



A YEAR IN THE LIFE OF

# INTENSIVE CARE

Trustees' Annual report  
and accounts for the year  
ending 31 December 2021



ICS.AC.UK

# ABOUT THE INTENSIVE CARE SOCIETY

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

Since being established on the 8 June 1970, we have increased our direct support to the UK's multi professional intensive care community to provide them with the latest advice, guidance, standards and learning opportunities across the breadth of their clinical practice to support them as they care for the sickest patients in hospital.

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

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# INTRODUCTION

We entered 2021 still in the grip of the COVID pandemic which continued to directly impact our intensive care community and wider beneficiaries. Our National Emergency Critical Care Committee (NECCC) was active throughout the year most notably during the first few months of 2021 when we met weekly with members comprising front line clinicians, researchers, policy makers from NHS England and Improvement and other key stakeholders. NECCC was essential to advance and promote knowledge and we met weekly to help support the intensive care community as they battled a much harsher wave on top of winter pressures. As the year progressed and vaccination became more widespread COVID-19 became more manageable and so we paused our NECCC meetings first changing to fortnightly and then paused in Autumn until needed.

## EDI, Sustainability, Wellbeing, Education

We are committed to ensuring that our renewed vision for the future of intensive care puts accountability for championing equality, diversity, and inclusion at the core of what we do. Despite the challenges of the past few years, we have seen countless examples of good practice and outstanding leadership. If we are not actively supporting and recognising the potential of every individual available to us, we are quite simply missing out.

After a turbulent year of COVID in 2020 we postponed SOA and so SOA21 was an even more important three day congress to meet colleagues and share knowledge. With the pandemic continuing to create a path of uncertainty well in to 2021 we took the strategic decision to hold the congress virtually and we were delighted to say that it was a great success. You can read more about it in the report below.

This year's annual report looks a little different because we want to explicitly demonstrate our progress against our 5 year strategy as we are at the midpoint and we also wanted to set out exactly where we made strategic decisions to change our priorities in light of COVID-19. This report demonstrates how we maintained our alignment with our charitable objects and benefited the public while refocussing key elements of our strategy. In July we reached the halfway point of our strategy and during a break in lockdown between waves of COVID-19 we held an in person, socially distanced, away day with Trustees, Council members, our special advisors and our staff. The focus of the away day was to review the progress against our strategy and to horizon scan to develop a refreshed strategy and plan for 2022. We paused work on the strategy as further waves of COVID-19 hit the UK and restarted the work to refresh it in 2022.

As expected when the year came to a close, we once again made preparations to respond to another surge as the latest variant of COVID-19 took hold and so we reconvened our National Emergency Critical Care Committee (NECCC) which had been in operation for most of 2021.

We commend this year's annual report to you.



**Dr Stephen Webb**  
President  
Intensive Care Society



**Dr Sandy Mather**  
Chief Executive  
Intensive Care Society

# TRUSTEES REPORT

The Trustees of the Intensive Care Society (the "Society") who are also Directors of the company for the purposes of the Companies Act 2006, present their annual report on the affairs of the Society, together with the financial statements and auditor's report for the year ended 31 December 2021.

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

## OUR CHARITABLE OBJECTS ARE:

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

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

We implemented our charitable objects as set out in this report. However, importantly during 2018 the Society agreed the following vision, mission and values to enable us to achieve our outcomes and make an impact on our beneficiaries.



## OUR CONTINUED RESPONSE TO COVID-19

### WEBSITE

Website refreshed with a fresh new brand

 **962,064** views



### WELLBEING

**455** developing psychological services documents downloaded

**2690** workforce wellbeing framework best practice downloads

**12,149** Journey to work podcasts listens

**3299** Wellbeing best practice framework downloads

**550** individuals attended PsychoEducation

**7130** Wellbeing YouTube videos watches

**128** peer supporters trained

**75** units helped to develop business case for further Psychology services

**7608** people attended a wellbeing education session



### GUIDANCE

**8** pieces of guidance published

**1** endorsed guidance document

**16** consultations supported



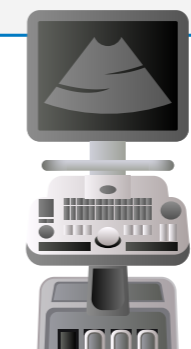
### POLICY STATEMENTS

 **18** policy statements issued  
**6,799** views and downloads

### FUSIC

**1188** accreditation courses started

**235** accreditation courses completed



### SOCIAL MEDIA

#### Twitter

**999** tweets

**37,100** clicks

**10.4 million** impressions

**6,500** new followers

**9,100** retweets

#### Facebook

**5,500** profile views

**543** new followers

**412,217** accounts reached

#### Instagram

**5,055** profile views


**50** new followers


**5,734** accounts reached



### SUSTAINABILITY

 Joined the UK Health Alliance on climate Change

 **7** Climate change urgency and action webinars

 **20** working group members

### EVENTS & WEBINARS

 **23** webinars

 **13,824** views

### SOA

**Fully virtual**

**1895** delegates


**242** speakers

**255** abstracts presented

**21** countries represented



### MEDIA

 **83** media engagements across TV, Radio, Digital and Print



### JICS

**562,709** downloads

**49** articles published across 4 issues

**33** articles published online first





# OUR ACHIEVEMENTS, PERFORMANCE AND IMPACT

Our 5 year strategy sets out our vision, mission, values, strategic priorities and critical enablers and is a living document that guides everything our Trustees, Council, Committees, supporters, and staff do for the intensive care community and our wider beneficiaries. It was developed in 2018 and runs for the period 2019-2023. It gives us a framework to work towards and acts as a moral compass to remind us why we do what we do, how we should do it and the difference we make to the public and the charity sector as a result of our activities.

Our 5 year strategy (2019-2023) includes a clear action plan with targets to be achieved by 2019, 2021 and 2023 and with success measures to be achieved by 2023. During 2021 we initiated a project to refresh the strategy, however this had to be paused due to COVID-19 work pressures. We restarted the Strategy Refresh Project in April 2022.

Each year the Trustee Board approves a costed operational implementation plan which maps against our strategy and the action plan set out in it for each year. The operational implementation plan is delivered via a Divisional structure with an elected Council member as chair of each division collaborating with a named senior manager.

The strategy and annual operational implementation plan set out the Society's work under four Strategic Priorities (SP) supported by two critical enablers: multi professional membership and an infrastructure built on clear governance and financial sustainability.





STRATEGIC PRIORITY ONE

# YOUR VOICE, OUR INFLUENCE

## Public Affairs Division

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



# GOAL ONE TO ACT AS THE COLLECTIVE VOICE OF OUR DIVERSE MULTI-PROFESSIONAL MEMBERSHIP

## Action plan and KPIs

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

## Achievements and results to demonstrate our impact and public benefit

During the year the Society worked with Parliamentarians to establish an All-Party Parliamentary Group on Intensive Care (APPG) to provide a valuable opportunity for them to engage directly with members of our Patients, Relatives and Public Advisory Group and members of our advisory Council, Rehabilitation Collaborative and our other special interest groups on matters of mutual interest.

In June Sir Gary Streeter MP agreed to Chair and establish the APPG, which we formally launched at an inaugural meeting in November. This included presentations from a senior intensive care professional and a recent patient they had cared for in order to provide Parliamentarians with experiences of both sides of intensive care. We have collaborated with other intensive care organisations and patient support groups to curate an informative programme of speakers for 2022 to continue to increase understanding about intensive care to inform evidence-based policy making to support and improve intensive care services. More information about the APPG, including full membership and the minutes of meetings can be found on our website. [APPG on Intensive Care](#)

In January 2021 we published a multi-professional policy document (Intensive Care 2020 and beyond) which was a wide-ranging review of the future of intensive care. It was developed with a cross-sector multi-professional group of intensive care staff and patient input. This policy document has been used to brief research funders and policy makers and inform them about intensive care.

Our National Emergency Critical Care Committee (NECCC) continued to meet during 2021 to provide and co-ordinate an effective national response to the COVID-19 pandemic delivering targeted, proportionate and evidence based guidance and information in a timely way to our beneficiaries.

Our website is a key channel for communication and during 2021 we built a new and improved website so that our beneficiaries across intensive care, could access our information more easily and quickly.



**Our website was visited 962,094 times**

## Action plan and KPIs

Maintained a regular media presence.

## Achievements and results to demonstrate our impact and public benefit

The Society appeared in the media 224 times across TV, broadcast and print.

We continued to proactively maintain our relationships with the media to provide a clear and honest picture of the intensive care landscape as well as amplify our messages around vaccinations, workforce pressures and the recovery and restitution of critical care services.

We also encouraged and helped press to better understand how to report on intensive care. We released policy statements to explain our position about the following and to improve patient care and outcomes.

1. Understanding staffing, occupancy and capacity
2. CRITCON levels and how they are used
3. Nursing staffing and ratios during COVID-19
4. Recovery and Restitution of critical care services in COVID-19
5. Intensive Care and Paediatric Critical Care Society Statement on Paediatrics Respiratory Syncytial Virus (RSV)
6. Family and Relative visiting during the pandemic

This year we launched the inaugural Intensive Care Week, highlighting all aspects of our professional practice over the course of seven days. During the week we also ran our second Intensive Care Society Awards virtually to raise the spirits of an exhausted ICU community and recognise innovation and good practice across the UK.

We were delighted that this year our Patron, HRH Princess Anne, was also involved and gave a speech to commend the intensive care community for everything they continue to do to care for the nation.

Collaborate with media organisations to create documentaries, 'patient stories' and support inclusion of critical care in popular dramas to raise awareness and educate.

### 2020: The Story of Us

In 2019, we began working with Oscar winning director Kevin Macdonald and top UK production company, Docsville, to tell the story of the intensive care community and the care they provide to the sickest patients in hospital. Our documentary detailing some key stories about patients and the intensive care professionals looking after them was delayed due to the pandemic and was eventually completed in 2021, airing on ITV in March. It was nominated for several awards and can be found on [ITVHub](#)



**KPIs to achieve by 2023**

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

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

**Our KPI results so far...**

Our collaborative policy work on the APPG, NECCC, policy development, standards and guidelines, research and media profile have established the Society as the “go to” organisation for evidence based facts.



**Twitter followers:**  
2019 - 20,000  
**2021 - 34,000**



**LinkedIn followers:**  
2019 - 5,339  
**2021 - 6,995**



**Facebook followers:**  
2019 - 6,783  
**2021 - 8,200**



**Instagram followers:**  
2019 - 1,234  
**2021 - 3,440**



**GOAL TWO TO INCREASE OUR FUNDRAISING CAPACITY AND CAPABILITY**

**Action plan**

Implemented an annual programme of fundraising campaigns.

**Achievements and results to demonstrate our impact and public benefit**

We appointed a professional fundraising manager in Spring to create and deliver a fundraising strategy. This was implemented and focused on campaigns and fundraising stewardship including developing new fundraising literature and collateral to support donor management. We successfully secured several five figure donations from foundations and corporate donors. We also ran a programme to thank existing donors which also secured further individual donor funding during the year.

We ran an **ICare for U** fundraising campaign designed to highlight that intensive care has not just existed since COVID, but is one of the most essential clinical services within the NHS.

**KPIs to achieve by 2023**

One successful major appeal for £500,000.

Annual recurring unrestricted fundraising income of £100,000.

**Our KPI results so far...**

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

We followed our successful fundraising in 2020 by exceeding this KPI again in 2021 when we generated £411,752 of donations. We are currently on target to exceed this amount again in 2022.



## STRATEGIC PRIORITY TWO

# YOUR REGION, OUR NETWORK



## Professional Affairs Division

During 2021 we changed the strategic focus and goals of our Professional Affairs Division because of COVID-19. We took the strategic decision to provide support to all beneficiaries in the intensive care community free of charge and to provide them a blended package of wellbeing support, therapeutic interventions, written advice and guidance and educational webinars and podcasts. These activities were extensive and essential for the intensive care community who as a collective were suffering from the impacts of COVID-19 including work related stress and exhaustion during this second year of the pandemic.

We agreed an action plan focussed on wellbeing and delivered the first year of our Wellbeing and Resilience through Education (WARE) project which replaced our pre pandemic strategic action plan about membership recruitment, retention and growth. We recruited 15 practitioner psychologists to work with our National Director of Wellbeing to enable the Society to meet the demand to provide wellbeing support to the widest range and number of intensive care professionals.

We were delighted to receive highly commended in the workforce and wellbeing team of the year category at the BMJ Awards.

We also planned to implement the governance changes enabled in 2020 allowing us to conduct national elections for six Professional Advisory Groups to ensure our multi-professional voice on council representing the breadth of the intensive care community.

# GOAL ONE TO IMPROVE THE VALUE WE PROVIDE TO OUR MEMBERS WHEREVER THEY LIVE AND WORK

## Action plan and KPIs

Conduct elections to establish six Professional Advisory Groups (PAGs) and to fill four additional national vacancies.

Deliver CHSA donor funded wellbeing training programme to create a national framework for Peer Support in ICUs.

## Achievements and results to demonstrate our impact and public benefit

Professional Advisory Groups are elected by our members and during 2021 we held national elections and 55 new members joined six additional PAGs (the Trainees PAG was already in existence).

- Advanced Practitioners in Critical Care PAG
- Nurses PAG
- Pharmacists PAG
- Physiotherapists PAG
- Specialty doctors PAG
- Allied Health Professionals PAG (includes all other professions with small membership numbers)

The PAGs provide Trustee Board with advice about intensive care and work across Divisions to support delivery of our strategic plans.

We ran a programme of Peer Support for intensive care and trained 19 intensive care professionals online as Master Trainers to assist in its delivery. During the year we held eight online events with 15 intensive care units and trained 144 peer supporters during the year. This will impact all grades and professions in intensive care.

We know this makes a difference in the workplace and helps to retain staff. Some feedback from those who have been trained includes:

*"This day really clarified what Peer Support should be and what it isn't. It has left me feeling optimistic that we can change attitudes towards supporting each other at work."*

*"All members of MDT involved and good to discuss with others who work in other trusts and have experience of doing this."*

*"It was all really useful, I found the explanations of stressors, moral injury and distress very helpful."*

## Action plan and KPIs

Deliver CHSA donor funded wellbeing programme to produce interactive web-based education courses to raise self-awareness, and improve self-care practices around wellbeing in ICU staff.

Launch the Equality, Diversity and Inclusion (EDI) Working Group, and implement a plan for the first year of its activities.

Map the membership journey to develop recommendations in order to improve the personalised on-boarding process for new members.

## Achievements and results to demonstrate our impact and public benefit

We provided support to **516 intensive care staff during 36 online psycho education events** in the year.

Workforce wellbeing series with **seven webinars – 7316 views:**

- **Journey to work podcasts:** 10 podcasts – 12,149 listens
- **75 Intensive Care Units** have applied for our business case for developing psychology services in UK to support both staff and patients.
- **7000 downloads** of our wellbeing framework

We set up the EDI Working Group led by the Society's members and senior managers. We are committed to ensuring that our renewed vision for the future of intensive care puts accountability for championing equality, diversity, and inclusion at the core of what we do. The group delivered three key pieces of work.

- Statement about the use of devices such as pulse oximeters and the problematic discrepancies in reading oxygen levels affecting people of colour and led to the Society making an industry and clinical wide clarion call to make much needed changes which will have a significant positive benefit to patients.
- Statement in support of the NHS People Plan in 2021 and reinforcing the importance of fostering an equal, diverse and inclusive approach to the NHS workforce.
- A comprehensive survey to begin a deep dive into the intensive care workforce to not only better understand our community as a whole, but to identify areas that need help improving to ensure we continue to attract, educate, develop, and ultimately retain ICU professionals.

We started a procurement exercise to tender for a new membership database and CRM system to remove unnecessary hurdles to joining or renewing Society membership. This was paused during various waves of COVID and will be completed in 2022.



## GOAL TWO TO INCREASE OUR IMPACT AND KNOWLEDGE EXCHANGE WITHIN THE GLOBAL CRITICAL CARE COMMUNITY

### Action plan and KPIs

Implemented a regular series of engagement meetings with key national critical care organisations and agreed mutually beneficial outcomes from the collaborations.

### Achievements and results to demonstrate our impact and public benefit

During the year we met our counterparts in four continents to share knowledge and explore possible collaborative opportunities that would be mutually beneficial. These scoping meetings included:

- Australia
- Europe
- India
- New Zealand
- USA

### Providing 1-1 Psychological Intervention to Intensive Care Staff

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

### GAINS Research Project

We collaborated with a team of researchers to become research partners for a clinical trial funded by the Wellcome Trust to investigate whether a specific online intervention tool could reduce the number of intrusive memories an ICU professional may experience as a result of the pandemic. This is the largest psychological clinical trial to have ever been conducted. Phase one of this study started in September and will end in early 2022.





STRATEGIC PRIORITY THREE

# YOUR PATIENTS, OUR RESEARCH- BASED CARE

## Research Division

The strategic priorities for our Research Division for the second year of the pandemic were refocussed at the beginning of the year, maintaining clear alignment with our charitable objects and delivering the most public benefit. We therefore focussed on promoting and supporting delivery of critical care research directed towards COVID-19 research priorities. The research led by our Directors of Research continued to help the world better understand the virus and how to treat it in order to inform the research to develop the vaccine. Our Directors of Research remain involved in over 95% of the intensive care clinical trials across the UK.

Our research grant giving programme is entirely funded by donations. This vital work enables investigators to explore intensive care more deeply to better understand diseases, medicines and treatments to help improve patient outcomes. It also enables us to support and develop the next generation of clinical investigators in intensive care.





# GOAL ONE TO BE A GLOBAL LEADER IN CRITICAL CARE RESEARCH

## Action plan and KPIs

Provided increased research training and research mentorship to support new and emerging researchers across the multi-professional membership.

Reviewed the diversity of our Directors of Research to ensure they are more representative of our membership.

Renegotiate our publishing contract to comply with Plan S and our sustainability strategy.

## Achievements and results to demonstrate our impact and public benefit

This year we opened up applications for our New Investigator Award (NIA) to award three grants of up to £15,000 each to pump prime new research. Our winners were announced in December to undertake research during 2022.

- **Simon Biddie** - Variant-to-function: understanding the role of DDP9 genetic variants in acute and chronic lung disease
- **Timothy Snow** - Identification of mechanisms underpinning antibiotic-induced immunomodulation in sepsis
- **Nuttha Lumlertgul** - Ventilator induced kidney injury

We advertised widely to recruit new Directors of Research and we appointed three outstanding research leaders. Two are intensive care consultants, Dr Marlies Ostermann and Professor Manu Shankar-Hari, and the third is a clinical research physiotherapist, Dr Bronwen Connolly. Having our first ever physiotherapist Director of Research enables us to open up more avenues for allied health professionals and nurses to embark on their research careers.

We began the process of digitising our journal after a careful review of the environmental cost of printing thousands of copies of JICS and posting them all over the world. We renegotiated the contract with our publishers to change our processes, flip to a digital version and meet Plan S recommendations. We agreed a revised contract which provides best value for money for our members. In November we published the final printed edition of the Journal of the Intensive Care Society (JICS), a major milestone in reducing our carbon footprint. This will be launched in 2022.

## KPIs to achieve by 2023

Increased the number of Directors of Research across the UK.

To increase the Impact Factor for the Journal of the Intensive Care Society (JICS).

## Our KPI results so far...

Three new Directors of Research appointed and at the end of the year two existing Directors were recognised with Honorary Membership of the Society.

We are working towards providing an evidence base for an increase in our impact factor by investing in an increased number of pages published each year as the quality of submissions and therefore publications have increased.



## GenOMICC

In 2016, we pump primed the GenOMICC study to get it off the ground and has had our full support ever since. Without this vital research, what we know now about COVID may not have been possible. This study has been instrumental in the global fight against the pandemic by looking at the whole genome sequences [DNA] of people who were severely affected by COVID-19 and compares this against those who had mild symptoms.

Genetic evidence is second only to clinical trials to tell which treatments will be effective in disease. Existing drugs that target the actions of the genes reveal which drugs should be re-purposed to treat COVID-19 in clinical trials.

This study has recruited 17,000 participants with data coming from 212 intensive care units across the UK. That equates approximately to 5091 ICU beds.

*"It is now true to say that we understand the mechanisms of COVID better than any other syndrome we treat in intensive care."*

**Kenny Baillie**

## Our full list DORs during 2021:

- Dr Bronwen Connolly
- Dr Marlies Ostermann
- Professor Danny McAuley
- Professor Gavin Perkins
- Professor Manu Shankar-Hari
- Professor Anthony Gordon
- Professor Kenny Baillie
- Dr Nazir Lone

## REMAP-CAP

Our DOR, Anthony Gordon, has continued to lead the REMAP-CAP trial in the UK in collaboration with ICNARC. By the end of 2021, 5,500 patients had been recruited into the trial from 143 ICUs in the UK, about 60% of the global recruitment.

A number of important results were released in 2021 that have become adopted into UK and international treatment guidelines.

In January 2021, the Prime Minister announced from the podium of a Downing Street press conference that REMAP-CAP had demonstrated that the drugs tocilizumab and sarilumab reduced mortality rates and reduced the time spent in hospital and ICU for severely ill patients. This was adopted into UK practice the next day and last year approximately 25,000 patients were treated with these medications in the UK, estimated to have saved more than 2,000 lives.

One of our DORs led an international group of investigators to analyse all the studies of these drugs from around the world. This work then led the WHO to update their COVID-19 guidelines to include these drugs for worldwide use.

REMAP-CAP also showed that convalescent plasma, that contains antibodies from patients who have recovered from COVID-19, does not improve outcomes in the overall population with severe COVID-19. However, there may be benefit in patients who are immunocompromised, who may struggle to make their own antibodies.

REMAP-CAP joined with other investigators in Canada and the United States of America, demonstrating that heparin, a blood thinner to reduce blood clot formation which is common in COVID-19, can prevent the need for ICU support and reduce mortality rates when given to patients on the ward. But heparin is ineffective when only started once the patient becomes critically ill.

The work done by the UK REMAP-CAP team led to them winning the BMJ Critical Care Team of the Year award in September 2021.

## RECOVERY

### – Respiratory support

The Recovery respiratory support trial uses high priority interventions on patients with confirmed COVID-19 admitted to hospital to determine the effect on the likelihood of death or requirement for invasive ventilation.

This trial was commissioned by the Chief Medical Officer with our support as an urgent public health research priority. It is because of this study that the discovery of dexamethasone was found as the first effective treatment for COVID-19.

## The ISARIC 4C

We are also a part of a leading consortium of professionals known as The ISARIC 4C Group providing the UK with an informed understanding of COVID-19 and assisting in research management across the UK.

[Find out more about our research](#)

## Standards Division

The Society's Standards Division leads the multi-professional clinical input to the development, endorsement and production of professional guidance, standards, clinical and service guidelines across the UK. Our Standards and Guidelines Committee have not only managed to maintain our guidance workstreams but have also been instrumental in leading the development of new national COVID guidance including local response efforts. Our Council members and Clinical Trustees were also heavily involved in the development of professional guidance, some of which has been captured below.

## GOAL TWO

# TO EXPAND THE SOCIETY'S ROLE IN STANDARDS DEVELOPMENT

## Action plan and KPIs

**Produced patient and carer advice and information and clear signposting to other support organisations.**

**Developed guidelines on critical care and end of life care to support clinicians and families/carers.**

## Achievements and results to demonstrate our impact and public benefit

We added a wealth of patient and carer information to our website and one specific example of where we responded to a particular distressing need was in visiting arrangements.

As a result of the pandemic restricted visiting arrangements were in place for the health and safety of patients, visitors and staff. We were aware of the deep concerns and distress caused by this and with advice from our Patients, Relatives and Public Advisory Group and our Legal and Ethical Advisory Group we developed a statement supporting in-person visits supplemented by virtual visiting of patients in intensive care within a carefully considered COVID secure framework.

All our guidance documents can be found [here](#). Some highlights are listed below:

- The Use of Physical Restraints in UK Adult ICUs.
- Levels of Adult Critical Care, Second Edition (Consensus Statement).
- Guidance for the management of vaccine-associated thrombocytopenia and thrombosis (VATT) (joint with NACCS).
- Fire safety and emergency evacuation guidelines for intensive care units and operating theatres.
- Respiratory Support Units (joint with British Thoracic Society).
- Transfer of the Critically Ill Patient Outdoors.

We issued a [nationwide statement](#) to advise about the implication of a safety alert for intensive care concerning a significant increase in demand for propofol to support the UK's COVID-19 response which had caused supply disruptions with the potential to impact patient care. Our Pharmacy Professional Advisory Group provided expert advice and evidence with easy to implement and effective ways to ensure propofol stock was not diminished unnecessarily and also provided alternative solutions that may also be effective.





### KPIs to achieve by 2023

Implement first year workplan for the National Rehabilitation Collaborative.

Review the impact of the Guidelines for the Provision of Intensive Care Services (GPICS) V2 with an audit toolkit.

### Our KPI results so far...

At the beginning of the year, we recruited three deputy chairs (one nurse and two physiotherapists) to lead the delivery of our rehabilitation work. The Post ICU Presentation Screen and Rehabilitation Prescription tool was developed in collaboration with UKROC to assess a patient's rehabilitation needs when they leave intensive care and move to acute care. This responds to feedback from patients about their concerns about their experience and needs not always being met after they leave intensive care.

- **1,049** PICUPS.
- **431** Rehabilitation Prescription submissions have been received from 14 different units.
- **81** sites.
- **1000** submissions to UKROC.

We received national recognition for our rehabilitation work when the Rehabilitation Collaborative was a shortlisted finalist in the Critical Care Team of the Year category at the 2021 BMJ Awards.

We released our GPICS v2 audit toolkit in partnership with the Faculty of Intensive Care Medicine. This toolkit is designed to help units to assess their own practice and benchmark against the national GPICS standards and recommendations we publish. It also allows us to understand the service needs at national, regional and local level. This audit exercise will also help enable units to create local business cases to improve service provision and patient care in their hospital. The results will be available in 2022.

### KPIs to achieve by 2023

GPICS Version 3 launched.

5 new sets of ICS standards launched.

Published one new patient and relative information leaflet.

### Our KPI results so far...

We have agreed a memorandum of understanding with the Faculty of Intensive Care Medicine to initiate the project to revise GPICS for Version 3 during 2022.

This figure was far exceeded. Each year since this figure was set in 2018, we have published more than 5 sets of standards.

During the year we also responded to consultations on 16 sets of standards produced by other organisations. We explained the impact on intensive care and our patients and offer advice and evidence for changes where needed.

As above this figure was far exceeded and met in the first year of the 5 year strategy (2018).





## STRATEGIC PRIORITY FOUR

# YOUR PROFESSIONAL PRACTICE, OUR EDUCATION



## Learning Division

Our Learning Division is responsible for the operational delivery of our educational activities. Prior to the pandemic our strategy was to deliver face-to-face events. This changed rapidly in 2020 when we cancelled all face-to-face events due to COVID and focussed on knowledge exchange online via webinars and meetings particularly our National Emergency Critical Care Committee.

In 2021 we were able to adapt our strategy and make investments in staff, training and new systems and processes due to the success of our fundraising campaigns in 2020. This enabled us to deliver the vast majority of our educational activities online and at no cost to the intensive care, acute care, respiratory care professional communities and all others who would benefit from our webinars and learning during the pandemic.

We expanded our Focused Ultrasound in Intensive Care (FUSIC) accreditation during 2021 and developed additional modules supported by online learning with our new Learning Management System (LMS).

We ended the year with a successful three day State of the Art Congress delivered virtually.



# GOAL ONE TO EXPAND OUR MULTI-PROFESSIONAL CRITICAL CARE EDUCATION PROGRAMME

## Action plan and KPIs

Annual State of the Art Congress (SOA) with increased numbers of delegates that is guaranteed to be “not for loss” and generated a fair contribution to the Society’s charitable activities during the year.

## Achievements and results to demonstrate our impact and public benefit

SOA is our flagship event and is the largest multi-professional intensive care event of its kind in the UK.

We also created a new volunteer role as Congress Programme Director and co-opted them to our Council.

We quickly realised early on in 2021 that we had made the right choices in designing this year’s Congress and went one step further, deciding to fully flip to virtual and push SOA back to December as a result of the onslaught from both the Delta and Omicron variants.

However, we pushed forward to December knowing that our members and wider colleagues needed the space to download, network and learn. SOA21 was the first time in two years that our community were able to get together albeit virtually, and it was our biggest State of the Art yet.

### SOA in numbers



*“Just fantastic! There was so much variety and included the whole multi-professional team. It was extremely refreshing to not have to talk/listen about COVID all of the time, but interesting and useful when we did.”*

**Physiotherapist**

*“Excellent! It surpassed my expectations of an online conference.”*

**Senior lecturer**

*“Always good to attend as it always provokes reflection and a long reading list to go away and work on.”*

**ICM Consultant**

## Action plan and KPIs

Developed and implemented a plan to design seminars wherever possible based around available competency frameworks and standards.

Content for digital Learning Management System (LMS) designed and uploaded ready for marketing and launch.

Deliver monthly programme of webinars and podcasts augmented by regular recorded workshops and seminars, with all presentations made available through the LMS as ongoing resources to members.

Full regional multi professional seminar programme. Every member attends at least one educational seminar/event or SOA conference each year.

One strategic collaboration with a Higher Education Institutional (HEI) partner.

## Achievements and results to demonstrate our impact and public benefit

We released our second profession specific professional development framework designed by and for speech and language therapists (SLTs) to be used in conjunction with our AHP Critical Care Professional Development Framework document.

This is a [supplementary guide](#) which will help SLTs identify and feed into their annual professional development plans.

This year has seen the exciting launch of our new learning management system, ICS Learning, providing our members with free education right at their fingertips. This LMS enables intensive care staff to watch webinars and grow their knowledge base about COVID care and treatment in a flexible way at times that suit them using a variety of handheld devices as well as via laptops and PCs.

We have over 200 hours of learning available to benefit the whole multi-professional team.

With the support of our Professional Advisory Groups, we have some very exciting content in development for 2022.

Following on from how well received our webinars were in 2020 and knowing how important education is to our members and wider community, we continued delivering free 1hr sessions on a regular basis covering a variety of relevant topics relating to COVID.

We also understood that not everyone had the capacity to attend our live webinars, so we made sure they were made freely accessible on our [YouTube channel](#).

- **Total webinars:** 21 webinars
- **Total views YouTube:** 2744 views

## GOAL TWO TO EXPAND OUR ACCREDITATION PROGRAMME FOR FUSIC

### Action plan and KPIs

Implement a plan to raise the profile of FUSIC and setting the tone for the ICS being the 'go to place' for UK ultrasound accreditation.

Provide online training in FUSIC

Develop and launch new FUSIC module-s in focussed transoesophageal echo (fTOE) in collaboration with the Association of Anaesthetists.

### Achievements and results to demonstrate our impact and public benefit

In 2020, all face-to-face FUSIC training came to a halt due to the pandemic. Understanding how important ultrasound is to everyday practice in intensive care, we worked hard to quickly transform them into online training modules, enabling delegates to embark on their accreditation journey.

854 intensive care professionals completed their training compared to 397 the previous year.

We teamed up with the Association of Anaesthetists to develop these new online learning modules and a new accreditation process for (fTOE) which benefits patients cared for by both intensive care and anaesthetic professionals.

fTOE is to be used in intensive care when unexplained life-threatening circulatory instability persists despite corrective therapy. fTOE should be considered whenever a transthoracic scan is unable or unlikely to answer the clinical question. This is frequently the case in the acute care setting when transthoracic windows are suboptimal.

We launched our new [fTOE module](#) at #SOA21.





# PLANS FOR THE FUTURE





### Research Awards

Our Research Prioritisation Exercise is back offering up to £50,000 to a study looking at any healthcare problem in critical care.

We will also be teaming up with NIHR to offer 2x awards to recognise outstanding contributions to clinical research.

### Our Journal Goes Green

Following on from our commitment to reducing our carbon footprint by 50% by 2030, the first of our milestones will be the publication of our digitised version of JICS.

### All-Party Parliamentary Group on Intensive Care (APPG)

In 2022 we will be using our APPG to provide information on the multiple layers of intensive care. In the first year we will be focusing primarily on rehabilitation and workforce.

### Leadership Programme: LeaPI

The successful applicants will join our inaugural LeaPI multi-professional cohort and embark on their 10 month leadership programme.

### Face-to-Face Returns

With the successful vaccine rollout and the roadmap to unlocking the country announced, we will bring back online our face-to-face learning programme, starting with SOA22 in June 2022.

### Skiing Across Mountains for Intensive Care: Zermatt to Verbier

Six intrepid skiers including three clinicians will be taking on crossing the Swiss Alps in a challenge saved mainly for the military to raise money for intensive care.

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

### Paediatric FUSIC

We are collaborating with the Paediatric Critical Care Society to develop a paediatric FUSIC module.

### Strategy refresh

As we approach the end of five year strategy, it is important to us to take all we have learnt over the past few years and look at what is next for the Society. Over the course of the year a comprehensive project will take place to draw on the input of our stakeholders, staff and friends to help us evolve to next level and define a new roadmap for us to embark on.

What is clear, is that we must continue to ensure that the voice of the intensive care community is heard. We have worked hard in 2021 to keep our profession at the top of the Government's agenda and in the eyes of the public and we are not about to stop now.

We will continue to raise the profile of intensive care, educating key decision makers on intensive care to safeguard its future.

Our members are at the heart of everything we do and 2022 will see a huge overhaul of member services including new a database and enhanced user experience. We will also be engaging further with our community to understand how we can better support them.

Education will always be a priority of ours and with all the additional work we did in 2021, we can increase our offering to our members.

**And so much more....**

### Thank you to our supporters

- CF Jamieson
- Christopher Perrins
- Cottingham Charity Trust
- Debra Ann Coronel
- Fabulous Flowers Ltd
- Freya McLeavy
- George Cadbury Fund
- Gresham Blake
- IG Advisors
- Katrina Sudbury
- Kyle Harper
- Mr A J Black
- Nicholas Marley
- Nigel Grey-Turner
- Paul O'Gorman Lifeline Charity
- Princess Anne's Charities Trust
- Ruth Scudamore
- ShareGift
- Taurus Foundation
- The Danson Foundation
- The Saint's & Sinners Trust Ltd
- Thelonious Punk
- Warner Bros. Entertainment U.K. Ltd
- Who Gives A Frock
- Worshipful Company of Bakers





## Trustees, Senior Management and Advisors

### Patron

- HRH, Princess Anne

### Chair of Trustees and elected President

- Stephen Webb

### Trustees and Company Directors

- **Ganesh Suntharalingam** – Immediate Past President (term of office completed 7 December 2021)
- **Hugh Montgomery** – Council Member Trustee (elected 7 December 2021)
- **Martin Creswell** – Lay Trustee (appointed for 2nd term 7 December 2021)
- **Paul Dean** – Honorary Secretary (elected 7 December 2021)
- **Sarah Anderson** – Lay Trustee (appointed for 2nd term 7 December 2021)
- **Shondipon Laha** – Honorary Treasurer (Honorary Secretary to 7 December 2021)
- **Stephen Posey** – Lay Trustee (appointed for 2nd term 7 December 2021)
- **Steve Mathieu** – President Elect (Honorary Treasurer to 7 December 2021)
- **Tony Whitehouse** – Council Member Trustee (term of office completed 7 December 2021)

### Chief Executive

- **Sandy Mather**

### Senior Management Team

- **Alex Day** – Head of Communications
- **Alexandra Rene** – Head of Finance and Internal Operations (resigned 31 May 2021)
- **Asha Abdillahi** – Head of Standards and Policy
- **Gabriel Mouterde** – Head of Learning (appointed 4 October 2021)
- **Peter Cannings-Bushell** (resigned 31 July 2021)
- **Sarah Hall** – Head of Finance and Internal Operations (appointed 25 October 2021)

### Elected Council and ICS company members

- **Andy Breen** (elected 7 December 2021)
- **Aoife Abbey** (elected 7 December 2021)
- **Ashley Miller** (re-elected for 2nd term 7 December 2021)
- **Charlotte Summers**
- **Danni Bear** (elected 7 December 2021)
- **Emma Jackson**
- **Frances Tait** (elected 7 December 2021)
- **Hugh Montgomery** (term of office completed 7 December 2021)
- **Jeremy Bewley**
- **Jonny Wilkinson** (elected 7 December 2021)
- **Louise Rose** (elected 7 December 2021)
- **Marlies Ostermann**
- **Michaela Jones** (elected 7 December 2021)
- **Michelle Hatch** (elected 7 December 2021)
- **Nitin Arora** (re-elected for 2nd term 7 December 2021)
- **Rebekah Haylett** (elected 7 December 2021)
- **Reena Mehta** (elected 7 December 2021)
- **Sadie Diamond-Fox** (elected 7 December 2021)
- **Sam Clarke** (resigned 7 December 2021)
- **Sarah Dyson** (term of office completed 7 December 2021)
- **Stephen Wright** (term of office completed 7 December 2021)
- **Zudin Puthucheary** (elected 7 December 2021)



### Specialist advisors to Council

- **Dan Martin** – Editor in Chief, JICS
- **Ganesh Suntharalingam** – SOA Programme Director (appointed of 7 December 2021)
- **Marcus Peck** – Co-Chair for FUSIC
- **Nandan Gautam** – SOA Programme Director (term of office completed 7 December 2021)
- **Zudin Puthucheary** – Chair of National Rehab Collaborative (until 7 December 2021)

### Bankers

**HSBC Bank Plc**  
PO Box 6201  
Coventry  
CV3 9HW

### Auditors

**MHA Macintyre Hudson Chartered Accountants and Statutory Auditor**  
6th Floor  
2 London Wall Place  
London  
EC2Y 5AU

### Lawyers

**Bates Wells**  
10 Queen Street Place  
London  
EC4R 1BE

### Registered Address

**The Intensive Care Society**  
Floor 2  
7-9 Breams Buildings  
London  
EC4A 1DT

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

**Company registration no:** 02940178

**Charity no:** England and Wales 1039236;  
Scotland SC040052

# Structure, Governance and Management



## Trustee Board

Executive Committee	Council
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Standards Division	Public Affairs Division	Professional Affairs Division	Learning Division	Research Division
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- |                                    |                       |   |                         |  |                                  |                              |                                   |                                     |                    |                 |                      |                    |
|------------------------------------|-----------------------|---|-------------------------|--|----------------------------------|------------------------------|-----------------------------------|-------------------------------------|--------------------|-----------------|----------------------|--------------------|
| Standards and Guidelines Committee | National Rehab Collab | Patients, Relatives & Public Advisory Group | Digital Media Committee | Professional Advisory Groups (7x groups) | Legal and Ethical Advisory Group | Sustainability Working Group | Equality, Diversity and Inclusion | State of the Art Congress Committee | Learning Committee | FUSIC Committee | JICS Editorial Board | Research Committee |
|------------------------------------|-----------------------|---|-------------------------|--|----------------------------------|------------------------------|-----------------------------------|-------------------------------------|--------------------|-----------------|----------------------|--------------------|



**Trustee Board**

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

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

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

All Trustees have a comprehensive induction with our CEO and legal advisor to ensure they fully understand their roles and responsibilities as well as the Society's activities and culture. Trustees are provided with key documents and Charity Commission guides.

**Executive Committee**

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

- **President:** Stephen Webb
- **Immediate Past President:** Ganesh Suntharalingam
- **Honorary Treasurer:** Steve Mathieu
- **Honorary Secretary:** Shondipon Laha

**Key Management Personnel**

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

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

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

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

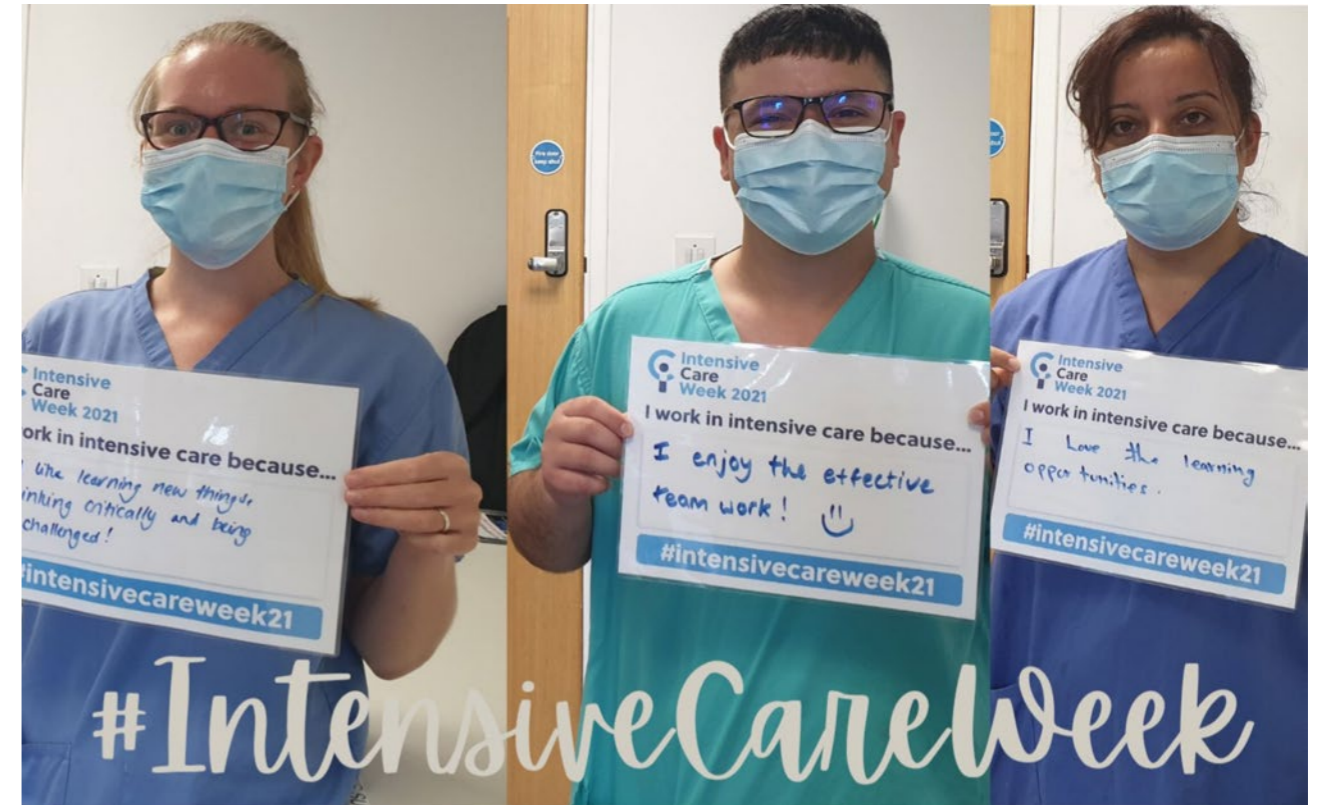


**Staff**

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

Due to continued growth in 2021, our staff grew to 14 and there are plans to expand the staff complement to 17 in 2022. The Society took the decision to appoint a Head of Finance and Internal Operations in 2021 to bring desired skills in-house and reduce reliance on external contractors.

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



**Volunteers**

In partnership with a private healthcare provider, we were able to offer one voluntary MedicalFellow position to a trainee intensivist consultant. This position supported the Charity's work in fundraising and our annual awards programme for the intensive care community.

**Public Benefit Statement**

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

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

**Fundraising**

The Society recognises its supporters as an extension of the intensive care community. This year we recruited a professional fundraising manager to enable us to build on our donor engagement to ensure they feel welcomed and part of the Society's family. We have described our fundraising activities as part of the Public Affairs Division at the beginning of this report.

Where possible, personal thank you messages were issued by our CEO to supporters, to ensure our gratitude was felt far and wide.

Our Senior Management Team work closely with organisations looking to support us so to provide a window into our charity so they can understand our ethos from the start.

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



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

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

The Charity received no fundraising complaints in 2021.

### Strategic Partners

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

- Association of Anaesthetists (Association)
- Association of Cardiothoracic Anaesthesia and Critical Care (ACACC)
- Association of Chartered Physiotherapists in Respiratory Care (ACPRC)

- British Dietetic Association, Critical Care Specialist Group (BDA)
- Critical Care Medical Network Leads (CC3N)
- Faculty of Intensive Care Medicine (FICM)
- Intensive Care National Audit & Research Centre (ICNARC)
- National Critical Care Network - Directors Group
- National Critical Care Network - Medical Leads Group
- Network for Improving Critical Care System and Training (NICST)
- Northern Ireland Intensive Care Society (NIICS)
- Paediatric Critical Care Society (PCCS)
- Psychologists in Critical Care-UK (PINC-UK)
- Royal College of Occupational Therapists - Critical Care Special Interest Group (RCOT)
- Royal College of Speech and Language Therapists - Critical Care Special Interest Group (SLT)
- Scottish Intensive Care Society (SICS)
- Society of Critical Care Technologists (SCCT)
- UK Clinical Pharmacy Association (UKCPA)
- UK Critical Care Nursing Alliance (UKCCNA)
- UK Critical Care Research Group (UKCCRG)
- Welsh Intensive Care Society (WICS)



### Sustainability

The climate and ecological emergency is one of the greatest challenges of our time, and without meaningful and immediate change it threatens all alive today. With this in mind, we began the year by establishing our Immediate Climate Strategy, setting out our plans to operate sustainably in the long term and contribute to a 50% reduction in carbon emissions by 2030.

We made the strategic decision to review our investment portfolio to divest of any fossil fuel related investments and updated our investment policy accordingly to ensure we also invested in renewable energy investments that meet both our sustainability ambitions and our financial expectations. Following a competitive tender process we appointed a new investment management company. The transfer of funds to the new portfolio will be completed in 2022. Before transfer the current investment portfolio comprises shares, investment trusts and surplus cash held on deposit in line with the Society's agreed ethical policy.

In April, we hosted a half day webinar on Earth Day (22 April) to launch our sustainability work, and to set out the reasons it's imperative we take immediate action, both as a Society and as a specialty. The session comprised several expert speakers streaming in from around the world.

In the lead up to COP26 in Glasgow we held a series of webinars to help educate our community about why action on climate change is urgent, and what they can do personally, professionally, and politically to reduce their carbon footprint. The series took place over seven consecutive weeks, with speakers from the MET Office, Lancet Countdown, Good Energy, and Greenpeace covering topics from carbon literacy to taking political action. We had more than 300 collective registrations for the live lunchtime sessions, and almost 1000 subsequent views on YouTube.



### Infrastructure, Office Services and Digital Improvements

During 2021, staff moved to hybrid working when restrictions allowed. We have continued to invest in our digital infrastructure, enabling staff to work in an agile manner and refreshed our website.

With our current lease due to expire in 2022 and recognising our growing team, we are having to consider if our current premises are fit for purpose, even with hybrid working policies in place. In 2021 we started preliminary discussions on our location strategy and exploring what options we have available to us, which will continue in 2022.

2022 will see the procurement of a new customer relationship management (CRM) digital cloud-based system database to improve the membership experience of interacting with the Society. This new CRM will also support fundraising and donor management and will be linked to a new website both supporting our expanding educational events and FUSIC accreditation system.



# FINANCIAL REVIEW

The Society's activities produced a surplus, before investment gains of £232,047 (2020: £616,872). The overall surplus after accounting for changes in the value of investments was £262,564 (2020: £527,022).

The total funds for the Society amounted to £1,266,264 (2020: £1,004,893) comprising general unrestricted reserves of £1,262,355 (2020: £990,184) and restricted reserves of £3,909 (2020: £14,709).

The value of the investments at the market prices on 31 December 2021 resulted in an upward revaluation in the value of investments to £207,738 (2020: £174,982). These investments represent funds held for the development of the Society's activities in the medium to long term and have generated income over the year.

## Income

The Society continues to benefit from diversity of income sources, and this continues to vary from the previous year, due to the on-going impact of the COVID-19 pandemic.

A virtual State of the Art Conference was held in December 2021 which generated delegate revenue of £181,266 and sponsorship revenue of £159,495 for the financial year. This resulted in a small surplus for the Society of £14,297, before overhead allocations. This event had to be cancelled in 2020, due to the COVID-19 pandemic and so accounts for the increase in income from charitable activities for Learning and income from other trading activities.

The Society received two restricted grants from the COVID-19 Healthcare Support Appeal to enable the Society to support those working in Intensive Care. Both the Psychoeducation grant and Peer Support in ICU grants span a two-year period for 2021 and 2022. The total value of these grants across both financial years is £171,772.

Donations received in 2021 fell to £411,752 from the unprecedented levels in 2020 but still accounted for just under 25% of the total income for the Society (2020: £754,103). This includes donations from members of £56,615 (2020: £41,217) which are used to contribute towards our research activities. We are grateful to all the donors listed in this report and for the many fundraisers who have contributed their time and effort to raise funds.

The value of donated services also fell to £20,000 (2020: £132,800), reflecting the considerably high level of pro bono support received in 2020, principally in the area of fundraising but also valuable legal support in 2020 when the State of the Art Congress for that year needed to be cancelled.

Subscription income increased by 7.5% to £642,546 (2020: £597,291) and continues to be the core of the Society's income.

## Expenditure

Overall expenditure increased in 2021 to £1,430,239 (2020: £964,273), reflecting the growth in charitable activities undertaken in 2021. Direct costs of the State of the Art congress contributed £313,241 (2020: £nil) towards this increase.

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

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

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

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

## Investment Powers and Policy

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

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

The Investment Committee agreed that as part of governance the Society should review its fund managers every three to five years. As described above during 2021 the Society re-tendered for a new investment management company to ensure alignment with the sustainability ambitions. The transfer will be completed during 2022.

## Reserves Policy

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

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

- The financial risks facing the Society, including the annual State of the Art congress likely future expenditure

- Past operational and other trends, and
- Liabilities arising from an unforeseen event leading to unplanned closure.

The Trustees consider reserves are required to fund:

- Cost of sustaining the operations of the Society through a period of disruption in income (assumed to be three months' operating expenditure),
- Estimated risks of unplanned loss on the annual SOA conference event; and
- Estimated risks of unplanned closure.

The policy therefore requires the Society to maintain reserves of circa £600,000 taking into account the following:

- Cost of sustaining operations: a full year cost of running the Society is circa £1.6 million and therefore the amount held should equal £400,000 representing three months' operating expenditure.
- Estimated risks of unplanned loss on the annual SOA conference event include unavoidable costs in the event of unplanned curtailment or cancellation and are estimated at £250,000.
- Estimated risks of unplanned closure include the costs of unavoidable future commitments the Society would be required to pay, such as any lease obligations of £75,000.

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

The current level of reserves is £1,262,355, which is above the required level. The level of reserves is continually monitored by the Trustees and the policy will be reviewed annually.



## Risk Management

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

- **Risk of insufficient funds to deliver strategic plan.**  
This was mitigated and controlled by building diversified income streams and revising business models to ensure all direct and indirect costs of activities were covered and a fair contribution was made back to the charity. The CEO also carefully reviews monthly management accounts to ensure good control of expenditure and monitor income. The Trustee Board and Executive Committee considered the investment portfolio and financial matters regularly throughout the year. The Investment Committee advised Trustee Board about changes in the portfolio and tender options. Fundraising manager recruited April 2021 and financial targets for donations exceeded by year-end.

- **Reputational risk of bringing the Society into disrepute by putting inaccurate and/or inappropriate information into the public domain, either directly or via collaborating partners or the media.**

This was mitigated and controlled by the Society appointing a Head of Communications and a dedicated Communications Coordinator as well as advice and oversight from the Executive Committee, CEO, a Lay Trustee with Communications expertise and the Divisional Chair for Public Affairs.

- **Reputational risk of the intensive care community and strategic stakeholders not seeing the Society as having a leading role in development or ownership of the Guidelines for Provision of Intensive Care Services (GPICS).**

This was mitigated by the Executive Committee maintaining close strategic engagement with collaborating partners to ensure clarity about ownership of GPICS and preparation of GPICS V3 and the development of a Memorandum of Understanding to clarify roles and responsibilities.

## Statement of Trustees' Responsibilities

### For the Year Ended 31 December 2021

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

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

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

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

In so far as the Trustees are aware:

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

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



**Professor Shondipon Laha**  
Honorary Treasurer

**Date:** 16/09/22

# INDEPENDENT AUDITORS' REPORT



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

### Opinion

We have audited the financial statements of The Intensive Care Society (the 'Society') for the year ended 31 December 2021 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and the related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- Give a true and fair view of the state of the Society's affairs as at 31 December 2021 and of its incoming resources and application of resources, including its income and expenditure for the year then ended;
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- Have been prepared in accordance with the requirements of the Companies Act 2006, Charities Act 2011, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006.

### Basis for Opinion

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

### Conclusions Relating to Going Concern

In auditing the financial statements, we have concluded that the Trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

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

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

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

### Other Information

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

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

We have nothing to report in this regard.

### Opinion on Other Matters Prescribed by the Charities Act 2011

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

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

### Matters on Which we are Required to Report by Exception

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

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

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

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

### Responsibilities of Trustees

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

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

### Auditors' Responsibilities for the Audit of the Financial Statements

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

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

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

- Enquiry of management and those charged with governance around actual and potential litigation and claims
- Enquiry of staff in tax and compliance functions to identify any instances of non compliance with laws and regulations
- Performing audit work over the risk of management override of controls, including testing of journal entries and other adjustments for appropriateness, evaluating the business rationale of significant transactions outside the normal course of business and reviewing accounting estimates for bias
- Reviewing minutes of meetings of those charged with governance
- Reviewing financial statement disclosures and testing to –supporting documentation to assess compliance with applicable laws and regulations.

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

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

[www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities).

This description forms part of our Auditors' Report.

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

### Use of our Report

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



#### MHA MacIntyre Hudson

Chartered Accountants and Statutory Auditor  
6th Floor  
2 London Wall Place  
London  
EC2Y 5AU

**Date:** 21/09/22

MHA MacIntyre Hudson are eligible to act as auditors in terms of section 1212 of the Companies Act 2006.



# FINANCIAL STATEMENTS

**STATEMENT OF FINANCIAL ACTIVITIES  
(INCORPORATING INCOME AND EXPENDITURE ACCOUNT)  
FOR THE YEAR ENDED 31 DECEMBER 2021**

	Notes	Unrestricted funds 2021 £	Restricted funds 2021 £	Total funds 2021 £	Total funds 2020 £
<b>Income from:</b>					
Donations and subscriptions	1	1,074,298	-	1,074,298	1,484,194
Charitable activities	2	330,281	78,140	408,421	78,926
Other trading activities	3	175,495	-	175,495	-
Investments	4	4,072	-	4,072	3,901
Other income	5	-	-	-	14,124
<b>Total income</b>		<b>1,584,146</b>	<b>78,140</b>	<b>1,662,286</b>	1,581,145
<b>Expenditure on:</b>					
Raising funds	6	69,116	-	69,116	159,650
Charitable activities	8	1,272,183	88,940	1,361,123	804,623
<b>Total expenditure</b>		<b>1,341,299</b>	<b>88,940</b>	<b>1,430,239</b>	964,273
Net gains/(losses) on investments	19	30,517	-	30,517	(89,850)
<b>Net surplus for the year before taxation</b>		<b>273,364</b>	<b>(10,800)</b>	<b>262,564</b>	527,022
Taxation	17	(1,193)	-	(1,193)	-
<b>Net surplus for the year</b>		<b>272,171</b>	<b>(10,800)</b>	<b>261,371</b>	527,022
<b>Reconciliation of funds:</b>					
Total funds brought forward		990,184	14,709	1,004,893	477,871
Net movement surplus for the year		272,171	(10,800)	261,371	527,022
<b>Total funds carried forward</b>		<b>1,262,355</b>	<b>3,909</b>	<b>1,266,264</b>	1,004,893

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

The notes on pages 65 to 74 form part of these financial statements.

All income and expenditure derive from continuing activities.

**BALANCE SHEET  
AS AT 31 DECEMBER 2021  
REGISTERED NUMBER: 02940178**

	Notes	2021 £	2021 £	2021 £	2020 £
<b>Fixed assets</b>					
Tangible assets	18		2,391		-
Investments	19		207,738		174,982
<b>Total fixed assets</b>			<b>210,129</b>		174,982
<b>Current assets</b>					
Debtors	20	133,540		51,576	
Cash and cash equivalents		1,184,272		893,879	
		1,317,812		945,455	
Creditors: amounts falling due within one year	21	(261,677)		(115,544)	
<b>Net current assets</b>			<b>1,056,135</b>		829,911
<b>Total net assets</b>			<b>1,266,264</b>		1,004,893
<b>Charity funds</b>					
Restricted funds	23		3,909		14,709
Unrestricted funds	23		1,262,355		990,184
<b>Total funds</b>			<b>1,266,264</b>		1,004,893

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

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

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

*Shondipon Laha*

**Professor Shondipon Laha, Honorary Treasurer**  
Honorary Treasurer

**Date:** 16/09/22

The notes on pages 65 to 74 form part of these financial statements.



**STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED 31 DECEMBER 2021**

	2021	2020
	£	£
<b>Cash flows from operating activities</b>		
Net surplus for the year	<b>261,371</b>	527,022
Tax charge	<b>1,193</b>	-
Cash from operating activities	<b>262,564</b>	527,022
Adjustments for:		
Depreciation charges	<b>386</b>	379
(Gains)/losses on investments	<b>(30,517)</b>	89,850
Investment income	<b>(4,072)</b>	(3,901)
(Increase)/decrease in debtors	<b>(81,964)</b>	84,224
Increase/(decrease) in creditors	<b>144,940</b>	(214,844)
Net cash generated by operating activities	<b>291,337</b>	482,730
Cash flows from investing activities		
Purchase of fixed assets	<b>(2,777)</b>	-
Investment income	<b>4,072</b>	3,901
Proceeds from sale of investments	<b>102,546</b>	20,411
Purchase of investments	<b>(52,447)</b>	(34,207)
Movements in cash account	<b>(52,338)</b>	11,809
<b>Net cash provided by investing activities</b>	<b>(944)</b>	1,914
<b>Change in cash and cash equivalents in the year</b>	<b>290,393</b>	484,644
Cash and cash equivalents at the beginning of the year	<b>893,879</b>	409,235
<b>Cash and cash equivalents at the end of the year</b>	<b>1,184,272</b>	893,879

The notes on pages 65 to 74 form part of these financial statements

**ACCOUNTING POLICIES**
**Legal status**

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

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

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

**Basis of preparation  
of financial statements**

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

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

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

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

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

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

## ACCOUNTING POLICIES

## Accounting policies

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

**a. Income**

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

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

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

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

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

**b. Expenditure**

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

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

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

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

## ACCOUNTING POLICIES

**c. Interest receivable**

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

**d. Taxation**

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

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

**e. Tangible fixed assets and depreciation**

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

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

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

Depreciation is provided on the following basis:

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

**f. Investments**

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

**g. Debtors**

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

**h. Cash at bank and in hand**

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

**i. Liabilities and provisions**

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

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



## ACCOUNTING POLICIES

**Liabilities and provisions (continued)**

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

**j. Financial instruments**

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

**k. Operating leases**

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

**l. Pensions**

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

**m. Fund accounting**

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

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

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

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

**n. Critical accounting estimates and areas of judgement**

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

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

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

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2021****1 Income from donations and subscriptions**

	<b>Unrestricted funds 2021 £</b>	<b>Restricted funds 2021 £</b>	<b>Total funds 2021 £</b>	Unrestricted funds 2020 £	Restricted funds 2020 £	Total funds 2020 £
Donations	411,752	-	411,752	657,476	96,627	754,103
Subscriptions	642,546	-	642,546	597,291	-	597,291
Donated services	20,000	-	20,000	132,800	-	132,800
	<b>1,074,298</b>	<b>-</b>	<b>1,074,298</b>	<b>1,387,567</b>	<b>96,627</b>	<b>1,484,194</b>

**2 Income from charitable activities**

	<b>Unrestricted funds 2021 £</b>	<b>Restricted funds 2021 £</b>	<b>Total funds 2021 £</b>	Unrestricted funds 2020 £	Restricted funds 2020 £	Total funds 2020 £
Learning	291,464	-	291,164	69,426	9,500	78,926
Professional affairs	18,579	78,140	96,719	-	-	-
Research	20,238	-	20,238	-	-	-
	<b>330,281</b>	<b>78,140</b>	<b>408,421</b>	<b>69,426</b>	<b>9,500</b>	<b>78,926</b>

**3 Income from other trading activities**

	<b>Unrestricted funds 2021 £</b>	Unrestricted funds 2020 £
Sponsorship income	<b>175,495</b>	-

**4 Income from investments**

	<b>Unrestricted funds 2021 £</b>	Unrestricted funds 2020 £
Dividends and interest receivable	<b>4,033</b>	3,760
Bank interest receivable	<b>39</b>	141
	<b>4,072</b>	<b>3,901</b>

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2021**
**5 Other income**

	<b>Unrestricted funds</b>	Unrestricted funds
	<b>2021</b>	2020
	<b>£</b>	£
Advertising and royalty income	-	9,156
Other income	-	4,968
	<u>-</u>	<u>14,124</u>

**6 Expenditure on raising funds**

	<b>Unrestricted funds</b>	Unrestricted funds
	<b>2021</b>	2020
	<b>£</b>	£
Direct costs	<b>54,664</b>	150,052
Investment management fees	<b>1,793</b>	1,774
Support costs (Note 7)	<b>12,659</b>	7,824
	<u><b>69,116</b></u>	<u>159,650</u>

**7 Analysis of expenditure on raising funds support costs**

	<b>2021</b>	2020
	<b>£</b>	£
Staff costs	<b>5,413</b>	2,987
Depreciation	<b>11</b>	11
Office costs	<b>6,284</b>	2,407
Event costs	-	1,637
Legal and professional fees	<b>193</b>	206
Other costs	<b>242</b>	111
Governance costs	<b>516</b>	465
	<u><b>12,659</b></u>	<u>7,824</u>

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2021**
**8 Analysis of expenditure on charitable activities by fund**

	<b>Unrestricted funds</b>	<b>Restricted funds</b>	<b>Total funds</b>	Unrestricted funds	Restricted funds	Total funds
	<b>2021</b>	<b>2021</b>	<b>2021</b>	2020	2020	2020
	<b>£</b>	<b>£</b>	<b>£</b>	£	£	£
Public Affairs	<b>89,807</b>	-	<b>89,807</b>	58,032	7,492	65,524
Professional Affairs	<b>204,021</b>	<b>72,090</b>	<b>276,111</b>	153,190	49,179	202,369
Learning	<b>617,792</b>	<b>16,850</b>	<b>634,642</b>	223,959	-	223,959
Standards	<b>156,862</b>	-	<b>156,862</b>	102,417	-	102,417
Research	<b>203,701</b>	-	<b>203,701</b>	166,863	43,491	210,354
	<u><b>1,272,183</b></u>	<u><b>88,940</b></u>	<u><b>1,361,123</b></u>	<u>704,461</u>	<u>100,162</u>	<u>804,623</u>

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

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

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

The Learning Division includes the State of the Art Congress (not held in 2020), our seminars and digital learning webinars and programmes and our FUSIC accreditation schemes.

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

The Research Division is responsible for the strategic research representation and engagement we have across the UK and also oversees the research grants made by the Society and includes the research based peer review Journal of the Intensive Care Society. Staff costs are attributed to each division by reference to the time taken by individual staff members to fairly reflect the appropriate cost.



**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2021**
**9 Analysis of expenditure on charitable activities by type**

	Activities undertaken directly	Grant funding of activities	Support costs	Total funds
	2021	2021	2021	2021
	£	£	£	£
Public Affairs	51,830	-	37,977	89,807
Professional Affairs	200,161	-	75,950	276,111
Learning	491,182	-	143,460	634,642
Standards	76,693	-	80,169	156,862
Research	94,140	37,830	71,731	203,701
	<b>914,006</b>	<b>37,830</b>	<b>409,287</b>	<b>1,361,123</b>

	Activities undertaken directly	Grant funding of activities	Support costs	Total funds
	2020	2020	2020	2020
	£	£	£	£
Public Affairs	42,053	-	23,471	65,524
Professional Affairs	155,429	-	46,940	202,369
Learning	130,296	5,000	88,663	223,959
Standards	52,870	-	49,547	102,417
Research	122,531	43,491	44,332	210,354
	<b>503,179</b>	<b>48,491</b>	<b>252,953</b>	<b>804,623</b>

**10 Analysis of grants**

	2021	2020
	£	£
Learning division	-	5,000
Research projects	<b>37,830</b>	43,491
	<b>37,830</b>	48,491

The Intensive Care Society funded research and incurred management and other costs in developing the Society's research activity. In 2021 the Society awarded 3 grants, details of these awards can be found in the Research section of the Trustees Annual Report.

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2021**
**11 Analysis of support costs**

	Total funds 2021	Total funds 2020
	£	£
Staff costs	152,019	96,558
Depreciation	374	368
Office costs	160,058	77,812
Event costs	-	52,931
Legal and professional fees	72,334	6,664
Other costs	7,836	3,595
Governance costs	16,666	15,025
	<b>409,287</b>	<b>252,953</b>

**12 Governance costs**

	2021	2020
	£	£
Council expenses	915	4,328
Elections, annual report and meeting	5,390	1,290
Auditors' remuneration	10,877	9,872
	<b>17,182</b>	<b>15,490</b>

Total Governance costs above are comprised of expenditure on raising funds (note 7) of £516 (2020 - £465) and expenditure on charitable activities (note 11) of £16,666 (2020 - £15,025).

**13 Net income/(expenditure) for the year**

	2021	2020
	£	£
<b>This is stated after charging:</b>		
Operating leases – buildings	44,100	35,972
Depreciation	386	379
<b>Auditor's remuneration:</b>		
Audit fees	10,877	6,872
Preparation of the financial statements	-	3,000

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2021**
**14 Staff costs**

	2021	2020
	£	£
Wages and salaries	466,359	291,068
Social security costs	44,006	29,823
Pension costs	18,390	13,745
	<b>528,755</b>	<b>334,636</b>

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

	2021	2020
Raising funds	1	-
Charitable activities	9	6
Support functions	4	3
	<b>14</b>	<b>9</b>

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

	2021	2020
£60,001 – £70,000	-	1
£80,000 – £90,000	<b>1</b>	-

The total amount of employee benefits received by Key Management Personnel, including Employers National Insurance contributions and employers pension contributions, is £84,682 (2020 – £76,885). The Society considers its Key Management Personnel to be the Trustees and the Chief Executive.

**15 Trustees' remuneration and expenses**

During the year, no Trustees received any remuneration or other benefits (2020 – £nil). Expenses for travel totalling £401 were reimbursed to 3 Trustees (2020: £2,221 to 12 Trustees).

**16 Related party transactions**

Trustee and Key Management Personnel transactions are detailed in Notes 14 and 15. Trustees also made donations of £140 (2020: £275). There were no other related party transactions during the period (2020: none).

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2021**
**17 Taxation**

	2021	2020
	£	£
Current tax		
UK corporation tax on non-primary purpose surplus for the year	-	-
Adjustment in respect of prior periods	<b>1,193</b>	-
	<b>1,193</b>	-

**18 Tangible fixed assets**

	Office equipment £	Computer equipment £	Database £	Total £
<b>Cost</b>				
At 1 January	35,404	6,720	162,787	204,911
Additions	-	2,777	-	2,777
Disposals	(24,988)	(6,349)	-	(31,337)
At 31 December 2021	10,416	3,148	162,787	176,351
<b>Depreciation</b>				
At 1 January 2021	35,404	6,720	162,787	204,911
Charge for the year	-	386	-	386
Disposals	(24,988)	(6,349)	-	(31,337)
At 31 December 2021	10,416	757	162,787	173,960
<b>Net book value</b>				
At 31 December 2021	-	<b>2,391</b>	-	<b>2,391</b>
At 31 December 2020	-	-	-	-

**19 Fixed asset investments**

<b>Valuation</b>	<b>Listed investments £</b>
<b>All fixed asset investments are held in the UK</b>	
At 1 January 2021	174,982
Additions at cost	52,447
Disposal proceeds	(102,546)
Revaluations	30,517
Movements in cash account	52,338
<b>At 31 December 2021</b>	<b>207,738</b>



**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2021**
**20 Debtors**

	2021	2020
	£	£
Trade debtors	35,227	-
Other debtors	-	3,505
Prepayments and accrued income	98,313	48,071
	<b>133,540</b>	51,576

**21 Creditors: Amounts falling due within one year**

	2021	2020
	£	£
Trade creditors	58,242	19,870
Corporation tax	1,193	-
Other taxation and social security	17,529	9,751
Other creditors	24,212	1,767
Accruals and deferred income	160,501	84,156
	<b>261,677</b>	115,544

**22 Deferred income**

	2021	2020
	£	£
At 1 January	10,571	6,770
Income deferred during the year	82,340	10,571
Amounts released from previous periods	(10,571)	(6,770)
<b>At 31 December</b>	<b>82,340</b>	10,571

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 2021**
**23 Statement of funds**

	At 1 January 2021	Income	Expenditure	Transfers	At 31 December 2021
	£	£	£	£	£
<b>Restricted funds</b>					
Bennett Fund	3,909	-	-	-	3,909
UK Critical Care Research Group	10,800	-	(10,800)	-	-
CHSA Psychoeducation grant	-	57,790	(57,790)	-	-
CHSA Peer support grant	-	20,350	(20,350)	-	-
Total restricted fund	14,709	78,140	(88,940)	-	3,909
<b>Unrestricted funds</b>	<b>990,184</b>	<b>1,614,663</b>	<b>(1,342,492)</b>	-	<b>1,262,355</b>
<b>Total funds</b>	<b>1,004,893</b>	<b>1,692,803</b>	<b>(1,431,432)</b>	-	<b>1,266,264</b>

	At 1 January 2020	Income	Expenditure	Transfers	At 31 December 2020
	£	£	£	£	£
<b>Restricted funds</b>					
Bennett Fund	3,909	-	-	-	3,909
UK Critical Care Research Group	12,792	1,500	(3,492)	-	10,800
Anya Hindmarsh Holdster Appeal	-	66,229	(49,179)	(17,050)	-
Other restricted funds	5,901	38,398	(47,491)	3,192	-
Total restricted funds	22,602	106,127	(100,162)	(13,858)	14,709
<b>Designated funds</b>	11,780	-	(14,978)	3,198	-
<b>Unrestricted funds</b>	<b>443,489</b>	<b>1,475,018</b>	<b>(938,983)</b>	<b>10,660</b>	<b>990,184</b>
<b>Total funds</b>	<b>477,871</b>	<b>1,581,145</b>	<b>(1,054,123)</b>	-	<b>1,004,893</b>

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

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



**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2021**

**24 Analysis of net assets between funds**

	<b>Unrestricted funds 2021 £</b>	<b>Restricted funds 2021 £</b>	<b>Total funds 2021 £</b>	Unrestricted funds 2020 £	Restricted funds 2020 £	Total funds 2020 £
Fixed assets	210,129	-	210,129	174,982	-	174,982
Current assets	1,313,903	3,909	1,317,812	930,746	14,709	945,455
Creditors due within one year	(261,677)	-	(261,677)	(115,544)	-	(115,544)
	<u>1,262,355</u>	<u>3,909</u>	<u>1,266,264</u>	<u>990,184</u>	<u>14,709</u>	<u>1,004,893</u>

**25 Analysis of changes in net debt**

	<b>At 1 January 2021 £</b>	<b>Cash flows £</b>	<b>At 31 December 2021 £</b>
Cash at bank and in hand	<u>893,879</u>	<u>290,383</u>	<u>1,184,272</u>

**26 Balances held as agent**

	<b>At 1 January 2021 £</b>	<b>Funds received £</b>	<b>Funds paid £</b>	<b>At 31 December 2021 £</b>
Funds administered by the Society in accordance with instructions received.				
UK Critical Care Research Group	-	<u>15,050</u>	<u>(2,706)</u>	<u>12,344</u>

**26 Pension commitments**

The Society operates a defined contribution pension scheme. The assets of the scheme are held separately from those of the Society in an independently administered fund. The pension cost recognised as an expense in the year was £14,390 (2020: £13,745). There were £3,473 of outstanding pension contributions payable to the fund at the balance sheet date (2020: £1,767).

**27 Operating lease commitments**

	<b>2021 £</b>	2020 £
At 31 December 2021 the Society had commitments to make future minimum lease payments under non cancellable operating leases as follows:		
Not later than 1 year	<u>29,400</u>	44,100
Later than 1 year and not later than 5 years	-	29,400
	<u>29,400</u>	<u>73,500</u>





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