

# **Trustees' Annual Report 2023**

For year ended 31 December 2023

# About the Intensive Care Society

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

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

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

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

## Our Charitable Object

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

1

The advancement and promotion of those branches of medical science concerned with critical care.

2

The promotion of study and research into critical care and the publication of the useful results of such study and research.

## Our Vision



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

## Our Mission



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

## Our Four Values



### COLLABORATION

We work with others to maximise our impact



### FREEDOM OF EXPRESSION

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



### ACCEPT AND RESPECT

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



### QUALITY

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





## Trustees' Report

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

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

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

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

# A statement from our CEO and President

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



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

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

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

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

called to provide oral evidence to the Inquiry later in 2024.

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

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

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

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



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

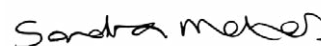
It's been another busy year, and we want to thank all our volunteer Council, Trustees, Committees and working groups as well as our staff team members who continue to go above and beyond to support the intensive

care community. We were sad to say a fond farewell to our Trustee Stephen Posey at the end of this year but are very grateful for all he has given the Society during his 3 years as a Lay Trustee. We will begin the search for a new Lay Trustee early in 2024.

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



**Steve Mathieu**  
President  
Intensive Care Society



**Sandy Mather**  
Chief Executive  
Intensive Care Society

## Our Five Strategic Priorities



### Strategic Priority 1 (SP1)

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



### Strategic Priority 2 (SP2)

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



### Strategic Priority 3 (SP3)

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



### Strategic Priority 4 (SP4)

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



### Strategic Priority 5 (SP5)

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

## Our Two Critical Enablers



**Equality, Diversity  
and Inclusion**



**Governance, Financial Resilience  
and Environmental Sustainability**

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# Strategic Priority 1



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

**Goal 1:**

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

**Goal 2:**

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



**Goal 1:**

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

**Action plan**

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

**Our Achievements and Impact**

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

Throughout the year we held formal meetings of the APPG, building stronger relationships with members of the group, and attracting new interest from MPs and members of the House of Lords. We also held more regular planning meetings with the group's Co-Chairs. Minutes of these formal meetings

are available via our [website](#), so Society members can stay up to date and write to their MP to encourage them to join the APPG or engage with our work.

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

**Action plan**

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

**Our Achievements and Impact**

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

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

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





## Action plan

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

## Our Achievements

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

Its priorities are:

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

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

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

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

## Social media statistics from end of 2023



**39,107 followers**



**9,135 followers**



**8,688 followers**



**4,352 followers**

## Goal 2:

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

### Action plan

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

### Our Achievements and Impact

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

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

### Action plan

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

### Our Achievements and Impact

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

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

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





# Strategic Priority 2



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

**Goal 1:**

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

**Goal 2:**

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



## Goal 1:

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

### Action plan

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

### Our Achievements and Impact

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

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

### Action plan

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

### Our Achievements and Impact

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

### Action plan

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

### Our Achievements and Impact

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





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

### Action plan

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

### Our Achievements and Impact

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

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

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



## Action plan

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

## Our Achievements and Impact

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

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

## Action plan

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

## Our Achievements and Impact

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

## Goal 2:

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

## Action plan

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

## Our Achievements and Impact

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

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

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

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





## Action plan

Scope the potential for LeaP alumni and mentoring.

## Our Achievements and Impact

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



## Action plan

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

## Our Achievements and Impact

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

## Action plan

Maintain the Peer Support training programme.

## Our Achievements and Impact

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

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

## Action plan

Scope the potential for doctor in training Peer Supporters.

## Our Achievements and Impact

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

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

## Action plan

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

## Our Achievements and Impact

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



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

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

## Action plan

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

## Our Achievements and Impact

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

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

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

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



**Equality, Diversity and Inclusion**



**Survey responses**

**352**

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

## Action plan

Developing a Capability Framework for AHPs.

## Our Achievements and Impact

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

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

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

# Strategic Priority 3

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



## **Goal 1:**

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

## **Goal 2:**

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

## Goal 1:

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

## Action plan

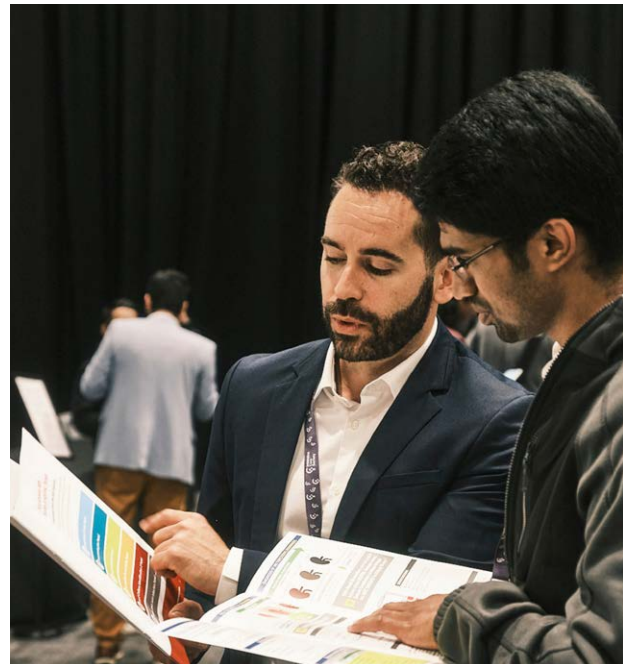
Maintain sufficient capacity and capability to continue work on a maximum of eight guidelines annually while also developing the quality improvement function.

## Our Achievements and Impact

This year we developed and embedded five new guidance documents.

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

We updated to the Central Venous Catheter Insertion Checklist. The original checklist was released in 2017, and several important



changes have been made considering learning from patient safety incidents arising from this common procedure in ICU.

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

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

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



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

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

## Action plan

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

## Our Achievements and Impact

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

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

## Action plan

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

## Our Achievements and Impact

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

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

## GUIDELINES FOR THE PROVISION OF INTENSIVE CARE SERVICES

### New GPICS chapters in V3 Enhanced care



### Equality, Diversity and Inclusion



### Severe Behavioural Disturbances



### Sustainability



## Action plan

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

## Our Achievements and Impact

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



### Goal 2:

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

## Action plan

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

## Our Achievements and Impact

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

## Action plan

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

## Our Achievements and Impact

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

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

## Action plan

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

## Our Achievements and Impact

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

## Action plan

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

## Our Achievements and Impact

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

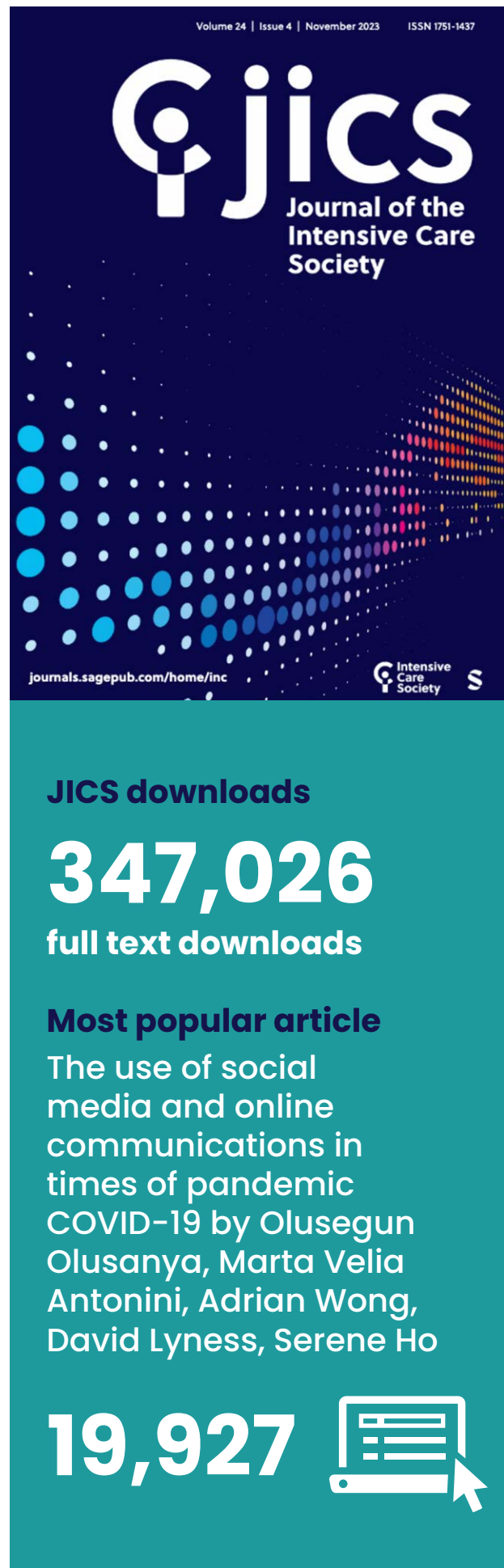
## Action plan

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

## Our Achievements and Impact

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

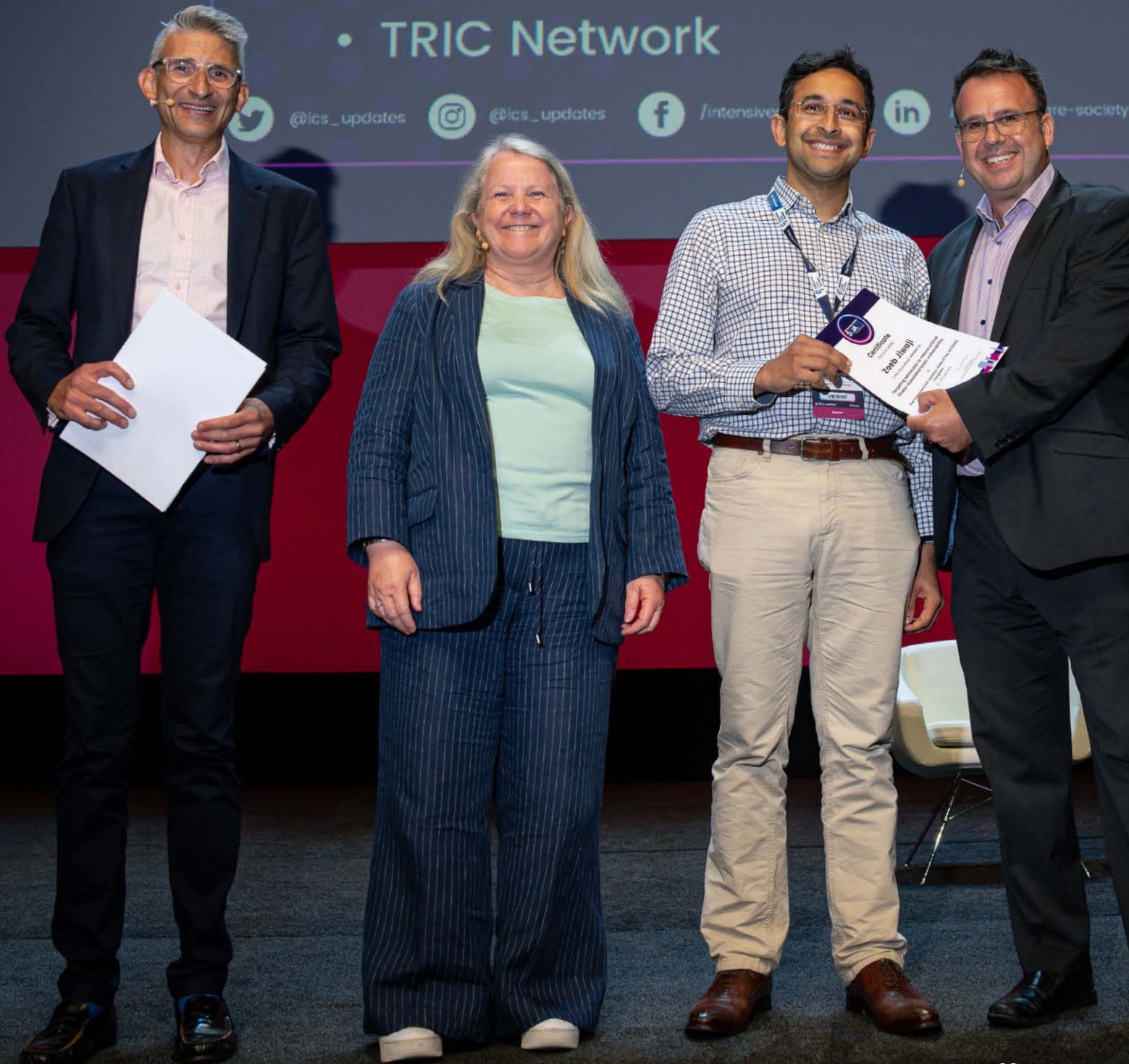
Following this successful application, we received an Impact Factor of 2.7, which we have maintained until the end of this year.





# Abstract Winners

- Cauldron
- Gold Medal
- Ultrasound Ninja
- Oral Presentation
- Critical Care Tales
- ePoster
- TRIC Network





# Strategic Priority 4



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

### **Goal 1:**

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

### **Goal 2:**

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



## Goal 1:

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

### Action plan

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

### Our Achievements and Impact

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

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

### Action plan

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

### Our Achievements and Impact

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



### Action plan

Collaborate with two organisations to produce educational activities.

### Our Achievements and Impact

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

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

## Goal 2:

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

### Action plan

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

### Our Achievements and Impact

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

### Action plan

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

### Our Achievements and Impact

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

### Action plan

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

### Our Achievements and Impact and Impact

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

### Action plan

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

### Our Achievements and Impact

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

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

### Action plan

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

### Our Achievements and Impact

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







# Strategic Priority 5

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



## **Goal 1:**

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



## Goal 1:

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

### Action plan

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

### Our Achievements and Impact

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

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

### Action plan

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

### Our Achievements and Impact

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



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

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

### Action plan

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

### Our Achievements and Impact

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



### Action plan

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

### Our Achievements and Impact

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

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

### Action plan

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

### Our Achievements and Impact

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

This year we welcomed 186 virtual delegates to SOA.

### Action plan

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

### Our Achievements and Impact

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





**This year we  
welcomed 186  
virtual delegates  
to SOA**



# Critical Enablers

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







## Equality, Diversity and Inclusion

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

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

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

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



# Environmental Sustainability

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

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

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

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









# Structure, Governance and Management





# Trustees, Senior Management and Advisors

## Patron

- HRH, Princess Anne

## Chair of Trustees and President

- Steve Mathieu – President

## Trustees and Company Directors

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

## Chief Executive

- Sandy Mather

## Senior Management Team for the year ended 31 December 2023

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

## Elected Council and ICS Company Members

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

## Specialist advisors to Council

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

## Bankers

HSBC Bank Plc  
PO Box 6201  
Coventry  
CV3 9HW

## Auditors

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

## Lawyers

Bates Wells  
10 Queen Street Place  
London  
EC4R 1BE

Kennedys Law LLP  
20 Fenchurch St  
London  
EC3M 3BY

## Registered Address

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

Telephone: +44 (0)207 7280 4350

Email: [info@ics.ac.uk](mailto:info@ics.ac.uk)

Website: [www.ics.ac.uk](http://www.ics.ac.uk)

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

## Trustee Board

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

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

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

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

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

## Executive Committee

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

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

## Key Management Personnel

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

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

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

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

## Staff

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

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



## Public Benefit Statement

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

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

## Fundraising

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

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

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

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

The Charity received no fundraising complaints in 2023.

## Strategic Partners

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

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

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

(2022: £246,233) and sponsorship and exhibition revenue of £373,196 (2022: £228,432).

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

## Expenditure

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

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

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

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

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

## Financial Review

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

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

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

## Income

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

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

The State of the Art Conference was held in Birmingham in 2023 and attracted 993 in-person delegates and 186 virtual delegates. Overall delegate income grew to £364,536

## Investment Powers and Policy

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

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

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





## Reserves Policy

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

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

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

The Trustees consider reserves are required to fund:

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

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

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

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

## Risk Management

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

- **The risk to our annual State of the Art Congress and excessive financial losses due to strike action, low NHS workforce numbers leading to a lack of delegates and high costs impacting on the ability to return a surplus cause this to be the largest financial risk to the Society.** A new Head of Events and new Programme Director have been appointed to work with the Head of Communications to deliver programme for marketing purposes. The Trustees have taken the decision to bring the Congress in-house to mitigate the costs associated and build closer relationships with our sponsors and exhibitors. Delegate numbers and targets are reviewed weekly and detailed financial reviews are prepared, the transition to in-house will improve the ability for forecast costs on a regular basis.
- **The risk to membership income due to low retention rates and not attracting new members.** Our five-year strategy puts the multi-professional critical care community at the heart of all that the Society does. New Professional Advisory Groups for each membership segment and new Articles approved by Council in 2021 to enable democratic legitimacy by increasing council size to include the PAG chairs (and the Deputy Chair for larger PAGs). Strategic partners on Council provide broader professional advice and strategic support for ICS. Our new CRM and CMS improves membership experience during renewals and applications and when applying for courses or FUSIC® which retains existing members and enables smooth recruitment of new members.
- **UK COVID19 inquiry.** There is a financial risk to the Society arising from the inquiry as it is not possible to accurately estimate the funds needed to pay for legal costs for the necessary expert time and advice to prepare the required witness statement and provide ongoing support until our input is no longer required. A witness statement was submitted to the inquiry team 26 March 2024. It has been accepted by the team and they will decide when to publish it on their website. Legal costs have breached the cap of £40,000 Trustees originally designated for legal advice for the written evidence phase.

# Statement of Trustees' Responsibilities

**For the Year Ended 31 December 2023**

The Trustees (who are also the Directors of the Society for the purposes of company law) are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare financial statements for each financial year. Under company law, the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the Society and of its incoming resources and application of resources, including its income and expenditure, for that period. In preparing these financial statements, the Trustees are required to:

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

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

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

In so far as the Trustees are aware:

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

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



**Dr Paul Dean**  
**Honorary Treasurer**

Date 17 September 2024.....



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

## Opinion

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

In our opinion the financial statements:

- give a true and fair view of the state of the Society's affairs as at 31 December 2023, and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act, Charities Act 2011, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006.

## Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the audit of the financial statements section of our report.

We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the United Kingdom, including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

## Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate. Our evaluation of the Trustees' assessment of the entity's ability to continue to adopt the going concern basis of accounting included critical reviews of budgets and forecasts provided.

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

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

## Other information

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

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

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

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

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

## Matters on which we are required to report by exception

In the light of our knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Report.

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

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

## Responsibilities of Trustees

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

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

## Auditor's responsibilities for the audit of the financial statements

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

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

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

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



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

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

## Use of this report

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

### **Carina Ralfs PhD MSci (Hons) FCA (Senior Statutory Auditor)**

for and on behalf of MHA, Statutory Auditor  
Maidenhead, United Kingdom

Date:

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

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

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

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

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

## Balance sheet

### For the Year Ended 31 December 2023

**REGISTERED NUMBER: 02940178**

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

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

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

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



**Dr Paul Dean, Honorary Treasurer**

Date 17 September 2024

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



## Statement of Cash Flows

### For the Year Ended 31 December 2023

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

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

## Accounting Policies

### Legal status

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

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

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

### Basis of preparation of financial statements

The financial statements have been prepared in accordance with the Charities SORP (FRS 102) Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 and the Companies Act 2006.

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

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

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

### Preparation of the accounts on a going concern basis

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

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

#### a) Income

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

## Accounting Policies

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

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

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

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

### b) **Expenditure**

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

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

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

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

### c) **Interest receivable**

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

### d) **Taxation**

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

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



## Accounting Policies

### e) **Tangible fixed assets and depreciation**

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

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

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

Depreciation is provided on the following basis:

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

### f) **Investments**

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

### g) **Debtors**

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

### h) **Cash at bank and in hand**

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

### i) **Liabilities and provisions**

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

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

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

## Accounting Policies

### j) **Financial instruments**

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

### k) **Operating leases**

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

### l) **Pensions**

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

### m) **Fund accounting**

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

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

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

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

### n) **Termination payments**

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

### o) **Critical accounting estimates and areas of judgement**

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

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

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

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

### 1 Income from donations and subscriptions

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

### 2 Income from charitable activities

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

### 3 Income from other trading activities

	Unrestricted funds 2023 £	Unrestricted funds 2022 £
Sponsorship income	<b>377,421</b>	242,479

### 4 Income from investments

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



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

### 5 Analysis of expenditure on raising funds

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

### 6 Analysis of expenditure on charitable activities by fund

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

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

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

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

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

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

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

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

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

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

### 7 Analysis of expenditure on charitable activities by type

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

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

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

### 8 Analysis of support costs

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

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

### 9 Net income/(expenditure) for the year

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

### 10 Staff costs

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

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

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

	2023	2022
Raising funds	1	1
Charitable activities	11	11
Support functions	3	4
	<b>15</b>	<b>16</b>

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

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

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

### 11 Trustees' remuneration and expenses

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

### 12 Related party transactions

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



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

### 13 Tangible fixed assets

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

### 14 Fixed asset investments

Valuation	2023 £	2022 £
At 1 January 2023	494,766	207,738
Additions at cost	55,790	534,173
Disposal proceeds	(39,775)	(192,270)
Revaluations	7,318	(18,646)
Movements in cash account	(6,500)	(36,229)
<b>At 31 December 2023</b>	<b>511,599</b>	<b>494,766</b>
<b>Comprising</b>	<b>2023 £</b>	<b>2022 £</b>
UK listed equities and infrastructure funds	248,922	250,425
UK bonds	59,895	31,302
Overseas equities	171,759	175,206
Overseas bonds	16,660	16,970
Cash	14,363	20,863
<b>At 31 December 2023</b>	<b>511,599</b>	<b>494,766</b>

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

### 15 Debtors

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

### 16 Creditors: Amounts falling due within one year

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

### 17 Deferred income

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

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

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

### 18 Statement of funds

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

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

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

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

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

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

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



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

### 19 Analysis of net assets between funds

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

### 20 Analysis of changes in net debt

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

### 21 Balances held as agent

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

### 22 Pension commitments

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

### 23 Operating lease commitments

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

This image shows a full page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. In the top-left corner, the word "Notes" is written in a bold, dark blue font. There are approximately 28 lines visible on the page.

## Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.







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