

Trustees' Annual Report and Financial Statements

For the year ended 31 December 2018



**“Collaboration,
Collaboration,
Collaboration that
is the ICS way”**

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

Intensive Care Society

The Trustees' Annual Report and Financial Statements

for the year ended 31 December 2018

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2018 was an exciting year for The Intensive Care Society

We started a new phase of growth and development. The year began with an extensive six month collaborative engagement project to gather the views of members, non members, patients and strategic partners to help us to develop our new five year strategy: Your Society – Our Strategy. This strategy sets the tone for us to be a new, modern and forward thinking Society and includes our new vision and mission. It also sets out three core values by which we will behave when we carry out our charitable activities.

One of the challenges we face as a charity is the public perception and awareness of critical care. Our new strategy and design of this new Trustees Annual Report have been structured and written to demonstrate our impact and to inform the public and other beneficiaries and supporters about the role of intensive care units (ICUs), and how the Society's work impacts intensive care treatment both in the UK and worldwide. While many charitable organisations concentrate on single chronic diseases, the Society supports research, education and standards development across the wide range of acute medical conditions that are treated as critical care.

During 2018 we continued to seek additional donor funding and are grateful to all those who have supported our charitable activities. We have also been exploring more collaborative opportunities to work with other charities and industry partners to be as effective as we can and use our resources as economically as possible.

We worked with our Directors of Research to develop a new look to our research programme and we made a number of research awards, most significant were, two new investigators in critical care each being awarded £15,000. We have larger awards planned for 2019 with a £50,000 research prioritisation award made possible by the generous donations from our supporters.

We expanded our Standards and Guidelines Committee with new collaborating partners and recruited additional staff to support its activities.



Our research and our standards support our community of multi professional clinical staff in critical care to provide the best care to patients.

Although we are a small charity this annual report demonstrates the huge impact we make. With additional funding and more collaborations we can fund even more research, education and standards development. By doing this we can convert what we learn from our research into clinical guidelines and inform new clinical practice. This saves more lives and gives critical care survivors a better quality of life.

This annual report outlines our main achievements during 2018 and includes the voices of some of our multi professional critical care community and our supporters. The year ended with another excellent State of the Art conference which was held in London and welcomed 1,700 delegates from across 37 countries. We enter 2019 with plans to involve you in our 50th anniversary celebrations in 2020 and welcome you to our State of the Art conference in Birmingham in December.

Thank you.

Dr Ganesh Suntharalingam
President

Dr Sandy Mather
Chief Executive



“Although we are a small charity this annual report demonstrates the huge impact we make. With additional funding and more collaborations we can fund even more research, education and standards development.”

Reference and administrative details of the charity, its Trustees and advisors

The Intensive Care Society is a Company Limited by Guarantee and governed by its Articles of Association.

Registered Name of Company: The Intensive Care Society

Company Number (England): 02940178

Charity Number (England and Wales): 1039236

Charity Number (Scotland): SC040052

Address: Churchill House, 35 Red Lion Square, London, WC1R 4SG

Trustees

Gary Masterson (President until 11 December, 2018)
 Ganesh Suntharalingam (President from 11 December, 2018)
 Craig Brown (Honorary Treasurer until 11 December, 2018)
 Steve Mathieu (Honorary Treasurer from 11 December, 2018)
 Stephen Webb (Honorary Secretary)
 Sarah Clarke (resigned 11 December, 2018)
 Tony Whitehouse (resigned 11 December, 2018)
 Jeremy Groves
 Richard Innes
 Jagtar Pooni
 Jeremy Bewley
 Jamie Strachan (resigned 1 March, 2018)
 Shondipon Laha
 Hugh Montgomery (re-elected 11 December, 2018)
 Laura Vincent

The following members joined Council as elected members during 2018 after transitional arrangements to separate Trustee Board responsibilities and Council responsibilities had been agreed.

Aoife Abbey (elected deputy Chair Trainees Committee from July 2018)
 Ashley Miller (co-opted until 11 December, 2018 when elected)
 Nitin Arora (elected 11 December, 2018)
 Stephen Wright (elected 11 December, 2018)
 Sarah Dyson (elected 11 December, 2018)
 Simon Hayward (elected 11 December, 2018)

The following members were co-opted onto Council because of their specific responsibilities.

Daniel Martin (co-opted from 4 June 2018)
 Marcus Peck (co-opted from 4 June 2018)
 Andrew Bentley (co-opted until 29 January 2019)
 Jonathan Handy (co-opted until 4 June 2018)

Patron: Her Royal Highness, Princess Anne

Chief Executive, Sandy Mather, is the key member of staff responsible for the day to day activities of the Charity.

Advisors

Auditors

MHA MacIntyre Hudson
 New Bridge Street House
 30-34 New Bridge Street
 London, EC4V 6BJ

Bankers

HSBC Plc
 PO Box 6201
 Coventry, CV3 9HW

Solicitors

Hempsons
 Hempsons House
 40 Villiers Street
 London, WC2N 6NJ

Our charitable objects, vision, mission and values

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 Vision

The Society’s vision is a world where every member of the multi professional critical care team has a voice and plays a part in research, education and standards-development.

Our Mission

We represent the views of the multi professional critical care community and help them by providing opportunities for knowledge exchange to support learning. We enable them to contribute to research and standards development.

Our Values

Our values define our culture and are at the very heart of the Intensive Care Society—who we are, what we do and how we do it.

Collaboration

We work with others to maximise our impact.

Freedom of expression

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

Accept and respect

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

How we demonstrated public benefit

The Trustees have taken into account the Charity Commission's guidance on public benefit when reviewing the charity's aims and objectives and in planning our future activities. The following sections demonstrate the public benefit of the Intensive Care Society and the impact we have made in 2018.

The Society considers its primary beneficiaries to be: patients, relatives and friends of those

experiencing critical care and the multi-professional members of the critical care team.

One of the challenges we face as a charity is the public perception and awareness of critical care. This report has been designed to demonstrate our impact and to inform the public and other beneficiaries and supporters about how the Society's work impacts intensive care treatment both in the UK and worldwide.

“One of the challenges we face as a charity is the public perception and awareness of critical care.”

Our achievements and impact

This section summarises our achievements during the year and demonstrates the impact we made. It is divided into the following sections.

- Our research
 - Our Journal of the Intensive Care Society
 - Our awards
- Our strategic collaborating partners
- Our standards and guidelines
- Our education
 - Our seminars
 - Our State of the Art conference
 - Our ultrasound accreditation
- Our patients and relatives



Our research

The Society is devoted to supporting research across all acute critical care clinical situations and conditions including rehabilitation. We recognise that critical care research is only enriched by the breadth of the whole critical care community.

This multi disciplinary approach supports the delivery of quality research and holistic patient care. In 2018, we recruited two new nurse and AHP members to our Research Committee to reflect the multi professional team of experts delivering high quality care and research.

We have three Directors and two Deputy Directors of Research who are some of the highest regarded professionals within critical

care research. Their role is to identify and execute research for the Society and to provide expert advice on grant applications which the Society awards to encourage or pump-prime ICU research. We also fund some of their time to work on our collaborative UK critical care research trials. The three Directors and two Deputy Directors of Research continue to promote the Society's international research profile reflected in high impact publications including Paramedic 2 trial in New England Journal of Medicine, Breathe in Journal of the American Medical Association, secondary analysis of VANISH (sepsis response signature) in American Journal of Respiratory and Critical Care Medicine. This is only a fraction of the published output and the more complete picture can be seen in figure 1.

Figure 1

Professor Anthony Gordon – Director of Research

The full NIHR EME report for LeoPARDS is now published. <https://www.journalslibrary.nihr.ac.uk/eme/eme05060/#/full-report>

Levosimendan to prevent acute organ dysfunction in sepsis: the LeoPARDS RCT
Gordon AC et al, Efficacy and Mechanism Evaluation Volume: 5, Issue: 6, Published in November 2018 <https://doi.org/10.3310/eme05060>

Some new publications for VANISH include

1. Antcliffe DB, Burnham KL, Al-Beidh F, Santhakumaran S, Brett SJ, Hinds CJ, Ashby D, Knight JC, Gordon AC. Transcriptomic Signatures in Sepsis and a Differential Response to Steroids: From the VANISH Randomized Trial. *American Journal of Respiratory and Critical Care Medicine* 2019, 199, 980-986 DOI: 10.1164/rccm.201807-14190C

2. Lambden S, Tomlinson J, Piper S, Gordon AC, Leiper J, 2018, Evidence for a protective role for the rs805305 single nucleotide polymorphism of dimethylarginine dimethylaminohydrolase 2 (DDAH2) in septic shock through the regulation of DDAH activity, *Critical Care*, Vol: 22 10.1186/s13054-018-2277-5

3. McIntyre WF, Um KH, Alhazzani W, Lengyel AP, Hajjar L, Gordon AC, Lamontagne F, Healey JS, Whitlock RP, Bellef-Cote EP. Association of Vasopressin Plus Catecholamine Vasopressors vs Catecholamines Alone With Atrial Fibrillation in Patients With Distributive Shock: A Systematic Review and Meta-analysis. *Journal of the American Medical Association* 2018 319(18): 1889-1900. DOI: 10.1001/jama.2018.4528

Professor Danny McAuley – Director of Research

REST – Ongoing pROtective vEntilation with veno-venous lung assistT in respiratory failure
Principal Investigator: Danny McAuley, Queen's University Belfast, Co-Director of Research ICF

Start date: June 2016
Funding: NIHR Health Technology Assessment Programme
Publication reference: study protocol - McNamee JJ et al. *JICS* 2017; 18:159–169

Professor Gavin Perkins – Director of Research

PARAMEDIC-2
CI Gavin Perkins, University of Warwick and University Hospitals Birmingham, Director of Research, ICF

Started: March 2014
Funding: National Institute for Health Research Health Technology Assessment Programme
Publication: Perkins GD, Ji C, Deakin CD, Quinn T, Nolan JP, Scomparin C, Regan S, Long J, Slowther A, Pocock H, Black JJM, Moore F, Fothergill RT, Rees N, O'Shea L, Docherty M, Gunson I, Han K, Charlton K, Finn J, Petrou S, Stallard N, Gates S, Lall R; PARAMEDIC2 Collaborators. A Randomized Trial of Epinephrine in Out-of-Hospital Cardiac Arrest. *N Engl J Med*. 2018 Aug 23;379(8):711-721.
NIHR Signal: [BMJ https://www.bmj.com/content/364/bmj.k4259](https://www.bmj.com/content/364/bmj.k4259)

Breathe
CI Gavin Perkins, University of Warwick and University Hospitals Birmingham, Director of Research, ICF

Started: January 2013
Funding: National Institute for Health Research Health Technology Assessment Programme
Publication: Perkins GD, Mistry D, Gates S, Gao F, Snelson C, Hart N, Camporota L, Varley J, Carle C, Paramasivam E, Hoddell B, McAuley DF, Walsh TS, Blackwood B, Rose L, Lamb SE, Petrou S, Young D, Lall R; Breathe Collaborators. Effect of Protocolized Weaning With Early Extubation to Noninvasive Ventilation vs Invasive Weaning on Time to Liberation From Mechanical Ventilation Among Patients With Respiratory Failure: The Breathe Randomized Clinical Trial. *JAMA*. 2018 Nov 13;320(18):1881-1888.

Dr Kenneth Baillie – Deputy Director of Research

GenOMICC – Ongoing - Genetics of susceptibility and mortality in critical illness

- Main focus is sepsis, burns and pancreatitis
- Recruitment requires consent, and a single DNA sample, from critically ill patients who were previously in good health
- PI: Kenny Baillie, University of Edinburgh, Deputy Director of Research, ICS
- Started in 2016
- Recruitment extending across UK in 2019
- <https://baillielab.net/genomicc>

Dr Nazir Lone – Deputy Director of Research

Grants:
Anaemia management with red Blood Cell transfusion to improve post-intensive care disability: a randomised controlled trial (The ABC post-intensive care trial). Moulton Foundation. Duration: 01/03/2019 to 01/01/2022 33 months. Co-Investigator.

Maternal critical care: identifying at-risk women and understanding the short and long term consequences of critical illness in pregnant or recently pregnant women. Obstetric Anaesthesia Association. Duration: 01/10/2018 to 31/03/2020. Principal Investigator.

Alpha 2 Agonists for Sedation to produce Better Outcomes from Critical Illness (A2B TRIAL): A Parallel Group Randomised Controlled Trial Comparing Clonidine, Dexmedetomidine and Current Usual Care. National Institute for Health Research (NIHR) Health Technology Assessment 16/93/01. Duration: 01/04/2018 to 31/12/2021. Co-Investigator.

Publications:
Pugh RJ, Battle CE, Thorpe C, Lynch C, Williams JP, Campbell A, Subbe CP, Whitaker R, Szakmany T, Clegg AP, Lone NI. Reliability of frailty assessment in the critically ill: a multi-centre prospective

observational study. *Anaesthesia*. 2019 [In press]

Docherty AB, Alam S, Shah AS, Moss A, Newby DE, Mills NL, Stanworth SJ, Lone NI, Walsh TS; TROPICCAL Investigators. Unrecognised myocardial infarction and its relationship to outcome in critically ill patients with cardiovascular disease. *Intensive Care Med*. 2018 Oct 29. doi: 10.1007/s00134-018-5425-0. [Epub ahead of print]

Lone NI, Lee R, Walsh TS. Long-Term Mortality and Hospital Resource Use in ICU Patients With Alcohol-Related Liver Disease. *Crit Care Med*. 2018 Sep 20. doi:10.1097/CCM.0000000000003421. [Epub ahead of print]

Donaghy E, Salisbury L, Lone NI, Lee R, Ramsey P, Rattray JE, Walsh TS. Unplanned early hospital readmission among critical care survivors: a mixed methods study of patients and carers. *BMJ Qual Saf*. 2018 Nov;27(11):915-927. doi: 10.1136/bmjqs-2017-007513.

Lone NI, Lee R, Salisbury L, Donaghy E, Ramsay P, Rattray J, Walsh TS. Predicting risk of unplanned hospital readmission in survivors of critical illness: a population-level cohort study. *Thorax*. 2018 Apr 5. pii:thoraxjnl-2017-210822. doi: 10.1136/thoraxjnl-2017-210822.

Pugh RJ, Ellison A, Pye K, Subbe CP, Thorpe CM, Lone NI, Clegg A. Feasibility and reliability of frailty assessment in the critically ill: a systematic review. *Crit Care*. 2018 Feb 26;22(1):49. doi: 10.1186/s13054-018-1953-9.

Griffith DM, Salisbury L, Lee RJ, Lone N, Merriweather JL, Walsh T. Determinants of health-related quality of life after intensive care: importance of patient demographics, previous comorbidity, and severity of illness. *Critical Care Medicine*. 2018 Apr;46(4):594-601. doi:10.1097/CCM.0000000000002952.

Our Journal of the Intensive Care Society (JICS)

Our peer review journal has continued to go from strength to strength over the last year. Since being fully listed on PubMed we have seen a substantial and sustained increase in the number of submissions we are receiving. Not only that but we are seeing an increasing number of submissions from around the world, bringing greater diversity and breadth to the journal's content.



access. By providing our journal free and open access on line we ensure that all healthcare professionals delivering critical care around the world can freely benefit from its quality research and educational content.

After a number of years our Editor in Chief stepped down from the position, handing over their successor in June 2018. Our Editor in Chief and supporting team of Editors, work tirelessly to make the journal as successful as it is now. Looking forward we plan to expand our Editorial Board and make further improvements to the journal in response to the increasing number of articles submitted.

During 2018 the trustees of the Society renewed their principled decision to retain the online version of the journal as free and open

Top 10 downloads in 2018

Topics	Authors
The Intensive Care Society recommended bundle of interventions for the prevention of ventilator-associated pneumonia	Thomas P Hellyer, Victoria Ewan, A John Simpson, Peter Wilson
Catheter-related thrombosis: A practical approach	Jecko Thachil, Caroline Wall, John Moore
The European Diploma in Intensive Care EDIC	Brendan McGrath, Steve Benington
The provision of central venous access, transfer of critically ill patients and advanced airway management: Are advanced critical care practitioners safe and effective?	Andrew Simmons, Nitin Arora, Simon Giles, Andrew Choyce, Daniel Higgins, Gavin D Perkins, Marion Palmer, Sarah Quinton, Lindsay Green, Anita Jones, Sean Munnelly, Gavin Denton
Survival following massive amitriptyline overdose: The use of intravenous lipid emulsion therapy and the occurrence of acute respiratory distress	Sarah Droog, Colin Bigham, David Radley, John Barragry
12-Hour nursing shifts in critical care: A service evaluation	Ceri Battle, Paul Temblett
Is presumed consent an ethically acceptable way of obtaining organs for transplant?	Pradeep Kumar Prabhu
Safety and feasibility of above cuff vocalisation for ventilator-dependant patients with tracheostomies	Brendan A McGrath, Sarah Wallace, Mark Wilson, Leanne Nicholson, Tim Felton, Christine Bowyer, Andrew M Bentley
Intensive Care Society State of the Art 2017 Abstracts	Various authors
The National Competency Framework for Registered Nurses in Adult Critical Care: An overview	Ann M Price, Kate S Deacon, Melanie Kynaston, Angela P Himsworth, Julie Platten, Pauline Freeman, Sheila M Kinoulty, Karen A Donnelly, Nicola Witton, Neville Rumsby, Andrea Baldwin, Kate Deacon

Total printed
14,141 copies

Total mailed out
13,887

Total online downloads
160,757

Our awards

All of the awards granted by the Society were made through a competitive peer review process chaired by our Council members. The Research Committee identifies and judges potential future projects to be undertaken or funded by the Society. These award winners are recognised because of the contribution they have made to critical care research and clinical practice and their ability to do even more in the future. The Society's awards act as a public endorsement of their work and supports them to do even more to advance and promote the care and safety of critically ill patients.

New Investigator Awards

- **Edward Needham** - The Impact of Adaptive Autoimmunity on Outcome and Neurodegeneration Following Severe Traumatic Brain Injury.
Awarded £14,910.00

- **Annemarie Docherty** - Critically ill patients with co-existing cardiovascular disease: short and long term consequences of critical illness.
Awarded £14,360.00

Gold Medal Award

The Society's Gold Medal is awarded annually to a new research investigator who has shown excellence in science relevant to intensive care practice. The aim is to promote the work and enable it to be more widely appreciated. The award process allows the finalists to achieve recognition through formal oral presentation at our annual State of the Art Conference. This year it was in London, in December, 2018 and all finalists shown below were given a complimentary registration to the conference and invited to the speakers' dinner to receive recognition and to provide opportunities for networking with national and international critical care researchers. They also received up to £200 towards travel and accommodation to attend the conference.

Gold Medal Winner for 2018

Tom Hellyer - The evaluation of a biomarker-based exclusion of ventilator associated pneumonia to improve antibiotic stewardship. A multi centre validation study and randomised controlled trial.

Gold Medal Award shortlisted candidates

Helen Mckenna	Direct measurement of intracellular mitochondrial respiration in skeletal muscle taken from critically ill patients demonstrates functional alterations with potential adaptive implications
Matthieu Komorowski	Improving sepsis resuscitation with reinforcement learning
Sanoj Soni	Microvesicles are key mediators of inflammation in acute lung injury
Sean Pollen	The effect of circulating humoral factors on mitochondria in sepsis-induced acute kidney injury
Tom Hellyer	The evaluation of a biomarker based exclusion of ventilator-associated pneumonia to improve antibiotic stewardship. A multi centre validation study and randomised controlled trial

The Medical Student Essay Prize 2018

Callum Twohig - a literature review on ECMO CPR in London.

Best eposter

Ceri Battle - A multi centre randomised feasibility STUdy evaluating the impact of a prognostic model for management of BLunt chest wall trauma patients: STUMBL Trial.

Oral Presentation Award at State of the Art Conference

Danielle Bear - Computed tomography measurement of skeletal muscle mass in adults receiving veno venous extracorporeal membrane oxygenation.

PechaKucha (PK) and Cauldron awards

Our vibrant trainee committee made significant contributions to the State of the Art conference, contributing to the programme design and specifically chairing and managing the PK and Cauldron sessions with trainees for the first year also open to AHPs and nurses.

PK award winner: **Angeline Lee** - The Hidden Conversation.

Cauldron winner: **Rebecca Lewis** - The next member of the multi disciplinary team should be.

Bennett Award (SOA)

This award was created in 2013 following a generous gift received during the year. The award is in memory of Professor David Bennett who was a close friend to the Society. He had a passion for teaching and research, and for encouraging future generations of budding intensivists. To honour this contribution we host the 'David Bennett session' at our annual State of the Art Conference and invite an international speak of renown.

Dale Nedham - Professor of Pulmonary and Critical Care Medicine, and of Physical Medicine and Rehabilitation at the Johns Hopkins University in Baltimore, USA. He was invited to speak about: Tips for an Academic Career in Critical Care.

International Fellowship

Our 2018 international fellowship was awarded to Dr Madiha Hashmi in recognition of her pioneering work to set up a new critical care audit system in Pakistan in association with our collaborating partner the Network for Improving Critical Care Systems and Training (NICCST), based in South Asia.



Our strategic collaborating partners

We establish collaborations 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 objects and deliver increased public benefit.

During 2018 we expanded our network of collaborating strategic partners and began a re-structure of our Council into a divisional structure in preparation for us to be able to deliver our new strategic priorities. We began to expand our collaboration activities with existing partners and also many new partners.

We have been working proactively with many collaborating partners during 2018 to develop standards and progress research for the benefit of patient care and the multi professional critical care community. We continued to work closely with the Faculty of Intensive Care Medicine as co-chairs of the Joint Standards Committee, particularly focused on leading the revision of key Guidelines for the Provision of Intensive Care Services (GPICS). We are grateful to them for their collaborative engagement.



“We have been working proactively with many collaborating partners during 2018 to develop standards and progress research for the benefit of patient care and the multi professional critical care community.”



We are passionate about research into critical care and we both fund it directly and collaborate with others to promote it and progress it. We have a particularly close relationship with the United Kingdom Critical Care Research Group (UKCCRG). We are active partners in their activities and members of their oversight committee. In addition, on an infrastructure level we provide financial management advice and support, collect, and disburse funds on their behalf, holding their money in a restricted account.

Globally, we established two new collaborations in 2018 to exchange knowledge and skills in critical care for reciprocal learning. These partnerships are with the Network for Improving Critical Care Systems and Training in South Asia and Sir Run Run Shaw Hospital, in Zhejiang Province, China.



Our standards and guidelines

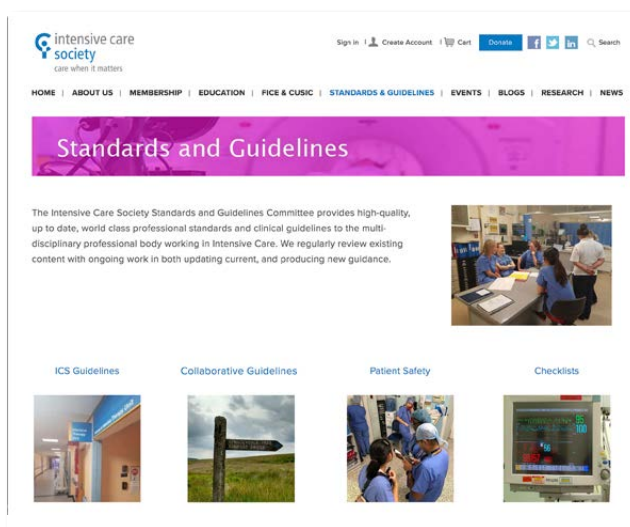
2018 proved to be a pivotal year for standards and guidelines at The Intensive Care Society. We established the Standards and Guidelines Committee (SGC) in the autumn which succeeds the Joint Standards Committee (JSC) and we recruited additional management expertise to support the establishment of this new committee. All members of our multi professional committee work on a voluntary basis and we are very grateful for their expert input. During 2018 we advertised and recruited two additional members of the SGC to ensure wider multi professional input including an Advanced Critical Care Practitioner and a Physiotherapist. Our trainee committee members were also actively involved in our standards work during 2018.

The inaugural meeting of the SGC took place on 7 December, 2018 and the committee has set about a programme of refreshing guidance and commissioning new work to support the multi professional critical care community to deliver patient care.

Patient safety

Representatives of the SGC have also been working closely with strategic partners to develop guidance identified by recent patient safety alerts and via coroner's reports. Following a Coroners Regulation 28 report on Air Embolism in the Spring, the Society published an Air Embolism Safety alert in June 2018 which was circulated to all members. We embarked on developing new guidance on Air Embolism due to be published in 2019. Similarly after a Coroners Regulation 28 report related to the removal of a femoral line in September 2018, the Society communicated an alert to members and began collaborating with leading renal groups in the UK to develop guidance in the absence of existing national advice. Patient safety and quality improvement in critical care is a key priority of the Society and our Standards and Guidelines Committee champion this area.

We are delighted to have launched the Allied Health Professionals: Critical Care Development Framework (AHP CCPDF) at our annual State of the Art Conference in December, 2018. This framework is the first of its kind for AHPs and was co-developed alongside key partners over a two year period. The AHP CCPDF has received a positive



reception and we look forward to its continued roll out and adoption. The development of this guidance is a credit to our commitment to capacity building and signals the positive steps the Society is making alongside our partners.

During 2018, we also co-chaired the Joint Standards Committee of the Intensive Care Society and the Faculty of Intensive Care Medicine (FICM), which endorsed guidance on:

- Safe Practice of Total Intravenous Anaesthesia (TIVA)
- Management of Tracheal Intubation in Critically Ill Adults
- Acute Respiratory Distress Syndrome (ARDS)
- Devastating Brain Injury
- Care of the Critically Ill Women in childbirth

Additional collaboration will see the publication of the AAGBI guidance on the Safe Transfer of the Brain Injured Patient in 2019.

Importantly, we also revised the Guidelines for Provision of Intensive Care Services (GPICS). We conducted a public consultation and received 579 responses, which were all carefully considered and contributed to the revised GPICS V2 which is due to be launched in 2019.

Legal and ethical

In legal and ethical areas during Spring we collaborated with the Faculty of Intensive Care Medicine and legal advisors to apply to

4

NEW GUIDELINES
PUBLISHED IN 2018

intervene in the Supreme Court providing witness statements and written intervention to ensure that the Court was aware of issues that affect clinicians working in intensive care and their patients. The key question being considered was: When is it necessary to seek the approval of the Court before Clinically Assisted Nutrition and Hydration (CANH) is withdrawn from a person with a prolonged disorder of consciousness? In July 2018, Lady Black, delivering judgment on behalf of the Supreme Court and concluded that there was no requirement either at common law or under the European Court of Human Rights for court approval to be sought in the way contended for by the Official Solicitor. This verdict now makes the position clear in this area:

In England and Wales, where

- the provisions of the Mental Capacity Act (MCA) 2005 are followed; and
- the relevant guidance is observed; and
- there is agreement between clinicians and family upon what is in the best interests of the patient

Life sustaining treatment (whether CANH or another form of such treatment) can be withdrawn (or withheld) without needing to make an application to the court. This was covered extensively in the news

<https://www.bbc.co.uk/news/uk-45003947>

In 2018 the Society responded to various consultations on behalf of our multi professional critical care members including: the GMC consultation on Gross Negligence Manslaughter; NICE guidance on delirium; rehabilitation. In addition the Society was a member of the working group to develop the draft service specification on adult critical care services (NHSE).

“We established the Standards and Guidelines Committee (SGC) in the autumn which succeeds the Joint Standards Committee (JSC) and we recruited additional management expertise to support the establishment of this new committee. All members of our multi professional committee work on a voluntary basis and we are very grateful for their expert input.”

1. ALLIED HEALTH
PROFESSIONAL FRAMEWORK2. ACUTE RESPIRATORY
DISTRESS SYNDROME (ARDS)

GUIDELINES ON THE
MANAGEMENT OF
ACUTE RESPIRATORY
DISTRESS SYNDROME

3. MANAGEMENT OF
DEVASTATING BRAIN INJURY
AFTER HOSPITAL ADMISSION

MANAGEMENT OF
PERCEIVED DEVASTATING
BRAIN INJURY AFTER
HOSPITAL ADMISSION
A Consensus Statement

4. THE CARE OF THE
CRITICALLY ILL WOMEN
IN CHILDBIRTH

RCOA
Intensive care society
Royal College of
Obstetricians &
Gynaecologists
The Faculty of
Intensive Care Medicine
Care of the critically
ill woman in childbirth;
enhanced maternal care
August 2018

Our education

Our seminars

During 2018 we reviewed and developed our management of our educational seminars. We expanded our multi professional committee and during 2018 we recruited two new members: a nurse consultant in ECMO and critical care and an Advanced Critical Care Practitioner. There continues to be a significant input to our education programme from the Trainees Committee, Council members and volunteers.

During 2018 we delivered 11 educational days which were a mixture of lecture and practical seminars which were all supported well. Highlights included medicine for intensivists microbiology, legal and ethical and acute respiratory distress syndrome (ARDS) seminars. Feedback from all these sessions has been overwhelmingly enthusiastic.

We have agreed a new seminar strategy with input from our managers and the multi professional seminar committee. In 2019, we are streamlining the seminars with four scheduled to be in London over the course of the year – wellbeing; obstetrics; medicine for intensivists; and sepsis and microbiology. As some of the feedback from 2018 reflects the geographical nature of our members we intend to also deliver seminars in regional areas during 2019 and our AHP seminar is planned for October, in Bolton.

The seminar organisers and speakers have delivered these seminars on a voluntary basis and out of pure goodwill – they do not receive any funding for this.

Number
of events
11



Speakers
65



Delegates
436



Our State of the Art conference

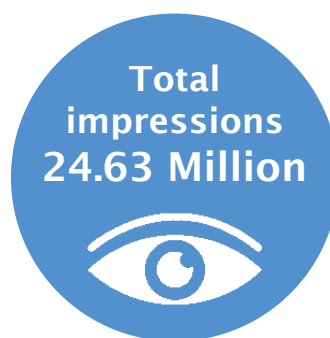
We hosted our annual conference in December, 2018, returning to London after a visit to Liverpool in 2017, where the QEII Centre in Westminster played host. Attendance was the highest it has ever been with 1700 national and international delegates representing the multi professional team. Integrated talks with panel questions and conversations has been the cornerstone of the conference for a number of years. After all, we work together and we learn together.

2018 was a record breaking year, with both delegate numbers (from over 37 countries), submitted abstracts well over 450, over 100 world class speakers and our social media presence continuing to grow (twitter followers 16K, podcast downloads of more than 8000/month). We continue to work hard on the programme, events and conference experience and benefit from a multi professional conference organising committee and social media committee. Social media (SoMe) has emerged as a major source of free open access medication education (FOAMED) and multidisciplinary professional communication in this age.

The dream, for years, has been to build a 'conference without walls' where the learning from a conference is widely disseminated through social media, and we can engage with professionals across the world. After establishing a dedicated, multi professional SoMe team of volunteers during 2017 we expanded the team's activity during 2018. We integrated 'twitter moderators' into every conference session, we live-streamed delegates' tweets on screens, created real-time infographics on the talks and also used our hashtag to encourage attendance at networking/social events. We collaborated with partners to record more podcasts and free educational material for download. We set up recording and studio facilities in the main exhibition area creating live stream and recording interviews with speakers. We also created daily 'summing up' videos, which were uploaded across Facebook, YouTube, Periscope and Twitter. Our aim was to appeal not just to doctors, but to the wider multi professional critical care teams across the world who could benefit from our conference activities without having to pay to attend.

Our results are presented below in the table and images.

The impact of a dedicated SoMe team:



Twitter



Impressions
1,762,200



Followers
16k



Likes
7,022



Clicks
13,779



Retweets
5,767

Our ultrasound accreditation

We have strengthened our management team to improve our support for our accreditation work and to develop new systems to ensure stability for the future.

Focused Intensive Care Echo (FICE)



2018 has been a fantastic year for FICE and by early October, we had received over 360 registrations (a 20% increase from last year), and 74 of these had already completed. Our mentors currently number around 700 nationwide, and more units than ever have the capacity to train. To help FICE practitioners progress safely, we launched an Extended-FICE course that has since been refined, and we look forward to rolling this out nationally in 2019.

There has never been a more positive time regarding the relationship between intensive care and cardiology departments. The advent of BSE Level 1 will encourage Trusts to bring FICE services into their existing governance infrastructure, bringing great rewards for all concerned. Look out for BSE's Emergency Departmental Echo Standards and FICM/ICS's GPICS on intensive care ultrasound, which are both due to be published soon.

The FICE and CUSIC teams are working more closely together too, and in 2019 we hope to amalgamate into one dynamic group, ready to

deliver a modular training programme. FICE is now being taught in Ireland and South Africa, which is very exciting, and we look forward to developing ties with other countries. FICE has grown; now it must mature. We hope that in 2019 local quality assurance will become an everyday process and, once this is established, FICE will then reach its true potential.

Core Ultrasound in Intensive Care (CUSIC)



2018 was a year of growth and change for CUSIC as new members joined to strengthen and develop the committee expanding our multi professional input. The accreditation pack was completely overhauled with changes including modular accreditation, expanded modules and clarification of requirements for allied health professionals to encourage uptake in this group. The numbers of mentors, supervisors and those achieving accreditation increased, as did awareness of CUSIC in the intensive care community.

Plans for future direction have been put in place which include expansion of available modules, the addition of advanced modules, template slide sets for course organisers and education materials. 2019 will be a very important year for FICE and CUSIC.



Our patients and relatives

Our Patients and Relatives Committee supports the work of the Society by representing the views of patients and their families or carers and provide a 'lay' or non clinical perspective. Members of the committee draw the attention of Society members and Council to matters of concern or likely to be of concern to patients and their relatives. The committee has also provided advice and information to members of the public and to Society members who have sought a 'lay' input on – for instance – proposed research projects or critical care clinical trials.

Members of the committee were actively involved in the interviews and workshops to develop the new five year strategy for the Society.

Committee members have also provided a personal response to a variety of requests. These have included writing reviews on books

or other publications that have been published via the ICS website and sitting as lay members on the steering committees of clinical trials. During 2018, the committee met on four occasions – all in London. Although the membership of the committee has remained stable, a number of members have not always been able to fully participate due to ill health or other commitments and further members are always welcome.

A member of the Board of ICU Steps continues to regularly attend committee meetings as an observer and the Chair of this committee also attends, in a similar capacity, meetings of the Board of ICU Steps either in person or via a teleconference link. We're very grateful to the Patients and Relatives Committee Chair, who has led the work for the last 5 years and in 2019 is standing down.

Structure, governance and management

Trustees, Company Directors and Council members

Our Trustees are elected by the Society membership and upon appointment, receive an induction from the Chief Executive.

In July 2018 the Council made the strategic decision to separate out Trustee/Company Director responsibilities from elected council responsibilities. Recognising the complexity involved in transitioning from one form of governance to another, the Council set up a sub-committee called the Task and Finish Group on Governance (TFGG) to provide advice back to Council by October, 2018. The aims of the TFGG were as follows:

- To propose a revised governance structure which separate out responsibilities for Trustees/Company Directors and elected Council members.
- To propose a revised committee structure which facilitates the successful delivery of the new ICS five year strategy.
- To operate with an awareness of key influences and best practice including Charity Commission guidance, members' needs, and the Society's vision.
- To gather input from key influential stakeholders in the research sector and input their views to TFGG
- Council endorsed the TFGG's recommendations and agreed to separate Trustee Board from Council responsibilities and to establish a new Shadow Trustee Board with lay input during 2019.



See page 6 for a full list of these members

Our committees

We thank all our members who have volunteered their time and expertise to contribute to our wide breath of committees and activities. Their altruism enables the wider critical care community, patients, their families, friends and carers to benefit from the Society's charitable activities.

2018 Committees

Executive Committee

Research Committee and Foundation

Editorial Board of the Journal of the Intensive Care Society

Standards and Guidelines Committee

Seminars Committee

Membership Committee

Trainee Committee

Patients and Relatives Committee

State of the Art Conference Committee

Ultrasound Committees – FICE and CUSIC

Social Media Committee

Digital Strategy Programme Board

Task and Finish Group on Governance

Investment and Finance Committee

Executive Committee

The Executive Committee comprises the Honorary Officer positions who are elected by the Council which itself is elected by the membership of the Society. During 2018 the elected Executive Committee comprised the following.

Dr Gary Masterson - President
Dr Ganesh Suntharalingam - President Elect
Mr Craig Brown - Honorary Treasurer
Dr Stephen Webb - Honorary Secretary

During the year there were four face-to-face meetings and regular telephone and digital contact between meetings to maintain strategic oversight of the Society.

Council

There were six meetings of Council during 2018 and two days of strategy development supported by regular digital contact between meetings.

Chief Executive and office based staff and volunteers

This year has seen growth for the Society both in terms of our membership base but also our income streams. We made difficult decisions in 2017 that have paid dividends in 2018 and the substantive appointment of a Chief Executive, not only ensures our strategic growth, but ensures our society has appropriate representation with other national and political organisations as we move into 2019. The CEO leads a team of six staff with expertise in communications, events, membership, research, standards and governance. The Society also recruited its first Medical Fellow in August 2018, who volunteered for an average of one day per week working with Council, committees and staff on a variety of projects. Outsourced contractors provided expertise in: finance, audit, HR, legal, professional conference organisation, digital strategy, IT support, membership database support and publications.

Risk management

The Executive Committee of the Council reviews the strategic risks to the Society regularly. 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

Financial risk of the State of the Art meeting held in London in December 2018 is also considered a significant financial strategic risk, heightened because it takes place at the end of the financial year. It is therefore monitored closely and conference fees offset by industry sponsorship are carefully modelled and approved by the Executive Committee. The likelihood of the risk of financial loss is mitigated by the Society's decision to outsource the conference to a Professional Conference Organiser and close oversight by the Honorary Treasurer and Chief Executive

Financial risk and impact of a “no-deal” BREXIT impacting on our investment capital and loss of interest; loss of income from industry sponsors based in Europe; a loss of international delegates at our annual State of the Art conference and inability to exchange personal data effectively outside the UK; increased policy workload for small staff team. The mitigating actions within our control include close review and monitoring of our investment income and close liaison with our industry partners and reviewing government guidance on BREXIT.

Reputational risk of the critical 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). However, we have put in place mitigating actions to manage this including the re-vitalisation of the Standards and Guidelines Committee.



Financial review

In the financial year ended 31 December 2018 the Society demonstrated well managed cost-containment to record a surplus of net income (before investment gains and losses) of **£3,850**. However during 2018 the Society suffered a net loss on the valuation of investments of £66,525 (2017: gain of £68,437) which was as a result of market uncertainty caused by BREXIT. In 2018, the Society recorded an **overall deficit of £62,675**. In comparison in 2017, the Society demonstrated a surplus of £98,682, however this was bolstered by two exceptional gains; a rebate received for VAT of £53,994 and investment gains of £68,437.

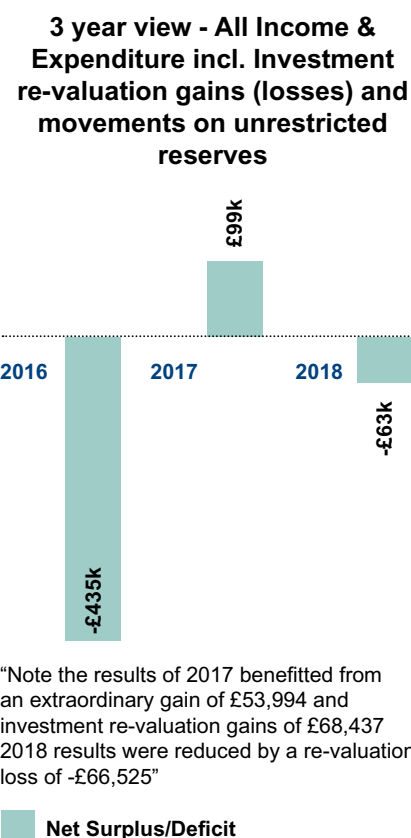
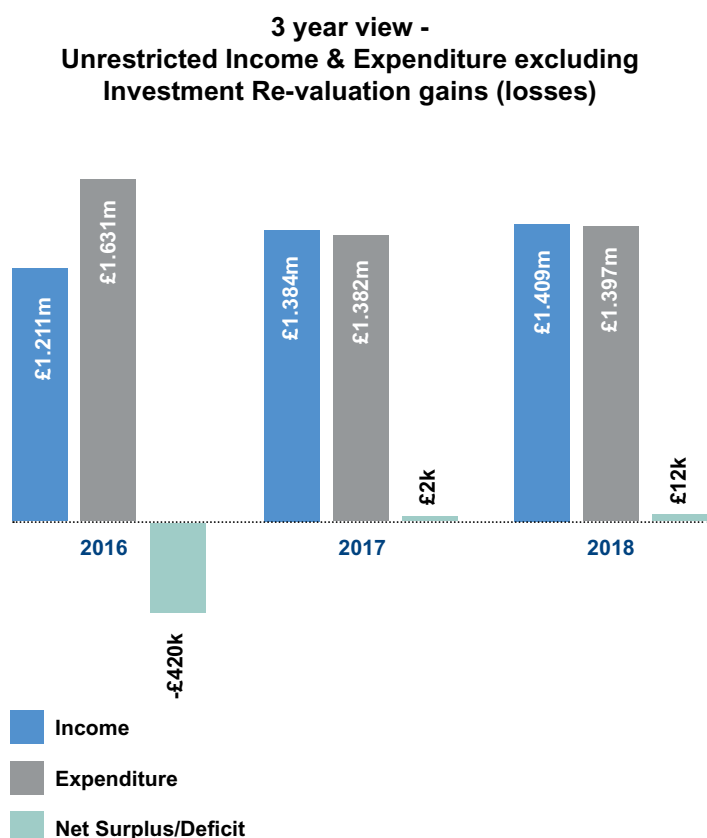
Income diversification

The Society diversifies its income across: membership subscriptions, conferences; seminars and accreditation. However the main reliable source of income as in previous years was subscriptions from members, which **increased to £581,706** (2017: £538,358). Registration fees and associated income from meetings and seminars, remained an important part of the income of the society and also **increased to £621,383** (2017: 551,180).

The total costs of administering the Society were well controlled and contained at £419,077 (2017: £472,890), This represents another step forward for the Society after a period of high reorganisation costs. These costs of Membership and Support Services and Governance, comprise maintaining and staffing a management team to support activities, the journal JICS, together with committees and the management costs of Council.

Allocations of staffing and administration costs related to meetings and seminars, publications, and research are made to reflect the proportion of time and costs incurred. This is reassessed each year in line with usage. Governance costs are directly allocated or apportioned on an assessed basis.

Remuneration policy is based on offering a market level employment package, including pension, for central London charity employees with the skills required by the Society. These are reviewed annually and after adjustments for inflation approved by the Council.



During 2018 Council approved a new pricing model across our charitable activities that is fair to members and that ensures that the Society works on a “not for loss” basis. This is to allow our activities to be priced in a way that makes a fair contribution back to the charity by funding all direct and indirect fixed and variable costs associated with them. Any surpluses generated are used to further the Society’s objects and charitable activities in education.

Donations, including those from the Society’s members, provided the main contribution to funding our research and grant awards to new investigators.

We are grateful to BBraun for their continued support for our research activities. In 2018 they donated a generous gift of £15,000 to the Society.

All research related expenditure is reported as restricted fund expenditure. Spending was £67,945 (2017: £66,019), with several awards.

The restricted fund balance stood at £23,894, at the end of the year. (2017: £32,197)

The investment portfolio comprised mainly shares and investment trusts in line with the Society’s agreed ethical policy. The value of investments at the market prices ruling on 31 December, 2018 resulted in a significant fall in value reversing the gains made in 2017 due to deteriorating global stock markets. The investments represent funds held for the development of the Society’s activities in the medium to long term and have generated income over the year. Surplus cash is held on deposit.

Investment powers and policy

Under its Articles 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.

Reserves policy

The policy on reserves, represented by cash and invested funds, is to use these to support and develop the Society’s long term activities. The Society has made use of reserves in recent years as it has implemented its reorganisation plan. Unrestricted funds are held as cash on deposit or readily realisable investments to meet approximately three months operating expenditure and an amount to ensure that an unplanned loss on the annual conference can be absorbed without detriment to the activities of the Society. Cash deposits held include amounts set aside for research spending.

The unrestricted reserves of the Society are represented by the General Fund of £382,994 of which £25,000 has been designated for IT improvements.

The administration costs are covered primarily by regular income from annual membership subscriptions, which are due at the beginning of each year. The reserves policy was met, which requires a minimum of £200,000 in cash or readily realisable investments to cover three months operating expenditure. The balance of cash reserves is being used to maintain spending levels until these are matched by income generation.

Our five year strategy and our plans for 2019

During 2018, we conducted an extensive six month collaborative engagement project with our Council, our committees, our collaborating partners, our membership volunteers and our patients to co-develop a new five year strategy for the Society. The theme running through our strategy is our multi professional membership and we're putting them in the driving seat. This is why we called it "Your Society – Our Strategy" and it was approved by Council in 2018 and launched at the Annual Members Meeting at our State of the Art Conference, 11 December, 2018. The strategy sets our vision, mission and values and importantly four strategic priorities and two critical enablers for the five years 2019-2023.

All our activities and the decisions we make about what work to start, stop or continue to do will be based on our strategy – it will be a living document.

The four strategic priorities (SP) are as follows

- SP1 Your voice – our influence
- SP2 Your region – our network
- SP3 Your patients – our research-based care
- SP4 Your professional practice – our education

Our Two Critical Enablers

- Multi professional membership
- Governance and Sustainability



Multi professional membership

Our uniqueness as a Society lies in the diversity of our multi professional membership. We will increase the integration of our members within all aspects of the Society's life to provide the benefits of multi-professional input and leadership at all levels of the Society.

We will ensure that each specialty has their own voice within the Society.

Our Society was founded in 1970 by a small group of enthusiastic and visionary consultants who recognised the value of creating a dedicated professional network for those who specialise in intensive care. Now, our Society has grown to almost 3,500 and over 75% of our members are either consultant intensivists or trainee intensivists. We will reflect this democratic legitimacy within our structures to ensure that their key role and unique function within critical care continues to be the backbone of our Society. This in turn will help the wider multi professional community to flourish.

Nurses make up the largest number of clinical professionals caring for patients within the multi professional critical care community. They are also a significant segment of our membership and we will ensure that they are integrated within the governance of the Society and that we provide sufficient space and opportunities for their voice (at all grades of critical care nursing) to be heard.

Our committees and working groups include representation by at least one nurse, one AHP, one trainee and one consultant. We recognise that there is a wide range of AHPs who are involved in the delivery of critical care and who are also members of our Society. They include: clinical psychologists, critical care scientists, dietitians, occupational therapists, operating department practitioners, pharmacists, physiotherapists and speech and language therapists. These diverse professions are often grouped together and represented by one AHP. We understand how difficult it can be for one person on a committee to represent all critical care AHPs, however, this model is used by the Department of Health in England and mirrors the role of the Chief AHP Officer in England, who represents all AHPs.

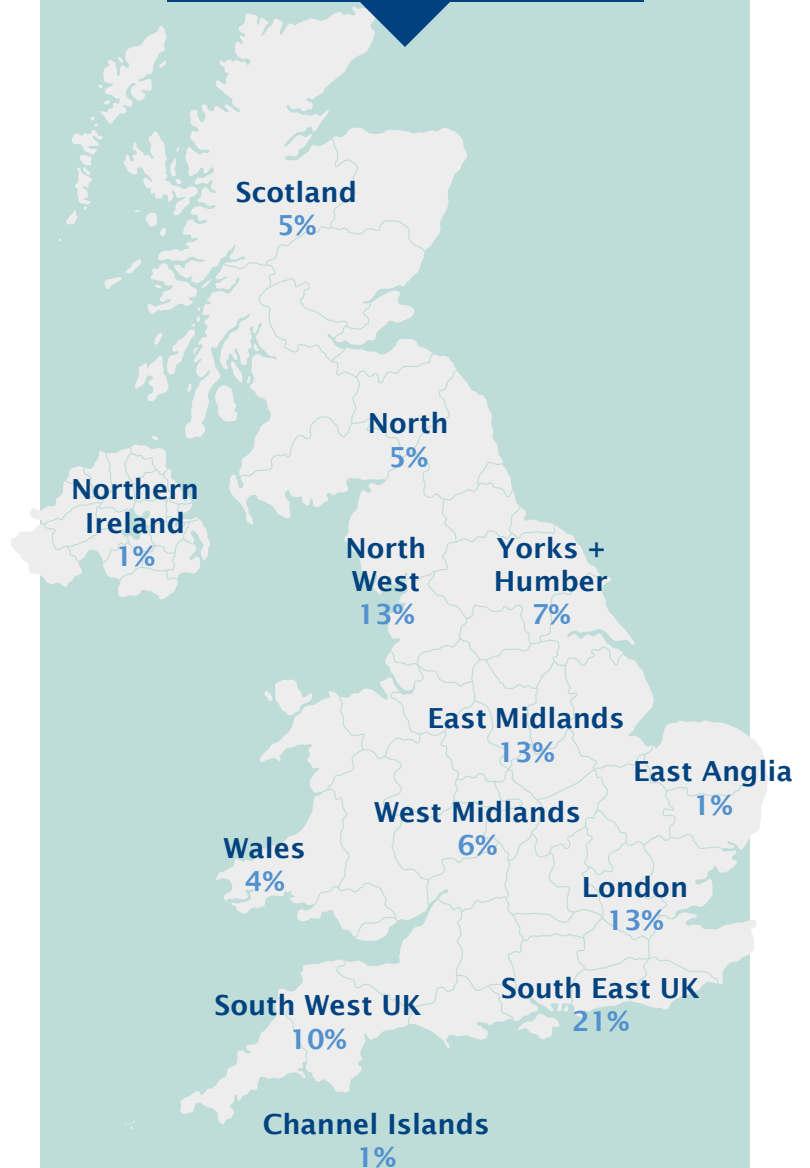


We will create and implement a mechanism to integrate and embed the diversity of our membership within our systems and processes as well as our governance structures.

It is one of our strategic priorities for 2019-2023 to encourage debate and discussion about critical care and the interfaces with palliative care and end of life care. We will increase the impact of our public relations and media activities to raise our profile and influence policy makers and Parliamentarians involved in healthcare. We plan to collaborate with other agencies to raise the profile of critical care within the media to inform the public.

Patients are an integral part of the Society, not only as members but also through educating those treating them to ensure that they receive care and support during their rehabilitation. We work closely alongside our Patients and Relatives committee and like-minded organisations to ensure the patient voice is heard and to provide a platform for patients and relatives to find appropriate help and support.

ICS UK Members by Region



105 Global Members

Governance and sustainability

Our strategy and future plans can only be delivered if we have good governance and a sustainable infrastructure. Following the advice of the Society's Task and Finish Group on Governance which reported to Council in 2018. In 2019, we will establish a new Shadow Trustee Board chaired by the President of Council. This will allow the Board of Trustees/Company Directors to focus on strategy, performance and assurance and will release the time of the Council and committees to focus on advancing and promoting support for our members and patients as set out in the four strategic priorities above.

We will develop and implement a diversified financial strategy that ensures that our charitable activities are sustainably delivered and our members are supported.

We will recruit, train and retain the right staff, and support them as high performing individuals. We will continue to build a culture of collaboration.

We will implement our digital strategy to ensure that we maintain our ICT systems, website and membership databases to the standards we need for good operational delivery.

Towards 2020

Our annual State of the Art Conference in 2019 will be at the International Conference Centre, Birmingham on 9-11 December and will mark the beginning of our celebrations for our 50th anniversary celebrations during 2020.

STATE OF THE ART 2019
THE ICC BIRMINGHAM | 9 -11 DECEMBER
soa.ics.ac.uk #ICSSOA

intensive care society
care when it matters

SOA19

Intensive Care Society @ICS_updates



Total 2018 donations
£72,784

In memory of Gareth Williams

We would like to pay tribute to former Wales and British & Irish Lions player Gareth Williams who sadly passed away after losing his battle against Multiple System Atrophy at the age of 63.

Gareth won five Wales Caps between 1980 and 1982 and also toured South Africa with the British Lions in 1980.

In 2012 he was diagnosed with the rare nervous system disorder, an incurable condition that causes the nerve cells in the brain to deteriorate over time, triggering problems with balance, movement and the autonomic nervous system.

Gareth's family and friends so kindly donated almost £3000 to the Society. This contribution has helped to further the Intensive Care Society's research into critical illness and its essential mission for improving patient care.

"In loving memory of Gareth Williams from his many friends to a fantastic cause chosen by his wife Clare."

Patronage

Our Patron, Her Royal Highness, Princess Anne, donated £3000 to the Society in 2018.

The Princess Royal, is a huge advocate of intensive care and champions our mission and the important work we do with research.



Our supporters go the extra mile and with the kind contributions made to the Society, you and the thousands of others, have helped us deliver world class research, essential guidance, education and support to the whole critical care community and the patients they look after - Thank you.

Our members

Our multi-disciplinary members, strive to advance critical care and make a better tomorrow for our patients. By adding optional donations on top of their membership, a total of £46,603 was raised to help pump prime our research activities.



"Fantastic to see awareness being raised of Intensive Care."

London Marathon

Dr Chris Mason (right), an intensive care specialist at St Bart's Hospital, took on the London Marathon on behalf of the Society dressed as an intensive care doctor, complete with tracheostomy.



Chris completed the marathon in an incredible time of 2hrs 58mins, raising £861.50 for the Society.

"Good Luck, Chris! An excellent cause!"



Royalties

Dr Graham Nimmo and Dr Mervyn published the 'ABC of Intensive Care' in 1999 and kindly donate the royalties to the Society, annually.

A total of £111 was donated in 2018.

Industry



The Society and B.BRAUN have a great friendship going back years. In 2018, they supported us with a £15,000 donation to support our vital research activities.

The 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.

Financial statements

The Trustees present this annual report together with the audited financial statements of the Society for the year 1 January 2018 to 31 December 2018. The Trustees confirm that the Annual Report and financial statements of the company comply with the current statutory requirements, the requirements of the company's governing document and the provisions of the Statement of Recommended Practice (SORP), applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) as amended by Update Bulletin 1 (effective 1 January 2015).

Since the Society qualifies as small under section 383, the strategic report required of medium and large companies under The Companies Act 2006 (Strategic Report and Director's Report) Regulations 2013 is not required.

Trustees' responsibilities statement

The Trustees (who are also directors of The Intensive Care 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 charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company 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 in the Charities SORP;
- make judgments and accounting estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

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

Disclosure of information to auditors

Each of the persons who are Trustees at the time when this Trustees' Report is approved has confirmed that:

- so far as that Trustee is aware, there is no relevant audit information of which the charitable company's auditors are unaware, and
- that Trustee has taken all the steps that ought to have been taken as a Trustee in order to be aware of any relevant audit information and to establish that the charitable company's auditors are aware of that information.

This report was approved by the Trustees, on and signed on their behalf by:



.....
Dr S Mathieu, Honorary Treasurer



.....
Date

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 2018 set out on pages 34 to 53. 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 charitable company's affairs as at 31 December 2018 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 Charities Act 2011.

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

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the charitable company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

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 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.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Charities (Accounts and Reports) Regulations 2008 requires us to report to you if, in our opinion:

- the information given in the Trustees' Report is inconsistent in any material respect with the financial statements; or
- sufficient accounting records have not been kept; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of Trustees

As explained more fully in the Trustees' Responsibilities Statement, the Trustees (who are also the directors of the charitable Society 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

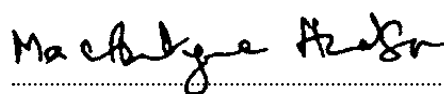
We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with the Act and relevant regulations made or having effect thereunder.

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.

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

Use of our report

This report is made solely to the charitable company's trustees, as a body, in accordance with Part 4 of the Charities (Accounts and Reports) Regulations 2008. Our audit work has been undertaken so that we might state to the charitable company's 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 trustees, as a body, for our audit work, for this report, or for the opinions we have formed.



MHA MacIntyre Hudson
Chartered Accountants
New Bridge Street House
30-34 New Bridge Street
London
EC4V 6BJ

Date: 24/9/19

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

THE INTENSIVE CARE SOCIETY
(A Company Limited by Guarantee)

**STATEMENT OF FINANCIAL ACTIVITIES INCORPORATING INCOME AND EXPENDITURE ACCOUNT
FOR THE YEAR ENDED 31 DECEMBER 2018**

	Note	Unrestricted funds 2018 £	Restricted funds 2018 £	Total funds 2018 £	Total funds 2017 £
INCOME FROM:					
Donations and legacies	2	587,007	67,483	654,490	625,184
Charitable activities	3	621,383	-	621,383	551,180
Other trading activities	4	180,500	-	180,500	205,500
Investments	5	8,287	-	8,287	10,819
Other income	6	12,047	-	12,047	85,122
TOTAL INCOME		1,409,224	67,483	1,476,707	1,477,805
EXPENDITURE ON:					
Raising funds		8,960	-	8,960	7,606
Charitable activities		1,388,111	75,786	1,463,897	1,439,954
TOTAL EXPENDITURE		1,397,071	75,786	1,472,857	1,447,560
NET INCOME / (EXPENDITURE) BEFORE INVESTMENT GAINS/(LOSSES)					
		12,153	(8,303)	3,850	30,245
Net gains/(losses) on investments	16	(66,525)	-	(66,525)	68,437
NET INCOME / (EXPENDITURE) BEFORE OTHER RECOGNISED GAINS AND LOSSES		(54,372)	(8,303)	(62,675)	98,682
NET MOVEMENT IN FUNDS		(54,372)	(8,303)	(62,675)	98,682
RECONCILIATION OF FUNDS:					
Total funds brought forward		437,366	32,197	469,563	370,881
TOTAL FUNDS CARRIED FORWARD		382,994	23,894	406,888	469,563

The notes on pages 37 to 53 form part of these financial statements.

All income and expenditure derive from continuing activities.

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

THE INTENSIVE CARE SOCIETY
(A Company Limited by Guarantee)
REGISTERED NUMBER: 02940178

BALANCE SHEET
AS AT 31 DECEMBER 2018

	Note	£	2018 £	£	2017 £
FIXED ASSETS					
Tangible assets	15		5,354		28,053
Investments	16		<u>228,922</u>		<u>295,330</u>
			234,276		323,383
CURRENT ASSETS					
Debtors	17	146,242		214,335	
Cash at bank and in hand		<u>403,514</u>		<u>274,890</u>	
		549,756		489,225	
CREDITORS: amounts falling due within one year	18	<u>(377,144)</u>		<u>(343,045)</u>	
NET CURRENT ASSETS			<u>172,612</u>		<u>146,180</u>
NET ASSETS			<u>406,888</u>		<u>469,563</u>
CHARITY FUNDS					
Restricted funds	19		23,894		32,197
Unrestricted funds	19		<u>382,994</u>		<u>437,366</u>
TOTAL FUNDS			<u>406,888</u>		<u>469,563</u>

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

The Trustees consider that the Society is entitled to exemption from the requirement to have an audit under the provisions of section 477 of the Companies Act 2006 ("the Act") and members have not required the Society to obtain an audit for the year in question in accordance with section 476 of the Act. However, an audit is required in accordance with section 144 of the Charities Act 2011.

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

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


.....
Dr S Mathieu, Honorary Treasurer

7.9.19

Date

The notes on pages 37 to 53 form part of these financial statements.

THE INTENSIVE CARE SOCIETY
(A Company Limited by Guarantee)

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 31 DECEMBER 2018

	Note	2018 £	2017 £
Cash flows from operating activities			
Net cash provided by operating activities	21	<u>120,454</u>	<u>17,579</u>
Cash flows from investing activities:			
Investment income		8,287	10,819
Proceeds from sale of investments		46,618	70,509
Purchase of investments		<u>(46,735)</u>	<u>(51,551)</u>
Net cash provided by investing activities		<u>8,170</u>	<u>29,777</u>
Change in cash and cash equivalents in the year		128,624	47,356
Cash and cash equivalents brought forward		<u>274,890</u>	<u>227,534</u>
Cash and cash equivalents carried forward	22	<u><u>403,514</u></u>	<u><u>274,890</u></u>

The notes on pages 37 to 53 form part of these financial statements.

THE INTENSIVE CARE SOCIETY
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2018

1. ACCOUNTING POLICIES

1.1 Basis of preparation of financial statements

The financial statements have been prepared in accordance with 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) (effective 1 January, 2015) - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

The Intensive Care Society meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy. The financial statements are presented in sterling which is the functional currency of the Charity and rounded to the nearest pound.

1.2 Company status

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

The Members of the Society are the Trustees named on [page 6](#). In the event of the Society being wound up, the liability in respect of the guarantee is limited to £1 per Member of the Society.

The address of the registered office is given in the Society information on [Page 6](#) of these financial statements. The nature of the Society's operations and principal activities are listed in the Trustees Report.

1.3 Going concern

The financial statements have been prepared on a going concern basis as the Trustees believe that no material uncertainties exist. The Trustees have considered the level of funds held and the expected level of income and expenditure for 12 months from authorising these financial statements. The budgeted income and expenditure is sufficient with the level of reserves for the Society to be able to continue as a going concern.

1.4 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.

THE INTENSIVE CARE SOCIETY
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2018

1. ACCOUNTING POLICIES (continued)

1.5 Income

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

For legacies, entitlement is taken as the earlier of the date on which either: the Society is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the Trust that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the Society has been notified of the executor's intention to make a distribution. Where legacies have been notified to the Society, or the Society is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

Donated services or facilities are recognised when the Society has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from the use of the Society of the item is probable and that economic benefit can be measured reliably. In accordance with the Charities SORP (FRS 102), the general volunteer time of the Friends is not recognised and refer to the Trustees' Report for more information about their contribution.

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

Income tax recoverable in relation to donations received under Gift Aid or deeds of covenant is recognised at the time of the donation.

Income tax recoverable in relation to investment income is recognised at the time the investment income is receivable.

THE INTENSIVE CARE SOCIETY
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2018

1. ACCOUNTING POLICIES (continued)

1.6 Expenditure

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

Costs of generating funds are costs incurred in attracting voluntary income, and those incurred in trading activities that raise funds.

Charitable activities and Governance costs are costs incurred on the Society's operations, including support costs and costs relating to the governance of the Society apportioned to charitable activities.

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.

1.7 Support cost allocation

Support costs are those that assist the work of the Society but do not directly represent charitable activities and include office costs, governance costs, administrative payroll costs. They are incurred directly in support of expenditure on the objects of the Society and include project management carried out at Headquarters. Where support costs cannot be directly attributed to particular headings they have been allocated to expenditure on raising funds and expenditure on charitable activities on a basis consistent with use of the resources. Governance costs are those incurred in connection with the running of the Society and compliance with constitutional and statutory requirements.

Fund-raising costs are those incurred in seeking voluntary contributions and do not include the costs of disseminating information in support of the charitable activities.

The analysis of these costs is included in [Note 11](#).

1.8 Tangible fixed assets and depreciation

All assets costing more than £1,000 are capitalised.

Tangible fixed assets are carried at cost, net of depreciation and any provision for impairment. Depreciation is provided at rates calculated to write off the cost of fixed assets, less their estimated residual value, over their expected useful lives on the following bases:

Office equipment	-	20% to 33% straight line
Computer equipment	-	33% straight line
Other fixed assets	-	20% straight line

THE INTENSIVE CARE SOCIETY
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2018

1. ACCOUNTING POLICIES (continued)

1.9 Investments

Fixed asset investments are a form of financial instrument and are initially recognised at their transaction cost and subsequently measured at fair value at the Balance Sheet date, unless fair 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 shown in the heading 'Gains/(losses) on investments' in the Statement of Financial Activities.

1.10 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 Bank.

1.11 Operating leases

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

1.12 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.

1.13 Liabilities and provisions

Liabilities are recognised when there is an obligation at the Balance Sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably. Liabilities are recognised at the amount that the Society anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide. Provisions are measured at the best estimate of the amounts required to settle the obligation. Where the effect of the time value of money is material, the provision is based on the present value of those amounts, discounted at the pre-tax discount rate that reflects the risks specific to the liability. The unwinding of the discount is recognised within interest payable and similar charges.

1.14 Financial instruments

The Society only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value with the exception of bank loans which are subsequently measured at amortised cost using the effective interest method.

1.15 Taxation

The Society is considered to pass the tests set out in Paragraph 1 Schedule 6 of the Finance Act 2010 and therefore it meets the definition of a charitable company for UK corporation tax purposes. Accordingly, the Society is potentially exempt from taxation in respect of income or capital gains received within categories covered by Chapter 3 Part 11 of the Corporation Tax Act 2010 or Section 256 of the Taxation of Chargeable Gains Act 1992, to the extent that such income or gains are applied exclusively to charitable purposes.

THE INTENSIVE CARE SOCIETY
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2018

1. ACCOUNTING POLICIES (continued)

1.16 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.

1.17 Critical accounting estimates and areas of judgement

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

- Depreciation rates for tangible fixed assets
- Basis of valuation of investment properties and financial investments
- Allocation of support costs

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

- Useful economic lives of assets
- Holiday pay accrual

2. INCOME FROM DONATIONS AND SUBSCRIPTIONS

	Unrestricted funds 2018 £	Restricted funds 2018 £	Total funds 2018 £	Total funds 2017 £
Donations	5,301	67,483	72,784	63,826
Subscriptions	581,706	-	581,706	538,358
Grants	-	-	-	23,000
Total 2018	<u>587,007</u>	<u>67,483</u>	<u>654,490</u>	<u>625,184</u>
Total 2017	<u>538,398</u>	<u>86,786</u>	<u>625,184</u>	

THE INTENSIVE CARE SOCIETY
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2018

3. INCOME FROM CHARITABLE ACTIVITIES

	Unrestricted funds 2018 £	Restricted funds 2018 £	Total funds 2018 £	Total funds 2017 £
Meetings and Seminars	<u>621,383</u>	<u>-</u>	<u>621,383</u>	<u>551,180</u>
Total 2017	<u>551,180</u>	<u>-</u>	<u>551,180</u>	

4. INCOME FROM RAISING FUNDS

	Unrestricted funds 2018 £	Restricted funds 2018 £	Total funds 2018 £	Total funds 2017 £
Sponsorship and Industry Membership income	<u>180,500</u>	<u>-</u>	<u>180,500</u>	<u>205,500</u>
Total 2017	<u>205,500</u>	<u>-</u>	<u>205,500</u>	

5. INCOME FROM INVESTMENTS

	Unrestricted funds 2018 £	Restricted funds 2018 £	Total funds 2018 £	Total funds 2017 £
Dividends and interest	8,022	-	8,022	10,772
Bank interest receivable	265	-	265	47
Total 2018	<u>8,287</u>	<u>-</u>	<u>8,287</u>	<u>10,819</u>
Total 2017	<u>10,814</u>	<u>5</u>	<u>10,819</u>	

THE INTENSIVE CARE SOCIETY
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2018

6. OTHER INCOME

	Unrestricted funds 2018 £	Restricted funds 2018 £	Total funds 2018 £	Total funds 2017 £
Advertising and royalty income	-	-	-	20,977
Other income	12,047	-	12,047	64,145
Total 2018	<u>12,047</u>	<u>-</u>	<u>12,047</u>	<u>85,122</u>
Total 2017	<u>77,412</u>	<u>7,710</u>	<u>85,122</u>	

7. EXPENDITURE ON RAISING FUNDS

	2018 £	2017 £
Investment manager fees	3,163	5,109
Direct costs	5,797	2,497
Total	<u>8,960</u>	<u>7,606</u>

In 2017 all expenditure on raising funds was from unrestricted funds.

Direct costs are analysed in Note 9.

THE INTENSIVE CARE SOCIETY
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2018

8. ANALYSIS OF EXPENDITURE ON CHARITABLE ACTIVITIES

	Activities undertaken directly 2018 £	Grant funding of activities 2018 £	Support costs 2018 £	Total 2018 £	Total 2017 £
Meetings and Seminars	773,705	-	132,406	906,111	838,341
Membership and Support Services	85,983	-	419,077	505,060	535,079
Research Projects	-	52,726	-	52,726	66,534
Total 2018	859,688	52,726	551,483	1,463,897	1,439,954
Total 2017	757,122	66,434	616,398	1,439,954	

In 2017, of the total expenditure on charitable activities of £1,439,954, £1,373,935 was from unrestricted funds and £66,019 was restricted funds.

Direct costs are analysed in Note 9.

Grants are discussed in Note 10.

Support costs are analysed in Note 11.

THE INTENSIVE CARE SOCIETY
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2018

9. DIRECT COSTS

	Raising funds £	Meetings and Seminars £	Membership and Support Services £	Research Projects £	Total 2018 £	Total 2017 £
Venue costs	-	1,200	-	-	1,200	4,983
Organiser costs	-	736,307	-	-	736,307	634,394
Catering costs	-	7,335	-	-	7,335	14,076
Audio visual costs	-	2,334	-	-	2,334	5,777
Marketing costs	-	11,405	-	-	11,405	13,246
Delegate costs	-	-	-	-	-	1,690
Printing and publications	-	-	83,449	-	83,449	67,920
IT support costs	-	-	2,534	-	2,534	(5,731)
Management and administration costs	5,797	5,217	-	-	11,014	15,093
Office costs	-	4,476	-	-	4,476	8,171
Other costs	-	5,431	-	-	5,431	-
Total 2018	5,797	773,705	85,983	-	865,485	759,619
Total 2017	2,497	694,833	62,189	100	759,619	

10. ANALYSIS OF GRANTS

	Grants to Institutions 2018 £	Total 2018 £	Total 2017 £
Research Projects	52,726	52,726	66,434
Total 2017	66,434	66,434	

The Intensive Care Foundation funded research and incurred management and other costs in developing the Society's research activity. During the year, the Foundation awarded two grants to New Investigators (2017 - Three Grants to New Investigators and Two Awards for research into Sepsis).

Donations from B Braun helped support the costs of the Foundation's Director of Research. No new trial grants were made in the year (2017 - £Nil). Management and other costs for the Intensive Care Foundation included overall management, support for the research program and an allocation of support costs.

Research spending is Restricted expenditure within two funds. Income and expenditure of these funds is shown in Note 19.

THE INTENSIVE CARE SOCIETY
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2018

11. SUPPORT COSTS

	Meetings and Seminars £	Membership and Support Services £	Total 2018 £	Total 2017 £
Premises costs	12,001	48,004	60,005	54,754
IT support costs	11,867	22,468	34,335	25,923
Communication and representation costs	1,324	5,296	6,620	-
Management and administration costs	8,102	32,406	40,508	40,467
Insurance costs	5,031	20,124	25,155	25,666
Legal and professional fees	1,382	5,526	6,908	-
Office costs	2,207	8,827	11,034	11,506
Governance costs	-	45,653	45,653	50,166
Other costs	1,870	7,481	9,351	9,987
Other staff costs	5,094	20,375	25,469	24,448
Irrecoverable VAT	272	1,090	1,362	35,254
Staff costs	78,716	183,668	262,384	302,610
Depreciation	4,540	18,159	22,699	35,617
Total 2018	<u>132,406</u>	<u>419,077</u>	<u>551,483</u>	<u>616,398</u>
Total 2017	<u>143,508</u>	<u>472,890</u>	<u>616,398</u>	

Governance costs are analysed in Note 12.

12. GOVERNANCE COSTS

	2018 £	2017 £
Council expenses	32,683	30,596
Elections, Annual Report and Meeting	2,836	4,310
Legal and professional fees	1,212	8,760
Auditors' remuneration	8,467	6,500
Standards	455	-
Total	<u>45,653</u>	<u>50,166</u>

THE INTENSIVE CARE SOCIETY
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2018

13. NET INCOME/(EXPENDITURE)

This is stated after charging:

	2018	2017
	£	£
Depreciation of tangible fixed assets:		
- owned by the Society	22,699	35,617
Auditors' remuneration - Audit of the financial statements	8,467	6,500
Operating lease rentals	44,100	23,680

During the year, no Trustees received any remuneration (2017 - £NIL).

During the year, no Trustees received any benefits in kind (2017 - £NIL).

During the year, no Trustees received any reimbursement of expenses (2017 - £NIL).

14. STAFF COSTS

Staff costs were as follows:

	2018	2017
	£	£
Wages and salaries	238,149	285,705
Social security costs	19,485	13,786
Other pension costs	4,750	3,119
	262,384	302,610

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

	2018	2017
	No.	No.
Projects, fundraising and management	6	6

The number of higher paid employees was:

	2018	2017
	No.	No.
In the band £60,001 - £70,000	1	0

The total amount of employee benefits received by Key Management Personnel is £70,596 (2017 - £51,992). The Society considers its Key Management Personnel to be the Trustees and the Chief Executive.

THE INTENSIVE CARE SOCIETY
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2018

15. TANGIBLE FIXED ASSETS

	Office equipment £	Computer equipment £	Other fixed assets £	Total £
Cost				
At 1 January 2018 and 31 December 2018	<u>35,404</u>	<u>6,720</u>	<u>162,787</u>	<u>204,911</u>
Depreciation				
At 1 January 2018	31,222	6,666	138,970	176,858
Charge for the year	<u>1,930</u>	<u>54</u>	<u>20,715</u>	<u>22,699</u>
At 31 December 2018	<u>33,152</u>	<u>6,720</u>	<u>159,685</u>	<u>199,557</u>
Net book value				
At 31 December 2018	<u>2,252</u>	<u>-</u>	<u>3,102</u>	<u>5,354</u>
At 31 December 2017	<u>4,182</u>	<u>54</u>	<u>23,817</u>	<u>28,053</u>

16. FIXED ASSET INVESTMENTS

	Listed securities £
Market value	
At 1 January 2018	295,330
Additions	46,735
Disposals	(46,618)
Revaluations	<u>(66,525)</u>
At 31 December 2018	<u>228,922</u>

Investments at market value comprise:

	2018 £	2017 £
Listed investments	<u>228,922</u>	<u>295,330</u>

All the fixed asset investments are held in the UK

THE INTENSIVE CARE SOCIETY
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2018

17. DEBTORS

	2018 £	2017 £
Trade debtors	62,345	122,106
Other debtors	20,362	26,109
Prepayments and accrued income	63,535	66,120
	<u>146,242</u>	<u>214,335</u>

18. CREDITORS: Amounts falling due within one year

	2018 £	2017 £
Trade creditors	194,933	135,792
Other taxation and social security	3,400	-
Other creditors	330	112,886
Accruals and deferred income	178,481	94,367
	<u>377,144</u>	<u>343,045</u>

Deferred income

	£
Deferred income at 1 January 2018	12,954
Resources deferred during the year	12,065
Amounts released from previous years	<u>(12,954)</u>
Deferred income at 31 December 2018	<u>12,065</u>

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

THE INTENSIVE CARE SOCIETY
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2018

19. STATEMENT OF FUNDS

STATEMENT OF FUNDS - CURRENT YEAR

	Balance at 1 January 2018 £	Income £	Expenditure £	Transfers in/out £	Gains/ (Losses) £	Balance at 31 December 2018 £
Designated funds						
IT Upgrade Project	-	-	-	25,000	-	25,000
General funds						
General Funds	437,366	1,409,224	(1,397,071)	(25,000)	(66,525)	357,994
Total Unrestricted funds	437,366	1,409,224	(1,397,071)	-	(66,525)	382,994
Restricted funds						
Research	12,356	67,483	(67,945)	-	-	11,894
Bennett Fund	7,909	-	(2,000)	-	-	5,909
UK Critical Care Research Group	11,932	-	(5,841)	-	-	6,091
	<u>32,197</u>	<u>67,483</u>	<u>(75,786)</u>	<u>-</u>	<u>-</u>	<u>23,894</u>
Total of funds	<u><u>469,563</u></u>	<u><u>1,476,707</u></u>	<u><u>(1,472,857)</u></u>	<u><u>-</u></u>	<u><u>(66,525)</u></u>	<u><u>406,888</u></u>

The IT Upgrade Project reflects funds designated for upgrading the software system. The transfer of £25,000 was for a project which was planned and approved at the year end but was yet to start.

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

The 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.

THE INTENSIVE CARE SOCIETY
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2018

19. STATEMENT OF FUNDS (continued)

STATEMENT OF FUNDS - PRIOR YEAR

	Balance at 1 January 2017 £	Income £	Expenditure £	Transfers in/out £	Gains/ (Losses) £	Balance at 31 December 2017 £
Unrestricted funds						
General Funds	349,435	1,383,304	(1,381,541)	17,731	68,437	437,366
Restricted funds						
Intensive Care Foundation	4,689	63,791	(46,111)	(10,000)	-	12,369
Research grants	(13)	23,000	(18,000)	(5,000)	-	(13)
Other funds	1,911	-	(1,908)	(3)	-	-
Bennett Fund	9,909	-	-	(2,000)	-	7,909
UK Critical Care Research Group	4,950	7,710	-	(728)	-	11,932
	21,446	94,501	(66,019)	(17,731)	-	32,197
Total of funds	370,881	1,477,805	(1,447,560)	-	68,437	469,563

20. ANALYSIS OF NET ASSETS BETWEEN FUNDS

ANALYSIS OF NET ASSETS BETWEEN FUNDS - CURRENT YEAR

	Unrestricted funds 2018 £	Restricted funds 2018 £	Total funds 2018 £
Tangible fixed assets	5,354	-	5,354
Fixed asset investments	228,922	-	228,922
Current assets	525,862	23,894	549,756
Creditors due within one year	(377,144)	-	(377,144)
	382,994	23,894	406,888

THE INTENSIVE CARE SOCIETY
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2018

	Unrestricted funds 2017 £	Restricted funds 2017 £	Total funds 2017 £
Tangible fixed assets	28,053	-	28,053
Fixed asset investments	295,330	-	295,330
Current assets	404,835	84,390	489,225
Creditors due within one year	(290,852)	(52,193)	(343,045)
	<u>437,366</u>	<u>32,197</u>	<u>469,563</u>

21. RECONCILIATION OF NET MOVEMENT IN FUNDS TO NET CASH FLOW FROM OPERATING ACTIVITIES

	2018 £	2017 £
Net (expenditure)/income for the year (as per Statement of Financial Activities)	(62,675)	98,682
Adjustment for:		
Depreciation charges	22,699	35,617
Losses / (gains) on investments	66,525	(43,554)
Investment income	(8,287)	(10,819)
Decrease/(increase) in debtors	68,093	(102,815)
Increase in creditors	34,099	40,468
Net cash provided by operating activities	<u>120,454</u>	<u>17,579</u>

22. ANALYSIS OF CASH AND CASH EQUIVALENTS

	2018 £	2017 £
Cash in hand	<u>403,514</u>	<u>274,890</u>
Total	<u>403,514</u>	<u>274,890</u>

23. PENSION COMMITMENTS

The Society operates a defined contribution pension plan for its employees. The amount recognised as an expense in the year was £4,750 (2017 - £3,119). There were no outstanding pension contributions at the balance sheet date (2017 - £Nil). This is recognised within unrestricted funds.

24. OPERATING LEASE COMMITMENTS

At 31 December 2018 the total of the Charity's future minimum lease payments under non-cancellable operating leases was:

THE INTENSIVE CARE SOCIETY
(A Company Limited by Guarantee)

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2018

	2018	2017
	£	£
Amounts payable:		
Within 1 year	44,100	44,100
Between 1 and 5 years	117,600	161,700
Total	<u>161,700</u>	<u>205,800</u>

25. RELATED PARTY TRANSACTIONS

Other than Trustee and Key Management Personnel transactions detailed in [Note 14](#), there were no related party transactions during the period (2017 - None).



**“As the only
multiprofessional
charity covering all
aspects of critical care
in the UK, the ICS is
in a unique position
to speak and act for
all our members
and patients”**

**Dr Ganesh Suntharalingam
President
The Intensive Care Society**



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Registered as a Company limited by Guarantee
Registered No: 2940178 (England) Registered Office as above
Registered as a Charity in England and Wales No: 1039236 and in Scotland No: SC040052

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