

**2020**

**THE YEAR THAT  
TRANSFORMED  
THE FUTURE OF  
INTENSIVE CARE**

Trustees' Annual report and accounts  
for the year ending 31 December 2020



# 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 EXECUTIVE



**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.



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.



## 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



## RESEARCH



### COVID-19 advisory panel collaboration with the Physiology Society

**26** members

**29** questions submitted

[BIT.LY/ICS\\_PHYSIOLOGY](https://bit.ly/ICS_PHYSIOLOGY)



## 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



## 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

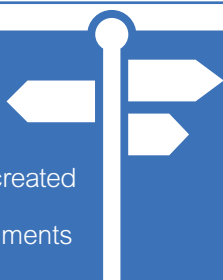
## KNOWLEDGE SHARE

- 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, Denmark, 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](https://bit.ly/ICU_GUIDE)



Issued the guidance for use of video communications between patients and their loved ones.





10 YOUR VOICE - OUR INFLUENCE



**YOUR VOICE  
OUR INFLUENCE**



# - 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 **50** YEARS since 1970

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.

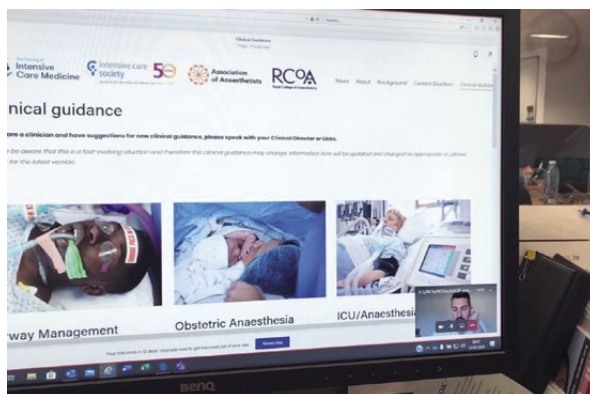
Members of NECCC identified new and emerging themes throughout the pandemic and the following list includes some of the key workstreams. These led to the development and publication of numerous rapid knowledge sharing guidance documents and webinars.

- 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.

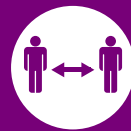
In 2020 the Intensive Care Society appeared in the media 183 times across TV, broadcast and print.



**HANDS**

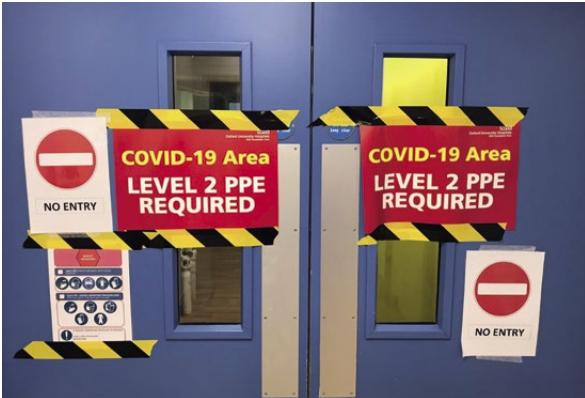


**FACE**



**SPACE**





## 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](http://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](https://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.

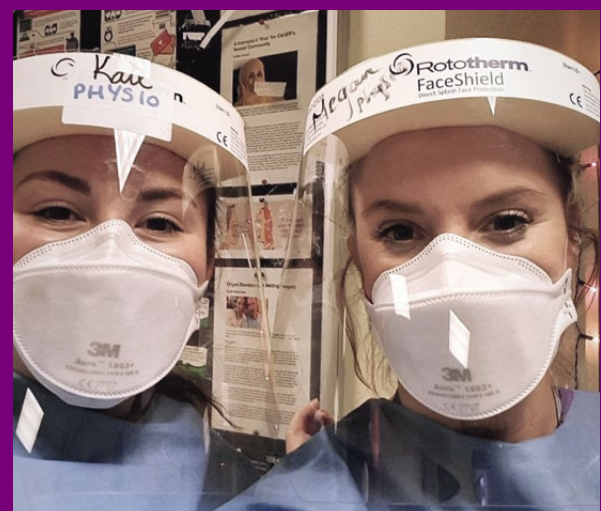
Our urgent appeal campaign to raise funds for the Wellbeing and Resilience through Education (WARE) project helps provide direct support to intensive care professionals across the UK with psychological interventions and education.

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.





20 YOUR REGION - OUR NETWORK

A healthcare worker wearing a blue surgical cap, clear face shield, and white N95 mask is attending to a patient in a hospital room. The worker is wearing blue scrubs and gloves. The patient is lying in a bed, partially covered by a white sheet. The background shows medical equipment and a clean clinical environment.

**YOUR REGION  
OUR NETWORK**



# N- ORK

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.



A healthcare worker in a blue uniform and face mask is making a heart shape with their hands. The worker is wearing a blue uniform with 'NHS' and 'Chelmsford and Essex' visible on the sleeve. The background is a blurred indoor setting.

# 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](http://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](http://WWW.ICS.AC.UK/ICS/COVID-19/LEGAL_AND_ETHICAL.ASPX)







# 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](http://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.





# YOUR PATIENTS OUR RESEARCH BASED CARE

## 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.



# TS - ARCH E





32 YOUR PATIENTS - OUR RESEARCH BASED CARE



# 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](http://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 Puthuchearu as Chair and Special Advisor to Council in September 2020. The Collaborative is 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 out more:

[WWW.ICS.AC.UK/REHAB](http://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



36 YOUR PATIENTS - OUR RESEARCH BASED CARE

# 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



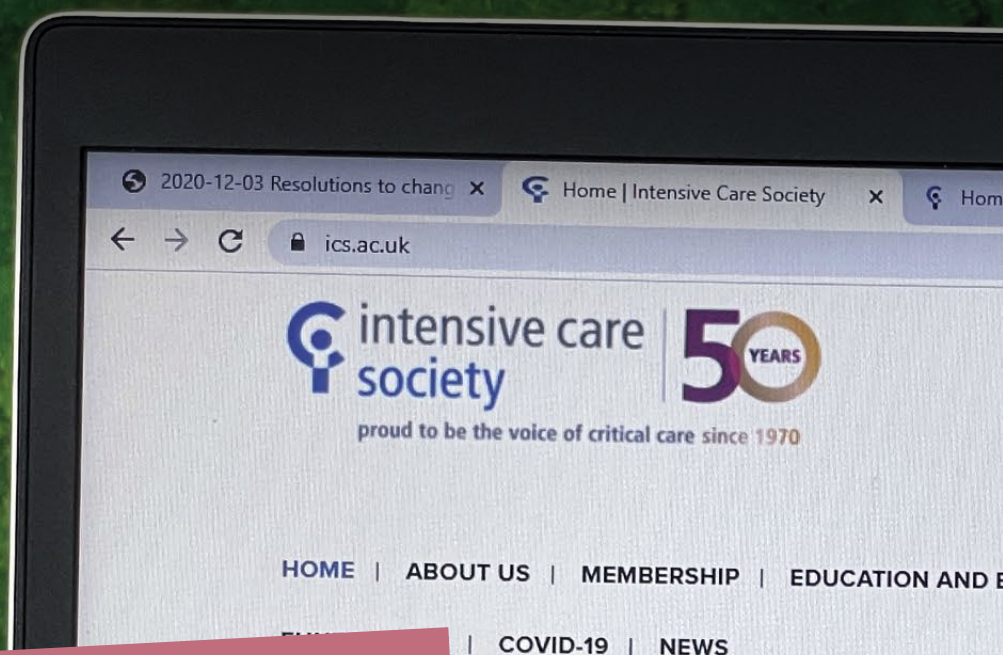
126

UK hospitals









# YOUR PROFESSION PRACTICE - OUR EDUCATION





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 them 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](http://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](https://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-HRCZENFWWZWBGYOI\\_QAZV5JWPIGUW](https://www.youtube.com/playlist?list=PLQ-HRCZENFWWZWBGYOI_QAZV5JWPIGUW)

### 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

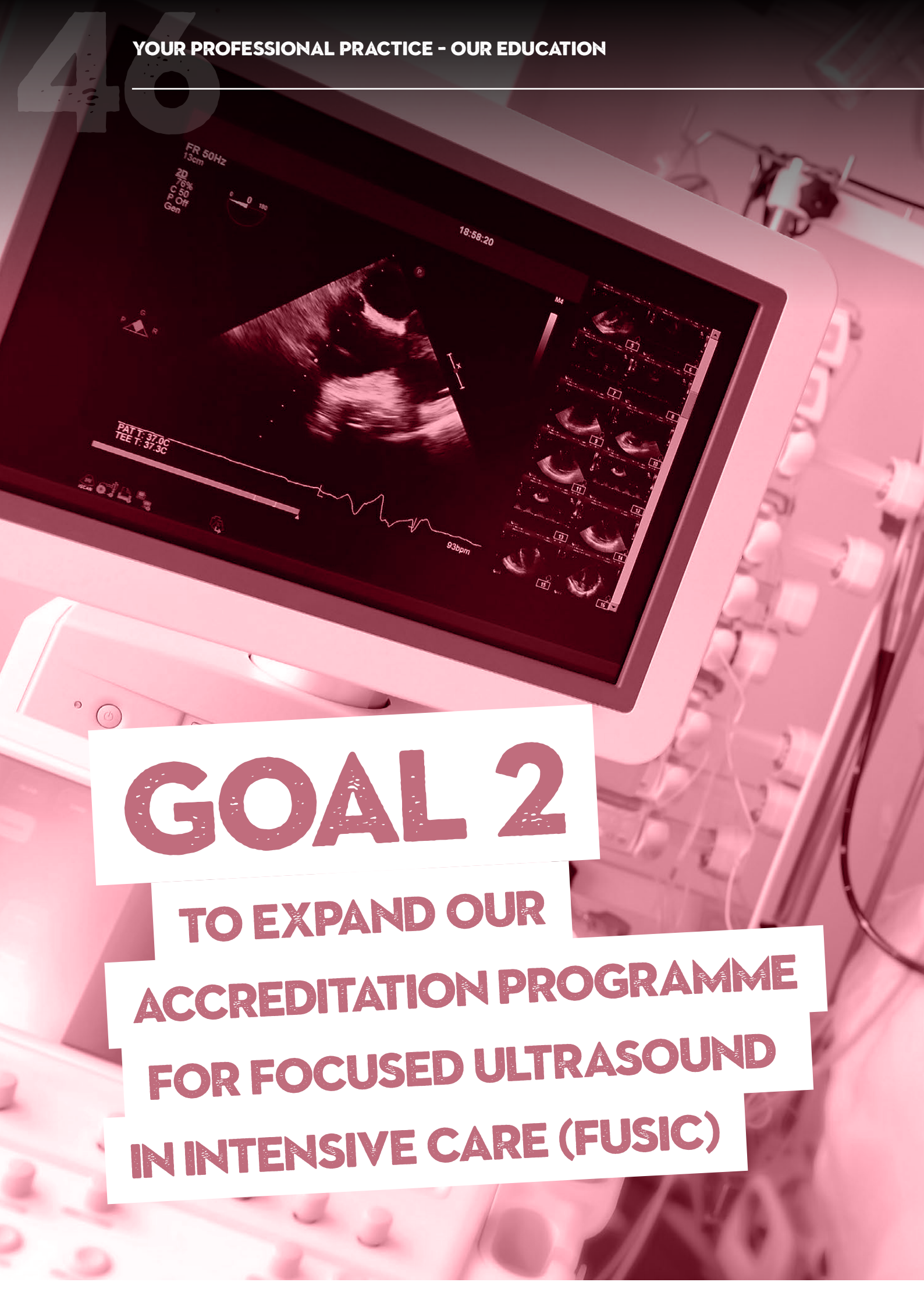
We endorsed a course delivered by Brunel University and 33N and led by Dr Eve Corner to induct and train our wider NHS colleagues via the specifically designed COVID-19 ICU Remote Learning Course (CIRLC) one-day online training course, which prepares non-ICU doctors, nurses and physiotherapists for redeployment 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 be 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 its impact, for making sense of clinical experience. Closed group of 6 - 10 staff for each 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.



## 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**
- **Groom**
- **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**
- **Publisa 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 Puthuchery** - 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		Public Affairs Division		Professional Affairs Division		Learning Division			Research Division	
	Standards and Guidelines Committee	National Rehabilitation Collaborative	Patients, Relatives & Public Advisory Group	Digital Media Committee	Professional Advisory Groups (8 x groups)	Legal and Ethical Advisory Group	State of the Art Conference Committee	Learning Committee	FUSIC Committee	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 supporters 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](https://www.fundraisingregulator.org.uk/code)  
/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](http://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





# INDEPENDENT AUDITORS R FINANCIAL S





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REPORT &

STATEMENTS



## **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 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 of 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 of 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 of the Intensive Care Society

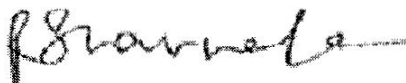
(continued)

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](http://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 £
<b>Income from:</b>					
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
<b>Total income</b>		<b>1,475,018</b>	<b>106,127</b>	<b>1,581,145</b>	<b>1,487,868</b>
<b>Expenditure on:</b>					
Raising funds	9	159,650	-	159,650	25,130
Charitable activities	11	704,461	100,162	804,623	1,408,544
<b>Total expenditure</b>		<b>864,111</b>	<b>100,162</b>	<b>964,273</b>	<b>1,433,674</b>
Net (losses)/gains on investments	19	(89,850)	-	(89,850)	16,789
<b>Net income</b>		<b>521,057</b>	<b>5,965</b>	<b>527,022</b>	<b>70,983</b>
Transfers between funds	22	13,858	(13,858)	-	-
<b>Net movement in funds</b>		<b>534,915</b>	<b>(7,893)</b>	<b>527,022</b>	<b>70,983</b>
<b>Reconciliation of funds:</b>					
Total funds brought forward		455,269	22,602	477,871	406,888
Net movement in funds		534,915	(7,893)	527,022	70,983
<b>Total funds carried forward</b>		<b>990,184</b>	<b>14,709</b>	<b>1,004,893</b>	<b>477,871</b>

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 £
<b>Fixed assets</b>					
Tangible assets	18		-		379
Investments	19		174,982		262,845
			<u>174,982</u>		<u>263,224</u>
<b>Current assets</b>					
Debtors	20	51,576		135,800	
Cash at bank and in hand	25	893,879		409,235	
		<u>945,455</u>		<u>545,035</u>	
Creditors: amounts falling due within one year	21	(115,544)		(330,388)	
			<u>829,911</u>		<u>214,647</u>
<b>Net current assets</b>					
			<u>1,004,893</u>		<u>477,871</u>
<b>Total net assets</b>					
<b>Charity funds</b>					
Restricted funds	22		14,709		22,602
Unrestricted funds	22		990,184		455,269
			<u>1,004,893</u>		<u>477,871</u>
<b>Total funds</b>					
			<u><u>1,004,893</u></u>		<u><u>477,871</u></u>

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 £
<b>Cash flows from operating activities</b>			
Net cash used in operating activities	24	482,730	9,424
<b>Cash flows from investing activities</b>			
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	-
<b>Net cash provided by investing activities</b>		1,914	10,317
<b>Change in cash and cash equivalents in the year</b>		484,644	19,741
Cash and cash equivalents at the beginning of the year		409,235	389,494
<b>Cash and cash equivalents at the end of the year</b>	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 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
<b>Total 2020</b>	<b>1,387,567</b>	<b>96,627</b>	<b>1,484,194</b>

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
<b>Total 2019</b>	<b>585,040</b>	<b>62,262</b>	<b>647,302</b>



## 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
<b>Total 2020</b>	<b>3,901</b>	<b>3,901</b>
	Unrestricted funds 2019 £	Total funds 2019 £
Dividends and interest receivable	13,289	13,289
Bank interest receivable	142	142
<b>Total 2019</b>	<b>13,431</b>	<b>13,431</b>



## 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
<b>Total 2020</b>	<b>14,124</b>	<b>14,124</b>

	Unrestricted funds 2019 £	Restricted funds 2019 £	Total funds 2019 £
Advertising and royalty income	7,249	-	7,249
Other income	916	12	928
<b>Total 2019</b>	<b>8,165</b>	<b>12</b>	<b>8,177</b>



## 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	<b>150,052</b>
Investment management fees	1,774	<b>1,774</b>
Support costs (Note 10)	7,824	<b>7,824</b>
<b>Total 2020</b>	<b>159,650</b>	<b>159,650</b>

	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
<b>Total 2019 as restated</b>	<b>24,410</b>	<b>720</b>	<b>25,130</b>

### 10. Analysis of expenditure on raising funds - support costs

	2020 £	As restated 2019 £
Staff costs	<b>2,987</b>	5,256
Depreciation	<b>11</b>	199
Office costs	<b>2,407</b>	5,027
Event costs	<b>1,637</b>	2,524
Legal and professional fees	<b>206</b>	748
Other costs	<b>111</b>	204
Governance costs	<b>465</b>	1,441
	<b>7,824</b>	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
<b>Total 2020</b>	<b>704,461</b>	<b>100,162</b>	<b>804,623</b>

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
<b>Total 2019</b>	<b>1,336,664</b>	<b>71,880</b>	<b>1,408,544</b>



## 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
<b>Total 2020</b>	<b>503,179</b>	<b>48,491</b>	<b>252,953</b>	<b>804,623</b>
	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
<b>Total 2019</b>	<b>984,932</b>	<b>54,033</b>	<b>369,579</b>	<b>1,408,544</b>



## 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

	<b>Total funds 2020 £</b>	As restated Total funds 2019 £
Staff costs	<b>96,558</b>	126,146
Depreciation	<b>368</b>	4,776
Office costs	<b>77,812</b>	120,655
Event costs	<b>52,931</b>	60,564
Legal and professional fees	<b>6,664</b>	17,958
Other costs	<b>3,595</b>	4,888
Governance costs	<b>15,025</b>	34,592
<b>Total</b>	<b>252,953</b>	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
<b>Total 2020</b>	<b>48,491</b>	<b>48,491</b>

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
	<b>15,490</b>	<b>36,033</b>

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 annual accounts	6,872	6,056
Fees payable for the preparation of the financial statements	3,000	2,400
	<u>9,872</u>	<u>8,456</u>

## 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
	<u>334,636</u>	<u>299,287</u>

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

	2020 No.	2019 No.
Projects, fundraising and management	<u>9</u>	<u>8</u>

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 £
<b>Cost</b>				
At 1 January 2020 and 31 December 2020	35,404	6,720	162,787	204,911
<b>Depreciation</b>				
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
<b>Net book value</b>				
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 £
<b>Valuation</b>	
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)
<b>At 31 December 2020</b>	<b>174,982</b>

All fixed asset investments are held in the UK.

## 20. Debtors

	2020 £	2019 £
<b>Due within one year</b>		
Trade debtors	-	29,570
Other debtors	3,505	6,958
Prepayments and accrued income	48,071	99,272
	<b>51,576</b>	<b>135,800</b>



## 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
	<b>115,544</b>	<b>330,388</b>
	2020 £	2019 £
<b>Deferred income</b>		
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)
<b>Deferred income at 31 December</b>	<b>10,571</b>	<b>6,770</b>

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 £
<b>Unrestricted funds</b>						
<b>Designated funds</b>						
IT upgrade project	11,780	-	(14,978)	3,198	-	-
<b>General funds</b>						
General funds	443,489	1,475,018	(849,133)	10,660	(89,850)	990,184
<b>Total Unrestricted funds</b>	<b>455,269</b>	<b>1,475,018</b>	<b>(864,111)</b>	<b>13,858</b>	<b>(89,850)</b>	<b>990,184</b>
<b>Restricted funds</b>						
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
<b>Total of funds</b>	<b>477,871</b>	<b>1,581,145</b>	<b>(964,273)</b>	<b>-</b>	<b>(89,850)</b>	<b>1,004,893</b>

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 £
<b>Unrestricted funds</b>					
<b>Designated funds</b>					
IT upgrade project	25,000	-	(13,220)	-	11,780
<b>General funds</b>					
General funds	357,994	1,416,560	(1,347,854)	16,789	443,489
<b>Total Unrestricted funds</b>	<b>382,994</b>	<b>1,416,560</b>	<b>(1,361,074)</b>	<b>16,789</b>	<b>455,269</b>
<b>Restricted funds</b>					
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
	<b>23,894</b>	<b>71,308</b>	<b>(72,600)</b>	<b>-</b>	<b>22,602</b>
<b>Total of funds</b>	<b>406,888</b>	<b>1,487,868</b>	<b>(1,433,674)</b>	<b>16,789</b>	<b>477,871</b>



## 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)
<b>Total</b>	<b>990,184</b>	<b>14,709</b>	<b>1,004,893</b>

## 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)
<b>Total</b>	<b>455,269</b>	<b>22,602</b>	<b>477,871</b>



## 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
<b>Adjustments for:</b>			
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)
<b>Net cash provided by operating activities</b>		<b>482,730</b>	<b>9,424</b>

### 25. Analysis of cash and cash equivalents

	2020 £	As restated 2019 £
Cash in hand	893,879	409,235
<b>Total cash and cash equivalents</b>	<b>893,879</b>	<b>409,235</b>

### 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
	<b>409,235</b>	<b>484,644</b>	<b>893,879</b>

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
	<u>73,500</u>	<u>117,600</u>

The following lease payments have been recognised as an expense in the Statement of Financial Activities:

	2020 £	2019 £
Operating lease rentals	<u>35,972</u>	<u>44,100</u>

**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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