

Trustees' Annual Report 2024

For year ended 31 December 2024

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Trustees' Report

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

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

A statement from our President and President-elect

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

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

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

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

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

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

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

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

With thanks and commitment,

Dr Steve Mathieu

President

Professor Shondipon Laha

President-Elect

Strategic priorities and objectives

Strategic Priority 1

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

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

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

Strategic Priority 2

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

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

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

Strategic Priority 3

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

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

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

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

Strategic priority 4

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

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

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

Strategic priority 5

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

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

Strategic Priority 1

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

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

Action plan

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

Our achievements and impact

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

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

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

Action plan

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

Our achievements and impact

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

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

Action plan

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

Our achievements and impact

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

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

illness.

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

Action plan

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

Our Achievements and Impact

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

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

Strategic Priority 2

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

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

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

Action plan

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

Our achievements and impact

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

Action plan

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

Our achievements and impact

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

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

Action plan

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

Our achievements and impact

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

Action plan

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

Our achievements and impact

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

Action plan

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

Our achievements and impact

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

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

Action plan

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

Our achievements and impact

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

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

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

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

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

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

Action plan

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

Our achievements and impact

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

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

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

Action plan

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

Our achievements and impact

This has been rolled over until 2025.

Action plan

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

Our achievements and impact

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

Action plan

Maintain the Peer Support training programme.

Our achievements and impact

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

Strategic Priority 3

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

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

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

Action plan

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

Our achievements and impact

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

The Society also continued its work on the following guidelines:

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

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

Action plan

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

Our achievements and impact

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

Action plan

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

Our achievements and impact

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

Action plan

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

Our achievements and impact

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

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

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

Action plan

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

Our achievements and impact

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

Action plan

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

Our achievements and impact

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

Action plan

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

Our achievements and impact

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

The successful awardees are:

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

Action plan

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

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

Our achievements and impact

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

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

Strategic priority 4

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

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

Action plan

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

Our achievements and impact

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

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

Action plan

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

Our achievements and impact

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

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

Action plan

Collaborate with two organisations to produce educational activities.

Our achievements and impact

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

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

Action plan

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

Our achievements and impact

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

Action plan

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

Our achievements and impact

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

Action plan

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

Our achievements and impact

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

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

Action plan

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

Our achievements and impact

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

Action plan

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

Our achievements and impact

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

Strategic priority 5

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

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

Action plan

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

Our achievements and impact

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

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

Action plan

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

Our achievements and impact

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

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

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

Action plan

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

Our achievements and impact

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

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

Action plan

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

Our achievements and impact

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

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

Action plan

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

Our achievements and impact

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

Action plan

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

Our achievements and impact

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

Critical enablers

Equality, Diversity and Inclusion

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

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

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

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

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

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

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

Environmental sustainability

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

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

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

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

Structure and governance

Trustees, Senior Management and Advisors

Patron

- HRH, Princess Anne

Chair of Trustees and President

- Steve Mathieu – President

Trustees and Company Directors

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

Chief Executive

- Sandy Mather (until 13 January 2025)

Senior Management Team

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

Elected Council and ICS Company Members

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

Specialist advisors to Council

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

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The Intensive Care Society

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Website: www.ics.ac.uk

Company registration no: 02940178

Charity no in England and Wales: 1039236

Scotland: SC040052

Trustee Board

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

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

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

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

Executive Committee

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

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

Key management personnel

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

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

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

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

Staff

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

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

Public benefit statement

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

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

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

Fundraising

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

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

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

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

The Charity received no fundraising complaints in 2024.

Strategic partners

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

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

Financial review

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

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

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

Income

The Society continues to benefit from diversity of income sources and operating income was £2,035,032 (2023: £2,070,282).

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

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

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

Expenditure

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

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

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

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

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

Investment powers and policy

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

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

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

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

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

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

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

Reserves policy

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

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

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

The Trustees consider reserves are required to fund:

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

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

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

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

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

Risk Management

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

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

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

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

UK COVID19 inquiry

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

Statement of Trustees' Responsibilities

For the Year Ended 31 December 2024

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

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

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

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

In so far as the Trustees are aware:

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

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



Paul Dean

Honorary Treasurer

Date: 22 September 2025

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

Opinion

We have audited the financial statements of The Intensive Care Society (the 'Society') for the year ended 31 December 2024 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and the related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- Give a true and fair view of the state of the Society's affairs as at 31 December 2024 and of its incoming resources and application of resources, including its income and expenditure for the year then ended;
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- Have been prepared in accordance with the requirements of the Companies Act 2006, Charities Act 2011, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditors' responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the United Kingdom, including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions Relating to Going Concern

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

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

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

Other Information

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

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

information, we are required to report that fact. We have nothing to report in this regard.

Opinion on other matters prescribed by the Charities Act 2011

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

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

Matters on which we are required to report by exception

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

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

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

Responsibilities of Trustees

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

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

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

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

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

Use of our Report

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

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

for and on behalf of

MHA, Statutory Auditors

Maidenhead, United Kingdom

Date:

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

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

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

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

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

**BALANCE SHEET
AS AT 31 DECEMBER 2024**

REGISTERED NUMBER: 02940178

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

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

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

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



Dr Paul Dean, Honorary Treasurer

Date 22 September 2025

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

**STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 31 DECEMBER 2024**

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

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

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

1 Accounting Policies

Legal status

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

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

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

Basis of preparation of financial statements

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

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

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

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

Preparation of the accounts on a going concern basis

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

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

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

a) Income

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

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

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

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

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

b) Expenditure

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

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

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

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

c) Interest receivable

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

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

payable by the institution with whom the funds are deposited.

d) Taxation

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

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

e) Tangible fixed assets and depreciation

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

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

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

Depreciation is provided on the following basis:

Computer equipment	33% straight line
Database	20% straight line

f) Investments

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

g) Debtors

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

h) Cash at bank and in hand

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

i) Liabilities and provisions

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

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

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

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

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

j) Financial instruments

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

k) Operating leases

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

l) Pensions

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

m) Fund accounting

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

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

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

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

n) Termination payments

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

o) Critical accounting estimates and areas of judgement

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

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

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

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

2 Income from donations and subscriptions

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

3 Income from charitable activities

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

4 Income from other trading activities

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

5 Income from investments

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

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

6 Analysis of expenditure on raising funds

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

7 Analysis of expenditure on charitable activities by fund

	Unrestricted funds 2024 £	Restricted funds 2024 £	Total funds 2024 £	Unrestricted funds 2023 £	Restricted funds 2023 £	Total funds 2023 £
Public Affairs	185,516	-	185,516	206,786	-	206,786
Professional Affairs	183,429	-	183,429	189,649	38,200	227,849
Learning	365,717	-	365,716	345,122	-	345,122
SOA	928,940	-	928,940	852,672	-	852,672
Standards	124,014	-	124,014	152,222	-	152,222
Research	179,370	-	179,370	157,570	-	157,570
	1,966,986	-	1,966,986	1,904,021	38,200	1,942,221

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

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

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

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

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

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

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

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

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

8 Analysis of expenditure on charitable activities by type

	Activities undertaken directly 2024 £	Grant funding of activities 2024 £	Support costs 2024 £	Total funds 2024 £
Public Affairs	136,826	-	48,689	185,516
Professional Affairs	138,797	-	44,632	183,429
Learning	252,108	-	113,608	365,716
SOA	839,676	-	89,264	928,940
Standards	79,383	-	44,632	124,015
Research	120,171	22,682	36,517	179,370
	1,566,961	22,682	377,342	1,966,985
	Activities undertaken directly 2023 £	Grant funding of activities 2023 £	Support costs 2023 £	Total funds 2023 £
Public Affairs	149,723	-	57,063	206,786
Professional Affairs	182,199	-	45,650	227,849
Learning	230,997	-	114,125	345,122
SOA	788,001	-	64,671	852,672
Standards	95,160	-	57,062	152,222
Research	101,580	25,557	30,433	157,570
	1,547,660	25,557	369,004	1,942,221

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

9 Analysis of support costs

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

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

10 Grant funding activities:

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

11 Net income/(expenditure) for the year

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

12 Staff costs

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

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

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

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

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

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

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

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

13 Trustees' remuneration and expenses

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

14 Related party transactions

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

15 Tangible fixed assets

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

16 Fixed asset investments

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

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

16 Investments (continued)

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

17 Debtors

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

18 Creditors: Amounts falling due within one year

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

19 Deferred income

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

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

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

20 Statement of funds

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

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

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

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

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

21 Analysis of net assets between funds

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

22 Analysis of changes in net debt

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

23 Balances held as agent

Funds administered by the Society in accordance with instructions received.

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

24 Pension commitments

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

25 Operating lease commitments

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



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