

**Working together
to improve care and outcomes**

Intensive Care National Audit and Research Centre
Annual Report and Accounts | Year ended 31 December 2024

www.icnarc.org

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About ICNARC

In the UK, each year, over 200,000 people are admitted to an adult general critical care unit.

At the Intensive Care National Audit and Research Centre (ICNARC), we work to ensure the best possible critical care by facilitating improvements in the structure, process, outcome and experience – for patients and for those who care for them.

We achieve this by creating and sharing information about the quality of critical care to those who finance, commission, manage, deliver and experience critical care (both within and outside the NHS) through our national clinical audits and through our clinical and health services research studies.

Improving care and outcomes

At ICNARC, we believe that quality critical care has three main elements:



To find out more about ICNARC, please visit www.icnarc.org

Trustees report

The Trustees present their Annual Report together with the audited financial statements of the Charity for the year ended 31 December 2024. The Trustees confirm that the Annual Report and financial statements of the Charity comply with the current statutory requirements, the requirements of the company's governing document and the provisions of the Statement of Recommended Practice (SORP), applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102). Since the Charity qualifies as small under section 383, the strategic report required of medium and large companies under The Companies Act 2006 (Strategic Report and Director's Report) Regulations 2013 is not required.

Charitable Objects

“...the advancement of education in the organisation and practice of critical care (in particular, through the promotion of audit and research into critical care and the publication of the useful results of such audit and research)...”.

*“...research is concerned with discovering the right thing to do;
audit with ensuring that it is done right...”*

Richard Smith, former Editor-in-Chief, British Medical Journal

We achieve our Charitable Objects by...

...establishing quality through research

Read more about how we are developing and expanding our research portfolio within our Clinical Trials Unit ([page 9](#))

...assessing quality through audit

Read more about how we are developing and expanding our national clinical audits within our National Audit Programme ([page 13](#))

...promoting quality through sharing information

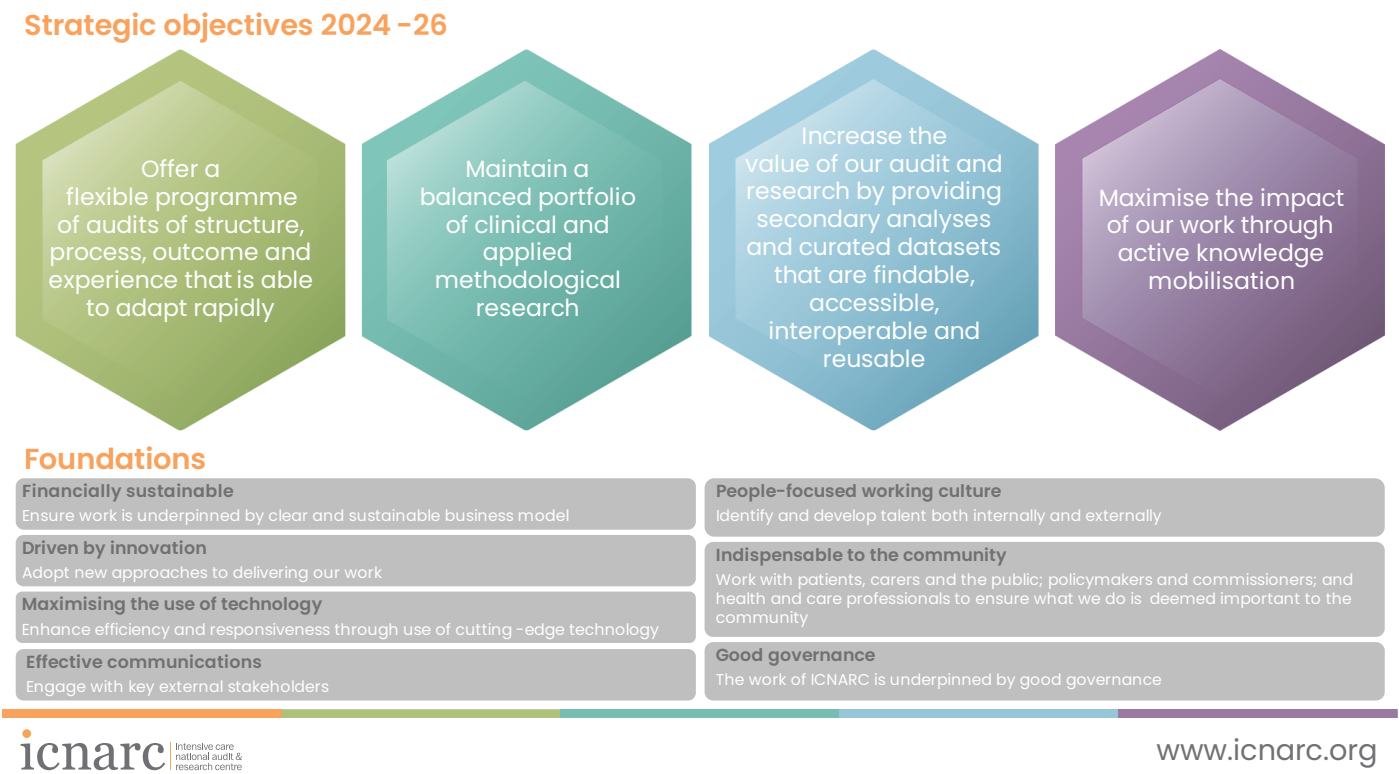
Read more about how we are analysing data and sharing information ([page 17](#))



Strategic Objectives for 2024-26

ICNARC’s strategic objectives for 2024-2026 are built around our core organisational values: *rigorous, collaborative, innovative and integrity*.

The four main strategic objectives are underpinned by seven foundations which define the way we wish to work at ICNARC.



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Progress against strategic priorities for 2024

Our annual strategic priorities are defined in our business plan, which details the key deliverables against our overall strategic objectives and foundations.

Strategic Objectives

1 Offer a flexible programme of audits of structure, process, outcome and experience that is able to adapt rapidly

- Substantial work on Structure audit for units completed and to be distributed in early 2025
- Second Pilot of the Cardiogenic Shock Module in progress
- Family Satisfaction Audit pilot undertaken
- Clinical Audit Group application approved for linking our clinical audits to long term outcomes
- Initial work on a clinical audit enterprise data model and flexible reporting platform completed

2 Maintain a balanced portfolio of clinical and applied methodological research

- A documented pipeline of applications in place for randomised clinical trials, methodological studies and secondary analysis of routine data put in place
- Majority of research studies delivering to time and target
- International collaborations progressing with Australia (T4P, PIVOTAL, MOSAICC) and Canada (T4P, blood pressure trial, PIVOTAL)

3 Increase the value of our audit and research by providing secondary analyses and curated datasets that are findable, accessible, interoperable and reusable

- Initial work on establishing Metadata for public facing inventory of audit and research data assets completed
- Delivery plan agreed for live platform for audit customers to interrogate their own data
- Case Mix Programme data prepared for onboarding to TBI-REPORTER platform
- Trusted research/secure data environments identified and prioritised

4 Maximise the impact of our work through active knowledge mobilisation

- Knowledge mobilisation plans embedded in all projects
- Initial work completed on system to proactively identify quality improvement projects from the audits and provide baseline for subsequent annual increases

1 Financially sustainable

Ensure work is underpinned by clear and sustainable business model

- Initial work carried out on the business models for proposed new clinical audits
- Charging policy for data analysis requests revised and approved

2 Driven by innovation

Adopt new approaches to delivering our work

- Attendance at the International Clinical Trials Methodology Conference, and federated platform trials workshop generated potential collaborations, including discussions with Canada regarding harmonising paediatric platform trials
- Attending conferences on industry leading technology including Azure, AI and enterprise data management. Membership of Digital Health Networks, Global Health Network, UK CRC IS network.

3 Maximising the use of technology

Enhance efficiency and responsiveness through use of cutting-edge technology

- Initial draft of Artificial Intelligence Strategy completed and prioritisation framework in place. Feasibility assessment for CoPilot for Microsoft 365 complete
- Atlassian Cloud computing platform implemented
- Review completed on a plan for sustainable long-term IT architecture for our clinical audit systems
- Review completed on the standardisation and alignment of systems used across the organisation
- A number of previously manual processes and data integrity processes have been automated. Ongoing projects to automate further processes in progress.

4 Effective communications

Engage with key external stakeholders

- Stakeholder mapping completed alongside initial development of an overall communications plan

5 People-focused working culture

Identify and develop talent both internally and externally

- Internal line management training programme established
- Four research fellowships in place during the year

6 Indispensable to the community

Work with patients, carers and the public; policymakers and commissioners; and health and care professionals to ensure what we do is deemed important to the community

- A patient and public network created of former patients – full steering group to be established in 2025
- Commenced involvement of an Independent Data Access Oversight Committee
- Wider stakeholder engagement carried out including with NHS England

7 Good governance

The work of ICNARC is underpinned by good governance

- Full Business planning process established
- Departmental data inventories completed
- Initial work on revised risk management framework commenced

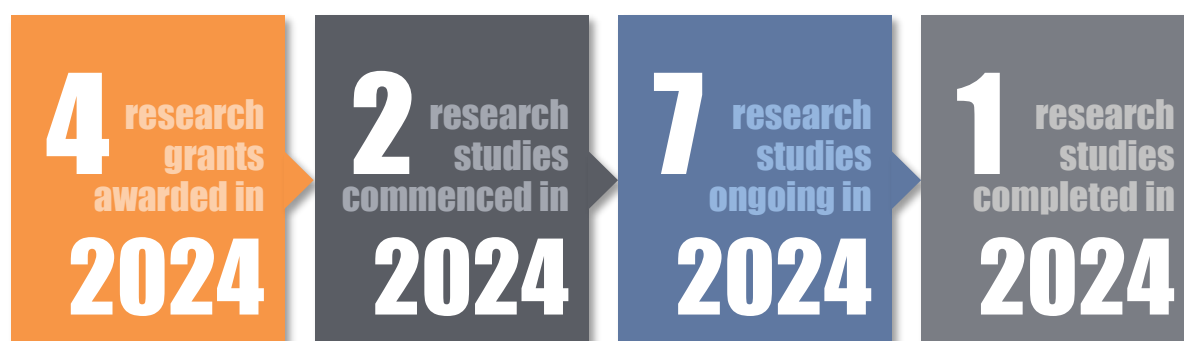
Establishing quality through research

Research at ICNARC is conducted within our Clinical Trials Unit (CTU), a fully registered unit by the UK Clinical Research Collaboration. Our small CTU conducts a broad portfolio of research in critical care, both experimental (randomised clinical trials) and observational studies, applying quantitative and qualitative methods. Through collaboration with patients and health care providers, we design, conduct, analyse and disseminate high-quality, innovative research in adult and paediatric critical care. We evaluate the care, outcomes and experiences of the critically ill with a view to informing best care, outcomes and experiences for future patients.

“...the unit provided clear evidence of operational experience in the design and delivery of large-scale multicentre clinical trials...”

International Expert Panel, UK Clinical Research Collaboration

Research – 2024



Development of our research portfolio continues in adult and paediatric critical care.

Adult critical care research studies

| Awarded | Commenced | Ongoing | Completed |
|---|-----------|--|-----------|
| <ul style="list-style-type: none">TITAN-TBI | | <ul style="list-style-type: none">REMAP-CAPT4PUK-ROXEXAKTMOSAICC | |

Paediatric critical care research studies

| Awarded | Commenced | Ongoing | Completed |
|---|---|---|---|
| <ul style="list-style-type: none">PIVOTALOxy-PICU NeurodevelopmentCombining treatment effects | <ul style="list-style-type: none">Oxy-PICU NeurodevelopmentCombining treatment effects | <ul style="list-style-type: none">PRESSUREGASTRIC-PICU | <ul style="list-style-type: none">PICU platform development |

Successful funding awards for research methodologists

- Two successful funding applications under NIHR call for research methodologists:
 - Oxy-PICU neurodevelopment outcomes
 - Combining treatment effects
- *Oxy-PICU neurodevelopment outcomes* will follow-up patients enrolled in the recently completed, ICNARC-led, Oxy-PICU randomised clinical trial (RCT) to understand the impact on longer-term development of children enrolled in the trial.
- The main results of OXY-PICU showed benefit of reducing exposure to additional oxygen for critically ill children, but this will allow us to check that there is no longer-term impact
- *Combining treatment effects* aims to combine data from the recently completed, ICNARC-led, First-ABC RCT and its 'target trial' using routine data.
- In a target trial, RCT framework is applied to routinely collected observational (non-randomised) data to prevent potential biases that can occur with observational studies.
- Using a Bayesian statistical approach, we will explore when and how these two types of data (RCT and target trial) can be successfully combined to correctly answer questions which cannot be answered by the RCT data alone.
- Funded by the NIHR, both projects started in October 2024.

Paediatric Intensive Care Adaptive Platform Trial (PIVOTAL) funding award

- A multi-centre, randomised, Bayesian adaptive platform trial in critically ill children.
- As an adaptive platform trial, PIVOTAL allows multiple research questions and interventions to be tested at the same time.
- The adaptive design also allows for additional interventions and research questions deemed important by health care professionals and patients to be added in future.
- This may allow for more questions to be answered, more efficiently and mean that successful therapies can be identified quickly with a view to informing and establishing appropriate national clinical standards in the shortest possible time frame.
- The overall aim of the PIVOTAL platform is to simultaneously evaluate the clinical and cost-effectiveness of multiple interventions in critically ill children. Initial interventions to be tested include:
 - different intravenous sedative strategies;
 - conservative fluid administration; and
 - restrictive red blood cell transfusion.
- Funded by the National Institute for Health and Care Research (NIHR) following successful completion of the PICU platform development grant.
- Funding was awarded in August 2024 for the work to start in January 2025.

Patient recruitment complete for UK-ROX and EXAKT studies

- Patient recruitment into both studies was complete in late 2024.
- UK-ROX is a large-scale randomised clinical trial (RCT) trying to find out if using a lower oxygen saturation target (conservative oxygen therapy) to guide oxygen treatment might lead to better outcomes for patients when compared with the more liberal approach currently used in NHS ICUs (usual oxygen therapy).
- Recruitment of the 16,500 patients for the UK-ROX RCT was completed from 97 hospitals in England, Wales and Northern Ireland.
- EXAKT was conducted as a study within the UK-ROX RCT and aimed to find out whether skin tone affects the accuracy of pulse oximeters (a clip that is placed on a fingertip to measure the amount of oxygen in a person's blood).
- An increasing number of studies have shown that for people with darker (pigmented) skin tones, pulse oximeters may over-estimate their true oxygen level. Over-estimation of oxygen levels could under-estimate the seriousness of a person's illness, leading to them not receiving the correct treatment early enough.
- Recruitment of the 900 patients for the EXAKT study was completed from 24 ICUs participating in the UK-ROX trial.
- Dissemination of the results from these two studies is planned for mid-2025 and will have a large and immediate impact on clinical practice and on patient outcomes in the NHS and worldwide.

Our plans for research – 2025

- We will prioritise identification of priority areas for research, the development of studies using new methodologies, and potential new funders to ensure a balanced research portfolio and pipeline.
- We will prioritise identification of opportunities to expand our international collaboration.
- We will continue to partner with patients, carers and the public in the design and management of our research studies and promote equality, diversity and inclusion.
- We will prioritise identification of opportunities for funding to monitor the implementation of research study results through national audit or other routinely collected data.
- We will continue to strengthen our clinical trials unit infrastructure, through appointment of a Quality Assurance Manager, to ensure delivery of high quality clinical trials.
- We will continue to increase the efficiency of our research, including maximising the use of routinely collected data.
- We will continue to lead and collaborate on national and international research studies into adult and paediatric emergency and critical care.
- We will continue to aim for the highest level of impact from our research studies.
- We will continue to support/provide working opportunities for clinical/non-clinical associates/researchers and invest in our/others' research studies through academic collaboration and citizenship.

To find out more about ICNARC's research, please visit:

www.icnarc.org/research/

Assessing quality through audit

Audit at ICNARC is conducted within our National Audit Programme. Through specification, management and analysis of accurate clinical audit data and from applying accurate risk prediction, we support health care providers to benchmark their care and outcomes with other providers to prompt quality improvement.

“...without clinical audit, we don’t know how we are doing...”

- **Professor Sir Nick Black, ex-Trustee, ICNARC**

National Audit Programme

Our National Audit Programme currently encompasses three national clinical audits, with two operating within the NHS and registered on the NHS Quality Accounts.



The **Case Mix Programme (CMP)**, launched in 1994 (and the foundation for ICNARC), is the national clinical audit of patient outcomes from adult critical care. The CMP is open to NHS and non-NHS providers in England, Wales and Northern Ireland, including both general and specialist units at all levels of critical care.



The **National Cardiac Arrest Audit (NCAA)**, launched in 2009, is the national clinical audit of in-hospital cardiac arrests in the UK and Ireland, and is a collaboration between the Resuscitation Council UK (RCUK) and ICNARC. The NCAA is open to all NHS and non-NHS acute hospitals in England, Scotland, Wales, Northern Ireland and Republic of Ireland



The **Irish National Intensive Care Unit Audit (INICUA)**, launched in 2010 in collaboration with the National Office of Clinical Audit in Ireland, is the national clinical audit of patient outcomes from adult critical care units in the Republic of Ireland.

Audit highlights – 2024

Case Mix Programme (CMP)

- 288 NHS/non-NHS adult critical care units participating
- Over 200,000 critical care admission records submitted and validated
- Unit Reports updated with new analysis including utilising daily intervention and organ support data for the first time
- Critical Care Network Reports (NQRs) produced and now distributed to networks twice a year
- CMP Public Report 2022-23 published, the first public report for the CMP since the COVID-19 pandemic (during which public reporting was on hold)
 - Report includes Comparative Unit Report, revamped CMP Summary Statistics and our first CMP highlights infographic
- New ICNARC model for predicted risk of acute hospital mortality developed based on Version 4.0 dataset, to be rolled out into reports in 2025
- Permissions now in place for CMP to link to other datasets for longer-term outcome analysis (e.g. one year survival), and for CMP to be used as a Research Database
- Second pilot of Cardiogenic Shock Module completed along with planning for wider rollout as an optional module for all CMP units
-

National Cardiac Arrest Audit

- 208 hospitals participating
- 14,000 resuscitation event records submitted and validated
- Pilot of NCAA in Republic of Ireland up and running from April 2024-March 2025; 9 hospitals participating
- First NCAA Public Report, for 2022-23 data, published, the first time NCAA comparative hospital data have been publicly released, a landmark in NCAA's growth as a national clinical audit
 - Report includes revamped NCAA overall and paediatric Summary Statistics and our first NCAA highlights infographic
- New data submission and validation web portal successfully released, and all hospitals transitioned from old portal
- Preparation underway for update to NCAA Dataset Version 2.0 in 2025, a key step in the development of NCAA which will see additional data collected on existing frailty, treatment escalation plans, and interventions undertaken during the arrest event

Irish National Intensive Care Unit Audit

- 29 adult critical care units participating; phase 2 of recruitment now complete
- Over 16,500 critical care admission records submitted and validated
- Unit, Hospital Group and overall INICUA reports updated, and new Version 4.0 Quality Indicators launched

Family Satisfaction Audit (in development)

- Phase two of an initial pilot was completed in two units
- Permissions now in place to link CMP data with family member responses
- Development of a Family Satisfaction Report is underway
- Following results from the first pilot, a decision has been made to pilot a new process in 2025

Our plans for audit – 2025

- We will continue to maintain and increase coverage of our national clinical audits and, where appropriate, continue to develop and extend our audit services, including our audit pilots
- We will continue to develop our collaborations with the Resuscitation Council UK and the National Office of Clinical Audit in Ireland
- We will develop key performance indicators for our audits, to better monitor participation and the resourcing required to run and continually improve our audits
- We will continue to develop and upgrade our audit platform, including the staged development and release of a new online reporting platform in 2025
- We will release NCAA Dataset Version 2.0
- We will publish 2023-24 Public Reports for the CMP and the NCAA
- We will roll out the new Version 4.0 risk model for the CMP and the INICUA to all levels of reporting
- We will enhance our Quality Improvement (QI) work for both the CMP and the NCAA, publishing our first QI plans and developing further QI resources for participating units and hospitals
- We will continue to develop the content of our national clinical audits, including introducing longer-term outcomes
- We will continue rolling out the Cardiogenic Shock Module for the CMP
- We will continue to develop a Family Satisfaction Audit

To find out more about ICNARC's audit, please visit: www.icnarc.org/audit/

Promoting **quality through** sharing information

We share information – results from our national clinical audits and from our research studies – through local, regional and national reporting (audit), and through peer-reviewed scientific and other tailored outputs (research). We enhance our dissemination activities for our audit and research information through digital media and through presentations at local, regional, national and international meetings/conferences – both at our own and others' events.

We endeavour to ensure that relevant information reaches those experiencing, delivering, managing, commissioning and financing critical care in the UK. We believe that critical care should be based on rigorous, scientific evidence.

Sharing information highlights – 2024

In 2024, we continued to develop reporting on the Case Mix Programme (CMP) Dataset Version 4.0 data. The full Version 4.0 quarterly critical care unit reports, developed in 2023 for the CMP with new and updated quality indicators for adult critical care, were incorporated into reporting for the Irish National ICU Audit (INICUA). A new ICNARC model, for predicting risk of acute hospital mortality in critical care admissions, was developed, and validated, using the Version 4.0 data and will be rolled out to all levels of CMP and INICUA reporting in 2025.

Audit reporting



In 2024 we also published the first Public Report for the CMP since the pandemic, and the very first NCAA Public Report, a landmark step in the NCAA's growth as a national clinical audit. Both were based on 2022-23 data, whilst 2023-24 data were also locked, and outlier management processes undertaken for both audits, in preparation for 2023-24 Public Reports. The comparative unit/hospital reports for the 2023-24 Public Reports are due for publication in the first quarter of 2025, whilst the summary statistics will be the first data to be developed and presented on a new online reporting platform.

The Case Mix Programme Annual Meeting 2024 took place in May with over 350 delegates attending.

We also held:

- four online data collection workshops, four online data submission and validation webinars, and one reporting webinar for the CMP;
- an overall update webinar, Paediatric update webinar and a reporting webinar for the NCAA; and
- one face-to-face workshop for the INICUA in Dublin, along with one online workshop; INICUA units are also invited to attend CMP workshops and webinars.

Recordings of the online webinars and workshops are released via YouTube, and links distributed, to maximise the accessibility to all those participating in the audits.

Results of studies on our broad portfolio of research were accepted for publication in the scientific, peer-reviewed literature and were presented at national and international conferences, including Critical Care Reviews 2024 (results of the OXY-PICU randomised controlled trial) and the 7th International Clinical Trials Methodology Conference (methodological research conducted to support design of the PIVOTAL platform trial).

Peer-reviewed scientific publications



We continued to provide education, training and support to clinical and non-clinical researchers through hosting or working collaboratively with them. In 2024, Mr Walton Charles completed his NIHR Predoctoral Fellowship and resumed full-time employment in a new Research Associate role contributing to both Research and Statistics team activities, we continued to support Professor Manu Shankar-Hari in his NIHR Clinician Scientist Award, continued hosting Ms Claire Mills as part of her NIHR Development and Skills Enhancement Award, continued supporting Ms Elisa Giallongo as part of her doctoral training at the London School of Hygiene Tropical Medicine, began hosting Dr Alex Warren as part of his NIHR Doctoral Training Fellowship and Dr Xavier Chapalain as part of his post-doctoral training at Brest University Hospital (France), began supporting Dr Vishnu Vijayakumar as part of his doctoral training at King's College London, and began supporting Dr Cathy McKenzie in her NIHR Senior Clinical Practitioner Research Award based at University of Southampton.

Digital communications

In May 2024 we published our new website. The website was received well by our stakeholders and provides those looking for information about ICNARC and our services a much clearer picture. The website was presented at Health Data Research (HDR) UK's transparency showcase due to the significant work put in to ensure that we provide transparent data access. One of the ways in which we did this was by creating enhanced data access request documentation and an interactive guidance tool. These developments were published in the International Journal of Population Data Science.

Patient and public involvement and engagement

During 2024 we focussed on the development and growth of our Patient and Public Network so that we could strengthen patient and public involvement (PPI) across the organisation. Ensuring that the patient voice is representative of the diverse population included within our audits and clinical trials was a key focus. The growth of the network came with a focussed training package which is offered to our patient and public representatives.

The network inputted into several projects – this included the development of the website, which has had a significant impact. This included ensuring that our new website, is accessible, understandable and included content which was important to patients. They also supported the development of a glossary of data terminology which was published on the site, and co-designed a number of infographics.

Other activities that the network have been involved in included: oversight of data access requests, as part of a newly established Independent Data Access Oversight Committee; adding the patient voice to our National Cardiac Arrest Audit Steering Group; additional involvement in development of research applications; and consultations about communications with bereaved families for our clinical trials.

We continued our ongoing relationships with intensive care patient support charities such as ICUSteps and the Critical Care Support Network and continued to share the important work taking place within our audits and research amongst members of these groups.

This activity is in addition to the ongoing patient involvement in our research studies and patient representation on our Board of Trustees.

*“...It's in the public/patient interest ...
and that outweighs any potential disadvantages...”*

Former critical care patient

Our plans for sharing information – 2025

- We will develop our Quality Improvement resources for our audits, increasing understanding of reports among participating hospitals and units
- We will release our first interactive online reports for our audits, increasing accessibility of our Public Report data, and begin developing an interactive online reporting platform for organisations participating in our clinical audits
- As a member of the UK Health Data Research Alliance, we will continue to improve our data sharing processes to ensure our data are findable, accessible, interoperable and reusable
- We will implement knowledge mobilisation and dissemination plans across the organisation
- We will continue to work with patients, families and the public, in all our activities, as we look to hold our first Patient and Public Advisory Group Meeting
- We will establish mechanisms to monitor research outputs that use ICNARC data and support dissemination of their findings

Enabling **quality through** technology innovations

Our IT systems form the foundation of all audit and research activities. From data collection, data processing to statistical analysis, these systems play a crucial part in keeping our data safe and delivering our services.

We ensure that these systems are performing at optimum levels, are able to adapt to a changing environment, ensure maximum value for money and are secure.

| Technology | Digital | Change |
|--|---|--|
| <ul style="list-style-type: none">• Security & Compliance• Infrastructure• Device Management• Suppliers, Contracts & Commissioning• Networks• Service Desk & End User Support | <ul style="list-style-type: none">• Digital Transformation & Service Modernisation• Enterprise Architecture (Tech refresh)• Website & Digital Comms• Solution Architecture• Data Architecture• Digital Project Delivery• Innovation | <ul style="list-style-type: none">• Programme & Project Management• Change Management |



Our IT strategy is to replace legacy systems and promote use of cloud. This technology transformation programme (The Insights Programme) started in 2024 and is planned to be completed by the end of 2026. This technology transformation includes:

- Replacing legacy systems with cloud-based technologies for improved service delivery.
- Moving our data files to cloud based technologies such as SharePoint and OneDrive.
- Moving applications from the Data Centre to cloud focussed SaaS applications or Azure.

IT mission and strategy

Partner with the business to securely deliver efficient services and capabilities

Digital first



Outsource

COTS



Collaboration



Data Architecture

SaaS



Innovation



Dev Ops

IaaS



Security

Technology Transformation Highlights – 2024

- Formulated a Migration to cloud strategy.
- Started moving applications to the cloud.
- Commenced Insights Technology Transformation Programme.

Our plans for technology transformation – 2025

- Azure environment ready to host new systems
- Implement code management
- Standardise Project Management across the organisation
- Publish external facing Data Dictionary
- Publish external facing Reporting Portal
- Build the platforms required to host our flagship Audits

Financial review

The Board of Management (Trustees) has adopted the provisions of the Statement of Recommended Practice (SORP) Accounting and Reporting by Charities (FRS 102) in preparing ICNARC's financial statements.

Income

ICNARC is funded by our subscription-based national clinical audits and by successful awarding of research grants.

For the year ended 31 December 2024, ICNARC generated total income of £5,249,732 a decrease of 13% on 2023.

Income includes £1,998,329 from audit subscriptions/activities, £3,035,760 from research grants and £108,209 from other data services.

Primary sources of income are subscriptions from participants, primarily NHS Trusts, participating in our national clinical audits and from research grants awarded by major funding bodies to conduct our research studies.

Expenditure

Total expenditure in 2024 was £5,692,245, an increase of 3% on 2023.

Net result for the year

The overall net result for the year was a deficit of £442,513, compared to a surplus of £400,246 in 2023. This is partly due to investment in new technology, but plans to address this deficit will be formulated in the coming year.

Cash and cash investments

At the end of the financial year total cash held was £1,116,682 along with £3,500,000 of funds held in fixed term cash investments. This compares to the 2023 totals of £5,178,645 cash and £506,204 held in fixed term cash investments. The change in the profile of our cash and fixed term investments reflects the focus on achieving the best possible return whilst minimising risk, protecting the capital invested.

Funds carried forward

Funds carried forward at the end of the financial year are £2,905,576. This represents a decrease of 13% against the funds carried forward at the end of 2023.

Going concern

ICNARC continues to be well-placed to manage the business risks it faces. This position is supported by a robust cash flow position and proven ability to win new research grants.

We now have a healthy level of reserves to enable investment in improving our technology and security and to manage the impact of unplanned events. The growth of these reserves had long been recognised as a necessity to ensure our long-term financial viability.

The Board of Management (Trustees) has a reasonable expectation that ICNARC has sufficient resources and control mechanisms to continue operating for the foreseeable future and believes that there are no material uncertainties that call into doubt the ability of ICNARC to continue as a going-concern.

Remuneration

The salaries of ICNARC staff, including key management personnel, are periodically benchmarked against similar roles within organisations that engage in similar activities. ICNARC aims to set salaries as close to the median as possible in order to attract highly qualified staff. All roles are evaluated against agreed organisational criteria which determine the grade and salary for the role.

Key risks and uncertainties

The Board of Management (Trustees) has identified and reviewed the major risks to which ICNARC is exposed and established systems and procedures to manage those risks. This involves identifying potential risks and then assessing the likelihood of their occurrence and impact.

Where systems are already in place to mitigate these risks, schedules for regular monitoring and review have been adopted. Where systems are not already in place, deadlines have been set for their development by staff for approval by the Board of Management (Trustees).

Day-to-day management of the risks is delegated to the Co-Directors along with other members of the Senior Leadership Team (SLT) and these risks are reviewed regularly during the usual course of business.

The Board of Management (Trustees) considers the following to be the key risks on which ICNARC needs to focus:

- **Political and Funding environment**

Risk: A change in the political and funding environment adversely affecting ICNARC's independence or financial stability

Mitigation: We proactively maintain strong relationships with key stakeholders and funders. We continue to plan our budgets and aim to maintain sufficient reserves to cover any income downturns, given the variable nature of our research funding and support future investment. We achieve this by focusing on diversifying our income to have a mixed portfolio of funders, balanced with efficiency savings which are underpinned by robust financial management. Over recent years we have increased our level of reserves which has long been recognised as a necessity to enable investment in improving our technology and security and to manage the impact of unplanned events.

- **Knowledge and skills**

Risk: Attracting and retaining staff with management, scientific and information technology expertise as these are strategically important in ensuring ICNARC remains a leading organisation in emergency and critical care audit and research.

Mitigation: We manage this risk through a programme of mentoring and supporting key management, scientific and information technology staff, developing skills/expertise and reviewing our employment package for all staff.

- **Technology and data security**

Risk: Our technology underpins and powers our data upload, processing, and reporting for our national clinical audits and for our research studies. The ability to keep pace with, and update, our technology and to ensure that we adopt the necessary and appropriate security requirements, presents an ongoing challenge as we strive to embrace new and more efficient, digital technologies.

Mitigation: We have increased our investment in Technology and Information Governance expertise and continue to maintain our Section 251, DSP Toolkit and Cyber Essentials compliance, alongside successfully participating in a NHS Digital audit. We have continued to conduct regular penetration tests and are working closely with our managed service providers and customers to ensure that we continue to adopt the best systems and processes to mitigate technology and data security risks. We are undertaking a multi-year programme of work to ensure that the systems and infrastructure that underpin all our work are fit for purpose and appropriate for the future.

Reserves

The Board of Management (Trustees) has a policy whereby reserves are maintained at a level which enables the charity to manage financial risk, income volatility and to be able to invest in the technology required to maintain and improve the services that ICNARC provides.

Unrestricted funds, not committed or invested in tangible fixed assets (the free reserve), held by the organisation should usually be between 25% and 60% of the annual resource expended in the General Fund.

At this level, the Board of Management (Trustees) feels that, in the event of a significant drop in funding due to any external/internal event(s) or fraudulent activity, ICNARC would still be able to continue current activities until new funding is secured.

Unrestricted funds totalled £2,976,495 at the end of 2024 and includes £2,781,085 of general funds and the designated Development Fund of £195,410 which has been set aside to invest in ICNARC's technology strategy. In addition, we are committed to a major technology transformation programme (The Insights programme) to replace legacy systems and promote use of cloud. This programme has a committed budget of £1.5m.

| | |
|--|---------------|
| General fund | £2.8m |
| Insights Programme budget | (£1.5m) |
| Total uncommitted general funds | £1.3m |
| | |
| 2025 budgeted General Fund expenditure | £2.6m |
| Reserves policy lower limit | £0.65m |
| Reserves policy upper limit | £1.3m |

The Board of Management (Trustees) have reviewed the level of reserves currently held and concluded that this falls within the limits set by the reserves policy.

ICNARC's reserves are either held in cash or fixed term cash deposits.

Plans for future periods

ICNARC will continue to develop its two main areas of work, audit and research in future periods. Detailed plans for the coming year have been detailed in the relevant section of the trustees' report on pages 12, 16, 20 and 22.

Fundraising

ICNARC does not raise funds from the public and no fundraising activities have been undertaken either by ICNARC or by other fundraisers on behalf of ICNARC.

Status

The Company is a Registered Charity (No. 1039417) and is exempt from income and corporation tax under S466 Corporation Tax Act 2010 (CTA 2010).

Special exemptions

This Report of the Directors and Board of Management (Trustees) has been prepared in accordance with the special provisions under Part 15 of the Companies Act 2006 relating to small companies and the Charity has taken advantage of the small companies' exemptions in preparing the Directors Report and the requirement to prepare a Strategic Report.

Governance, structure and management

The Intensive Care National Audit and Research Centre (ICNARC) is a Company Limited by Guarantee incorporated in England on 8 July 1994 and governed by its Memorandum and Articles of Association.

ICNARC's Articles of Association provide for a limitation of member liability to £1. ICNARC is a Registered Charity in England and Wales.

| | |
|------------------------------------|---|
| Registered Name of Company: | Intensive Care National Audit and Research Centre |
| Company Number: | 02946727 |
| Registered Charity Number: | 1039417 |
| Registered Office: | Napier House, 24 High Holborn, London WC1V 6AZ |

Our Trustees

The Trustees form the Board of Management and are responsible for the governance and strategy of ICNARC. The Board of Management is made up of thirteen Trustees, comprising a mix of health care and other professionals. The Board of Management (Trustees) has full legal responsibility for the actions of ICNARC. Trustees are appointed for a renewable term of three years and are the Directors of the Company for the purposes of the Companies Act 2006.

The Board of Management (Trustees) meets four to five times per year and delegates the day-to-day responsibility for running ICNARC to the Co-Directors, along with other members of the Senior Leadership Team (SLT). In 2018, an Audit & Risk Sub-Committee was established to assist the Board of Management (Trustees) in its duty to supervise the broad direction of ICNARC's financial affairs and to ensure compliance with Company Law and Charity Commission best practice. The Board of Management (Trustees) acts as advisors to staff on business, health care and other issues and keeps the organisation up to date with developments within health care and other relevant fields. All Trustees give their time freely and no Trustee remuneration was paid in 2024.

The Trustees serving during 2024 and into 2025 are:

| | |
|------------------|---|
| Chair: | Ms Susan James |
| Trustees: | Dr Tim Gould Dr Lisa Hinton Prof David Menon Dr Gareth Sellors Ms Susan James Prof Ruth Endacott Prof Tamas Szakmany Prof Richard Grieve Prof Manu Shankar-Hari Ms Vikki Williams Mr Gary Morley (Treasurer) Mr Hemang Patel |

Trustee vacancies are advertised, as necessary, and ICNARC may also approach individuals thought to have the appropriate skills and experience. New Trustees spend time with members of the SLT and other staff, as part of their induction, to learn more about the organisation and to understand how they can add value through their skills and experience. Trustees are also encouraged to take part in training opportunities, are invited to attend the Annual Meetings for our national clinical audits and, where relevant, represent ICNARC on external advisory groups.

On appointment, each Trustee completes a Declaration of Interests form which is held in a Register of Interests and updated annually. All conflicts are actively managed through early identification of potential areas of conflict and actions taken to manage these, where relevant.

Trustees' Indemnities

Trustees benefit from indemnity insurance to cover the liability of the Trustees which by virtue of any rule of law would otherwise attach to them in respect of any negligence, default or breach of trust or breach of duty of which they may be guilty in relation to the Charity. The cost of this insurance in the year has been included within total insurance costs.

Public Benefit

In shaping the objectives and activities for each year, the Board of Management (Trustees) considers the guidance of the Charity Commission on public benefit, including the guidance 'Public Benefit: Running a Charity'. The nature of ICNARC's public benefit is detailed on pages 4 to 15 of this report.

Senior Leadership Team

The Co-Directors and other members of the SLT are responsible for the day-to-day running of ICNARC under authority delegated to them by the Board of Management (Trustees) and are collectively responsible for the management and operations of ICNARC.

The SLT is responsible for implementing the strategy and policies, agreed with the Board of Management (Trustees), and operate on a three-year, rolling review. The SLT proposes an annual Business Plan and operating budget, for approval by the Board of Management (Trustees) and monitors financial performance and organisational risk, accordingly.

Remuneration for SLT members is reviewed annually by Trustees and benchmarked to similar roles and organisations.

The SLT members serving during 2024 and into 2025 are:

| | |
|---------------------|---------------------------|
| Prof David Harrison | Co-Director |
| Mr Paul Mouncey | Co-Director |
| Mr Peter Hyde | Chief Operating Officer |
| Lindsay Hannigan | Chief Information Officer |

Our staff

During 2024, ICNARC had an average paid workforce of 62 staff, located in our central London Office although the majority mix working in the office with remote working as part of our hybrid working policy.

ICNARC is an Equal Opportunities employer. We promote equality and diversity by:

- selecting for employment, promotion, training or any other benefit, on the basis of aptitude and ability;
- not tolerating any form of intimidation, bullying or harassment;
- recognising and valuing individual differences and contributions;
- providing a work environment that promotes dignity and respect to all; and
- regularly reviewing employment policies, practices and procedures to ensure fairness.

Auditors/Bankers

Auditors: MHA
Building 4
Foundation Park
Roxborough Way
Maidenhead
SL6 3UD

Bankers: Unity Trust Bank plc
9 Brindley Place
Birmingham
B1 2BR

Statement of Trustees' responsibilities

Trustees' responsibilities in relation to the financial statements

The Trustees (who are also Directors of the Intensive Care National Audit and Research Centre for the purposes of Company Law) are responsible for preparing the Report of the Directors and Trustees 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 the affairs of the charitable company and of its incoming resources and application of resources, including its income and expenditure, for that period. In preparing those financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities Statement of Recommended Practice SORP 2019 (FRS 102);
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Charitable Company will continue in operation.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the Charitable Company's transactions and disclose with reasonable accuracy at any time the financial position of the Charitable Company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the Charitable Company and, hence, for taking reasonable steps for the prevention and detection of fraud and other irregularities.

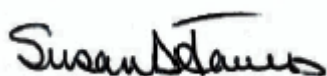
The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the Charitable Company's website. Legislation in the United Kingdom governing the preparation and dissemination of the financial statements may differ from legislation in other jurisdictions.

In so far as the Trustees are aware:

- there is no relevant audit information of which the Charitable Company'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 auditors are aware of that information.

This report of the Trustees has been prepared taking advantage of the small companies exemption of section 415A of the Companies Act 2006.

Signed on behalf of the Board



Susan James

Chair

Date: 24 June 2025

Telephone: 020 7831 6878 Email: icnarc@icnarc.org Website: www.icnarc.org

Independent Auditor's report to the Trustees of the Intensive Care National Audit and Research Centre

Opinion

We have audited the financial statements of Intensive Care National Audit and Research Centre (the 'charitable company') for the year ended 31 December 2024 which comprise the Statement of Financial Activities, 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 charitable company's affairs as at 31 December 2024, and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006 and the Charities SORP 2019.

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 Directors' report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 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 Directors' 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 Trustees' responsibilities statement included in the Trustees' Annual Report, the Trustees (who are also the Directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's responsibilities for the audit of the financial statements

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

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 accounting estimates for bias;
- Reviewing minutes of meetings of those charged with governance;
- Reviewing financial statement disclosures and testing to supporting documentation to assess compliance with applicable laws and regulations.

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

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: <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. 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: 30 July 2025

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

Intensive Care National Audit and Research Centre

Statement of Financial Activities (Incorporating an Income and Expenditure account)
For the year ended 31 December 2024

| | Notes | Unrestricted Funds | | Restricted | 2024 | 2023 |
|---|-------|--------------------|------------------|------------|-----------|-----------|
| | | General | Development Fund | | | |
| | | £ | £ | £ | £ | £ |
| Income from: | | | | | | |
| Investment income - bank interest | | 107,434 | - | - | 107,434 | 8,543 |
| Charitable activities | | | | | | |
| Participants' Cost Contribution (Audits) | 2 | 1,744,032 | - | 236,168 | 1,980,200 | 1,861,419 |
| Activities in promoting the Audits | 2 | 18,129 | - | - | 18,129 | 18,825 |
| Other services | 2 | 108,209 | - | - | 108,209 | 86,918 |
| Research Grants | 3 | 1,425 | - | 3,034,335 | 3,035,760 | 3,961,298 |
| Total | | 1,979,229 | - | 3,270,503 | 5,249,732 | 5,937,003 |
| Expenditure on: | | | | | | |
| Charitable activities | | | | | | |
| Participants' Cost Contributions (Audits) | | 2,062,854 | 208,134 | 269,785 | 2,540,773 | 1,626,419 |
| Research | 6 | 118,082 | - | 3,033,390 | 3,151,472 | 3,910,338 |
| Total | 4 | 2,180,936 | 208,134 | 3,303,175 | 5,692,245 | 5,536,757 |
| Net income/(expenditure) | | (201,707) | (208,134) | (32,672) | (442,513) | 400,246 |
| Transfers between funds | 17 | - | - | - | - | - |
| Net movement in funds | | (201,707) | (208,134) | (32,672) | (442,513) | 400,246 |
| Total funds brought forward | | 2,982,792 | 403,544 | (38,247) | 3,348,089 | 2,947,843 |
| Total funds carried forward | 17 | 2,781,085 | 195,410 | (70,919) | 2,905,576 | 3,348,089 |

All ICNARC's operations are classified as continuing.

ICNARC had no recognised gains or losses other than those included in the movement in funds for the year.

A statement on the movement on reserves appears as Note 17 to the financial statements.

The Notes on pages 35 to 48 form part of these accounts.

Intensive Care National Audit and Research Centre

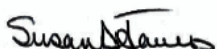
Company Registration number 02946727

Balance Sheet

For the year ended 31 December 2024

| | Notes | Unrestricted £ | Restricted £ | 2024 £ | 2023 £ |
|---|-------|-------------------|-----------------|------------------|------------------|
| FIXED ASSETS | | | | | |
| Tangible assets | 11 | 24,098 | - | 24,098 | 30,713 |
| INTANGIBLE ASSETS | | | | | |
| | 11a | - | - | - | - |
| CURRENT ASSETS | | | | | |
| Debtors | 12 | 1,118,112 | 1,344,065 | 2,462,177 | 1,878,224 |
| Cash at bank and in hand | | 1,066,411 | 50,271 | 1,116,682 | 5,684,849 |
| Investments | | 2,489,673 | 1,010,327 | 3,500,000 | - |
| | | 4,674,196 | 2,404,663 | 7,078,859 | 7,563,073 |
| Creditors | | | | | |
| Amounts falling due within one year | | | | | |
| Deferred income | | 1,065,342 | 90,604 | 1,155,946 | 1,303,960 |
| Other payables | | 506,457 | 2,384,978 | 2,891,435 | 2,791,737 |
| | 13 | 1,571,799 | 2,475,582 | 4,047,381 | 4,095,697 |
| Net current assets | | 3,102,397 | (70,919) | 3,031,478 | 3,467,376 |
| Creditors: Amounts falling due in greater than one year | | | | | |
| | 14 | 150,000 | - | 150,000 | 150,000 |
| NET ASSETS | | <u>2,976,495</u> | <u>(70,919)</u> | <u>2,905,576</u> | <u>3,348,089</u> |
| Represented by: | | | | | |
| Unrestricted Funds | | | | | |
| General Fund | 17 | 2,781,085 | | 2,781,085 | 2,982,792 |
| Development Fund (Designated) | 17 | 195,410 | | 195,410 | 403,544 |
| | | 2,976,495 | | 2,976,495 | 3,386,336 |
| Restricted Fund | 17 | - | (70,919) | (70,919) | (38,247) |
| | | | | <u>2,905,576</u> | <u>3,348,089</u> |

The Trustees acknowledge their responsibilities for complying with the requirements of the Companies Act 2006 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 24 June 2025 on their behalf by:



Susan James, Chair

The Notes on pages 35 to 48 form part of these accounts.

Intensive Care National Audit and Research Centre

Statement of Cash Flows For the year ended 31 December 2024

| | 2024 | 2023 |
|--|--------------------|------------------|
| Cash used in operating activities | | |
| Surplus/(Deficit) less interest income | (549,947) | 391,703 |
| (Increase)/Decrease in debtors | (583,953) | (34,410) |
| Increase/(Decrease) in creditors | (48,316) | (101,711) |
| Depreciation charges | 25,509 | 24,886 |
| Net cash used in operating activities | (1,156,707) | 280,468 |
| Cash flow from investing activities | | |
| Interest income | 107,434 | 8,543 |
| Amounts invested in longterm deposits | (3,500,000) | - |
| Purchase of tangible fixed assets | (18,894) | (31,677) |
| Net cash provided by investing activities | (3,411,460) | (23,134) |
| Increase (decrease) in cash and cash equivalents in the year | (4,568,167) | 257,334 |
| Cash and cash equivalents at the beginning of the year | 5,684,849 | 5,427,515 |
| Cash and cash equivalents at end year | 1,116,682 | 5,684,849 |

ANALYSIS OF CASH AND CASH EQUIVALENTS

| | 2024 | 2023 |
|--------------|-----------|-----------|
| | £ | £ |
| Cash in hand | 1,116,682 | 5,684,849 |
| | 1,116,682 | 5,684,849 |

ANALYSIS OF CHANGES IN NET DEBT

| | At 1 January 2024 £ | Cash flows £ | At 31 December 2024 £ |
|--------------------------|---------------------------|-----------------|-----------------------------|
| Cash at bank and in hand | 5,684,849 | (4,568,167) | 1,116,682 |
| | 5,684,849 | (4,568,167) | 1,116,682 |

Intensive Care National Audit and Research Centre

Notes to the Accounts

For the year ended 31 December 2024

Intensive Care National Audit and Research Centre (ICNARC) is a private company limited by guarantee registered in England and Wales and a charity registered with the Charity Commission. In the event of the charity being wound up, the liability in respect of the guarantee is limited to £1 per member of the charity. The address of the registered office is given on Page 20. The nature of the charity's operations and principal activities are detailed on pages 4-16. The charity is a public benefit entity as defined by FRS 102. The company registration is 02946727.

1 ACCOUNTING POLICIES

- (a) The accounts have been prepared under the historical cost convention in accordance with the Companies Act 2006 and follow the recommendations in Accounting and Reporting by charities: Statement of Recommended Practices (SORP) applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102).
- (b) The financial statements are prepared on a going concern basis. The Board of Management (Trustees) have considered the level of funds held and the expected level of income and expenditure for 12 months from authorising these financial statements. The budgeted income and expenditure are sufficient with the level of reserves for the charity to be able to continue as a going concern. The accounts are prepared in sterling, which is the functional and presentational currency of the charity, rounded to the nearest £1.
- (c) Interest is accounted for when receivable.
- (d) Research Grant income is recognised when the Charity has entitlement to the funds and any performance conditions have been met. Any advance income over expenditure is held on the Statement of Financial Position as deferred income.
- (e) The Annual Participants Cost Contributions (APCC) is invoiced on the anniversary date of joining. Any proportion of a current year income relating to the following year is treated as deferred income.
- (f) The National Cardiac Arrest Audit (NCAA) participants income is invoiced on the anniversary date of joining. Any proportion of current year income relating to the following years is treated as deferred income.
- (g) Resources expended are recognised in the period in which they occur. Resources expended include attributable VAT which cannot be recovered.
- (h) Resources expended are allocated to specific activity where the costs relate directly to that activity. The cost of the overall direction and administration, comprising of salary and overhead costs are apportioned on an estimate of premises cost and resources used to support those activities.
- (i) All fixed assets are initially recorded at cost and capitalised if costs exceed £1,000.
- (j) Depreciation is provided at the following annual rates to write off the cost of each asset on a straight-line basis over its estimated life. Rates currently used on cost are:
- | | |
|--------------------|-----|
| Office fabrication | 20% |
| Computer equipment | 33% |
| Office equipment | 33% |
| Office furniture | 20% |
- (k) Intangible assets - IT developments are capitalised as intangible assets where they are expected to be economic benefits flowing to the charity from the asset and the amount can be reliably measured. However, when changing requirements indicate significant revisions and improvements are required, the asset will be written down to reflect this. When a decision is taken to capitalise software development the rate of amortisation will be matched to the anticipated useful life.
- (l) Unrestricted funds are subscriptions and other incoming resources receivable or generated for the objects of the organisation without further specified purpose and are available as general funds.
- (m) Amortisation relates to third party computer software and is provided at an annual rate of 33%.
- (n) Designated Funds are unrestricted funds earmarked by the Board of Management for a particular purpose (i.e. Development Fund).
- (o) Restricted Funds are to be used for the specific purposes as laid down by the provider. Expenditure which meets these criteria is charged to the fund, together with a fair allocation of management and support costs.
- (p) The charity operates a defined contribution pension scheme for its employees. The assets of the scheme are held separately from those of the charity. The annual contribution payable is charged to the income and expenditure account.
- (q) Termination payments – Termination benefits, including redundancy costs, are recognized when the Charity has the obligation to pay the benefits and they can be reliably measured.
- (r) Rentals applicable to operating leases where substantially all the benefits and risks of ownership remain with the lessor are charged in the income and expenditure account on a straight-line basis over the period of the lease.

Intensive Care National Audit and Research Centre

Notes to the Accounts For the year ended 31 December 2024 continued

(s) The Charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. The financial assets and financial liabilities of the Charity are as follows:

Debtors – trade and other debtors are basic financial instruments and are debt instruments measured at amortised cost as detailed in Note 12.

Prepayments and research project grant receivables are not financial instruments.

Cash at bank – is classified as a basic financial instrument and is measured at face value.

Cash investment – On the basis of cashflow projections, surplus cash is invested to achieve the best possible return whilst minimising risk, protecting the capital invested, adhering to and preserving the values of the Charity. This is achieved through fixed-term deposits, short and long term, with the Charity's nominated banks.

Liabilities – trade creditors, accruals and other creditors will be classified as financial instruments and are measured at amortised cost as detailed in Note 15. Taxation and social security are not included in the financial instruments' disclosure. Deferred income is not deemed to be a financial liability, as the cash settlement has already taken place and there is simply an obligation to deliver charitable services rather than cash or another financial instrument.

(t) The following judgments (apart from those involving estimates) have been made in the process of applying the above accounting policies that have had the most significant effect on amounts recognised in the financial statements:

- The assessment of Useful Economic Life and the capitalisation threshold of Tangible and Intangible Fixed Assets.
- The allocation of managing and support costs to specific activity.

The key assumptions concerning the future and other key sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year include:

- Changes to ICNARC's plans to invest significantly in the further development of its IT platform and infrastructure resulting in the write down of intangible assets and the designation of funds to support the further development required. Investment in client-facing tools continues to provide enhanced functionality and continued stability as the number of users increases.

(u) There exist no material uncertainties in these accounts and there is a strong pipeline of activity.

Intensive Care National Audit and Research Centre

Notes to the Accounts
For the year ended 31 December 2024
(continued)

2 INCOME

| | <u>Unrestricted</u> | <u>Restricted</u> | <u>2024</u> | <u>2023</u> |
|--|---------------------|-------------------|------------------|------------------|
| | £ | £ | £ | £ |
| Incoming resources for charitable activities include: | | | | |
| Audit Subscriptions deferred brought fwd | 835,058 | 119,628 | 954,686 | 907,138 |
| Audit Subscriptions received 2024 | 1,731,428 | 251,704 | 1,983,132 | 1,781,974 |
| Less Audit Subscriptions deferred carried forward | (902,810) | (135,164) | (1,037,974) | (954,686) |
| Audit Subscriptions | 1,663,676 | 236,168 | 1,899,844 | 1,734,426 |
| Data/COVID-19 income | 80,356 | - | 80,356 | 126,993 |
| Activities in promoting Audits | 18,129 | - | 18,129 | 18,825 |
| Research Grants | 1,425 | 3,034,335 | 3,035,760 | 3,961,298 |
| Other services | 108,209 | - | 108,209 | 86,918 |
| Incoming resources for charitable activities include: | 1,871,795 | 3,270,503 | 5,142,298 | 5,928,460 |

Activities in promoting Audits include: software licensing £18,129 - (2023: £18,825), meeting, travel funding and speaker fees £nil - (2023: £254)

See appendix 1 on page 47 for 2023 comparative note.

3 RESEARCH GRANTS

| | <u>Unrestricted funds</u> | | <u>Restricted</u> | <u>Total</u> | <u>Total</u> |
|---|---------------------------|--------------------|-------------------|------------------|------------------|
| | <u>General</u> | <u>Development</u> | | <u>2024</u> | <u>2023</u> |
| Grants: | | | | | |
| PRESSURE - NIHR HTA | - | - | 394,608 | 394,608 | 482,514 |
| UK ROX - NIHR HTA | - | - | 240,381 | 240,381 | 528,929 |
| Oxy PICU 2 - NIHR-HTA | - | - | 35,573 | 35,573 | - |
| EXAKT-NIHR-HTA | - | - | 25,209 | 25,209 | - |
| GASTRIC-PICU-NIHR-HTA | - | - | 693,728 | 693,728 | 456,879 |
| WAL Walton Charles Predoc Fellowship-NIHR | - | - | 24,991 | 24,991 | 44,429 |
| PICU Platform-NIHR-HTA | - | - | 17,601 | 17,601 | 181,579 |
| OXY-PICU ND-NIHR-RFPB | - | - | 7,703 | 7,703 | - |
| Combining Data-NIHR-RFPB | - | - | 17,562 | 17,562 | - |
| REMAP-CAP (ECRAID-Base) - EC HORIZON 2020 | - | - | 85,350 | 85,350 | 83,534 |
| CNU COAST Nutrition - EDCTP | - | - | 24,019 | 24,019 | 49,008 |
| T4P (Threshold for Platelets)-NIHR-HTA | - | - | 537,303 | 537,303 | 365,846 |
| Airways-3 - NIHR-HTA | - | - | 12,343 | 12,343 | 23,606 |
| MOSAICC-NIHR-HTA | - | - | 540,229 | 540,229 | 375,419 |
| MAP-CLD-NIHR-HS&DR | - | - | 5,975 | 5,975 | 21,657 |
| REMAP-CAP-FLU-NIHR | - | - | 298,529 | 298,529 | 264,806 |
| SEISMIC-R-NIHR | - | - | 21,932 | 21,932 | 8,310 |
| TBI-Reporter-UKRI-MRC | - | - | 5,179 | 5,179 | 2,685 |
| Optic - Delirium PDG-NIHR-Researcher-Led | - | - | 5,917 | 5,917 | - |
| Cluster trials - UKRI - MRC | - | - | 5,093 | 5,093 | - |
| MecROX-NIHR-EME | - | - | 22,782 | 22,782 | - |
| BACHb-NIHR-HTA | - | - | 6,644 | 6,644 | - |
| OPTICAL-NIHR-HSDR | - | - | 8,576 | 8,576 | - |
| CTU Infrastructure - NIHR | - | - | - | - | 75,310 |
| REMAP-CAP (RECoVER) - EC HORIZON 2020 | - | - | - | - | 128,793 |
| Oxy-PICU - NIHR HTA | - | - | - | - | 337,817 |
| FIRST -ABC - NIHR HTA | - | - | - | - | 132,442 |
| CIRCA - RC(UK) | - | - | - | - | 11,993 |
| REMAP-CAP - NIHR | - | - | - | - | 166,390 |
| EXAKT - NIHR -HTA | - | - | - | - | 205,066 |
| Other | - | - | (2,892) | (2,892) | 14,286 |
| Other Research | 1,425 | - | - | 1,425 | - |
| | 1,425 | - | 3,034,335 | 3,035,760 | 3,961,298 |

All research income in 2023, £3,961,298, was restricted.

Intensive Care National Audit and Research Centre

Notes to the Accounts
For the year ended 31 December 2024
(continued)

4 TOTAL EXPENDITURE

| | | | | | | Total | Total |
|--------------------------------|-----------|-----------|---------|---------------|-----------------|-----------|-----------|
| | Audit | Promoting | Data | Support costs | Research grants | 2024 | 2023 |
| | £ | £ | £ | £ | £ | £ | £ |
| Staff costs | 1,059,157 | 62,689 | 195,160 | 199,161 | 1,804,108 | 3,320,275 | 2,952,335 |
| Training | 20,473 | 1,574 | 4,724 | 4,724 | 14,548 | 46,043 | 42,738 |
| Recruitment | 1,368 | 105 | 315 | 315 | 1,414 | 3,517 | 44,429 |
| Meetings | 29,959 | 2,304 | 6,914 | 8,333 | 17,805 | 65,315 | 79,416 |
| Governance | - | - | - | 38,363 | - | 38,363 | 36,019 |
| Travel | 4,848 | 372 | 1,118 | 1,119 | 17,025 | 24,482 | 24,984 |
| Premises | 92,799 | 6,744 | 20,242 | 15,151 | 86,175 | 221,111 | 244,761 |
| Legal/professional fees | - | - | - | - | 3,261 | 3,261 | 6,500 |
| Communications | 2,522 | 193 | 582 | 582 | 2,758 | 6,637 | 6,120 |
| Publications/printing | (227) | (18) | (51) | (54) | 12,842 | 12,492 | 10,080 |
| Post and carriage | 1,319 | 113 | 341 | 341 | 3,518 | 5,632 | 3,101 |
| Bank charges | - | - | - | 1,762 | 24 | 1,786 | 1,536 |
| Depreciation | 16,580 | 1,274 | 3,827 | 3,828 | - | 25,509 | 24,886 |
| Research expenditure | - | - | - | - | 1,060,761 | 1,060,761 | 1,393,616 |
| IT | 299,972 | 21,780 | 58,263 | 59,352 | 128,656 | 568,023 | 484,688 |
| Administration and consultancy | 142,022 | 10,827 | 32,497 | 32,496 | (1,423) | 216,419 | 229,217 |
| Other Research | 118,082 | - | - | - | (118,082) | - | - |
| Historic accrual write-off | 47,205 | 3,630 | 10,892 | 10,892 | - | 72,619 | - |
| Closed projects (Research) | - | - | - | - | - | - | (47,669) |
| Allocation of support costs | 296,840 | 19,875 | 59,650 | (376,365) | - | - | - |
| | 2,132,919 | 131,462 | 394,474 | - | 3,033,390 | 5,692,245 | 5,536,757 |

Audit expenditure £2,132,919 includes unrestricted costs totalling £1,863,134 and restricted costs totalling £269,785. Allocation of support costs is the reallocated Management and Administration after deduction for Governance and apportioned on the basis of premises costs.

See appendix 2 on page 47 for 2023 comparative note.

5 GOVERNANCE

| | Unrestricted | Restricted | 2024 | 2023 |
|----------------------------------|--------------|------------|--------|--------|
| | £ | £ | £ | £ |
| Board of Management & committees | 1,946 | - | 1,946 | 6,345 |
| Legal and HR | 18,267 | - | 18,267 | 12,349 |
| Financial | 18,150 | - | 18,150 | 17,325 |
| | 38,363 | - | 38,363 | 36,019 |

Travel and meeting costs were £1,946 of which, £1,159 (2023: £2,257) were reimbursed to 8 (2023: 9) trustee members.

Fees payable to the charity's auditors in respect of the audit and specialist advice were £18,150 (2023: £17,325).

See appendix 3 on page 47 for 2023 comparative note.

Intensive Care National Audit and Research Centre

Notes to the Accounts For the year ended 31 December 2024 (continued)

6 RESOURCES EXPENDITURE - RESEARCH

| | | | <u>2024</u> | <u>2023</u> |
|---|------------|-------------|------------------|------------------|
| Restricted | Start date | Grant value | £ | £ |
| PRESSURE - NIHR HTA | 08/01/2020 | £1,806,766 | 396,774 | 482,514 |
| UK ROX - NIHR HTA | 08/01/2020 | £2,078,886 | 263,881 | 528,929 |
| Oxy-PICU - NIHR HTA | 08/01/2019 | £1,569,780 | 35,573 | 337,818 |
| EXAKT - NIHR -HTA | 01/03/2022 | £586,200 | 25,209 | 205,066 |
| GASTRIC-PICU-NIHR-HTA | 01/09/2022 | £1,952,721 | 695,895 | 456,879 |
| Walton Charles Predoc Fellowship-NIHR | 01/09/2022 | £83,465 | 24,957 | 44,429 |
| PICU Platform - NIHR HTA | 01/03/2023 | £204,795 | 21,748 | 181,579 |
| OXY-PICU ND-NIHR-RFPB | 01/10/2024 | £257,141 | 7,703 | - |
| Combining Data-NIHR-RFPB | 01/10/2024 | £202,626 | 17,562 | - |
| REMAP-CAP (ECRAID-Base) - EC HORIZON 2020 | 01/03/2021 | £523,696 | 85,350 | 83,534 |
| CON REMAP CAP Convalescent Plasma | | - | (10,034) | - |
| COAST Nutrition - EDCTP | 05/01/2018 | £800,636 | 24,019 | 49,008 |
| T4P (Threshold for Platelets)-NIHR-HTA | 01/01/2022 | £1,925,146 | 539,469 | 365,846 |
| Airways-3 - NIHR-HTA | 01/01/2022 | £64,155 | 12,343 | 23,606 |
| CLASSIC - NIHR-HTA | 23/09/2020 | £17,802 | - | (187) |
| MOSAICC - NIHR HTA | 01/03/2021 | £1,710,519 | 542,394 | 375,419 |
| QResearch COVID VAC OX107 - HDR UK | 08/01/2021 | £49,170 | - | (10,479) |
| COAST - JGHT | | - | (36,044) | - |
| MAP-CLD-NIHR-HS&DR | 01/04/2022 | £27,632 | 13,139 | 9,432 |
| REMAP-CAP-FLU - NIHR | 01/12/2022 | £780,859 | 298,529 | 264,806 |
| SEISMIC-R - NIHR | 01/05/2023 | £36,106 | 21,932 | 8,310 |
| TBI-Reporter-UKRI-MRC | 01/10/2023 | £58,754 | 5,179 | 2,685 |
| Optic - Delirium PDG-NIHR-Researcher-Led | 01/05/2023 | £5,916 | 5,963 | - |
| Cluster trials - UKRI - MRC | 03/04/2023 | £13,966 | 5,093 | - |
| PIVOTAL | 01/01/2025 | £5,508,262 | 158 | - |
| MecROX-NIHR-EME | 01/12/2022 | £31,918 | 22,782 | - |
| BACHb-NIHR-HTA | 01/04/2023 | £24,134 | 6,644 | - |
| OPTICAL-NIHR-HSDR | 01/11/2023 | £18,137 | 8,576 | - |
| CTU Infrastructure - NIHR | 09/01/2013 | £800,636 | - | 75,310 |
| OPTIC-19 - COVID-19 Research Response Fund - University of Oxford | 01/07/2020 | £60,092 | - | - |
| REMAP-CAP (RECoVER) - EC HORIZON 2020 | 11/06/2020 | £609,850 | - | 128,793 |
| PICnIC - NIHR HTA | 11/01/2019 | £519,652 | - | (453) |
| FIRST -ABC - NIHR HTA | 02/01/2019 | £1,499,843 | - | 134,060 |
| CIRCA - RC(UK) | 06/01/2019 | £70,719 | - | 11,993 |
| REMAP-CAP - NIHR | 01/04/2020 | £745,990 | - | 164,008 |
| Other Research (Historic accrual write off) | | | - | - |
| Other | various | | (1,404) | 35,102 |
| | | | <u>3,033,390</u> | <u>3,958,007</u> |
| Unrestricted | | | | |
| Other Research | | | 118,082 | - |
| Closed projects (Research) | | | - | (47,669) |
| | | | <u>3,151,472</u> | <u>3,910,338</u> |

7 RESTRICTED RESOURCES EXPENDITURE - AUDIT

| | <u>2024</u> | <u>2023</u> |
|-------------------------------|-------------|-------------|
| | £ | £ |
| National Cardiac Arrest Audit | 269,785 | 249,984 |

Intensive Care National Audit and Research Centre

Notes to the Accounts
For the year ended 31 December 2024
(continued)

8 SURPLUS ON ORDINARY ACTIVITIES

| The surplus is stated after charging: | Unrestricted | Restricted | 2024 | 2023 |
|---------------------------------------|--------------|------------|--------|--------|
| | £ | £ | £ | £ |
| Depreciation and amortisation | 25,509 | - | 25,509 | 24,886 |
| Auditors' remuneration | 18,150 | - | 18,150 | 17,325 |

9 STAFF COSTS AND NUMBERS

| | 2024 | 2023 |
|---------------------------|------------------|------------------|
| | £ | £ |
| Salaries | 2,816,377 | 2,406,655 |
| Social security costs | 272,219 | 236,191 |
| Pension | 205,678 | 149,864 |
| Seconded and agency staff | 26,000 | 159,625 |
| | <u>3,320,274</u> | <u>2,952,335</u> |

The number of employees receiving emoluments in excess of £60k (does not include employer pension):

| | | |
|---------------------|---|---|
| £60,000 - £69,999 | 2 | 3 |
| £70,000 - £79,999 | 3 | 2 |
| £80,000 - £89,999 | 3 | 2 |
| £90,000 - £99,000 | 1 | - |
| £100,000 - £109,999 | - | - |
| £110,000 - £119,999 | - | - |
| £120,000 - £129,999 | - | 1 |

The monthly average numbers employed during the year calculated on the basis of actual headcount:

| | No. | No. |
|---------------------|-----------|-----------|
| Executive | 4 | 4 |
| Audit | 9 | 10 |
| Research | 21 | 21 |
| Statistics | 8 | 7 |
| Data & Data Systems | 12 | 5 |
| Operations | 8 | 9 |
| | <u>62</u> | <u>56</u> |

The company operates a Group Personal Pension scheme. Contributions to the Group Personal Pension Scheme in 2024 were £186,422 (£149,864 in 2023).

The amount of pension contribution to higher paid staff in 2024 was £60,404 (£53,123 in 2023).

The number of employees eligible to participate in the Group Personal Pension scheme at the end of 2024 is 62 (56 in 2023) and the total number participating is 58 (51 in 2023)

The number of employees auto-enrolled during 2024 is 8 (12 in 2023).

The Trustees and Co-Directors are the key management personnel of the company. The Trustees, being in a voluntary position, receive no remuneration from the organisation (2023: Nil).

The Co-Directors received total emoluments of £192,242 (2023: £153,455).

Contractual redundancy costs included in total salaries for 2024 is £nil (2023: £nil).

10 TAXATION

The company is exempt from income and corporation taxes under S466 to S493 Corporation Tax Act 2010 (CTA 2010).

Intensive Care National Audit and Research Centre

Notes to the Accounts For the year ended 31 December 2024 (continued)

11 TANGIBLE FIXED ASSETS

| | Office fabrication | Computer equipment | Office equipment | Office furniture | Total |
|------------------------------------|-----------------------|-----------------------|---------------------|---------------------|---------|
| | £ | £ | £ | £ | £ |
| Cost at 1 January 2024 | 32,407 | 100,067 | 8,939 | 55,415 | 196,828 |
| Additions | - | 18,894 | - | - | 18,894 |
| Disposals | - | - | - | - | - |
| At 31 December 2024 | 32,407 | 118,961 | 8,939 | 55,415 | 215,722 |
| Depreciation at 1 January 2024 | 32,073 | 69,688 | 8,939 | 55,415 | 166,115 |
| Depreciation for the period | 334 | 25,175 | - | - | 25,509 |
| Disposals | - | - | - | - | - |
| At 31 December 2024 | 32,407 | 94,863 | 8,939 | 55,415 | 191,624 |
| Net book value at 31 December 2024 | - | 24,098 | - | - | 24,098 |
| Net book value at 31 December 2023 | 334 | 30,379 | - | - | 30,713 |

11a INTANGIBLE ASSETS

| | Software | IT Development | Total |
|------------------------------------|----------|-------------------|---------|
| | £ | £ | £ |
| Cost at 1 January 2024 | 45,400 | 248,521 | 293,921 |
| Additions | - | - | - |
| Disposals | - | - | - |
| At 31 December 2024 | 45,400 | 248,521 | 293,921 |
| Amortisation at 1 January 2024 | 45,400 | 248,521 | 293,921 |
| Amortisation for the period | - | - | - |
| Disposals | - | - | - |
| At 31 December 2024 | 45,400 | 248,521 | 293,921 |
| Net book value at 31 December 2024 | - | - | - |
| Net book value at 31 December 2023 | - | - | - |

12 DEBTORS

| | Unrestricted | Restricted | 2024 | 2023 |
|-------------------|--------------|------------|-----------|-----------|
| | £ | £ | £ | £ |
| Trade debtors | 907,094 | - | 907,094 | 815,899 |
| Other debtors | 72,686 | - | 72,686 | - |
| Research projects | - | 1,344,065 | 1,344,065 | 974,143 |
| Prepayments | 138,332 | - | 138,332 | 88,182 |
| | 1,118,112 | 1,344,065 | 2,462,177 | 1,878,224 |

See appendix 4 on page 47 for 2023 comparative note.

Intensive Care National Audit and Research Centre

Notes to the Accounts For the year ended 31 December 2024 (continued)

13 CREDITORS

| | Unrestricted | Restricted | 2024 | 2023 |
|----------------------------|------------------|------------------|------------------|------------------|
| | £ | £ | £ | £ |
| Trade creditors | 160,756 | - | 160,756 | 258,352 |
| Other creditors | 80,200 | - | 80,200 | 49,742 |
| Accruals | 115,353 | 2,384,978 | 2,500,331 | 2,343,163 |
| Taxation & Social Security | 150,148 | - | 150,148 | 140,480 |
| Deferred income (note 15) | 1,065,342 | 90,604 | 1,155,946 | 1,303,960 |
| | <u>1,571,799</u> | <u>2,475,582</u> | <u>4,047,381</u> | <u>4,095,697</u> |

See appendix 5 on page 48 for 2023 comparative note.

14 CREDITORS: AMOUNTS FALLING DUE AFTER ONE YEAR

| | 2024 | 2023 |
|---------------|----------------|----------------|
| | £ | £ |
| Dilapidations | 150,000 | 150,000 |
| | <u>150,000</u> | <u>150,000</u> |

The dilapidation provision recognises the obligation to restore existing offices to their original state at the end of the lease which expires in March 2027.

15 DEFERRED INCOME

Deferred income comprises audit and research income payable annually and income deferred in the Clinical infrastructure fund.

| | 2024 | 2023 |
|---------------------------------------|------------------|------------------|
| | £ | £ |
| Balance at 1st January 2024 | 1,303,960 | 2,052,751 |
| Amount released to incoming resources | (1,303,960) | (2,052,751) |
| Deferred audit | 1,037,974 | 954,686 |
| Deferred research | 90,604 | 335,366 |
| Deferred other | 27,368 | 13,908 |
| Balance at 31 December 2024 | <u>1,155,946</u> | <u>1,303,960</u> |

Deferred other relates to software developer and data services access to Platform X income received in advance.

16 ANALYSIS OF NET ASSETS BETWEEN FUNDS

| | Unrestricted Funds | | Restricted | 2024 | 2023 |
|----------------------------------|--------------------|------------------|-----------------|------------------|------------------|
| | General | Designated Funds | | | |
| | £ | £ | £ | £ | £ |
| Fixed assets | 24,098 | - | - | 24,098 | 30,713 |
| Current assets | 4,478,786 | 195,410 | 2,404,663 | 7,078,859 | 7,563,073 |
| Creditors due within one year | (1,571,799) | - | (2,475,582) | (4,047,381) | (4,095,697) |
| Creditors due more than one year | (150,000) | - | - | (150,000) | (150,000) |
| | <u>2,781,085</u> | <u>195,410</u> | <u>(70,919)</u> | <u>2,905,576</u> | <u>3,348,089</u> |

Intensive Care National Audit and Research Centre

Notes to the Accounts
For the year ended 31 December 2024
(continued)

17 RESERVES

The movement in the reserves were as follows:

| | At 1 Jan 2024 | Income | Expenditure | Transfers | At 31 Dec 2024 |
|---|------------------|-----------|-------------|-----------|-------------------|
| | £ | £ | £ | £ | £ |
| Restricted Funds | | | | | |
| Research Grants: | | | | | |
| PRESSURE - NIHR HTA | - | 394,608 | (396,774) | | (2,166) |
| UK ROX - NIHR HTA | - | 240,381 | (263,881) | | (23,500) |
| Oxy PICU 2 - NIHR-HTA | (1,261) | 35,573 | (35,573) | | (1,261) |
| EXAKT-NIHR-HTA | - | 25,209 | (25,209) | | - |
| GASTRIC-PICU-NIHR-HTA | - | 693,728 | (695,895) | | (2,167) |
| WAL Walton Charles Predoc Fellowship-NIHR | - | 24,991 | (24,957) | | 34 |
| PICU Platform-NIHR-HTA | - | 17,601 | (21,748) | | (4,147) |
| OXY-PICU ND-NIHR-RFPB | - | 7,703 | (7,703) | | - |
| Combining Data-NIHR-RFPB | - | 17,562 | (17,562) | | - |
| REMAP-CAP (ECRAID-Base) - EC HORIZON 2020 | - | 85,350 | (85,350) | | - |
| CON REMAP CAP Convalescent Plasma | - | - | 10,034 | | 10,034 |
| CNU COAST Nutrition - EDCTP | - | 24,019 | (24,019) | | - |
| T4P (Threshold for Platelets)-NIHR-HTA | - | 537,303 | (539,469) | | (2,166) |
| Airways-3 - NIHR-HTA | - | 12,343 | (12,343) | | - |
| CLASSIC - NIHR-HTA | 2,721 | - | - | | 2,721 |
| MOSAICC-NIHR-HTA | - | 540,229 | (542,394) | | (2,165) |
| QResearch COVID VAC OX107 - HDR UK | 10,479 | - | - | | 10,479 |
| COAST - JGHT | - | - | 36,044 | | 36,044 |
| MAP-CLD-NIHR-HS&DR | - | 5,975 | (13,139) | | (7,164) |
| REMAP-CAP-FLU-NIHR | - | 298,529 | (298,529) | | - |
| SEISMIC-R-NIHR | - | 21,932 | (21,932) | | - |
| TBI-Reporter-UKRI-MRC | - | 5,179 | (5,179) | | - |
| Optic - Delirium PDG-NIHR-Researcher-Led | - | 5,917 | (5,963) | | (46) |
| Cluster trials - UKRI - MRC | - | 5,093 | (5,093) | | - |
| PIVOTAL | - | - | (158) | | (158) |
| MecROX-NIHR-EME | - | 22,782 | (22,782) | | - |
| BACHb-NIHR-HTA | - | 6,644 | (6,644) | | - |
| OPTICAL-NIHR-HSDR | - | 8,576 | (8,576) | | - |
| Other | 5,870 | (2,892) | 1,404 | | 4,382 |
| Total grants | 17,809 | 3,034,335 | (3,033,390) | - | 18,754 |
| Audit: | | | | | |
| National Cardiac Arrest Audit | (56,056) | 236,168 | (269,785) | | (89,673) |
| Total Restricted Funds | (38,247) | 3,270,503 | (3,303,175) | - | (70,919) |
| Unrestricted Funds | | | | | |
| Development Fund (designated) | 403,544 | - | (208,134) | | 195,410 |
| General Fund | 2,982,792 | 1,979,229 | (2,180,936) | | 2,781,085 |
| | 3,386,336 | 1,979,229 | (2,389,070) | - | 2,976,495 |
| At the end of the year | 3,348,089 | 5,249,732 | (5,692,245) | - | 2,905,576 |

Purposes of restricted funds

Resourced against awarded scientific research grants. At times income is received in advance of expenditure. In the case of closed research grants funds are withheld until the funder deems the project to be satisfactorily closed. This may take up to 3 years. Some funding for research projects do not provide sufficient monies to cover all costs, including overheads, and result in a deficit being incurred. When such deficits arise they will be balanced from general funds on completion of the project if the deficit is not corrected prior to completion. Please refer to the acronyms table on pages 45 and 46 for the description and purpose of the restricted funds.

Purpose of designated funds

The development fund, for the ongoing development of the technology that underpins our national clinical audits and research currently stands at £195,410. It will be expended over the next 5 years.

See appendix 6 on page 48 for 2023 comparative note.

Intensive Care National Audit and Research Centre

Notes to the Accounts For the year ended 31 December 2024 (continued)

18 RELATED PARTY TRANSACTIONS

There are no related party transactions in the year (£0 - 2023) that require disclosure other than the Trustees' expenses in note 5.

19 ULTIMATE CONTROLLING PARTY

The Trustees are of the opinion that there is no one controlling party of the charitable company.

20 PENSION COMMITMENTS

The Charity operates a defined contributions pension scheme. The assets of the scheme are held from those of the Charity in an independently administered fund. The pension cost charge represents contributions payable by the Charity to the fund and amounted to £186,422 (2023: £149,864).

The Charity's staff work across activities and between restricted and unrestricted funds, this is reflected in the allocation of pension liability and expense.

Contributions totalling £50,560 (2023: £24,844) were payable at 31 December 2024 and included in the Statement of Financial Position.

21 OPERATING LEASE COMMITMENTS

The total future minimum lease payments under non-recoverable operating leases for land, buildings and equipment are shown below, analysed according to the expiry date of the lease. The costs during the year totalled £138,804 (2023: £138,364)

| | 2024 | 2023 |
|------------------------------|----------------|----------------|
| | £ | £ |
| Land and buildings | | |
| Within one year | 169,983 | 169,983 |
| Between one and two years | 169,983 | 169,983 |
| Between three and five years | 28,331 | 198,314 |
| Over five years | - | - |
| | <u>368,297</u> | <u>538,280</u> |
| Equipment | | |
| Within one year | 440 | 1,189 |
| Between one and two years | 440 | - |
| Between two and five years | 147 | - |
| | <u>1,027</u> | <u>1,189</u> |
| Total | <u>369,324</u> | <u>539,469</u> |

22 CAPITAL COMMITMENTS

The next stage of ICNARC's infrastructure projects commenced in 2021 with the establishment of a new Data and Data Services team and upgrades and new developments of the technology that underpins our clinical audits and research at an estimated future costs of £195,410. Funds to support this project have been designated.

Intensive Care National Audit and Research Centre

Notes to the Accounts
For the year ended 31 December 2024
(continued)

Acronyms used in the Financial Statements

| Study acronym - Funder | Name | Description of study |
|---|---|---|
| CTU Infrastructure - NIHR | Clinical trials unit Infrastructure Funding | Infrastructure (staff, training, etc.) funding for our UKCRC registered clinical trials unit. |
| 65 - NIHR HTA | Permissive hypotension in critically ill patients aged 65 years or over with vasodilatory hypotension | Multicentre randomised clinical trial evaluating permissive hypotension (a lower blood pressure) to guide blood pressure raising drugs to improve survival for critically ill adults, aged 65 years or over, with vasodilatory hypotension. |
| COAST Nutrition - EDCTP | Children's Oxygen Administration Strategies Trial - Nutrition | Built on COAST, a multicentre clinical trial evaluating additional nutritional support, post-discharge from hospital, to improve survival in critically ill children recovering from severe pneumonia. |
| RRAM - NIHR HTA | Renal Replacement Anticoagulant Management | Observational study evaluating the implementation of citrate anticoagulation for continuous renal replacement therapy to improve survival for critically ill adults receiving continuous renal replacement therapy. |
| REMAP-CAP (PREPARE) - EC FP | Randomized, Embedded, Multifactorial, Adaptive Platform trial for Community-Acquired Pneumonia (and COVID-19) | International adaptive platform randomised clinical trial evaluating multiple interventions to understand the optimal treatment strategy to improve survival for critically ill patients with community acquired pneumonia, including COVID-19. |
| Oxy-PICU - NIHR HTA | Randomised multicentre trial of conservative versus liberal oxygenation targets in critically ill children | Multicentre randomised clinical trial evaluating permissive (a lower) oxygen saturation to guide oxygen therapy to improve survival in critically ill children who are receiving mechanical ventilation. |
| PICnIC - NIHR HTA | Paediatric Intensive Care and Infection Control | Pilot, multicentre randomised clinical trial evaluating an infection control strategy to improve survival for critically ill children who are receiving mechanical ventilation. |
| CAFE - NIHR HTA | Critical care Atrial Fibrillation Evaluation | Literature review and database analysis to estimate how effective current treatments for new onset atrial fibrillation (a fast, irregular heartbeat) are when they occur in the critical care unit. |
| FIRST-ABC - NIHR HTA | FIRST-line support for Assistance in Breathing in Children | Multicentre randomised clinical trial evaluating high flow nasal cannula (delivering oxygen via nasal prongs) to improve recovery for critically ill children requiring non-invasive respiratory support. |
| CIRCA - RC(UK) | Critical Illness-Related Cardiac Arrest | Observational study to understand the frequency of patients having a cardiac arrest in the critical care unit, their survival and, for those that recover, their longer-term quality of life. |
| PRESSURE - NIHR HTA | Evaluating the clinical and cost effectiveness of using a more permissive blood pressure target to guide careful titration of vasoactive agents in critically ill children with hypotension: PROtocolised Evaluation of PerMISSive hypotension versus Usual care (PRESSURE) | Aims to find out the best blood pressure target to use for children in paediatric intensive care units (PICUs). We plan to conduct a clinical trial testing a lower blood pressure target (depending upon age) in children with hypotension against current usual practice. |
| UK ROX - NIHR HTA | Evaluating the clinical and cost-effectiveness of a conservative approach to oxygen therapy for invasively ventilated adults in intensive care (UK ROX) | Trial to find out whether using a lower oxygen target (conservative oxygen therapy) to guide oxygen treatment might lead to better outcomes for patients when compared with the approach currently used in NHS ICUs (usual oxygen therapy). The study will include 16,500 patients from 100 UK NHS ICUs. Patients will be randomly assigned to either the conservative oxygen therapy or usual oxygen therapy group. |
| REMAP-CAP - NIHR | Randomized, Embedded, Multifactorial Adaptive Platform Trial for Community-Acquired Pneumonia | A randomised controlled trial for patients admitted to the intensive care unit (ICU) with severe Community-Acquired Pneumonia (CAP). All patients with severe CAP who are treated in an ICU will receive a combination of multiple different treatments. For many of these treatments, different options are available and used variably in current standard practice. |
| QResearch - Wellcome | OX79 Coronavirus Record Linkage Project - QResearch-ICNARC COVID-19 Collaboration | Link of QResearch, SystmOne and ICNARC CMP data to look at the association between prior medication and outcome for patients most severely affected by COVID-19 infections. |
| REMAP-CAP (RECOVER) - EC HORIZON 2020 | Rapid European COVID-19/SARS-CoV-2 Emergency Research response (RECOVER) | The EU-funded RECOVER project constitutes a comprehensive research response against SARS-CoV-2, aiming to address patient and public health level interventions building upon expertise from the the FP7 PREPARE project and will undertake clinical studies in primary and hospital care as well as epidemiological and biological investigations and modelling to fill knowledge gaps on SARS-CoV-2 infectivity and transmission. |
| REMAP-CAP (ECRAID-Base) - EC HORIZON 2020 | European Clinical Research Alliance on Infectious Diseases | A pan-European, single-access, sustainable clinical research network for infectious diseases, ECRAID is intended to reduce the impact of infectious diseases on individual and population health by generating rigorous evidence to improve the diagnosis, prevention and treatment of infections and to better respond to infectious disease threats. The network will function as the backbone of clinical research activities, providing an efficient infrastructure capable to perform all clinical trial aspects, from study design to scientific publication. |
| MOSAICC - NIHR HTA | Multicentre evaluation Of Sodium bicarbonate in Acute kidney Injury in Critical Care | Clinical trial to provide an evidence base for whether using sodium bicarbonate to treat critically ill people with acidosis and AKI improves survival and is cost-effective for the NHS. |
| EXAKT - NIHR-HTA | EXAKT (study within the UK-ROX trial) | A study within a trial to determine the effect of skin tone on the diagnostic accuracy of pulse oximeters. |
| GASTRIC-PICU - NIHR-HTA | The GASTRIC-PICU study. | A randomised controlled trial of no routine gastric residual monitoring to guide enteral feeding in paediatric intensive care units. |
| T4P - NIHR-HTA | The Thresholds for Platelets (T4P) trial. | A prospective randomised trial to define the platelet count below which critically ill patients should receive a platelet transfusion prior to an invasive procedure. |
| AIRWAYS-3 - NIHR-HTA | The AIRWAYS-3 trial. | Randomised trial of the clinical and cost effectiveness of a supraglottic airway device versus tracheal intubation during in-hospital cardiac arrest (AIRWAYS-3). |
| CLASSIC - NIHR-HTA | The CLASSIC trial. | The Conservative vs. Liberal Approach to fluid therapy of Septic Shock in Intensive Care. |
| REMAP-CAP-FLU - NIHR | A Randomised, Embedded, Multi-factorial, Adaptive Platform Trial for Community-Acquired Pneumonia (REMAP-CAP) – Influenza | A Randomised, Embedded, Multi-factorial, Adaptive Platform Trial for assessing immune modulation and antivirals for hospitalised and critically ill patients with influenza |
| PICU Platform - NIHR HTA | Development of a Platform Trial in Paediatric Intensive Care | A mixed-methods study to complete the targeted preparatory work necessary for the establishment of a Bayesian, randomised, multifactorial, adaptive, platform trial for paediatric intensive care |
| SEISMIC-R - NIHR | A Study to Evaluate the Introduction of new Staffing Models in Intensive Care: a realist evaluation | A mixed methods study including a realist evaluation to identify the the key components of an optimal nurse staffing model for deployment in ICU. |
| TBI-Reporter-UKRI-MRC | The UK-TBI REpository and data PORTal Enabling discoveRy | Research platform for traumatic brain injury including a repository for TBI and biomarker data and a network for research |
| Optic - Delirium PDG-NIHR-Researcher-Led | OPTIC: Optimising the prevention and management of Intensive Care Delirium | Programme development grant for developing and testing a new care package for the prevention and treatment of delirium in adult ICU (still at grant application stage) |

Intensive Care National Audit and Research Centre

Notes to the Accounts
For the year ended 31 December 2024
(continued)

Acronyms used in the Financial Statements

| Study acronym - Funder | Name | Description of study |
|-----------------------------|---|---|
| Cluster trials - UKRI - MRC | Exploring patient and public perspectives on recruitment and consent in cluster randomised trials involving children | Qualitative study exploring parent perspectives on recruitment and consent in cluster randomised trials |
| PIVOTAL | Paediatric intensive care adaptive platform trial | Platform trial aiming to answer multiple research questions |
| MecROX-NIHR-EME | Oxidative stress, redox status and surfactant metabolism in mechanically ventilated patients receiving different approaches to oxygen therapy | Mechanistic sub-study of UK-ROX trial conducted by University of Southampton |
| BACHb-NIHR-HTA | Breathing Assistance in Children with bronchiolitis (BACHb): a group-sequential two stratum multicentre open-label randomised clinical trial of respiratory support in infants with acute bronchiolitis | Randomised trial of respiratory support in paediatric ICU |
| OPTICAL-NIHR-HSDR | OPTICAL: Optimising Paediatric Transition to Intensive Care for Adults | Retrospective analysis of linked datasets and qualitative research. |
| Other acronyms | | |
| CMP | Case Mix Programme | n/a |
| NCAA | National Cardiac Arrest Audit | n/a |
| INICUA | Irish National Intensive Care Unit Audit | n/a |
| NIHR | National Institute for Health Research | n/a |
| HSDR | Health Services & Delivery Research Programme | n/a |
| HTA | Health Technology Assessment Programme | n/a |
| JGHT | Joint Global Health Trials | n/a |
| EDCTP | European and Developing Countries Clinical Trials Partnership | n/a |
| EC | European Commission | n/a |
| APCC | Annual Participants Cost Contribution | n/a |

Intensive Care National Audit and Research Centre

Notes to the Accounts
For the year ended 31 December 2024
(continued)

APPENDICES 2023 Comparatives

Appendix 1

2 INCOME

| | <u>Unrestricted</u> | <u>Restricted</u> | <u>2023</u> | <u>2022</u> |
|--|---------------------|-------------------|------------------|------------------|
| | £ | £ | £ | £ |
| Incoming resources for charitable activities include: | | | | |
| Audit Subscriptions deferred brought fwd | 796,736 | 110,402 | 907,138 | 863,822 |
| Audit Subscriptions received 2023 | 1,569,466 | 212,508 | 1,781,974 | 1,748,418 |
| Less Audit Subscriptions deferred carried forward | (835,058) | (119,628) | (954,686) | (907,138) |
| Audit Subscriptions | 1,531,144 | 203,282 | 1,734,426 | 1,705,103 |
| Data/COVID-19 income | 126,993 | - | 126,993 | 140,809 |
| Activities in promoting Audits | 18,825 | - | 18,825 | 21,586 |
| Research Grants | - | 3,961,298 | 3,961,298 | 3,026,633 |
| Other services | 82,179 | 4,739 | 86,918 | 187,803 |
| Incoming resources for charitable activities include: | 1,759,141 | 4,169,319 | 5,928,460 | 5,081,933 |

Activities in promoting Audits include: software licensing £18,129 - (2023: £18,825), meeting, travel funding and speaker fees £nil - (2023: £254)

Appendix 2

4 TOTAL EXPENDITURE

| | | | | | | Total | Total |
|--------------------------------|------------------|---------------|----------------|---------------|------------------|------------------|------------------|
| | Audit | Promoting | Data | Support costs | Research grants | 2023 | 2022 |
| | £ | £ | £ | £ | £ | £ | £ |
| Staff costs | 604,273 | 29,591 | 103,197 | 99,869 | 2,115,405 | 2,952,335 | 2,568,660 |
| Training | 19,041 | 1,464 | 4,393 | 4,393 | 13,447 | 42,738 | 4,017 |
| Recruitment | 22,740 | 1,749 | 5,247 | 5,248 | 9,445 | 44,429 | 36,054 |
| Meetings | 29,381 | 2,114 | 6,341 | 7,356 | 34,224 | 79,416 | 22,600 |
| Governance | - | - | - | 36,019 | - | 36,019 | 25,822 |
| Travel | 5,286 | 404 | 1,216 | 1,216 | 16,862 | 24,984 | 13,806 |
| Premises | 92,131 | 6,693 | 20,087 | 14,997 | 110,853 | 244,761 | 223,088 |
| Legal/professional fees | - | - | - | - | 6,500 | 6,500 | - |
| Communications | 2,562 | 197 | 592 | 592 | 2,177 | 6,120 | 17,922 |
| Publications/printing | (2,135) | (165) | (493) | (493) | 13,366 | 10,080 | 10,004 |
| Post and carriage | 235 | 18 | 55 | 55 | 2,738 | 3,101 | 1,506 |
| Bank charges | - | - | - | 1,454 | 82 | 1,536 | 2,099 |
| Depreciation | 4,522 | 346 | 1,044 | 1,045 | 17,929 | 24,886 | 17,717 |
| Research expenditure | - | - | - | - | 1,393,616 | 1,393,616 | 1,084,819 |
| IT | 191,009 | 13,398 | 33,118 | 34,207 | 212,956 | 484,688 | 315,597 |
| Administration and consultancy | 143,952 | 10,975 | 32,942 | 32,942 | 8,406 | 229,217 | 156,885 |
| Closed projects (Research) | - | - | - | - | (47,669) | (47,669) | (127,267) |
| Allocation of support costs | 191,166 | 11,931 | 35,803 | (238,900) | - | - | - |
| | 1,304,163 | 78,715 | 243,542 | - | 3,910,337 | 5,536,757 | 4,373,329 |

Audit expenditure includes unrestricted costs totalling £1,054,179 and restricted costs totalling £249,984. Allocation of support costs is the reallocated Management and Administration after deduction for Governance and apportioned on the basis of staff costs.

Appendix 3

5 GOVERNANCE

| | <u>Unrestricted</u> | <u>Restricted</u> | <u>2023</u> | <u>2022</u> |
|----------------------------------|---------------------|-------------------|---------------|---------------|
| | £ | £ | £ | £ |
| Board of Management & committees | 6,345 | - | 6,345 | 1,983 |
| Legal and HR | 12,349 | - | 12,349 | 7,339 |
| Financial | 17,325 | - | 17,325 | 16,500 |
| | 36,019 | - | 36,019 | 25,822 |

Travel and meeting costs were £6,345 of which, £2,257 (£1,668 - 2022) were reimbursed to 9 (8 - 2022) trustee members. Fees payable to the charity's auditors in respect of the audit and specialist advice were £17,325 (£16,500 - 2022).

Appendix 4

12 DEBTORS

| | <u>Unrestricted</u> | <u>Restricted</u> | <u>2023</u> | <u>2022</u> |
|-------------------|---------------------|-------------------|------------------|------------------|
| | £ | £ | £ | £ |
| Trade debtors | 815,899 | - | 815,899 | 803,046 |
| Research projects | - | 974,143 | 974,143 | 970,815 |
| Prepayments | 88,182 | - | 88,182 | 69,955 |
| | 904,081 | 974,143 | 1,878,224 | 1,843,816 |

Intensive Care National Audit and Research Centre

Notes to the Accounts
For the year ended 31 December 2024
(continued)

APPENDICES 2023 Comparatives continued

Appendix 5 13 CREDITORS

| | Unrestricted | Restricted | 2023 | 2022 |
|----------------------------|------------------|------------------|------------------|------------------|
| | £ | £ | £ | £ |
| Trade creditors | 258,352 | - | 258,352 | 211,289 |
| Other creditors | 49,742 | - | 49,742 | 33,648 |
| Accruals | 106,000 | 2,237,163 | 2,343,163 | 1,777,000 |
| Taxation & Social Security | 140,480 | - | 140,480 | 122,720 |
| Deferred income (note 16) | 968,594 | 335,366 | 1,303,960 | 2,052,751 |
| | <u>1,523,168</u> | <u>2,572,529</u> | <u>4,095,697</u> | <u>4,197,408</u> |

Appendix 6 17 RESERVES

The movement in the reserves were as follows:

| | At 1 Jan 2023 | Income | Expenditure | Transfers | At 31 Dec 2023 |
|---|------------------|------------------|--------------------|-----------------|-------------------|
| | £ | £ | £ | £ | £ |
| Restricted Funds | | | | | |
| Research Grants: | | | | | |
| CTU Infrastructure - NIHR | - | 75,310 | (75,310) | - | - |
| MOSAICC - NIHR HTA | - | 375,419 | (375,419) | - | - |
| 65 - NIHR HTA | (18,829) | - | - | 18,829 | - |
| COAST Nutrition - EDCTP | - | 49,008 | (49,008) | - | - |
| REMAP-CAP (RECoVER) - EC HORIZON 2020 | - | 128,793 | (128,793) | - | - |
| REMAP-CAP (ECRAID-Base) - EC HORIZON 2020 | - | 83,534 | (83,534) | - | - |
| REMAP-CAP-FLU - NIHR | - | 264,806 | (264,806) | - | - |
| PICU Platform - NIHR HTA | - | 181,579 | (181,579) | - | - |
| RRAM - NIHR HTA | (1,140) | - | - | 1,140 | - |
| Oxy-PICU - NIHR HTA | (1,260) | 337,817 | (337,818) | - | (1,261) |
| PICnIC - NIHR HTA | - | - | 453 | (453) | - |
| CAFE - NIHR HTA | (12,093) | - | - | 12,093 | - |
| FIRST-ABC - NIHR HTA | 1,618 | 132,442 | (134,060) | - | - |
| CIRCA - RC(UK) | - | 11,993 | (11,993) | - | - |
| PRESSURE - NIHR HTA | - | 482,514 | (482,514) | - | - |
| UK ROX - NIHR HTA | - | 528,929 | (528,929) | - | - |
| REMAP-CAP - NIHR | (2,382) | 166,390 | (164,008) | - | - |
| EXAKT - NIHR -HTA | - | 205,066 | (205,066) | - | - |
| GASTRIC-PICU-NIHR-HTA | - | 456,879 | (456,879) | - | - |
| Walton Charles Predoc Fellowship-NIHR | - | 44,429 | (44,429) | - | - |
| T4P (Threshold for Platelets)-NIHR-HTA | - | 365,846 | (365,846) | - | - |
| Airways-3 - NIHR-HTA | - | 23,606 | (23,606) | - | - |
| CLASSIC - NIHR-HTA | 2,534 | - | 187 | - | 2,721 |
| MAP-CLD-NIHR-HS&DR | (12,225) | 21,657 | (9,432) | - | - |
| QResearch COVID VAC OX107 - HDR UK | - | - | 10,479 | - | 10,479 |
| SEISMIC-R - NIHR | - | 8,310 | (8,310) | - | - |
| TBI-Reporter-UKRI-MRC | - | 2,685 | (2,685) | - | - |
| Other | 26,686 | 14,286 | (35,102) | - | 5,870 |
| Total grants | (17,090) | 3,961,298 | (3,958,007) | 31,608 | 17,809 |
| Audit: | | | | | |
| National Cardiac Arrest | | | | | |
| Audit | (14,093) | 208,021 | (249,984) | - | (56,056) |
| Total Restricted Funds | (31,183) | 4,169,319 | (4,207,991) | 31,608 | (38,247) |
| Unrestricted Funds | | | | | |
| Development Fund (designated) | 416,500 | - | (12,956) | - | 403,544 |
| General Fund | 2,562,526 | 1,767,684 | (1,315,810) | (31,608) | 2,982,792 |
| | <u>2,979,026</u> | <u>1,767,684</u> | <u>(1,328,766)</u> | <u>(31,608)</u> | <u>3,386,336</u> |
| At the end of the year | <u>2,947,843</u> | <u>5,937,003</u> | <u>(5,536,757)</u> | <u>-</u> | <u>3,348,089</u> |

Purposes of restricted funds

Resourced against awarded scientific research grants. At times income is received in advance of expenditure. In the case of closed research grants funds are withheld until the funder deems the project to be satisfactorily closed. This may take up to 3 years.

Some funding for research projects do not provide sufficient monies to cover all costs, including overheads, and result in a deficit being incurred.

When such deficits arise they will be balanced from general funds on completion of the project if the deficit is not corrected prior to completion.

Purpose of designated funds

The development fund, for the ongoing development of the technology that underpins our national clinical audits and research currently stands at £403,544. It will be expended over the next 5 years.