

Remuneration policy is based in offering a market level employment package, including pension, benchmarked against salaries for central London charity employees with the skills required by the Society. These are reviewed annually and approved by the Trustees, after adjustment for inflation.

Staffing and administration costs are allocated across the strategic activity streams to reflect the proportion of time and cost incurred. This is reassessed each year in line with actual activities and usage. Governance costs are directly allocated or apportioned on an assessment basis.

In 2018 a pricing model was adopted across the Society's charitable activities that is fair to members and that ensures that we work on a "not for loss" basis. This allows our activities to be priced in a way that makes a fair contribution back to the charity by funding all direct and indirect fixed and variable costs associated with them. Any surpluses generated are used to further the Society's objectives and charitable activities in educational and support activities.

Investment powers and policy

Under its Memorandum of Association, the Society has the power to invest without restriction. The Society has adopted an ethical investment policy reflecting its position as a medical charity.

The Society has set risk objectives, together with guidelines on diversification of the portfolio.

The investment objective is to generate capital growth while producing income to support charitable activities. The investment portfolio is managed on a discretionary basis at Risk Level 4 (1 being the lowest, 6 the highest), in line with the agreed portfolio strategy. All income generated is re-invested to support long-term growth.

As at 31 December 2024, the portfolio held investments with a total market value of £508,467 (2023: £511,599). During the year, the portfolio generated income of £39,017, while unrealised and realised losses on investments amounted to £11,875.

The trustees consider this performance to be consistent with the investment objectives, reflecting prevailing market conditions.

Periodic reviews are undertaken with the investment manager, whilst Trustee Board regularly reviews cash and investment balances. The investment strategy is reviewed formally, at least annually.

The Investment Committee has agreed that as part of its governance the Society should undertake a review of its fund managers every three to five years.

Reserves policy

General reserves are defined as the part of the Society's funds that are freely available to fund its general operations and so not subject to commitments, planned expenditure or other restrictions. Consequently, general reserves do not include restricted or designated funds. General reserves are held in a combination of cash and readily realisable investments.

The Trustees recognise the need to hold reserves to enable financial stability and ensure adequate working capital availability. In arriving at the appropriate level of reserves, the Trustees have considered the following:

- The financial risks facing the Society, including the annual SOA congress
- Likely future expenditure
- Past operational and other trends, and
- Liabilities arising from an unforeseen event leading to unplanned closure.

The Trustees consider reserves are required to fund:

- Cost of sustaining the operations of the Society: the full year cost of running the Society is circa £2.21 million and therefore the amount held should equal £560,000 representing three months' operating expenditure,

- Estimated risks of unplanned loss on the annual SOA conference event including unavoidable costs in the event of unplanned curtailment or cancellation and are estimated at £250,000, and
- Estimated risks of unplanned closure including the costs of unavoidable future commitments the Society would be required to pay, such as any lease obligations of £40,000.

The policy therefore requires the Society to maintain general reserves of £750,000 to cover the above risks on the basis it is unlikely all three requirements would occur.

The Trustees also acknowledge that there may be a need from time to time to ensure that reserves also cover other significant liabilities not already reflected in the reserve calculations that could place a material claim on reserves.

The current level of reserves is £1,398,747, which is above the required level. The level of reserves is continually monitored by the Trustees and the policy will be reviewed annually.

Risk Management

The Executive Committee, CEO and Senior Management Team, review the strategic risks to the Society regularly and the Trustee Board reviews them at each of their meetings. All risks have a risk owner and mitigating actions in place which brings down the risk rating of all risks to some exposure but manageable. The Executive identified the following top three strategic risks in 2024:

The risk to our annual **State of the Art Congress** and excessive financial losses due to strike action, low NHS workforce numbers leading to a lack of delegates and high costs impacting on the ability to return a surplus cause this to be the largest financial risk to the Society. A new Head of Events and new Programme Director have been appointed to work with the Head of Communications to promote the programme. The Trustees have taken the decision to bring the Congress in-house to reduce costs and build closer relationships with our sponsors and exhibitors.

Delegate numbers and targets are reviewed weekly and detailed financial reviews are prepared to improve reporting and tracking.

The risk to **membership income** due to low retention rates and not attracting new members. Our five-year strategy puts the multi-professional critical care community at the heart of all that the Society does. Our new Professional Advisory Groups for each professional segment supports this approach. Strategic partners on Council provide broader professional advice and strategic support for ICS. Our new website and database improve the membership experience during renewals and applications and when applying for courses or FUSIC which retains existing members and enables smooth recruitment of new members.

UK COVID19 inquiry

Our contribution to the COVID-19 inquiry represented a potential threat, as it had to be funded from charitable donations and could have needed more than what we expected to raise in 2024. The funds would have needed to cover legal costs for the necessary expert time and advice to prepare the required witness statement and support witnesses invited to speak to the inquiry. Witness statements were submitted to the Inquiry team on 26 March 2024, and a request for oral evidence was provided in October 2024. The legal costs remained within the £40,000 designated by Trustees for legal advice during the written evidence phase.

Statement of Trustees' Responsibilities

For the Year Ended 31 December 2024

The Trustees (who are also the Directors of the Society for the purposes 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. Under company law, the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the Society and of its incoming resources and application of resources, including its income and expenditure, for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently
- observe the methods and principles of the Charities SORP (FRS 102)
- make judgements and accounting estimates that are reasonable and prudent
- state whether applicable UK Accounting Standards (FRS 102) have been followed, subject to any material departures disclosed and explained in the financial statements
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Society will continue in business.

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

In so far as the Trustees are aware:

- There is no relevant audit information of which the Society's auditor is unaware; and
- The Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

Approved by order of the Members of the Board of Trustees and signed on its behalf by:



Paul Dean

Honorary Treasurer

Date: 29 September 2025

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF THE INTENSIVE CARE SOCIETY

Opinion

We have audited the financial statements of The Intensive Care Society (the 'Society') for the year ended 31 December 2024 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and the related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 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 Society's affairs as at 31 December 2024 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, Charities Act 2011, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006.

Basis for opinion

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 Auditors' 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 United Kingdom, including the Financial Reporting Council'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. Our evaluation of the Trustees' assessment of the entity's ability to continue to adopt the going concern basis of accounting included critical reviews and budgets and forecasts provided.

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 Trustees are responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our Auditors' Report thereon. 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.

In connection with our audit of the financial statements, 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 audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. 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.

Opinion on other matters prescribed by the Charities Act 2011

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

- The information given in the Trustees' Report (incorporating the Directors' Report) for the financial year for which the financial statements are prepared is consistent with the financial statements.
- The Trustees' Report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of our 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 Trustees' Report.

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

- Adequate 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 company's regime and take advantage of the small companies' exemptions in preparing the Trustees' Report and from the requirement to prepare a Strategic Report.

Responsibilities of Trustees

As explained more fully in the Statement of Trustees' Responsibilities, 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.

Auditors' Responsibilities for the Audit of the Financial Statements

We have been appointed as auditor under section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with the Act and relevant regulations made or having effect thereunder.

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 Auditors' 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. Mis-statements 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.

Irregularities, including fraud, are instances of noncompliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- Enquiry of management and those charged with governance around actual, potential or suspected litigation, claims, non-compliance with applicable laws and regulations and fraud
- Enquiry of staff in tax and compliance functions to identify any instances of noncompliance with laws and regulations
- Performing audit work over the risk of management override of controls, including testing of journal entries and other adjustments for appropriateness
- Evaluating the business rationale of significant transactions outside the normal course of business and reviewing accounting estimates for bias
- Reviewing minutes of meetings of those charged with governance
- Performing substantive tests of detail over the completeness/existence of income within the financial system.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or noncompliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of noncompliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

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

Use of our Report

This report is made solely to the charitable company's Trustees, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006, and to the charitable company's trustees, as a body, in accordance with regulation 10 of the Charities Accounts (Scotland) Regulations 2006. Our audit work has been undertaken so that we might state to the charitable company's Trustees and Trustees those matters we are required to state to them in an Auditors' 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 charitable company and its members, as a body, for our audit work, for this report, or for the opinions we have formed.



Carina Ralfs, MSci (Hons) PhD FCA (Senior Statutory Auditor)

for and on behalf of

MHA, Statutory Auditors

Maidenhead, United Kingdom

Date: 29 September 2025

MHA is the trading name of MHA Audit Services LLP, a limited liability partnership in England and Wales (registered number OC455542).

STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING INCOME AND EXPENDITURE ACCOUNT) FOR THE YEAR ENDED 31 DECEMBER 2024

	Notes	Unrestricted funds 2024	Restricted funds 2024	Total funds 2024	Total funds 2023
		£	£	£	£
Income from:					
Donations and subscriptions	2	**768,948**	**-**	**768,948**	803,190
Charitable activities	3	**938,441**	**-**	**938,441**	858,638
Other trading activities	4	**288,626**	**-**	**288,626**	377,421
Investments	5	**39,017**	**-**	**39,017**	31,033
Total income		**2,035,032**	**-**	**2,035,032**	2,070,282
Expenditure on:					
Raising funds	6	**82,821**	**-**	**82,821**	61,100
Charitable activities	7	**1,966,986**	**-**	**1,966,986**	1,942,221
Total expenditure		**2,049,807**	**-**	**2,049,807**	2,003,321
Net gains/(losses) on investments	16	**(11,875)**	**-**	**(11,875)**	7,318
Net (Deficit)/surplus for the year before taxation		**(26,650)**	**-**	**(26,650)**	74,279
Taxation		**-**	**-**	**-**	-
Net (Deficit)/surplus for the year		**(26,650)**	**-**	**(26,650)**	74,279
Reconciliation of funds:					
Total funds brought forward		**1,425,397**	**3,909**	**1,429,306**	1,355,027
Net movement (Deficit) /surplus for the year		**(26,650)**		**(26,650)**	74,279
Total funds carried forward		**1,398,747**	**3,909**	**1,402,656**	1,429,306

The Statement of Financial Activities includes all gains and losses recognised in the year.

The notes on pages 53 to 64 form part of these financial statements.
All income and expenditure derive from continuing activities.

BALANCE SHEET
AS AT 31 DECEMBER 2024

REGISTERED NUMBER: 02940178

	Notes	2024 £	2024 £	2023 £	2023 £
Fixed assets					
Tangible assets	15		**58,322**		75,790
Investments	16		**508,467**		511,599
Total fixed assets			**566,789**		587,389
Current assets					
Debtors	17	**179,956**		190,916	
Cash and cash equivalents		**940,724**		956,731	
		1,120,680		1,147,647	
Creditors: amounts falling due within one year	18	**(284,813)**		(305,730)	
Net current assets			**835,867**		841,917
Total net assets			**1,402,656**		1,429,306
Charity funds					
Restricted funds	20		**3,909**		3,909
Unrestricted funds					
General		1,398,747		1,400,397	
Designated		-		25,000	
Unrestricted funds	20		**1,398,747**		1,425,397
Total funds			**1,402,656**		1,429,306

The Trustees acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and preparation of financial statements.

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

The financial statements were approved and authorised for issue by the Trustees and signed on their behalf by:



Dr Paul Dean, Honorary Treasurer
Date 29 September 2025

The notes on pages 53 to 64 form part of these financial statements.

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 31 DECEMBER 2024

	Notes	2024 £	2023 £
Cash flows from operating activities			
Net (Deficit)/ surplus for the year		**(26,650)**	74,279
Tax charge		**-**	-
Cash from operating activities		**(26,650)**	74,279
Adjustments for:			
Depreciation charges		**22,841**	18,026
(Gains)/losses on investments		**11,875**	(7,318)
Investment income		**(39,017)**	(31,033)
Decrease in debtors		**10,960**	97,474
(Decrease) in creditors		**(20,917)**	(119,215)
Net cash generated by operating activities		**(14,258)**	(42,066)
Cash flows from investing activities			
Purchase of fixed assets		**(5,374)**	(24,945)
Investment income		**39,017**	31,033
Proceeds from sale of investments		**70,387**	39,775
Purchase of investments		**(83,413)**	(55,790)
Movements in cash account		**4,284**	6,500
Net cash provided by investing activities		**24,901**	(3,427)
Change in cash and cash equivalents in the year		**(16,007)**	28,786
Cash and cash equivalents at the beginning of the year		**956,731**	927,945
Cash and cash equivalents at the end of the year	**22**	**940,724**	956,731

The notes on pages 53 to 64 form part of these financial statements

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2024

1 Accounting Policies

Legal status

The Society is a company limited by guarantee and is registered with the Charity Commission in England and Wales (Charity Registration Number 1039236) and Scotland (Charity Registration Number SC040052) and the Registrar of Companies (Company Registration Number 02940178) in England and Wales.

The Society is governed by a Trustee Board and an advisory council comprising ICS company members. Trustee Board comprises Hon Officers elected by Council, Council Member Trustee and three Lay Trustees. In the event of the Society being wound up, the liability in respect of the guarantee is limited to £1 per member of the Council.

The address of the registered office is given in the Society information on page 32 on these financial statements. The nature of the Society's operations and principal activities are listed in the Trustees Report.

Basis of preparation of financial statements

The financial statements have been prepared in accordance with the Charities SORP (FRS 102) 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 Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 and the Companies Act 2006.

The financial statements have been prepared on the historical cost basis of accounting and on the going concern basis.

Judgements and key sources of estimation uncertainty are set out within note o) of the Accounting Policies

The Intensive Care Society meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy.

Preparation of the accounts on a going concern basis

The Society’s financial activities, its current financial position and factors likely to affect its future development, including the impact of COVID-19 are set out in the Trustees Annual Report. On this basis the Trustees have a reasonable expectation that the Society has adequate resources to continue in operational existence for the foreseeable future, being a period of at least one year from the date of the approval of these financial statements. For this reason, it continues to adopt the going concern basis in the financial statements.

The significant accounting policies applied in the preparation of these financial statements are set out below. These policies have been consistently applied to all years presented unless otherwise stated.

a) Income

Income, excluding VAT, is recognised once the Society has entitlement to the income, it is probable that the income will be received, and the amount of income receivable can be measured reliably.

Grants are included in the Statement of Financial Activities on a receivable basis. The balance of income received for specific purposes but not expended during the period is shown in the relevant funds on the Balance Sheet. Where income is received in advance of entitlement of receipt, its recognition is deferred and included in creditors as deferred income. Where entitlement occurs before income is received, the income is accrued.

On receipt, donated professional services and facilities are recognised on the basis of the value of the gift to the Society which is the amount it would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

Where the donated good is a fixed asset, it is measured at fair value, unless it is impractical to measure this reliably, in which case the cost of the item to the donor should be used. The gain is recognised as income from donations and a corresponding amount is included in the appropriate fixed asset class and depreciated over the useful economic life in accordance with the Society's accounting policies.

Other income is recognised in the period in which it is receivable and to the extent the goods have been provided or on completion of the service.

b) Expenditure

Expenditure is recognised, inclusive of any VAT that cannot be recovered, once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is classified by activity, and the costs of each activity are made up of the total of direct costs and shared costs, including support costs involved in undertaking each activity. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs which contribute to more than one activity and support costs which are not attributable to a single activity are apportioned between those activities on a basis consistent with the use of resources. Central staff costs are allocated on the basis of time spent, and depreciation charges allocated on the portion of the asset's use.

Expenditure on raising funds includes all expenditure incurred by the Society to raise funds for its charitable purposes and includes costs of all fundraising activities events and non-charitable trading.

Expenditure on charitable activities is incurred on directly undertaking the activities which further the Society's objectives, as well as any associated support costs.

Grants payable are charged in the year when the offer is made except in those cases where the offer is conditional, such grants being recognised as expenditure when the conditions attaching are fulfilled. Grants offered subject to conditions which have not been met at the year-end are noted as a commitment, but not accrued as expenditure.

c) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the Society; this is normally upon notification of the interest paid or

payable by the institution with whom the funds are deposited.

d) Taxation

Taxation expense for the year comprises current tax recognised in the reporting period and is recognised in the income and expenditure account.

Current tax is the amount of corporation tax payable in respect of the taxable profit arising from non-primary purpose trading. Tax is calculated on the basis of tax rates and laws that have been enacted or substantively enacted by the balance sheet date.

e) Tangible fixed assets and depreciation

Tangible fixed assets costing £1,000 or more are capitalised and recognised when future economic benefits are probable, and the cost or value of the asset can be measured reliably.

Tangible fixed assets are initially recognised at cost. After recognition, under the cost model, tangible fixed assets are measured at cost less accumulated depreciation and any accumulated impairment losses. All costs incurred to bring a tangible fixed asset into its intended working condition are included in the measurement of cost.

Depreciation is charged so as to allocate the cost of tangible fixed assets less their residual value over their estimated useful lives, using the straight-line method.

Depreciation is provided on the following basis:

Computer equipment	33% straight line
Database	20% straight line

f) Investments

Fixed asset investments are a form of financial instrument and are initially recognised at their transaction cost and subsequently valued at market value at the balance sheet date, unless the value cannot be measured reliably in which case it is measured at cost less impairment. Investment gains and losses, whether realised or unrealised, are combined and presented as 'gains/(losses) on investments' in the Statement of Financial Activities.

g) Debtors

Trade and other debtors are recognised at the settlement amount after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

h) Cash at bank and in hand

Cash at bank and in hand includes cash and short-term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

i) Liabilities and provisions

Liabilities are recognised when there is an obligation at the Balance Sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably.

Liabilities are recognised at the amount that the Society anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide.

Provisions are measured at the best estimate of the amounts required to settle the obligation. Where the effect of the time value of money is material, the provision is based on the present value of those amounts, discounted at the pre-tax discount rate that reflects the risks specific

to the liability. The unwinding of the discount is recognised in the Statement of Financial Activities as a finance cost.

j) Financial instruments

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

k) Operating leases

Rentals paid under operating leases are charged to the Statement of Financial Activities on a straight line basis over the lease term.

l) Pensions

The Society operates a defined contribution pension scheme and the pension charge represents the amounts payable by the Society to the fund in respect of the year.

m) Fund accounting

General funds are unrestricted funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the Society and which have not been designated for other purposes.

Designated funds comprise unrestricted funds that have been set aside by the Trustees for particular purposes. The aim and use of each designated fund is set out in the notes to the financial statements.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the Society for particular purposes. The costs of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements.

Investment income, gains and losses are allocated to the appropriate fund.

n) Termination payments

Termination payments are expensed when the Society can no longer withdraw the offer of these payments

o) Critical accounting estimates and areas of judgement

In the application of the Society's accounting policies, the trustees are required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and judgements are continually evaluated and based on historical experience and other factors, including expectations of future events that are considered to be relevant and reasonable under the circumstances. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revision of accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

There are no estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

2 Income from donations and subscriptions

	Unrestricted funds 2024 £	Unrestricted funds 2023 £
Donations	**90,731**	73,294
Subscriptions	**678,217**	729,896
	768,948	803,190

3 Income from charitable activities

	Unrestricted funds 2024 £	**Restricted funds 2024 £**	**Total funds 2024 £**	Unrestricted funds 2023 £	Restricted funds 2023 £	Total funds 2023 £
Learning	**326,955**	**-**	**326,955**	345,632	-	345,632
SOA	**521,397**	**-**	**521,397**	373,487	-	373,487
Professional affairs	**85,352**	**-**	**85,352**	98,664	38,200	136,864
Research	**4,737**	**-**	**4,737**	2,655	-	2,655
	938,441	**-**	**938,441**	820,438	38,200	858,638

4 Income from other trading activities

	Unrestricted funds 2024 £	Unrestricted funds 2023 **£**
Sponsorship income	**288,626**	377,421

5 Income from investments

	Unrestricted funds 2023 £	Unrestricted funds 2022 £
Dividends and interest receivable	**14,564**	13,960
Bank interest receivable	**24,453**	17,073
	39,017	31,033

6 Analysis of expenditure on raising funds

	Unrestricted funds 2024	Unrestricted funds 2023
	£	£
Direct costs	**49,748**	45,205
Investment management fees	**4,671**	4,483
Support costs (Note 9)	**28,402**	11,412
	82,821	61,100

7 Analysis of expenditure on charitable activities by fund

	Unrestricted funds 2024	**Restricted funds 2024**	**Total funds 2024**	Unrestricted funds 2023	Restricted funds 2023	Total funds 2023
	£	**£**	**£**	£	£	£
Public Affairs	**185,516**	**-**	**185,516**	206,786	-	206,786
Professional Affairs	**183,429**	**-**	**183,429**	189,649	38,200	227,849
Learning	**365,717**	**-**	**365,717**	345,122	-	345,122
SOA	**928,940**	**-**	**928,940**	852,672	-	852,672
Standards	**124,014**	**-**	**124,014**	152,222	-	152,222
Research	**179,370**	**-**	**179,370**	157,570	-	157,570
	1,966,986	**-**	**1,966,986**	1,904,021	38,200	1,942,221

Expenditure is analysed between the divisions of activity which operationally deliver the Strategic Priorities as set out in our 5 year strategy and the Trustees Annual Report.

Public Affairs Division comprises our external media, public communications and fundraising functions and also includes the Patients, Relatives and Public Advisory Group.

The Professional Affairs Division includes our Wellbeing activities and our eight advisory groups relevant to the professional activities of our members as well as our Legal and Ethical Advisory Group.

The Learning Division includes our seminars and digital learning webinars and programmes and our FUSIC® accreditation schemes.

SOA includes the State of the Art Conference, this was previously included as part of the Learning Division but due to the strategic importance of the event is now reflected as its own strategic priority..

The Standards Division includes the Society's work in relation to setting and codifying professional standards and the wealth of guidance we provide to the community.

The Research Division is responsible for the strategic research representation and engagement we have across the UK and also oversees the research grants made by the Society and includes the research based peer review Journal of the Intensive Care Society.

Staff costs are attributed to each division by reference to the time taken by individual staff members to fairly reflect the appropriate cost.

8 Analysis of expenditure on charitable activities by type

	Activities undertaken directly 2024	**Grant funding of activities 2024**	**Support costs 2024**	**Total funds 2024**
	£	**£**	**£**	**£**
Public Affairs	**136,826**	**-**	**48,689**	**185,516**
Professional Affairs	**138,797**	**-**	**44,632**	**183,429**
Learning	**252,108**	**-**	**113,608**	**365,716**
SOA	**839,676**	**-**	**89,264**	**928,940**
Standards	**79,383**	**-**	**44,632**	**124,015**
Research	**120,171**	**22,682**	**36,517**	**179,370**
	1,566,961	**22,682**	**377,342**	**1,966,985**

	Activities undertaken directly 2023	Grant funding of activities 2023	Support costs 2023	Total funds 2023
	£	£	£	£
Public Affairs	149,723	-	57,063	206,786
Professional Affairs	182,199	-	45,650	227,849
Learning	230,997	-	114,125	345,122
SOA	788,001	-	64,671	852,672
Standards	95,160	-	57,062	152,222
Research	101,580	25,557	30,433	157,570
	1,547,660	25,557	369,004	1,942,221

The Intensive Care Society funded research and incurred management and other costs in developing the Society's research activity. In 2024 the Society awarded 5 grants, details of these awards can be found in the Research section of the Trustees Annual Report.

9 Analysis of support costs

	Fundraising 2024	**Charitable activities 2024**	**Total 2024**	Fundraising 2023	Charitable activities 2023	Total funds 2023
	£	**£**	**£**	£	£	£
Staff costs	**10,101**	**134,199**	**144,300**	4,297	138,944	143,241
Depreciation	**1,599**	**21,242**	**22,841**	540	17,486	18,026
Office costs	**13,589**	**180,537**	**194,126**	4,810	155,507	160,317
Legal & professional	**698**	**9,268**	**9,966**	494	15,982	16,476
Other costs	**1,183**	**15,717**	**16,900**	541	17,500	18,041
Governance costs	**1,233**	**16,378**	**17,611**	730	23,585	24,315
	28,403	**377,341**	**405,744**	11,412	369,004	380,416

10 Grant funding activities:

Name of Institution	Activity	2024	2023
		£	£
The Leeds Teaching Hospital NHS Trust	Road to research	5,000	-
Tameside & Glossop NHS Charitable Fund.	Road to research	5,000	-
Kings College London	Road to research	4,250	-
University of Birmingham	Road to research	4,972	-
GBS Kings College Hospital NHSFT	Road to research	3,460	-
		22,682	-

11 Net income/(expenditure) for the year

This is stated after charging:	2024	2023
	£	£
Operating leases – buildings	80,990	80,990
Depreciation	22,841	18,026
Auditor's remuneration	17,611	14,242

12 Staff costs

	2024	2023
	£	£
Wages and salaries	720,309	652,292
Social security costs	70,342	63,214
Pension costs	36,368	30,872
Termination Payments	-	14,060
	827,019	760,438

No Termination Payments were made (2023:-1).

The average number of persons employed by the Society during the year was as follows:

	2024	2023
Raising funds	1	1
Charitable activities	11	11
Support functions	3	3
	15	15

The number of employees whose employee benefits (excluding employer pension costs) exceeded £60,000 in the following bands was:

	2024	2023
£60,001 - £70,000	2	1
£70,001 - £90,000	1	1

The total amount of employee benefits received by Key Management Personnel, including Employers National Insurance contributions and employers pension contributions, is £97,304 (2023 - £91,233). The Society considers its Key Management Personnel to be the Trustees and the Chief Executive.

13 Trustees' remuneration and expenses

During the year, no Trustees received any remuneration or other benefits (2023 - £nil). Expenses for travel totalling £3,192 were reimbursed to 8 Trustees (2023: £3,369 to 7 Trustees).

14 Related party transactions

Trustee and Key Management Personnel transactions are detailed in Notes 12 and 13. Trustees also made donations of £Nil (2023: £210). There were no other related party transactions during the period (2023: none).

15 Tangible fixed assets

	Computer equipment £	Database £	Total £
Cost			
At 1 January 2024	21,773	76,394	98,167
Additions	5,374	-	5,374
Disposals	-	-	-
At 31 December 2024	27,147	76,394	103,541
Depreciation			
At 1 January 2024	6,243	16,135	22,378
Charge for the year	7,562	15,279	22,841
Disposals	-	-	-
At 31 December 2024	13,805	31,414	45,219
Net book value			
At 31 December 2024	**13,342**	**44,980**	**58,322**
At 31 December 2023	15,531	60,259	75,790

16 Fixed asset investments

Valuation	**2024 £**	2023 £
At 1 January 2023	**511,599**	494,766
Additions at cost	**83,414**	55,790
Disposal proceeds	**(70,387)**	(39,775)
Revaluations	**(11,875)**	7,318
Movements in cash account	**(4,284)**	(6,500)
At 31 December 2024	**508,467**	511,599

16 Investments (continued)

Comprising	2024 £	2023 £
UK listed equities and infrastructure funds	**110,640**	248,922
UK bonds	**130,116**	59,895
Overseas equities	**208,136**	171,759
Overseas bonds	**51,800**	16,660
Cash	**7,775**	14,363
At 31 December 2024	**508,467**	511,599

17 Debtors

	2024 £	2023 £
Trade debtors	**(8,264)**	38,637
Other debtors	**28,892**	60,252
Prepayments and accrued income	**159,328**	92,027
	179,956	190,916

18 Creditors: Amounts falling due within one year

	2024 £	2023 £
Trade creditors	**46,814**	83,813
Other taxation and social security	**26,318**	20,477
Other creditors	**63,114**	35,302
Accruals and deferred income	**148,567**	166,138
	284,813	305,730

19 Deferred income

	2024 £	2023 £
At 1 January	**86,028**	97,948
Income deferred during the year	**77,113**	86,028
Amounts released from previous periods	**(86,028)**	(97,948)
At 31 December	**77,113**	86,028

Deferred income relates to subscriptions, seminars and grant funds paid for in advance of the next financial year.

20 Statement of funds

	At 1 January 2024 £	Income £	Expenditure £	Transfers £	At 31 December 2024 £
Restricted funds					
Bennett Fund	**3,909**	**-**	**-**	**-**	**3,909**
Gilead	**-**	**-**	**-**	**-**	**-**
Total restricted funds	**3,909**	**-**	**-**	**-**	**3,909**
Unrestricted funds					
General	**1,400,397**	**2,035,032**	**(2,061,682)**	**25,000**	**1,398,747**
Designated	**25,000**	**-**	**-**	**(25,000)**	**0**
Total funds	**1,429,306**	**2,035,032**	**(2,061,682)**	**-**	**1,402,656**

	At 1 January 2023 £	Income £	Expenditure £	Transfers £	At 31 December 2023 £
Restricted funds					
Bennett Fund	3,909				3,909
Gilead	-	38,200	(38,200)	-	-
Total restricted funds	3,909	38,200	(38,200)	-	3,909
Unrestricted funds					
General	1,286,118	2,039,400	(1,965,121)	40,000	1,400,397
Designated	65,000	-		(40,000)	25,000
Total funds	1,355,027	2,077,600	(2,003,321)	-	1,429,306

Designated funds comprise funds ring-fenced to cover the Society's costs should it be required to give evidence to the COVID-19 enquiry and funds to underwrite the continuation of the leadership course previously funded by the CHSA.

Unrestricted funds are general funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the Society and which have not been designated for other purposes.

21 Analysis of net assets between funds

	Unrestricted funds 2024 £	Restricted funds 2024 £	Total funds 2024 £	Unrestricted funds 2023 £	Restricted funds 2023 £	Total funds 2023 £
Fixed assets	**566,789**	**-**	**566,789**	587,389	-	587,389
Current assets	**1,116,771**	**3,909**	**1,120,680**	1,143,738	3,909	1,147,647
Creditors due within one year	**(284,813)**	**-**	**(284,813)**	(305,730)	-	(305,730)
	1,398,747	**3,909**	**1,402,656**	1,425,397	3,909	1,429,306

22 Analysis of changes in net debt

	At 1 January 2024 £	Cash flows £	At 31 December 2024 £
Cash at bank and in hand	**956,731**	**(16,007)**	**940,724**

23 Balances held as agent

Funds administered by the Society in accordance with instructions received.

	At 1 January 2024 £	Funds received £	Funds paid £	At 31 December 2024 £
UK Critical Care Research Group	**30,205**	**6,110**	**(8,239)**	**28,076**

24 Pension commitments

The Society operates a defined contribution pension scheme. The assets of the scheme are held separately from those of the Society in an independently administered fund. The pension cost recognised as an expense in the year was £36,368 (2023: £30,872). There were £6,820 of outstanding pension contributions payable to the fund at the balance sheet date (2023: £4,851).

25 Operating lease commitments

At 31 December 2024 the Society had commitments to make future minimum lease payments under non-cancellable operating leases as follows:	2024 £	2023 £
Not later than 1 year	**40,495**	40,495



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Registered as a Company limited by Guarantee
Registered No: 2940178 (England) Registered Office as above
Registered as a Charity in England and Wales No: 1039236 and in Scotland No: SC040052

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THE INTENSIVE CARE SOCIETY

England & Wales - Charity number 1039236

Accounts

Intensive Care Society

Trustees' Annual Report 2023

For year ended 31 December 2023

ics.ac.uk

Intensive Care Society

About the Intensive Care Society

The Intensive Care Society is the national charity for intensive care.

Since being established on the 8 June 1970, we have directly supported the UK's multi-professional intensive care community, providing the latest guidance, standards and learning opportunities. Our work covers the breadth of their clinical practice, enabling us to support them as they care for the sickest patients in hospital.

We provide grants to fund vital research and to grow the capacity and capability of the multi-professional intensive care research workforce. We provide professional development such as psychological support and leadership training. We also use our knowledge and expertise to inform Parliamentarians and policy makers about the facts of core intensive care issues to encourage lasting change.

We embed our charitable object and our vision, mission and values into all our work, enabling us to achieve our outcomes and make an impact on our beneficiaries.

Our Charitable Object

To advance and promote the care and safety of critically ill patients by...

1. The advancement and promotion of those branches of medical science concerned with critical care.
2. The promotion of study and research into critical care and the publication of the useful results of such study and research.



Our Vision

The Society's vision is a world where every member of the multi-professional intensive care team can deliver the best quality of care for those who need it, when they need it.



Our Mission

To be the voice of the multi-professional intensive care community, their patients and their loved ones and together to advance and promote best quality care, safety and research.



Our Four Values

- **COLLABORATION**
  We work with others to maximise our impact
- **FREEDOM OF EXPRESSION**
  We are bold in our actions and words and encourage diversity of views
- **ACCEPT AND RESPECT**
  We treat everyone with dignity and respect, and accept differences delivering our mission more effectively
- **QUALITY**
  We provide value by delivering services and products to a consistently high standard



Trustees' Report

The Trustees of the Intensive Care Society (the "Society"), who are also Directors of the company, for the purposes of the Companies Act 2006, present their annual report on the affairs of the Society, together with the financial statements and auditor's report for the year ended 31 December 2023.

This report has been prepared in accordance with the provisions applicable to companies entitled to the small companies' exemption, which includes an exemption from preparing a Strategic Report.

The Society is governed by its Memorandum and Articles of Association last amended on 21 April 2021.

Each year, the Trustee Board approves a costed budget and an accompanying Operational Implementation Plan (OIP) which maps against our strategy. The OIP outlines the annual plan of activities and is delivered via a Divisional structure, with an elected Council member as chair of each division collaborating with a named senior manager. The strategy and annual operational implementation plan set out the Society's work under five Strategic Priorities (SP) supported by two critical enablers: Equality Diversity and Inclusion, and Governance, Financial Resilience and Environmental Sustainability.

A statement from our CEO and President



This year has been another big year for the Society, with so many opportunities for growth. With the introduction of our new Your Voice – Our Strategy 2023 - 2027 at the end of last year, our focus was on achieving the new goals we set ourselves with input from so many of our members.

Collaboration is one of our four core values, and the development of this strategy, which guide all our work over the next five years, is a demonstration of the way we live our values in all we do. We sought input from a wide and diverse range of our members, using a variety of engagement tools, to bring you a strategy we feel represents our ambitions for the future, not just of the Society, but of intensive care as well.

As you'll read throughout this Trustees' Annual Report, we have made great progress this year and are looking forward to continuing this in the years to come. As ever, we are focussed on our charitable objective to advance and promote the care and safety of critically ill patients, which we feel is underpinned by our five strategic priorities and two critical enablers.

During the development of our strategy in 2022, we anticipated that the key role we played during the pandemic would result in our involvement in the subsequent COVID-19 Inquiry. Understanding both its importance and potential to take up much of our resources, we included providing evidence to the Inquiry in both our strategy and OIP.

In May this year, we received a Rule 9 request to provide evidence and subsequently worked closely with our legal representatives, our Executive team and key senior managers to produce our statement. We feel the finished product accurately reflects our key role supporting intensive care during a key point in its history. We anticipate we will be called to provide oral evidence to the Inquiry later in 2024.

We also worked this year to build on the foundations of our All-Party Parliamentary Group on Intensive Care. In 2023, meetings of this group focussed on the ICU workforce, and parliamentarians were able to hear from our multi-professional members about the challenges that lay ahead for intensive care.

We were able to help inform and educate them about staffing needs, the expertise required by individuals and the skills mix needed by the team to provide the best patient care, and the vital role ICU plays in the smooth running of a hospital. We were also able to discuss the importance of education, training and CPD to developing careers in intensive care and therefore increasing staff retention.

A key change from our previous strategy was to treat our annual Congress, State of the Art (SOA), as a stand-alone strategic priority. This change works hand in hand with our goal of bringing the running of SOA in-house, utilising the experience and expertise held by our staff team. This year's congress was our final event working with a professional conference organiser as we transition to a fully in-house team in 2024. We are thrilled to have begun establishing our Events team, and to have convened our SOA Project Board, both of whom will help us to offer an excellent Congress in 2024.

With sustainability embedded into our strategy as one of two critical enablers, we were thrilled this year to publish our first ever carbon footprint report. This was a key step forward in cementing our commitment to making the Society and our activities environmentally sustainable. This report was published on our website and will inform our activities in the years to come.

We also published the first ever Equality, Diversity and Inclusion (EDI) census of the intensive care workforce. Our report, Towards an Inclusive Future: A look inside our community, is a landmark document which represents our commitment to a diverse and inclusive future of ICU. More than 350 members of our community participated in the census which informed this report, and we were proud to give voice to the lived experiences of so many of our members.

It's been another busy year, and we want to thank all our volunteer Council, Trustees, Committees and working groups as well as our staff team members who continue to go above and beyond to support the intensive care community. We were sad to say a fond farewell to our Trustee Stephen Posey at the end of this year but are very grateful for all he has given the Society during his 3 years as a Lay Trustee. We will begin the search for a new Lay Trustee early in 2024.

As we reflect on 2023, we're proud of the achievements we've made and are looking forward to another busy and productive year.



Steve Mathieu
President
Intensive Care Society



Sandy Mather
Chief Executive
Intensive Care Society

Our Five Strategic Priorities



Strategic Priority 1 (SP1)

Be an influential leader and the voice for our multi-professional intensive care community, their patients, families and loved ones



Strategic Priority 2 (SP2)

Grow our membership by delivering quality products and services that support current and future members of the intensive care community



Strategic Priority 3 (SP3)

Influence the implementation of standards, guidelines, policies, quality improvement and research



Strategic Priority 4 (SP4)

Develop an expanded portfolio of quality blended learning activities and accreditation services



Strategic Priority 5 (SP5)

For SOA to be the leading Congress based on educational content, professional development opportunities and networking for all those involved in Critical Care

Our Two Critical Enablers



Equality, Diversity and Inclusion



Governance, Financial Resilience and Environmental Sustainability

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Strategic Priority 1

Be an influential leader and the voice for our multi-professional intensive care community, their patients, families and loved ones.

Goal 1:
To be a key source of expertise and information to policy makers and the wider healthcare system on all aspects of intensive care

Goal 2:
To be the main source of information for patients, their loved ones and the public regarding intensive care



Goal 1:
To be a key source of expertise and information to policy makers and the wider healthcare system on all aspects of intensive care

Action plan

Raise the profile of the APPG for Intensive Care and host at least one key stakeholder holder event to influence policy.

Our Achievements and Impact

Our All-Party Parliamentary Group (APPG) on Intensive Care, continues to be a positive forum for us to educate and inform Parliamentarians about issues that matter to our members and wider intensive care community. In 2023 we focussed on workforce: recruitment, retention, training and CPD across the professions.

Throughout the year we held formal meetings of the APPG, building stronger relationships with members of the group, and attracting new interest from MPs and members of the House of Lords. We also held more regular planning meetings with the group's Co-Chairs. Minutes of these formal meetings are available via our website, so Society members can stay up to date and write to their MP to encourage them to join the APPG or engage with our work.



In March this year, we were saddened by the passing or Baroness Masham, a founding member of our APPG. She was a valued and respected member of the group and will be much missed.

Action plan

Develop a fully scoped out and costed project for the Society to deliver its role providing evidence within relevant modules of the UK COVID-19 Inquiry

Our Achievements and Impact

In May this year, we received a Rule 9 request from the Chair of the COVID-19 Inquiry instructing us to provide evidence against key areas and a witness statement setting out our role during COVID-19 between March 2020 and June 2022.

We are pleased to be able to represent our multi-professional membership at the Inquiry and we have also made sure that we reflect the combined efforts made by the intensive care community to support the entire country and colleagues globally. For example, our National Emergency Critical Care Committee meetings, our knowledge sharing webinars, and as part of our writing groups for our guidance development.

We have worked with our legal team to compile our 60-page evidence statement, which we submitted to the Inquiry in December this year. If we are called to give oral evidence, we expect this to be in Autumn 2024 when Module 3 begins.



Action plan

Fill the policy gap on rehabilitation to better support patients and the multi-professional workforce to ensure appropriate transitional care immediately after leaving the unit

Our Achievements

In 2023, the Society joined the The Community Rehabilitation Alliance in England which is made up of more than 60 charities and professional bodies.

Its priorities are:

- To gain political commitment to delivering universal access to rehabilitation to meet needs.
- To improve the quality of rehabilitation through new models, better data collection, planning, commissioning and delivery of services.

We also continue to work with NHS England's Rehabilitation Outcomes working group and support the NCEPOD study on Rehabilitation following critical illness.

We helped to amplify and publicise ICU Rehabilitation Day on 21 July 2023, and continued to direct patients and their loved ones to the resources they provide.

We have also continued our support of and collaboration with the #RehabLegend campaign as they seek to educate policy makers and support ICU patients through their rehabilitation journey.

Social media statistics from end of 2023

39,107 followers

9,135 followers

8,688 followers

4,352 followers

Goal 2:
To be the main source of information for patients, their loved ones and the public regarding intensive care

Action plan

Support our Patients, Relatives and Public Advisory Group (PRPAG) to provide clear navigation to sources of information already available, and to fill the information gaps to develop materials for patients, their loved ones and the public.

Our Achievements and Impact

This year, we have worked with our PRPAG to identify gaps in information available to intensive care patients. This group has allowed us to continue to build on already existing resources and helped us to meet the needs of patients and their loved ones during and after admission to intensive care. We intend to continue building our library of support in appropriate areas and drawing on the expertise of this group in the coming years.

As part of our work for patients and loved ones, we have also supported organisations such as ICU Steps, who support patients throughout their ICU rehabilitation journey.

Action plan

Create an awareness campaign around the variety of intensive care professionals and their roles on the unit and during rehabilitation.

Our Achievements and Impact

During this year's annual Intensive Care Week, we created a series of resources for distribution within intensive care units outlining the various professionals who work there and their roles in providing quality patient care. These resources were part of our Celebration Packs and were made available for units to order. Over the course of the week (5-11 June), we delivered these resources to more than 150 units nationally and used our other communications channels to amplify their messages.

The resources outlined eight types of professionals working in ICU who represent the majority of the Society's membership. Each included a description of how these individuals can be identified, what their role is during a patient's stay in ICU, and how they are involved in rehabilitation. They were designed to be shared with patients and their loved ones and used in visitor rooms across the country. We also made these resources available for download via our website, so patients and their loved ones could access them digitally whenever they choose.

We intend to continue to make these resources available in 2024, including as part of a wider campaign to educate patients about the role of various professionals in their care, both during their admission to ICU and during their recovery and rehabilitation.



Strategic Priority 2



Grow our membership by delivering quality products and services that support current and future members of the intensive care community

Goal 1:
To develop our membership value so that the Society is seen as an essential choice for anyone working in intensive care

Goal 2:
To support the development of the intensive care workforce of the present and future, no matter their career stage or goals

Goal 1:
To develop our membership value so that the Society is seen as an essential choice for anyone working in intensive care

Action plan

Improve the membership journey from joining as a new member, to amending membership profiles and renewing each year.

Our Achievements and Impact

Throughout 2023, we have worked hard to improve our membership journey both for new and existing members. We have collaborated with our website providers to ensure our platform's functionality makes it significantly easier for members to update their profiles, share their information with us, and request changes to membership.

We have now also amended our membership renewal process to ensure members experience less friction and are able to continue their membership with us each year smoothly and easily. We have utilised the technological tools available to us to remove barriers which existed in previous years and create a more user-focused membership process.

Action plan

Make the membership survey more engaging so members feel able to provide feedback, and can see how their voices help shape the Society.

Our Achievements and Impact

Following a review of our work this year we took a decision to delay our membership survey until 2024. This will allow us to select the right partner organisation to conduct our survey, and to ensure we're asking the right questions in the most engaging way possible. We have laid the foundation for this work to begin and intend to release our survey to members in the first half of 2024.

Action plan

Enhance the website user journey so that members can always find exactly what they need when they need it.

Our Achievements and Impact

In 2023, we completed a review of the structure of our website, utilising feedback from members and other users, to ensure we delivered the best possible user experience. We optimised the search functionality so users are better able to find the guidance they need from us, restructured the flow of information to make resources aimed at ICU patients and their loved ones more easily available, and reimagined our wellbeing hub to make it easier for our community to find the tools they need to continue thriving at work.





This process of review and refinement will be ongoing as we continue to strive to deliver for our members.

Action plan

Refine our digital infrastructure to meet the future needs of our membership.

Our Achievements and Impact

This year we have continued the journey to enhance and refine our digital infrastructure which began with our move to a new website platform in October 2022. The features are availableavailable as part of this new platform have enabled us to create a more seamless experience for members, incorporating systems and process which connect more easily to one another.

We also introduced a new digital feature which allows members to easily sign up for payment of subscriptions online, so eliminating the need for our previous, paper-based, system.

This refinement of our digital infrastructure contributed to us attracting 990 new members in 2023, bringing our membership number at the end of December to 3,679. This represents a growth in our total membership of over 300 members.

990

990 new members

3,679

3,679 total members

300+

300+ overall membership growth

Action plan

Establish a process and criteria for the allocation of membership discounts for those working less than full-time.

Our Achievements and Impact

A process and criteria for allocating membership discounts was implemented in 2023, which allowed all members renewing from 1 January to access a discount on membership if they were employed less than full time or undertaking a period of extended leave, such as maternity leave.

This process will be implemented again for all members renewing from 1 January 2024.

Action plan

Implement rolling 12-month memberships based on the date members join the Society.

Our Achievements and Impact

As a result of multiple processes in place governing the Society rolling membership was not introduced in 2023. Instead, this will be carried out in the first half of 2024.

Goal 2:
To support the development of the intensive care workforce of the present and future, no matter their career stage or goals

Action plan

Develop a sustainable funding model for our nine-month, annual multi-professional leadership programme (LeaP).

Our Achievements and Impact

This year we welcomed the second cohort of our leadership programme for LeaP2, and we were thrilled to have 13 participants join us for the nine-month course. While we had hoped to attract funding for all places on the course this year, this was not possible, so delegates joined us by self-funding or obtaining funding through their Trust or other organisations.

We provided applicants with guidance and other resources to help in obtaining this funding and will continue this for future cohorts.

Applications to join LeaP3 opened at the end of this year, and while delegates will again be funded by their Trusts or other organisations, we will be offering three fully funded places to those who may face substantial difficulty in gaining funding through other means.

- **14 Modules**
- **9 Months**
- **Senior NHS and expert industry speakers**
- **360 Degree leadership assessment**
- **1:1 leadership coaching sessions**
- **Senior leader networking**



Action plan

Scope the potential for LeaP alumni and mentoring.

Our Achievements and Impact

This year, we established the LeaP alumni network, to provide course graduates with the opportunity to connect with those from other cohorts and utilise their mentoring skills with those who will take part after them. This network has also proven to be useful tool in ensuring that future years of the course meet and exceed the needs of our alumni in the future.

Action plan

Developed a series of modular leadership training for aspiring managers: Aspire to Lead

Our Achievements and Impact

The Aspire to Lead modular leadership training course was launched early this year, however following a consultation with members and participants we re-assessed the format of the course and may choose to re-introduce it differently in 2024.

Action plan

Maintain the Peer Support training programme.

Our Achievements and Impact

Our Peer Support training programme continued to thrive in 2023, and we were able to train a further 100 peer supporters across four training sessions. This has enabled us to expand our network of supporters and increase the number of hospital sites able to benefit from this training.

We also introduced a centralised network of peer supporters available via our website. Members of this network have participated in training and are now able to offer support to anyone in the intensive care community who may benefit from it.



Action plan

Scope the potential for doctor in training Peer Supporters.

Our Achievements and Impact

Our work with trainees was one of the highlights of 2023 for our Thriving at Work programme. We offered an online wellbeing session specifically to support and educate them, and also undertook our Trainee Core Conditions to Thrive survey. We learned through this survey that most of what trainees struggle with are at a systems level, and that getting the simple stuff right really does make a working life better for a doctor in training.

We also hosted one Trainee-centred Peer Support training session this year, which enabled us to establish a network of doctors in training who can provide peer support.

Action plan

Refresh the Wellbeing programme into the Thriving at Work programme offering workforce skills training workshops and workforce webinars.

Our Achievements and Impact

This year, we completed the transition from our Wellbeing Programme to the Thriving at Work Programme, which included a rebrand of the programme and a restructuring of the resources and education offered. We

took the decision to no longer offer our psychoeduation training series, made up of 5 hour-long training modules, and transitioned to providing half or full day workshops focused on skills development and webinars about workforce wellbeing. This transition allowed us to offer a greater depth of training and information for those joining us, while still enabling us to meet the needs of a wide range of our community.

We also restructured the information available on our Wellbeing Hub via our website, to make it easier for users to find what they need, when they need it. This included updating all of our written resources available for download and categorising our webinars and podcast episodes.

Action plan

Publish the results of our first survey by the Equality, Diversity and Inclusion Working Group and develop an action plan in response with clear targets for delivery.

Our Achievements and Impact

In October this year, we published our much-anticipated Equality, Diversity and Inclusion (EDI) report, Towards an Inclusive Future – A look Inside Our Community.

The report was prepared by our EDI working group led by Chair, Aoife Abbey, and was compiled based on survey data collected from members of the intensive care community over a six-month period in 2022. It represents more than 18 months of work analysing that data to form a broad picture.

When our working group first met, we were mindful that 'deeds not words' was what we wanted to be recognised for. With such a broad range of issues needing our attention and no data to support our work, figuring out where we could and should make a difference was a daunting task. We knew that we needed to understand more about our community to frame a roadmap, so our 'EDI workforce census' was born.

The testimonies in this report are just a fraction of our immense workforce, and yet this work still represents the largest and most expansive project of its kind carried out in our multi-professional community to

Intensive Care Society

Equality, Diversity and Inclusion



Survey responses

352

date. More importantly, irrespective of the denominator, we believe each of the voices and therefore their experiences shared not only 'count', but also represent a learning opportunity for both the Society and the teams we work with each day.

Action plan

Developing a Capability Framework for AHPs.

Our Achievements and Impact

During the year, the Society collaborated with NHS Elect to deliver a project commissioned by Health Education England to develop an AHP Critical Care Capability Framework. This built on the first AHP Professional Development Framework launched in 2018.

We worked with professional leads from 5 core AHP groups: dietetics, occupational therapy, operating department practice, physiotherapy and speech and language therapy and 65 clinical experts and advisors to define a new nationally recognised standard. This new Framework works across 6 levels of practice: assistive, foundation, specialist, advanced and consultant.

The framework is designed to support educationalists (in Higher Education Institutions and on the clinical frontline) as well as AHPs themselves as they progress their career, health service commissioners and ultimately patients and their loved ones.

Strategic Priority 3



Influence the implementation of standards, guidelines, policies, quality improvement and research

Goal 1:
To build on the Society's role in standards development by embedding quality improvement

Goal 2:
To champion quality intensive care research across the multi-professional team supporting all intensive care units to become research-active

Goal 1:
To build on the Society's role in standards development by embedding quality improvement

Action plan

Maintain sufficient capacity and capability to continue work on a maximum of eight guidelines annually while also developing the quality improvement function.

Our Achievements and Impact

This year we developed and embedded five new guidance documents.

Our Enhanced Maternal Care Units guidance considers the clinical needs of sick, pregnant, or recently pregnant women cared for in a non-critical environment. This is a document that should be read by all healthcare professionals caring for pregnant or recently pregnant women in a hospital setting. It was published with support from key partners.

We updated to the Central Venous Catheter Insertion Checklist. The original checklist was released in 2017, and several important changes have been made considering learning from patient safety incidents arising from this common procedure in ICU.



In August we also updated CRITCON, which translates the real-time observation and assessment of strain by clinical leaders in both routine circumstances and rapidly evolving situations, into a succinct communication score. This enables local, regional & national understanding, escalation, operational decision-making and loadbalancing. We made this update to ensure that unit pressure and response is clear and actions are consistent, and we are glad to see it is now live on NSHE systems.



We also developed, in collaboration with the British Thoracic Society (BTS), Guidance on a Model of Care for Specialised Weaning Units. The resource provides guidance on the standards of care and infrastructure for Specialist Weaning Units (SWUs).

Finally, we also introduced the Physiotherapy Pillar. A supplementary resource for Physiotherapists, this document is designed to be used in conjunction with the AHP Professional Development Framework (2018). It provides worked examples from physiotherapists in a variety of posts within critical care across the United Kingdom (UK), and aims to provide tangible examples of how the Framework has been used to support professional development in practice.

This year has also seen the Standards division provide support for 6 external consultations, which support the development of professional guidance:

- Draft update of the Resuscitation Council's Standards for Acute Care
- The Health Service Safety Investigation Body (HSIB)'s safety risk of air embolus associated with central venous catheters used for haemodialysis treatment
- National Neurosciences Advisory Group (NNAG) Traumatic Brain Injury Pathway
- FICM guidance on Revalidation in Intensive Care Medicine
- UKCCNA's Adult Critical Care Registered Nurse Staffing Standards
- UK LVAD Emergency Algorithm Working Group

Action plan

Pilot a system with at least 2 sets of guidelines to survey their use and impact on patient care and clinical practice.

Our Achievements and Impact

At our annual State of the Art Congress this year we launched a survey relating to the use of our Paediatric to Adult Critical Care Transition guidance. This survey represented the first time we sought feedback on the use of our national guidelines, and served as a pilot for how this can be replicated for future publications.

In 2024 we intend to extend this pilot to help us to optimise our system for gathering feedback and produce guidelines which are relevant and useful to as many members of our community as possible.

Action plan

Continue to lead on ICU staffing standards across the UK using GPICS

Our Achievements and Impact

This year we convened the new editorial board of the Guidelines for the Provision of Intensive Care Services (GPICS). This board includes all new section editors alongside lay and patient representatives.

We began initial work on GPICS Version 3 this year with a view to releasing the completed guidelines at the end of 2024.

GUIDELINES FOR THE PROVISION OF INTENSIVE CARE SERVICES

New GPICS chapters in V3

Enhanced care



Equality, Diversity and Inclusion



Severe Behavioural Disturbances



Sustainability

Action plan

Continue to collaborate with NHS England and devolved nations including the findings from the GIRFT programme to address gaps and variance.

Our Achievements and Impact

Throughout the year we have collaborated with NHS England and devolved nations on various work, and have nominated a representative from our Council to the National Quality Board Effective Staffing - Critical Care safe staffing resource Professional Reference Group.

Goal 2:
To champion quality intensive care research across the multi-professional team supporting all intensive care units to become research-active

Action plan

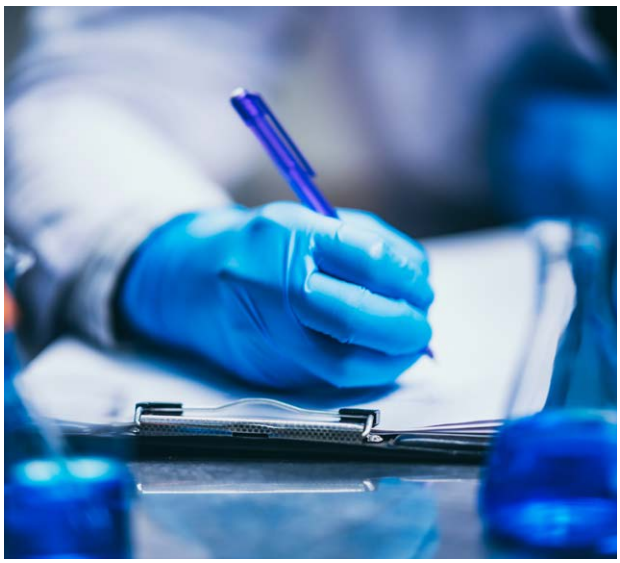
Review the diversity of our awards panels to ensure they are representative of our membership.

Our Achievements and Impact

This year we reviewed and updated the terms of reference for our judging panels for research awards to ensure we were seeking representation from across the broad spectrum of our membership. Following this review invitations were issued to each of our Professional Advisory Groups to seek their participation in our judging panels throughout 2023, and we were able to attract a diverse range of voices and perspectives.

Action plan

Review the number, makeup and diversity of the Journal's Associate Editors and Reviewers to ensure appropriate capacity and representation.



Our Achievements and Impact

Following a review of the Editorial Board of our Journal of the Intensive Care Society, including Associate Editors and reviewers, we concluded that we needed to increase our capacity and do more to ensure we were encouraging representation from all intensive care professions and from diverse backgrounds.

We opened recruitment to the editorial board this year, and this process is still ongoing. We anticipate we will continue to make appointments throughout 2024.

Action plan

Work with PAGs, critical care special interest groups and others to amplify the message about the Society's research awards being open to all those who work in intensive care regardless of profession.

Our Achievements and Impact

Throughout the year we worked closely with all our Professional Advisory Groups and other critical care special interest groups to ensure our message about eligibility for our research awards was distributed widely. We utilised all our communications channels and continued to draw on our strong relationships with organisations such as the UK Critical Care Research Group (UKCCRG) and the British Association of Critical Care Nurses (BACCN). We also forged a new relationship with Sepsis Research Feat, which saw us promote each other's research work and opportunities.

Action plan

Commence the process to re-tender for the publishing house for the Journal of the Intensive Care Society (JICS) to test the market and negotiate a contract that is value for money and ensures compliance with Plans by December 2024.

Our Achievements and Impact

In 2023 we sought advice and input from a number of experts and publishing organisations regarding whether to re-tender for the publication of JICS or not. One of our key criteria was that the journal must remain free to access, and this was a significant contributor to our decision to continue publishing the Journal with our current provider, Sage Journals.

Action plan

Develop a plan to increase citations and therefore, the likelihood of a successful application for an Impact Factor for Journal of the Intensive Care Society (JICS).

Our Achievements and Impact

We were thrilled to report this year that we made a successful application for an Impact Factor for our Journal. This figure indicates how often articles are cited, and helps us strengthen the value proposition of the Journal as a whole.

Following this successful application, we received an Impact Factor of 2.7, which we have maintained until the end of this year.



JICS downloads

347,026

full text downloads

Most popular article

The use of social media and online communications in times of pandemic COVID-19 by Olusegun Olusanya, Marta Velia Antonini, Adrian Wong, David Lyness, Serene Ho

19,927


Abstract Winners
• Cauldron
• Gold Medal
• Ultrasound Ninja
• Oral Presentation
• Critical Care Tales
• ePoster
• TRIC Network
@ics_updates
@ics_updates
/intensive
Certificate
Zoab Jiwaji

Strategic Priority 4

Develop an expanded portfolio of quality blended learning activities and accreditation services

Goal 1:
To grow our multi-professional blended learning combining the best of digital and face-to-face experiences

Goal 2:
To build on our multi-professional accreditation programme expanding our services to enable competence in other subject areas

Goal 1:
To grow our multi-professional blended learning combining the best of digital and face-to-face experiences

Action plan

Deliver eight hybrid study days or workshops on a not for loss basis ensuring a financial contribution back to the charity and with delivery focussed around Autumn, Winter and Spring (none within the two months prior to SOA).

Our Achievements and Impact

During 2023 we hosted seven hybrid full-day study days. These events covered a range of subjects related to critical care which were relevant to our members and attracted 620 attendees. They were held primarily during Autumn and Winter to avoid the two months in advance of State of the Art 2023.

We also held six shorter workshops for smaller delegate groups, primarily focussed on workforce wellbeing and providing our community with the tools they needed to continue thriving at work. Across the six workshops we were able to welcome more than 150 attendees for online classroom-style teaching.

Action plan

Review and restructure our Learning Management System to enable ease of access for users.

Our Achievements and Impact

We began work on this project this year, and while there is still some work to be undertaken, we have made significant progress in categorising and restructuring our learning portal content. This work has already improved the experience for all our learning portal users, and we intend to complete it in 2024.



Action plan

Collaborate with two organisations to produce educational activities.

Our Achievements and Impact

We continued our collaboration this year with the Association of Anaesthetists on Focused transoesophageal echo (fTOE) accreditation, and were thrilled to offer the inaugural fTOE exam this November. This represented an important milestone in this joint accreditation journey which we look forward to continuing in 2024.

We were also very pleased to introduce the first interactive module of our Children's Acute Ultrasound (CACTUS) Lung accreditation, which is offered as a partnership with the Paediatric Critical Care Society and endorsed by the Royal College of Paediatrics & Child Health. The release of this module demonstrates growth in this accreditation pathway, and we anticipate this will continue next year.

Goal 2:
To build on our multi-professional accreditation programme expanding our services to enable competence in other subject areas

Action plan

Implement systems to ensure that FUSIC® data are accurately recorded and stored within a fully functioning database, capable of providing the necessary accreditation reports.

Our Achievements and Impact

As part of our ongoing work improving our data collection and maintenance systems, this year we implemented a new procedure for recording and categorising FUSIC® learners, mentors and supervisors within our CRM database. Ensuring we have accurate data, which is stored appropriately, has enabled us to produce more useful reports whenever necessary. This work is still ongoing and will continue in 2024.

Action plan

Develop new and improved systems and processes to support mentors and supervisors to maintain their competence and to ensure a quality learning experience.

Our Achievements and Impact

We began the process of reviewing our systems and processes related to FUSIC® mentors and supervisors this year, to identify how we can support them to maintain their competence and therefore create better learning outcomes and experiences for those completing accreditation. This has included working closely with our FUSIC® committee and existing mentors and supervisors to create the most useful process possible.

Action plan

Fully implement CACTUS (paediatrics) and Focussed Ultrasound in Intensive Care (FUSIC®) HD modules.

Our Achievements and Impact and Impact

In 2023 we have been focused on implementing and embedding our FUSIC® HD accreditation, including the creation of all online learning resources which make up the pathway. We have attracted a number of learners throughout the year, and look forward to facilitating the inaugural FUSIC® Hemodynamics (HD) exam in 2024.

Action plan

Champion the use of FUSIC® to the wider multi-professional community.

Our Achievements and Impact

Our FUSIC® accreditation is one of our key offerings and 2023 has seen us grow the programme and adapt its governance structure to help us raise its profile within our multi-professional community.

In September we appointed our new FUSIC® committee members and overhauled the overall structure of the group. This latest iteration of the committee comprises National Leads for each FUSIC® module, and a lead for international and national partnerships.

Action plan

Secure intellectual property across all areas of the Society's accreditation offers.

Our Achievements and Impact

In the Autumn of this year, we successfully trademarked our FUSIC® accreditation offering. This trademark must be recognised alongside any mention of FUSIC® and covers all accreditation pathways.



Strategic Priority 5



For SOA to be the leading Congress based on educational content, professional development opportunities and networking for those involved in critical care

Goal 1:
To secure year on year growth of the annual SOA congress led by an in-house events team to ensure its financial sustainability

Goal 1:
To secure year on year growth of the annual SOA congress led by an in-house events team to ensure its financial sustainability

Action plan

Increase the quality of targeted and timely marketing and improved delivery of SOA.

Our Achievements and Impact

In the two-month period leading up to the delivery of our 2023 State of the Art Congress, our Communications team took over responsibility for the marketing of the event. Not only did this allow us to ensure marketing and communications activities were targeted at the most appropriate audiences at the most appropriate time, and delivered as part of our overarching communications strategy, it also helped us to formulate a more comprehensive plan for 2024.

Following the Congress in June of this year, we began preparations to deliver 2024's event in Liverpool. We were able to incorporate learnings from the lead up SOA23. We're looking forward to welcoming more delegates than ever to Liverpool next year.

Action plan

Improve the delegate experience by a new model of collaboration between Society staff and the professional conference organiser.

Our Achievements and Impact

This year's State of the Art Congress saw our staff team take greater responsibility for the organisation of the event and work more closely with our professional conference organiser to deliver it. The team collaborated well, and we were able to treat the event as a learning opportunity in advance of taking full responsibility for the delivery of SOA next year.



We received a great deal of positive feedback from delegates, speakers, industry exhibitors, and providers.

In the second half of this year we have begun preparations for bringing delivery of our Congress in-house. This has required a greater degree of involvement from our Senior Management Team and close collaboration with our professional conference organiser as we begin this handover and transition.

Action plan

Revise the ticket pricing structure and financial model for SOA maintaining value for money whilst providing equality, diversity and inclusion alongside long term financial sustainability.

Our Achievements and Impact

As we bring delivery of our annual Congress in-house, we have begun reviewing and revising, where necessary, many elements of the event. This has included our pricing structure and financial model. This work will be ongoing in 2024, as we set ambitious goals and work to maintain value for money for all our multi-professional delegates.



Action plan

Develop a business case and staffing structure to set out phase 2 of the transition plan to deliver SOA by an in-house Events team on a not for loss basis.

Our Achievements and Impact

The process of bringing the delivery of SOA in-house began with welcoming our Head of Events last year. This appointment has been followed this year with the solidifying of our Events team, and the recruitment in the Autumn of our Sponsorship Manager. These developments have allowed us to draw on staff resources dedicated to the delivery of the event, and leverage expertise in areas which were previously led by our professional conference organiser.

We have also established a cross-functional project board focused on the delivery of next year's Congress. This board Is co-chaired by our Chief Executive and SOA Strategic Director and includes SOA Programme Director, Senior Management Team, and other key members of staff. Our transition to in-house event delivery will complete with the conclusion of State of the Art 2024.

Action plan

Improve our virtual packages to attract and enable increased global attendance year-on-year.

Our Achievements and Impact

Like 2022 our Congress this year was offered as a hybrid event, allowing registrants from all over the world to join us for virtual attendance. Our dedicated SOA23 app and online platform allowed for a smooth delivery for virtual delegates. It also provided the ability for in person delegates to join virtually instead, and for all attendees to catch up on sessions on demand. This allowed us to promote a greater level of flexibility for everyone wishing to attend, regardless of location.

This year we welcomed 186 virtual delegates to SOA.

Action plan

Develop a rolling five year plan for SOA venues booked in advance to ensure maximum value for money.

Our Achievements and Impact

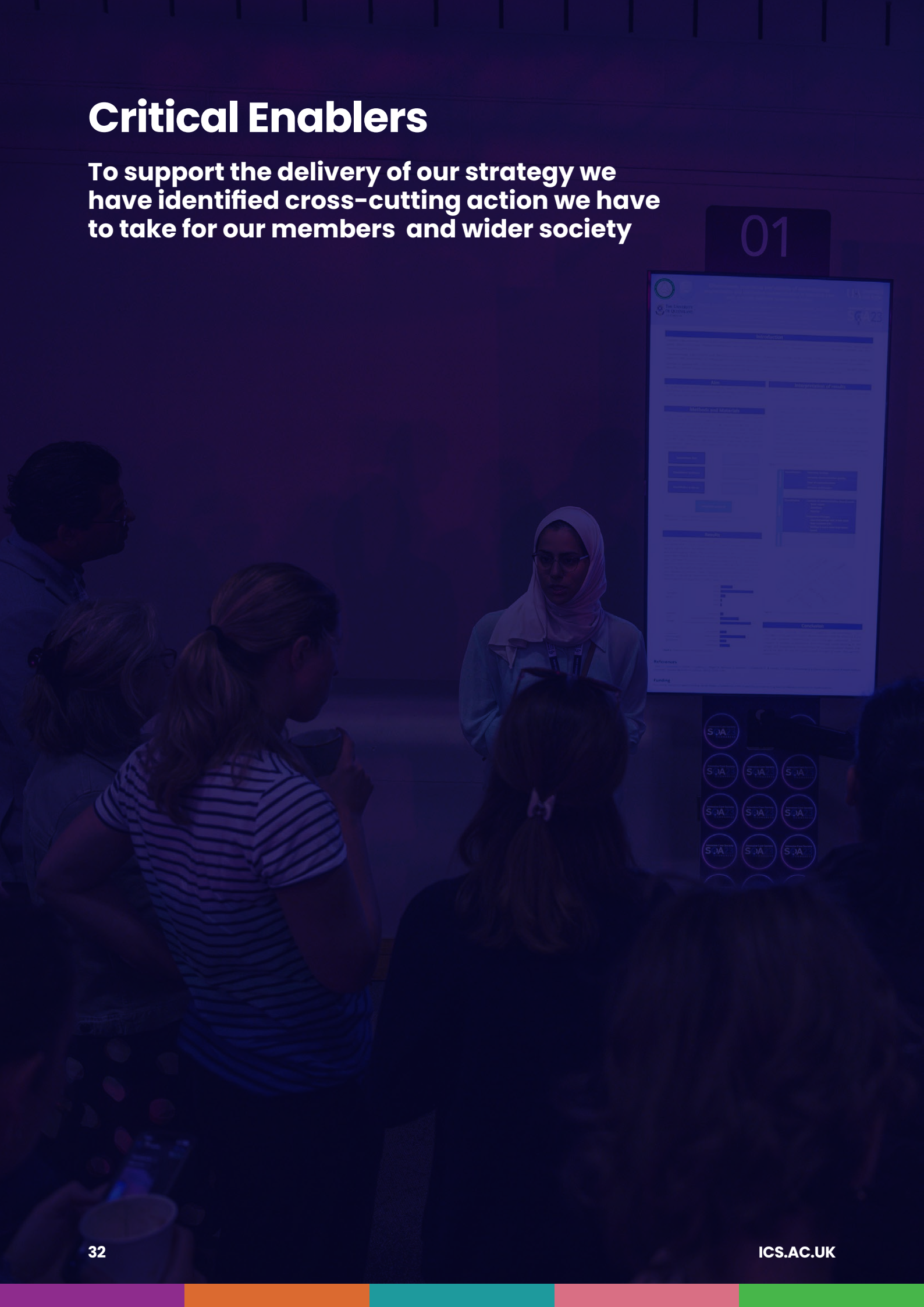
We have now secured a venue for SOA24 in June next year, the ACC Liverpool, and will be returning to the venue of this year's Congress, the ICC Birmingham, for SOA25 and SOA26.



This year we welcomed 186 virtual delegates to SOA

Critical Enablers

To support the delivery of our strategy we have identified cross-cutting action we have to take for our members and wider society





Equality, Diversity and Inclusion

We enshrined our commitment to equality, diversity and inclusion, and to providing a voice and support for all our members.

As reported on page 17, in October we reached an important milestone in this work with the publication of our EDI report, Towards an Inclusive Future: A look inside our community.

This report will form the basis of our EDI work over the next few years and will help us to ensure our efforts make a significant difference to the working lives of our members and the rest of our intensive care community. The future of intensive care in the UK is bright, but if we accept our collective failings, really listen, and take responsibility for being better, it can be dazzling. This report will help us all to do just that.

While completing this report and preparing it for release was a major focus of our EDI working group this year, we were also able to undertake other activities, such as podcasts for Pride Month and Black History Month and preparing a session for our State of the Art Congress about disabilities in critical care. We wanted to provide a platform during this session to both staff and patients, so we assembled a panel which included a deaf patient and their loved one who shared their experience of admission to ICU. The success of this session has firmly embedded EDI as an annual session at the Congress, and we are already preparing for 2024.

Environmental Sustainability

Our sustainability work has been a priority for the Society for a number of years now, but in 2022 we embedded it as a critical enabler into Your Society - Our Strategy 2023-2027 to indicate our commitment to contributing to an environmentally sustainable critical care. This year we have taken on a number of exciting projects, including the measurement of our carbon footprint.

This carbon footprint report covered January to December 2022 and was the first we have delivered as we work towards our commitment to reduce our carbon footprint by 50% by 2030. We plan to measure our footprint annually to help us identify where we can make changes to our activities allowing us to reduce our carbon emissions. We were not able to measure the footprint of our annual Congress for the same year, so our first report will be for our Congress in 2024 and for release in 2025.

As well as measuring our carbon footprint, we also undertook a number of other projects, most notably our Gloves Off campaign. We launched this campaign in May this year to coincide with World Hand Hygiene Day. We created a series of posters which could be downloaded for use in critical care units, outlining occasions where it is not necessary for staff to wear disposable gloves. Our goal was to encourage our community to think more critically about whether gloves were always needed and to change their behaviour in relation to disposables. The posters were introduced in units all over the country and proved to be an enormous success. We intend to build on this campaign with further work in 2024.

We also endorsed the Australia and New Zealand Intensive Care Society's (ANZICS) Beginners Guide to Sustainability in Intensive Care, and late this year we began work with them to collaborate on version 2 of the document. This work is in the early stages of development, with plans for completion and release late next year.





Structure, Governance and Management



Trustees, Senior Management and Advisors

Patron

- HRH, Princess Anne

Chair of Trustees and President

- Steve Mathieu - President

Trustees and Company Directors

- Andy Breen – Honorary Secretary (appointed 4 December 2023)
- Darren Fergus – Lay Trustee (appointed 14 May 2024)
- Hugh Montgomery - Council Member Trustee
- Martin Cresswell - Lay Trustee
- Paul Dean - Honorary Treasurer
- Shondipon Laha – President Elect
- Sarah Anderson - Lay Trustee
- Stephen Posey - Lay Trustee (retired 4 December 2023)
- Stephen Webb – Immediate Past President (retired 4 December 2023)

Chief Executive

- Sandy Mather

Senior Management Team for the year ended 31 December 2023

- Asha Abdillahi – Head of Standards and Policy
- Alex Day - Head of Communications
- Sarah Hall – Head of Finance & Internal Operations
- Gabriel Mouterde – Head of Learning (left 21 April 2023)
- Mani Rai – Head of Events
- Maryah Tafri – Head of CPD (appointed 4 September 2023)

Elected Council and ICS Company Members

- Aoife Abbey
- Nitin Arora (retired 4 December 2023)
- Sekina Bakare (appointed 16 January 2024)
- Danni Bear
- Andy Breen
- Sarah Burgess (maternity leave from 5 February 2024)
- Hannah Conway
- Eleanor Damm (appointed 16 January 2024)
- Paul Dean
- Sadie Diamond–Fox (resigned 17 January 2023)
- Michelle Hatch
- Rebekah Haylett
- Michaela Jones
- Shondipon Laha
- Steve Mathieu
- Reena Mehta
- Ashley Miller
- Segun Olusanya
- Marlies Ostermann
- Zudin Puthucheary
- Louise Rose
- Frances Tait (resigned 4 December 2023)
- Stephen Webb (resigned 4 December 2023)
- Jonny Wilkinson
- Clare Windsor

Specialist advisors to Council

- Dan Martin – Editor in Chief, JICS
- Marcus Peck – Co-Chair for FUSIC® (retired 4 December 2023)
- Stephen Webb – Chair of FUSIC® Committee (appointed 4 December 2023)
- Parjam Zolfaghari – SOA Programme Director

Bankers

HSBC Bank Plc
PO Box 6201
Coventry
CV3 9HW

Auditors

MHA Chartered Accountants and Statutory Auditor
Building 4, Foundation Park
Roxborough Way
Maidenhead
SL6 3UD

Lawyers

Bates Wells
10 Queen Street Place
London
EC4R 1BE

Kennedys Law LLP
20 Fenchurch St
London
EC3M 3BY

Registered Address

The Intensive Care Society
7-9 Breams Buildings, London, EC4A 1DT

Telephone: +44 (0)207 7280 4350
Email: info@ics.ac.uk
Website: www.ics.ac.uk

Company registration no: 02940178
Charity no: England and Wales 1039236; Scotland SC040052.

Trustee Board

Our Trustee Board comprises eight members who meet at least four times a year where they discuss and make decisions about strategy, performance and assurance.

Lay trustees are recruited through open competition and appointed for a three-year term which can be extended for a further three years with mutual consent and Council approval. The Council member trustee is appointed for two years. The Honorary Secretary and Honorary Treasurer trustees are elected by council for a period of three years which cannot be extended without a break. However, they can stand for election to other Honorary Officer roles which they have not previously held. The President and Chair of Trustees is a role for two years and they also hold the role of President-elect trustee for one year prior to that and Immediate Past President trustee for one year after their presidential term.

Our lay Trustees are recruited based on an assessment of the skills gaps within the Trustee Board, and each have a unique skill set which enables the Society to operate a high-quality governance structure. The lay Trustees are recruited through national campaigns, with successful candidates being selected through a rigorous interview process.

All Trustees have a comprehensive induction with our CEO and legal advisor to ensure they fully understand their roles and responsibilities as well as the Society's activities and culture. Trustees are provided with key documents, including the Articles of Association, Annual Accounts, 5-year Strategy, OIP, previous Board Minutes and the Charity Governance Code, and Charity Commission guides.

As part of its overall insurance policy, the Society has purchased Trustee, Director and Officers indemnity insurance providing cover up to £100,000 in respect of claims arising from negligence, error or omission committed in good faith.

Executive Committee

Our Executive Committee comprises the Honorary Officers who are elected by the Council which itself is elected by the membership of the Society.

- President: Steve Mathieu
- Immediate Past President: Stephen Webb
- Honorary Treasurer: Shondipon Laha
- Honorary Secretary: Paul Dean

Key Management Personnel

The key management personnel comprise the Executive Committee and Chief Executive Officer. The Trustees delegate the day-to-day operations of the Intensive Care Society to the Chief Executive

The pay and remuneration of the Chief Executive Officer is reviewed annually by the Trustees. Trustees are able to seek independent HR advice to assist with benchmarking pay within the sector.

The Chief Executive Officer is supported by the Senior Management Team with expertise in communications, education, finance, HR, policy and standards.

Trustees work with the Chief Executive and Senior Management Team to develop our long-term strategic plans and sign off on our yearly Operational Implementation Plan (OIP).

Staff

Our staff are vital to the delivery and success of our organisation, and it is with their dedication, passion, and expertise that we have been able to continue supporting the intensive care community through the pandemic.

Staff are recruited for their alignment with the Society's values as much as for their competence and commitment. Our team are the essence of our values and help shape the unique character of the Society.

Public Benefit Statement

In accordance with the Charities Act 2011, we confirm that the activities we undertake to achieve our objectives are all carried out for the public benefit as described by the Charity Commission. Our primary beneficiaries are intensive care professionals and patients who are experiencing intensive care and their loved ones. Our wider beneficiaries include the public and policy makers and other healthcare professionals.

The Society's Trustees have described in this report the charitable public benefit of our activities; they regularly review our progress against our aims and objectives. They confirm that they have complied with the duty in section 4 of the Charities Act 2011 to have due regard to public benefit guidance published by the Charity Commission.

Fundraising

The Society recognises its supporters as an extension of the intensive care community. Our Senior Management Team and dedicated Fundraising Manager work closely with organisations looking to support us so to provide a window into our charity so they can understand our ethos from the start.

Every member of the Society's team is given a thorough briefing on our beneficiaries and supporters when they start by our CEO and then regular updates thereafter to ensure they are always at the centre of everything we do.

Our Trustees have considered the Charities (Protection and Social Investment) Act 2016 so that our fundraising activities are in compliance, are not unreasonably persistent and do not apply undue pressure, particularly to vulnerable people, to donate to the Society.

The Intensive Care Society is registered with the Fundraising Regulator and is committed to meeting the standards as set out in the Code of Fundraising Practice: www.fundraisingregulator.org.uk/code.

The Charity received no fundraising complaints in 2023.

Strategic Partners

We are working in partnership with likeminded organisations that are in the best interests of our beneficiaries and that meet our charitable objects and strategic vision. The Trustees have due regard to Charity Commission guidance on collaboration and consider all partnerships as opportunities to fulfil our charitable objectives and deliver increased public benefit.

- Association of Anaesthetists (Association)
- Association of Cardiothoracic Anaesthesia and Critical Care (ACACC)
- Association of Chartered Physiotherapists in Respiratory Care (ACPRC)
- British Dietetic Association, Critical Care Specialist Group (BDA)
- Critical Care Medical Network Leads (CC3N)
- Faculty of Intensive Care Medicine (FICM)
- Intensive Care National Audit & Research Centre (ICNARC)
- National Critical Care Network – Directors Group
- National Critical Care Network - Medical Leads Group
- Network for Improving Critical Care System and Training (NICST)
- NHS England (NHSE)
- NHS Improvement (NHSI)
- NHS Elect
- Northern Ireland Intensive Care Society (NIICS)
- Paediatric Critical Care Society (PCCS)
- Psychologists in Critical Care-UK (PINC-UK)
- Royal College of Occupational Therapists - Critical Care Special Interest Group (RCOT)
- Royal College of Speech and Language Therapists - Critical Care Special Interest Group (SLT)

- Scottish Intensive Care Society (SICS)
- Society of Critical Care Technologists (SCCT)
- UK Clinical Pharmacy Association (UKCPA)
- UK Critical Care Nursing Alliance (UKCCNA)
- UK Critical Care Research Group (UKCCRG)
- Welsh Intensive Care Society (WICS)

Financial Review

The Society's activities produced a surplus, before investment gains of £66,961 (2022: £107,409). The overall surplus after accounting for changes in the value of investments was £74,279 (2022: £88,763).

The total funds for the Society amounted to £1,429,306 (2022: £1,355,027) comprising general unrestricted reserves of £1,400,397 (2022: £1,289,118), designated funds of £25,000 (2022: £65,000) and restricted reserves of £3,909 (2022: £3,909).

The value of the investments at the market prices on 31 December 2023 resulted in an upward revaluation in the value of investments to £511,579 (2022: £494,766) These investments represent funds held for the development of the Society's activities in the medium to long term and have generated income over the year.

Income

The Society continues to benefit from diversity of income sources and operating income grew to £2,070,282 (2022: 1,891,778).

Membership numbers grew to 3,708 at the end of 2023 (2022: 3,318) with an increase in membership income to £729,896 (2022: £684,673). This included a full year of the Society offering Associate memberships for those not directly working in ICU.

The State of the Art Conference was held in Birmingham in 2023 and attracted 993 in-person delegates and 186 virtual delegates. Overall delegate income grew to £364,536 (2022: £246,233) and sponsorship and exhibition revenue of £373,196 (2022: £228,432).

2023 also saw a return to a full year's programme of one day study days and the continued growth of FUSIC® accreditation resulting in income for the learning division of £345,632 (2022: £313,114)

Expenditure

Overall expenditure increased in 2023 to £2,003,321 (2022: £1,784,369), reflecting the growth in charitable activities undertaken in 2023.

The Society has also increased staffing levels to deliver charitable activities and services to members and support the functions of the Society, reducing the reliance on external third parties.

Remuneration policy is based in offering a market level employment package, including pension, benchmarked against salaries for central London charity employees with the skills required by the Society. These are reviewed annually and approved by the Trustees, after adjustment for inflation.

Staffing and administration costs are allocated across the strategic activity streams to reflect the proportion of time and cost incurred. This is reassessed each year in line with actual activities and usage. Governance costs are directly allocated or apportioned on an assessment basis.

The Society has adopted a pricing model across all its charitable activities that is fair to members and that ensures that we work on a "not for loss" basis. This allows our activities to be priced in a way that makes a fair contribution back to the charity by funding all direct and indirect fixed and variable costs associated with them. Any surpluses generated are used to further the Society's objectives and charitable activities in educational and support activities.

Investment Powers and Policy

Under its Memorandum of Association, the Society has the power to invest without restriction. The Society has adopted an ethical investment policy reflecting its position as a medical charity.

The Society has set risk objectives, together with guidelines on diversification of the portfolio. Periodic reviews are undertaken with the investment manager, whilst council regularly reviews cash and investment balances. The investment strategy is reviewed formally, at least annually.

The Investment Committee has agreed that as part of its governance the Society should undertake a review of its fund managers every three to five years.



Reserves Policy

General reserves are defined as the part of the Society's funds that are freely available to fund its general operations and so not subject to commitments, planned expenditure or other restrictions. Consequently, general reserves do not include restricted or designated funds. General reserves are held in a combination of cash and readily realisable investments.

The Trustees recognise the need to hold reserves to enable financial stability and ensure adequate working capital availability. In arriving at the appropriate level of reserves, the Trustees have considered the following:

- The financial risks facing the Society, including the annual SOA congress
- Likely future expenditure
- Past operational and other trends, and
- Liabilities arising from an unforeseen event leading to unplanned closure.

The Trustees consider reserves are required to fund:

- Cost of sustaining the operations of the Society: the full year cost of running the Society is circa £2.31 million and therefore the amount held should equal £580,000 representing three months' operating expenditure,
- Estimated risks of unplanned loss on the annual SOA conference event including unavoidable costs in the event of unplanned curtailment or cancellation and are estimated at £250,000, and
- Estimated risks of unplanned closure including the costs of unavoidable future commitments the Society would be required to pay, such as any lease obligations of £40,000.

The policy therefore requires the Society to maintain general reserves of £850,000 to cover the above risks on the basis it is unlikely all three requirements would occur simultaneously.

The Trustees also acknowledge that there may be a need from time to time to ensure that reserves also cover other significant liabilities not already reflected in the reserve calculations that could place a material claim on reserves.

The current level of reserves is £1,405,397, which is above the required level. The level of reserves is continually monitored by the Trustees and the policy will be reviewed annually.

Risk Management

The Executive Committee, CEO and Senior Management Team, review the strategic risks to the Society regularly and the Trustee Board reviews them at each of their meetings. All risks have a risk owner and mitigating actions in place which brings down the risk rating of all risks to some exposure but manageable. The Executive identified the following top three strategic risks:

- The risk to our annual State of the Art Congress and excessive financial losses due to strike action, low NHS workforce numbers leading to a lack of delegates and high costs impacting on the ability to return a surplus cause this to be the largest financial risk to the Society. A new Head of Events and new Programme Director have been appointed to work with the Head of Communications to deliver programme for marketing purposes. The Trustees have taken the decision to bring the Congress in-house to mitigate the costs associated and build closer relationships with our sponsors and exhibitors. Delegate numbers and targets are reviewed weekly and detailed financial reviews are prepared, the transition to in-house will improve the ability for forecast costs on a regular basis.

- The risk to membership income due to low retention rates and not attracting new members. Our five-year strategy puts the multi-professional critical care community at the heart of all that the Society does. New Professional Advisory Groups for each membership segment and new Articles approved by Council in 2021 to enable democratic legitimacy by increasing council size to include the PAG chairs (and the Deputy Chair for larger PAGs). Strategic partners on Council provide broader professional advice and strategic support for ICS. Our new CRM and CMS improves membership experience during renewals and applications and when applying for courses or FUSIC® which retains existing members and enables smooth recruitment of new members.

- UK COVID19 inquiry. There is a financial risk to the Society arising from the inquiry as it is not possible to accurately estimate the funds needed to pay for legal costs for the necessary expert time and advice to prepare the required witness statement and provide ongoing support until our input is no longer required. A witness statement was submitted to the inquiry team 26 March 2024. It has been accepted by the team and they will decide when to publish it on their website. Legal costs have breached the cap of £40,000 Trustees originally designated for legal advice for the written evidence phase.

Statement of Trustees' Responsibilities

For the Year Ended 31 December 2023

The Trustees (who are also the Directors of the Society for the purposes 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. Under company law, the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the Society and of its incoming resources and application of resources, including its income and expenditure, for that period. In preparing these financial statements, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently
- Observe the methods and principles of the Charities SORP (FRS 102)
- Make judgements and accounting estimates that are reasonable and prudent
- State whether applicable UK Accounting Standards (FRS 102) have been followed, subject to any material departures disclosed and explained in the financial statements
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Society will continue in business.

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

They are also responsible for safeguarding the assets of the Society and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the Trustees are aware:

- There is no relevant audit information of which the Society's auditor is unaware; and
- The Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

Approved by order of the Members of the Board of Trustees and signed on its behalf by:



Dr Paul Dean
Honorary Treasurer

Date 17 September 2024.....

Independent Auditors' Report to the Members of The Intensive Care Society

Opinion

We have audited the financial statements of The Intensive Care Society (the 'Society') for the year ended 31 December 2023 which comprise the Statement of Financial Activities (incorporating Income and Expenditure Account), the Balance Sheet, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice) and the Charities SORP 2019.

In our opinion the financial statements:

- give a true and fair view of the state of the Society's affairs as at 31 December 2023, 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, Charities Act 2011, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006.

Basis for opinion

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 United Kingdom, including the Financial Reporting Council'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. Our evaluation of the Trustees' assessment of the entity's ability to continue to adopt the going concern basis of accounting included critical reviews of budgets and forecasts provided.

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 Trustees are responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. 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.

In connection with our audit of the financial statements, 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 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.

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 Trustees' report (incorporating the Directors' report) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the Directors' report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of our 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 Trustees' Report.
We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 and the Charities Accounts (Scotland) Regulations 2006 (as amended) requires us to report to you if, in our opinion:

- adequate 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 and from the requirement to prepare a strategic report.

Responsibilities of Trustees

As explained more fully in the Statement of Trustees' Responsibilities, 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

We have been appointed as auditor under section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with the Act and relevant regulations made or having effect thereunder.

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.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The specific procedures for this engagement and the extent to which these are capable of detecting irregularities, including fraud is detailed below:

- Obtaining an understanding of the legal and regulatory frameworks that the entity operates in, focusing on those laws and regulations that had a direct effect on the financial statements;
- Enquiry of management and those charged with governance to identify any instances of known or suspected instances of fraud;
- Enquiry of management and those charged with governance around actual and potential litigation and claims;
- Enquiry of management about any instances of non-compliance with laws and regulations;
- Reviewing the control systems in place and testing the effectiveness of the controls;
- Performing audit work over the risk of management override of controls, including testing of journal entries and other adjustments for appropriateness;
- Evaluating the business rationale of significant transactions outside the normal course of business;
- Reviewing minutes of meetings of those charged with governance;
- Reviewing financial statement disclosures and testing to supporting documentation to assess compliance with applicable laws and regulations.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: https://www.frc.org.uk/Our-Work/Audit/Audit-and-assurance/Standards-and-guidance/Standards-and-guidance-for-auditors/Auditors-responsibilities-for-audit/Description-of-auditors-responsibilities-for-audit.aspx. This description forms part of our auditor's report.

Use of this report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006, and to the charitable company's trustees, as a body, in accordance with regulation 10 of the Charities Accounts (Scotland) Regulations 2006. Our audit work has been undertaken so that we might state to the charitable company's members 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 charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Carina Ralfs PhD MSci (Hons) FCA (Senior Statutory Auditor)
for and on behalf of MHA, Statutory Auditor
Maidenhead, United Kingdom

Date:

MHA is the trading name of MacIntyre Hudson LLP, a limited liability partnership in England and Wales (registered number OC312313)

Statement of Financial Activities (incorporating income and expenditure account) For the Year Ended 31 December 2023

	Notes	Unrestricted funds 2023 £	Restricted funds 2023 £	Total funds 2023 £	Total funds 2022 £
Income from:					
Donations and subscriptions	1	**803,190**	**-**	**803,190**	879,305
Charitable activities	2	**820,438**	**38,200**	**858,638**	761,569
Other trading activities	3	**377,421**	**-**	**377,421**	242,479
Investments	4	**31,033**	**-**	**31,033**	8,425
Total income		**2,032,082**	**38,200**	**2,070,282**	1,891,778
Expenditure on:					
Raising funds	5	**61,100**	**-**	**61,100**	59,197
Charitable activities	6	**1,904,021**	**38,200**	**1,942,221**	1,725,172
Total expenditure		**1,965,121**	**38,200**	**2,003,321**	1,784,369
Net gains/(losses) on investments	15	**7,318**	**-**	**7,318**	(18,646)
Net surplus for the year		**74,279**	**-**	**74,279**	88,763
Reconciliation of funds:					
Total funds brought forward		**1,351,118**	**3,909**	**1,355,027**	1,266,264
Net movement surplus for the year		**74,279**	**-**	**74,279**	88,763
Total funds carried forward		**1,425,397**	**3,909**	**1,429,306**	1,355,027

The Statement of Financial Activities includes all gains and losses recognised in the year.

The notes on pages 53 to 64 form part of these financial statements.
All income and expenditure derive from continuing activities.

Balance sheet
For the Year Ended 31 December 2023

REGISTERED NUMBER: 02940178

	Notes	2023 £	2023 £	2022 £	2022 £
Fixed assets					
Tangible assets	13		**75,790**		68,871
Investments	14		**511,599**		494,766
Total fixed assets			**587,389**		563,637
Current assets					
Debtors	15	**190,916**		288,390	
Cash and cash equivalents		**956,731**		927,945	
Total current assets		**1,147,647**		1,216,335	
Creditors: amounts falling due within one year	16	**(305,730)**		(424,945)	
Net current assets			**841,917**		791,390
Total net assets			**1,429,306**		1,355,027
Charity funds					
Restricted funds	18		**3,909**		3,909
Unrestricted funds					
General		1,400,397		1,286,118	
Designated		25,000		65,000	
Unrestricted funds	18		**1,425,397**		1,351,118
Total funds			**1,429,306**		1,355,027

The Trustees acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and preparation of financial statements.

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

The financial statements were approved and authorised for issue by the Trustees and signed on their behalf by:



Dr Paul Dean, Honorary Treasurer
Date 17 September 2024

The notes on pages 53 to 64 form part of these financial statements.

Statement of Cash Flows
For the Year Ended 31 December 2023

	2023	2022
	£	£
Cash flows from operating activities		
Net surplus for the year	**74,279**	88,763
Tax charge	**-**	-
Cash from operating activities	**74,279**	88,763
Adjustments for:		
Depreciation charges	**18,026**	3,788
(Gains)/losses on investments	**(7,318)**	18,646
Investment income	**(31,033)**	(8,425)
(Increase)/decrease in debtors	**97,474**	(154,850)
Increase/(decrease) in creditors	**(119,215)**	163,268
Net cash generated by operating activities	**(42,066)**	22,427
Cash flows from investing activities		
Purchase of fixed assets	**(24,945)**	(70,268)
Investment income	**31,033**	8,425
Proceeds from sale of investments	**39,775**	192,270
Purchase of investments	**(55,790)**	(534,173)
Movements in cash account	**6,500**	36,229
Net cash provided by investing activities	**(3,427)**	(367,517)
Change in cash and cash equivalents in the year	**28,786**	(256,327)
Cash and cash equivalents at the beginning of the year	**927,945**	1,184,272
Cash and cash equivalents at the end of the year	**956,731**	927,945

The notes on pages 53 to 64 form part of these financial statements

Accounting Policies

Legal status

The Society is a company limited by guarantee and is registered with the Charity Commission in England and Wales (Charity Registration Number 1039236) and Scotland (Charity Registration Number SC040052) and the Registrar of Companies (Company Registration Number 02940178) in England and Wales.

The Society is governed by a Trustee Board and an advisory council comprising ICS company members. Trustee Board comprises Hon Officers elected by Council, Council Member Trustee and three Lay Trustees. In the event of the Society being wound up, the liability in respect of the guarantee is limited to £1 per member of the Council

The address of the registered office is given in the Society information on page 38 on these financial statements. The nature of the Society's operations and principal activities are listed in the Trustees Report.

Basis of preparation of financial statements

The financial statements have been prepared in accordance with the Charities SORP (FRS 102) 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 Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 and the Companies Act 2006.

The financial statements have been prepared on the historical cost basis of accounting and on the going concern basis.

Judgements and key sources of estimation uncertainty are set out within note n) of the Accounting Policies

The Intensive Care Society meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy.

Preparation of the accounts on a going concern basis

The Society's financial activities, its current financial position and factors likely to affect its future development, including the impact of COVID19 are set out in the Trustees Annual Report. On this basis the Trustees have a reasonable expectation that the Society has adequate resources to continue in operational existence for the foreseeable future, being a period of at least one year from the date of the approval of these financial statements. For this reason, it continues to adopt the going concern basis in the financial statements.

The significant accounting policies applied in the preparation of these financial statements are set out below. These policies have been consistently applied to all years presented unless otherwise stated.

a) Income

Income, excluding VAT, is recognised once the Society has entitlement to the income, it is probable that the income will be received, and the amount of income receivable can be measured reliably.

Grants are included in the Statement of Financial Activities on a receivable basis. The balance of income received for specific purposes but not expended during the period is shown in the relevant funds on the Balance Sheet. Where income is received in advance of entitlement of receipt, its recognition is deferred and included in creditors as deferred income. Where entitlement occurs before income is received, the income is accrued.

On receipt, donated professional services and facilities are recognised on the basis of the value of the gift to the Society which is the amount it would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

Where the donated good is a fixed asset, it is measured at fair value, unless it is impractical to measure this reliably, in which case the cost of the item to the donor should be used. The gain is recognised as income from donations and a corresponding amount is included in the appropriate fixed asset class and depreciated over the useful economic life in accordance with the Society's accounting policies.

Other income is recognised in the period in which it is receivable and to the extent the goods have been provided or on completion of the service.

b) Expenditure

Expenditure is recognised, inclusive of any VAT that cannot be recovered, once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is classified by activity, and the costs of each activity are made up of the total of direct costs and shared costs, including support costs involved in undertaking each activity. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs which contribute to more than one activity and support costs which are not attributable to a single activity are apportioned between those activities on a basis consistent with the use of resources. Central staff costs are allocated on the basis of time spent, and depreciation charges allocated on the portion of the asset's use.

Expenditure on raising funds includes all expenditure incurred by the Society to raise funds for its charitable purposes and includes costs of all fundraising activities events and noncharitable trading.

Expenditure on charitable activities is incurred on directly undertaking the activities which further the Society's objectives, as well as any associated support costs.

Grants payable are charged in the year when the offer is made except in those cases where the offer is conditional, such grants being recognised as expenditure when the conditions attaching are fulfilled. Grants offered subject to conditions which have not been met at the year end are noted as a commitment, but not accrued as expenditure.

c) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the Society; this is normally upon notification of the interest paid or payable by the institution with whom the funds are deposited.

d) Taxation

Taxation expense for the year comprises current tax recognised in the reporting period and is recognised in the income and expenditure account.

Current tax is the amount of corporation tax payable in respect of the taxable profit arising from non-primary purpose trading. Tax is calculated on the basis of tax rates and laws that have been enacted or substantively enacted by the balance sheet date.

Accounting Policies

e) Tangible fixed assets and depreciation

Tangible fixed assets costing £1,000 or more are capitalised and recognised when future economic benefits are probable, and the cost or value of the asset can be measured reliably.

Tangible fixed assets are initially recognised at cost. After recognition, under the cost model, tangible fixed assets are measured at cost less accumulated depreciation and any accumulated impairment losses. All costs incurred to bring a tangible fixed asset into its intended working condition are included in the measurement of cost.

Depreciation is charged so as to allocate the cost of tangible fixed assets less their residual value over their estimated useful lives, using the straightline method.

Depreciation is provided on the following basis:

Office equipment	20% to 33% straight line
Computer equipment	33% straight line
Database	20% straight line

f) Investments

Fixed asset investments are a form of financial instrument and are initially recognised at their transaction cost and subsequently valued at market value at the balance sheet date, unless the value cannot be measured reliably in which case it is measured at cost less impairment. Investment gains and losses, whether realised or unrealised, are combined and presented as 'gains/(losses) on investments' in the Statement of Financial Activities.

g) Debtors

Trade and other debtors are recognised at the settlement amount after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

h) Cash at bank and in hand

Cash at bank and in hand includes cash and shortterm highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

i) Liabilities and provisions

Liabilities are recognised when there is an obligation at the Balance Sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably.

Liabilities are recognised at the amount that the Society anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide.

Provisions are measured at the best estimate of the amounts required to settle the obligation. Where the effect of the time value of money is material, the provision is based on the present value of those amounts, discounted at the pretax discount rate that reflects the risks specific to the liability. The unwinding of the discount is recognised in the Statement of Financial Activities as a finance cost.

Accounting Policies

j) Financial instruments

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

k) Operating leases

Rentals paid under operating leases are charged to the Statement of Financial Activities on a straight line basis over the lease term.

l) Pensions

The Society operates a defined contribution pension scheme and the pension charge represents the amounts payable by the Society to the fund in respect of the year.

m) Fund accounting

General funds are unrestricted funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the Society and which have not been designated for other purposes.

Designated funds comprise unrestricted funds that have been set aside by the Trustees for particular purposes. The aim and use of each designated fund is set out in the notes to the financial statements.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the Society for particular purposes. The costs of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements.

Investment income, gains and losses are allocated to the appropriate fund.

n) Termination payments

Termination payments are expensed when the Society can no longer withdraw the offer of these payments.

o) Critical accounting estimates and areas of judgement

In the application of the Society's accounting policies, the trustees are required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and judgements are continually evaluated and based on historical experience and other factors, including expectations of future events that are considered to be relevant and reasonable under the circumstances. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revision of accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

There are no estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Notes to the Financial Statements
For the Year Ended 31 December 2023

1 Income from donations and subscriptions

	Unrestricted funds 2023 £	Unrestricted funds 2022 £
Donations	**73,294**	194,632
Subscriptions	**729,896**	684,673
	803,190	879,305

2 Income from charitable activities

	Unrestricted funds 2023 £	Restricted funds 2023 £	Total funds 2023 £	Unrestricted funds 2022 £	Restricted funds 2022 £	Total funds 2022 £
Learning	**345,632**	**-**	**345,632**	227,335	15,245	242,580
SOA	**373,487**	**-**	**373,487**	313,114	-	313,114
Professional affairs	**98,664**	**38,200**	**136,864**	22,413	182,883	205,296
Research	**2,655**	**-**	**2,655**	579	-	579
	820,438	**38,200**	**858,638**	563,441	198,128	761,569

3 Income from other trading activities

	Unrestricted funds 2023 £	Unrestricted funds 2022 £
Sponsorship income	**377,421**	242,479

4 Income from investments

	Unrestricted funds 2023 £	Unrestricted funds 2022 £
Dividends and interest receivable	**13,960**	7,426
Bank interest receivable	**17,073**	999
	31,033	8,425

5 Analysis of expenditure on raising funds

	Unrestricted funds 2023	Unrestricted funds 2022
	£	£
Direct costs	**45,205**	45,575
Investment management fees	**4,483**	2,866
Support costs (Note 7)	**11,412**	10,756
	61,100	59,197

6 Analysis of expenditure on charitable activities by fund

	Unrestricted funds 2023	Restricted funds 2023	Total funds 2023	Unrestricted funds 2022	Restricted funds 2022	Total funds 2022
	£	**£**	**£**	£	£	£
Public Affairs	**206,786**	**-**	**206,786**	122,957	-	122,957
Professional Affairs	**189,649**	**38,200**	**227,849**	75,182	182,883	258,065
Learning	**345,122**	**-**	**345,122**	337,889	15,245	353,134
SOA	**852,672**	**-**	**852,672**	618,543	-	618,543
Standards	**152,222**	**-**	**152,222**	179,366	-	179,366
Research	**157,570**	**-**	**157,570**	193,107	-	193,107
	1,904,021	**38,200**	**1,942,221**	1,527,044	198,128	1,725,172

Expenditure is analysed between the divisions of activity which operationally deliver the Strategic Priorities as set out in our 5 year strategy and the Trustees Annual Report.

Public Affairs Division comprises our external media, public communications and fundraising functions and also includes the Patients, Relatives and Public Advisory Group.

The Professional Affairs Division includes our Wellbeing activities and our eight advisory groups relevant to the professional activities of our members as well as our Legal and Ethical Advisory Group.

The Learning Division includes our seminars and digital learning webinars and programmes and our FUSIC® accreditation schemes.

SOA includes the State of the Art Conference, this was previously included as part of the Learning Division but due to the strategic importance of the event is now reflected as its own strategic priority..

The Standards Division includes the Society's work in relation to setting and codifying professional standards and the wealth of guidance we provide to the community.

The Research Division is responsible for the strategic research representation and engagement we have across the UK and also oversees the research grants made by the Society and includes the research based peer review Journal of the Intensive Care Society.

Staff costs are attributed to each division by reference to the time taken by individual staff members to fairly reflect the appropriate cost.

7 Analysis of expenditure on charitable activities by type

	Activities undertaken directly 2023	Grant funding of activities 2023	Support costs 2023	Total funds 2023
	£	**£**	**£**	**£**
Public Affairs	**149,723**	**-**	**57,063**	**206,786**
Professional Affairs	**182,199**	**-**	**45,650**	**227,849**
Learning	**230,997**	**-**	**114,125**	**345,122**
SOA	**788,001**	**-**	**64,671**	**852,672**
Standards	**95,160**	**-**	**57,062**	**152,222**
Research	**101,580**	**25,557**	**30,433**	**157,570**
	1,547,660	**25,557**	**369,004**	**1,942,221**

	Activities undertaken directly 2022	Grant funding of activities 2022	Support costs 2022	Total funds 2022
	£	£	£	£
Public Affairs	79,935	-	43,022	122,957
Professional Affairs	207,873	-	50,192	258,065
Learning	220,482	-	132,652	353,134
SOA	600,617	-	17,926	618,543
Standards	111,247	-	68,119	179,366
Research	103,256	54,000	35,851	193,107
	1,323,410	54,000	347,762	1,725,172

The Intensive Care Society funded research and incurred management and other costs in developing the Society's research activity. In 2023 the Society awarded 3 grants, details of these awards can be found in the Research section of the Trustees Annual Report.

8 Analysis of support costs

	Fundraising 2023	Charitable activities 2023	Total 2023	Fundraising 2022	Charitable activities 2022	Total funds 2022
	£	**£**	**£**	£	£	£
Staff costs	**4,297**	**138,944**	**143,241**	4,536	146,662	151,198
Depreciation	**540**	**17,486**	**18,026**	114	3,674	3,788
Office costs	**4,810**	**155,507**	**160,317**	4,703	152,066	156,769
Legal & professional	**494**	**15,982**	**16,476**	510	16,489	16,999
Other costs	**541**	**17,500**	**18,041**	224	7,238	7,462
Governance costs	**730**	**23,585**	**24,315**	669	21,633	22,302
	11,412	**369,004**	**380,416**	10,756	347,762	358,518

9 Net income/(expenditure) for the year

This is stated after charging:	2023 £	2022 £
Operating leases – buildings	**80,990**	57,988
Depreciation	**18,026**	3,788
Auditor's remuneration	**14,242**	14,028

10 Staff costs

	2023 £	2022 £
Wages and salaries	**652,292**	582,713
Social security costs	**63,214**	60,033
Pension costs	**30,872**	27,147
Termination payments	**14,060**	-
	760,438	669,893

Termination payments were made to 1 (2022:nil) member of staff.

The average number of persons employed by the Society during the year was as follows:

	2023	2022
Raising funds	**1**	1
Charitable activities	**11**	11
Support functions	**3**	4
	15	16

The number of employees whose employee benefits (excluding employer pension costs) exceeded £60,000 in the following bands was:

	2023	2022
£60,001 - £70,000	**1**	1
£80,001 - £90,000	**1**	1

The total amount of employee benefits received by Key Management Personnel, including Employers National Insurance contributions and employers pension contributions, is £91,233 (2022: £87,715). The Society considers its Key Management Personnel to be the Trustees and the Chief Executive.

11 Trustees' remuneration and expenses

During the year, no Trustees received any remuneration or other benefits (2022: £nil). Expenses for travel totalling £3,369 were reimbursed to 8 Trustees (2022: £3,432 to 7 Trustees).

12 Related party transactions

Trustee and Key Management Personnel transactions are detailed in Notes 10 and 11. Trustees also made donations of £210 (2022: £140). There were no other related party transactions during the period (2022: none).

13 Tangible fixed assets

	Computer equipment £	Database £	Total £
Cost			
At 1 January 2023	5,083	68,139	73,222
Additions	16,690	8,255	24,945
Disposals	-	-	-
At 31 December 2023	21,773	76,394	98,167
Depreciation			
At 1 January 2023	2,080	2,271	4,351
Charge for the year	4,162	13,864	18,026
Disposals	-	-	-
At 31 December 2023	6,242	16,135	22,377
Net book value			
At 31 December 2023	**15,531**	**60,259**	**75,790**
At 31 December 2022	3,003	65,868	68,871

14 Fixed asset investments

Valuation	**2023 £**	2022 £
At 1 January 2023	494,766	207,738
Additions at cost	55,790	534,173
Disposal proceeds	(39,775)	(192,270)
Revaluations	7,318	(18,646)
Movements in cash account	(6,500)	(36,229)
At 31 December 2023	511,599	494,766

Comprising	**2023 £**	2022 £
UK listed equities and infrastructure funds	248,922	250,425
UK bonds	59,895	31,302
Overseas equities	171,759	175,206
Overseas bonds	16,660	16,970
Cash	14,363	20,863
At 31 December 2023	511,599	494,766

15 Debtors

	2023	2022
	£	£
Trade debtors	**38,637**	20,330
Other debtors	**60,252**	89,412
Prepayments and accrued income	**92,027**	178,648
	190,916	288,390

16 Creditors: Amounts falling due within one year

	2023	2022
	£	£
Trade creditors	**83,813**	223,222
Other taxation and social security	**20,477**	16,383
Other creditors	**35,302**	14,097
Accruals and deferred income	**166,138**	171,243
	305,730	424,945

17 Deferred income

	2023	2022
	£	£
At 1 January	**97,948**	82,340
Income deferred during the year	**86,028**	97,948
Amounts released from previous periods	**(97,948)**	(82,340)
At 31 December	**86,028**	97,948

Deferred income relates to subscriptions, seminars and grant funds paid for in advance of the next financial year.

18 Statement of funds

	At 1 January 2023 £	Income £	Expenditure £	Transfers £	At 31 December 2023 £
Restricted funds					
Bennett Fund	**3,909**	**-**	**-**	**-**	**3,909**
Gilead	**-**	**38,200**	**(38,200)**	**-**	**-**
Total restricted funds	**3,909**	**38,200**	**(38,200)**	**-**	**3,909**
Unrestricted funds					
General	**1,286,118**	**2,039,400**	**(1,965,121)**	**40,000**	**1,400,397**
Designated	**65,000**	**-**	**-**	**(40,000)**	**25,000**
Total funds	**1,355,027**	**2,077,600**	**(2,003,321)**		**1,429,306**

	At 1 January 2022 £	Income £	Expenditure £	Transfers £	At 31 December 2022 £
Restricted funds					
Bennett Fund	3,909				3,909
CHSA Psychoeducation grant	-	57,765	(57,765)	-	-
CHSA Peer support grant	-	35,867	(35,867)	-	-
CHSA Leadership grant	-	70,320	(70,320)	-	-
Gilead	-	34,176	(34,176)	-	-
Total restricted funds	3,909	198,128	(198,128)	-	3,909
Unrestricted funds					
General	1,262,355	1,693,650	(1,604,887)	(65,000)	1,286,118
Designated	-	-	-	65,000	65,000
Total funds	1,266,264	1,891,778	(1,803,015)	-	1,355,027

The Bennett Fund was established to provide funding for the travel costs of eminent speakers to attend the Society's State of the Art Scientific meeting and conduct a session with trainee intensivists.

CHSA grants were awarded for three projects: Peer support to establish a national framework in 12 ICUs, Psychoeducation to produce an interactive web-based education programme to raise self-awareness, and improve self-care practices, and Leadership to develop and run a leadership course for 15 members.

Gilead grant was awarded to provide 1:1 support for ICU staff dealing with the impact of the pandemic.

Designated funds comprise funds ring-fenced to cover the Society's costs should it be required to give evidence to the COVID-19 enquiry and funds to underwrite the continuation of the leadership course previously funded by the CHSA.

Unrestricted funds are general funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the Society and which have not been designated for other purposes.

19 Analysis of net assets between funds

	Unrestricted funds 2023 £	Restricted funds 2023 £	Total funds 2023 £	Unrestricted funds 2022 £	Restricted funds 2022 £	Total funds 2022 £
Fixed assets	**587,389**	**-**	**587,389**	563,637	-	563,637
Current assets	**1,143,738**	**3,909**	**1,147,647**	1,212,426	3,909	1,216,335
Creditors due within one year	**(305,730)**	**-**	**(305,730)**	(424,945)	-	(424,945)
	1,425,397	**3,909**	**1,429,306**	1,351,118	3,909	1,355,027

20 Analysis of changes in net debt

	At 1 January 2023 £	**Cash flows £**	At 31 December 2023 £
Cash at bank and in hand	**927,945**	**28,786**	**956,731**

21 Balances held as agent

Funds administered by the Society in accordance with instructions received.	At 1 January 2023 £	Funds received £	Funds paid £	At 31 December 2023 £
UK Critical Care Research Group	**10,708**	**£23,350**	**(3,853)**	**30,205**

22 Pension commitments

The Society operates a defined contribution pension scheme. The assets of the scheme are held separately from those of the Society in an independently administered fund. The pension cost recognised as an expense in the year was £30,872 (2022: £27,147). There were £4,851 of outstanding pension contributions payable to the fund at the balance sheet date (2022: £3,233).

23 Operating lease commitments

At 31 December 2023 the Society had commitments to make future minimum lease payments under non-cancellable operating leases as follows:	**2023 £**	2022 £
Not later than 1 year	**40,495**	40,495

Notes

Notes

Intensive Care Society

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Registered as a Company limited by Guarantee
Registered No: 2940178 (England) Registered Office as above
Registered as a Charity in England and Wales No: 1039236 and in Scotland No: SC040052

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THE INTENSIVE CARE SOCIETY

England & Wales - Charity number 1039236

Accounts

Intensive Care Society

Trustees' Annual Report

For year ended 31 December 2022

We embed our charitable objects and our vision, mission and values in to all of our work, enabling us to achieve our outcomes and make an impact on our beneficiaries.

Our Charitable Object

To advance and promote the care and safety of critically ill patients by...

1. The advancement and promotion of those branches of medical science concerned with critical care.
2. The promotion of study and research into critical care and the publication of the useful results of such study and research.

Our Values

Our values define our culture and are at the very heart of the Society - who we are, what we do and how we do it.

Collaboration
We work with others to maximise our impact.

Freedom of Expression
We are bold in our actions and words and encourage diversity of views.

Accept and Respect
We treat everyone with dignity and respect and accept differences delivering our mission more effectively.

Our Mission

We represent the views of the multi professional critical care community and help them by providing opportunities for knowledge exchange to support learning. We enable them to contribute to research and standards development.

Our Vision

The Society's vision is a world where every member of the multi professional critical care team has a voice and plays a part in research, education and standards-development.

Trustees Report

The Trustees of the Intensive Care Society (the "Society") who are also Directors of the company for the purposes of the Companies Act 2006, present their annual report on the affairs of the Society, together with the financial statements and auditor's report for the year ended 31 December 2022.

This report has been prepared in accordance with the provisions applicable to companies entitled to the small companies' exemption, which includes an exemption from preparing a Strategic Report.

The Society is governed by its Memorandum and Articles of Association last amended on 21 April 2021

Each year the Trustee Board approves a costed operational implementation plan which maps against our strategy and the action plan set out in it for each year. The operational implementation plan is delivered via a divisional structure with an elected Council member as chair of each division collaborating with a named senior manager. Our strategy and annual operational implementation plan set out the Society's work under four Strategic Priorities (SP) supported by two critical enablers.

SP1 Your voice – our influence
SP2 Your region – our network
SP3 Your patients – our research-based care
SP4 Your professional practice – our education



A statement from our Chief Executive and President

2022 has been a year of change and growth. As we left the pandemic behind us, we saw intensive care begin to stabilise, allowing us to pause and reflect on next steps.

The most important aspect of this year was to continue supporting our community as they tried to make sense of what they had experienced and get back to a normal pace of work life. Thanks to the Covid Healthcare Support Appeal (CHSA) we launched our first fully funded executive Leadership Programme (LeaP1) for senior leaders across the professions in intensive care. Our Thriving at Work Project continued to provide support and see initiatives such as our CHSA funded 'Peer Support' training entering the second year. We also prepared for phase 2 of the GAINS study, run in collaboration with Wellcome Trust and a team of international researchers to establish if a brief cognitive intervention could reduce the number of intrusive memories in staff working in the pandemic.

With the establishment of our All-Party Parliamentary Group on Intensive Care, we were able to lay the groundwork to build on two key areas that needed immediate focus by the Government: workforce and rehabilitation.

Throughout the year, Parliamentarians heard from our multi-professional Council members and patients to help inform and educate them about intensive care.

We also moved into the 2nd year of our Immediate Climate Strategy and completed the complex financial move to a new investment management company and divested from fossil fuels.

Our strategic partnerships became stronger, solidified out of one unified goal of supporting intensive care during the pandemic. Collaboration is the first of our core values and is key to making sustainable change. This year we have continued to build these relationships across all areas of our work. We have also launched joint projects in ultrasound and guidance, as well as working more closely with NHSE and the devolved nations.

As with all work, data is key! It enables us to assess, grow and bridge gaps to make a better tomorrow. This year, we made a conscious effort to ensure we better understood our membership and wider community. We started this journey by embedding a new membership database and website. We also ran our equality, diversity and inclusion census which enabled us to deep dive into our community to help us better understand the needs of all those we represent.

As our workstreams and activities increased during the year, we needed to grow our staff team to enable us to deliver more for our beneficiaries.

This year has been another busy year and we thank all of volunteer Council, Trustees, Committees and working groups as well as our staff team members who continue to go above and beyond to support the intensive care community.

This year, saw the end of our five-year strategy and the rest of this report will outline the final successes from this roadmap that has served as a moral compass for the Society and helped us to become the organisation we are today.

As one good thing came to an end, another one can begin. At the end of 2022, we published our new Your Voice – Our Strategy 2023 – 2027.

Our new strategy was created and designed collaboratively to implement an ambitious vision to grow the Intensive Care Society. We want the strategy to enable us to deliver quality services and products that meet the changing needs of todays and tomorrow's members and our wider beneficiaries.

We continue to stay focused on delivering our charitable object throughout this strategy: to advance and promote the care and safety of critically ill patients. It is further underpinned by two new critical enablers of Equality, Diversity and Inclusion, and Governance, Financial Resilience and Environmental Sustainability.

We developed this strategy with the input of a wide range of interested parties and using a variety of engagement methods including workshops, focus groups, interviews and surveys.

We are a small organisation, and we rely on collaboration between staff and volunteers to enable us to deliver our activities. Together this enables the Society to punch well above our weight and support a wide range of activities to make an impact and advance and promote the care and safety of critically ill patients.

We are grateful to everyone for the time they have given to develop our strategy and we look forward to continuing to work with you as we deliver it together over the next five years. Thank you.

We launched our new strategy to the intensive care community at our Annual Members Meeting on the 6 December 2022.

Steve Mathieu
President
Intensive Care Society

Sandy Mather
Chief Executive
Intensive Care Society



Our 2023 - 2027 Vision

The Society's vision is a world where every member of the multi-professional intensive care team is able to deliver the best quality care for those who need it, when they need it.



Our 2023 - 2027 Mission

To be the voice of the multi-professional intensive care community, their patients and their loved ones and together to advance and promote the best quality care, safety and research.

Our Values

Collaboration
We work with others to maximise our impact

Freedom of Expression
We are bold in our actions and words and encourage diversity of views

Accept and Respect
We treat everyone with dignity and respect, and accept differences delivering our mission more effectively

Quality
We provide value by delivering services and products to a consistently high standard

Our Critical Enablers



Equality Diversity and Inclusion



Governance, Financial Resilience and Environmental Sustainability

Our New Strategic Priorities



Strategic Priority 1

Be an influential leader and the voice of our multi-professional intensive care community , their patients families and loved ones



Strategic Priority 2

Grow our membership by delivering quality products and services that support current and future members of the intensive care community



Strategic Priority 3

Influence the implementation of standards, guidelines, policies, quality improvement and research



Strategic Priority 4

Develop an expanded portfolio of quality blended learning activities and accreditation services



Strategic Priority 5

For SOA to be the leading Congress based on educational content, professional development opportunities and networking for all those involved in critical care

Strategic Priority 1: Your voice – our influence

Goal 1: To act as the collective voice of our diverse multi-professional membership

Goal 2: To increase our fundraising capacity and capability

Our Public Affairs Division is responsible for acting as the collective voice of the Society's members and both informs and educates policy makers and the public about the value of the multi-professional team providing intensive care. It is also responsible for leading the successful delivery of our fundraising campaigns by engaging with donors to explain the impact the Society has and the difference their donations can make to our beneficiaries.

Public Affairs Division

Goal 1: To act as the collective voice of our diverse multi-professional membership

Action plan and KPI:

Collaborate with like-minded organisations and Parliamentarians to hold a series of public debates to increase understanding about the interface between critical care, palliative care and end of life care.

Achievements and results to demonstrate our impact and public benefit



Our All-Party Parliamentary Group on Intensive Care (APPG) continues to provide a platform to voice the concerns of the intensive care community, ICU patients and their loved ones, and the wider public to help inform and educate Parliamentarians in their understanding and decision making around intensive care.

Chaired by, Sir Gary Streeter MP, our APPG focused on two themes - patient rehabilitation needs and the critical care workforce.

Several APPG meetings were held throughout this year with multiple Society stakeholders and members attending to provide insights on what critical care is and the complexities and challenges faced around rehabilitation shortfalls and workforce issues.

It has been a challenging year across the political landscape which has impacted on the APPG's ability to garner support from MPs who would naturally be inclined to attend such meetings. However, the Chair remains committed to raising the profile of our APPG and we will continue to push forward our workforce strategic priority as outlined in our new 2023 strategy.

Action plan and KPI

Deliver the Intensive Care Society Awards

Achievements and results to demonstrate our impact and public benefit



2022 saw the Intensive Care Awards return for the third time. Our awards recognised the exceptional talent in critical care and celebrated the work undertaken to advance critical care.

This year, saw the addition of several new categories, covering Equality, Diversity and Inclusion, Sustainability, ICU of the Year, and Supporters of Intensive Care, providing even more opportunities to recognise the amazing work that goes on across the profession.

Action plan and KPI:

Deliver year two of the Society's Immediate Climate Strategy.

Achievements and results to demonstrate our impact and public benefit

In 2022, our Sustainability work continued to make progress towards achieving the goals set out in our Immediate Climate Strategy developed to help the us achieve the target of reducing our carbon footprint by 50% by 2030.

This year, the working group delivered work across several key areas;

Waste and pollution

Our Waste and Pollution workstream began to audit the waste and pollution created by patient care in ICU in order to catalogue hotspots and identify ways to make reductions. The project will be far reaching, and encompass waste created from all activities in critical care, including the pollution generated by the disposal of equipment and medications. This year, the focus has been on defining the scope of the project and undertaking preliminary research to identify the scale of waste and pollution generated by intensive care.

Critical Care Susnet

In May, we teamed up with the British Association of Critical Care Nurses to endorse the Centre for Sustainable Healthcare's Critical Care Sustainability Network (Susnet). Susnet is freely available to all those working or interested in critical care to share their sustainability projects, learnings, and ideas.

The use and disposal of PPE

The working group started a full literature review on the use of PPE to improve guidance on when and when not to wear PPE to reduce the amount of unnecessary usage in intensive care.

Education

Our Sustainability Education work stream laid the groundwork for a comprehensive education package for our members, covering all areas of sustainability in intensive care. They've undertaken extensive research in order to produce an engaging and informative package, which is expected to be delivered in early 2023. The package will be available to all members and supplemented by further education available to non-members as well.

UKHACC membership

As a member of the UK Health Alliance on Climate Change (UKHACC), we are working with our colleagues to drive change in the provision of UK healthcare to make our service provision more environmentally sustainable. This year, we have supported the Alliance in a number of campaigns calling for the climate crisis to be considered a health crisis, encouraging our members to show their support, and addressing government directly. Working with our peers on shared campaigns has helped amplify our voices to encourage real and lasting change.



KPIs to achieve by 2023

Be known as the "go to" professional body for policy makers and parliamentarians who can influence research and practice in critical care.

Our KPI results so far.....

Our collaborative policy work through our All-Party Parliamentary Group, policy development, standards and guidelines, research and media profile means we have been able to establish the Society as the "go to" organisation for evidence-based facts on critical care.

KPIs to achieve by 2023

Increased social media presence with 30% increase in Twitter followers, Facebook, LinkedIn, Instagram

Our KPI results so far.....

Achieved. Our social media channels have been brought to life since implementing our strategy. We achieved this by becoming more active across our channels, producing engaging posts and campaigns, introducing imagery and media, making sure the information we were sending out was relevant, and taking the time to actually talk to our followers.

All of our channels have seen huge growth, with Twitter being our biggest social media asset increasing from 16K to 36,669 followers by the end of 2022. In 2018, Facebook, LinkedIn and Facebook had a very low following, and we are pleased to see how these have continued to significantly grow year-on-year.

The introduction of social media campaigns has enabled us to get closer to our followers. During this year's Intensive Care Week, we asked our followers to tweet pictures of themselves and their teams paint a story to the public of why they should work in intensive care. This saw 120K impressions across seven days, just our tweets alone, resulting in a 400% increase on the week before.



All of our accounts are officially verified.



36,699 followers



8,669 followers



I3,629 followers



7,828 followers

Goal 2: To increase our fundraising capacity and capability

Action plan

Deliver a collaborative fundraising campaign with a like-minded organisation.

Achievements and results to demonstrate our impact and public benefit

Skiing Across Mountains for Intensive Care: Zermatt to Verbier

In 2022, we were contacted by a family member of a doctor working in intensive care during the pandemic to organise a fundraising challenge event to support the intensive care community. After seeing our Thriving at Work Project which provides wellbeing and psychological support to our community, they wanted to raise money to help sustain this work for another year.

This fundraising campaign was run in collaboration with another charity, Doctors in Distress.

The challenge

The Patrouille des Glaciers challenge is a historic national and international ski mountaineering race organised by the Swiss army. Considered to be one of the toughest courses in the world, consisting of a 57.5 km route at altitudes of up to 3,650 metres between Zermatt to Verbier.

After several months of training, six intrepid skiers including three clinicians set off from Zermatt, crossing the Swiss Alps in a challenge designed mainly for the military to raise money for intensive care.

After a gruelling four days, the team arrived in Verbier and despite having their limits pushed, it was great to see them in good spirits and feeling invigorated.



THANK YOU!

Gary and Debbie Pittaway

We would like to say a special thank you to Gary (who also took part in the challenge) and Debbie Pittaway for working with us. Also, to all of the team for their dedication to conquer this challenge and for fundraising to support intensive care .

£29,146.36

Donated to the Intensive Care Society

This challenge returns in 2024 with applications to join the team open until August 2023 to be considered to be part of the team.

ics.ac.uk/fundraising

Action plan

Deliver a range of fundraising challenge events that cater to a range of donor interests.

Achievements and results to demonstrate our impact and public benefit

This year, we saw 15 intensive care professionals take on the London Landmarks Half Marathon, a central London event that has runners take on 13-mile route through the city of London and City of Westminster.

£5,000 raised



Action plan

Successfully apply for funding to support the Society's projects

Achievements and results to demonstrate our impact and public benefit

In 2022, we successfully received a grant for £72,000 to further support our Thrive at Work Project. Results of this work can be found on page 14.

We also received a grant from CHSA that enabled us to run our first Leadership Programme, LeaP1. See page 15 for more details.

We received a further £70,000 of unrestricted funding from IG Advisors to help support infrastructure and operational costs of the Society.

KPIs to achieve by 2023

One successful major appeal for £500,000

Our KPI results so far.....

Achieved. This KPI was successfully achieved during 2020 when we raised £754,103 in total donations.

KPIs to achieve by 2023

Annual recurring unrestricted fundraising income of £100,000

Our KPI results so far.....

In 2022, we received a total of £139,276 from public donations and challenge events.

Strategic Priority 2: Your region – our network

Goal 1: To improve the value we provide to our members wherever they live and work.

Goal 2: To increase our impact and knowledge exchange within the global critical care community

During 2022, we continued to deliver our Thriving at Work project which consisted of a blended package of wellbeing support, therapeutic interventions, written advice and guidance and educational webinars and podcasts, free of charge to our members. These activities were extensive and essential for the intensive care community, who as a collective, were feeling burnt out and still trying to make sense of the psychological impacts of working in the pandemic.

Professional Affairs Division

Goal 1: To improve the value we provide to our members wherever they live and work.

Action plan and KPIs

Raise the profile of each profession working in critical care through the newly elected Professional Advisory Groups (PAGs)

Achievements and results to demonstrate our impact and public benefit

Our Professional Advisory Groups (PAGs) play a vital role within the Society and provide a national voice for each of the professions in intensive care.

How they supported us in 2022:

- They spoke to parliamentarians through our All-Party Parliamentary Group on Intensive Care to educate and inform MPs on their professions
- They supported the creation of our standards and guidance
- They ran sessions at our annual Congress, State of the Art (SOA)
- They supported the design of our educational programme
- They supported our Council and their work streams
- They helped identify areas of our membership to develop to ensure that our members feel supported no matter what their profession is

Action plan and KPIs

Deliver phase 1 of the GAINS Research Project



Achievements and results to demonstrate our impact and public benefit

In collaboration with a team of researchers, we launched a research study looking to see if a brief online intervention can help reduce the level of intrusive memories critical care professional may be experiencing as a result of working in the pandemic.

This is the largest psychological clinical trial to have ever been conducted. Phase one has been completed, with phase two planned to start in January 2023.

Action plan and KPIs

Deliver the Thriving at Work Project. A national programme focused on supporting, training and educating intensive care professionals to provide the tools they need to support not only themselves, but their colleagues as well.

Intensive Care Society
Thriving at Work Project

Funded by a CHSA grant.

Achievements and results to demonstrate our impact and public benefit

23,949

Touch points with critical care professionals in 2022



106 peer supporters trained in 2022



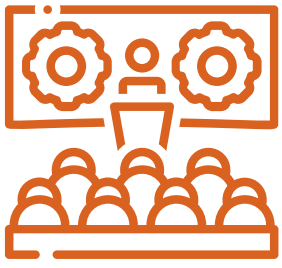
13 webinars with a total of 13,328 views



2,250 blog reads



We continued to run up to six free one-hour sessions of tailored psychological support for our community to help them come to terms with all they have had to deal with during the pandemic



586 people have completed at least one of our psychoeducation workshops tailored specifically for intensive care professionals



2,769 Podcast listens

Action plan and KPIs

Deliver a newly designed leadership programme (LeaP1) for critical care professions.

Achievements and results to demonstrate our impact and public benefit

In 2022, we were delighted to welcome our first leadership programme cohort, LeaP1.

During the pandemic we saw our workforce show exceptional leadership. However, we have also seen an exodus of staff taking with them a wealth of knowledge garnered over years of working in critical care.

We whole heartedly believe that all professionals working in intensive care should be given the opportunity to advance and thrive in their career.

Investing in staff only makes the workforce stronger, makes them feel more valued and, enables better patient outcomes. With that in mind, we developed a robust leadership programme tailored to critical care that would provide a unique development opportunity for our community.

LeaP format

- **14 Modules**
- **9 Months**
- **Senior NHS and expert industry speakers**
- **1:1 leadership coaching sessions**
- **360 Degree leadership assessment**
- **Senior leader networking**

We received 59 applications for one of the 15 spaces available. However, due to the calibre of applications we increased this to 18. All applications were shortlisted by using an anonymised shortlisting method to ensure a fair and open process.

LeaP1 was a truly multi-professional cohort consisting of doctors, specialty doctors advanced critical care practitioners, pharmacists, physiotherapists, speech and language therapists and a dietitians.

> Lack of confidence and imposter syndrome is part of who I am, but this course has really helped with both of these and with additional knowledge my self-confidence has massively increased and this has helped me so much as a leader

> This has not only helped shape my role as a leader, but it has given me a significant amount of skills that I hope to keep improving on throughout my leadership journey. I have enjoyed what I have learnt and this support has been paramount in my learning

Action plan and KPIs

Conduct a nationwide Equality, Diversity and Inclusion (EDI) census to help better understand the intensive care community and identify areas of work to focus on.

Achievements and results to demonstrate our impact and public benefit

We launched our Equality, Diversity and Inclusion Group, comprised of 15 individuals committed to improving visibility, better understanding, education and implementing, sustainable improvements to encourage better experiences for our community and those joining it.



However, the Society recognised that in order to use our national influence to support and lead strategies which promote EDI in the workforce, we needed more data in order to better understand the intensive care community and their needs.

In order to obtain this information, we devised a anonymised EDI census covering each of the protected characteristics as outlined in the Equalities Act 2010.

The census had good coverage across all areas of professionals working in intensive care and the findings have enabled us to begin work on building a robust EDI strategy, due to be launched in 2023.

Action plan and KPIs

Deliver a series of webinars, podcasts and education in equality, diversity and inclusion

Achievements and results to demonstrate our impact and public benefit

This year, our newly formed Equality Diversity and Inclusion Group (EDI) delivered multiple campaigns to raise the profile of EDI.

Black History Month

To celebrate BHM and its theme, Time for Change: Actions not Words, our EDI group ran a podcast talking to their colleagues about promoting change within the Society and addressing the issues faced/needs of black people within the speciality.

LGBTQ+

In recognition of LGBTQ+ History Month, our EDI members talked to their colleagues about their experiences as LGBTQ+ doctors working in anaesthesia and critical care.



Action plan and KPIs

Map the membership journey to develop recommendations in order to improve the personalised on-boarding process for new members.

Achievements and results to demonstrate our impact and public benefit

This year saw the delivery of a digital transformation project to replace our old membership database and website with a better and more efficient system.

Our old system was not fit for purpose and made it hard for our members finding the information they needed.

After six months of hard work, we were pleased to launch our new systems which has enabled us to better serve our members. Our website alone has seen an increase in users staying longer on our web pages and seen a reduction in bounce rates.

We have phase 2 planned for 2023 whereby we will be looking to take the learnings from having used the system and over the past few months to make it even better.



957,063
Website views

9.8%
Bounce rate - (44.9% in 2021) meaning more people interacted with the page

18%
Page exits - (25.5% in 2021) meaning users visiting other pages on our site due to better content

Strategic Priority 3: Your patients – our research-based care

Goal 1: To be a global leader in critical care research

Goal 2: To expand the Society's role in standards development

Research Division

The strategic priorities for our Research Division continue to have clear alignment with our charitable objects and delivering the most public benefit. Led by our Directors of Research, our research grant giving programme is entirely funded by donations.

This vital work enables investigators to explore intensive care more deeply to better understand diseases, medicines and treatments to help improve patient outcomes. It also enables us to support and develop the next generation of clinical investigators in intensive care.

Standards Division

The Society's Standards Division leads the multi-professional clinical input to the development, endorsement and production of professional guidance, standards, clinical and service guidelines across the UK.

Goal 1: To be a global leader in critical care research

Action plan and KPIs

Support a multi - professional trial involving all specialties in the research so that everyone on the unit understands what research is ongoing.

Achievements and results to demonstrate our impact and public benefit

Since 2016, we have issued £329,735 in grants to new researchers. Our grants help support investigators start new research studies in critical care and go on to obtain larger funding bids. All of our awards are open to all professions working within intensive care.

Research prioritisation Exercise

This year, a recipient was awarded £50,000 in our Research Prioritisation Exercise for their study looking in to Airway Pressure Release Ventilation (APRV) vs conventional lung protective ventilation for patients with moderate to severe acute hypoxemic respiratory failure.

Intensive Care Society and NIHR Award

This year we also teamed up with the National Institute for Health and Care Research (NIHR) to offer two awards of £2K each to recognise outstanding contributions to clinical research.

We presented these awards to two nurses.



Our Directors of Research remain involved in over 95% of the intensive care clinical trials across the UK.

Action plan and KPIs

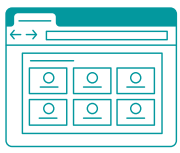
Launch the Journal of the Intensive Care Society (JICS) in digital form in line with our sustainability strategy.

Achievements and results to demonstrate our impact and public benefit

Our Journal has gone green!

Following on from our commitment to reduce our carbon footprint by 50% by 2030, we accomplished the first of our milestones by transforming our journal into a fully digitised format.

With JICS being fully digital, it also enables us to increase the number of articles in each edition and reduce the time between submission and publication.



200,000 Visits



402, 089 Article downloads



75 Articles published

Goal 2: To expand the Society's role in standards development.

Action plan and KPIs

Collaborate with the Faculty of Intensive Care Medicine (FICM) to launch GPICS V2.1 and begin planning for a complete update for GPICS Version 3.

Achievements and results to demonstrate our impact and public benefit

Together with the Faculty of Intensive Care Medicine, we launched GPICS Version 2.1 in 2022, building on the previous publication and to encompass learnings from the pandemic, subsequent emerging literature and changes in practice or opinion.

Preliminary work to establish the working group for GPICS Version 3 has started. Role profiles have been established for section editors and a dedicated equality and diversity lead. Recruitment will happen early in 2023.

GPICS remains the only definitive source of planning, commissioning, delivering and quality improvement of adult critical care services across the UK.

Action plan and KPIs

Develop guidelines on critical care and end of life care to support clinicians and families/carers.

Achievements and results to demonstrate our impact and public benefit

Our Standards and Guidelines Division has worked hard in 2022 to publish several guidance documents to support critical care and enhance patient care.

This year we published guidance for:

- Paediatric to Adult Critical Care Transition (Mar 2022)
- Donations Action Framework (Jun 2022)
- GPICS V2.1 (July 2022)
- The Transfer of Critically Ill Adults to an Outdoor Space During End-of-Life Care (Aug 2022)
- The use of Central Venous Catheters (Aug 2022)
- Cardiogenic Shock: Shock to Survival (Oct 2022)
- Integrated Practitioner Psychologists in Intensive Care (Oct 2022) Acute Medicine Enhanced Care (Nov 2022)

Consultations: we were a part of:

- The use of an appropriate flush fluid with arterial line
- Protocol for the use of CT angiography as an ancillary investigation
- BSH guidance on thrombotic thrombocytopenic purpura & thrombotic microangiopathies
- PRSB's Palliative and End of Life Care Information Standard
- Prevention of Unrecognised Oesophageal Intubation Awake prone positioning in acute hypoxemic respiratory failure

Action plan and KPIs

Through the Society's National Rehab Collaborative, increase the profile of the critical care rehab and the essential role it plays both on and off the ICU.

Achievements and results to demonstrate our impact and public benefit

Our National Rehab Collaborative (NRC), formed during the COVID-19 pandemic, continued to support our work across guidance, policy and identifying key rehab priorities to focus on.

NCEPOD study application

In 2022, we submitted an NCEPOD application to be considered for a study to be conducted on rehabilitation and recovery after critical illness.

Following the 2009 National Institute for Health and Care Excellence (NICE) guidance on rehabilitation strategies for adults who have experienced a critical illness and stayed in critical care to improve physical, psychological and cognitive outcomes in people who have been discharged from critical care (1), there has been no national only limited local investment in managing the aftermath of complex critical illness.

Our NCEPOD application to identify the key underlying factors associated with poorer outcomes and to provide robust recommendations for future critical care rehabilitation services was successful and is currently in design phase with data collection beginning in Sumer/Autumn 2023.(2)

1. https://www.nice.org.uk/guidance/cg83
2. https://www.ncepod.org.uk/ICURehab.html

Post ICU Presentation Screen (PICUPS).

One of the NRC key priorities was centred on embedding the Post ICU Presentation Screen (PICUPS) tool across the UK. The second round of this pilot closed this year, with 80 additional trusts and hospitals contributing, and a short report was produced, concluding that PICUPS is a valid screening tool for Post-Intensive Care Syndrome.

https://ics.ac.uk/resource/picups-tool-and-rehab-prescription.html

KPIs to achieve by 2023

GPICS Version 3 launched.

Our KPI results so far.....

Work on GPICS Version 3 is now underway with the aim to publish 2024.

Strategic Priority 4: Your professional practice – our education

Goal 1: To expand our multi-professional critical care education programme

Goal 2: To expand our accreditation programme for FUSIC

Learning Division

Our Learning Division is responsible for the operational delivery of our educational activities. Through our Education Committee, including input from our PAGS, we work hard to deliver an education programme that not only enhances clinical practice, but also delivers a range of hot topics.

This year, we also brought back full day study days. Recognising the pressure our community was still facing and the feedback from our members, they were delivered virtually and also recorded, edited and links issued to our delegates within 48hrs.

Goal 1: To expand our multi-professional critical care education programme.

Action plan and KPIs

Delivery a monthly programme of webinars, workshops and seminars.

Achievements and results to demonstrate our impact and public benefit



15 Virtual events



961 Delegates



14.9K On-demand views

Action plan and KPIs

Developed and implemented a plan to design seminars wherever possible based around available competency frameworks and standards.

Achievements and results to demonstrate our impact and public benefit

This year saw the release of two more profession specific supplementary resources to be used in conjunction with our Allied Health Professional Critical Care Professional Development Framework.

- The Occupational Therapy Pillar
- Critical Care Outreach Professional Development Framework

These resources are designed to support the professional development of staff and improve services and capacity for staff and their patients.

Achievements and results to demonstrate our impact and public benefit

We also understand that not everyone had the capacity to attend our live webinars or may need to drop out part way through, so links to the recordings are circulated after each event and remain live for 2 months.

Action plan and KPIs

Implement a new series of seminars in diversified subjects, such as end of life decision-making to support the multi professional team and families/carer; and rehabilitation.

Achievements and results to demonstrate our impact and public benefit

Our Legal and Ethical Group (LEAG) delivered a whole day virtual seminar focusing on the important topic of death in ICU, covering:

- The role of the coroner and medical examiner
- How clinical teams support the coronial process and avoid mistakes
- Legal risk in the ICU and how it might be mitigated
- The role of the court of protection in decision making for incapacitated patients, with particular focus on the family and public perspective
- Hearing from experts regarding second opinions

Action plan and KPIs

Annual State of the Art Conference with increased numbers of delegates that is guaranteed to be "not for loss" and generated a fair contribution to the Society's charitable activities during the year.

Achievements and results to demonstrate our impact and public benefit

Our 2022 State of the Art Congress in Belfast saw our community gather in person for the first time since 2019. We also recognised that some of our delegates would prefer to continue attending virtually. So, we took the strategic decision to invest in how we deliver our Congress and made it hybrid.

We had a jam packed, multi streamed programme across the three days.



952 Attendees



Fully hybrid



51 Sessions

52%

Returning delegates



145 Speakers



118 Abstracts presented



16 Countries represented

85%

Plan to attend SOA23

We knew that our delegates had missed having the opportunity to have the tacit knowledge exchange they thrive on. So, we provided plenty of social and networking opportunities for both those in person and attending virtually.

Each delegate also received access to the SOA recordings for a further six months to ensure they could access the sessions they missed or wanted to recap on. This also meant that delegates could access the content even if they were unable to attend live on the day.

We are also committed to ensuring that our Congress is as sustainable as possible. Knowing that delivering our Congress in Belfast required more travel for many of our delegates and speakers than in previous years, we were careful to work with a venue with an impactful sustainability policy to ensure the event was as green as possible.

We also hosted a session about sustainability in critical care, addressing issues such as the waste and pollution generated by caring for patients and taking questions from our delegates about our plans for the future.

Goal 2: To expand our accreditation programme for FUSIC.

Action plan and KPIs

Develop the FUSIC offering and launch a new module.

Achievements and results to demonstrate our impact and public benefit

We continue to work hard to provide our whole community with the ultrasound training they need to provide better care.

Since making the strategic decision to make FUSIC training digital, removing the need for individuals to attend a face-to-face course, we have seen FUSIC accreditation increase significantly.

Providing online training through interactive learning pathways removed the barriers for those wanting to start their ultrasound training and enabled us to enrol a higher volume of candidates which in turn means more professionals being able to provide ultrasound at the bedside.

This year, we also launched a new advanced FUSIC module in Haemodynamics.

This advanced module will enable those who have completed FUSIC Heart or a similar qualification to ehance their ultrasound skills even further.

Action plan and KPIs

Design and implement a new modular-based pathway for Paediatric intensive care.

Achievements and results to demonstrate our impact and public benefit

In 2022, we started a collaboration with the Paediatric Critical Care Society (PCCS) to develop a formal ultrasound accreditation pathway for paediatrics due to the high demand in this area.

The Children's Acute Ultrasound (CACTUS) will work in parallel with our FUSIC accreditation and follow the same modular-based pathway format. CACTUS will go live in 2023.

Structure, Governance and Management

Trustees, Senior Management and Advisors

Patron

- HRH, Princess Anne

Chair of Trustees and President

- Steve Mathieu - President

Trustees & Company Directors

- Hugh Montgomery - Council Member Trustee
- Martin Creswell - Lay Trustee
- Paul Dean - Honorary Secretary
- Shondipon Laha - Honorary Treasurer
- Sarah Anderson - Lay Trustee
- Stephen Posey - Lay Trustee
- Stephen Webb – Immediate past-president

Chief Executive

- Sandy Mather

Senior Management Team

- Alex Day - Head of Communications
- Asha Abdillahi – Head of Standards and Policy
- Gabriel Mouterde – Head of Learning
- Mani Rai – Head of Events (appointed 4 October 2022)
- Sarah Hall – Head of Finance & Internal Operations

Advisors

Auditors

MHA
Chartered Accountants and Statutory Auditor
6th Floor
2 London Wall Place
London
EC2Y 5AU

Bankers

HSBC Bank Plc
PO Box 6201
Coventry
CV3 9HW

Lawyers

Bates Wells
10 Queen Street Place
London
EC4R 1BE

Elected Council & Company Members

- Andrew Breen (Appointed on 6 Dec 2022)
- Aoife Abbey
- Ashley Miller
- Charlotte Summers (Stepped down on 6 Dec 2022)
- Clare Windsor (Appointed on 6 Dec 2022)
- Danni Bear
- Emma Jackson (Stepped down on 6 Dec 2022)
- Frances Tait
- Jeremy Bewley (Stepped down on 6 Dec 2022)
- Jonny Wilkinson (Appointed on 6 Dec 2022)
- Louise Rose
- Marlies Ostermann
- Michaela Jones
- Michelle Hatch
- Nitin Arora
- Rebekah Haylett
- Reena Mehta
- Sadie Diamond – Fox
- Sarah Burgess (Appointed on 6 Dec 2022)
- Segun Olusanya (Appointed on 6 Dec 2022)
- Zudin Puthucheary

Specialist advisors to Council

- Dan Martin – Editor in Chief, JICS
- Ganesh Suntharalingam – SOA Programme Director (Stepped down on 1 July 2022)
- Marcus Peck – Co-Chair for FUSIC
- Parjam Zolfaghari – SOA Programme Director (Appointed 27 July 2022 - shadowed from Feb – July)

Trustee Board

Our Trustee Board comprises eight members who meet at least four times a year where they discuss and make decisions about strategy, performance and assurance.

Lay trustees are recruited through open competition and appointed for a two-year term which can be extended for a further two years with mutual consent and Council approval. The Council member trustee is appointed for two years. The Honorary Secretary and Honorary Treasurer trustees are elected by council for a period of three years which cannot be extended without a break. However, they can stand for election to other Honorary Officer roles which they have not previously held. The President and Chair of Trustees is a role for two years and they also hold the role of President-elect trustee for one year prior to that and Immediate Past President trustee for one year after their presidential term.

Our lay Trustees are recruited based on an assessment of the skills gaps within the Trustee Board, and each have a unique skill set which enables the Society to operate a high quality governance structure. The lay Trustees are recruited through national campaigns, with successful candidates being selected through a rigorous interview process.

All Trustees have a comprehensive induction with our CEO and legal advisor to ensure they fully understand their roles and responsibilities as well as the Society's activities and culture. Trustees are provided with key documents and Charity Commission guides.

As part of its overall insurance policy, the Society has purchased Trustees, Directors and Officers indemnity providing cover of up to £250,000 in respect of claims arising from negligence, error or omission committed in good faith.

Executive Committee

Our Executive Committee comprises the Honorary Officers who are elected by the Council which itself is elected by the membership of the Society.

- President: Stephen Webb
- President Elect: Steve Mathieu
- Honorary Treasurer: Shondipon Laha
- Honorary Secretary: Paul Dean

Key Management Personnel

The key management personnel comprise the Executive Committee and Chief Executive Officer. The Trustees delegate the day-to-day operations of the Intensive Care Society to the Chief Executive

The pay and remuneration of the Chief Executive Officer is reviewed annually the Trustees. Trustees are able to seek independent HR advice to assist with benchmarking pay within the sector.

The Chief Executive Officer is supported by Senior Management Team with expertise in communications, education, finance, internal operations, HR, policy and standards. Trustees work with the Chief Executive and Senior Management Team to develop our long-term strategic plans and sign off on our yearly Operational Implementation Plan (OIP).

Staff

Our staff are vital to the delivery and success of our organisation, and it is with their dedication, passion, and expertise that we have been able to continue supporting the intensive care community.

Due to continued growth in 2022, our staff grew to 17 to support the charitable activities of the Society.

Staff are recruited for their alignment with the Society's values as much as for their competence and commitment. Our team are the essence of our values and help shape the unique character of the Society.

Volunteers

The Society's activities are supported by a wide range of volunteers who give their time, including our Trustees, Council, Committee and Professional Advisory Groups members.

Public Benefit Statement

In accordance with the Charities Act 2011, we confirm that the activities we undertake to achieve our objectives are all carried out for the public benefit as described by the Charity Commission. Our primary beneficiaries are intensive care professionals and patients who are experiencing intensive care and their loved ones. Our wider beneficiaries include the public and policy makers and other healthcare professionals.

The Society's Trustees have described in this report the charitable public benefit of our activities; they regularly review our progress against our aims and objectives. They confirm that they have complied with the duty in section 4 of the Charities Act 2011 to have due regard to public benefit guidance published by the Charity Commission.

Fundraising

The Society recognises its supporters as an extension of the intensive care community. This year we recruited a professional fundraising manager to enable us to build on our donor engagement to ensure they feel welcomed and part of the Society's family. We have described our fundraising activities as part of the Public Affairs Division at the beginning of this report.

Where possible, personal thank you messages were issued by our CEO to supporters, to ensure our gratitude was felt far and wide.

Our Senior Management Team work closely with organisations looking to support us so to provide a window into our charity so they can understand our ethos from the start.

Every member of the Society's team is given a thorough briefing on our beneficiaries and supporters when they start by our CEO and then regular updates thereafter to ensure they are always at the centre of everything we do.

Our Trustees have considered the Charities (protection and social investment) Act 2016 so that our fundraising activities are in compliance, are not unreasonably persistent and do not apply undue pressure, particularly to vulnerable people, to donate to the Society.

The Intensive Care Society is registered with the Fundraising Regulator and is committed to meeting the standards as set out in the Code of Fundraising Practice: www.fundraisingregulator.org.uk/code.

The Charity received no fundraising complaints in 2022.

Strategic Partners

We are working in partnership with likeminded organisations that are in the best interests of our beneficiaries and that meet our charitable objects and strategic vision. The Trustees have due regard to Charity Commission guidance on collaboration and consider all partnerships as opportunities to fulfil our charitable objectives and deliver increased public benefit.

- Association of Anaesthetists (Association)
- Association of Cardiothoracic Anaesthesia and Critical Care (ACACC)
- Association of Chartered Physiotherapists in Respiratory Care (ACPRC)
- British Dietetic Association, Critical Care Specialist Group (BDA)
- Critical Care Medical Network Leads (CC3N)
- Faculty of Intensive Care Medicine (FICM)
- Intensive Care National Audit & Research Centre (ICNARC)
- National Critical Care Network – Directors Group
- National Critical Care Network - Medical Leads Group
- Network for Improving Critical Care System and Training (NICST)
- Northern Ireland Intensive Care Society (NIICS)
- Paediatric Critical Care Society (PCCS)
- Psychologists in Critical Care-UK (PINC-UK)
- Royal College of Occupational Therapists - Critical Care Special Interest Group (RCOT)
- Royal College of Speech and Language Therapists - Critical Care Special Interest Group (SLT)
- Scottish Intensive Care Society (SICS)
- Society of Critical Care Technologists (SCCT)
- UK Clinical Pharmacy Association (UKCPA)
- UK Critical Care Nursing Alliance (UKCCNA)
- UK Critical Care Research Group (UKCCRG)
- Welsh Intensive Care Society (WICS)

Sustainability

The climate and ecological emergency is one the greatest challenges of our time, and without meaningful and immediate change it threatens all alive today. With this in mind, we began the year by establishing our Immediate Climate Strategy, setting out our plans to operate sustainably in the and contribute to a 50% reduction in carbon emissions by 2030.

We made the strategic decision to review our investment portfolio to divest of any fossil fuel related investments and updated our investment policy accordingly to ensure we also invested in renewable energy investments that meet both our sustainability ambitions and our financial expectations. Following a competitive tender process, we appointed a new investment management company. The transfer of funds to the new portfolio will be completed in 2022. Before transfer the current investment portfolio comprises shares, investment trusts and surplus cash held on deposit in line with the Society's agreed ethical policy.

Infrastructure, Office Services and Digital Improvements

We continued to invest in our digital infrastructure, enabling staff to work in an agile manner and refreshed our website.

Our lease at RCoA expired in 2022 and recognising our growing team, we explored the options available to us to accommodate a growing staff team whilst recognising that staff are now working in a hybrid fashion. We secured new premises at the RCEM building in Breams Buildings and moved in September 2022. This provides us with sole occupancy of an entire floor and dedicated meeting space as well as conference facilities on site.

2022 saw the completion of the procurement process and subsequent implementation of a new customer relationship management (CRM) digital cloud-based system database to improve the membership experience of interacting with the Society. This new CRM will also support fundraising and donor management and will be linked to a new website both supporting our expanding educational events and FUSIC accreditation system.

Financial Review

The Society's activities produced a surplus, before investment losses of £107,409 (2021: £232,047). The overall surplus after accounting for changes in the value of investments was £88,763 (2021: £262,564).

The total funds for the Society amounted to £1,355,027 (2021: £1,266,264) comprising general unrestricted reserves of £1,286,118 (2021: £1,262,355), designated funds of £65,000 (2021: £nil) and restricted reserves of £3,909 (2021: £3,909).

The value of the investments at the market prices on 31 December 2022 was £494,766 (2021: £207,738). The Society transferred £300,000 from bank balances to our investment managers in August 2022. These investments represent funds held for the development of the Society's activities in the medium to long term and have generated income over the year.

Income

The Society continues to benefit from diversity of income sources, and this continues to vary from the previous year, due to the on-going impact of the COVID-19 pandemic.

Subscription income increased by 6.6% to £684,673 (2021: £642,546) and continues to be the core of the Society's income.

A hybrid State of the Art Congress was held in June 2022 which generated delegate revenue of £246,233 and sponsorship revenue of £228,432 for the financial year. This resulted in a deficit of £77,422, before overhead allocations.

2022 saw the re-introduction of virtual one day seminars and face-to-face workshops which together with FUSIC accreditation this generated income of £227,335 (2021: £106,448).

The Society continued to benefit from the second year of two restricted grants from the COVID19 Healthcare Support Appeal (CHSA) to enable the Society to support those working in Intensive Care. The Society received a further grant from the CHSA to support the development of our leadership programme. Gilead also provided funding to run 1 to 1 support sessions, this spans a 21 month period to September 2023.

Donations received continued to fall to £194,632 (2021: £411,752) from the unprecedented levels in 2020 and now accounts for around 10% of the total income for the Society (2021: £411,752). This includes donations from members of £55,355 (2021: £56,615) which are used to contribute towards our research activities. We are grateful to all the donors listed in this report and for the many fundraisers who have contributed their time and effort to raise funds.

Expenditure

Overall expenditure increased in 2022 to £1,784,369 (2021 £1,430,239), reflecting the growth in charitable activities undertaken in 2022.

The Society has continued to increased staffing levels to deliver charitable activities and services to members and support the functions of the Society, reducing the reliance on external third parties.

Remuneration policy is based in offering a market level employment package, including pension, benchmarked against salaries for central London charity employees with the skills required by the Society. These are reviewed annually and approved by the Trustees, after adjustment for inflation.

Staffing and administration costs are allocated across the strategic activity streams to reflect the proportion of time and cost incurred. This is reassessed each year in line with actual activities and usage. Governance costs are directly allocated or apportioned on an assessment basis.

In 2018 a pricing model was adopted across the Society's charitable activities that is fair to members and that ensures that we work on a "not for loss" basis. This allows our activities to be priced in a way that makes a fair contribution back to the charity by funding all direct and indirect fixed and variable costs associated with them. Any surpluses generated are used to further the Society's objectives and charitable activities in educational and support activities.

Investment Powers and Policy

Under its Memorandum of Association, the Society has the power to invest without restriction. The Society has adopted an ethical investment policy reflecting its position as a medical charity.

The Society has set risk objectives, together with guidelines on diversification of the portfolio. Periodic reviews are undertaken with the investment manager, whilst council regularly reviews cash and investment balances. The investment strategy is reviewed formally, at least annually.

The Investment Committee agreed that as part of governance the Society should review its fund managers every three to five years. As described above during 2021 the Society re-tendered for a new investment management company to ensure alignment with the sustainability ambitions and appointed Rathbones, the transfer of funds from WH Ireland was completed in August 2022, and since then Rathbones have diversified our investments into companies which meet the ethical and sustainability criteria set out in our investment policy.

Reserves Policy

General reserves are defined as the part of the Society's funds that are freely available to fund its general operations and so not subject to commitments, planned expenditure or other restrictions. Consequently, general reserves do not include restricted or designated funds. General reserves are held in a combination of cash and readily realisable investments.

The Trustees recognise the need to hold reserves to enable financial stability and ensure adequate working capital availability. In arriving at the appropriate level of reserves, the Trustees have considered the following:

- The financial risks facing the Society, including the annual SOA conference event;
- Likely future expenditure
- Past operational and other trends, and
- Liabilities arising from an unforeseen event leading to unplanned closure.
- The Trustees consider general reserves are required to fund the following:
- Cost of sustaining operations: the full year cost of running the Society is circa £2.16 million and therefore the amount held should equal £525,000 representing three months' operating expenditure.
- Estimated risks of unplanned loss on the annual SOA conference event include unavoidable costs in the event of unplanned curtailment or cancellation and are estimated at £250,000.
- Estimated risks of unplanned closure include the costs of unavoidable future commitments the Society would be required to pay, such as any lease obligations of £40,000.

The policy therefore requires the Society to maintain general reserves of £790,000 to cover the above risks on the basis it is unlikely all three requirements would occur simultaneously

The Trustees also acknowledge that there may be a need from time to time to ensure that reserves also cover other significant liabilities not already reflected in the general reserve calculations that could place a material claim on reserves.

The current level of general reserves is £1,286,118, which is above the required level. The level of reserves is continually monitored by the Trustees and the policy will be reviewed annually.

Risk Management

The Executive Committee, CEO and Senior Management Team, review the strategic risks to the Society regularly and the Trustee Board reviews them at each of their meetings. All risks have a risk owner and mitigating actions in place which brings down the risk rating of all risks to acceptable levels of exposure. The Executive identified the following top three strategic risks:

- The risk to membership income due to low retention rates and not attracting new members. Our five year strategy puts the multi-professional critical care community at the heart of all that the Society does. New Professional Advisory Groups for each membership segment and new Articles approved by Council in 2021 to enable democratic legitimacy by increasing council size to include the PAG chairs (and for larger PAGs also the Deputy). Strategic partners on Council provide broader professional advice and strategic support for ICS. Our new CRM and CMS improves membership experience during renewals and applications and when applying for courses or FUSIC which retains existing members and enables smooth recruitment of new members.

- The risk to our annual State of the Art Congress and excessive financial losses due to strike action, low NHS workforce numbers leading to a lack of delegates and high costs impacting on the ability to return a surplus cause this to be the largest financial risk to the Society. A new Head of Events and new Programme Director have been appointed to work with Head of Communications to deliver programme for marketing purposes. The Trustees have taken the decision to bring the Congress in-house to mitigate the costs associated and build closer relationships with our sponsors and exhibitors. Delegate numbers and targets are reviewed weekly and detailed financial reviews are prepared, the transition to in-house will improve the ability for forecast costs on a regular basis.

- Risk of insufficient funds to deliver strategic plan. This is mitigated and controlled by building diversified income streams and revising business models to ensure all direct and indirect costs of activities were covered and a fair contribution was made back to the charity. Monthly management accounts are prepared and reviewed by the CEO and Honorary Treasurer and quarterly cash flow statements for the medium term are reviewed by Trustees at Board meetings. The Trustee Board and Executive Committee considered the investment portfolio and financial matters regularly throughout the year.

Statement of Trustees' Responsibilities for the Year Ended 31 December 2022

The Trustees (who are also the Directors of the Society for the purposes 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. Under company law, the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the Society and of its incoming resources and application of resources, including its income and expenditure, for that period. In preparing these financial statements, the Trustees are required to:

- ·Select suitable accounting policies and then apply them consistently
- Observe the methods and principles of the Charities SORP (FRS 102)
- Make judgements and accounting estimates that are reasonable and prudent
- State whether applicable UK Accounting Standards (FRS 102) have been followed, subject to any material departures disclosed and explained in the financial statements
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Society will continue in business.

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

In so far as the Trustees are aware:

- There is no relevant audit information of which the Society's auditor is unaware; and
- The Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information

Approved by order of the Members of the Board of Trustees and signed on its behalf by:



Professor Shondipon Laha
Honorary Treasurer
Date: 10 August 2023

Independent Auditors' Report to the Members of the Intensive Care Society

Opinion

We have audited the financial statements of The Intensive Care Society (the 'Society') for the year ended 31 December 2022 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and the related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 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 Society's affairs as at 31 December 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, Charities Act 2011, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006.

Basis for Opinion

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 Auditors' 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 United Kingdom, including the Financial Reporting Council'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 Trustees are responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our Auditors' Report thereon. 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.

In connection with our audit of the financial statements, 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 audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. 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.

Opinion on Other Matters Prescribed by the Charities Act 2011

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

- The information given in the Trustees' Report for the financial year for which the financial statements are prepared is consistent with the financial statements
- The Trustees' Report has been prepared in accordance with applicable legal requirements

Matters on Which we are Required to Report by Exception

In the light of our 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 Trustees' Report.

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

- Adequate 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 company's regime and take advantage of the small companies' exemptions in preparing the Trustees' Report and from the requirement to prepare a Strategic Report.

Responsibilities of Trustees

As explained more fully in the Statement of Trustees' Responsibilities, 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.

Auditors' Responsibilities for the Audit of the Financial Statements

We have been appointed as auditor under section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with the Act and relevant regulations made or having effect thereunder.

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 Auditors' 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.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

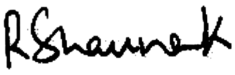
- Enquiry of management and those charged with governance around actual and potential litigation and claims
- Enquiry of staff in tax and compliance functions to identify any instances of non-compliance with laws and regulations
- Performing audit work over the risk of management override of controls, including testing of journal entries and other adjustments for appropriateness, evaluating the business rationale of significant transactions outside the normal course of business and reviewing accounting estimates for bias
- Reviewing minutes of meetings of those charged with governance
- Reviewing financial statement disclosures and testing to -supporting documentation to assess compliance with applicable laws and regulations.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

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

Use of our Report

This report is made solely to the charitable company's Trustees, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006, and to the charitable company's trustees, as a body, in accordance with regulation 10 of the Charities Accounts (Scotland) Regulations 2006. Our audit work has been undertaken so that we might state to the charitable company's Trustees and Trustees those matters we are required to state to them in an Auditors' 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 charitable company and its members, as a body, for our audit work, for this report, or for the opinions we have formed.



Rakesh Shaunak FCA (Senior Statutory Auditor)
For and on behalf of MHA, Statutory Auditor
London, United Kingdom

MHA is the trading name of MacIntyre Hudson LLP, a limited liability partnership in England and Wales (registered number OC312313)

Date: 05/09/2023

MHA are eligible to act as auditors in terms of section 1212 of the Companies Act 2006.

Statement of Financial Activities (Incorporating Income and Expenditure Account)

Statement of Financial Activities (Incorporating Income and Expenditure Account)
For the Year Ended 31 December 2022

	Notes	Unrestricted funds 2022	Restricted funds 2022	Total funds 2022	Total funds 2021
		£	£	£	£
Income from:					
Donations and subscriptions	1	**879,305**	**-**	**879,305**	1,074,298
Charitable activities	2	**563,441**	**198,128**	**761,569**	408,421
Other trading activities	3	**242,479**	**-**	**242,479**	175,495
Investments	4	**8,425**	**-**	**8,425**	4,072
Total income		**1,693,650**	**198,128**	**1,891,778**	1,662,286
Expenditure on:					
Raising funds	5	**59,197**	**-**	**59,197**	69,116
Charitable activities	6	**1,527,044**	**198,128**	**1,725,172**	1,361,123
Total expenditure		**1,586,241**	**198,128**	**1,784,369**	1,430,239
Net (losses)/gains on investments	15	**(18,646)**	**-**	**(18,646)**	30,517
Net surplus for the year before taxation		**88,763**	**-**	**88,763**	262,564
Taxation	13	**-**	**-**	**-**	(1,193)
Net surplus for the year		**88,763**	**-**	**88,763**	261,371
Reconciliation of funds:					
Total funds brought forward		**1,262,355**	**3,909**	**1,266,264**	1,004,893
Net movement surplus for the year		**88,763**	**-**	**88,763**	261,371
Total funds carried forward		**1,351,118**	**3,909**	**1,355,027**	1,266,264

The Statement of Financial Activities includes all gains and losses recognised in the year.

The notes on pages **44 to 56** form part of these financial statements.
All income and expenditure derive from continuing activities.

Balance Sheet
As of 31 December 2022

REGISTERED NUMBER: 02940178

	Notes	2022 £	2022 £	2021 £	2021 £
Fixed assets					
Tangible assets	14		**68,871**		2,391
Investments	15		**494,766**		207,738
Total fixed assets			**563,637**		210,129
Current assets					
Debtors	16	**288,390**		133,540	
Cash and cash equivalents		**927,945**		1,184,272	
		1,216,335		1,317,812	
Creditors: amounts falling due within one year	17	**(424,945)**		(261,677)	
Net current assets			**791,390**		1,056,135
Total net assets			**1,355,027**		1,266,264
Charity funds					
Restricted funds	19		**3,909**		3,909
Unrestricted funds	19				
General		**1,286,118**		1,262,355	
Designated		**65,000**		-	
			1,351,118		1,262,355
Total funds			**1,355,027**		1,266,264

The Trustees acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and preparation of financial statements.

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

The financial statements were approved and authorised for issue by the Trustees and signed on their behalf by:

Shondipon Laha

Professor Shondipon Laha
Honorary Treasurer
Date: 10 August 2023

The notes on pages **44 to 56** form part of these financial statements.

Statement of Cash Flows
For the Year Ended 31 December 2022

	2022 £	2021 £
Cash flow from operating activities		
Net surplus for the year	**88,763**	261,371
Tax charge	**-**	1,193
Cash from operating activities	**88,763**	262,564
Adjustments for:		
Depreciation charges	**3,788**	386
(Gains)/losses on investments	**18,646**	(30,517)
Investment income	**(8,425)**	(4,072)
(Increase)/decrease in debtors	**(154,850)**	(81,964)
Increase/(decrease) in creditors	**163,268**	144,940
Net cash generated by operating activities	**111,190**	291,337
Cash flow from investing activities		
Purchase of fixed assets	**(70,268)**	(2,777)
Investment income	**8,425**	4,072
Proceeds from sale of investments	**192,270**	102,546
Purchase of investments	**(534,173)**	(52,447)
Movements in cash account	**36,229**	(52,338)
Net cash provided by investing activities	**(367,517)**	(944)
Change in cash and cash equivalents in the year	**(256,327)**	290,393
Cash and cash equivalents at the beginning of the year	**1,184,272**	893,879
Cash and cash equivalents at the end of the year	**927,945**	1,184,272

The notes on pages **44 to 56** form part of these financial statements

Accounting Policies

Legal status

The Society is a company limited by guarantee and is registered with the Charity Commission in England and Wales (Charity Registration Number 1039236) and Scotland (Charity Registration Number SC040052) and the Registrar of Companies (Company Registration Number 02940178) in England and Wales.

The Society is governed by a Trustee Board and an advisory council comprising ICS Company Members. Trustee Board comprises Hon Officers elected by Council, one Council Member Trustee and three Lay Trustees. In the event of the Society being wound up, the liability in respect of the guarantee is limited to £1 per member of the Council.

The address of the registered office is given in the Society information on the last page of this document. The nature of the Society's operations and principal activities are listed in the Trustees Report.

Basis of preparation of financial statements

The financial statements have been prepared in accordance with the Charities SORP (FRS 102) - 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 Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 and the Companies Act 2006.

The financial statements have been prepared on the historical cost basis of accounting and on the going concern basis.

Judgements and key sources of estimation uncertainty are set out within note **n)** of the Accounting Policies.

The Intensive Care Society meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy.

Preparation of the accounts on a going concern basis

The Society's financial activities, its current financial position and factors likely to affect its future development, including the impact of COVID-19 are set out in the Trustees Annual Report. On this basis the Trustees have a reasonable expectation that the Society has adequate resources to continue in operational existence for the foreseeable future, being a period of at least one year from the date of the approval of these financial statements. For this reason, it continues to adopt the going concern basis in the financial statements.

The significant accounting policies applied in the preparation of these financial statements are set out below. These policies have been consistently applied to all years presented unless otherwise stated.

The significant accounting policies applied in the preparation of these financial statements are set out below. These policies have been consistently applied to all years presented unless otherwise stated.

Accounting Policies

a) Income

Income, excluding VAT, is recognised once the Society has entitlement to the income, it is probable that the income will be received, and the amount of income receivable can be measured reliably.

Grants are included in the Statement of Financial Activities on a receivable basis. The balance of income received for specific purposes but not expended during the period is shown in the relevant funds on the Balance Sheet. Where income is received in advance of entitlement of receipt, its recognition is deferred and included in creditors as deferred income. Where entitlement occurs before income is received, the income is accrued.

On receipt, donated professional services and facilities are recognised on the basis of the value of the gift to the Society which is the amount it would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

Where the donated good is a fixed asset, it is measured at fair value, unless it is impractical to measure this reliably, in which case the cost of the item to the donor should be used. The gain is recognised as income from donations and a corresponding amount is included in the appropriate fixed asset class and depreciated over the useful economic life in accordance with the Society's accounting policies.

Other income is recognised in the period in which it is receivable and to the extent the goods have been provided or on completion of the service.

b) Expenditure

Expenditure is recognised, inclusive of any VAT that cannot be recovered, once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is classified by activity, and the costs of each activity are made up of the total of direct costs and shared costs, including support costs involved in undertaking each activity. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs which contribute to more than one activity and support costs which are not attributable to a single activity are apportioned between those activities on a basis consistent with the use of resources. Central staff costs are allocated on the basis of time spent, and depreciation charges allocated on the portion of the asset's use.

Expenditure on raising funds includes all expenditure incurred by the Society to raise funds for its charitable purposes and includes costs of all fundraising activities events and non-charitable trading.

Expenditure on charitable activities is incurred on directly undertaking the activities which further the Society's objectives, as well as any associated support costs.

Grants payable are charged in the year when the offer is made except in those cases where the offer is conditional, such grants being recognised as expenditure when the conditions attaching are fulfilled. Grants offered subject to conditions which have not been met at the year-end are noted as a commitment, but not accrued as expenditure.

c) Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the Society; this is normally upon notification of the interest paid or payable by the institution with whom the funds are deposited.

Accounting Policies

d) Taxation

Taxation expense for the year comprises current tax recognised in the reporting period and is recognised in the income and expenditure account.

Current tax is the amount of corporation tax payable in respect of the taxable profit arising from non-primary purpose trading. Tax is calculated on the basis of tax rates and laws that have been enacted or substantively enacted by the balance sheet date.

e) Tangible fixed assets and depreciation

Tangible fixed assets costing £1,000 or more are capitalised and recognised when future economic benefits are probable, and the cost or value of the asset can be measured reliably.

Tangible fixed assets are initially recognised at cost. After recognition, under the cost model, tangible fixed assets are measured at cost less accumulated depreciation and any accumulated impairment losses. All costs incurred to bring a tangible fixed asset into its intended working condition are included in the measurement of cost.

Depreciation is charged so as to allocate the cost of tangible fixed assets less their residual value over their estimated useful lives, using the straight-line method on the following basis.

Computer equipment	33% straight line
Database	20% straight line

f) Investments

Fixed asset investments are a form of financial instrument and are initially recognised at their transaction cost and subsequently valued at market value continuously on a mark to market basis unless the value cannot be measured reliably in which case it is measured at cost less impairment. Unrealised investment gains and losses are presented as gains/(losses) on investments in the Statement of Financial Activities. There are no realised gains or losses.

g) Debtors

Trade and other debtors are recognised at the settlement amount after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

h) Cash at bank and in hand

Cash at bank and in hand includes cash and short-term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

i) Liabilities and provisions

Liabilities are recognised when there is an obligation at the Balance Sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably.

Liabilities are recognised at the amount that the Society anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide.

Provisions are measured at the best estimate of the amounts required to settle the obligation. Where the effect of the time value of money is material, the provision is based on the present value of those amounts, discounted at the pre-tax discount rate that reflects the risks specific to the liability. The unwinding of the discount is recognised in the Statement of Financial Activities as a finance cost.

Accounting Policies

j) Financial instruments

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

k) Operating leases

Rentals paid under operating leases are charged to the Statement of Financial Activities on a straight line basis over the lease term.

l) Pensions

The Society operates a defined contribution pension scheme and the pension charge represents the amounts payable by the Society to the fund in respect of the year.

m) Fund accounting

General funds are unrestricted funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the Society and which have not been designated for other purposes.

Designated funds comprise unrestricted funds that have been set aside by the Trustees for particular purposes. The aim and use of each designated fund is set out in the notes to the financial statements.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the Society for particular purposes. The costs of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements.

Investment income, gains and losses are allocated to the appropriate fund.

n) Critical accounting estimates and areas of judgement

In the application of the Society's accounting policies, the trustees are required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and judgements are continually evaluated and based on historical experience and other factors, including expectations of future events that are considered to be relevant and reasonable under the circumstances. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revision of accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

There are no estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

1 Income from donations and subscriptions

	Unrestricted funds 2022 £	Unrestricted funds 2021 £
Donations	**194,632**	411,752
Subscriptions	**684,673**	642,546
Donated services	**-**	20,000
	879,305	1,074,298

2 Income from charitable activities

	Unrestricted funds 2022 £	Restricted funds 2022 £	Total funds 2022 £	Unrestricted funds 2021 £	Restricted funds 2021 £	Total funds 2021 £
Learning	**227,335**	**15,245**	**242,580**	106,448	-	106,448
Professional affairs	**22,413**	**182,883**	**205,296**	18,579	78,140	96,719
Research	**579**	**-**	**579**	20,238	-	20,238
SOA	**313,114**	**-**	**313,114**	185,016		185,016
	563,441	**198,128**	**761,569**	330,281	78,140	408,421

3 Income from other trading activities

	Unrestricted funds 2022 £	Unrestricted funds 2021 £
Sponsorship income	**242,479**	175,495

4 Income from investments

	Unrestricted funds 2022 £	Unrestricted funds 2021 £
Dividends and interest receivable	**7,426**	4,033
Bank interest receivable	**999**	39
	8,425	4,072

5 Analysis of expenditure on raising funds

	Unrestricted funds 2022	Unrestricted funds 2021
	£	£
Direct costs	**45,575**	54,664
Investment management fees	**2,866**	1,793
Support costs (Note 8)	**10,756**	12,659
	59,197	69,116

6 Analysis of expenditure on charitable activities by fund

	Unrestricted funds 2022	Restricted funds 2022	Total funds 2022	Unrestricted funds 2021	Restricted funds 2021	Total funds 2021
	£	£	£	£	£	£
Public Affairs	**122,957**	**-**	**122,957**	89,807	-	89,807
Professional Affairs	**75,182**	**182,883**	**258,065**	204,021	72,090	276,111
Learning	**337,889**	**15,245**	**353,134**	227,036	16,850	243,886
Standards	**179,366**	**-**	**179,366**	156,862	-	156,862
Research	**193,107**	**-**	**193,107**	203,701	-	203,701
SOA	**618,543**	**-**	**618,543**	390,756	-	390,756
	1,527,044	**198,128**	**1,725,172**	1,272,183	88,940	1,361,123

Expenditure is analysed between the divisions of activity which operationally deliver the Strategic Priorities as set out in our 5 year strategy and the Trustees Annual Report.

Public Affairs Division comprises our external media, public communications and fundraising functions and also includes the Patients, Relatives and Public Advisory Group.

The Professional Affairs Division includes our Wellbeing activities and our eight advisory groups relevant to the professional activities of our members as well as our Legal and Ethical Advisory Group.

The Learning Division includes our seminars and digital learning webinars and programmes and our FUSIC accreditation schemes.

The Standards Division includes the Society's work in relation to setting and codifying professional standards and the wealth of guidance we provide to the community.

The Research Division is responsible for the strategic research representation and engagement we have across the UK and also oversees the research grants made by the Society and includes the research based peer review Journal of the Intensive Care Society.

SOA includes the State of the Art Congress, this was previously included as part of the Learning Division but due to the strategic importance of the event is now reflected as its own strategic priority.

Staff costs are attributed to each division by reference to the time taken by individual staff members to fairly reflect the appropriate cost.

7 Analysis of expenditure on charitable activities by type

	Activities undertaken directly 2022	Grant funding of activities 2022	Support costs 2022	Total funds 2022
	£	£	£	£
Public Affairs	**79,935**	**-**	**43,022**	**122,957**
Professional Affairs	**207,873**	**-**	**50,192**	**258,065**
Learning	**220,482**	**-**	**132,652**	**353,134**
Standards	**111,247**	**-**	**68,119**	**179,366**
Research	**103,256**	**54,000**	**35,851**	**193,107**
SOA	**600,617**	**-**	**17,926**	**618,543**
	1,323,410	**54,000**	**347,762**	**1,725,172**

	Activities undertaken directly 2021	Grant funding of activities 2021	Support costs 2021	Total funds 2021
	£	£	£	£
Public Affairs	51,830	-	37,977	89,807
Professional Affairs	200,161	-	75,950	276,111
Learning	164,717	-	79,169	243,886
Standards	76,693	-	80,169	156,862
Research	94,140	37,830	71,731	203,701
SOA	326,465	-	64,291	390,756
	914,006	37,830	409,287	1,361,123

The Intensive Care Society funded research and incurred management and other costs in developing the Society's research activity. In 2022, the Society awarded three grants; details of these awards can be found in the Research section of the Trustees Annual Report.

8 Analysis of support costs

	Fundraising 2022	Charitable activities 2022	Total 2022	Fundraising 2021	Charitable activities 2021	Total funds 2021
	£	£	£	£	£	£
Staff costs	**4,536**	**146,662**	**151,198**	4,702	152,019	156,721
Depreciation	**114**	**3,674**	**3,788**	12	374	386
Office costs	**4,703**	**152,066**	**156,769**	4,951	160,058	165,009
Legal & professional	**510**	**16,489**	**16,999**	2,237	72,334	74,571
Other costs	**224**	**7,238**	**7,462**	242	7,836	8,078
Governance costs	**669**	**21,633**	**22,302**	515	16,666	17,181
	10,756	**347,762**	**358,518**	12,659	409,287	421,946

9 Net income/(expenditure) for the year

This is stated after charging:	2022 £	2021 £
Operating leases – buildings	**57,988**	44,100
Depreciation	**3,788**	386
Auditor's remuneration	**14,028**	10,877

10 Staff costs

	2022 £	2021 £
Wages and salaries	**582,713**	466,359
Social security costs	**60,033**	44,006
Pension costs	**27,147**	18,390
	669,893	528,755

The average number of persons employed by the Society during the year was as follows:

	2022	2021
Raising funds	**1**	1
Charitable activities	**11**	9
Support functions	**4**	4
	16	14

The number of employees whose employee benefits (excluding employer pension costs) exceeded £60,000 in the following bands was:

	2022	2021
£60,001 - £70,000	**1**	-
£80,000 - £90,000	**1**	1

The total amount of employee benefits received by Key Management Personnel, including Employers National Insurance contributions and employers pension contributions, is £87,715 (2021 - £84,682). The Society considers its Key Management Personnel to be the Trustees and the Chief Executive.

11 Trustees' remuneration and expenses

During the year, no Trustees received any remuneration or other benefits (2021 - £nil). Expenses for travel totalling £3,432 were reimbursed to seven Trustees (2021: £401 to three Trustees).

12 Related party transactions

Trustee and Key Management Personnel transactions are detailed in **Notes 10 and 11**. Trustees also made donations of £140 (2021: £140). There were no other related party transactions during the period (2021: none).

13 Taxation

	2022 £	2021 £
Current tax		
UK corporation tax on non-primary purpose surplus for the year	-	-
Adjustment in respect of prior periods	-	1,193
	-	1,193

14 Tangible fixed assets

	Office equipment £	Computer equipment £	Database £	Total £
Cost				
At 1 January 2022	10,416	3,148	162,787	176,351
Additions	-	2,129	68,139	70,268
Disposals	(10,416)	(194)	(162,787)	(173,397)
At 31 December 2022	-	5,083	68,139	73,222
Depreciation				
At 1 January 2022	10,416	757	162,787	173,960
Charge for the year	-	1,517	2,271	3,788
Disposals	(10,416)	(194)	(162,787)	(173,397)
At 31 December 2022	-	2,080	2,271	4,351
Net book value				
At 31 December 2022	**-**	**3,003**	**65,868**	**68,871**
At 31 December 2021	-	2,391	-	2,391

15 Fixed asset investments

Valuation	2022 £	2021 £
At 1 January 2022	**207,738**	174,982
Additions at cost	**534,173**	52,447
Disposal proceeds	**(192,270)**	(102,546)
Revaluations	**(18,646)**	30,517
Movements in cash account	**(36,229)**	52,338
At 31 December 2022	**494,766**	207,738

15 Investments (continued)

Comprising	2022 £	2021 £
UK listed equities and infrastructure funds	**250,425**	130,375
UK bonds	**31,302**	-
Overseas equities	**175,206**	22,813
Overseas bonds	**16,970**	-
Cash	**20,863**	54,550
At 31 December 2022	**494,766**	207,738

16 Debtors

	2022 £	2021 £
Trade debtors	**20,330**	35,227
Other debtors	**89,412**	-
Prepayments and accrued income	**178,648**	98,313
	288,390	133,540

17 Creditors: Amounts falling due within one year

	2022 £	2021 £
Trade creditors	**223,222**	58,242
Corporation tax	**-**	1,193
Other taxation and social security	**16,383**	17,529
Other creditors	**14,097**	24,212
Accruals and deferred income	**171,243**	160,501
	424,945	261,677

18 Deferred income

Deferred income relates to subscriptions, seminars and grant funds paid for in advance of the next financial year.	2022 £	2021 £
At 1 January	**82,340**	10,571
Income deferred during the year	**97,948**	82,340
Amounts released from previous periods	**(82,340)**	(10,571)
At 31 December	**97,948**	82,340

19 Statement of funds

	At 1 January 2022 £	Income £	Expenditure £	Transfers £	At 31 December 2022 £
Restricted funds					
Bennett Fund	**3,909**				**3,909**
CHSA Psychoeducation grant	**-**	**57,765**	**(57,765)**	**-**	**-**
CHSA Peer support grant	**-**	**35,867**	**(35,867)**	**-**	**-**
CHSA Leadership grant	**-**	**70,320**	**(70,320)**	**-**	**-**
Gilead	**-**	**34,176**	**(34,176)**	**-**	**-**
Total restricted funds	**3,909**	**198,128**	**(198,128)**	**-**	**3,909**
Unrestricted funds					
General	**1,262,355**	**1,693,650**	**(1,604,887)**	**(65,000)**	**1,286,118**
Designated	**-**	**-**	**-**	**65,000**	**65,000**
Total funds	**1,266,264**	**1,891,778**	**(1,803,015)**	**-**	**1,355,027**

	At 1 January 2021 £	Income £	Expenditure £	Transfers £	At 31 December 2021 £
Restricted funds					
Bennett Fund	3,909	-	-	-	3,909
UK Critical Care Research Group	10,800	-	(10,800)	-	-
CHSA Psychoeducation grant	-	57,790	(57,790)	-	-
CHSA Peer support grant	-	20,350	(20,350)	-	-
Total restricted fund	14,709	78,140	(88,940)	-	3,909
Unrestricted funds - general	990,184	1,614,663	(1,342,492)	-	1,262,355
Total funds	1,004,893	1,692,803	(1,431,432)	-	1,266,264

The Bennett Fund was established to provide funding for the travel costs of eminent speakers to attend the Society's State of the Art Conference and conduct a session with trainee intensivists.

CHSA grants were awarded for three projects: Peer support to establish a national framework in 12 ICUs, Psychoeducation to produce an interactive web-based education programme to raise self-awareness, and improve self-care practices, and Leadership to develop and run a leadership course for 15 members.

Gilead grant was awarded to provide 1:1 support for ICU staff dealing with the impact of the pandemic.

Designated funds comprise funds ring-fenced to cover the Society’s costs should it be required to give evidence to the COVID-19 enquiry and funds to underwrite the continuation of the leadership course previously funded by the CHSA.

Unrestricted funds are general funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the Society and which have not been designated for other purposes.

20 Analysis of net assets between funds

	Unrestricted funds 2022 £	Restricted funds 2022 £	Total funds 2022 £	Unrestricted funds 2021 £	Restricted funds 2021 £	Total funds 2021 £
Fixed assets	**563,637**	**-**	**563,637**	210,129	-	210,129
Current assets	**1,212,426**	**3,909**	**1,216,335**	1,313,903	3,909	1,317,812
Creditors due within one year	**(424,945)**	**-**	**(424,945)**	(261,677)	-	(261,677)
	1,351,118	**3,909**	**1,355,027**	1,262,355	3,909	1,266,264

21 Analysis of changes in net debt

	At 1 January 2022 £	Cash flows £	At 31 December 2022 £
Cash at bank and in hand	**1,184,272**	**(256,327)**	**927,945**

22 Balances held as agent

Funds administered by the Society in accordance with instructions received.

	At 1 January 2022 £	Funds received £	Funds paid £	At 31 December 2022 £
UK Critical Care Research Group	**12,344**	**-**	**(1,636)**	**10,708**

23 Pension commitments

The Society operates a defined contribution pension scheme. The assets of the scheme are held separately from those of the Society in an independently administered fund. The pension cost recognised as an expense in the year was £27,147 (2021: £18,390). There were £3,233 of outstanding pension contributions payable to the fund at the balance sheet date (2021: £3,473).

24 Operating lease commitments

At 31 December 2022 the Society had commitments to make future minimum lease payments under non-cancellable operating leases as follows:	2022 £	2021 £
Not later than 1 year	**40,495**	29,400

Intensive Care Society

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Registered as a Company limited by Guarantee Registered No: 2940178 (England) at the office address listed above.

Registered as a Charity in England and Wales No: 1039236 and in Scotland No: SC040052

THE INTENSIVE CARE SOCIETY

England & Wales - Charity number 1039236

Accounts

Intensive Care Society

A YEAR IN THE LIFE OF INTENSIVE CARE

Trustees' Annual report and accounts for the year ending 31 December 2021



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ABOUT THE

INTENSIVE CARE SOCIETY

The Intensive Care Society is the national charity for intensive care.

Since being established on the 8 June 1970, we have increased our direct support to the UK's multi professional intensive care community to provide them with the latest advice, guidance, standards and learning opportunities across the breadth of their clinical practice to support them as they care for the sickest patients in hospital.

We provide grants to fund vital research and to grow the capacity and capability of the multi professional intensive care research workforce. We provide professional development such as psychological and wellbeing support and leadership training. We use our knowledge and expertise to inform Parliamentarians and Policy makers about the facts on core intensive care issues to encourage lasting change.

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INTRODUCTION

We entered 2021 still in the grip of the COVID pandemic which continued to directly impact our intensive care community and wider beneficiaries. Our National Emergency Critical Care Committee (NECCC) was active throughout the year most notably during the first few months of 2021 when we met weekly with members comprising front line clinicians, researchers, policy makers from NHS England and Improvement and other key stakeholders. NECCC was essential to advance and promote knowledge and we met weekly to help support the intensive care community as they battled a much harsher wave on top of winter pressures. As the year progressed and vaccination became more widespread COVID-19 became more manageable and so we paused our NECCC meetings first changing to fortnightly and then paused in Autumn until needed.

EDI, Sustainability, Wellbeing, Education

We are committed to ensuring that our renewed vision for the future of intensive care puts accountability for championing equality, diversity, and inclusion at the core of what we do. Despite the challenges of the past few years, we have seen countless examples of good practice and outstanding leadership. If we are not actively supporting and recognising the potential of every individual available to us, we are quite simply missing out.

After a turbulent year of COVID in 2020 we postponed SOA and so SOA21 was an even more important three day congress to meet colleagues and share knowledge. With the pandemic continuing to create a path of uncertainty well in to 2021 we took the strategic decision to hold the congress virtually and we were delighted to say that it was a great success. You can read more about it in the report below.

This year's annual report looks a little different because we want to explicitly demonstrate our progress against our 5 year strategy as we are at the midpoint and we also wanted to set out exactly where we made strategic decisions to change our priorities in light of COVID-19. This report demonstrates how we maintained our alignment with our charitable objects and benefited the public while refocussing key elements of our strategy. In July we reached the halfway point of our strategy and during a break in lockdown between waves of COVID-19 we held an in person, socially distanced, away day with Trustees, Council members, our special advisors and our staff. The focus of the away day was to review the progress against our strategy and to horizon scan to develop a refreshed strategy and plan for 2022. We paused work on the strategy as further waves of COVID-19 hit the UK and restarted the work to refresh it in 2022.

As expected when the year came to a close, we once again made preparations to respond to another surge as the latest variant of COVID-19 took hold and so we reconvened our National Emergency Critical Care Committee (NECCC) which had been in operation for most of 2021.

We commend this year's annual report to you.



Dr Stephen Webb
President
Intensive Care Society



Dr Sandy Mather
Chief Executive
Intensive Care Society

TRUSTEES REPORT

The Trustees of the Intensive Care Society (the "Society") who are also Directors of the company for the purposes of the Companies Act 2006, present their annual report on the affairs of the Society, together with the financial statements and auditor's report for the year ended 31 December 2021.

This report has been prepared in accordance with the provisions applicable to companies entitled to the small companies' exemption, which includes an exemption from preparing a Strategic Report.

OUR CHARITABLE OBJECTS ARE:

To advance and promote the care and safety of critically ill patients, by...

1. **The advancement and promotion of those branches of medical science concerned with critical care, and**
2. **the promotion of study and research into critical care and the publication of the useful results of such study and research.**

We implemented our charitable objects as set out in this report. However, importantly during 2018 the Society agreed the following vision, mission and values to enable us to achieve our outcomes and make an impact on our beneficiaries.

OUR VISION

The Society's vision is a world where every member of the multi professional critical care team has a voice and plays a part in research, education and standards-development.

OUR VALUES

Our values define our culture and are at the very heart of the Intensive Care Society - who we are, what we do and how we do it.

COLLABORATION
We work with others to maximise our impact.

FREEDOM OF EXPRESSION
We are bold in our actions and words and encourage diversity of views.

ACCEPT AND RESPECT
We treat everyone with dignity and respect and accept differences delivering our mission more effectively.

OUR MISSION

We represent the views of the multi professional critical care community and help them by providing opportunities for knowledge exchange to support learning. We enable them to contribute to research and standards development.

OUR CONTINUED RESPONSE TO COVID-19

WEBSITE



Website refreshed with a fresh new brand

962,064 views

SUSTAINABILITY

Joined the UK Health Alliance on climate Change

7 Climate change urgency and action webinars

20 working group members

EVENTS & WEBINARS

23 webinars

13,824 views

SOA



Fully virtual

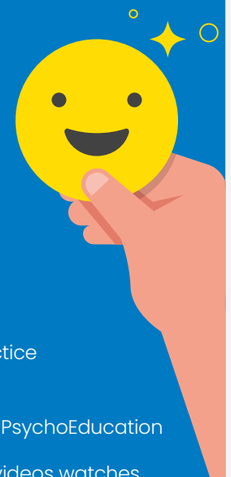
1895 delegates

242 speakers

255 abstracts presented

21 countries represented

WELLBEING



455 developing psychological services documents downloaded

2690 workforce wellbeing framework best practice downloads

12,149 Journey to work podcasts listens

3299 Wellbeing best practice framework downloads

550 individuals attended PsychoEducation

7130 Wellbeing YouTube videos watches

128 peer supporters trained

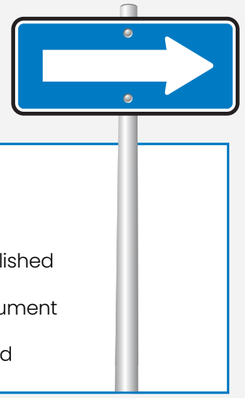
75 units helped to develop business case for further Psychology services

7608 people attended a wellbeing education session

MEDIA

83 media engagements across TV, Radio, Digital and Print





GUIDANCE

8 pieces of guidance published

1 endorsed guidance document

16 consultations supported

POLICY STATEMENTS

18 policy statements issued

6,799 views and downloads

FUSIC



1188 accreditation courses started

235 accreditation courses completed

SOCIAL MEDIA

Twitter

999 tweets

37,100 clicks

10.4 million impressions

6,500 new followers

9,100 retweets

Facebook

5,500 profile views

543 new followers

412,217 accounts reached

Instagram

5,055 profile views

50 new followers

5,734 accounts reached

JICS



562,709 downloads

49 articles published across 4 issues

33 articles published online first

OUR ACHIEVEMENTS, PERFORMANCE AND IMPACT

Our 5 year strategy sets out our vision, mission, values, strategic priorities and critical enablers and is a living document that guides everything our Trustees, Council, Committees, supporters, and staff do for the intensive care community and our wider beneficiaries. It was developed in 2018 and runs for the period 2019-2023. It gives us a framework to work towards and acts as a moral compass to remind us why we do what we do, how we should do it and the difference we make to the public and the charity sector as a result of our activities.

Our 5 year strategy (2019-2023) includes a clear action plan with targets to be achieved by 2019, 2021 and 2023 and with success measures to be achieved by 2023. During 2021 we initiated a project to refresh the strategy, however this had to be paused due to COVID-19 work pressures. We restarted the Strategy Refresh Project in April 2022.

Each year the Trustee Board approves a costed operational implementation plan which maps against our strategy and the action plan set out in it for each year. The operational implementation plan is delivered via a Divisional structure with an elected Council member as chair of each division collaborating with a named senior manager.

The strategy and annual operational implementation plan set out the Society's work under four Strategic Priorities (SP) supported by two critical enablers: multi professional membership and an infrastructure built on clear governance and financial sustainability.



STRATEGIC PRIORITY ONE

YOUR VOICE, OUR INFLUENCE

Public Affairs Division

Our Public Affairs Division is responsible for acting as the collective voice of the Society's members and both informs and educates policy makers and the public about the value of the multi-professional team providing intensive care. It is also responsible for leading the successful delivery of our fundraising campaigns by engaging with donors to explain the impact the Society has and the difference their donations can make to our beneficiaries.



GOAL ONE
TO ACT AS THE COLLECTIVE VOICE OF OUR DIVERSE MULTI-PROFESSIONAL MEMBERSHIP

Action plan and KPIs

Collaborated with like-minded organisations and Parliamentarians to hold a series of public debates to increase understanding about the interface between critical care, palliative care and end of life care.

Achievements and results to demonstrate our impact and public benefit

During the year the Society worked with Parliamentarians to establish an All-Party Parliamentary Group on Intensive Care (APPG) to provide a valuable opportunity for them to engage directly with members of our Patients, Relatives and Public Advisory Group and members of our advisory Council, Rehabilitation Collaborative and our other special interest groups on matters of mutual interest.

In June Sir Gary Streeter MP agreed to Chair and establish the APPG, which we formally launched at an inaugural meeting in November. This included presentations from a senior intensive care professional and a recent patient they had cared for in order to provide Parliamentarians with experiences of both sides of intensive care. We have collaborated with other intensive care organisations and patient support groups to curate an informative programme of speakers for 2022 to continue to increase understanding about intensive care to inform evidence-based policy making to support and improve intensive care services. More information about the APPG, including full membership and the minutes of meetings can be found on our website. APPG on Intensive Care

In January 2021 we published a multi-professional policy document (Intensive Care 2020 and beyond) which was a wide-ranging review of the future of intensive care. It was developed with a cross-sector multi-professional group of intensive care staff and patient input. This policy document has been used to brief research funders and policy makers and inform them about intensive care.

Our National Emergency Critical Care Committee (NECCC) continued to meet during 2021 to provide and co-ordinate an effective national response to the COVID-19 pandemic delivering targeted, proportionate and evidence based guidance and information in a timely way to our beneficiaries.

Our website is a key channel for communication and during 2021 we built a new and improved website so that our beneficiaries across intensive care, could access our information more easily and quickly.

Our website was visited 962,094 times

Action plan and KPIs

Maintained a regular media presence.

Collaborate with media organisations to create documentaries, 'patient stories' and support inclusion of critical care in popular dramas to raise awareness and educate.

Achievements and results to demonstrate our impact and public benefit

The Society appeared in the media 224 times across TV, broadcast and print.

We continued to proactively maintain our relationships with the media to provide a clear and honest picture of the intensive care landscape as well as amplify our messages around vaccinations, workforce pressures and the recovery and restitution of critical care services.

We also encouraged and helped press to better understand how to report on intensive care. We released policy statements to explain our position about the following and to improve patient care and outcomes.

1. Understanding staffing, occupancy and capacity
2. CRITCON levels and how they are used
3. Nursing staffing and ratios during COVID-19
4. Recovery and Restitution of critical care services in COVID-19
5. Intensive Care and Paediatric Critical Care Society Statement on Paediatrics Respiratory Syncytial Virus (RSV)
6. Family and Relative visiting during the pandemic

This year we launched the inaugural Intensive Care Week, highlighting all aspects of our professional practice over the course of seven days. During the week we also ran our second Intensive Care Society Awards virtually to raise the spirits of an exhausted ICU community and recognise innovation and good practice across the UK.

We were delighted that this year our Patron, HRH Princess Anne, was also involved and gave a speech to commend the intensive care community for everything they continue to do to care for the nation.

2020: The Story of Us

In 2019, we began working with Oscar winning director Kevin Macdonald and top UK production company, Docsville, to tell the story of the intensive care community and the care they provide to the sickest patients in hospital. Our documentary detailing some key stories about patients and the intensive care professionals looking after them was delayed due to the pandemic and was eventually completed in 2021, airing on ITV in March. It was nominated for several awards and can be found on ITVHub

KPIs to achieve by 2023

Be known as the "go to" professional body for policy makers and parliamentarians who can influence research and practice in critical care.

Increased social media presence with 30% increase in Twitter followers, Facebook, LinkedIn, Instagram.

Our KPI results so far...

Our collaborative policy work on the APPG, NECCC, policy development, standards and guidelines, research and media profile have established the Society as the "go to" organisation for evidence based facts.

Twitter followers:
2019 - 20,000
2021 - 34,000

LinkedIn followers:
2019 - 5,339
2021 - 6,995

Facebook followers:
2019 - 6,783
2021 - 8,200

Instagram followers:
2019 - 1,234
2021 - 3,440



GOAL TWO
TO INCREASE OUR FUNDRAISING CAPACITY AND CAPABILITY

Action plan

Implemented an annual programme of fundraising campaigns.

Achievements and results to demonstrate our impact and public benefit

We appointed a professional fundraising manager in Spring to create and deliver a fundraising strategy. This was implemented and focused on campaigns and fundraising stewardship including developing new fundraising literature and collateral to support donor management. We successfully secured several five figure donations from foundations and corporate donors. We also ran a programme to thank existing donors which also secured further individual donor funding during the year.

We ran an **I C**are for **U** fundraising campaign designed to highlight that intensive care has not just existed since COVID, but is one of the most essential clinical services within the NHS.

KPIs to achieve by 2023

One successful major appeal for £500,000.

Annual recurring unrestricted fundraising income of £100,000.

Our KPI results so far...

Achieved. This KPI was successfully achieved during 2020 when we raised £754,103 in total donations.

We followed our successful fundraising in 2020 by exceeding this KPI again in 2021 when we generated £411,752 of donations. We are currently on target to exceed this amount again in 2022.

STRATEGIC PRIORITY TWO

YOUR REGION, OUR NETWORK



Professional Affairs Division

During 2021 we changed the strategic focus and goals of our Professional Affairs Division because of COVID-19. We took the strategic decision to provide support to all beneficiaries in the intensive care community free of charge and to provide them a blended package of wellbeing support, therapeutic interventions, written advice and guidance and educational webinars and podcasts. These activities were extensive and essential for the intensive care community who as a collective were suffering from the impacts of COVID-19 including work related stress and exhaustion during this second year of the pandemic.

We agreed an action plan focussed on wellbeing and delivered the first year of our Wellbeing and Resilience through Education (WARE) project which replaced our pre pandemic strategic action plan about membership recruitment, retention and growth. We recruited 15 practitioner psychologists to work with our National Director of Wellbeing to enable the Society to meet the demand to provide wellbeing support to the widest range and number of intensive care professionals.

We were delighted to receive highly commended in the workforce and wellbeing team of the year category at the BMJ Awards.

We also planned to implement the governance changes enabled in 2020 allowing us to conduct national elections for six Professional Advisory Groups to ensure our multi-professional voice on council representing the breadth of the intensive care community.

GOAL ONE
TO IMPROVE THE VALUE WE PROVIDE TO OUR MEMBERS WHEREVER THEY LIVE AND WORK

Action plan and KPIs

Conduct elections to establish six Professional Advisory Groups (PAGs) and to fill four additional national vacancies.

Achievements and results to demonstrate our impact and public benefit

Professional Advisory Groups are elected by our members and during 2021 we held national elections and 55 new members joined six additional PAGs (the Trainees PAG was already in existence).

- Advanced Practitioners in Critical Care PAG
- Nurses PAG
- Pharmacists PAG
- Physiotherapists PAG
- Specialty doctors PAG
- Allied Health Professionals PAG (includes all other professions with small membership numbers)

The PAGs provide Trustee Board with advice about intensive care and work across Divisions to support delivery of our strategic plans.

Deliver CHSA donor funded wellbeing training programme to create a national framework for Peer Support in ICUs.

We ran a programme of Peer Support for intensive care and trained 19 intensive care professionals online as Master Trainers to assist in its delivery. During the year we held eight online events with 15 intensive care units and trained 144 peer supporters during the year. This will impact all grades and professions in intensive care.

We know this makes a difference in the workplace and helps to retain staff. Some feedback from those who have been trained includes:

"This day really clarified what Peer Support should be and what it isn't. It has left me feeling optimistic that we can change attitudes towards supporting each other at work."

"All members of MDT involved and good to discuss with others who work in other trusts and have experience of doing this."

"It was all really useful, I found the explanations of stressors, moral injury and distress very helpful."

Action plan and KPIs

Deliver CHSA donor funded wellbeing programme to produce interactive web-based education courses to raise self-awareness, and improve self-care practices around wellbeing in ICU staff.

Launch the Equality, Diversity and Inclusion (EDI) Working Group, and implement a plan for the first year of its activities.

Map the membership journey to develop recommendations in order to improve the personalised on-boarding process for new members.

Achievements and results to demonstrate our impact and public benefit

We provided support to **516 intensive care staff during 36 online psycho education events** in the year.

Workforce wellbeing series with **seven webinars** - **7316 views**:

- **Journey to work podcasts:** 10 podcasts - 12,149 listens
- **75 Intensive Care Units** have applied for our business case for developing psychology services in UK to support both staff and patients.
- **7000 downloads** of our wellbeing framework

We set up the EDI Working Group led by the Society's members and senior managers. We are committed to ensuring that our renewed vision for the future of intensive care puts accountability for championing equality, diversity, and inclusion at the core of what we do. The group delivered three key pieces of work.

- Statement about the use of devices such as pulse oximeters and the problematic discrepancies in reading oxygen levels affecting people of colour and led to the Society making an industry and clinical wide clarion call to make much needed changes which will have a significant positive benefit to patients.
- Statement in support of the NHS People Plan in 2021 and reinforcing the importance of fostering an equal, diverse and inclusive approach to the NHS workforce.
- A comprehensive survey to begin a deep dive into the intensive care workforce to not only better understand our community as a whole, but to identify areas that need help improving to ensure we continue to attract, educate, develop, and ultimately retain ICU professionals.

We started a procurement exercise to tender for a new membership database and CRM system to remove unnecessary hurdles to joining or renewing Society membership. This was paused during various waves of COVID and will be completed in 2022.

GOAL TWO

TO INCREASE OUR IMPACT AND KNOWLEDGE EXCHANGE WITHIN THE GLOBAL CRITICAL CARE COMMUNITY

Action plan and KPIs

Implemented a regular series of engagement meetings with key national critical care organisations and agreed mutually beneficial outcomes from the collaborations.

Achievements and results to demonstrate our impact and public benefit

During the year we met our counterparts in four continents to share knowledge and explore possible collaborative opportunities that would be mutually beneficial. These scoping meetings included:

- Australia
- Europe
- India
- New Zealand
- USA

Providing 1-1 Psychological Intervention to Intensive Care Staff

We continued to run up to six free one-hour sessions of tailored psychological support for our community to help them come to terms with all they have had to deal with during the pandemic.

GAINS Research Project

We collaborated with a team of researchers to become research partners for a clinical trial funded by the Wellcome Trust to investigate whether a specific online intervention tool could reduce the number of intrusive memories an ICU professional may experience as a result of the pandemic. This is the largest psychological clinical trial to have ever been conducted. Phase one of this study started in September and will end in early 2022.



STRATEGIC PRIORITY THREE

YOUR PATIENTS, OUR RESEARCH - BASED CARE



Research Division

The strategic priorities for our Research Division for the second year of the pandemic were refocussed at the beginning of the year, maintaining clear alignment with our charitable objects and delivering the most public benefit. We therefore focussed on promoting and supporting delivery of critical care research directed towards COVID-19 research priorities. The research led by our Directors of Research continued to help the world better understand the virus and how to treat it in order to inform the research to develop the vaccine. Our Directors of Research remain involved in over 95% of the intensive care clinical trials across the UK.

Our research grant giving programme is entirely funded by donations. This vital work enables investigators to explore intensive care more deeply to better understand diseases, medicines and treatments to help improve patient outcomes. It also enables us to support and develop the next generation of clinical investigators in intensive care.

GOAL ONE
TO BE A GLOBAL LEADER IN CRITICAL CARE RESEARCH

Action plan and KPIs

Provided increased research training and research mentorship to support new and emerging researchers across the multi-professional membership.

Reviewed the diversity of our Directors of Research to ensure they are more representative of our membership.

Renegotiate our publishing contract to comply with Plan S and our sustainability strategy.

Achievements and results to demonstrate our impact and public benefit

This year we opened up applications for our New Investigator Award (NIA) to award three grants of up to £15,000 each to pump prime new research. Our winners were announced in December to undertake research during 2022.

- **Simon Biddie** - Variant-to-function: understanding the role of DDP9 genetic variants in acute and chronic lung disease
- **Timothy Snow** - Identification of mechanisms underpinning antibiotic-induced immunomodulation in sepsis
- **Nuttha Lumlertgul** - Ventilator induced kidney injury

We advertised widely to recruit new Directors of Research and we appointed three outstanding research leaders. Two are intensive care consultants, Dr Marlies Ostermann and Professor Manu Shankar-Hari, and the third is a clinical research physiotherapist, Dr Bronwen Connolly. Having our first ever physiotherapist Director of Research enables us to open up more avenues for allied health professionals and nurses to embark on their research careers.

We began the process of digitising our journal after a careful review of the environmental cost of printing thousands of copies of JICS and posting them all over the world. We renegotiated the contract with our publishers to change our processes, flip to a digital version and meet Plan S recommendations. We agreed a revised contract which provides best value for money for our members. In November we published the final printed edition of the Journal of the Intensive Care Society (JICS), a major milestone in reducing our carbon footprint. This will be launched in 2022.

KPIs to achieve by 2023

Increased the number of Directors of Research across the UK.

To increase the Impact Factor for the Journal of the Intensive Care Society (JICS).

Our KPI results so far...

Three new Directors of Research appointed and at the end of the year two existing Directors were recognised with Honorary Membership of the Society.

We are working towards providing an evidence base for an increase in our impact factor by investing in an increased number of pages published each year as the quality of submissions and therefore publications have increased.



Our full list DORs during 2021:

- Dr Bronwen Connolly
- Dr Marlies Ostermann
- Professor Danny McAuley
- Professor Gavin Perkins
- Professor Manu Shankar-Hari
- Professor Anthony Gordon
- Professor Kenny Baillie
- Dr Nazir Lone

GenOMICC

In 2016, we pump primed the GenOMICC study to get it off the ground and has had our full support ever since. Without this vital research, what we know now about COVID may not have been possible. This study has been instrumental in the global fight against the pandemic by looking at the whole genome sequences [DNA] of people who were severely affected by COVID-19 and compares this against those who had mild symptoms.

Genetic evidence is second only to clinical trials to tell which treatments will be effective in disease. Existing drugs that target the actions of the genes reveal which drugs should be re-purposed to treat COVID-19 in clinical trials.

This study has recruited 17,000 participants with data coming from 212 intensive care units across the UK. That equates approximately to 5091 ICU beds.

"It is now true to say that we understand the mechanisms of COVID better than any other syndrome we treat in intensive care."
Kenny Baillie

REMAP-CAP

Our DOR, Anthony Gordon, has continued to lead the REMAP-CAP trial in the UK in collaboration with ICNARC. By the end of 2021, 5,500 patients had been recruited into the trial from 143 ICUs in the UK, about 60% of the global recruitment.

A number of important results were released in 2021 that have become adopted into UK and international treatment guidelines.

In January 2021, the Prime Minister announced from the podium of a Downing Street press conference that REMAP-CAP had demonstrated that the drugs tocilizumab and sarilumab reduced mortality rates and reduced the time spent in hospital and ICU for severely ill patients. This was adopted into UK practice the next day and last year approximately 25,000 patients were treated with these medications in the UK, estimated to have saved more than 2,000 lives.

One of our DORs led an international group of investigators to analyse all the studies of these drugs from around the world. This work then led the WHO to update their COVID-19 guidelines to include these drugs for worldwide use.

REMAP-CAP also showed that convalescent plasma, that contains antibodies from patients who have recovered from COVID-19, does not improve outcomes in the overall population with severe COVID-19. However, there may be benefit in patients who are immunocompromised, who may struggle to make their own antibodies.

REMAP-CAP joined with other investigators in Canada and the United States of America, demonstrating that heparin, a blood thinner to reduce blood clot formation which is common in COVID-19, can prevent the need for ICU support and reduce mortality rates when given to patients on the ward. But heparin is ineffective when only started once the patient becomes critically ill.

The work done by the UK REMAP-CAP team led to them winning the BMJ Critical Care Team of the Year award in September 2021.

RECOVERY – Respiratory support

The Recovery respiratory support trial uses high priority interventions on patients with confirmed COVID-19 admitted to hospital to determine the effect on the likelihood of death or requirement for invasive ventilation.

This trial was commissioned by the Chief Medical Officer with our support as an urgent public health research priority. It is because of this study that the discovery of dexamethasone was found as the first effective treatment for COVID-19.

The ISARIC 4C

We are also a part of a leading consortium of professionals known as The ISARIC 4C Group providing the UK with an informed understanding of COVID-19 and assisting in research management across the UK.

Find out more about our research

Standards Division

The Society's Standards Division leads the multi-professional clinical input to the development, endorsement and production of professional guidance, standards, clinical and service guidelines across the UK. Our Standards and Guidelines Committee have not only managed to maintain our guidance workstreams but have also been instrumental in leading the development of new national COVID guidance including local response efforts. Our Council members and Clinical Trustees were also heavily involved in the development of professional guidance, some of which has been captured below.

GOAL TWO
TO EXPAND THE SOCIETY'S ROLE IN STANDARDS DEVELOPMENT

Action plan and KPIs

Produced patient and carer advice and information and clear signposting to other support organisations.

Developed guidelines on critical care and end of life care to support clinicians and families/carers.

Achievements and results to demonstrate our impact and public benefit

We added a wealth of patient and carer information to our website and one specific example of where we responded to a particular distressing need was in visiting arrangements.

As a result of the pandemic restricted visiting arrangements were in place for the health and safety of patients, visitors and staff. We were aware of the deep concerns and distress caused by this and with advice from our Patients, Relatives and Public Advisory Group and our Legal and Ethical Advisory Group we developed a statement supporting in-person visits supplemented by virtual visiting of patients in intensive care within a carefully considered COVID secure framework.

All our guidance documents can be found here. Some highlights are listed below:

- The Use of Physical Restraints in UK Adult ICUs.
- Levels of Adult Critical Care, Second Edition (Consensus Statement).
- Guidance for the management of vaccine-associated thrombocytopenia and thrombosis (VATT) (joint with NACCS).
- Fire safety and emergency evacuation guidelines for intensive care units and operating theatres.
- Respiratory Support Units (joint with British Thoracic Society).
- Transfer of the Critically Ill Patient Outdoors.

We issued a nationwide statement to advise about the implication of a safety alert for intensive care concerning a significant increase in demand for propofol to support the UK's COVID-19 response which had caused supply disruptions with the potential to impact patient care. Our Pharmacy Professional Advisory Group provided expert advice and evidence with easy to implement and effective ways to ensure propofol stock was not diminished unnecessarily and also provided alternative solutions that may also be effective.



KPIs to achieve by 2023

Implement first year workplan for the National Rehabilitation Collaborative.

Our KPI results so far...

At the beginning of the year, we recruited three deputy chairs (one nurse and two physiotherapists) to lead the delivery of our rehabilitation work. The Post ICU Presentation Screen and Rehabilitation Prescription tool was developed in collaboration with UKROC to assess a patient's rehabilitation needs when they leave intensive care and move to acute care. This responds to feedback from patients about their concerns about their experience and needs not always being met after they leave intensive care.

- **1,049** PICUPS.
- **431** Rehabilitation Prescription submissions have been received from 14 different units.
- **81** sites.
- **1000** submissions to UKROC.

We received national recognition for our rehabilitation work when the Rehabilitation Collaborative was a shortlisted finalist in the Critical Care Team of the Year category at the 2021 BMJ Awards.

Review the impact of the Guidelines for the Provision of Intensive Care Services (GPICS) V2 with an audit toolkit.

We released our GPICS v2 audit toolkit in partnership with the Faculty of Intensive Care Medicine. This toolkit is designed to help units to assess their own practice and benchmark against the national GPICS standards and recommendations we publish. It also allows us to understand the service needs at national, regional and local level. This audit exercise will also help enable units to create local business cases to improve service provision and patient care in their hospital. The results will be available in 2022.

KPIs to achieve by 2023

GPICS Version 3 launched.

5 new sets of ICS standards launched.

Published one new patient and relative information leaflet.

Our KPI results so far...

We have agreed a memorandum of understanding with the Faculty of Intensive Care Medicine to initiate the project to revise GPICS for Version 3 during 2022.

This figure was far exceeded. Each year since this figure was set in 2018, we have published more than 5 sets of standards.

During the year we also responded to consultations on 16 sets of standards produced by other organisations. We explained the impact on intensive care and our patients and offer advice and evidence for changes where needed.

As above this figure was far exceeded and met in the first year of the 5 year strategy (2018).



STRATEGIC PRIORITY FOUR

YOUR PROFESSIONAL PRACTICE, OUR EDUCATION





Learning Division

Our Learning Division is responsible for the operational delivery of our educational activities. Prior to the pandemic our strategy was to deliver face-to-face events. This changed rapidly in 2020 when we cancelled all face-to-face events due to COVID and focussed on knowledge exchange online via webinars and meetings particularly our National Emergency Critical Care Committee.

In 2021 we were able to adapt our strategy and make investments in staff, training and new systems and processes due to the success of our fundraising campaigns in 2020. This enabled us to deliver the vast majority of our educational activities online and at no cost to the intensive care, acute care, respiratory care professional communities and all others who would benefit from our webinars and learning during the pandemic.

We expanded our Focussed Ultrasound in Intensive Care (FUSIC) accreditation during 2021 and developed additional modules supported by online learning with our new Learning Management System (LMS).

We ended the year with a successful three day State of the Art Congress delivered virtually.

GOAL ONE
TO EXPAND OUR MULTI-PROFESSIONAL CRITICAL CARE EDUCATION PROGRAMME

Action plan and KPIs

Annual State of the Art Congress (SOA) with increased numbers of delegates that is guaranteed to be "not for loss" and generated a fair contribution to the Society's charitable activities during the year.

Achievements and results to demonstrate our impact and public benefit

SOA is our flagship event and is the largest multi-professional intensive care event of its kind in the UK.

We also created a new volunteer role as Congress Programme Director and co-opted them to our Council.

We quickly realised early on in 2021 that we had made the right choices in designing this year's Congress and went one step further, deciding to fully flip to virtual and push SOA back to December as a result of the onslaught from both the Delta and Omicron variants.

However, we pushed forward to December knowing that our members and wider colleagues needed the space to download, network and learn. SOA21 was the first time in two years that our community were able to get together albeit virtually, and it was our biggest State of the Art yet.

SOA in numbers

1895	242	21	20	80	271
attendees	speakers	countries	supporting organisations sessions	on demand sessions	abstracts

"Just fantastic! There was so much variety and included the whole multi-professional team. It was extremely refreshing to not have to talk/ listen about COVID all of the time, but interesting and useful when we did."
Physiotherapist

"Excellent! It surpassed my expectations of an online conference."
Senior lecturer

"Always good to attend as it always provokes reflection and a long reading list to go away and work on."
ICM Consultant

Action plan and KPIs

Developed and implemented a plan to design seminars wherever possible based around available competency frameworks and standards.

Content for digital Learning Management System (LMS) designed and uploaded ready for marketing and launch.

Deliver monthly programme of webinars and podcasts augmented by regular recorded workshops and seminars, with all presentations made available through the LMS as ongoing resources to members.

Full regional multi professional seminar programme. Every member attends at least one educational seminar/event or SOA conference each year.

One strategic collaboration with a Higher Education Institutional (HEI) partner.

Achievements and results to demonstrate our impact and public benefit

We released our second profession specific professional development framework designed by and for speech and language therapists (SLTs) to be used in conjunction with our AHP Critical Care Professional Development Framework document.

This is a supplementary guide which will help SLTs identify and feed into their annual professional development plans.

This year has seen the exciting launch of our new learning management system, ICS Learning, providing our members with free education right at their fingertips. This LMS enables intensive care staff to watch webinars and grow their knowledge base about COVID care and treatment in a flexible way at times that suit them using a variety of handheld devices as well as via laptops and PCs.

We have over 200 hours of learning available to benefit the whole multi-professional team.

With the support of our Professional Advisory Groups, we have some very exciting content in development for 2022.

Following on from how well received our webinars were in 2020 and knowing how important education is to our members and wider community, we continued delivering free 1hr sessions on a regular basis covering a variety of relevant topics relating to COVID.

We also understood that not everyone had the capacity to attend our live webinars, so we made sure they were made freely accessible on our YouTube channel.

- **Total webinars:** 21 webinars
- **Total views YouTube:** 2744 views

GOAL TWO
TO EXPAND OUR ACCREDITATION PROGRAMME FOR FUSIC

Action plan and KPIs

Implement a plan to raise the profile of FUSIC and setting the tone for the ICS being the 'go to place' for UK ultrasound accreditation.

Provide online training in FUSIC

Develop and launch new FUSIC module-s in focussed transoesophageal echo (fTOE) in collaboration with the Association of Anaesthetists.

Achievements and results to demonstrate our impact and public benefit

In 2020, all face-to-face FUSIC training came to a halt due to the pandemic. Understanding how important ultrasound is to everyday practice in intensive care, we worked hard to quickly transform them into online training modules, enabling delegates to embark on their accreditation journey.

854 intensive care professionals completed their training compared to 397 the previous year.

We teamed up with the Association of Anaesthetists to develop these new online learning modules and a new accreditation process for (fTOE) which benefits patients cared for by both intensive care and anaesthetic professionals.

fTOE is to be used in intensive care when unexplained life-threatening circulatory instability persists despite corrective therapy. fTOE should be considered whenever a transthoracic scan is unable or unlikely to answer the clinical question. This is frequently the case in the acute care setting when transthoracic windows are suboptimal.

We launched our new fTOE module at #SOA21.



PLANS FOR THE FUTURE



ICS.AC.UK

TRUSTEES' ANNUAL REPORT 2021

Research Awards

Our Research Prioritisation Exercise is back offering up to £50,000 to a study looking at any healthcare problem in critical care.

We will also be teaming up with NIHR to offer 2x awards to recognise outstanding contributions to clinical research.

Our Journal Goes Green

Following on from our commitment to reducing our carbon footprint by 50% by 2030, the first of our milestones will be the publication of our digitised version of JICS.

All-Party Parliamentary Group on Intensive Care (APPG)

In 2022 we will be using our APPG to provide information on the multiple layers of intensive care. In the first year we will be focusing primarily on rehabilitation and workforce.

Leadership Programme: LeaP1

The successful applicants will join our inaugural LeaP1 multi-professional cohort and embark on their 10 month leadership programme.

Face-to-Face Returns

With the successful vaccine rollout and the roadmap to unlocking the country announced, we will bring back online our face-to-face learning programme, starting with SOA22 in June 2022.

Skiing Across Mountains for Intensive Care: Zermatt to Verbier

Six intrepid skiers including three clinicians will be taking on crossing the Swiss Alps in a challenge saved mainly for the military to raise money for intensive care.

The Patrouille des Glaciers (PDG) is a historic national and international ski mountaineering race organised by the Swiss army. Considered to be one of the toughest courses in the world, the PDG covers a 57.5 km route at altitudes of up to 3,650 metres between Zermatt to Verbier.

Paediatric FUSIC

We are collaborating with the Paediatric Critical Care Society to develop a paediatric FUSIC module.

Strategy refresh

As we approach the end of five year strategy, it is important to us to take all we have learnt over the past few years and look at what is next for the Society. Over the course of the year a comprehensive project will take place to draw on the input of our stakeholders, staff and friends to help us evolve to next level and define a new roadmap for us to embark on.

What is clear, is that we must continue to ensure that the voice of the intensive care community is heard. We have worked hard in 2021 to keep our profession at the top of the Government's agenda and in the eyes of the public and we are not about to stop now.

We will continue to raise the profile of intensive care, educating key decision makers on intensive care to safeguard its future.

Our members are at the heart of everything we do and 2022 will see a huge overhaul of member services including new a database and enhanced user experience. We will also be engaging further with our community to understand how we can better support them.

Education will always be a priority of ours and with all the additional work we did in 2021, we can increase our offering to our members.

And so much more....

Thank you to our supporters

- CF Jamieson
- Christopher Perrins
- Cottingham Charity Trust
- Debra Ann Coronel
- Fabulous Flowers Ltd
- Freya McLeavy
- George Cadbury Fund
- Gresham Blake
- IG Advisors
- Katrina Sudbury
- Kyle Harper
- Mr A J Black
- Nicholas Marley
- Nigel Grey-Turner
- Paul O'Gorman Lifeline Charity
- Princess Anne's Charities Trust
- Ruth Scudamore
- ShareGift
- Taurus Foundation
- The Danson Foundation
- The Saint's & Sinners Trust Ltd
- Thelonious Punk
- Warner Bros. Entertainment U.K. Ltd
- Who Gives A Frock
- Worshipful Company of Bakers



Trustees, Senior Management and Advisors

Patron

- HRH, Princess Anne

Chair of Trustees and elected President

- Stephen Webb

Trustees and Company Directors

- **Ganesh Suntharalingam** - Immediate Past President (term of office completed 7 December 2021)
- **Hugh Montgomery** - Council Member Trustee (elected 7 December 2021)
- **Martin Creswell** - Lay Trustee (appointed for 2nd term 7 December 2021)
- **Paul Dean** - Honorary Secretary (elected 7 December 2021)
- **Sarah Anderson** - Lay Trustee (appointed for 2nd term 7 December 2021)
- **Shondipon Laha** - Honorary Treasurer (Honorary Secretary to 7 December 2021)
- **Stephen Posey** - Lay Trustee (appointed for 2nd term 7 December 2021)
- **Steve Mathieu** - President Elect (Honorary Treasurer to 7 December 2021)
- **Tony Whitehouse** - Council Member Trustee (term of office completed 7 December 2021)

Chief Executive

- **Sandy Mather**

Senior Management Team

- **Alex Day** - Head of Communications
- **Alexandra Rene** - Head of Finance and Internal Operations (resigned 31 May 2021)
- **Asha Abdillahi** - Head of Standards and Policy
- **Gabriel Mouterde** - Head of Learning (appointed 4 October 2021)
- **Peter Cannings-Bushell** (resigned 31 July 2021)
- **Sarah Hall** - Head of Finance and Internal Operations (appointed 25 October 2021)

Elected Council and ICS company members

- **Andy Breen** (elected 7 December 2021)
- **Aoife Abbey** (elected 7 December 2021)
- **Ashley Miller** (re-elected for 2nd term 7 December 2021)
- **Charlotte Summers**
- **Danni Bear** (elected 7 December 2021)
- **Emma Jackson**
- **Frances Tait** (elected 7 December 2021)
- **Hugh Montgomery** (term of office completed 7 December 2021)
- **Jeremy Bewley**
- **Jonny Wilkinson** (elected 7 December 2021)
- **Louise Rose** (elected 7 December 2021)
- **Marlies Ostermann**
- **Michaela Jones** (elected 7 December 2021)
- **Michelle Hatch** (elected 7 December 2021)
- **Nitin Arora** (re-elected for 2nd term 7 December 2021)
- **Rebekah Haylett** (elected 7 December 2021)
- **Reena Mehta** (elected 7 December 2021)
- **Sadie Diamond-Fox** (elected 7 December 2021)
- **Sam Clarke** (resigned 7 December 2021)
- **Sarah Dyson** (term of office completed 7 December 2021)
- **Stephen Wright** (term of office completed 7 December 2021)
- **Zudin Puthucheary** (elected 7 December 2021)



Specialist advisors to Council

- **Dan Martin** - Editor in Chief, JICS
- **Ganesh Suntharalingam** - SOA Programme Director (appointed of 7 December 2021)
- **Marcus Peck** - Co-Chair for FUSIC
- **Nandan Gautam** - SOA Programme Director (term of office completed 7 December 2021)
- **Zudin Puthucheary** - Chair of National Rehab Collaborative (until 7 December 2021)

Bankers

HSBC Bank Plc
PO Box 6201
Coventry
CV3 9HW

Auditors

MHA MacIntyre Hudson Chartered Accountants and Statutory Auditor
6th Floor
2 London Wall Place
London
EC2Y 5AU

Lawyers

Bates Wells
10 Queen Street Place
London
EC4R 1BE

Registered Address

The Intensive Care Society
Floor 2
7-9 Breams Buildings
London
EC4A 1DT

Telephone: +44 (0)207 7280 4350
Email: info@ics.ac.uk
Website: www.ics.ac.uk

Company registration no: 02940178

Charity no: England and Wales 1039236; Scotland SC040052

Structure, Governance and Management



Trustee Board

Executive Committee

Council

Standards Division

- Standards and Guidelines Committee
- National Rehab Collab

Public Affairs Division

- Patients, Relatives & Public Advisory Group
- Digital Media Committee

Professional Affairs Division

- Professional Advisory Groups (7 x groups)
- Legal and Ethical Advisory Group
- Sustainability Working Group
- Equality, Diversity and Inclusion

Learning Division

- State of the Art Congress Committee
- Learning Committee
- FUSIC Committee

Research Division

- JICS Editorial Board
- Research Committee

Trustee Board

Our Trustee Board comprises eight members who meet at least four times a year where they discuss and make decisions about strategy, performance and assurance.

Lay trustees are recruited through open competition and appointed for a two-year term which can be extended for a further two years with mutual consent and Council approval. The Council member trustee is appointed for two years. The Honorary Secretary and Honorary Treasurer trustees are elected by council for a period of three years which cannot be extended without a break. However, they can stand for election to other Honorary Officer roles which they have not previously held. The President and Chair of Trustees is a role for two years and they also hold the role of President-elect trustee for one year prior to that and Immediate Past President trustee for one year after their presidential term.

Our lay Trustees are recruited based on an assessment of the skills gaps within the Trustee Board, and each have a unique skill set which enables the Society to operate a high quality governance structure. The lay Trustees are recruited through national campaigns, with successful candidates being selected through a rigorous interview process.

All Trustees have a comprehensive induction with our CEO and legal advisor to ensure they fully understand their roles and responsibilities as well as the Society's activities and culture. Trustees are provided with key documents and Charity Commission guides.

Executive Committee

Our Executive Committee comprises the Honorary Officers who are elected by the Council which itself is elected by the membership of the Society.

- **President:** Stephen Webb
- **Immediate Past President:** Ganesh Suntharalingam
- **Honorary Treasurer:** Steve Mathieu
- **Honorary Secretary:** Shondipon Laha

Key Management Personnel

The key management personnel comprise the Executive Committee and Chief Executive Officer. The Trustees delegate the day-to-day operations of the Intensive Care Society to the Chief Executive

The pay and remuneration of the Chief Executive Officer is reviewed annually by the Trustees. Trustees are able to seek independent HR advice to assist with benchmarking pay within the sector.

The Chief Executive Officer is supported by the Senior Management Team with expertise in communications, education, finance, HR, policy and standards.

Trustees work with the Chief Executive and Senior Management Team to develop our long-term strategic plans and sign off on our yearly Operational Implementation Plan (OIP).

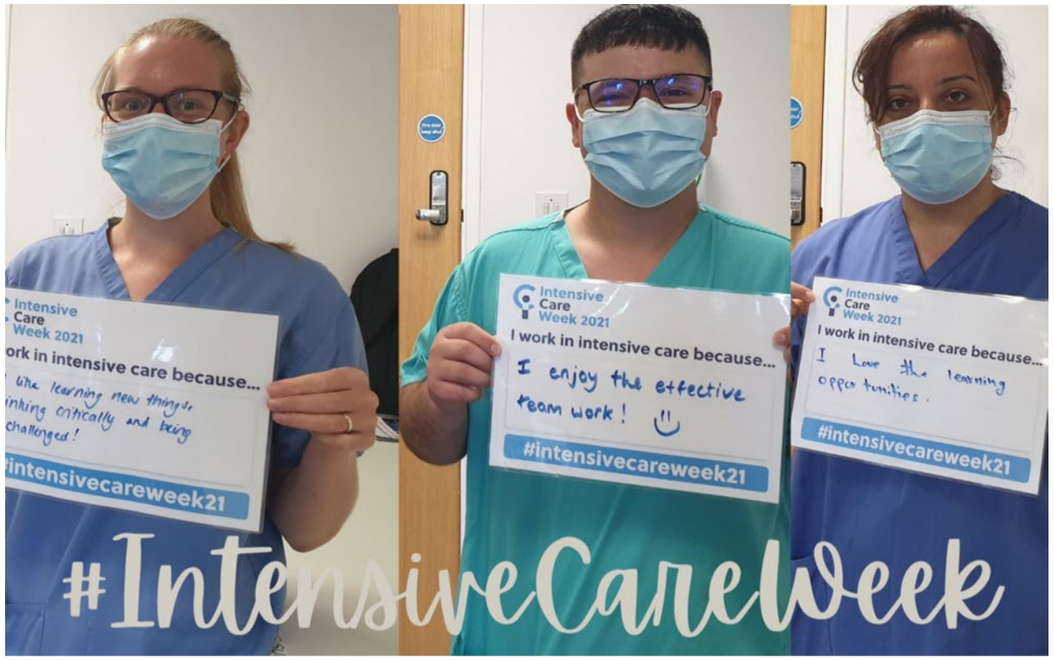


Staff

Our staff are vital to the delivery and success of our organisation, and it is with their dedication, passion, and expertise that we have been able to continue supporting the intensive care community through the pandemic.

Due to continued growth in 2021, our staff grew to 14 and there are plans to expand the staff complement to 17 in 2022. The Society took the decision to appoint a Head of Finance and Internal Operations in 2021 to bring desired skills in-house and reduce reliance on external contractors.

Staff are recruited for their alignment with the Society's values as much as for their competence and commitment. Our team are the essence of our values and help shape the unique character of the Society.



Volunteers

In partnership with a private healthcare provider, we were able to offer one voluntary MedicalFellow position to a trainee intensivist consultant. This position supported the Charity's work in fundraising and our annual awards programme for the intensive care community.

Public Benefit Statement

In accordance with the Charities Act 2011, we confirm that the activities we undertake to achieve our objectives are all carried out for the public benefit as described by the Charity Commission. Our primary beneficiaries are intensive care professionals and patients who are experiencing intensive care and their loved ones. Our wider beneficiaries include the public and policy makers and other healthcare professionals.

The Society's Trustees have described in this report the charitable public benefit of our activities; they regularly review our progress against our aims and objectives. They confirm that they have complied with the duty in section 4 of the Charities Act 2011 to have due regard to public benefit guidance published by the Charity Commission.

Fundraising

The Society recognises its supporters as an extension of the intensive care community. This year we recruited a professional fundraising manager to enable us to build on our donor engagement to ensure they feel welcomed and part of the Society's family. We have described our fundraising activities as part of the Public Affairs Division at the beginning of this report.

Where possible, personal thank you messages were issued by our CEO to supporters, to ensure our gratitude was felt far and wide.

Our Senior Management Team work closely with organisations looking to support us so to provide a window into our charity so they can understand our ethos from the start.

Every member of the Society's team is given a thorough briefing on our beneficiaries and supporters when they start by our CEO and then regular updates thereafter to ensure they are always at the centre of everything we do.

Our Trustees have considered the Charities (protection and social investment) Act 2016 so that our fundraising activities are in compliance, are not unreasonably persistent and do not apply undue pressure, particularly to vulnerable people, to donate to the Society.

The Intensive Care Society is registered with the Fundraising Regulator and is committed to meeting the standards as set out in the Code of Fundraising Practice: www.fundraisingregulator.org.uk/code

The Charity received no fundraising complaints in 2021.

Strategic Partners

We are working in partnership with likeminded organisations that are in the best interests of our beneficiaries and that meet our charitable objects and strategic vision. The Trustees have due regard to Charity Commission guidance on collaboration and consider all partnerships as opportunities to fulfil our charitable objectives and deliver increased public benefit.

- Association of Anaesthetists (Association)
- Association of Cardiothoracic Anaesthesia and Critical Care (ACACC)
- Association of Chartered Physiotherapists in Respiratory Care (ACPRC)
- British Dietetic Association, Critical Care Specialist Group (BDA)
- Critical Care Medical Network Leads (CC3N)
- Faculty of Intensive Care Medicine (FICM)
- Intensive Care National Audit & Research Centre (ICNARC)
- National Critical Care Network - Directors Group
- National Critical Care Network - Medical Leads Group
- Network for Improving Critical Care System and Training (NICST)
- Northern Ireland Intensive Care Society (NIICS)
- Paediatric Critical Care Society (PCCS)
- Psychologists in Critical Care-UK (PINC-UK)
- Royal College of Occupational Therapists - Critical Care Special Interest Group (RCOT)
- Royal College of Speech and Language Therapists - Critical Care Special Interest Group (SLT)
- Scottish Intensive Care Society (SICS)
- Society of Critical Care Technologists (SCCT)
- UK Clinical Pharmacy Association (UKCPA)
- UK Critical Care Nursing Alliance (UKCCNA)
- UK Critical Care Research Group (UKCCRG)
- Welsh Intensive Care Society (WICS)



Sustainability

The climate and ecological emergency is one the greatest challenges of our time, and without meaningful and immediate change it threatens all alive today. With this in mind, we began the year by establishing our Immediate Climate Strategy, setting out our plans to operate sustainably in the long term and contribute to a 50% reduction in carbon emissions by 2030.

We made the strategic decision to review our investment portfolio to divest of any fossil fuel related investments and updated our investment policy accordingly to ensure we also invested in renewable energy investments that meet both our sustainability ambitions and our financial expectations. Following a competitive tender process we appointed a new investment management company. The transfer of funds to the new portfolio will be completed in 2022. Before transfer the current investment portfolio comprises shares, investment trusts and surplus cash held on deposit in line with the Society's agreed ethical policy.

In April, we hosted a half day webinar on Earth Day (22 April) to launch our sustainability work, and to set out the reasons it's imperative we take immediate action, both as a Society and as a specialty. The session comprised several expert speakers streaming in from around the world.

In the lead up to COP26 in Glasgow we held a series of webinars to help educate our community about why action on climate change is urgent, and what they can do personally, professionally, and politically to reduce their carbon footprint. The series took place over seven consecutive weeks, with speakers from the MET Office, Lancet Countdown, Good Energy, and Greenpeace covering topics from carbon literacy to taking political action. We had more than 300 collective registrations for the live lunchtime sessions, and almost 1000 subsequent views on YouTube.



Infrastructure, Office Services and Digital Improvements

During 2021, staff moved to hybrid working when restrictions allowed. We have continued to invest in our digital infrastructure, enabling staff to work in an agile manner and refreshed our website.

With our current lease due to expire in 2022 and recognising our growing team, we are having to consider if our current premises are fit for purpose, even with hybrid working policies in place. In 2021 we started preliminary discussions on our location strategy and exploring what options we have available to us, which will continue in 2022.

2022 will see the procurement of a new customer relationship management (CRM) digital cloud-based system database to improve the membership experience of interacting with the Society. This new CRM will also support fundraising and donor management and will be linked to a new website both supporting our expanding educational events and FUSIC accreditation system.

FINANCIAL REVIEW

The Society's activities produced a surplus, before investment gains of £232,047 (2020: £616,872). The overall surplus after accounting for changes in the value of investments was £262,564 (2020: £527,022).

The total funds for the Society amounted to £1,266,264 (2020: £1,004,893) comprising general unrestricted reserves of £1,262,355 (2020: £990,184) and restricted reserves of £3,909 (2020: £14,709).

The value of the investments at the market prices on 31 December 2021 resulted in an upward revaluation in the value of investments to £207,738 (2020: £174,982) These investments represent funds held for the development of the Society's activities in the medium to long term and have generated income over the year.

Income

The Society continues to benefit from diversity of income sources, and this continues to vary from the previous year, due to the on-going impact of the COVID-19 pandemic.

A virtual State of the Art Conference was held in December 2021 which generated delegate revenue of £181,266 and sponsorship revenue of £159,495 for the financial year. This resulted in a small surplus for the Society of £14,297, before overhead allocations. This event had to be cancelled in 2020, due to the COVID-19 pandemic and so accounts for the increase in income from charitable activities for Learning and income from other trading activities.

The Society received two restricted grants from the COVID-19 Healthcare Support Appeal to enable the Society to support those working in Intensive Care. Both the Psychoeducation grant and Peer Support in ICU grants span a two-year period for 2021 and 2022. The total value of these grants across both financial years is £171,772.

Donations received in 2021 fell to £411,752 from the unprecedented levels in 2020 but still accounted for just under 25% of the total income for the Society (2020: £754,103). This includes donations from members of £56,615 (2020: £41,217) which are used to contribute towards our research activities. We are grateful to all the donors listed in this report and for the many fundraisers who have contributed their time and effort to raise funds.

The value of donated services also fell to £20,000 (2020: £132,800), reflecting the considerably high level of pro bono support received in 2020, principally in the area of fundraising but also valuable legal support in 2020 when the State of the Art Congress for that year needed to be cancelled.

Subscription income increased by 7.5% to £642,546 (2020: £597,291) and continues to be the core of the Society's income.

Expenditure

Overall expenditure increased in 2021 to £1,430,239 (2020: £964,273), reflecting the growth in charitable activities undertaken in 2021. Direct costs of the State of the Art congress contributed £313,241 (2020: £nil) towards this increase.

The Society has also increased staffing levels to deliver charitable activities and services to members and support the functions of the Society, reducing the reliance on external third parties.

Remuneration policy is based in offering a market level employment package, including pension, benchmarked against salaries for central London charity employees with the skills required by the Society. These are reviewed annually and approved by the Trustees, after adjustment for inflation.

Staffing and administration costs are allocated across the strategic activity streams to reflect the proportion of time and cost incurred. This is reassessed each year in line with actual activities and usage. Governance costs are directly allocated or apportioned on an assessment basis.

In 2018 a pricing model was adopted across the Society's charitable activities that is fair to members and that ensures that we work on a "not for loss" basis. This allows our activities to be priced in a way that makes a fair contribution back to the charity by funding all direct and indirect fixed and variable costs associated with them. Any surpluses generated are used to further the Society's objectives and charitable activities in educational and support activities.

Investment Powers and Policy

Under its Memorandum of Association, the Society has the power to invest without restriction. The Society has adopted an ethical investment policy reflecting its position as a medical charity.

The Society has set risk objectives, together with guidelines on diversification of the portfolio. Periodic reviews are undertaken with the investment manager, whilst council regularly reviews cash and investment balances. The investment strategy is reviewed formally, at least annually.

The Investment Committee agreed that as part of governance the Society should review its fund managers every three to five years. As described above during 2021 the Society re-tendered for a new investment management company to ensure alignment with the sustainability ambitions. The transfer will be completed during 2022.

Reserves Policy

Reserves are defined as the part of the Society's funds that are freely available to fund its general operations and so not subject to commitments, planned expenditure or other restrictions. Consequently, reserves do not include restricted or designated funds. Reserves are held in a combination of cash and readily realisable investments.

The Trustees recognise the need to hold reserves to enable financial stability and ensure adequate working capital availability. In arriving at the appropriate level of reserves, the Trustees have considered the following:

- The financial risks facing the Society, including the annual State of the Art congress likely future expenditure
- Past operational and other trends, and
- Liabilities arising from an unforeseen event leading to unplanned closure.

The Trustees consider reserves are required to fund:

- Cost of sustaining the operations of the Society through a period of disruption in income (assumed to be three months' operating expenditure),
- Estimated risks of unplanned loss on the annual SOA conference event; and
- Estimated risks of unplanned closure.

The policy therefore requires the Society to maintain reserves of circa £600,000 taking into account the following:

- Cost of sustaining operations: a full year cost of running the Society is circa £1.6 million and therefore the amount held should equal £400,000 representing three months' operating expenditure.
- Estimated risks of unplanned loss on the annual SOA conference event include unavoidable costs in the event of unplanned curtailment or cancellation and are estimated at £250,000.
- Estimated risks of unplanned closure include the costs of unavoidable future commitments the Society would be required to pay, such as any lease obligations of £75,000.

The Trustees also acknowledge that there may be a need from time to time to ensure that reserves also cover other significant liabilities not already reflected in the reserve calculations that could place a material claim on reserves.

The current level of reserves is £1,262,355, which is above the required level. The level of reserves is continually monitored by the Trustees and the policy will be reviewed annually.

Risk Management

The Executive Committee, CEO and Senior Management Team, review the strategic risks to the Society regularly and the Trustee Board reviews them at each of their meetings. All risks have a risk owner and mitigating actions in place which brings down the risk rating of all risks to some exposure but manageable. The Executive identified the following top three strategic risks:

- **Risk of insufficient funds to deliver strategic plan.** This was mitigated and controlled by building diversified income streams and revising business models to ensure all direct and indirect costs of activities were covered and a fair contribution was made back to the charity. The CEO also carefully reviews monthly management accounts to ensure good control of expenditure and monitor income. The Trustee Board and Executive Committee considered the investment portfolio and financial matters regularly throughout the year. The Investment Committee advised Trustee Board about changes in the portfolio and tender options. Fundraising manager recruited April 2021 and financial targets for donations exceeded by year-end.
- **Reputational risk of bringing the Society into disrepute by putting inaccurate and/or inappropriate information into the public domain, either directly or via collaborating partners or the media.** This was mitigated and controlled by the Society appointing a Head of Communications and a dedicated Communications Coordinator as well as advice and oversight from the Executive Committee, CEO, a Lay Trustee with Communications expertise and the Divisional Chair for Public Affairs.
- **Reputational risk of the intensive care community and strategic stakeholders not seeing the Society as having a leading role in development or ownership of the Guidelines for Provision of Intensive Care Services (GPICS).** This was mitigated by the Executive Committee maintaining close strategic engagement with collaborating partners to ensure clarity about ownership of GPICS and preparation of GPICS V3 and the development of a Memorandum of Understanding to clarify roles and responsibilities.

Statement of Trustees' Responsibilities

For the Year Ended 31 December 2021

The Trustees (who are also the Directors of the Society for the purposes 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. Under company law, the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the Society and of its incoming resources and application of resources, including its income and expenditure, for that period. In preparing these financial statements, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently
- Observe the methods and principles of the Charities SORP (FRS 102)
- Make judgements and accounting estimates that are reasonable and prudent
- State whether applicable UK Accounting Standards (FRS 102) have been followed, subject to any material departures disclosed and explained in the financial statements
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Society will continue in business.

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

In so far as the Trustees are aware:

- There is no relevant audit information of which the Society's auditor is unaware; and
- The Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

Approved by order of the Members of the Board of Trustees and signed on its behalf by:



Professor Shondipon Laha
Honorary Treasurer

Date: 16/09/22

INDEPENDENT AUDITORS' REPORT

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF THE INTENSIVE CARE SOCIETY

Opinion

We have audited the financial statements of The Intensive Care Society (the 'Society') for the year ended 31 December 2021 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and the related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 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 Society's affairs as at 31 December 2021 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, Charities Act 2011, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006.

Basis for Opinion

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 Auditors' 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 United Kingdom, including the Financial Reporting Council'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.

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF THE INTENSIVE CARE SOCIETY

Other Information

The Trustees are responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our Auditors' Report thereon. 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.

In connection with our audit of the financial statements, 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 audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. 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.

Opinion on Other Matters Prescribed by the Charities Act 2011

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

- The information given in the Trustees' Report for the financial year for which the financial statements are prepared is consistent with the financial statements.
- The Trustees' Report has been prepared in accordance with applicable legal requirements.

Matters on Which we are Required to Report by Exception

In the light of our 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 Trustees' Report.

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

- Adequate 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 company's regime and take advantage of the small companies' exemptions in preparing the Trustees' Report and from the requirement to prepare a Strategic Report.

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF THE INTENSIVE CARE SOCIETY

Responsibilities of Trustees

As explained more fully in the Statement of Trustees' Responsibilities, 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.

Auditors' Responsibilities for the Audit of the Financial Statements

We have been appointed as auditor under section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with the Act and relevant regulations made or having effect thereunder.

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 Auditors' 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.

Irregularities, including fraud, are instances of non compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- Enquiry of management and those charged with governance around actual and potential litigation and claims
- Enquiry of staff in tax and compliance functions to identify any instances of non compliance with laws and regulations
- Performing audit work over the risk of management override of controls, including testing of journal entries and other adjustments for appropriateness, evaluating the business rationale of significant transactions outside the normal course of business and reviewing accounting estimates for bias
- Reviewing minutes of meetings of those charged with governance
- Reviewing financial statement disclosures and testing to -supporting documentation to assess compliance with applicable laws and regulations.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

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

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF THE INTENSIVE CARE SOCIETY

Use of our Report

This report is made solely to the charitable company's Trustees, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006, and to the charitable company's trustees, as a body, in accordance with regulation 10 of the Charities Accounts (Scotland) Regulations 2006. Our audit work has been undertaken so that we might state to the charitable company's Trustees and Trustees those matters we are required to state to them in an Auditors' 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 charitable company and its members, as a body, for our audit work, for this report, or for the opinions we have formed.

MHA MacIntyre Hudson

MHA MacIntyre Hudson
Chartered Accountants and Statutory Auditor
6th Floor
2 London Wall Place
London
EC2Y 5AU

Date: 21/09/2022

MHA MacIntyre Hudson are eligible to act as auditors in terms of section 1212 of the Companies Act 2006.

FINANCIAL STATEMENTS

STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING INCOME AND EXPENDITURE ACCOUNT) FOR THE YEAR ENDED 31 DECEMBER 2021

	Notes	Unrestricted funds 2021 £	Restricted funds 2021 £	Total funds 2021 £	Total funds 2020 £
Income from:					
Donations and subscriptions	1	**1,074,298**	-	**1,074,298**	1,484,194
Charitable activities	2	**330,281**	**78,140**	**408,421**	78,926
Other trading activities	3	**175,495**	-	**175,495**	-
Investments	4	**4,072**	-	**4,072**	3,901
Other income	5	-	-	-	14,124
Total income		**1,584,146**	**78,140**	**1,662,286**	1,581,145
Expenditure on:					
Raising funds	6	**69,116**	-	**69,116**	159,650
Charitable activities	8	**1,272,183**	**88,940**	**1,361,123**	804,623
Total expenditure		**1,341,299**	**88,940**	**1,430,239**	964,273
Net gains/(losses) on investments	19	**30,517**	-	**30,517**	(89,850)
Net surplus for the year before taxation		**273,364**	**(10,800)**	**262,564**	527,022
Taxation	17	**(1,193)**	-	**(1,193)**	-
Net surplus for the year		**272,171**	**(10,800)**	**261,371**	527,022
Reconciliation of funds:					
Total funds brought forward		**990,184**	**14,709**	**1,004,893**	477,871
Net movement surplus for the year		**272,171**	**(10,800)**	**261,371**	527,022
Total funds carried forward		**1,262,355**	**3,909**	**1,266,264**	1,004,893

The Statement of Financial Activities includes all gains and losses recognised in the year.

The notes on pages 65 to 74 form part of these financial statements.

All income and expenditure derive from continuing activities.

BALANCE SHEET AS AT 31 DECEMBER 2021 REGISTERED NUMBER: 02940178

	Notes	2021 £	2021 £	2021 £	2020 £
Fixed assets					
Tangible assets	18		**2,391**		-
Investments	19		**207,738**		174,982
Total fixed assets			**210,129**		174,982
Current assets					
Debtors	20	**133,540**		51,576	
Cash and cash equivalents		**1,184,272**		893,879	
		1,317,812		945,455	
Creditors: amounts falling due within one year	21	**(261,677)**		(115,544)	
Net current assets			**1,056,135**		829,911
Total net assets			**1,266,264**		1,004,893
Charity funds					
Restricted funds	23		**3,909**		14,709
Unrestricted funds	23		**1,262,355**		990,184
Total funds			**1,266,264**		1,004,893

The Trustees acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and preparation of financial statements.

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

The financial statements were approved and authorised for issue by the Trustees and signed on their behalf by:



Professor Shondipon Laha, Honorary Treasurer
Honorary Treasurer

Date: 16/09/22

The notes on pages 65 to 74 form part of these financial statements.

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 31 DECEMBER 2021

	2021	2020
	£	£
Cash flows from operating activities		
Net surplus for the year	**261,371**	527,022
Tax charge	**1,193**	-
Cash from operating activities	**262,564**	527,022
Adjustments for:		
Depreciation charges	**386**	379
(Gains)/losses on investments	**(30,517)**	89,850
Investment income	**(4,072)**	(3,901)
(Increase)/decrease in debtors	**(81,964)**	84,224
Increase/(decrease) in creditors	**144,940**	(214,844)
Net cash generated by operating activities	**291,337**	482,730
Cash flows from investing activities		
Purchase of fixed assets	**(2,777)**	-
Investment income	**4,072**	3,901
Proceeds from sale of investments	**102,546**	20,411
Purchase of investments	**(52,447)**	(34,207)
Movements in cash account	**(52,338)**	11,809
Net cash provided by investing activities	**(944)**	1,914
Change in cash and cash equivalents in the year	**290,393**	484,644
Cash and cash equivalents at the beginning of the year	**893,879**	409,235
Cash and cash equivalents at the end of the year	**1,184,272**	893,879

The notes on pages 65 to 74 form part of these financial statements

ACCOUNTING POLICIES

Legal status

The Society is a company limited by guarantee and is registered with the Charity Commission in England and Wales (Charity Registration Number 1039236) and Scotland (Charity Registration Number SC040052) and the Registrar of Companies (Company Registration Number 02940178) in England and Wales.

The Society is governed by a Trustee Board and an advisory council comprising ICS company members. Trustee Board comprises Hon Officers elected by Council, Council Member Trustee and three Lay Trustees. In the event of the Society being wound up, the liability in respect of the guarantee is limited to £1 per member of the Council.

The address of the registered office is given in the Society information on page x on these financial statements. The nature of the Society's operations and principal activities are listed in the Trustees Report.

Basis of preparation of financial statements

The financial statements have been prepared in accordance with the Charities SORP (FRS 102) 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 Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 and the Companies Act 2006.

The financial statements have been prepared on the historical cost basis of accounting and on the going concern basis.

Judgements and key sources of estimation uncertainty are set out within note n) of the Accounting Policies.

The Intensive Care Society meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy.

Preparation of the accounts on a going concern basis

The Society's financial activities, its current financial position and factors likely to affect its future development, including the impact of COVID 19 are set out in the Trustees Annual Report. On this basis the Trustees have a reasonable expectation that the Society has adequate resources to continue in operational existence for the foreseeable future, being a period of at least one year from the date of the approval of these financial statements. For this reason, it continues to adopt the going concern basis in the financial statements.

Accounting policies

The significant accounting policies applied in the preparation of these financial statements are set out below. These policies have been consistently applied to all years presented unless otherwise stated.

a. Income

Income, excluding VAT, is recognised once the Society has entitlement to the income, it is probable that the income will be received, and the amount of income receivable can be measured reliably.

Grants are included in the Statement of Financial Activities on a receivable basis. The balance of income received for specific purposes but not expended during the period is shown in the relevant funds on the Balance Sheet. Where income is received in advance of entitlement of receipt, its recognition is deferred and included in creditors as deferred income. Where entitlement occurs before income is received, the income is accrued.

On receipt, donated professional services and facilities are recognised on the basis of the value of the gift to the Society which is the amount it would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

Where the donated good is a fixed asset, it is measured at fair value, unless it is impractical to measure this reliably, in which case the cost of the item to the donor should be used. The gain is recognised as income from donations and a corresponding amount is included in the appropriate fixed asset class and depreciated over the useful economic life in accordance with the Society's accounting policies.

Other income is recognised in the period in which it is receivable and to the extent the goods have been provided or on completion of the service.

b. Expenditure

Expenditure is recognised, inclusive of any VAT that cannot be recovered, once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is classified by activity, and the costs of each activity are made up of the total of direct costs and shared costs, including support costs involved in undertaking each activity. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs which contribute to more than one activity and support costs which are not attributable to a single activity are apportioned between those activities on a basis consistent with the use of resources. Central staff costs are allocated on the basis of time spent, and depreciation charges allocated on the portion of the asset's use.

Expenditure on raising funds includes all expenditure incurred by the Society to raise funds for its charitable purposes and includes costs of all fundraising activities events and non charitable trading.

Expenditure on charitable activities is incurred on directly undertaking the activities which further the Society's objectives, as well as any associated support costs.

Grants payable are charged in the year when the offer is made except in those cases where the offer is conditional, such grants being recognised as expenditure when the conditions attaching are fulfilled. Grants offered subject to conditions which have not been met at the year end are noted as a commitment, but not accrued as expenditure.

c. Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the Society; this is normally upon notification of the interest paid or payable by the institution with whom the funds are deposited.

d. Taxation

Taxation expense for the year comprises current tax recognised in the reporting period and is recognised in the income and expenditure account

Current tax is the amount of corporation tax payable in respect of the taxable profit arising from non-primary purpose trading. Tax is calculated on the basis of tax rates and laws that have been enacted or substantively enacted by the balance sheet date.

e. Tangible fixed assets and depreciation

Tangible fixed assets costing £1,000 or more are capitalised and recognised when future economic benefits are probable, and the cost or value of the asset can be measured reliably.

Tangible fixed assets are initially recognised at cost. After recognition, under the cost model, tangible fixed assets are measured at cost less accumulated depreciation and any accumulated impairment losses. All costs incurred to bring a tangible fixed asset into its intended working condition are included in the measurement of cost.

Depreciation is charged so as to allocate the cost of tangible fixed assets less their residual value over their estimated useful lives, using the straight line method.

Depreciation is provided on the following basis:

- **Office equipment** 20% to 33% straight line
- **Computer equipment** 33% straight line
- **Database** 20% straight line

f. Investments

Fixed asset investments are a form of financial instrument and are initially recognised at their transaction cost and subsequently valued at market value at the balance sheet date, unless the value cannot be measured reliably in which case it is measured at cost less impairment. Investment gains and losses, whether realised or unrealised, are combined and presented as 'gains/(losses) on investments' in the Statement of Financial Activities.

g. Debtors

Trade and other debtors are recognised at the settlement amount after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

h. Cash at bank and in hand

Cash at bank and in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

i. Liabilities and provisions

Liabilities are recognised when there is an obligation at the Balance Sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably.

Liabilities are recognised at the amount that the Society anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide.

ACCOUNTING POLICIES

Liabilities and provisions (continued)

Provisions are measured at the best estimate of the amounts required to settle the obligation. Where the effect of the time value of money is material, the provision is based on the present value of those amounts, discounted at the pre tax discount rate that reflects the risks specific to the liability. The unwinding of the discount is recognised in the Statement of Financial Activities as a finance cost.

j. Financial instruments

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

k. Operating leases

Rentals paid under operating leases are charged to the Statement of Financial Activities on a straight line basis over the lease term.

l. Pensions

The Society operates a defined contribution pension scheme and the pension charge represents the amounts payable by the Society to the fund in respect of the year.

m. Fund accounting

General funds are unrestricted funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the Society and which have not been designated for other purposes.

Designated funds comprise unrestricted funds that have been set aside by the Trustees for particular purposes. The aim and use of each designated fund is set out in the notes to the financial statements.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the Society for particular purposes. The costs of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements.

Investment income, gains and losses are allocated to the appropriate fund.

n. Critical accounting estimates and areas of judgement

In the application of the Society's accounting policies, the trustees are required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and judgements are continually evaluated and based on historical experience and other factors, including expectations of future events that are considered to be relevant and reasonable under the circumstances. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revision of accounting estimates are recognised in the period in which the estimate is revised where the revision affects only that period, or in the period of the revision and future periods where the revision affects both current and future periods.

There are no estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021

1 Income from donations and subscriptions

	Unrestricted funds	**Restricted funds**	**Total funds**	Unrestricted funds	Restricted funds	Total funds
	2021	**2021**	**2021**	2020	2020	2020
	£	**£**	**£**	£	£	£
Donations	**411,752**	-	**411,752**	657,476	96,627	754,103
Subscriptions	**642,546**	-	**642,546**	597,291	-	597,291
Donated services	**20,000**	-	**20,000**	132,800	-	132,800
	1,074,298	-	**1,074,298**	1,387,567	96,627	1,484,194

2 Income from charitable activities

	Unrestricted funds	**Restricted funds**	**Total funds**	Unrestricted funds	Restricted funds	Total funds
	2021	**2021**	**2021**	2020	2020	2020
	£	**£**	**£**	£	£	£
Learning	**291,464**	-	**291,164**	69,426	9,500	78,926
Professional affairs	**18,579**	**78,140**	**96,719**	-	-	-
Research	**20,238**	-	**20,238**	-	-	-
	330,281	**78,140**	**408,421**	69,426	9,500	78,926

3 Income from other trading activities

	Unrestricted funds	Unrestricted funds
	2021	2020
	£	£
Sponsorship income	**175,495**	-

4 Income from investments

	Unrestricted funds	Unrestricted funds
	2021	2020
	£	£
Dividends and interest receivable	**4,033**	3,760
Bank interest receivable	**39**	141
	4,072	3,901

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021

5 Other income

	Unrestricted funds	Unrestricted funds
	2021	2020
	£	£
Advertising and royalty income	-	9,156
Other income	-	4,968
	-	14,124

6 Expenditure on raising funds

	Unrestricted funds	Unrestricted funds
	2021	2020
	£	£
Direct costs	**54,664**	150,052
Investment management fees	**1,793**	1,774
Support costs (Note 7)	**12,659**	7,824
	69,116	159,650

7 Analysis of expenditure on raising funds support costs

	2021	2020
	£	£
Staff costs	**5,413**	2,987
Depreciation	**11**	11
Office costs	**6,284**	2,407
Event costs	-	1,637
Legal and professional fees	**193**	206
Other costs	**242**	111
Governance costs	**516**	465
	12,659	7,824

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021

8 Analysis of expenditure on charitable activities by fund

	Unrestricted funds	**Restricted funds**	**Total funds**	Unrestricted funds	Restricted funds	Total funds
	2021	**2021**	**2021**	2020	2020	2020
	£	**£**	**£**	£	£	£
Public Affairs	**89,807**	-	**89,807**	58,032	7,492	65,524
Professional Affairs	**204,021**	**72,090**	**276,111**	153,190	49,179	202,369
Learning	**617,792**	**16,850**	**634,642**	223,959	-	223,959
Standards	**156,862**	-	**156,862**	102,417	-	102,417
Research	**203,701**	-	**203,701**	166,863	43,491	210,354
	1,272,183	**88,940**	**1,361,123**	704,461	100,162	804,623

Expenditure is analysed between the five divisions of activity which operationally deliver the four Strategic Priorities as set out in our 5 year strategy and the Trustees Annual Report.

Public Affairs Division comprises our external media, public communications and fundraising functions and also includes the Patients, Relatives and Public Advisory Group.

The Professional Affairs Division includes our Wellbeing activities and our eight advisory groups relevant to the professional activities of our members as well as our Legal and Ethical Advisory Group.

The Learning Division includes the State of the Art Congress (not held in 2020), our seminars and digital learning webinars and programmes and our FUSIC accreditation schemes.

The Standards Division includes the Society's work in relation to setting and codifying professional standards and the wealth of guidance we provide to the community.

The Research Division is responsible for the strategic research representation and engagement we have across the UK and also oversees the research grants made by the Society and includes the research based peer review Journal of the Intensive Care Society. Staff costs are attributed to each division by reference to the time taken by individual staff members to fairly reflect the appropriate cost.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021

9 Analysis of expenditure on charitable activities by type

	Activities undertaken directly	Grant funding of activities	Support costs	Total funds
	2021	**2021**	**2021**	**2021**
	£	**£**	**£**	**£**
Public Affairs	**51,830**	-	**37,977**	**89,807**
Professional Affairs	**200,161**	-	**75,950**	**276,111**
Learning	**491,182**	-	**143,460**	**634,642**
Standards	**76,693**	-	**80,169**	**156,862**
Research	**94,140**	**37,830**	**71,731**	**203,701**
	914,006	**37,830**	**409,287**	**1,361,123**

	Activities undertaken directly	Grant funding of activities	Support costs	Total funds
	2020	2020	2020	2020
	£	£	£	£
Public Affairs	42,053	-	23,471	65,524
Professional Affairs	155,429	-	46,940	202,369
Learning	130,296	5,000	88,663	223,959
Standards	52,870	-	49,547	102,417
Research	122,531	43,491	44,332	210,354
	503,179	48,491	252,953	804,623

10 Analysis of grants

	2021	2020
	£	£
Learning division	-	5,000
Research projects	**37,830**	43,491
	37,830	48,491

The Intensive Care Society funded research and incurred management and other costs in developing the Society's research activity. In 2021 the Society awarded 3 grants, details of these awards can be found in the Research section of the Trustees Annual Report.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021

11 Analysis of support costs

	Total funds	Total funds
	2021	2020
	£	£
Staff costs	**152,019**	96,558
Depreciation	**374**	368
Office costs	**160,058**	77,812
Event costs	-	52,931
Legal and professional fees	**72,334**	6,664
Other costs	**7,836**	3,595
Governance costs	**16,666**	15,025
	409,287	252,953

12 Governance costs

	2021	2020
	£	£
Council expenses	**915**	4,328
Elections, annual report and meeting	**5,390**	1,290
Auditors' remuneration	**10,877**	9,872
	17,182	15,490

Total Governance costs above are comprised of expenditure on raising funds (note 7) of £516 (2020 - £465) and expenditure on charitable activities (note 11) of £16,666 (2020 - £15,025).

13 Net income/(expenditure) for the year

	2021	2020
This is stated after charging:	**£**	£
Operating leases – buildings	**44,100**	35,972
Depreciation	**386**	379
Auditor's remuneration:		
Audit fees	**10,877**	6,872
Preparation of the financial statements	-	3,000

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021

14 Staff costs

	2021	2020
	£	£
Wages and salaries	**466,359**	291,068
Social security costs	**44,006**	29,823
Pension costs	**18,390**	13,745
	528,755	334,636

The average number of persons employed by the Society during the year was as follows:

	2021	2020
Raising funds	**1**	-
Charitable activities	**9**	6
Support functions	**4**	3
	14	9

The number of employees whose employee benefits (excluding employer pension costs) exceeded £60,000 in the following bands was:

	2021	2020
£60,001 - £70,000	-	1
£80,000 - £90,000	**1**	-

The total amount of employee benefits received by Key Management Personnel, including Employers National Insurance contributions and employers pension contributions, is £84,682 (2020 - £76,885). The Society considers its Key Management Personnel to be the Trustees and the Chief Executive.

15 Trustees' remuneration and expenses

During the year, no Trustees received any remuneration or other benefits (2020 - £nil). Expenses for travel totalling £401 were reimbursed to 3 Trustees (2020: £2,221 to 12 Trustees).

16 Related party transactions

Trustee and Key Management Personnel transactions are detailed in Notes 14 and 15. Trustees also made donations of £140 (2020: £275). There were no other related party transactions during the period (2020: none).

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021

17 Taxation

	2021	2020
	£	£
Current tax		
UK corporation tax on non-primary purpose surplus for the year	-	-
Adjustment in respect of prior periods	**1,193**	-
	1,193	-

18 Tangible fixed assets

	Office equipment	Computer equipment	Database	Total
	£	£	£	£
Cost				
At 1 January	35,404	6,720	162,787	204,911
Additions	-	2,777	-	2,777
Disposals	(24,988)	(6,349)	-	(31,337)
At 31 December 2021	10,416	3,148	162,787	176,351
Depreciation				
At 1 January 2021	35,404	6,720	162,787	204,911
Charge for the year	-	386	-	386
Disposals	(24,988)	(6,349)	-	(31,337)
At 31 December 2021	10,416	757	162,787	173,960
Net book value				
At 31 December 2021	-	**2,391**	-	**2,391**
At 31 December 2020	-	-	-	-

19 Fixed asset investments

Valuation	**Listed investments**
All fixed asset investments are held in the UK	**£**
At 1 January 2021	174,982
Additions at cost	52,447
Disposal proceeds	(102,546)
Revaluations	30,517
Movements in cash account	52,338
At 31 December 2021	207,738

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021

20 Debtors

	2021	2020
	£	£
Trade debtors	**35,227**	-
Other debtors	-	3,505
Prepayments and accrued income	**98,313**	48,071
	133,540	51,576

21 Creditors: Amounts falling due within one year

	2021	2020
	£	£
Trade creditors	**58,242**	19,870
Corporation tax	**1,193**	-
Other taxation and social security	**17,529**	9,751
Other creditors	**24,212**	1,767
Accruals and deferred income	**160,501**	84,156
	261,677	115,544

22 Deferred income

	2021	2020
	£	£
At 1 January	**10,571**	6,770
Income deferred during the year	**82,340**	10,571
Amounts released from previous periods	**(10,571)**	(6,770)
At 31 December	**82,340**	10,571

Deferred income relates to subscriptions, seminars and grant funds paid for in advance of the next financial year.

23 Statement of funds

	At 1 January 2021	Income	Expenditure	Transfers	At 31 December 2021
	£	£	£	£	£
Restricted funds					
Bennett Fund	**3,909**	-	-	-	**3,909**
UK Critical Care Research Group	**10,800**	-	**(10,800)**	-	-
CHSA Psychoeducation grant	-	**57,790**	**(57,790)**	-	-
CHSA Peer support grant	-	**20,350**	**(20,350)**	-	-
Total restricted fund	**14,709**	**78,140**	**(88,940)**	-	**3,909**
Unrestricted funds	**990,184**	**1,614,663**	**(1,342,492)**	-	**1,262,355**
Total funds	**1,004,893**	**1,692,803**	**(1,431,432)**	-	**1,266,264**

	At 1 January 2020	Income	Expenditure	Transfers	At 31 December 2020
	£	£	£	£	£
Restricted funds					
Bennett Fund	3,909	-	-	-	3,909
UK Critical Care Research Group	12,792	1,500	(3,492)	-	10,800
Anya Hindmarsh Holdster Appeal	-	66,229	(49,179)	(17,050)	-
Other restricted funds	5,901	38,398	(47,491)	3,192	-
Total restricted funds	22,602	106,127	(100,162)	(13,858)	14,709
Designated funds	11,780	-	(14,978)	3,198	-
Unrestricted funds	443,489	1,475,018	(938,983)	10,660	990,184
Total funds	477,871	1,581,145	(1,054,123)	-	1,004,893

The Bennett Fund was established to provide funding for the travel costs of eminent speakers to attend the Society's State of the Art Scientific meeting and conduct a session with trainee intensivists.

Unrestricted funds are general funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the Society and which have not been designated for other purposes.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2021

24 Analysis of net assets between funds

	Unrestricted funds 2021	**Restricted funds 2021**	**Total funds 2021**	Unrestricted funds 2020	Restricted funds 2020	Total funds 2020
	£	**£**	**£**	£	£	£
Fixed assets	210,129	-	210,129	174,982	-	174,982
Current assets	1,313,903	3,909	1,317,812	930,746	14,709	945,455
Creditors due within one year	(261,677)	-	(261,677)	(115,544)	-	(115,544)
	1,262,355	3,909	1,266,264	990,184	14,709	1,004,893

25 Analysis of changes in net debt

	At 1 January 2021	**Cash flows**	**At 31 December 2021**
	£	**£**	**£**
Cash at bank and in hand	**893,879**	**290,383**	**1,184,272**

26 Balances held as agent

Funds administered by the Society in accordance with instructions received.	**At 1 January 2021**	**Funds received**	**Funds paid**	**At 31 December 2021**
	£	**£**	**£**	**£**
UK Critical Care Research Group	-	**15,050**	**(2,706)**	**12,344**

26 Pension commitments

The Society operates a defined contribution pension scheme. The assets of the scheme are held separately from those of the Society in an independently administered fund. The pension cost recognised as an expense in the year was £14,390 (2020: £13,745). There were £3,473 of outstanding pension contributions payable to the fund at the balance sheet date (2020: £1,767).

27 Operating lease commitments

At 31 December 2021 the Society had commitments to make future minimum lease payments under non cancellable operating leases as follows:	**2021**	2020
	£	£
Not later than 1 year	**29,400**	44,100
Later than 1 year and not later than 5 years	-	29,400
	29,400	73,500



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THE INTENSIVE CARE SOCIETY

England & Wales - Charity number 1039236

Accounts

intensive care society

since 1970 50 YEARS



2020

THE YEAR THAT TRANSFORMED THE FUTURE OF INTENSIVE CARE

Trustees' Annual report and accounts
for the year ending 31 December 2020

ICS.AC.UK

ABOUT THE INTENSIVE CARE SOCIETY

We are the national charity for intensive care. We help provide all those that work in intensive care with the tools they need to look after the sickest patients.

We do this through funding vital research, producing clinical guidance, education, services such as psychological and wellbeing support, and lobbying for change.

On the 8 June 2020, we celebrated 50 years of being the voice for intensive care.

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OUR PRESIDENT AND CHIEF EXECU



DR STEPHEN WEBB

President



DR SANDY MATHER

Chief Executive

Every year we publish our Trustees Annual Report to showcase our achievements and explain publicly how we have used our funds to further the aims of our charity. This year is no different, however, due to the COVID-19 pandemic we changed our business plan and priorities in the first quarter of the year.

UTIVE

We refocussed our plans and adapted our public engagement and educational events to support our wider stakeholders and beneficiaries to enable the intensive care community to respond to COVID-19 pandemic.

2020 was planned to be a year of celebrations for our landmark 50th birthday as a Charity and showcase intensive care. Although we didn't celebrate we did showcase intensive care and what we can achieve for our beneficiaries. We worked collaboratively with a wider range of professional associations and Royal Colleges, with educationalists, policy makers and researchers as we reprioritised to deliver increased activities and support to our beneficiaries.

When we reflect on the year of the COVID-19 pandemic we recognise that, as a charity, we were well prepared to support the intensive care community. Our digital transformation programme over three years included the target to transfer all staff to cloud based working with laptops by January 2020 and we achieved this. It allowed us to move swiftly to home based working when the pandemic and first national lock down started in March 2020 and enabled the organisation to be agile in its response. We quickly set up digital systems for remote education and meetings. Whilst this was planned for 2020/21 we accelerated the transition and by March, 2020 we were running regular webinars to exchange knowledge nationally and internationally to share learning about COVID-19 between clinicians and across specialisms and international boundaries.

We pivoted very quickly and focussed all available resources on the COVID-19 pandemic and our response to it. We remember so vividly convening our first National Emergency Critical Care Committee (NECCC) on 18 March, 2020 and looking at the screen to see over 100 faces from across the UK. NECCC was an essential knowledge exchange forum open to individuals and organisations and met weekly throughout COVID-19. We initiated many productive workstreams and collaborations at NECCC which involved with as wide a range of stakeholders as we could identify who could contribute to the national push to find treatments for COVID-19 and to produce professional guidance for the multi professional intensive care and wider enhanced care communities including professional associations, Royal Colleges, with educationalists, policy makers and researchers and government officials.

WE HAVE TAKEN GREAT INSPIRATION FROM OUR MEMBERS, STAFF AND SUPPORTERS FOR THEIR RESILIENCE AND RESOLVE THROUGHOUT THE PAST YEAR AND HOW DESPITE ALL THE CHALLENGES THEY CONTINUE TO RADIATE OUR VALUES IN EVERYTHING THEY DO.

COVID-19 brought with it immense challenges and the emotional toll on the intensive care community will continue to be felt for some time to come. We recognised this early on and launched the first of our urgent appeals to create psychological and wellbeing support directly for those working in intensive care. We have been incredibly humbled by the support we have received over the past year which in turn has enabled us to grow and expand our support to ICUs all over the UK.

OUR PRESIDENT AND CHIEF EXECUTIVE

The intensive care community trusts us to be their voice and this year we have made extra effort to make sure we are heard. We amplified our media 100% to ensure we told the story of what we were seeing in a clear and factual way. We also knocked on Government's door to provide support and a deeper understanding of our specialty and what is needed to support it long term.

Before 2020, intensive care was something many knew little about, even some of our NHS colleagues didn't understand the full extent of what goes on behind the doors of an ICU, now because of the pandemic, it has become a household name.

Collaboration is the first of the Society's core values and binds us together. This year has shown exactly why it is so important to us and is a core value. It is by working together that we can really make change, and this has been proven throughout 2020 with providing everyone with a seat at the table to ensure there is one joined up approach.

As we look forward to the future of the Society and our plans for 2021, we not only take the lead from the second half of our five year Strategy (Your Society - Our Strategy) but we take the learnings from the past year. We are presented with a unique opportunity to ensure that intensive care receives the appropriate support it needs in both provision and prioritisation of research.

We will be championing the intensive care agenda and its evolution following a post COVID world to ensure our members, patients and their loved ones' needs are supported and represented locally, regionally, and nationally. This also includes taking the voice of the intensive care community directly to Government and making sure it is heard.

If this year has taught ICUs anything, it is that research plays an essential part of intensive care. The Society's research work has been invaluable during the pandemic with its work being instrumental in finding treatments for COVID-19 such as Tocilizumab. This work will need to increase to offer more opportunities to find lifesaving advancements in the care we deliver. In 2021 will see the Society increase fundraising to enable more funds available for research work.

The support from our wider NHS colleagues throughout the pandemic has been not just welcomed but a necessity to cope. The education we provide to help train these non-ICU staff must be a priority for the future.

Through the education we will be running, we will be able to ensure that the intensive care community and those supporting on the peripheral are given all the knowledge they need to provide first class care to patients.

In 2021, thanks to generous donations received during 2020 we will be able to modernise our education and learning benefits and dramatically increase them as part of a new Digital Learning Strategy. We will be launching a whole new programme of work in 2021 which will offer online learning and a dedicated new learning portal. This will enable more opportunities for our community to be able to access continued professional development at a time that suits them and their 24-hour working lives.

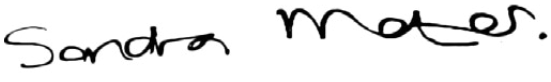
In 2021 the wellbeing agenda and workforce support will remain at the very top of our agenda. This year has stretched our community to the extreme with many seeing more deaths in 2020 than they would in their entire career. We must protect this workforce and we will be continuing to do this with our wellbeing programmes funded by generous donations.

Our plans for 2021 also include supporting our members with new workstreams on Equality, Diversity and Inclusion and Sustainability. We will also be continuing to modernise our governance and holding elections for new professional advisory groups to represent the voices of our wide multi professional membership.

We are one team and one community. We are thankful for all the donations we have received which have enabled us to support our important and valued intensive care professional community. They have repeatedly gone above and beyond the call of duty to do everything they can to care for patients during the most difficult of times. Thank you.



DR STEPHEN WEBB
President



DR SANDY MATHER
Chief Executive

OUR CHARITABLE OBJECTS ARE:

To advance and promote the care and safety of critically ill patients, by...

1. **the advancement and promotion of those branches of medical science concerned with critical care, and**
2. **the promotion of study and research into critical care and the publication of the useful results of such study and research.**

We implemented our charitable objects as set out in this report. However, importantly during 2018 the Society agreed the following vision, mission and values to enable us to achieve our outcomes and make an impact on our beneficiaries.

OUR VISION

The Society's vision is a world where every member of the multi professional critical care team has a voice and plays a part in research, education and standards-development.

OUR VALUES

Our values define our culture and are at the very heart of the Intensive Care Society - who we are, what we do and how we do it.

COLLABORATION

We work with others to maximise our impact.

FREEDOM OF EXPRESSION

We are bold in our actions and words and encourage diversity of views.

ACCEPT AND RESPECT

We treat everyone with dignity and respect and accept differences delivering our mission more effectively

OUR MISSION

We represent the views of the multi professional critical care community and help them by providing opportunities for knowledge exchange to support learning. We enable them to contribute to research and standards development.

How we work

Our strategy is a living document that guides everything our Trustees, Council, Committees, volunteers, and staff do for the intensive care community and our wider beneficiaries. It gives us a framework and acts as a moral compass to remind us why we do what we are do, how we should do it and the difference we make to wider society and the charity sector as a result of our activities.

We set out the Society's work under four Strategic Priorities (SP):

- **SP1 Your voice - our influence**
- **SP2 Your region - our network**
- **SP3 Your patients - our research-based care**
- **SP4 Your professional practice - our education**

The infrastructure we established and completed by the end of 2019 enabled us to start 2020 on the front foot. The upgrades to our IT systems, our Divisional structure and our governance enabled us to respond quickly to pivot and re-prioritise our resources to support our beneficiaries during the pandemic. Trustees and senior management retained a close eye on our charitable object throughout the pandemic to ensure we acted in the best interests of those our charity was set up to support including the multi professional intensive care community, our patients and their relatives, the public, policy makers, researchers and government.

Our operational clinical activities were delivered via a Divisional structure with an elected Council member as chair of each division collaborating with a senior manager.

OUR RESPONSE TO COVID-19

SOCIAL

Twitter

737 tweets

93,262 profile visits

6,415,000 impressions

9,450 new followers

15,442 mentions

Facebook

837,100 views

3,212 new followers

161,069 engagements

WELLBEING



455 developing psychological services documents downloaded

2690 workforce wellbeing framework best practice downloads

6 journey to work podcasts released with **6,772** listens

6 YouTube videos released with 3500 watches

1 million written resources views worldwide

RESEARCH

The Physiological Society



COVID-19 advisory panel collaboration with the Physiology Society

26 members

29 questions submitted

BIT.LY/ICS_PHYSIOLOGY

NECCC

UK wide involvement from healthcare, Royal Colleges and Societies for healthcare, NHS, Government, technology and corporate sectors.

115 group members

41 weekly meetings

Work streams:

- Ventilatory support and capacity
- Oxygen supply
- Renal support
- Anti-coagulation
- Tracheostomy
- Wellbeing
- Rehabilitation post ICU
- Training for non ICU staff
- Decision making
- Research
- Data collection and access



WEBPAGE



1,818,030 website views

309,380 guidance page views

MEDIA ENGAGEMENTS



161 media engagements

25 TV interviews

120 articles in print and online

16 radio interviews

COVID-19 LEADS GROUP

257 ICU leads across the UK

14,189 messages exchanged

194 guidance documents sent

416 links to useful COVID-19 guidance

339 images added of data and COVID-19 support material

KNOWLEDGE SHARE

- 4x knowledge shares
- COVID-19 clinical experience in UK intensive care settings
- COVID-19 shared experience in international intensive care settings
- UK, China, Spain, Italy, Germany, Demark, USA, Qatar, and France
- Thromboprophylaxis and anti-coagulation in patients with COVID-19
- Wave one knowledge share

GUIDANCE

48 pieces of new guidance created

25 endorsed guidance documents



PATIENTS AND THEIR LOVED ONES

7 guides released to help patients coming off mechanical ventilation understand the care they have received

18 visual graphics to help patients, loved ones and the public understand ICU equipment

BIT.LY/ICU_GUIDE

Issued the guidance for use of video communications between patients and their loved ones.

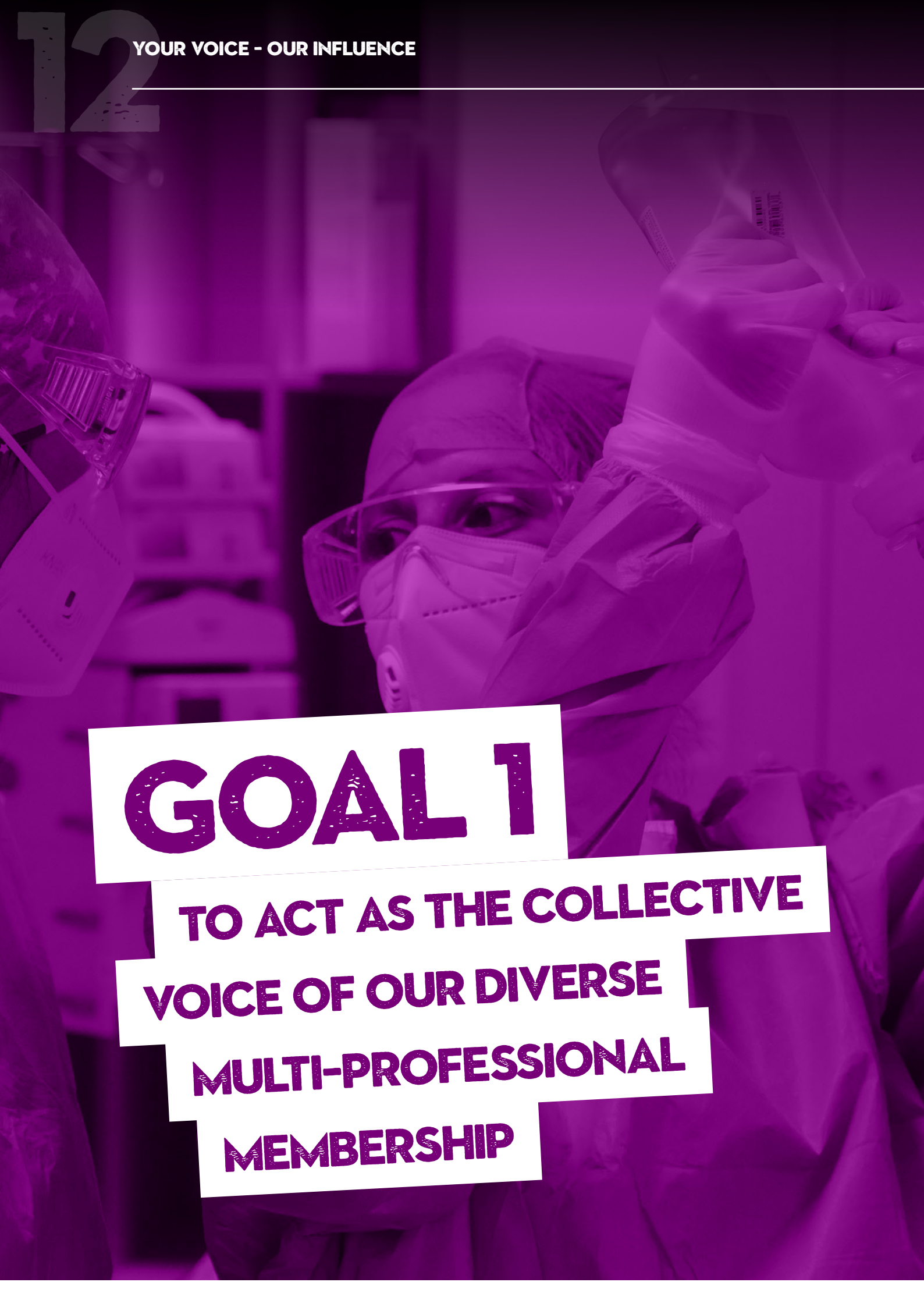


YOUR VOICE
OUR INFLUE



-
NCE

The Society's Public Affairs Division has the responsibility for acting as the collective voice of the Society's members and wider intensive care community to influence and educate policy makers and the public about the value of the multi-professional team providing intensive care.



GOAL 1

TO ACT AS THE COLLECTIVE VOICE OF OUR DIVERSE MULTI-PROFESSIONAL MEMBERSHIP

intensive care society since 1970 50 YEARS

We celebrated our 50th birthday in 2020, and what a year it has been. What started off as a year of celebrations, quickly turned in to a year that we will never forget because of the COVID-19 pandemic.

For the last 50 years, we have represented the incredible intensive care community and championed their work acting as their collective voice to explain their needs and those of their patients. Our community looks after the sickest of patients in any hospital, and in 2020 the world was given an insight into exactly what we do behind the closed doors of an ICU.

Our 50th year was not what we anticipated, and our community faced the toughest healthcare crisis in a century.

National Emergency Critical Care Committee (NECCC)

We launched NECCC on 18 March 2020 to bring together stakeholders and share knowledge across the UK and globally and raise awareness about existing work, avoid duplication and to maximise impact of our collective efforts against COVID-19.

NECCC consists of 115 UK based healthcare professionals, and representatives from professional bodies for healthcare, the NHS, Government, technology, and the private sector.

During the first wave, we met weekly so the group could keep up to date with the ever-changing intensive care landscape as COVID-19 swept up the country. NECCC also became a vital place to troubleshoot common issues, learn from other areas of the country and gain access to stakeholders such as the NHS to help raise concerns. This could then be then transferred back through their local networks.

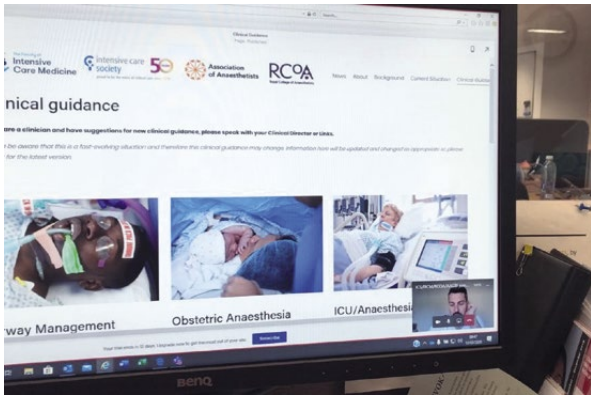
NECCC played an instrumental part in the country's response managing patients with COVID-19 both in and out of intensive care, enhanced care, and acute and emergency care. We continue to chair these meetings on a bi-weekly basis.

Members of NECCC identified new and emerging themes throughout the pandemic and the following list includes some of the key workstreams. These led to the development and publication of numerous rapid knowledge sharing guidance documents and webinars.

- Ventilatory support and capacity
- Personal Protective Equipment
- Oxygen supply
- Renal support
- Anti-coagulation
- Tracheostomy
- Wellbeing
- Rehabilitation post ICU
- Training for non-ICU staff
- Decision making
- Research
- Data collection and access

Our communications

Our clear, effective and timely communications both internally and externally were essential during the pandemic. Very quickly our digital platforms were transformed to incorporate COVID-19 specific content and act as a centralised point from which the intensive care community could access live updates from the Society, other Health bodies, and Government.



Website

We created a dedicated COVID-19 hub on our website to house all the up-to-date information our intensive care community needed to help support them and their patients. We also created dedicated webpages for our wellbeing campaign and our fundraising.

Our website was visited 793,360 times

We also partnered with the Royal College of Anaesthetists (RCoA), Faculty of Intensive Care (FICM) and Association of Anaesthetists (AABGI) to create a new standalone website as a central repository for collaborative guidance between the four organisations to enable both the intensive care and anaesthetics communities to access joint guidance via one portal.

WWW.ICMANAESTHETICS.ORG

Social media

Social media has been a huge asset for the Society as we use it to engage with the wider intensive care community, the public, patients and relatives, policy makers, the media and other interested parties.

Twitter - this year alone we have seen our Twitter following rise by 7.5k people. We have sent over 420 tweets most including links to our policies and guidance and information for health care professionals. Those tweets have had over 3.9 million impressions. Our followers included key influencers in public health policy and intensive care.

In February 2020 we developed our Instagram feed and in doing so have grown our followers by 2,318 people. We achieved this by posting on our timeline 152 times, sending out 3092 stories, creating fun videos that have been watched 30,911 times and even ventured into the realm of Instagram TV, posting videos for our fundraising campaigns as well as our public information campaigns which have been seen 949 times.

WhatsApp

On 7 March 2020 we invited FICM to collaborate with us to set up a WhatsApp group for COVID-19 leads across the UK to facilitate troubleshooting, support, guidance, and situation reports which could be shared across the country within seconds.

We set up the group and invited FICM, the Operational Delivery Networks and the Presidents of the Welsh, Northern Irish and Scottish Intensive Care Societies to join. Within 24 hours 187 people had joined the group and within 48 hours it had reached WhatsApp's maximum capacity. Members of this group use it to share knowledge and experience around the clock and remains active 24/7.

Media work

Intensive care has never been in the media as much as it has this year and many members of the public have very little understanding of what we do, unless they know of someone who has (or have themselves) been on an ICU. As the voice of intensive care, it is extremely important to represent our profession in the media and raise public awareness of what we do.



Throughout the pandemic, the Society has proactively engaged with the media to provide a greater understanding of what intensive care is, debunk myths, and raise public awareness of the roles both healthcare professionals and the public play in the fight against COVID-19.

In 2020 the Intensive Care Society appeared in the media 183 times across TV, broadcast and print.



Safety alerts

Safety alerts issued by the Medicines and Healthcare products Regulatory Agency (MHRA) were included in the Society's regular communications to ensure all areas of the community were able to stay abreast of the latest updates.

On Saturday 4 April, a major incident concerning oxygen supply at Watford was announced. One of the Society's Council members was involved in the response to the incident and within 24 hours had worked with the Society's Head of Communications to get the ICS Oxygen Supply Safety Alert design an issued to the Intensive Care Community.

Our policy work

The Society's President was invited by the Department of Health and Social Care to be one of three high-level expert advisors along with the Co-Chair of the Moral and Ethical Advisory Group and Past Chair of RCGP and Chair-elect of the Academy of Royal Colleges representing critical care, primary care, and bio-ethics, to write ethical and decision-making guidance for the four Chief Medical Officers and the NHS Medical Director.

The Society's newly formed Legal and Ethical Advisory Group would support the President in this work and help to inform and guide national policy. At a later date, the resulting ethics guidance was handed over for ownership and release by the Society, supported by endorsements from the Royal College of Physicians, Royal College of General Practitioners, the Scottish Intensive Care Society, the Welsh Intensive Care Society, and the combined critical care networks of England, Wales and Northern Ireland.

Intensive Care 2020 and Beyond: Co-developing the future

At the first Council meeting of 2020 we planned to start work on a major new strategic policy setting out our view of the future of intensive care. We deferred this because of the pressure of work in the first wave of the pandemic and launched it in the second quarter of the year. We were able to integrate our experience of the first wave of COVID19 with the project which was led by Council member, Charlotte Summers.

This project working group involved 54 other representatives from more than 20 organisations that comprise the multi professional intensive care community, including Royal Colleges, Specialist Societies, ICNARC, NHS England and the National Institute for Health Research (NIHR) to conduct a horizon scan of intensive care to answer all of our questions. This enabled us to create policy document to provide policy makers, research funders and Government Departments with a clear road map to improving intensive care provision in the UK.

2020 was a difficult year for us, but it also allowed us to assess what we currently do, why we do it, and how can we make it better.

Download Intensive Care 2020 and beyond: co-developing the future at:

WWW.ICS.AC.UK/ICU/GUIDANCE/PDFS/INTENSIVE_CARE_2020_AND_BEYOND



Patients and relatives Public Advisory Group (PRPAG)

Our Patients and Relatives Public Advisory Group (PRPAG) have first-hand experience of what it is like to be on an ICU and volunteer to support the Society in our work contributing to the delivery of our strategy and advising on new guidance and resources for patients, their families and carers and the wider public.

As part of our response to COVID-19 we created a suite of materials to explain what an intensive care unit is to both patients and their loved ones. Two sets of guidance were issued; one for the use of video communications for patients and relatives in intensive care, and our guide to help explain to families the care their loved ones is receiving.





In collaboration with ICUSteps we wanted to lift the spirits of our intensive care community and show our gratitude to all those working over the December holidays, so we produced a video where ICU survivors said thank you and Happy Holidays to staff.
The video can be found here:

BIT.LY/ICS_PATIENT_THANKYOU

Use of video communications

To help safeguard our patients, their loved ones were unable to come into intensive care units and see them. ICU staff did their best to be both their carers, and family, however, sometimes nothing can beat a familiar voice. Working with our PRPAG, and LEAG we created new guidance on the 'use of video communications for patients and relatives in intensive care'.

This guidance sparked a collaboration with Apple whereby ICUs across the country could order a free iPad to enable patients to call home.

Information for patient and their loved ones

Intensive care can be a scary place and the care can be complex. We created guidance for staff to help them explain the care their patients were given in a way that would be easily understood by their loved ones.

We also created guidance to help patients understand the care they have just received for those who were coming off mechanical ventilation.

Awards

As part of our 50th anniversary celebrations we were due to host our first ever Intensive Care Society Awards to celebrate the exceptional talent in our specialty on the 8 June, coinciding with the day the Society was founded. This event was subsequently postponed due to the pandemic.

Following the pressures of the first wave, we wanted to be able to lift the spirits of our intensive care community and decided to host a virtual event to announce our award winners and celebrate their achievements in September.

OUR WINNERS WERE...

Improvement project award

Brendan McGrath, Doctor

Innovation award

Airways checklist card, Sam Goodhand, Doctor

Education award

Transplant (NHSBT)

Patient-centred care award

Rehab legend project, Kate Tantam, Nurse

Welfare and wellbeing award

Staff wellbeing and diversity group, UCLH intensive care

Research award

Eve Corner, Physiotherapist

Outstanding contributions award

Professor Jerry Noland, Doctor





GOAL 2

TO INCREASE OUR FUNDRAISING CAPACITY AND CAPABILITY

Fundraising

We planned to increase our fundraising activities during 2020 as part of our 50th anniversary celebrations and to help to inform the public about the professionals involved in caring for patients in intensive care. We accelerated these public fundraising activities between March and December 2020. As the pandemic thrust intensive care into the public domain, - it sparked a flurry of supporters wanting to give back to those working on the sharp end of the front line.

There are far too many supporters to mention, and we cannot thank each and every one of them enough for their kindness. It is because of these donations that we have been able to provide the essential support our intensive care community needs.

We have dedicated a section at the end of this report to our fundraising to highlight a few ways that our supporters got involved to give you a flavour of how they have contributed. See page 50.

What did we do with the funds that were generously donated?

Even the most experienced among the ICU team have never faced such personal and professional pressures before the pandemic, yet each has risen to the challenge and still comes back into work, day and night.

But COVID-19 is taking its personal toll on our doctors, nurses, physiotherapists, occupational therapists, speech and language therapists, dietitians, pharmacists and many others. The price of their commitment is already being paid in lost sleep and anxiety. We can expect more to be affected, and more severely.

As the NHS 're-boots', ICU patients will not just be COVID-19 patients. The numbers we care for will go up, not down. The need is clear: to provide our ICU professionals with the technical and emotional support they need to continue fighting for those we know and love.

The Intensive Care Society is unique in looking after the interests of all our intensive care professionals, wherever they work and whatever their profession. We identify and share best ICU practice. We develop protocols of patient care. We teach and train. And we are working hard to support the wellbeing of our staff, ensuring that each gets the support they need, where and when they need it.

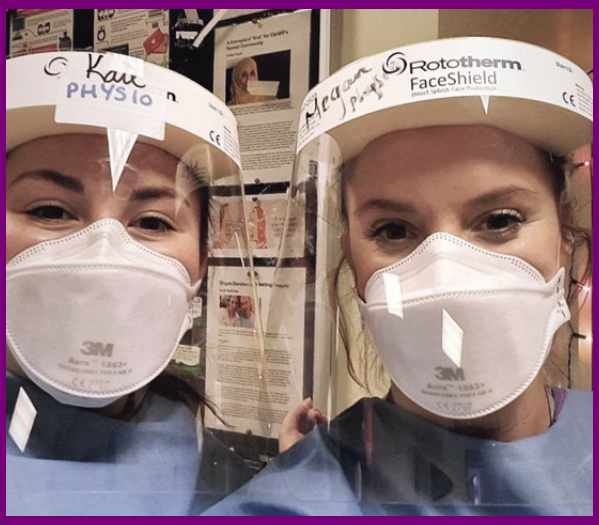
Our urgent appeal campaign to raise funds for the Wellbeing and Resilience through Education (WARE) project helps provide direct support to intensive care professionals across the UK with psychological interventions and education.

The money raised through this campaign has been used across our Divisions to deliver an increased number of charitable activities and this report shows the impact we have made by using these donated funds.

Pro bono support

We have been extremely lucky to have received kind support of volunteer offering their expertise in marketing, media, TV and Film, and journalism. Together we were able to blend our knowledge to help raise the profile of the Intensive Care Society and create public campaigns that would help support our beneficiaries. We are grateful to the Society's chair of the Public Affairs Division, Hugh Montgomery, who introduced many of these individuals to the Society.

We are deeply grateful to all those who contributed to our fundraising campaigns to help our beneficiaries.




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This strategic priority is delivered via our Professional Affairs Division. We know that most opportunities for tacit knowledge exchange lie in serendipitous interactions with peers, in a safe environment, where openness and trust can be built up so that learning can take place. We are committed to working for our members to provide these safe environments and build up local, national, and global communities of multi professional intensive care members.



GOAL 1

TO IMPROVE THE VALUE WE PROVIDE TO OUR MEMBERS WHEREVER THEY LIVE AND WORK

Psychological impact of COVID19 on intensive care professionals

We recognised early in 2020 that we would need to develop a wellbeing programme to help support our intensive care community through the pandemic. Between February and June 2020, we developed online resources to help provide basic wellbeing advice and support. These resources have been downloaded over a million times across the world and have been translated into several different languages.

We know that sustaining the wellbeing of staff means that they can provide a better service for patients, make safer decisions and fewer mistakes. Wellbeing at work is not just about how individuals manage the stress of work; it is about creating the core conditions to thrive at work such as job design (including valuing staff, enabling autonomy and a sense of control), the way the intensive care unit is managed and how the ICU team is led, and the workplace culture and peer support.

Our Wellbeing and Resilience through Education (WARE) project

This project was a new area of work for the Society and for the first time it took us into service delivery by providing psychological support directly to intensive care professionals across the UK. It was funded by generous donations from our fundraising campaign in May 2020. These funds enabled us to recruit a practising consultant clinical psychologist and Society member (Julie Highfield) to work for the Society for two days a week to lead the project as our National Project Director for Wellbeing. This was quickly followed by the recruitment of an Assistant Manager to work alongside to deliver and manage the project.

Written resources for Wellbeing

We have a series of 21 posters, leaflets and handouts designed specifically for ICU staff and free to download and print from our wellbeing page

WWW.ICS.AC.UK/WELLBEING

"I found the sessions incredibly useful and have allowed me to cope far better with the current demands (particularly at the beginning of this year). The support given was extremely tailored to my needs. Thank you so much!"

Developing psychological services in UK Intensive Care Units

Although we welcome temporary pandemic measures across the UK, we aim to support the longevity of integrated local psychological services for intensive care staff.

We benchmarked the UK provision of Psychology in intensive care which showed just 20% of intensive care units in England, Scotland and Wales having direct access to a practitioner psychologist. The Society deems this unacceptable, and we are engaging with NHS England & Improvement and devolved nations to make it a priority to increase this percentage over the next couple of years.

In the meantime, we have developed a baseline business case for those 80% of units to develop their own local service through their own Trust. So far, we have worked with 48 units to help develop the provision of psychology to intensive care.

"I am indebted to the Intensive Care Society for their support in providing this. Thank you very much indeed."

Providing 1-1 psychological intervention to intensive care staff

Between July and November 2020, we recruited 16 professional psychologists, inducted and trained them to enable them to confidently provide tailored 1:1 sessions for intensive care staff. Importantly this service is unique in that it is tailored specifically for intensive care staff and is accessible by them directly via a self-referral.

> **"The members I have worked with so far have commented about the significant positive impact on their wellbeing. One member said they realised how many strengths they had through our sessions and became much more aware of themselves and their own stress signals. Another member noted a change very quickly in their self-care because of the sessions. This has improved their ability to feel engaged and connected with others, both in and outside of work."**

They receive up to six **free** one-hour sessions of tailored psychological support. We promoted this service throughout the UK for those staff who felt they needed a little extra 1:1 support to find ways to deal with their experience of the pandemic.

> **"I found this service really useful. It was so beneficial to speak to someone who understood the environment. Understood some of what I had been through and helped to normalise these feelings as well as validate my experience. Particularly that even though I'm not a nurse or doctor I have still experienced the pandemic and some trauma through it. I do still have some difficulties, but I recognise that this is understandable and OK."**

Wellbeing framework

Through reviewing the generic NHS evidence base for wellbeing, we designed and released our Wellbeing Best Practice Framework for intensive care. This document provides a best practice framework to guide commissioners and budget holders, senior hospital management and the intensive care team on ways to provide the best possible employee experience within intensive care.

Peer Support Training Program

Our programme upskills intensive care staff to be able to support their peers. We provide them with the tools they need to help sustain wellbeing, support those who are struggling, and ensure that staff who may be unwell receive the timely assessment and mental healthcare they require.

Between August and November, we commissioned expert trainers to develop a "train the trainers" peer support programme and training materials for ICU staff. We trained 16 ICU staff from across the UK as master trainers so that they could work with us to deliver free one-day training to more ICUs. Between September and October, we worked with ICU staff from pilot sites in Cardiff, Papworth, Poole, Coventry, and East Lancashire and ran the first pilot programme in December 2020. This peer support training program is tailored specifically to the needs of intensive care.

> **"Peer support Master training has provided myself and my CRCU unit with the foundations to make a 'Big' impact and improve the culture of 'it's good to talk' with minimal resources required in rolling it out. A simple concept with a fantastic return. Always the best combination, I'd say"**
>
> **ROYAL PRESTON HOSPITAL**

Leadership in Intensive Care

A significant part of thriving at work is being governed by good leadership. In December we piloted an ICU leaders peer group reflective session to provide a safe space where intensive care leaders could reflect and share their experiences. Due to the success of this pilot, we will be developing the WARE project to include an offer specifically for leaders in 2021.

MEMBERSHIP TYPE

11 Distinguished	**43** Honorary	**1589** Consultants	**221** Nurses
96 SAS	**38** Students	**722** Trainees	**6** Psychologists
31 AHP Other	**13** Dietitian	**101** Physiotherapist	**50** Pharmacists
21 Speech & Language Therapists	**36** Retired & Retired Nurses	**6** Occupation Therapists	**76** Advanced Practitioners in Critical Care

TOTAL: 3060

Our Professional Advisory Groups (PAG)

Council voted for a special resolution in December 2020 to increase our democratic legitimacy and to establish new Professional Advisory Groups to represent the largest segments of our membership. They are:

- Advanced Practitioners in Critical Care (APCC)
- Allied Health Professionals (AHP)
- Nurses
- Pharmacist
- Physiotherapist
- Specialty doctor

The chairs of these PAGs will have an equal seat on Council and help shape the future direction of the Society. The elections will take place in 2021.

The Nurses PAG and Trainees PAG played a vital role supporting the Society to ensure our nurses' and trainees' voices were heard, both at a local and national level. They were involved with our guidance work, including rehabilitation, and were represented on the National Emergency Critical Care Committee (NECCC).

We ran national elections for new members of the Trainee Advisory Group. We engaged more trainees than in previous years with 21 nominations received from across the UK. Voter turnout was also higher, at 15.2%, compared to 14.8% in 2019.

Legal and Ethical Advisory Group

The Society's Legal and Ethical Advisory Group (LEAG) was established as a source of advice on legal matters of professional relevance to our intensive care membership. It comprises Society members with experience in medico-legal matters relevant to Intensive Care and we also benefit from pro bono legal advice by Rob Tobin, Partner at Kennedy's Law.

LEAG had its inaugural meeting on 18 March 2020 which was an emotional meeting with clinical members initially debriefing about what they had experienced and seen during the first two weeks of COVID-19 and how traumatised some of those who were most exposed felt.

One clinician said:

> **"I am a different person to the one I was yesterday morning."**

Another said:

> **"We are waiting for the tsunami to hit - there's lots of crying - emotionally draining - not just clinical - but to be there for the staff."**

LEAG provides the Society with first class advice and has been instrumental in supporting the creation of guidance for both intensive care staff and patients, supporting the National Emergency Critical Care Committee, and releasing legal and ethical advisory statements for ICU staff. LEAG also runs a regular webinar series - see Learning Division.

Ethical considerations for inter-hospital patient transfer & unit capacity

This statement was produced to give decision-makers guidance on the ethical considerations relevant for patient transfer alongside

The statement was endorsed by the Critical Care Networks of England, Wales and Northern Ireland.

Legal liabilities of clinicians as individuals during COVID-19

The Society and the Association [Anaesthesia] released a statement to provide a clear outline of the legal liabilities of clinicians as individuals during the pandemic.

The full LEAG statements are found here:

WWW.ICS.AC.UK/ICS/COVID-19/LEGAL_AND_ETHICAL.ASPX


Face Shield
Protective Isolation Mask
FFP2



GOAL 2

TO INCREASE OUR IMPACT AND KNOWLEDGE EXCHANGE WITHIN THE GLOBAL CRITICAL CARE COMMUNITY

International engagement

Our engagement with our intensive care colleagues across the world was fundamental to our fight against COVID-19. Our National Emergency Critical Care Committee identified emerging areas of clinical disease and diagnosis which required new knowledge and we set up several Knowledge Sharing Webinars with international input. The learning from these was summarised into rapid dissemination reports which were then circulated across the UK within 24hrs. With special thanks to UCLPartners and NIHR for their support in writing these knowledge sharing summaries.

On the 13 April 2020, we brought together our colleagues from China, France, Germany, Italy, Spain, the UK, the USA, and Qatar to share the collective experience of ICU management of patients with COVID-19.

You can access our knowledge shares at:

WWW.ICS.AC.UK/KNOWLEDGE

Other knowledge shares can be found on page 43.

The Society and Association of Anaesthetists international webinar

The Society joined the Association as a result of the NHS declaring COVID-19 was now a level 4 incident on Saturday 14 March. The Society's President gave a presentation at the first AAGBI international webinar which attracted approximately 1,000 viewers when it was broadcast live. It has subsequently been downloaded many 1,000's of times. The Society's presentation included the latest data on the pandemic and modelling, the relevant research trials that The Society's Research Directors were involved in (REMAP-CAP and ISARIC) and promotion of our wellbeing posters (including the links to the Wellbeing posters we had just launched). Importantly one of the questions asked of the President at this webinar was "Will the four bodies have our backs when accusations fly?" The answer was a very strong "yes". This leadership and clarity of support for the community was crucial.





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Standards and Guidelines Division

The Society's Standards and Guidelines Division is responsible for the development, endorsement and production of professional guidance, standards, clinical and service guidelines across the UK. The Division's work has been critical in supporting intensive care's response to COVID-19.

Research Division

The Society's Research Division leads the operational delivery of our strategic plans for research. This year the Directors of Research and our wider research community made an outstanding positive impact on diagnosis and treatment of COVID-19.

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GOAL 1

TO EXPAND THE SOCIETY'S STANDARDS DEVELOPMENT

Our COVID-19 Guidance

COVID-19 guidance was being created at a such a rapid rate that it was being released every few days in the first wave.

The Society released an astonishing **48 pieces** of individual guidance, endorsed a further 18 documents, and had seen **150k downloads via our website**.

Our other guidance

Early in 2020 strategies were agreed to sustain work where possible and to pause workstreams and redirect resources to priority guidance, as we knew that in addition to supporting our standards work, many members of our Standards and Guidelines Committee were involved in the development of their own local guidance and local response efforts.

Members of our Council were also heavily involved in the development of professional guidance, some of which has been captured below:

- Tracheostomy Standards
- COVID-19 Pandemic PPE guidance
- Peripheral Vasopressors
- Standards for Concentrations of Medicines in Critical Care
- Animal Assisted Intervention (AAI) in a Critical Care Setting
- Prevention, Diagnosis and Management of Plexopathy during prone position
- Guidance for Prone Positioning of the Conscious COVID Patient
- Renal Replacement Therapy for Critically Unwell Adult Patients

The Society's **prone positioning in adult critical care guidance** published in 2019 was hugely important this year, seeing over 22k downloads. We created a simple and easy to follow document with high quality images depicting the step-by-step procedure. Its benefits in treating critically ill COVID-19 patients was identified early on and it triggered a number of subsequent proning guidance documents (including guidance on prone plexopathy with the British Orthopaedic Association and Prone enteral feeding with British Dietetic Association).

There have been requests from as far as the US (NY), Canada (Quebec) and Spain (Mallorca) to translate, adapt and reference the proning guidance for local use. Many contacts both in the UK and internationally have shared their thanks for this resource and emphasised how invaluable it has been in their local COVID-19 response efforts.

You can find all our guidance at:

WWW.ICS.AC.UK/GUIDANCE

Consultations we engaged in during 2020

Each year the Society is approached to provide input into consultations that may benefit the intensive care community. This year we supported:

- Scoping review use of medical gases
- Renal Replacement Therapy (RRT)
- Prevention and management of thrombo-embolism in COVID-19
- Extra corporeal membrane oxygenation (ECMO) for bridge to lung transplant consultation
- Extra-corporeal membrane oxygenation (ECMO) for acute heart failure in adults
- GIRFT Anaesthesia and Perioperative Care
- GIRFT Critical Care
- Second opinions in complex decision making (new)



Rehabilitation

In the first meeting of the National Emergency Critical Care Committee (NECCC) in March 2020 we raised concerns about the extent of rehabilitation that patients would require following treatment on ICU and the lack of current service provision in this area. We know that our patients require up to 18-months' worth of rehabilitation when they leave intensive care to get them back on their feet. For example, the average patient on a ventilator loses 0.2% of muscle mass per day. So, we knew early on that the volumes of patients needing rehab would be far greater than we had experienced before.

We established the National Rehabilitation Collaborative reporting into the NECCC in summer 2020 and appointed Zudin Puthucheary as Chair and Special Advisor to Council in September 2020. The Collaborative s made up of over 70 intensive care, rehab medicine and sports and exercise experts to develop and implement a framework that could be adopted by intensive care units (ICUs) across the UK.

The Chair of NECC

The Society's framework and Post Intensive Care Presentation Screening (PICUPS) tool was completed in five weeks and enables ICU staff to triage a patients' rehab needs early on, ready to support them when it comes to them being stepped down off the ICU on to an acute ward.

The framework for assessing early rehabilitation needs following treatment in intensive care was launched in July 2020 and piloted across 26 sites in the UK.

We also adapted the framework to be used in a community setting, providing a tool for those in primary care, such as GPs, to be able to assess patients who had a milder case of COVID-19 but are still displaying symptoms such as breathlessness. Find our more:

WWW.ICS.AC.UK/REHAB

PILOTING THE POST ICU PRESENTATION SCREEN (PICUPS) TOOL AND REHABILITATION PRESCRIPTION



Since launching the Post ICU Presentation Screen (PICUPS) tool and rehabilitation prescription earlier in 2020, we have focused our efforts on engaging the wider critical care community around the use of the tools and recruiting pilot sites.

We are very grateful to those who attended the engagement webinars and to everyone who took part in the data collection activities.

13
endorsements including:

Royal College of General Practitioners

GIG CYMRU NHS WALES

26
acute hospitals

participated in the pilot of the PICUPS tool and rehabilitation prescription representing a good geographical spread of sites.

Breadth of multi-professional teams

Pilot sites actively engaged the breadth of their multi professional teams including physiotherapists, occupational therapists, speech and language therapists, dietitians, nurses and doctors.

276
patient assessments were completed

43%
of patients had COVID-19



GOAL 2

TO BE A GLOBAL LEADER IN CRITICAL CARE RESEARCH

Research Division

"As part of the Department of Health and Social Care, NIHR is the nation's largest funder of health and care research, providing the people, facilities, and technology that enable research to thrive. As one of the world's largest and most successful integrated national research systems, NIHR leads the way in funding and delivering primary research evidence to guide the organisation and delivery of NHS care. The Intensive Care Society successfully delivers crucial charitable pump-priming research funding to help guide NIHR research priority, develop people and determine study feasibility for the most important unanswered questions in critical care. The Society has an outstanding track record of supporting world-leading research from initiation and through to widescale delivery in partnership with NIHR: a partnership that has been most successful leading up to and during COVID-19 pandemic."

PAUL DARK, NIHR NATIONAL SPECIALTY CLUSTER LEAD, NATIONAL SPECIALTY LEAD FOR CRITICAL CARE

The Society's research grant giving programme is entirely funded by donations. This vital work enables investigators to explore intensive care more deeply to better understand diseases, medicines, and treatments to help improve patient outcomes. This year, this work has never been so important as the race to understand the COVID-19 virus and find a vaccine began.

New Investigator Awards (NIA)

This year the Society identified three £15k grants for COVID-19 specific research studies through its New Investigator Award (NIA). These grants specifically aimed at supporting the development of new and emerging researchers and are open to all members of the multi professional ICU team.

This year we received a restricted donation of £10,000 which was applied to this grant fund.

Directors of Research

The Society's Directors of Research (DoR) play instrumental roles in delivery of our strategic plan and supporting the next generation of researchers. While doing their own world-leading research they also mentor researchers and support the Society on a voluntary basis.

This year their research helped the world understand the virus and find ways to treat it. They are involved in over 95% of the intensive care clinical trials in the UK. They are:

- Professor Anthony Gordon, Imperial College London
- Professor Danny McAuley, Queen's University Belfast
- Professor Gavin Perkins, The University of Warwick
- Dr Kenneth Baillie, University of Edinburgh
- Dr Nazir Lone, University of Edinburgh

The ISARIC 4C

The Society is part of is a leading consortium of professionals known as The ISARIC 4C Group. In 2020 this group provided the UK with an informed understanding of COVID-19 and assisted in resource management cross the country.

It also identified answers to:

1. How long are people infectious, and what body fluids are infectious?
2. What puts people at higher risk of severe illness?
3. What is the best way to diagnose the disease?
4. Who should we treat early with drugs, and which drugs cause harm?
5. Does the immune system in some patients do more harm than good?
6. What other infections (such as pneumonia or flu) happen at the same time?

Over the past 8 years the consortium has been preparing for such a major outbreak worldwide with the International Severe Acute Respiratory Infection Consortium Clinical Characterisation Protocol. The team were deployed immediately and collected data and samples following the first cases were reported early 2020 in the UK.

GenOMICC

The Society first pump primed the GenOMICC Study in 2016 and has continues to support its work. This study has been instrumental into the global fight against the pandemic by looking at the whole genome sequences of people who were severely affected by COVID-19 and compares it with those who only had it mildly. They are leading the COVID-19 study to understand why some people were more severely affected by COVID-19 than others.

This study recruited 212 ICUs across the UK. The first analysis found genes that make people susceptible to life-threatening COVID-19. In some cases, this led to directly to therapeutic targets. The findings are reported in Nature.

Genetic evidence is second only to clinical trials as a way to tell which treatments will be effective in a disease. Existing drugs that target the actions of the genes reveal which drugs should be re-purposed to treat Covid-19 in clinical trials.

RECOVERY- respiratory support

The RECOVERY-respiration is the trial to study using high-priority intervention on patients with confirmed COVID-19 that require hospital admission, to determine their effect on the likelihood of death or requirement for invasive ventilation.

It is because of this study that the discovery of the first effective treatment for COVID-19, dexamethasone.

This trial was commissioned by the Chief Medical Officer with the Society's support as an urgent Public Health research priority.

REMAP- CAP

REMAP-CAP is an international adaptive platform trial specifically designed to be employed in a pandemic to evaluate multiple interventions simultaneously in critically ill patients. A Director of Research from the Society leads this study in conjunction with ICNARC. It has received UHP badging by the CMOs office and is listed as one of the UK's prioritised platform trials.

Out of the 6,200 global patients recruited, over 4,400 patients are from 142 UK intensive care units.

Results also demonstrated have demonstrated that hydrocortisone improves outcomes in COVID-19. These were incorporated into NICE and WHO treatment guidelines. The results from REMAP-CAP build on the previous dexamethasone results and demonstrate the effect of corticosteroids is a class effect. This is important in a global pandemic to ensure adequate drug supplies.

COVIDTrach

COVIDTrach is a UK multi-professional collaborative project that aims to evaluate the outcomes of tracheostomy in COVID-19 patients. It also examines the implementation of national guidance in COVID-19 tracheostomies and the incidence of COVID-19 infections among those healthcare workers involved in the procedure.



1605
Patients

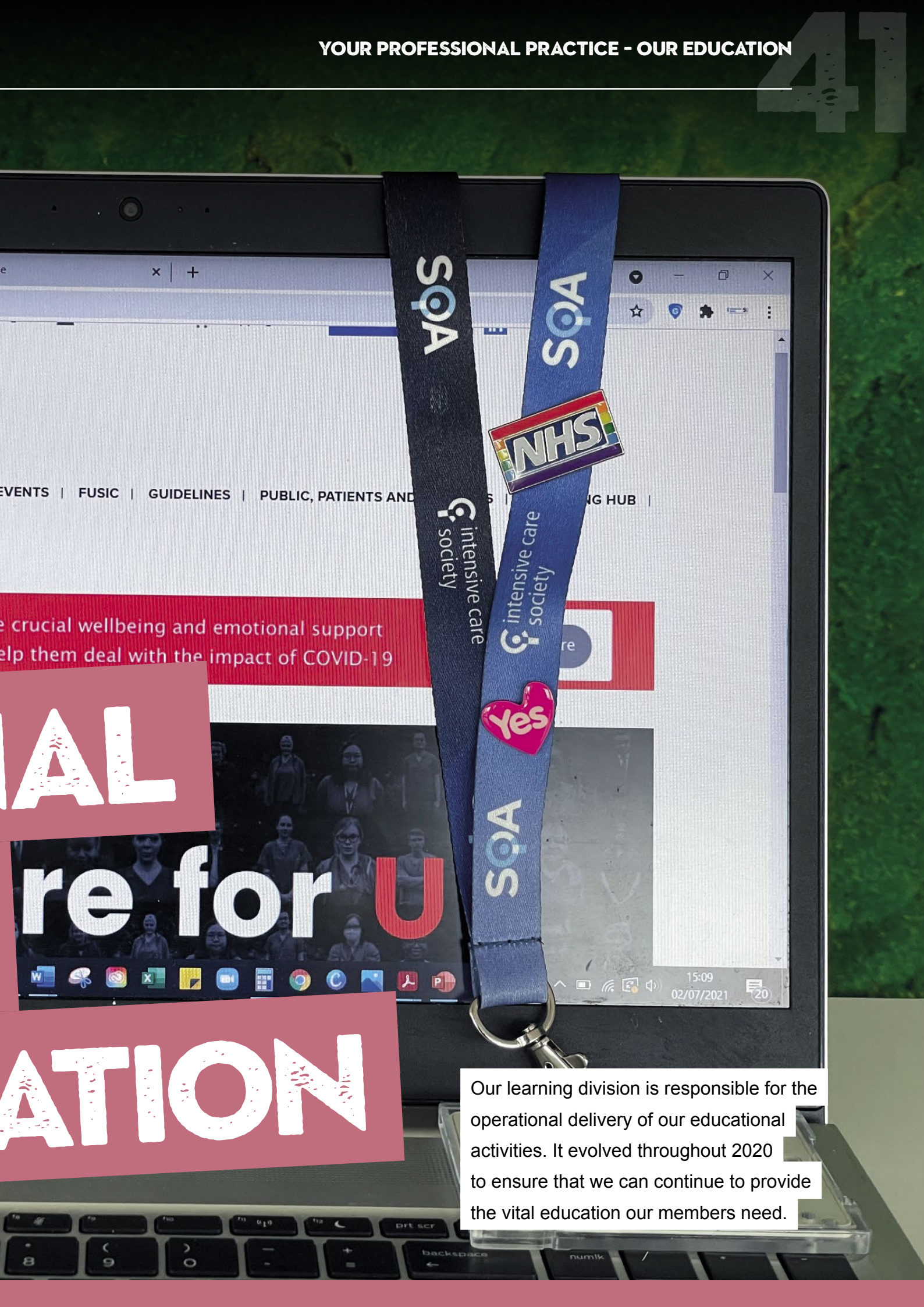


126
UK hospitals


intensive care society
SOA19



YOUR PROFESSIONAL PRACTICE - OUR EDUCATION



NAL ATION

Our learning division is responsible for the operational delivery of our educational activities. It evolved throughout 2020 to ensure that we can continue to provide the vital education our members need.



GOAL 1

TO EXPAND OUR MULTI-PROFESSIONAL CRITICAL CARE EDUCATION PROGRAMME

To expand our multi professional critical care education programme

Between 3 and 10 March 2020, our Trustees met on three occasions to review the impact on our financial situation and our contractual obligations for event venues in light of the pandemic and made the strategic decision to cancel all our face-to-face events. This included our flagship annual conference, State of the Art (SOA), which was due to be held on the 7-8 December 2020. We are grateful for the pro bono legal advice we received to support us to navigate the contractual clauses for our event bookings and to minimise the costs to the charity.

Digital learning

We adapted the Learning Division quickly to a digital model as we knew how important it was to make sure we continued providing education. With the introduction of Zoom, we were able to provide weekly webinars focusing on education about guidance to the community to support them to care and treat patients during COVID-19. These webinars were offered free of charge to all beneficiaries thanks to the generous donations we received.



28 webinars



94 speakers



2700 attending live:



11,784 YouTube views

Our live webinars were made freely accessible to all during the pandemic and to allow those working shifts and unable to watch live we also posted then on the **ICS YouTube channel**.

WWW.YOUTUBE.COM/CHANNEL/UCLK8YNNLZ5UYBF_RCP_LSZW

Knowledge share

On 1 April 2020, the Chair of the Public Affairs Division introduced the Chief Executive to UCLPartners who were offering pro bono support. We agreed to collaborate on ways to extend our knowledge sharing about treating patients with COVID-19 which was being discussed during NECCC meetings. The Chair of Public Affairs provided the first knowledge share webinar with staff at the Nightingale Hospital in London which was nearing completion on Friday 3 April 2020.

COVID-19: A synthesis of clinical experience in UK intensive care settings

The panel of 11 clinicians were from those NHS trusts who had experienced and cared for the greatest number of COVID19 patients. It was led by the Chair of the Public Affairs Division who spent considerable time preparing the panel in advance so it would run smoothly on the day. The subjects covered in the knowledge sharing national event included.

- Ventilation
- Fluid balance
- Antibiotic use
- Renal support
- Workforce

Thromboprophylaxis and anti-coagulation in patients with COVID-19.

Discussions and questions arising from clinicians during the NECCC meetings and the knowledge sharing meetings led to another national knowledge sharing session focussing on Coagulopathy in COVID19 which was held on 22 April 2020. On this occasion we collaborated with additional partners - the key Societies and groups with expertise in this field to discuss alongside our NECCC representatives.

The additional subject specific experts were from the following groups.

- The Society's NECCC members
- British Society of Haematology
- Royal College of Radiologists
- British Society of Thoracic Imaging
- British Thoracic Society
- British Association of Critical Care Nurses
- HSE/I - National Clinical Director for Critical Care
- The Society's Pharmacists Professional Advisory Group co-chairs

Other knowledge shares included COVID-19 wave one: reflections and learnings from practice across a sample of UK ICUs and renal support.

All knowledge shares were turned in to rapid dissemination reports by UCLPartners and cascade across the county. You can access these reports here:

WWW.ICS.AC.UK/KNOWLEDGE

Intensive Care Society and Royal College of GPs webinars

- **COVID-19: The Patient Journey Through Intensive Care**

  Developed in collaboration the Royal College of GPs, we created a webinar to allow GPs to hear first-hand what admission into intensive care entails and shed light on the impact of a COVID-19 hospital admission on patients and their families. It covered:

- **What is critical care?**
- **A COVID-19 case story / patient journey**
- **Cardiovascular critical care and complications around COVID-19**
- **COVID-19 respiratory complications**
- **COVID-19: The patient journey from rehabilitation to recovery**

The second webinar allowed the primary care community to hear from the multi-professional team in intensive care to understand some of the rehabilitation needs of patients post-COVID-19 critical illness. It covered:

- The challenges around recovery of communication and swallowing post ICU
- The psychological impact of COVID-19 recovery and what to look out for
- The breathless ICU survivor post coronavirus infection - heart, lungs or muscle as the problem?

Wellbeing webinars

We launched our wellbeing webinar series in April 2020 which we designed to share knowledge about all aspects of the multi-professional work of intensive care staff, from ventilation to rehabilitation, and to help staff make sense of their experiences during the pandemic.

- Pause and reflect: how are we doing now?
- Understanding and preventing burnout in the intensive care
- PTSD in the workplace and traumatic impact at work
- Understanding our pandemic related grief and loss
- From debrief to safe story telling
- What do our critical care nurses need right now?
- ICS Education: Staff wellbeing in ICU during the pandemic - stories of joy and pain

Legal and Ethical Webinars

Our Legal and Ethical Advisory Group started a new series of webinars for the intensive care community and our wider NHS colleagues covering the following topics:

- The Ethics of inter-hospital transfers
- Death reporting during COVID-19
- Advanced decisions to refuse treatment
- Pandemics and deemed consent

Wellbeing podcasts

Recognising that not everyone has had the time to watch our webinars, we produced a series of podcasts called "Journey to Work", for staff to reflect on wider work-related wellbeing issues.



NECCC advisory panel

We collaborated with The Physiology Society to create the COVID-19 advisory panel to help provide an evolving understanding of the physiological and pathophysiological mechanisms underpinning COVID-19. This arose as a result of the NECCC.

26 COVID-19 Advisory Panel members - 29 questions submitted from front line clinicians dealing with patients - 6 questions still ongoing.

BIT.LY/ICS_PHYSIOLOGY

Online conference in collaboration with Physiology Society

Thanks to generous donations we were able to co-develop a free online conference. This COVID-19 conference was a collaboration with the Physiological Society called: Lessons learnt from the frontline three-day virtual conference, which brought together intensive care and physiology professionals to review the challenges of understanding the pathophysiological changes occurring throughout the body following COVID-19 infection.

WWW.YOUTUBE.COM/PLAYLIST?LIST=PLQ-HRCZENFWWZWBGYYO1_QAZV5JWP1GUW

COVID-19 ICU remote learning course

One in 10 patients with COVID-19 needed intensive care but there are not enough ICU doctors and nurses trained to manage ventilated patients to meet demand. This meant that we relied heavily on the support of our wider NHS colleagues.

Educational grant

We awarded an educational grant of £5K to Brunel University and 33N to deliver the COVID-19 ICU Remote Learning Course that raised awareness and preparing for an increase in post-intensive care syndrome project led by Dr Eve Corner to assist the primary care team to understand more about the rehabilitation needs of patients after ICU care and treatment.

Education and training to the wider NHS team

We endorsed a course delivered by Brunel University and 33N and led by Dr Eve Corner to induct and train our wider NHS colleagues via the specifically designed COVID-19 ICU Remote Learning Course (CIRLC) one-day online training course, which prepares non-ICU doctors, nurses and physiotherapists for redeployment in intensive care.

Learning Management System

Thanks to the generous donations we received during our Wellbeing and Resilience through Education (WARE) fundraising campaign we were able to recruit and appoint a new member of staff, Head of Learning, with specific expertise in education and also source and procure a new Learning Management System (LMS) - the Agylia system. Work immediately began to convert all our webinars into a range of digital learning material and add our extensive catalogue of guidance into the digital system which is accessible via an app on a smartphone so that intensive care staff can access this learning during the working day as “learning moments”.

We developed the system in 2020 and will launching it in Spring 2021. It will provide Intensive Care Society members with free educational content which can be accessed across desktop and mobile. A bank of current education assets transformed ready for launch, with future content in development which will aim to include short learning modules for intensive care junior doctors, nurses and allied health care professionals. We will also be looking to produce material that will benefit our wider NHS colleagues who work closely with intensive care, for example acute medicine.



GOAL 2

TO EXPAND OUR ACCREDITATION PROGRAMME FOR FOCUSED ULTRASOUND IN INTENSIVE CARE (FUSIC)



After the successful merging of the Society's ultrasound accreditation offering in December 2019 to enable delegates to design their own learning pathways, we have seen 630 new delegates start their FUSIC journey.

The demand for FUSIC increased with the pandemic, however, face-to-face courses were unable to take place. To overcome this, we filmed our committee chairs delivering the fundamentals of the course so that it could be used as online training.

Since transitioning online on 28 September 2020, we have seen 397 delegates complete the training.

Recognising the enhanced workload would make it harder for those in the middle of the FUSIC accreditation journey to be able to complete the total number of cases to sign off their logbook, the Society granted an automatic 18-month extension.

COMING UP IN 2021

2020: The story of us

After 18 months of working with Oscar-winning director Kevin Macdonald and top UK production company, Docsville, to tell the story of the incredible care the intensive care community provides for the sickest of patients in hospital, the Society will be premiering its documentary, 2020: The Story of Us, in March 2021.

It will follow two of the Society's members Hugh Montgomery, and Shondipon Laha, as well as dedicated nurses and patients as they paint a vivid picture through first-hand accounts of what it was like to be at the very front of the frontline during the first wave of the pandemic.

Sustainability

Climate change is one of the greatest challenges of our time, and we all must do our part to significantly reduce the carbon emissions which cause it. Recent human activity has caused atmospheric greenhouse gas concentration to soar, with CO2 emissions rising to levels not seen for the past 3 million years.

The Society will be launching its Sustainability Project led by Council member, Hugh Montgomery, which will explore where we are in the battle against rising emissions, and what action we can take as a Society, a specialty and as individuals to do our part.

Diversity and inclusion

We are committed to ensuring that our renewed vision for the future of intensive care puts accountability for championing equality, diversity and inclusion at the core of what we do. Despite the challenges of the past year, we have seen countless examples of good practice and outstanding leadership. If we are not actively supporting, representing and recognising the potential of every individual available to us, we are quite simply missing out.

So, in 2021 we will be launching our Diversity, Equality and Inclusion working group.

The future of the Society

As the Society enters in to the second half of its five-year strategy, it is important that it looks to the next evolution in is offering. It is also imperative that the lessons learnt from the pandemic is applied to the future of intensive care and its provision across the UK.

The Society was created 50 years ago by the intensive care community, to support the intensive care community, and this year has proven that the work that we do provides an essential crutch for our specialty, and we could not be prouder to stand beside them.

As we look forward, we do so with our members at the epicentre of our planning. Research, standards, education, and wellbeing are engrained into the Society's DNA, however, when we emerge from the backlash of COVID-19 we must be prepared to pivot again to ensure the needs of community are met.

What is clear, is that we must ensure that the voice of the intensive care community is heard, and the Society will continue to ensure it is heard loud and clear. We must look to keep intensive care at the top of Governments and healthcare sector agenda to safeguard the future of the professionals that work in ICUs across the country.

Inspiring the next generation of intensive care professional is key. We will be working with all areas of our community to better understand the workforce and the barriers some may face getting into intensive care to ensure we can continue to grow the our community well in to the future.

PAGs

After the Council voted for a special resolution to amend the articles of association of the Society to increase our democratic legitimacy by increasing the number of our Professional Advisory Groups will be holding national elections for junior doctors, specialty doctors, nurses, pharmacists, physiotherapists, advanced practitioners in critical care (APCC), and allied healthcare professionals (AHPs) to join us and help shape the future of our specialty.

Developing our future leaders

We are planning to develop a leadership program for intensive care staff. The course is likely to be delivered one day a month and will be designed to enable leaders within the unique setting of leading a 24-7 service with unpredictable clinical flow.

Wellbeing

During 2020 we followed a competitive process to apply for an educational and wellbeing grant from the COVID-19 Healthcare Support Appeal. This was successful and starting in January 2021 we will delivering a bespoke series of psychoeducational courses tailored specifically to intensive care, enhanced care and broader respiratory care staff and their clinical experiences. Staff members can sign up for the courses which are delivered online and facilitated by trained Psychologists. These courses are free of charge to all staff involved in

- **"ICU Aware"**
  Stress Awareness for Managers: How to recognise stress in staff you manage and respond quickly and effectively.
- **"ICU Share"**
  Recognition & awareness of stress in yourself and others: how to recognise the signs of stress in yourself and colleagues, and team interventions.
- **"ICU Protect"**
  Managing my stress in the ICU: explore stress awareness and self-care techniques in greater detail in intensive care staff.
- **"ICU Engage"**
  Preventing burnout and reconnecting with your core purpose at work: a course to tackle the specific problem of burnout and disengagement.
- **"ICU Sustain"**
  Managing the psychological impact of working in ICU. A closed group across four sessions providing group psychoeducation and self-management of repeated exposure to trauma and it's impact, for making sense of clinical experience. Closed group of 6 - 10 staff for each group.

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THANK YOU

It is because of our supporters that we can continue to support the intensive care community by providing them with the tools they need to care for the sickest of patients. We are grateful to each and every one of our supporters and organisations who have helped us this year. Here are just a some of those who have made our work possible:

- **The intensive care community research donations**
- **Florence Welch**
- **Laura Symons**
- **Duncan Heath**
- **Collette Cooper**
- **Mike Handson**
- **Kevin MacDonald**
- **Anya Hindmarch**
- **Julian Walford**
- **Philip Keller**
- **Independent Talent Group**
- **Liz Thorburn**
- **Laurance Elman**
- **Hugh - QC**
- **Gruum**
- **Beverly Craven**
- **Ted Baker London**
- **Gilead**
- **Patisserie Valerie**
- **The Protein Ball Co**
- **UCB Pharma**
- **Sobi**
- **Isabel Spearman**
- **Matthew Vaughn**
- **UCB**
- **Restore the Planet Foundation**
- **The JP Marland Charitable Trust**
- **Cargill's**
- **HG Capital**
- **Wellside Trust**
- **7im**
- **Tim Allen**
- **Jonathan Baliff**
- **Mr Garton**
- **JJ Charitable Trust**
- **Ralph Trustees Charitable Company**
- **Admiral Group**
- **Danson Foundation**
- **Publisal UK**
- **Scottish Enterprise**
- **Sanger Family**
- **Rony Berrebi**
- **Stitching West Coast Foundation**
- **Fabulous Flowers**
- **Oliver Simpson & Dirk Odendaal**
- **Simplex**
- **Influence Digital**
- **Richard Marshall**
- **Robert Tobin**

Trustees, Senior Management and Advisors

Patron

- **HRH, Princess Anne**

Chair of Trustees and elected President

- **Ganesh Suntharalingam** (until 8 December 2020 then became Immediate Past President for one year)
- **Stephen Webb** (from 8 December 2020)

Trustees and Company Directors

- **Shondipon Laha -** Honorary Secretary
- **Steve Mathieu -** Honorary Treasurer
- **Martin Creswell -** Lay Trustee
- **Sarah Anderson -** Lay Trustee
- **Stephen Posey -** Lay Trustee
- **Tony Whitehouse -** Council Member Trustee

Chief Executive

- **Sandy Mather**

Senior Management Team

- **Alex Day -** Head of Communications
- **Asha Abdillahi -** Head of Standards and Policy
- **Carmel Sweeney -** Head of Office and Member Services
- **Peter Bushell -** Head of Learning

Elected Council and ICS company members

- **Aoife Abbey -** resigned 8 Dec 2020
- **Ashley Miller**
- **Charlotte Summers**
- **Emma Jackson**
- **Hugh Montgomery**
- **Jagtar Pooni -** resigned 8 Dec 2020
- **Jeremy Bewley**
- **Marlies Ostermann**
- **Nitin Arora**
- **Paul Dean**
- **Sam Clarke**
- **Sarah Dyson**
- **Stephen Wright**

Specialist advisors to Council

- **Dan Martin -** Editor in Chief, JICS
- **Marcus Peck -** Co-Chair for FUSIC
- **Zudin Puthucheary -** Chair of National Rehab Collaborative
- **Nandan Gautam -** Programme Director SOA conference

Bankers

- **HSBC Bank Plc**
  PO Box 6201
  Coventry
  CV3 9HW

Auditors

- **MHA MacIntyre Hudson Chartered Accountants and Statutory Auditor**
  6th Floor
  2 London Wall Place
  London
  EC2Y 5AU

Lawyers

- **Bates Wells**
  10 Queen Street Place
  London
  EC4R 1BE

Registered Address

- **The Intensive Care Society**
  Churchill House, 35 Red Lion Square,
  London, WC1R 4SG
- **Telephone:** +44 (0)207 7280 4350
- **Email:** info@ics.ac.uk
- **Website:** www.ics.ac.uk
- **Company registration no:** 02940178
- **Charity no:** England and Wales 1039236; Scotland SC040052.

STRUCTURE, GOVERNANCE AND MANAGEMENT



TRUSTEE BOARD

Executive Committee

Council

- **Standards Division**
  - Standards and Guidelines Committee
  - National Rehabilitation Collaborative
- **Public Affairs Division**
  - Patients, Relatives & Public Advisory Group
  - Digital Media Committee
- **Professional Affairs Division**
  - Professional Advisory Groups (8 x groups)
  - Legal and Ethical Advisory Group
- **Learning Division**
  - State of the Art Conference Committee
  - Learning Committee
  - FUSIC Committee
- **Research Division**
  - JICS Editorial Board
  - Research Committee

Trustee Board

Our Trustee Board comprises eight members who meet at least four times a year where they discuss strategy, performance and assurance.

Lay trustees are recruited through open competition and appointed for a two-year term which can be extended for a further two years with mutual consent. The Council member trustee is appointed for two years. The Honorary Secretary and Honorary Treasurer trustees are elected by council for a period of three years which cannot be extended without a break. However, they can stand for election to other Honorary Officer roles which they have not previously held. The President and Chair of Trustees is a role for two years and they also hold the role of President-elect trustee for one year prior to that and Immediate Past President trustee for one year after their presidential term.

Our lay Trustees are recruited based on an assessment of the skills gaps within the Trustee Board, and each have a unique skill set which enables the charity to punch well above our weight. The lay Trustees are recruited through national campaigns, with successful candidates being selected through a rigorous interview process.

All Trustees have a comprehensive induction with our CEO and legal advisor to ensure they fully understand their roles and responsibilities as well as the Society's activities and culture.

Executive Committee

Our Executive Committee comprises the Honorary Officers who are elected by the Council which itself is elected by the membership of the Society:

- President: Stephen Webb (from 8 December 2020)
- Immediate Past President: Ganesh Suntharalingam (completed his term of office as President 8 December 2020)
- Honorary Treasurer: Steve Mathieu
- Honorary Secretary: Shondipon Laha

Senior Management team

Our Trustees delegate the day-to-day operations of the Intensive Care Society to our Chief Executive, Sandy Mather, who leads the operational delivery of the charity's activities. She is supported by a Senior Management Team (SMT) and some external contractors providing expertise in finance, audit, HR, legal, professional conference organisation, digital strategy, IT support, membership database support and publications.

Trustees work with the Chief Executive to develop our long-term strategic plans and sign off on our yearly Operational Implementation Plan (OIP).

Staff

Our staff are vital to the delivery and success of our organisation, and it is with their dedication, passion, and expertise that we have been able to support the intensive care community through the worst healthcare crisis in a century.

Due to our growth in 2020, our staff grew from eight to 13 with two additional vacancies still to be filled. All new members of the staff team were recruited for their alignment with the Society's values as much as for their competence and their commitment. Our team are the essence of our values and help shape the unique character of the Society.

Volunteers

In partnership with private healthcare providers, we were able to offer four voluntary Medical Fellow positions to trainee consultants. These positions support the Charity's work in areas such as public affairs however, due to the pandemic they returned to the NHS fulltime.





Public benefit statement

In accordance with the Charities Act 2006, we confirm that the activities we undertake to achieve our objectives are all carried out for the public benefit as described by the Charity Commission. Our beneficiaries are intensive care professionals and patients who are experiencing intensive care and their loved ones.

The Society's Trustees have described in this report the charitable public benefit of our activities; they regularly review our progress against our aims and objectives. They confirm that they have complied with the duty in section 4 of the Charities Act (2006) to have due regard to public benefit guidance published by the Charity Commission.

Fundraising

The Society recognises its supports as an extension of the intensive care community and treats them in the same way as its members. This year we have increased our donor engagement and made it our mission to ensure that they feel welcomed and part of the Society's family. We have described our fundraising activities as part of the Public Affairs Division at the beginning of this report.

Where possible, personal thank you messages were issued by our CEO to supporters, to ensure our gratitude was felt far and wide.

Our Senior Management Team work closely with organisations looking to support us so to provide a window into our charity so they can understand our ethos from the start.

Every member of the Society's team is given a thorough briefing on our beneficiaries and supporters when they start by our CEO and then regular updates thereafter to ensure they are always at the centre of everything we do.

Our Trustees have considered the Charities (protection and social investment) Act 2016 so that our fundraising activities are in compliance, are not unreasonably persistent and do not apply undue pressure, particularly to vulnerable people, to donate to the Society.

The Intensive Care Society is registered with the Fundraising Regulator and is committed to meeting the standards as set out in the Code of Fundraising Practice:

WWW.FUNDRAISINGREGULATOR.ORG.UK/CODE

The Charity received no complaints in 2020.

Strategic Partners

We are working in partnership with likeminded organisations that are in the best interests of our beneficiaries and that meet our charitable objects and strategic vision. The Trustees have due regard to Charity Commission guidance on collaboration and consider all partnerships as opportunities to fulfil our charitable objectives and deliver increased public benefit.

- Association of Cardiothoracic Anaesthesia and Critical Care
- Association of Chartered Physiotherapists in Respiratory Care
- British Dietetic Association Critical Care Specialist Group
- Critical Care Medical Network Leads
- Critical Care Speech and Language Specialist Group (nomination delayed and received in February 2020)
- Faculty of Intensive Care Medicine (FICM)
- Intensive Care National Audit & Research Centre (ICNARC)
- National Critical Care Network - Directors Group
- National Critical Care Network - Medical Leads Group
- Network for Improving Critical Care System and Training (NICST)
- Northern Ireland Intensive Care Society
- Paediatric Intensive Care Society
- Psychologists in Critical Care-UK
- Specialist Critical Care Sub Section of the Royal College of Occupational Therapists
- Scottish Intensive Care Society
- Society of Critical Care Technologists
- UK Clinical Pharmacy Association
- UK Critical Care Nursing Alliance
- UK Critical Care Research Group (UKCCRG)
- Welsh Intensive Care Society

Infrastructure, Office Services and Digital Improvements

In January 2020, we completed the first phase of our office's digital infrastructure upgrade, whereby we moved our virtual environment across to Office 365. Hardware was also upgraded to remove all tower PC's and replace them with docking stations. Laptops were issued to staff enabling them to be more agile and remove barriers to homeworking due such as connectivity issues when accessing the network through VPN.

With cloud-based systems in place including telephonic capability, we were able to smoothly transition into remote working when Government restrictions came in to play.

In addition, we moved our bookkeeping package to QuickBooks online and brought this previously outsourced function inhouse. This saved on costs and gave us improved financial reporting. Other plans on the horizon for 2020 include refreshing the website for a better user experience:

WWW.ICS.AC.UK



FINANCIAL REVIEW



In the Financial Year ended 31 December 2020 the Society demonstrated well managed control of costs and also received an unprecedented level of donations to record net income (before investment gains and losses) of £625,622 (2019-£54,194). This was impacted by a loss in the value of investments held of £89,850 (2019 gain of £16,789) so the Society recorded an overall surplus of £535,772 (2019 -£70,983).

Income Diversity

The income for the Society has been significantly different for 2020 over previous years. The COVID-19 Pandemic caused the cancellation of our annual conference, State of the Art (SOA), which had a major impact on both income and expenditure. The society was fortunate to avoid cancellation costs and no loss was incurred as a result of the cancellation. There was a large reduction in income and expenditure and the Society did not benefit from any surplus which may have been generated. The seminar programme was moved online causing a similar loss in net income.

Subscription income was steady and grew by £12,251 from £585,040 to £597,291 and continues to be the core of the society's income. Income from Accreditation which forms the major part of the meetings and seminars income is growing and funds the administration and management costs of providing the service.

Fundraising donations received by the Society have grown dramatically in 2020 and were £754,103 for the year (2019 - £62,262).

Costs

The total costs of administering the Society were well controlled although there were some increases against 2019 as the activities of the Society have been expanded and the impact of the Pandemic has been felt. Not all cost impacts of the Pandemic were increases however, as the move to online meant a reduction in expenditure on travel related items. The Society also benefited from a reduction in office and premises costs. Year on year comparison of costs are complicated, as there was no SOA which contributed a significant amount to the costs of 2019 overall, however there has been a reduction in expenditure from £1,408,544 in 2019 to £795,873. The Society has benefited in the year from considerable pro bono support, principally in the area of fundraising but we also received valuable legal support at the early stage of the Pandemic when activities of the Society needed to be drastically changed and events needed to be cancelled.

Allocation of staffing and administration costs relating to strategic activity streams are made to reflect the proportion of time and cost incurred. This is reassessed each year in line with usage. Governance costs are directly allocated or apportioned on an assessment basis.

Remuneration policy is based on offering a market level employment package, including pension, for central London charity employees with the skills required by the Society. These are reviewed annually and after adjustment for inflation approved by the Council.

In 2018 a pricing model was adopted across our charitable activities that is fair to members and that ensures that the Society works on a "not for loss" basis. This is to allow our activities to be priced in a way that makes a fair contribution back to the charity by funding all direct and indirect fixed and variable costs associated with them. Any surpluses generated are used to further the Society's objectives and charitable activities in education. This year this principle has been affected by the pandemic and all educational activities were free of charge as part of the Society's response to COVID-19. In 2021 we will see a return to the principle of undertaking activities on a not for loss basis.

Donations in the past year have been at unprecedented levels and have allowed the Charity to undertake a significant growth in its activities. The WARE Learning programme and the WARE Wellbeing programme will both provide significant benefit to the intensive care community and are described fully on pages 23 to 24 of this Trustee Annual Report. As these activities commenced towards the end of this financial year the impact on spending will be greater in subsequent periods than is the case in 2020.

We are grateful to all the donors listed in this report for their support for the Society and for the many fundraisers who have contributed their time and effort to raise funds.

The restricted fund balance stood at £14,709 at the end of the year (2018 £22,602).

The investment portfolio comprised mainly shares and investment trusts in line with the Society's agreed ethical policy. The market value of investments was severely affected by the fall in the value of stock markets caused by the Pandemic. Whilst there has been some recovery in the value since its low point the value on 31 December 2020 resulted in a significant downward revaluation in the value of investments. The investments represent funds held for the development of the Society's activities in the medium to long term and have generated income over the year. Surplus cash is held on deposit.

Investment Powers and Policy

Under its Memorandum of Association, the Society has the power to invest without restriction. The Society has adopted an ethical investment policy reflecting its position as a medical charity.

The Society has set risk objectives, together with guidelines on diversification of the portfolio. Periodic reviews are undertaken with the investment manager, whilst council regularly reviews cash and investment balances. The investment strategy is reviewed formally, at least annually.

In 2020 our Council as the professional advisory body to the Trustees asked that the investment portfolio be reviewed and converted to a climate friendly portfolio to meet the Society's sustainability targets. During 2021 we will initiate a tender exercise to review the alternatives available to the Society.

Reserves Policy

The policy on reserves, represented by cash and invested funds, is to use these to support and develop the Society's long-term activities. The Society has made use of reserves in recent years as it has implemented its reorganisation plan. Unrestricted funds are held as cash on deposit or readily realisable investments to meet approximately three months operating expenditure and an amount to ensure that an unplanned loss on the annual conference can be absorbed without detriment to the activities of the Society. Cash deposits held include amounts set aside for research spending.

The unrestricted reserves of the Society are represented by the General Fund.

The administration costs are covered primarily by regular income from annual membership subscriptions, which are due at the beginning of each year. The reserves policy was met, which requires a minimum of £200,000 in cash or readily realisable investments to cover three months operating expenditure. The balance of cash reserves is being used to maintain spending levels until these are matched by income generation.

Our Risk Management

The Executive Committee and CEO review the strategic risks to the Society regularly and the Trustee Board reviews them at each of their meetings. All risks have a risk owner and mitigating actions in place which brings down the risk rating of all risks to some exposure but manageable. The Executive identified the following top two strategic risks:

- **Staff and sustainability risk** and impact of being unable to recruit or retain competent people who want to work to our charity's values.

  The mitigating actions include reviewing the non-pay terms and conditions of staff. Ensuring all staff have objectives and development plans with opportunities to attend courses relevant to their role. Regular one to ones with their line managers and formal performance development reviews every six months.

- **Reputational risk** of the intensive care community and strategic stakeholders not seeing the Society as having a leading role in development or ownership of the Guidelines for Provision of Intensive Care Services (GPICS).

In 2019, we reported recognising our annual conference, State of the Art (SOA) to be medium risk to the Society due to the fact it is managed appropriately and generates a small surplus back to the Charity. However, in March 2020 at the beginning of the COVID19 pandemic this risk was raised to extremely high, and the Trustees met on three occasions to make strategic decisions about how best to mitigate the risks to the charity.

The mitigating actions to manage this included receiving pro bono expert legal advice so that we were able to negotiate out of our contract with no financial ramifications, which could have been seriously damaging for the Society.

Statement of Trustees' responsibilities

The Trustees (who are also the directors of the Society for the purposes 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. Under company law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the Society and of its incoming resources and application of resources, including its income and expenditure, for that period. In preparing these financial statements, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently.
- Observe the methods and principles of the Charities SORP (FRS 102).
- Make judgments and accounting estimates that are reasonable and prudent.
- State whether applicable UK Accounting Standards (FRS 102) have been followed, subject to any material departures disclosed and explained in the financial statements.
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Society will continue in business.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the Society's transactions and disclose with reasonable accuracy at any time the financial position of the Society and enable them to ensure that the financial statements comply with the Companies Act 2006 the Charities and Trustee Investment (Scotland) Act 2005 and the Charities Accounts (Scotland) Regulations 2006 (as amended). They are also responsible for safeguarding the assets of the Society and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Statement of disclosure to auditors

In so far as the Trustees are aware:

- There is no relevant audit information of which the Society's auditors are unaware; and
- They have taken all the steps that they ought to have taken as Trustees in order to make themselves aware of any relevant audit information and to establish that the Society's auditors are aware of that information.

SIGNED: 

DATE: 17/08/21


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Independent Auditors' Report to the Members if the Intensive Care Society

Opinion

We have audited the financial statements of The Intensive Care Society (the 'Society') for the year ended 31 December 2020 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and the related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 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 Society's affairs as of 31 December 2020 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, Charities Act 2011, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006.

Basis for opinion

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 Auditors' 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 United Kingdom, including the Financial Reporting Council'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.

Independent Auditors' Report to the Members if the Intensive Care Society

(continued)

Other information

The Trustees are responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our Auditors' Report thereon. 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.

In connection with our audit of the financial statements, 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 audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. 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.

Opinion on other matters prescribed by the Charities Act 2011

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

- the information given in the Trustees' Report for the financial year for which the financial statements are prepared is consistent with the financial statements.
- the Trustees' Report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of our 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 Trustees' Report.

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

- adequate 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 Trustees' Report and from the requirement to prepare a Strategic Report.

Independent Auditors' Report to the Members if the Intensive Care Society

(continued)

Responsibilities of Trustees

As explained more fully in the Statement of Trustees' Responsibilities, 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.

Auditors' responsibilities for the audit of the financial statements

We have been appointed as auditor under section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with the Act and relevant regulations made or having effect thereunder.

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 Auditors' 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.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- Enquiry of management and those charged with governance around actual and potential litigation and claims;
- Enquiry of staff in tax and compliance functions to identify any instances of non-compliance with laws and regulations;
- Performing audit work over the risk of management override of controls, including testing of journal entries and other adjustments for appropriateness, evaluating the business rationale of significant transactions outside the normal course of business and reviewing accounting estimates for bias;
- Reviewing minutes of meetings of those charged with governance; and
- Reviewing financial statement disclosures and testing to supporting documentation to assess compliance with applicable laws and regulations.

Independent Auditors' Report to the Members if the Intensive Care Society

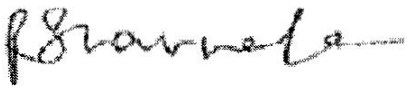
(continued)

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

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

Use of our report

This report is made solely to the charitable company's Trustees, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006, and to the charitable company's trustees, as a body, in accordance with regulation 10 of the Charities Accounts (Scotland) Regulations 2006. Our audit work has been undertaken so that we might state to the charitable company's Trustees and Trustees those matters we are required to state to them in an Auditors' 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 charitable company and its Members, as a body, for our audit work, for this report, or for the opinions we have formed.



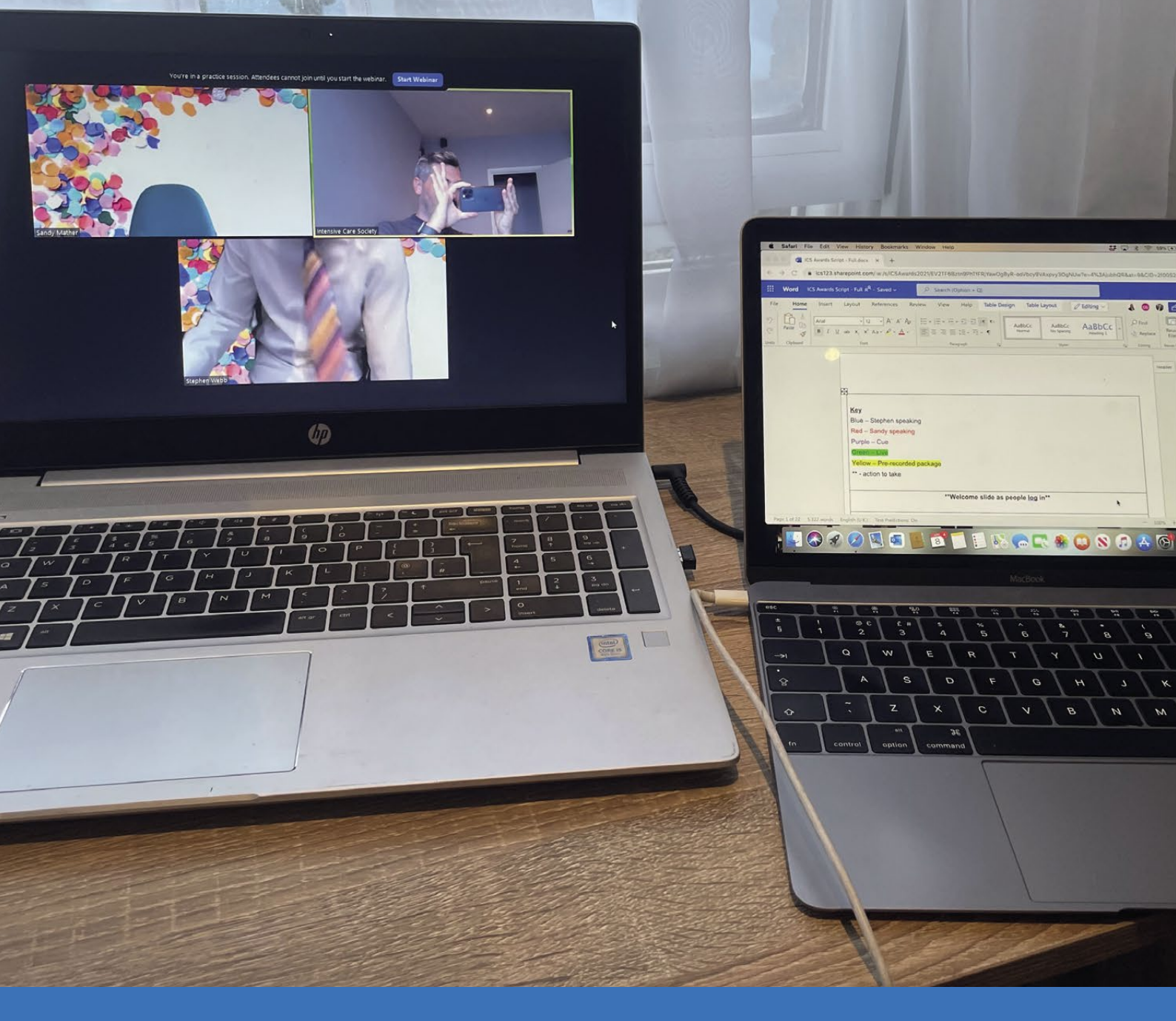
Rakesh Shaunak FCA (Senior Statutory Auditor)

MHA MacIntyre Hudson
Chartered Accountants and Statutory Auditor
6th Floor
2 London Wall Place
London
EC2Y 5AU

Date: 29.9.21

MHA MacIntyre Hudson are eligible to act as auditors in terms of section 1212 of the Companies Act 2006.

FINANCIAL STATEMENTS



STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING INCOME AND EXPENDITURE ACCOUNT) FOR THE YEAR ENDED 31 DECEMBER 2020

	Note	Unrestricted funds 2020 £	Restricted funds 2020 £	Total funds 2020 £	As restated Total funds 2019 £
Income from:					
Donations and subscriptions	4	**1,387,567**	**96,627**	**1,484,194**	647,302
Charitable activities	5	**69,426**	**9,500**	**78,926**	675,693
Other trading activities	6	**-**	**-**	**-**	143,265
Investments	7	**3,901**	**-**	**3,901**	13,431
Other income	8	**14,124**	**-**	**14,124**	8,177
Total income		**1,475,018**	**106,127**	**1,581,145**	1,487,868
Expenditure on:					
Raising funds	9	**159,650**	**-**	**159,650**	25,130
Charitable activities	11	**704,461**	**100,162**	**804,623**	1,408,544
Total expenditure		**864,111**	**100,162**	**964,273**	1,433,674
Net (losses)/gains on investments	19	**(89,850)**	**-**	**(89,850)**	16,789
Net income		**521,057**	**5,965**	**527,022**	70,983
Transfers between funds	22	**13,858**	**(13,858)**	**-**	-
Net movement in funds		**534,915**	**(7,893)**	**527,022**	70,983
Reconciliation of funds:					
Total funds brought forward		**455,269**	**22,602**	**477,871**	406,888
Net movement in funds		**534,915**	**(7,893)**	**527,022**	70,983
Total funds carried forward		**990,184**	**14,709**	**1,004,893**	477,871

The Statement of Financial Activities includes all gains and losses recognised in the year.

The notes on pages 70 to 93 form part of these financial statements.

All income and expenditure derive from continuing activities.

BALANCE SHEET
AS AT 31 DECEMBER 2020

	Note	2020 £	2020 £	As restated 2019 £	As restated 2019 £
Fixed assets					
Tangible assets	18		-		379
Investments	19		**174,982**		262,845
			174,982		263,224
Current assets					
Debtors	20	**51,576**		135,800	
Cash at bank and in hand	25	**893,879**		409,235	
		945,455		545,035	
Creditors: amounts falling due within one year	21	**(115,544)**		(330,388)	
Net current assets			**829,911**		214,647
Total net assets			**1,004,893**		477,871
Charity funds					
Restricted funds	22		**14,709**		22,602
Unrestricted funds	22		**990,184**		455,269
Total funds			**1,004,893**		477,871

The Trustees acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and preparation of financial statements.

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

The financial statements were approved and authorised for issue by the Trustees and signed on their behalf by:

.....
Dr S Mathieu, Honorary Treasurer

Date: 17/08/21

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 31 DECEMBER 2020

	Note	2020 £	As restated 2019 £
Cash flows from operating activities			
Net cash used in operating activities	24	**482,730**	9,424
Cash flows from investing activities			
Investment income	7	**3,901**	13,431
Proceeds from sale of investments	19	**20,411**	65,276
Purchase of investments	19	**(34,207)**	(68,390)
Movements in cash account	26	**11,809**	-
Net cash provided by investing activities		**1,914**	10,317
Change in cash and cash equivalents in the year		**484,644**	19,741
Cash and cash equivalents at the beginning of the year		**409,235**	389,494
Cash and cash equivalents at the end of the year	25	**893,879**	409,235

The notes on pages 70 to 93 form part of these financial statements.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020

1. General information

The Society is a company limited by guarantee and is registered with the Charity Commission in England and Wales (Charity Registration Number 1039236) and Scotland (Charity Registration Number SC040052) and the Registrar of Companies (Company Registration Number 02940178) in England and Wales.

The Society is governed by a Trustee Board and an advisory council comprising ICS company members. Trustee Board comprises Hon Officers elected by Council, Council Member Trustee and three Lay Trustees. In the event of the Society being wound up , the liability in respect of the guarantee is limited to £1 per member of the Council.

The address of the registered office is given in the Society information on page 1 on these financial statements. The nature of the Society's operations and principal activities are listed in the Trustees Report.

The significant accounting policies applied in the preparation of these financial statements are set out below. These policies have been consistently applied to all years presented unless otherwise stated.

2. Accounting policies

2.1 Basis of preparation of financial statements

The financial statements have been prepared in accordance with the Charities SORP (FRS 102) - 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 Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 and the Companies Act 2006.

The Intensive Care Society meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy.

The financial statements are presented in pounds sterling which is the functional currency of the Society and amounts are rounded to the nearest pound.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

2. Accounting policies (continued)

2.2 Prior year adjustment

The Trustees have reflected on a number of past accounting treatments in the 2019 accounts. Following this review it has been decided that prior year adjustments are required in respect of the following;

- Reclassify expenditure across the revised charitable activities and expenditure on raising funds;
- Cash held as part of the investment portfolio should be recognised within Fixed asset investments, rather than Cash at bank and in hand; and
- Grant commitments recorded within Creditors: amounts falling due within one year should be disclosed separately from Accruals and deferred income.

Items and balances that have been restated have been marked as such.

In making these prior year adjustments there has been no impact on the total expenditure, no impact on the net result for the year nor the amount of reserves reported in total or by fund at 31 December 2019.

2.3 Going concern

The financial statements have been prepared on a going concern basis as the Trustees believe that no material uncertainties exist, considering the impact of COVID-19. The Trustees have considered the level of funds held and the expected level of income and expenditure for a period of at least one year from the date of the approval of these financial statements. The budgeted income and expenditure is sufficient with the level of reserves for the Society to to be able to continue as a going concern.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

2. Accounting policies (continued)

2.4 Income

All income is recognised once the Society has entitlement to the income, it is probable that the income will be received and the amount of income receivable can be measured reliably.

Grants are included in the Statement of Financial Activities on a receivable basis. The balance of income received for specific purposes but not expended during the period is shown in the relevant funds on the Balance Sheet. Where income is received in advance of entitlement of receipt, its recognition is deferred and included in creditors as deferred income. Where entitlement occurs before income is received, the income is accrued.

Where the donated good is a fixed asset, it is measured at fair value, unless it is impractical to measure this reliably, in which case the cost of the item to the donor should be used. The gain is recognised as income from donations and a corresponding amount is included in the appropriate fixed asset class and depreciated over the useful economic life in accordance with the Society's accounting policies.

On receipt, donated professional services and facilities are recognised on the basis of the value of the gift to the Society which is the amount it would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation.

Income tax recoverable in relation to investment income is recognised at the time the investment income is receivable.

Other income is recognised in the period in which it is receivable and to the extent the goods have been provided or on completion of the service.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

2. Accounting policies (continued)

2.5 Expenditure

Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is classified by activity. The costs of each activity are made up of the total of direct costs and shared costs, including support costs involved in undertaking each activity. Direct costs attributable to a single activity are allocated directly to that activity. Shared costs which contribute to more than one activity and support costs which are not attributable to a single activity are apportioned between those activities on a basis consistent with the use of resources. Central staff costs are allocated on the basis of time spent, and depreciation charges allocated on the portion of the asset's use.

Expenditure on raising funds includes all expenditure incurred by the Society to raise funds for its charitable purposes and includes costs of all fundraising activities events and non-charitable trading.

Expenditure on charitable activities is incurred on directly undertaking the activities which further the Society's objectives, as well as any associated support costs.

Grants payable are charged in the year when the offer is made except in those cases where the offer is conditional, such grants being recognised as expenditure when the conditions attaching are fulfilled. Grants offered subject to conditions which have not been met at the year end are noted as a commitment, but not accrued as expenditure.

2.6 Interest receivable

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the Society; this is normally upon notification of the interest paid or payable by the institution with whom the funds are deposited.

2.7 Tangible fixed assets and depreciation

Tangible fixed assets costing £1,000 or more are capitalised and recognised when future economic benefits are probable and the cost or value of the asset can be measured reliably.

Tangible fixed assets are initially recognised at cost. After recognition, under the cost model, tangible fixed assets are measured at cost less accumulated depreciation and any accumulated impairment losses. All costs incurred to bring a tangible fixed asset into its intended working condition should be included in the measurement of cost.

Depreciation is charged so as to allocate the cost of tangible fixed assets less their residual value over their estimated useful lives, using the straight-line method.

Depreciation is provided on the following basis:

Office equipment	-	20% to 33% straight line
Computer equipment	-	33% straight line
Database	-	20% straight line

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

2. Accounting policies (continued)

2.8 Investments

Fixed asset investments are a form of financial instrument and are initially recognised at their transaction cost and subsequently valued on a market to market basis at the Balance Sheet date, unless the value cannot be measured reliably in which case it is measured at cost less impairment. Investment gains and losses, whether realised or unrealised, are combined and presented as 'Gains/(Losses) on investments' in the Statement of Financial Activities.

2.9 Debtors

Trade and other debtors are recognised at the settlement amount after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

2.10 Cash at bank and in hand

Cash at bank and in hand includes cash and short-term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

2.11 Liabilities and provisions

Liabilities are recognised when there is an obligation at the Balance Sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably.

Liabilities are recognised at the amount that the Society anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide.

Provisions are measured at the best estimate of the amounts required to settle the obligation. Where the effect of the time value of money is material, the provision is based on the present value of those amounts, discounted at the pre-tax discount rate that reflects the risks specific to the liability. The unwinding of the discount is recognised in the Statement of Financial Activities as a finance cost.

2.12 Financial instruments

The Society only holds basic financial instruments as defined in FRS 102. The financial assets and financial liabilities of the Society and their measurement bases are as follows:

Financial assets - trade and other debtors are basic financial instruments and are debt instruments measured at amortised cost as detailed in Note 20. Prepayments are not financial instruments.

Cash at bank is classified as a basic financial instrument and is measured at face value.

Financial liabilities - trade creditors, accruals and other creditors are financial instruments, and are measured at amortised cost as detailed in Note 21. Taxation and social security are not included in the financial instruments disclosure definition. Deferred income is not deemed to be a financial liability, as the cash settlement has already taken place and there is an obligation to deliver services rather than cash or another financial instrument.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

2. Accounting policies (continued)

2.13 Operating leases

Rentals paid under operating leases are charged to the Statement of Financial Activities on a straight line basis over the lease term.

2.14 Pensions

The Society operates a defined contribution pension scheme and the pension charge represents the amounts payable by the Society to the fund in respect of the year.

2.15 Fund accounting

General funds are unrestricted funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the Society and which have not been designated for other purposes.

Designated funds comprise unrestricted funds that have been set aside by the Trustees for particular purposes. The aim and use of each designated fund is set out in the notes to the financial statements.

Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the Society for particular purposes. The costs of raising and administering such funds are charged against the specific fund. The aim and use of each restricted fund is set out in the notes to the financial statements.

Investment income, gains and losses are allocated to the appropriate fund.

3. Critical accounting estimates and areas of judgement

Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

Critical accounting estimates and assumptions:

- Depreciation rates for tangible fixed assets
- Allocation of support costs

The Society makes estimates and assumptions concerning the future. The resulting accounting estimates and assumptions will, by definition, seldom equal the related actual results. The estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are discussed below.

Critical areas of judgement:

- Useful economic lives of assets
- Holiday pay accrual

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

4. Income from donations and subscriptions

	Unrestricted funds 2020 £	Restricted funds 2020 £	Total funds 2020 £
Donations	657,476	96,627	**754,103**
Subscriptions	597,291	-	**597,291**
Donated services	132,800	-	**132,800**
Total 2020	1,387,567	96,627	**1,484,194**

The Society launched an Urgent Appeal fundraising campaign in March 2020, followed by a second fundraising campaign for Wellbeing and Resilience through Education Campaign in May 2020. This funded our charitable activities and support for our beneficiaries which was delivered across our five Divisions as set out above.

	Unrestricted funds 2019 £	Restricted funds 2019 £	Total funds 2019 £
Donations	-	62,262	62,262
Subscriptions	585,040	-	585,040
Total 2019	585,040	62,262	647,302

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

5. Income from charitable activities

	Unrestricted funds 2020 £	Restricted funds 2020 £	Total funds 2020 £
Meetings and Seminars	69,426	9,500	**78,926**

	Unrestricted funds 2019 £	Restricted funds 2019 £	Total funds 2019 £
Meetings and Seminars	666,659	9,034	675,693

6. Income from other trading activities

	Total funds 2020 £
Sponsorship and Industry Membership income	-

	Unrestricted funds 2019 £	Total funds 2019 £
Sponsorship and Industry Membership Income	143,265	143,265

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

7. Income from investments

	Unrestricted funds 2020 £	Total funds 2020 £
Dividends and interest receivable	3,760	**3,760**
Bank interest receivable	141	**141**
Total 2020	3,901	**3,901**

	Unrestricted funds 2019 £	Total funds 2019 £
Dividends and interest receivable	13,289	13,289
Bank interest receivable	142	142
Total 2019	13,431	13,431

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

8. Other income

	Unrestricted funds 2020 £	Total funds 2020 £
Advertising and royalty income	9,156	**9,156**
Other income	4,968	**4,968**
Total 2020	14,124	**14,124**

	Unrestricted funds 2019 £	Restricted funds 2019 £	Total funds 2019 £
Advertising and royalty income	7,249	-	7,249
Other income	916	12	928
Total 2019	8,165	12	8,177

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

9. Expenditure on raising funds

	Unrestricted funds 2020 £	Total funds 2020 £
Direct costs	150,052	**150,052**
Investment management fees	1,774	**1,774**
Support costs (Note 10)	7,824	**7,824**
Total 2020	159,650	**159,650**

	As restated Unrestricted funds 2019 £	As restated Restricted funds 2019 £	As restated Total funds 2019 £
Direct costs	7,448	-	7,448
Investment management fees	2,283	-	2,283
Support costs (Note 10)	14,679	720	15,399
Total 2019 as restated	24,410	720	25,130

10. Analysis of expenditure on raising funds - support costs

	2020 £	As restated 2019 £
Staff costs	**2,987**	5,256
Depreciation	**11**	199
Office costs	**2,407**	5,027
Event costs	**1,637**	2,524
Legal and professional fees	**206**	748
Other costs	**111**	204
Governance costs	**465**	1,441
	7,824	15,399

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

11. Analysis of expenditure on charitable activities - by fund

	Unrestricted funds 2020 £	Restricted funds 2020 £	Total funds 2020 £
Public Affairs	58,032	7,492	**65,524**
Professional Affairs	153,190	49,179	**202,369**
Learning	223,959	-	**223,959**
Standards	102,417	-	**102,417**
Research	166,863	43,491	**210,354**
Total 2020	704,461	100,162	**804,623**

Expenditure is analysed between the five divisions of activity which operationally deliver the four Strategic Priorities as set out in our 5 year strategy and the Trustees Annual Report. Public Affairs Division comprises our external media, public communications and fundraising functions and also includes the Patients, Relatives and Public Advisory Group. The Professional Affairs Division includes our Wellbeing activities and our eight advisory groups relevant to the professional activities of our members as well as our Legal and Ethical Advisory Group. The Learning Division includes the State of the Art Conference, our seminars and digital learning webinars and programmes and our FUSIC accreditation schemes. The Standards Division includes the Society's work in relation to setting and codifying professional standards and the wealth of guidance we provide to the community.

The Research Division is responsible for the strategic research representation and engagement we have across the UK and also oversees the research grants made by the Society and includes the research based peer review Journal of the Intensive Care Society. Staff costs are attributed to each Division by reference to the time taken by individual staff members to fairly reflect the appropriate cost.

	As restated Unrestricted funds 2019 £	As restated Restricted funds 2019 £	As restated Total funds 2019 £
Public Affairs	83,284	6,313	89,597
Professional Affairs	135,891	3,600	139,491
Learning	789,731	3,600	793,331
Standards	129,531	4,140	133,671
Research	198,227	54,227	252,454
Total 2019	1,336,664	71,880	1,408,544

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

12. Analysis of expenditure on charitable activities - by type

	Activities undertaken directly 2020 £	Grant funding of activities 2020 £	Support costs 2020 £	Total funds 2020 £
Public Affairs	42,053	-	23,471	**65,524**
Professional Affairs	155,429	-	46,940	**202,369**
Learning	130,296	5,000	88,663	**223,959**
Standards	52,870	-	49,547	**102,417**
Research	122,531	43,491	44,332	**210,354**
Total 2020	503,179	48,491	252,953	**804,623**

	As restated Activities undertaken directly 2019 £	As restated Grant funding of activities 2019 £	As restated Support costs 2019 £	As restated Total funds 2019 £
Public Affairs	47,248	-	42,349	89,597
Professional Affairs	62,495	-	76,996	139,491
Learning	716,335	-	76,996	793,331
Standards	45,127	-	88,544	133,671
Research	113,727	54,033	84,694	252,454
Total 2019	984,932	54,033	369,579	1,408,544

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

12. Analysis of expenditure on charitable activities - by type (continued)

Analysis of support costs

	Total funds 2020 £	As restated Total funds 2019 £
Staff costs	**96,558**	126,146
Depreciation	**368**	4,776
Office costs	**77,812**	120,655
Event costs	**52,931**	60,564
Legal and professional fees	**6,664**	17,958
Other costs	**3,595**	4,888
Governance costs	**15,025**	34,592
Total	**252,953**	369,579

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

13. Analysis of grants

	Grants to Institutions 2020 £	Total funds 2020 £
Learning division	5,000	**5,000**
Research projects	43,491	**43,491**
Total 2020	48,491	**48,491**

Learning Division awarded a grant of £5,000 to Brunel University to their project “To produce the COVID19 ICU Remote Learning Course (CIRLC) to raise awareness of Post Intensive Care Syndrome in Primary Care." (2019 - £NIL)

The Intensive Care Society funded research and incurred management and other costs in developing the Society's research activity. In 2020 the Society awarded 3 grants as New Investigator Awards (2019 - two grants for Research Prioritisation). Details of these awards can be found in the Research section of the Trustees Annual Report.

	Grants to Institutions 2019 £	Total funds 2019 £
Research projects	54,033	54,033

14. Governance costs

	2020 £	As restated 2019 £
Council expenses	**4,328**	25,151
Elections, Annual Report and Meeting	**1,290**	2,426
Auditors' remuneration	**9,872**	8,456
	15,490	36,033

Total Governance costs above are comprised of Expenditure on raising funds of £465 (2019 - £1,441) and Expenditure on charitable activities of £15,025 (2019 - £34,592).

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

15. Auditors' remuneration

	2020 £	2019 £
Fees payable to the Society's auditor for the audit of the Society's annua accounts	**6,872**	6,056
Fees payable for the preparation of the financial statements	**3,000**	2,400
	9,872	8,456

16. Staff costs

	2020 £	2019 £
Wages and salaries	**291,068**	265,732
Social security costs	**29,823**	21,471
Pension costs	**13,745**	12,084
	334,636	299,287

The average number of persons employed by the Society during the year was as follows:

	2020 No.	2019 No.
Projects, fundraising and management	**9**	8

The number of employees whose employee benefits (excluding employer pension costs) exceeded £60,000 was:

	2020 No.	2019 No.
In the band £60,001 - £70,000	**1**	1

The total amount of employee benefits received by Key Management Personnel, including Employers National Insurance Contributions and Employers Pension Contributions, is £76,885 (2019 - £75,190). The Society considers its Key Management Personnel to be the Trustees and the Chief Executive.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

17. Trustees' remuneration and expenses

During the year, no Trustees received any remuneration or other benefits (2019 - £NIL).

During the year ended 31 December 2020, expenses totalling £2,221 were reimbursed or paid directly to 12 Trustees (2019 - £5,096, to 6 Trustees). The amounts reimbursed were for travel expenses.

18. Tangible fixed assets

	Office equipment £	Computer equipment £	Database £	Total £
Cost				
At 1 January 2020 and 31 December 2020	**35,404**	**6,720**	**162,787**	**204,911**
Depreciation				
At 1 January 2020	**35,025**	**6,720**	**162,787**	**204,532**
Charge for the year	**379**	**-**	**-**	**379**
At 31 December 2020	**35,404**	**6,720**	**162,787**	**204,911**
Net book value				
At 31 December 2020	**-**	**-**	**-**	**-**
At 31 December 2019	379	-	-	379

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

19. Fixed asset investments

	Listed investments £
Valuation	
At 1 January 2020 (as restated)	**262,845**
Additions at cost	**34,207**
Disposals at carrying value	**(20,411)**
Revaluations	**(89,850)**
Movements in cash account	**(11,809)**
At 31 December 2020	**174,982**

All fixed asset investments are held in the UK.

20. Debtors

	2020 £	2019 £
Due within one year		
Trade debtors	**-**	29,570
Other debtors	**3,505**	6,958
Prepayments and accrued income	**48,071**	99,272
	51,576	135,800

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

21. Creditors: Amounts falling due within one year

	2020 £	As restated 2019 £
Trade creditors	**19,870**	71,058
Other taxation and social security	**9,751**	-
Other creditors	**1,767**	165,504
Accruals and deferred income	**84,156**	43,826
Grant commitments	**-**	50,000
	115,544	330,388

	2020 £	2019 £
Deferred income		
Deferred income at 1 January	**6,770**	12,065
Resources deferred during the year	**10,571**	6,770
Amounts released from previous periods	**(6,770)**	(12,065)
Deferred income at 31 December	**10,571**	6,770

Deferred income relates to subscriptions and seminars paid for in advance of the next financial year.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

22. Statement of funds

Statement of funds - current year

	Balance at 1 January 2020 £	Income £	Expenditure £	Transfers in/out £	Gains/ (Losses) £	Balance at 31 December 2020 £
Unrestricted funds						
Designated funds						
IT upgrade project	**11,780**	**-**	**(14,978)**	**3,198**	**-**	**-**
General funds						
General funds	**443,489**	**1,475,018**	**(849,133)**	**10,660**	**(89,850)**	**990,184**
Total Unrestricted funds	**455,269**	**1,475,018**	**(864,111)**	**13,858**	**(89,850)**	**990,184**
Restricted funds						
Other restricted funds	**5,901**	**38,398**	**(47,491)**	**3,192**	**-**	**-**
Bennett Fund	**3,909**	**-**	**-**	**-**	**-**	**3,909**
UK Critical Care Research Group	**12,792**	**1,500**	**(3,492)**	**-**	**-**	**10,800**
Anya Hindmarsh Holdster Appeal	**-**	**66,229**	**(49,179)**	**(17,050)**	**-**	**-**
	22,602	**106,127**	**(100,162)**	**(13,858)**	**-**	**14,709**
Total of funds	**477,871**	**1,581,145**	**(964,273)**	**-**	**(89,850)**	**1,004,893**

The IT Upgrade Project reflects funds designated for upgrading the software system. The transfer into this fund from the unrestricted general funds of £3,198 is to offset a deficit of the fund due to spending in the year being higher than expected.

Unrestricted funds are general funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the Society and which have not been designated for other purposes. The transfers out of this fund of £3,198 and £3,192 were both to offset deficits in both funds. The transfers into this fund from the Anya Hindmarsh Holdster Appeal restricted fund of £17,050 was due to any surplus funds at the end of the appeal would be transferred to the unrestricted general fund.

The Bennett Fund was established to provide funding for the travel costs of eminent speakers to attend the Society's State of the Art Scientific meeting and conduct a session with trainee intensivists.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

22. Statement of funds (continued)

Statement of funds - prior year

	Balance at 1 January 2019 £	Income £	Expenditure £	Gains/ (Losses) £	Balance at 31 December 2019 £
Unrestricted funds					
Designated funds					
IT upgrade project	25,000	-	(13,220)	-	11,780
General funds					
General funds	357,994	1,416,560	(1,347,854)	16,789	443,489
Total Unrestricted funds	382,994	1,416,560	(1,361,074)	16,789	455,269
Restricted funds					
Other restricted funds	11,894	62,274	(68,267)	-	5,901
Bennett Fund	5,909	-	(2,000)	-	3,909
UK Critical Care Research Group	6,091	9,034	(2,333)	-	12,792
	23,894	71,308	(72,600)	-	22,602
Total of funds	406,888	1,487,868	(1,433,674)	16,789	477,871

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

23. Analysis of net assets between funds

Analysis of net assets between funds - current year

	Unrestricted funds 2020 £	Restricted funds 2020 £	Total funds 2020 £
Fixed asset investments	174,982	-	**174,982**
Current assets	930,746	14,709	**945,455**
Creditors due within one year	(115,544)	-	**(115,544)**
Total	990,184	14,709	**1,004,893**

Analysis of net assets between funds - prior year

	As restated Unrestricted funds 2019 £	Restricted funds 2019 £	Total funds 2019 £
Tangible fixed assets	379	-	379
Fixed asset investments	262,845	-	262,845
Current assets	522,433	22,602	545,035
Creditors due within one year	(330,388)	-	(330,388)
Total	455,269	22,602	477,871

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

24. Reconciliation of net movement in funds to net cash flow from operating activities

		2020 £	2019 £
Net income for the period (as per Statement of Financial Activities)		**527,022**	70,983
Adjustments for:			
Depreciation charges	18	**379**	4,975
Losses/(gains) on investments	19	**89,850**	(16,789)
Investment income	7	**(3,901)**	(13,431)
Decrease/(increase) in debtors	20	**84,224**	(12,721)
Decrease in creditors	21	**(214,844)**	(23,593)
Net cash provided by operating activities		**482,730**	9,424

25. Analysis of cash and cash equivalents

	2020 £	As restated 2019 £
Cash in hand	**893,879**	409,235
Total cash and cash equivalents	**893,879**	409,235

26. Analysis of changes in net debt

	As restated At 1 January 2020 £	Cash flows £	At 31 December 2020 £
Cash at bank and in hand	**409,235**	**484,644**	**893,879**
	409,235	**484,644**	**893,879**

The Society had no Debt in either the current or previous financial year.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020 (continued)

27. Pension commitments

The Society operates a defined contribution pension scheme. The assets of the Scheme are held separately from those of the Society in an independently administered fund. The pension cost recognised as an expense in the year was £13,745 (2019 - £12,084). There were £1,767 of outstanding pension contributions payable to the fund at the Balance Sheet date (2019 - £NIL). This is recognised within unrestricted funds.

28. Operating lease commitments

At 31 December 2020 the Society had commitments to make future minimum lease payments under non-cancellable operating leases as follows:

	2020	2019
	£	£
Not later than 1 year	**44,100**	44,100
Later than 1 year and not later than 5 years	**29,400**	73,500
	73,500	117,600

The following lease payments have been recognised as an expense in the Statement of Financial Activities:

	2020	2019
	£	£
Operating lease rentals	**35,972**	44,100

29. Related party transactions

Trustee and Key Management Personnel transactions are detailed in Notes 16 and 17. Trustees also made donations of £275 (2019 - £2,220). There were no other related party transactions during the period (2019 - None).

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