Intensive Care Society

Trustees' Annual Report 2025

For year ended 31 December 2025

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Trustees' Report

The Trustees of the Intensive Care Society (the "Society") who are also Directors of the company for the purposes of the Companies Act 2006, present their annual report on the affairs of the Society, together with the financial statements and auditor's report for the year ended 31 December 2025. The Society is governed by its Memorandum and Articles of Association last amended in August 2023.

Each year the Trustee Board approves a costed budget and an accompanying Operational Implementation Plan (OIP) which maps against our strategy.

The OIP outlines the annual plan of activities and is delivered via a Divisional structure with an elected Council member as chair of each division collaborating with a named senior manager.

The strategy and annual OIP set out the Society's work under five Strategic Priorities (SP) supported by two critical enablers: Equality Diversity and Inclusion; and Governance, Financial Resilience and Environmental Sustainability.



A statement from our President

We are incredibly grateful to our members, staff, partners and volunteers whose dedication and expertise have been fundamental to the Society's success this year. We remain committed to promoting excellence in patient care and ensuring that the voices of our multi-professional membership are represented in national discussions about the future of healthcare.

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

It's fair to say 2025 represented a significant gear shift for the Society. With our new CEO, Katie Nurcombe, joining us in January, incremental changes have come into being – across our work, staff team and strategy – which are setting us up for a very exciting future. It has certainly been a year of transition, with some ups and downs, but overall, the Society is headed towards considerable successes in the years to come.

Across all our areas of work we have had significant impact in 2025. Our public affairs work and influence has grown, with the Society responding to a number of very high-profile consultations and reports, including Module 2 of the Covid inquiry and NCEPOD's Recovery Beyond Survival report, showcased at SOA25.

Our learning and accreditation offer have continued to go from strength to strength – as well as providing a wide offer of Study Days, accreditations and career-enhancing opportunities to our members, we also succeeded in launching a new online learning management system for FUSIC®, improving members' user experience and the quality of our service to them. I am proud of all that the Society has achieved in 2025, and I am confident it will all be an excellent foundation for what lies ahead.

Our financial context is a challenging one, with rising prices, the cost-of-living crisis ongoing and pressure on NHS budgets, and we went into the year with higher expectations around our financial performance than we were able to achieve. The Society's budget for 2025 was ambitious in terms of income across all of our activities, particularly in relation to how much our Annual Congress could return. The transition from a professional conference organiser managed model to an in-house model takes time, and whilst the event delivery was hugely successful, we did not make a surplus on the event this year. Membership subscriptions and fundraising income was below our anticipated budget demonstrating the challenging financial context we are working in. We have resources to continue our activities, and we have a plan to return to growth over the next three to five years.

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

With thanks and commitment,



Professor Shondipon Laha
President

A Statement from our Chief Executive Officer

It's a privilege to deliver my first Annual Report as Chief Executive Officer (CEO) for the Intensive Care Society. I want to start with a thank you to all our members. Your commitment, energy and expertise are the reason this Society exists, and the reason it continues to thrive. Every year, our members remind us what a strong and united multi-professional community looks like.

It has been a real pleasure getting to know the Society over the past year and I have been struck by the passion, enthusiasm and commitment from everyone. There are many diverse interests and skills that our volunteers bring to the Society; this is our strength, and I am determined to ensure this is valued and encouraged. At the Intensive Care Society, there is a place for everyone.

It is impressive how much was delivered over the past year. We are a small team, but it is amazing how much gets done. I want to specifically thank the ICS staff team, who work tirelessly and resiliently to deliver what the Society needs.

We have continued and strengthened our partnerships this year. Whether that be through joint guidance, Study Days or projects such as the sustainability recipe book, we know we can achieve more and have more impact when we work together. In this spirit, we are now also starting to work more closely with international critical care Societies.

Whilst this report sets out our progress on the strategy in place at the time, I was delighted to launch our refreshed strategy at the end of 2025. In the new strategy, patients and their loved ones are placed at the heart of what we do as a Society. Their experiences guide our decisions, and their voices shape our work. This is a core principle I am proud to ensure is front and centre to the Society's work. Alongside this, we remain steadfast in our mission to support every professional working in intensive care, at every career stage, in every setting, and across every discipline.

Our aim is simple: to ensure our community feels represented, supported, and able to succeed. Our strategy refresh reaffirms our vision and sets a clear, ambitious path for the Society. It strengthens our focus on the areas our members, have told us matter most: meaningful membership value; strong leadership and advocacy; standards and research that advance safe, high-quality care; learning and accreditation pathways that keep pace with evolving practice; and of course, a world-class congress that inspires and connects us.

Across all of these priorities, our core principles guide us. Equality, diversity and inclusion are not optional extras, they are fundamental to who we are. Sustainability is embedded throughout our work, as we take seriously our duty to the future of healthcare and to the planet. And we continue to champion mental wellbeing as a golden thread running through everything we do, recognising the immense demands placed on the intensive care workforce. We are also preparing for the future, embracing digital transformation, strengthening governance, and ensuring financial sustainability so that we can continue to deliver on our mission for years to come.

None of this is possible without our members. This Society is powered by its members: by their insight, their willingness to share expertise, and their dedication to improving care for the sickest patients in our healthcare system. I thank them for their trust, support and belief in what we can achieve together. As we look ahead, I am confident that our community will continue to lead with compassion, innovation, and purpose. Together, we will ensure the Intensive Care Society remains the voice and the home of intensive care across the UK.



Katie Nurcombe
CEO

Strategic priorities and objectives

Strategic Priority 1

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

GOAL 1:

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

GOAL 2:

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

Strategic Priority 2

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

GOAL 1:

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

GOAL 2:

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

Strategic Priority 3

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

GOAL 1:

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

GOAL 2:

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

Strategic Priority 4

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

GOAL 1:

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

GOAL 2:

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

Strategic Priority 5

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

GOAL 1:

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



Strategic Priority 1

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

GOAL 1:

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

Our achievements and impact

Engaging with Parliament

Until the General Election in July 2024, we worked closely with the leadership of our All-Party Parliamentary Group (APPG) on Intensive Care. While all APPGs were dissolved when the election was called, advising policy makers and advocating for our community continues to be a core organisational priority.



Throughout 2025, we developed strong relationships with MPs and Peers with an interest in intensive care and kept them up to speed on our activities, including our positions on the NHS 10-Year Workforce Plan, the Covid-19 Inquiry findings and our preparations for a challenging winter.

Building good relationships with politicians is central to our policy work. It makes sure the real-life experiences of our intensive care teams are heard directly in Parliament. This access means we can help guide important debates and shape healthcare legislation. Ultimately, it helps us turn our advice into real improvements for our patients and staff.

The voice of intensive care

Throughout the year, we ensured the voice of the intensive care community was heard across the wider healthcare system. We published clear statements and public updates on several critical topics:

- **Palliative care:** We welcomed the Palliative Care Commission Report, highlighting the need to integrate high-quality, compassionate palliative support throughout the entire intensive care journey, not just at the end of life.
- **NHS Workforce Plan:** We submitted a formal response to the NHS 10-Year Workforce Plan, stressing the need for sustainable staffing, investment in clinical information systems, and better post-ICU rehabilitation pathways.
- **Rehabilitation after critical illness:** We welcomed the NCEPOD Recovery Beyond Survival report, reinforcing our long-standing call for joined-up, multidisciplinary rehabilitation services to support survivors transitioning from the ICU to the community.

- **NHS staff fatigue:** We responded to the HSSIB report by calling for urgent, system-level action to address workforce exhaustion, emphasising that staff fatigue is a critical patient safety issue rather than just an individual wellbeing concern.

The UK COVID-19 Inquiry

Since 2024, we have continued to play a vital role in the UK COVID-19 Inquiry, ensuring the experiences of our multi-professional intensive care community are firmly on the record. We have used the core messages from our evidence to develop a wider response strategy, focusing on several key areas.

We responded to the Module 2 report by highlighting how delayed government decision-making and a failure to consult frontline experts led to an avoidable loss of life and deep moral injury for healthcare professionals. We urgently called for a proactive model of health service resilience, which includes appointing a permanent National Critical Care Consultant Lead and creating a real-time, UK-wide ICU data dashboard.



This year, we also prepared for the release of the **Module 3** report, expected in 2026. In our evidence regarding the pandemic's impact on healthcare systems, we emphasised the devastating toll on critical care staff. We put forward strong recommendations to prepare the system for future pandemics, which include investing in staff retention and training, increasing ICU bed capacity to match European averages, protecting clinical academia, and embedding formal psychological support programmes within ICUs. We stand ready to reinforce these messages when the final report is published and publication of further relevant modules throughout 2026.

Ensuring intensive care expertise is shared and integrated into broader healthcare initiatives is important and we are working collaboratively with partners to educate politicians and influence policy.

Driving action on critical illness recovery

Following the publication of the ground-breaking NCEPOD Recovery Beyond Survival report, we highlighted its critical findings to the community at our State of the Art (SOA) Congress.

The report revealed stark realities: patients often feel "abandoned" as they move from the ICU to the wards and into the community, suffering from siloed care, inconsistent goal-setting, and poor communication with primary care. To tackle these challenges, we are leading a comprehensive programme of work through the Intensive Care Society's National Rehabilitative Collaborative (NRC) to implement the recommendations. Working alongside key stakeholders, our immediate action plan includes:

- **Improving accountability and oversight:** We are coordinating direct outreach to Integrated Care Boards (ICBs) and Hospital Trusts to establish clear, board-level responsibility for rehabilitation and care coordination.
- **Standardising clinical practice:** We are developing a new, standardised ICU rehabilitation screening tool to ensure patients' physical and psychological needs are identified early. We are also creating a shared toolkit of comprehensive rehabilitation assessments for units to use across the country.



- **Empowering patients:** In partnership with ICU Steps and our Patients, Relatives and Public Advisory Group (PRPAG), we are co-producing a standardised national rehabilitation handbook. We are also developing patient-held goal-setting tools to give survivors more control over their recovery.
- **Data and workforce alignment:** We are collaborating with NHS England to align workforce census data with rehabilitation performance metrics. This will help us better understand service variations and advocate for the right multidisciplinary staffing, including vital pharmacy input.
- **Education and implementation:** To support clinical teams on the ground, we are organising a dedicated study day in February 2026 focused entirely on practical steps for implementing the NCEPOD recommendations.

This year we also continued our partnership with the Community Rehabilitation Alliance (CRA) in England, joining over 65 charities and professional bodies to campaign for better rehabilitation services. Our joint advocacy with the Alliance helped influence key national developments this year, including NHS England's Intermediate Care Framework, the new rehabilitation best practice standards, and the creation of a Director of Rehabilitation role within NHS England. We remain committed to working alongside the Alliance to ensure intensive care recovery is fully integrated as NHS England implements its 10-Year Plan for reform.

GOAL 2:

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

Our achievements and impact

Putting patients at the heart of our work

The Patients, Relatives and Public Advisory Group (PRPAG) played a central role in updating our organisational strategy, ensuring that the patient and family voice remains the core focus of everything we do. Members of the PRPAG also provided vital input into our standards and guidelines to ensure they reflect the realities and needs of patients and their families.

We engaged with patients and their loved ones across the UK as part of the James Lind Alliance (JLA) Priority Setting Partnership, a project that gathers experiences to define the most important research priorities for the next decade of intensive care. In 2025, we were pleased to have received over 100 survey responses from patients and relatives. Patients and carers in the steering group were instrumental in our work towards identifying the final research questions. The JLA Priority Setting Partnership project is detailed more extensively under Strategic Priority 3, goal 2.

We would like to extend our sincere thanks to Martin Cresswell for his outstanding leadership of the PRPAG and his continued dedication to championing the perspectives of patients and their loved ones.



Strategic Priority 2

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

GOAL 1:

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

Membership

Total membership numbers at 31 December 2025 were 2,850 (2024: 3,372), representing a decrease of 15% over the course of the year. There were 615 (2024: 644) new members during the year.

Retention rates continue to be challenging, for renewals on 1 January 2025, the retention rate was 82% (2024: 74%). Retention rates are higher among intensivist members. It is possible that these changes reflect the constraints in funding within the NHS and general cost of living crisis.

Membership engagement

This year, members continued to benefit from improvements to our membership journey. We also reviewed member communications and internal processes to ensure clear messaging and ease of renewal for the 2026 membership renewal process.

The results of the membership survey we ran in 2024 were used to develop how we communicate with members and the Society's activities broadly, focusing on what members value most. We also evolved our membership offer by introducing a new member benefit in CRIT-IQ, an online platform that allows healthcare multi-disciplinary professionals to efficiently log their career development. The platform is now offered to members at a 50% discounted rate.



Membership engagement was at heart of our communications strategy and was embedded in the promotion of all our activities. At the end of 2025, we re-introduced a monthly newsletter for members to bring our work and initiatives to the membership regularly, offering opportunities to feed into our work and to make the most of their membership through resources, discounts, learning opportunities and more. Launched in August, the newsletter was consistently being opened and read by over 50% of recipients, a remarkably high percentage of engagement for this sort of communication.

The new social media strategy, introduced in November, centred around the principle of 'showing, not telling' our audiences about the value of membership. This concept started to be applied across our social media output from early autumn, with an increase in our storytelling approach, used to

615
new members during the year

Our monthly newsletter was consistently being opened and read by over **50% of recipients**



showcase content to celebrate and promote our professional advisory groups for World Pharmacists Day (25 September), Allied Health Professionals Day (14 October) and SAS Doctors Week (6 to 10 October). This approach allowed us to talk about the stories of our members and to illustrate the benefits of membership through their experiences.

Post views and engagement has increased

263k post views
8.7k post engagements

105k post views
1.4k post engagements

111k post reach
183k impressions
7.2k post engagements

Post engagement **up 130%**

Post engagement rate **up 73.4%**

Post shares **up 64.8%**

Page/profile reach **up 224%**

Page/profile impressions **up 102%**

Dec 24 - Dec 25 vs Dec 23 - Dec 24

We continue to review and refine our website based on user feedback and other analytics, as we strive to deliver for our members. This year we have added additional content and continued to update our new member only learning portal.

Our Professional Advisory Groups

The Intensive Care Society is proudly multi-professional, and our Professional Advisory Groups (PAGs) are central to ensuring every part of our community has a strong voice in our work. There are eight PAGs representing the diverse workforce across critical care: Allied Health Professionals (AHPs), Advanced Practitioners in Critical Care (APCCs), Consultant Intensivists, Nurses, Pharmacists, Physiotherapists, Resident Doctors, and Specialty/SAS Doctors. Our advisory groups are the primary mechanism through which the views and frontline expertise of each profession are represented at a national level.

PAG members are Society members who are nominated and elected directly by their professional peers to represent their specific community, provide expert advice and shape UK intensive care practice. Each group elects a Chair and Deputy Chair (dependent on their membership number), who then take up dedicated seats to represent their profession directly on the Society's central Council.

Our PAGs are deeply involved in the day-to-day work and strategic direction of the Society, and have representatives on all of our Committees and Working Groups.

Some of their key contributions in 2025 include:

- Delivering the multi-professional streams of our flagship State of the Art (SOA) Congress, ensuring learning opportunities reflect the entire ICU team.
- Providing expertise for our guidelines and capability frameworks, such as the ongoing development of the AHP Critical Care Professional Development Framework.
- Leading an introductory session at State of the Art Congress to promote its work.
- Working with the staff team on developing new profession-led education sessions. These series of webinars will be launched in early 2026.

Digital infrastructure

We delivered a range of activities this year to develop our digital infrastructure, increase operational effectiveness and help deliver our long-term strategic priorities. This included developing our member experience platform and improving our workflows. The most significant digital development was the rollout of a new Learning Management System. This project is detailed under the Strategic Priority 4. We also assessed emerging AI technology and introduced an organisation-wide AI policy for its use.

GOAL 2:

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

Leadership programme

This year we welcomed the fourth cohort of our leadership programme, and we were thrilled to have 22 participants join us for the nine-month course.

The programme is designed to provide intensive care professionals with the tools to develop practical leadership and mentorship skills. Since its inception, the programme has strengthened leadership across the intensive care community. It receives input from experts in change management, finance and systems leadership – among other areas of expertise.

Delegates either self-funded or obtained funding through their Trust or other organisations. One place was fully funded by the Society. We provided applicants with guidance on obtaining funding, and we will continue this for future cohorts. Applications to join the next cohort opened at the end of 2025. One fully funded place will be offered to an individual facing substantial difficulty in gaining funding.





+72
peer supporters trained in 2025

Peer support

Our Peer Support training programme continued to thrive in 2025. We were able to train a further 72 peer supporters across two training sessions. This enabled us to expand our network of supporters and increase the number of hospital sites able to benefit from this training. The programme will continue in 2026.

Legal and Ethical Advisory Group

Our Legal and Ethical Advisory Group brings together legal advisors and clinicians to consider legal and ethical decisions relevant to critical care and provides advice and guidance to the wider multi-professional critical care community and the public.

In 2025, the Group reviewed new case law, legislation and produced a summary of Decisions and Appeals which were presented at SOA25.

Following a Prevention of Future Deaths reporting involving a Coroner's case in 2022, in which a death occurred after the delayed diagnosis and treatment of soft tissue sepsis, we engaged with the Coroner setting out that "just to let you know" calls do not constitute a formal referral with an expectation of patient review, and clarifying that the management of the patient should remain the responsibility of patient's parent team.

We continued to monitor and comment on the Abbasi v Newcastle upon Tyne Hospitals NHS Foundation Trust, which resulted in the UK Supreme Court ruling that the public interest in the treatment of patients in public hospitals outweighs the privacy rights of clinicians especially after proceedings have concluded. We have communicated the limitation to the protections available to clinicians following serious medical treatment proceedings, which are often reported and commented upon in social media.

Together with the Standards and Guidelines Committee, the Group contributed to the development of clinical guidelines to the patients presenting with eating disorders to ICU. This work is expected to be finalised in 2026.

Finally, the Group delivered an engaging session at SOA on religion and end-of-life care. The session brought together faith leaders and clinicians, and the topic was also discussed further as a podcast with one of the faith leaders.



Strategic Priority 3

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

GOAL 1:

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

Raising the bar for clinical standards

Throughout 2025, we published and contributed to several pieces of guidance. Developed by multi-professional teams, these resources provide our community with practical, compassionate, and evidence-based frameworks to improve patient care across a range of complex scenarios:

- **End-of-life care transfers:** We published a clear and compassionate framework to help healthcare professionals safely transfer critically ill adults to their preferred place of death (such as their home or a hospice), ensuring their final wishes and dignity are honoured wherever possible.
- **International patient repatriation:** In May, we released updated guidelines detailing the safest and most effective ways to transfer critically ill patients back to UK hospitals from overseas, ensuring their continuity of care is maintained during complex journeys.
- **Managing delirium:** We introduced best practice guidelines for preventing, identifying, and managing delirium in critically ill patients, supporting cognitive recovery, comfort, and overall outcomes.
- **Confirming death:** We contributed to the updated Code of Practice for the Diagnosis and Confirmation of Death, helping to set national standards for safe, consistent, and ethical practice across the healthcare system.



7 guidances published and contributed to throughout 2025

- **Acute management of Status Epilepticus:** We launched new guidance for the acute management of Status Epilepticus. Importantly, this was published in the Journal of the Intensive Care Society (JICS). Publishing our guidelines in JICS helps to increase their citation rates and provides us with much better data regarding their utilisation in clinical practice.
- **Antibiotics in sepsis:** Working alongside the British Infection Association, we issued a joint position statement calling for a change in how beta-lactam antibiotics are administered to patients with severe infections. Recommending a move to continuous infusions rather than short doses, this simple shift in clinical practice aligns with the best available evidence to save lives.

- **Invasive procedure safety standards:** We partnered with the Faculty of Intensive Care Medicine (FICM) to publish updated Local Safety Standards for Invasive Procedures (LocSSIPs). These revised checklists focus on the most common critical care procedures and incorporate crucial learning from patient safety incidents to help units improve safety and reduce harm. Like our Status Epilepticus guidance, these were also published in JICS.



Looking ahead, we are establishing a working group to develop a

guideline manual



This manual is designed to standardise our approach and improve the overall quality and consistency across future publications.

GOAL 2:

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

James Lind Alliance Priority Setting Partnership for Intensive Care Society

In 2025, we launched the James Lind Alliance (JLA) Priority Setting Partnership to help define the most important intensive care research questions for the next decade. The previous set of national research priorities was developed over a decade ago, and with the landscape of critical care having changed significantly since then, this major initiative is vital to refresh our focus.

The project is funded by the Intensive Care Society, with valuable additional financial support from the National Institute for Health and Care Research (NIHR). To ensure a truly multi-professional approach, we established a steering group that includes representatives from all professions within the intensive care community. Patient input and involvement have also been fundamental to the organisation and overall success of this project from the very beginning.

We have seen fantastic engagement with the process so far. Our initial survey received more than 500 responses from professionals, patients and their families across the UK. We expect the second and final survey to achieve a similar level of engagement, with both stages benefiting hugely from strong patient and relative participation.

The final results and the new top research priorities from this project are expected to be officially published and presented at our SOA26 Congress in Birmingham.

James Lind Alliance
Priority Setting Partnerships

The Journal of the Intensive Care Society

Another key development in our research and publications work was the appointment of Dr Iain Crossingham as the new Editor in Chief for the Journal of the Intensive Care Society. Dr Crossingham will lead the editorial board and oversee the journal's overall governance.

Dr Jess Wellbourne will remain as the Deputy Editor. We would like to extend our thanks to Professor Dan Martin for his leadership, as he stepped down from his Editor in Chief role in December. Alongside Dr Crossingham's appointment, we have made several changes to the editorial board to introduce a more diverse range of professions and specialisms. We will continue to monitor the Board's diversity and representation closely, to ensure it remains inclusive and accurately reflects our wider intensive care community.



Professor Dan Martin finished his term as the Editor-in-Chief for the Journal of the Intensive Care Society

Alongside these governance changes, our work in 2025 continued to focus on driving an increase in journal citations, which remains a key ongoing priority. To support this, we have delivered a wide range of activities, including increasing the journal's general promotion, hosting dedicated sessions on writing and submitting manuscripts, and actively encouraging prospective authors to discuss potential submissions directly with our editorial team.



5 year Impact Factor of 2.1 for JICS

Strategic Priority 4

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

GOAL 1:

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

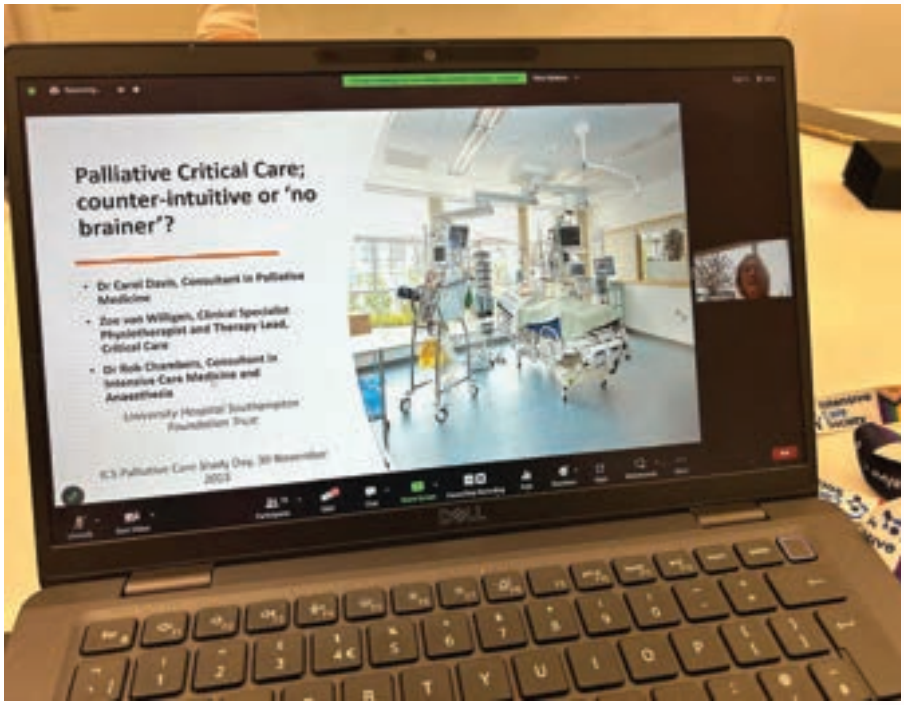
Our education programme: Study Days

The Society delivered seven Study Days in 2025. They continued to receive highly positive feedback from delegates, on both content and delivery. The 2026 learning programme was developed thanks to the active collaboration between the ICS staff team, the Chair of the Learning Division and the Education Committee, and included feedback from all educational activities, including several webinars. There was a total of 534 attendees for Study Days, and 1,426 registrants for webinars organised by the Society in 2025.

The Society also decided to create a new education programme of profession-led sessions, to be launched and trialled throughout 2026. This was the result of a cross-collaboration between the Education Committee and Professional Advisory Groups, in an effort to increase our educational offering and membership value. The Society has also continued to gauge interest from industry partners in supporting Study Days and independent webinars.

Collaboration

The Society successfully collaborated on an educational event with the British Infection Association. During the programme design phase for 2026, the Society identified several partners to engage with for future educational activities, including the Paediatric Critical Care Society and the UK Maternal Cardiology Society.



534
attendees for Study Days

1,426
registrants for webinars



GOAL 2:

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

Performance of FUSIC® and Society Accreditation in 2025

In 2025, the Society's accreditation portfolio, including FUSIC® (Focused Ultrasound in Intensive Care), fTOE (Focused transoesophageal echo) (jointly run with the Association of Anaesthetists), and the newly launched CACTUS® (Children's Acute Ultrasound) modules (partnering with the Paediatric Critical Care Society), continued to perform well despite growing competition from other emerging and free point-of-care ultrasound (PoCUS) training pathways.

Total registrations reached 1,406 across all modules, reflecting steady engagement in a challenging market environment. Total accreditation income for the year was £242,373 (2024: £223,798), landing close to forecast and demonstrating the continued value placed on Society-endorsed standards.

These outcomes show the importance of ongoing innovation and diversification of the ICS offer, to maintain the Society's leadership within the evolving ultrasound education landscape.

1,406
Total registrations reached across all modules

A new Learning Management System

In December, the Society successfully implemented a new Learning Management System (LMS), the FUSIC® Learning Portal, modernising delivery of accreditation programmes and supporting future international growth. Following a market review, LearnWorlds was selected as the supplier for its low cost, enterprise-level capability, strong reporting functions, scalable architecture, and flexible no-code configuration.

The LMS build and migration was delivered within a condensed timeframe and achieved significant cost savings by exiting the previous system early. Around 2,500 learners were migrated to the new system with minimal disruption, and all data protection and compliance actions were completed.

2,500
learners were migrated to the new Learning Management System

The platform now delivers a smoother user experience, with clearer navigation and mobile access, enabling faster access to learning materials and reducing barriers to accreditation. Improved reporting in the new system provides more accurate learner records, and enhanced performance reduces support issues and downtime. Learners also benefit from greater visibility of their progress, making it easier to track modules and achievements.

Data and governance

The Society strengthened its accreditation infrastructure by enhancing data-capture processes within its CRM, creating a reliable system for recording all FUSIC® activity. Purchase, enrolment and completion data are now accurately stored and easily accessed, with required reports produced using reduced manual reconciliation. In addition, information on trainer, mentor and supervisor (TMS) status is now captured in a way that shows how each status was achieved, providing clearer insight and further supporting the governance framework underpinning the accreditation system.



Strategic Priority 5

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

GOAL 1:

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

SOA25 was a hugely successful event, with attendance of over **1,400 delegates**, over **270 poster presentations**, over **110 speakers** and more than **40 corporate sponsors**.

The event achieved a **Net Promoter Score of +24** through its delegate feedback survey, reflecting the strength of its programme, the quality of its delivery, and the positive reputation it continues to build among delegates.

1,400+ delegates

110+ speakers

40 corporate sponsors

In-house delivery

The Society delivered its second in-house State of the Art Congress. Building on the success of the previous year's event, the team continued to strengthen bonds with stakeholders, industry partners and the wider intensive care community. The Congress reached new levels of educational value with the addition of hands-on masterclasses supported by industry partners.

Virtual attendance

Following the successful delivery of SOA24 as a hybrid event, the Trustees confirmed that SOA would continue in this format going forward. This approach ensures the Congress remains accessible to those unable to travel, those choosing not to travel for sustainability reasons, and those without the necessary funding to attend in person. It is also a key point in the Society's strategy to make SOA attractive to global delegates.

Virtual attendance will continue ensuring accessibility to everyone





Having initially been set up as a hybrid event in 2023, SOA saw 153 people attend the event remotely that year. In 2024, this number grew to 177, and further grew to 207 in 2025, proving the appetite for this solution remains. The Society has developed a new strategy to reach out to international audiences thanks to formal partnerships with international societies and aims to grow its international delegate participation in 2026.

Reaching our community

The Society promoted SOA25 across a breadth of channels, including our newsletters, targeted emails to key audiences, our social media channels and through our networks of stakeholders and partner organisations.

We began the promotion of SOA26 in the autumn. The approach for the next edition remains similar to past editions, with some key new ideas. From a design perspective, we simplified things, bringing the look and feel closer to the Society's main brand and with an added focus on images of delegates and speakers, to bring to life the sense of community that is at the heart of SOA. We added some new key messages for this edition, mainly: an added focus on sustainability, inclusivity and diversity for the event; greater discussion and interaction opportunities within sessions, making the most of the in-person experience; a truly international Congress, open to anyone around the world to join virtually. As for every edition, we began promotion of the abstracts process in early autumn.







Finance and the future

While SOA25 did not generate a financial surplus, we have improved delivery and delegate experience each year. Lessons learned from running SOA in-house for two years also allowed the team to improve its processes and implement changes for SOA26.

The Society had previously secured a two-year contract with the International Convention Centre in Birmingham for SOA25 and SOA26. In parallel, the events team has been proactively monitoring the pricing structures of potential host venues for future Congresses and has begun discussions on contracting opportunities through to SOA29. The Society's Council has been actively discussing the possibility of alternating venues on a yearly basis, with the possibility of implementing a rotation between home nation capitals. This would enhance representation across the four nations.

Critical enablers

Equality, Diversity and Inclusion

We remain committed to embedding equality, diversity and inclusion (EDI) into everything we do. This section sets out some key highlights from the past year.

The Equality, Diversity and Inclusion Working Group continues to provide comment and insight on all the guidelines published by the Society. This year, the Group wrote the first Equality, Diversity, and Inclusion chapter in the Guidelines for the Provision of Intensive Care Services (GPICS). Equality, Diversity, and Inclusion principles are also embedded throughout the guidelines, which will be published in early 2026. This work represents an important step in embedding EDI considerations within national guidance for intensive care services.

Equality, Diversity and Inclusion

In March 2025, our new CEO was pleased to host an International Women's Day Virtual Event 'Women in Leadership: Accelerating Action in the Intensive Care Society' with a group of staff and leadership of the Society. The event provided an opportunity to reflect on leadership representation within the specialty and the importance of supporting women at all stages of their careers.

In the wake of the Supreme Court verdict on biological sex in April 2025, the Society reaffirmed its commitment to providing inclusive, dignified care for all patients, explicitly including transgender and gender-diverse individuals. We urged government, regulators, and the public to support protective systems that ensure equitable, psychologically safe care for both patients and healthcare staff.

This year we also saw the launch of a new training course for the intensive care community supporting autistic patients in the ICU. The course focuses on the ways in



which autistic people present in ICU and how our community can understand and mitigate for the challenges that environment presents for them. The Group also continues to work with a team of international experts on the specialty's first guidance on caring for gender-diverse patients in the ICU.

We have continued to evolve the planning and delivery of SOA to ensure it is an inclusive event, including working with the venue to ensure step-free access, wheelchair-friendly facilities, a dedicated multi-faith prayer room, a family room with baby-changing and feeding facilities and a quiet room for those with sensory needs. The Society also continues to consider how Congress programmes reflect the diversity of the intensive care workforce and how opportunities can be created for a broad range of voices and perspectives.

Dr Sekina Bakare took over the Chair of our EDI Working Group from Dr Aoife Abbey at the end of 2025. We are grateful to Aoife for her exceptional leadership, and her passionate advocacy and thoughtful interventions will have a lasting positive impact on the culture and reputation of the Society.

EDI was embedded in our refreshed organisational strategy as a core principle underpinning all our work. As part of the new strategy, one of our key priorities is to be the voice for our multi-professional community, patients and their loved ones, through inclusive leadership that reflects and respects the diversity of those we represent. The Society will therefore explore opportunities to strengthen pathways into leadership roles, including mentorship, sponsorship, and clearer routes for members to engage with committees and governance structures.

The Society recognises that diversity alone does not automatically create inclusion. We understand that, for EDI work to be effective, we must engender inclusive leadership at every level of the Society. Over the past year, we have acknowledged that there is still work to be done. We know greater efforts should be made to enable greater diversity in our Executive Committee, in terms of gender as well as all protected characteristics.



We understand that, for EDI work to be effective, we must engender inclusive leadership at every level of the Society



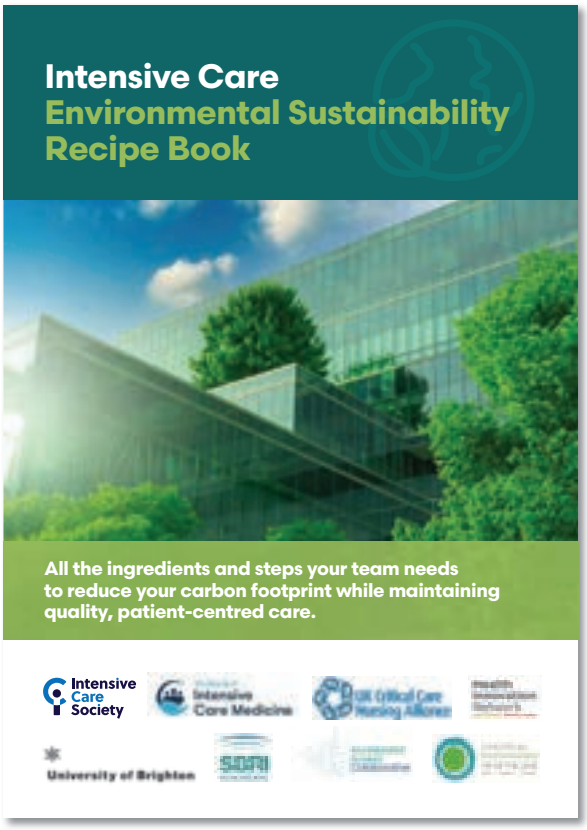
Environmental sustainability

Our sustainability work remained a priority in 2025

Early in the year, we launched the Intensive Care Environmental Sustainability Recipe Book, which offers practical, adaptable guidance for ICUs to reduce their environmental footprint.

Developed in collaboration with the Faculty of Intensive Care Medicine, UK Critical Care Nursing Alliance, and University of Brighton, the Recipe Book is a great example of our partnership work and the difference we make to the wider intensive care community and to our planet. The key principle in the recipes is that 'greener' ICUs are not more expensive, but cheaper, while being good for people and the planet. The Recipe Book tracker helps ICUs monitor progress as they implement the methods listed in each recipe; a flyer is available for ICUs to display, indicating their commitment to caring for patients and the environment.

The Recipe Book was funded by SBRI Healthcare, an Accelerated Access Collaborative (AAC) programme, in partnership with the Health Innovation Network and Greener NHS. It has been disseminated nationally in the UK and was presented at regional, national, and international conferences throughout 2025.





We work towards our commitment to reduce the Society's carbon footprint by

50% by 2030

We continue to promote **'A Beginners Guide to Green Teams in the ICU'**, a publication providing practical tools and case studies on why and how to establish a Green Team in your ICU, produced in collaboration with the Australia and New Zealand Intensive Care Society (ANZICS) and endorsed by the American Society of Critical Care Medicine. The Green Team guide, Recipe Book, Gloves Off in ICU materials, and sustainability e-learning and webinar videos are all available for free on the Society's **sustainability webpage**. We encourage all UK ICUs to use these resources to help meet the minimum standards and recommendations set out in the new environmental sustainability chapter of Version 3 of the Guidelines for the Provision of Intensive Care Services.

As we work towards our commitment to reduce the Society's carbon footprint by 50% by 2030, we measure our footprint annually to identify where we can change activities and reduce carbon emissions. We measured the carbon footprint of the annual SOA Congress in both 2024 and 2025. SOA24 recorded an average estimate of **35.1 kg CO_2e per participant**, which is widely considered a low carbon footprint for an in-person Congress. This result was supported by several factors, including limited air travel, collaboration with partners that have strong environmental sustainability strategies, the provision of plant-based catering options, and the hybrid delivery of the event.

SOA25

recorded an average estimate of **36 kg CO2e** per participant, which also remains low

SOA25 recorded an average estimate of **36 kg CO_2e per participant**, which also remains low. The Society continued to monitor catering choices, partner selection and speaker travel, while actively encouraging delegates to minimise their emissions. The slight increase in the per-participant figure was primarily due to slightly lower overall attendance, while the event's organisational emissions remained broadly similar.

SOA25 included an environmental sustainability-related session, titled 'Myth-Busting Infection Prevention and Control', which had a high turnout and demonstrated the growing interest in how ICUs can reduce waste while maintaining safe, high-quality care. SOA continues to strive for sustainability by minimising flights from speakers, supporting active and mass transport from delegates and providing low-carbon meals.

Over the years, we have led representative societies in moving investments and changing food provision, conferencing, and transport policies toward more ethical and green practices, with learnings shared with the UK Health Alliance on Climate Change (UKHACC). We are a member of UKHACC, whose vision is for a just, sustainable, healthy world. We also maintain our endorsement of the Centre for Sustainable Healthcare's **Critical Care Susnet** online network. By working with partners to raise awareness of the planetary health crisis and collaborate on providing ICU sustainability resources, we remain dedicated to empowering people and driving change.

Structure and governance

Trustees, Senior Management and Advisors

Patron

- Her Royal Highness the Princess Royal

Chair of Trustees and President

- Shondipon Laha – President

Trustees and Company Directors

- Andrew Breen – Honorary Secretary (became President-Elect as of 8 December 2025)
- Paul Dean – Honorary Treasurer
- Darren Fergus – Lay Trustee

Stepped down on 8 December 2025:

- Steve Mathieu – Immediate Past President
- Hugh Montgomery – Council Member Trustee
- Martin Cresswell – Lay Trustee
- Sarah Anderson – Lay Trustee

Appointed 8 December 2025:

- Zudin Puthucheary – Honorary Secretary
- Ashley Miller – Council Member Trustee
- Steve Allen – Lay Trustee
- Caryl Longley – Lay Trustee

Chief Executive

- Sandy Mather (until 13 January 2025)
- Katie Nurcombe (started 13 January 2025)

Senior Management Team

- Asha Abdillahi – Head of Standards and Policy (until 12 September 2025)
- Burcu Borysik – Head of Standards and Policy (started 1 September 2025)
- Jacky Rees – Head of Finance (started 24 November 2025)
- Jon Sacker – Interim Head of Communications (until 29 July 2025)
- Maryah Tafri – Head of Learning and Accreditation
- Sara Carbone – Head of Communications and Membership Engagement (started 14 July 2025)
- Tanguy Roelens – Head of Sponsorship and Events
- Uloaku Ikegwu – Head of Finance & Operations (until 2 October 2025)

Elected Council and ICS Company Members

- Aoife Abbey
- Waqas Akhtar (appointed 8 December 2025)
- Thomas Billyard
- Graham Brant
- James Bruce
- Sarah Burgess (until 8 December 2025)
- Eleanor Damm
- Andrew Davidson (appointed 8 December 2025)
- Sadie Diamond-Fox (until 25 September 2025)
- Allaina Eden
- Robert Gatherer (appointed 8 December 2025)
- Lisa Halsall (started 25 September 2025)
- Rebekah Haylett (until 8 December 2025)
- Michelle Hatch
- Justin Kirk-Bailey
- Ben Lowe
- Reena Metha (appointed 8 December 2025)
- Segun Olusanya (until 8 December 2025)
- Marlies Ostermann (until 8 December 2025)
- Louise Rose
- David Sapsford
- Jonathan Wilkinson
- Clare Windsor
- Zudin Puthucheary (until 8 December 2025)

Specialist advisors to Council

- Iain Crossingham – Editor in Chief, JICS (started 1 December 2025)
- Jessie Welbourne – Deputy Editor in Chief, JICS (started 12 February 2025)
- Ned Gilbert-Kawai – SOA Programme Director (started 1 August 2025)
- Julie Highfield – National Project Director, Wellbeing
- Dan Martin – Editor in Chief, JICS (until 30 November 2025)
- David McWilliams – Chair of ICS National Rehabilitation Collaborative (joined 29 July 2025)
- Victoria Metaxa – Chair of ICS Legal and Ethics Advisory Group (joined 29 July 2025)
- Jennie Stephens – Chair of FUSIC® Committee (started 1 December)
- Ema Swingwood – SOA Programme Director (started 1 August 2025)
- Stephen Webb – Chair of FUSIC® Committee (until 22 September 2025)
- Parjam Zolfaghari – SOA Programme Director (until 31 July 2025)

Committees

- Equality, Diversity and Inclusion Working Group
- FUSIC® Committee
- James Lind Alliance Priority Setting Partnership Steering Group
- Journal of the Intensive Care Society (JICS) Editorial Board
- Education Committee
- Legal and Ethical Advisory Group
- National Rehabilitation Collaborative
- Patients, Relatives and Public Advisory Group
- Research Committee
- Standards and Guidelines Committee
- State of the Art Steering Group
- Sustainability Working Group

Bankers

HSBC Bank Plc
PO Box 6201
Coventry
CV3 9HW

CAF Bank Limited
25 Kings Hill Avenue
Kings Hill
West Malling
Kent
ME19 4JQ

Investment Managers

Rathbone Greenbank Investments
30 Gresham Street
London
EC2V 7QN

Auditors

MHA
Building 4, Foundation Park
Roxborough Way
Maidenhead
SL6 3UD

Lawyers

Bates Wells
10 Queen Street Place
London
EC4R 1BE
Kennedys Law LLP
20 Fenchurch St
London
EC3M 3BY

Registered Address

The Intensive Care Society
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Telephone: +44 (0)20 7280 4350
Email: info@ics.ac.uk
Website: www.ics.ac.uk

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

Trustee Board

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

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

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

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

Executive Committee

Our Executive Committee comprises the Honorary Officers who are elected by the Council, which itself is elected by the membership of the Society. The Committee for 2025 was:

- President: Shondipon Laha
- Immediate Past President: Steve Mathieu
- Honorary Treasurer: Paul Dean
- Honorary Secretary: Andrew Breen

Key management personnel

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

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

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

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

Staff

Our staff are vital to the delivery and success of our organisation, and it is with their dedication, passion, and expertise that we are able to support the intensive care community. Staff are recruited for their alignment with the Society's values as much as for their competence and commitment. Our team are the essence of our values and help shape the unique character of the Society.

2025 was a year of significant transformation for the team, marked by changes within the senior management team. These new leaders then shaped and strengthened their respective teams, in line with the strategy refresh, setting a clear direction for the future.

Public benefit statement

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

The Society's Trustees have described in this report the charitable public benefit of our activities; they regularly review our progress against our aims and objectives. They confirm that they have complied with the duty in section

4 of the Charities Act 2011 to have due regard to public benefit guidance published by the Charity Commission.

Fundraising

In 2025, fundraising activities were mainly centred around challenge and running events, aimed at members of the Society and external partners. These included the London Landmarks half marathon and the Royal Parks half marathon. Fundraising income has declined which is explained by the challenging fundraising environment charities are facing. The Society was successful in raising funds during the pandemic when Intensive Care had a higher profile, and the priority going forward is to continue to raise public awareness of the work of intensive care.

The Society's part-time Fundraising Manager left the organisation in July 2025. Their departure offered an opportunity to consider the longer-term need for fundraising efforts and where maximum impact could be obtained. Through strategic discussions among senior leadership and the SMT staff team, the highest impact was identified as sitting in obtaining grants from Trusts and working on corporate partnerships, building on established relationships. On this basis, a new, full time Senior Fundraising Manager role was created in November 2025, and a new member of staff was appointed in December.

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

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

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

The Charity received no fundraising complaints in 2025.

Strategic partners

We work in partnership with organisations whose work aligns with our charitable purposes and strategic vision, in the best interests of our beneficiaries. The Trustees have due regard to Charity Commission guidance on collaboration and consider all partnerships as opportunities to fulfil our charitable objectives and deliver increased public benefit.

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

In 2025 we also started to explore partnership and collaboration opportunities with international critical care Societies.

Financial review

The Society's activities produced a deficit, before investment gains of £215,729 (2024: deficit of £14,775). The overall deficit after accounting for changes in the value of investments was £187,276 (2024: deficit of £26,650).

The total funds of the Society amounted to £1,215,380 (2024: £1,402,656) comprising general unrestricted reserves of £1,211,471 (2024: £1,398,747), designated funds of £nil (2024: £nil) and restricted reserves of £3,909 (2024: £3,909).

The value of the investments at the market value on 31 December 2025 was £545,022 (2024: £508,467). These investments represent funds held for the development of the Society's activities in the medium to long term and have generated income over the year.

Income

The Society continues to benefit from diversity of income sources and operating income was £1,837,180 (2024: £2,035,032).

Membership numbers fell to 2,850 at the end of 2025 (2024: 3,372) with a decrease in membership income to £635,029 (2024: £678,217).

The State of the Art Conference was held in Birmingham in 2025 and attracted 864 paying in-person delegates and 201 virtual delegates. Total attendees were 1,400 which included Trustees, sponsors, speakers and staff. Overall delegate income was £446,624 (2024: £509,463) and sponsorship and exhibition revenue was £235,500 (2024: £272,676).

2025 also saw a full year's programme of one day Study Days and the continued growth of FUSIC® accreditation resulting in income for the learning division of £338,522 (2024: £326,955).

The continuing downward trend of both membership numbers and membership income alongside the fall in both delegate revenue and commercial revenue from the State of the Art Conference continues to be of concern. The 2026 budget and the 2027 budget will seek to drive cost efficiencies alongside developing ongoing strategies to grow core income streams.

Expenditure

Overall expenditure increased in 2025 to £2,052,909 (2024: £2,049,807).

The Society has maintained its staffing levels to deliver charitable activities and services to members and support the functions of the Society.

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

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

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

Investment powers and policy

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

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

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

As at 31 December 2025, the portfolio held investments with a total market value of £545,022 (2024: £508,467). During the year, the portfolio generated income of £12,703, while unrealised gains on investments amounted to £28,453.

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

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

The Society has agreed that it should undertake a review of its fund managers every three to five years.

Reserves policy

The Society defines general reserves as unrestricted funds freely available for general operations, excluding designated and restricted funds. Reserves are held in cash and readily realisable investments.

The policy uses a risk-based approach, with reserves held to cover:

- Three months' operating expenditure (working capital 2026 Budget) - £533,000
- Potential financial loss from the annual State of the Art (SOA) conference - £250,000 to £350,000
- Unavoidable closure and contractual liabilities £50,000

The policy is reviewed annually and monitored throughout the year, with an explicit acknowledgement that additional liabilities may arise outside the model. The total reserves requirement based on the 2026 budget and the latest on-going discussion on financial performance is £833,000 to £933,000. The General Reserves as at 31 December 2025 are currently £1,211,471. The Society currently has excess reserves of £378,471 to £278,471.

Alignment with Charity Commission Guidance

The Charity Commission guidance (CC19 – Charities and Reserves) states that trustees should:

- Hold reserves to ensure financial resilience and continuity of services
- Base reserves on a clear assessment of risk, cash flow and commitments
- Clearly explain:
  - The purpose of reserves
  - How the target level is calculated
  - Why this level is appropriate

The Society's current approach is compliant with best practice:

- Using a transparent, risk-based methodology
- Linking reserves to operational expenditure and key financial risks (SOA)
- Providing clear disclosure in the Annual Report

Strengths of the Current Policy:

- Clear and consistent methodology applied year-on-year
- Explicit recognition of key financial risks, particularly SOA exposure
- Inclusion of working capital requirement (3 months' costs)
- Regular Trustee oversight and annual review cycle
- Transparent narrative aligned with Charity Commission expectations

Risk Management

The Executive Committee, CEO and Senior Management Team, review the strategic risks to the Society regularly and the Trustee Board reviews them at each of their meetings. All risks have a risk owner and mitigating actions in place which brings down the risk rating of all risks to some exposure but manageable. The Executive identified the following top two strategic risks in 2025:

State of the Art Congress – excessive financial losses due to low delegate numbers, poor sponsorship and exhibition interest and high event costs cause this to be the largest financial risk to the Society. There is a concern regarding declining attendance figures which is a trend across the sector as budgets are tight. The

Trustees have taken the decision to bring the Congress in-house to reduce costs and build closer relationships with our sponsors and exhibitors and 2025 was the second year delivering the event in-house.

The risk to **membership income** due to low retention rates and not attracting new members. The previous five-year strategy puts the multi-professional critical care community at the heart of all that the Society does, and the strategy refresh has confirmed this approach. Our Professional Advisory Groups for each profession support this approach. Our new website and database improve the membership experience during renewals and applications and when applying for courses which retains existing members and enables smooth recruitment of new members.

The Society also actively manages against cyber security risks through the systems and processes implemented by our IT providers and regular cyber awareness training.



Statement of Trustees' Responsibilities

For the Year Ended 31 December 2025

The Trustees (who are also the Directors of the Society for the purposes of company law) are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice). Company law requires the Trustees to prepare financial statements for each financial year. Under company law, the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the Society and of its incoming resources and application of resources, including its income and expenditure, for that period. In preparing these financial statements, the Trustees are required to:

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

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

In so far as the Trustees are aware:

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

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

[add signature once approved]

Paul Dean
Honorary Treasurer

Date: [Add date Annual Report is approved by Trustees]

INDEPENDENT AUDITOR'S 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 2025 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and the related notes, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- Give a true and fair view of the state of the Society's affairs as at 31 December 2025 and of its incoming resources and application of resources, including its income and expenditure for the year then ended;
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- Have been prepared in accordance with the requirements of the Companies Act 2006, Charities Act 2011, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006.

Basis for opinion

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

Conclusions Relating to Going Concern

In auditing the financial statements, we have concluded that the Trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate. Our evaluation of the Trustees' assessment of the entity's ability to continue to adopt the going concern basis of accounting included critical reviews and budgets and forecasts provided. Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

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

Other Information

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

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Opinion on other matters prescribed by the Charities Act 2011

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

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

Matters on which we are required to report by exception

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

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

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

Responsibilities of Trustees

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

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

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website. This description forms part of our Auditor's Report.

Use of our Report

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

Carina Ralfs, MSci (Hons) PhD FCA (Senior Statutory Auditor)
for and on behalf of MHA, Statutory Auditors
Maidenhead, United Kingdom
Date:

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

Statement of Financial Activities

(incorporating income and expenditure account)
For the Year Ended 31 December 2025

	Notes	Unrestricted Funds 2025 £	Restricted Funds 2025 £	Total Funds 2025 £	Total Funds 2024 £
Income from:					
Donations and Subscriptions	1	**699,803**	**-**	**699,803**	768,948
Charitable Activities	2	**871,402**	**-**	**871,402**	938,440
Other Trading Activities	3	**235,500**	**-**	**235,500**	288,626
Investments	4	**30,475**	**-**	**30,475**	39,017
Total Income		**1,837,180**	**0**	**1,837,180**	2,035,032
Expenditure on:					
Raising Funds	5	**43,409**	**-**	**43,409**	82,821
Charitable Activities	6	**2,009,500**	**-**	**2,009,500**	1,966,986
Total Expenditure		**2,052,909**	**0**	**2,052,909**	2,049,807
Net Gains/(Losses) on Investments	15	**28,453**	**-**	**28,453**	(11,875)
Net Deficit for The Year Before Taxation		**(187,276)**	**0**	**(187,276)**	(26,650)
Taxation	13			**0**	
Net Deficit for The Year		**(187,276)**	**0**	**(187,276)**	(26,650)
Reconciliation of Funds:					
Total Funds Brought Forward		**1,398,747**	**3,909**	**1,402,656**	1,429,306
Net Movement Deficit For The Year		**(187,276)**	**-**	**(187,276)**	(26,650)
Total Funds Carried Forward		**1,211,471**	**3,909**	**1,215,380**	1,402,656

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

The notes on pages 40 to 50 form part of these financial statements.
All income and expenditure derive from continuing activities.

Balance Sheet

Registered Number: 02940178

	Notes	2025 £	2025 £	2024 £	2024 £
Fixed Assets					
Tangible Assets	14		**38,112**		58,322
Investments	15		**545,022**		508,467
Total Fixed Assets			**583,134**		566,789
Current Assets					
Debtors	16	**165,342**		179,956	
Cash and Cash Equivalents		**756,724**		940,724	
Total Current Assets		**922,066**		1,120,680	
Creditors: amounts falling due within one year	17	**(289,820)**		(284,813)	
Net Current Assets			**632,246**		835,867
Total Net Assets			**1,215,380**		1,402,656
Charity Funds					
Restricted Funds	19		**3,909**		3,909
Unrestricted Funds					
General		**1,211,471**		1,398,747	
Designated					
Unrestricted Funds			**1,211,471**		1,398,747
Total Funds			**1,215,380**		1,402,656

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

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

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

Paul Dean, Honorary Treasurer
Date

The notes on pages 40 to 50 form part of these financial statements.

Statement of Cash Flows

	Notes	2025 £	2024 £
Cash Flows from Operating Activities			
Net Surplus/(Deficit) for the year		**(187,276)**	(26,650)
Tax Charge		**-**	-
Cash from Operating Activities		**(187,276)**	(26,650)
Adjustments for:			
Depreciation Charges		**23,143**	22,841
(Gains)/Losses on Investments		**(28,453)**	11,875
Investment Income		**(30,475)**	(39,017)
Decrease in Debtors		**14,615**	10,960
Increase in Creditors		**5,005**	(20,917)
Net Cash used by Operating Activities		**(203,441)**	(40,908)
Cash Flows from Investing Activities			
Purchase of Fixed Assets		**(2,932)**	(5,374)
Investment Income		**30,475**	39,017
Proceeds from Sale of Investments		**90,516**	70,387
Purchase of Investments		**(102,135)**	(83,413)
Movements in Cash Account		**3,517**	4,284
Net Cash provided by Investing Activities		**19,440**	24,901
Change in Cash and Cash Equivalents in the year		**(184,001)**	(16,007)
Cash and Cash Equivalents at the beginning of the year		**940,724**	956,731
Cash and Cash Equivalents at the end of the year	21	**756,724**	940,724

The notes on pages 40 to 50 form part of these financial statements.

Accounting Policies

Legal Status

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

The Society is governed by a Trustee Board and an advisory council comprising ICS company members. Trustee Board comprises Hon Officers elected by Council, Council Member Trustee and three Lay Trustees. In the event of the Society being wound up, the liability in respect of the guarantee is limited to £1 per member of the Council The address of the registered office is given in the Society information on page 38 on these financial statements. The nature of the Society's operations and principal activities are listed in the Trustees Report.

Basis of preparation of financial statements

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

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

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

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

Preparation of the accounts on a going concern basis

The Society's financial activities, its current financial position and factors likely to affect its future development, are set out in the Trustees Annual Report. On this basis the Trustees have a reasonable expectation that the Society has adequate resources to continue in operational existence for the foreseeable future, being a period of at least one year from the date of the approval of these financial statements.
For this reason, it continues to adopt the going concern basis in the financial statements. The significant accounting policies applied in the preparation of these financial statements are set out below. These policies have been consistently applied to all years presented unless otherwise stated.

a) Income

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

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

On receipt, donated professional services and facilities are recognised on the basis of the value of the gift to the Society which is the amount it would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt. Where the donated good is a fixed asset, it is measured at fair value, unless it is impractical to measure this reliably, in which case the cost of the item to the donor should be used. The gain is recognised as income from donations and a corresponding amount is included in the appropriate fixed asset class and depreciated over the useful economic life in accordance with the Society's accounting policies.

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

b) Expenditure

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

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

Expenditure on charitable activities is incurred on directly undertaking the activities which further the Society's objectives, as well as any associated support costs. Grants payable are charged in the year when the offer is made except in those cases where the offer is conditional, such grants being recognised as expenditure when the conditions attaching are fulfilled. Grants offered subject to conditions which have not been met at the year end are noted as a commitment, but not accrued as expenditure.

c) Interest Receivable

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

d) Taxation

Taxation expense for the year comprises current tax recognised in the reporting period and is recognised in the income and expenditure account. Current tax is the amount of corporation tax payable in respect of the taxable profit arising from non-primary purpose trading. Tax is calculated on the basis of tax rates and laws that have been enacted or substantively enacted by the balance sheet date.

e) Tangible Fixed Assets and Depreciation

Tangible fixed assets costing £1,000 or more are capitalised and recognised when future economic benefits are probable, and the cost or value of the 33% straight line Database 20% straight line asset can be measured reliably. Tangible fixed assets are initially recognised at cost. After recognition, under the cost model, tangible fixed assets are measured at cost less equipment accumulated depreciation and any accumulated impairment losses. All costs incurred to bring a tangible fixed asset into its intended working condition are included in the measurement of cost. Depreciation is charged so as to allocate the cost of tangible fixed assets less their residual value over their estimated useful lives, using the straightline method.

Depreciation is provided on the following basis:

Computer Equipment	33% straight line
Database	20% straight line

f) Investments

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

g) Debtors

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

h) Cash at Bank and in Hand

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

i) Liabilities and Provisions

Liabilities are recognised when there is an obligation at the Balance Sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably. Liabilities are recognised at the amount that the Society anticipates it will pay to settle the debt or the amount it has received as advanced payments for the goods or services it must provide.

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

j) Financial Instruments

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

k) Operating Leases

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

l) Pensions

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

m) Fund accounting

General funds are unrestricted funds which are available for use at the discretion of the Trustees in furtherance of the general objectives of the Society and which have not been designated for other purposes. Designated funds comprise unrestricted funds that have been set aside by the Trustees for particular purposes. The aim and use of each designated fund is set out in the notes to the financial statements.

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

n) Termination Payment

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

o) Critical Accounting Estimates and Areas of Judgement

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

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

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

Notes to the Financial Statements

1 Income from Donations and Subscriptions

	Unrestricted Funds 2025 £	Unrestricted Funds 2024 £
Donations	**64,774**	90,731
Subscriptions	**635,029**	678,217
	699,803	768,948

2 Income from Charitable Activities

	Unrestricted Funds 2025 £	Restricted Funds 2025 £	Total Funds 2025 £	Unrestricted Funds 2024 £	Restricted Funds 2024 £	Total Funds 2024 £
Learning	**338,522**	**-**	**338,522**	326,955	-	326,955
SOA	**454,767**	**-**	**454,767**	521,397	-	521,397
Professional Affairs	**76,051**	**-**	**76,051**	85,352	-	85,352
Research	**2,062**	**-**	**2,062**	4,737	-	4,737
	871,402	**-**	**871,402**	938,441	-	938,441

3 Income from Other Trading Activities

	Unrestricted Funds 2025 £	Unrestricted Funds 2024 £
Sponsorship Income	**235,500**	288,626

4 Income from Investments

	Unrestricted Funds 2025 £	Unrestricted Funds 2024 £
Dividends and Interest Receivable	**12,703**	14,564
Bank Interest Receivable	**17,772**	24,453
	30,475	39,017

5 Analysis of Expenditure on Raising Funds

	Unrestricted Funds 2025 £	Unrestricted Funds 2024 £
Direct Costs	**22,397**	49,748
Investment Management Fees	**4,602**	4,671
Support Costs (Note8)	**16,410**	28,402
	43,409	82,821

6 Analysis of Expenditure on Charitable Activities by Fund

	Unrestricted Funds 2025 £	**Restricted Funds 2025 £**	**Total Funds 2025 £**	Unrestricted Funds 2024 £	Restricted Funds 2024 £	Total Funds 2024 £
Public Affairs	**161,992**	**-**	**161,992**	185,516	-	185,516
Professional Affairs	**211,390**	**-**	**211,390**	183,429	-	183,429
Learning	**419,456**	**-**	**419,456**	365,717	-	365,717
SOA	**851,609**	**-**	**851,609**	928,940	-	928,940
Standards	**133,649**	**-**	**133,649**	124,014	-	124,014
Research	**231,404**	**-**	**231,404**	179,370	-	179,370
	2,009,500	**-**	**2,009,500**	1,966,985	-	1,966,985

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

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

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

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

SOA includes the State of the Art Conference.

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

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

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

7. Analysis of Expenditure on Charitable Activities by Type

	Activities Undertaken Directly 2025 £	Grant Funding of Activities 2025 £	Support Costs 2025 £	Total Funds 2025 £
Public Affairs	**101,824**		**60,168**	**161,992**
Professional Affairs	**151,222**		**60,168**	**211,390**
Learning	**260,830**		**158,626**	**419,456**
SOA	**720,333**		**131,276**	**851,609**
Standards	**78,951**		**54,698**	**133,649**
Research	**165,766**		**65,638**	**231,404**
	1,478,926	**-**	**530,574**	**2,009,500**

	Activities Undertaken Directly 2024 £	Grant Funding of Activities 2024 £	Support Costs 2024 £	Total Funds 2024 £
Public Affairs	136,826		48,689	185,516
Professional Affairs	138,797		44,632	183,429
Learning	252,108		113,608	365,716
SOA	839,676		89,264	928,940
Standards	79,383		44,632	124,014
Research	120,171	22,682	36,517	179,370
	1,566,961	22,682	377,342	1,966,985

8. Analysis of Support Costs

	Fundraising 2025 £	Charitable Activities 2025 £	Total Funds 2025 £	Fundraising 2024 £	Charitable Activities 2024 £	Total Funds 2024 £
Staff Costs	**6,587**	**212,991**	**219,579**	10,101	134,199	144,300
Depreciation	**694**	**22,448**	**23,143**	1,599	21,242	22,841
Office Costs	**6,854**	**221,619**	**228,474**	13,589	180,537	194,126
Legal & Professional	**411**	**13,280**	**13,691**	698	9,268	9,966
Other Costs	**1,091**	**35,273**	**36,364**	1,183	15,717	16,900
Governance Costs	**772**	**24,963**	**25,735**	1,233	16,378	17,611
	16,410	**530,575**	**546,985**	28,403	377,341	405,744

9. Grant Funding Activities

Name of Institution	Activity	2025 £	2024 £
The Leeds Teaching Hospital NHS Trust	Road to research	-	5,000
Tameside & Glossop NHS Charitable Fund.	Road to research	-	5,000
Kings College London	Road to research	-	4,250
University of Birmingham	Road to research	-	4,972
GBS Kings College Hospital NHSFT	Road to research	-	3,460
		-	22,682

10. Net Income/(Expenditure) for the Year

This is stated after charging:	2025 £	2024 £
Operating Leases – Buildings	**92,300**	80,990
Depreciation	**23,143**	22,841
Auditor's Remuneration	**25,735**	17,611

11. Staff Costs

	2025 £	2024 £
Wages and Salaries	**771,244**	720,309
Social Security Costs	**88,422**	70,342
Pension Costs	**37,244**	36,368
Termination Payments	**20,795**	-
	917,705	827,019

Termination payments of £20,795 were made to 2 employees (2024 - 0)

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

	2025	2024
Raising Funds	**1**	1
Charitable Activities	**11**	11
Support Functions	**3**	3
	15	15

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

	2025	2024
£60,001 - £70,000	**1**	2
£70,001 - £80,000	**-**	-
£80,001 - £90,000	**1**	1

The total amount of employee benefits received by Key Management Personnel, including Employers National Insurance contributions and employers pension contributions, is £107,704 (2024 - £97,304). The Society considers its Key Management Personnel to be the Trustees and the Chief Executive.

12. Trustees' remuneration and expenses

During the year, no Trustees received any remuneration or other benefits (2024 - £nil). Expenses for travel totalling £2,053 were reimbursed to 5 Trustees (2024: £3,193 to 8 Trustees).

13. Related party transactions

Trustee and Key Management Personnel transactions are detailed in Notes 11 and 12. Trustees also made donations of £175 (2024: nil).

There were no other related party transactions during the period (2024: none).

14. Tangible Fixed Assets

	Computer Equipment £	Database £	Total £
Cost			
At 1 January 2025	27,147	76,394	103,541
Additions	-	2,932	2,933
Disposals	-	-	-
At 31 December 2025	27,147	79,327	106,474
Depreciation			
At 1 January 2025	13,805	31,414	45,219
Charge for the Year	7,473	15,670	23,143
Disposals	-	-	
At 31 December 2025	21,278	47,084	68,362
Net Book Value			
At 31 December 2025	5,869	32,243	38,112
At 31 December 2024	13,342	44,980	58,322

15. Fixed Asset Investments

Valuation	**2025 £**	2024 £
At 1 January 2025	**508,466**	511,599
Additions at Cost	**102,135**	83,414
Disposal Proceeds	**(90,516)**	(70,387)
Revaluations	**28,453**	(11,875)
Movements in Cash Account	**(3,517)**	(4,284)
At 31 December 2025	**545,022**	508,467

Comprising	**£**	£
UK Listed Equities and Infrastructure Funds	**154,160**	110,640
UK Bonds	**96,430**	130,116
Overseas Equities	**246,936**	208,136
Overseas Bonds	**43,266**	51,800
Cash	**4,230**	7,775
At 31 December 2025	**545,022**	508,467

16. Debtors

	2025 £	2024 £
Trade Debtors	**52,152**	(8,264)
Other Debtors	**10,697**	28,892
Prepayments and Accrued Income	**102,493**	159,328
	165,342	179,956

17. Creditors: Amounts Falling Due Within One Year

	2025 £	2024 £
Trade Creditors	**27,951**	46,814
Other Taxation and Social Security	**48,871**	26,319
Other Creditors	**40,807**	63,114
Accruals and Deferred Income	**172,192**	148,567
	289,820	284,813

18. Deferred Income

	2025 £	2024 £
At 1 January	**77,113**	86,028
Income Deferred During the Year	**89,168**	77,113
Amounts Released from Previous Periods	**(77,113)**	(86,028)
At 31 December	**89,168**	77,113

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

19. Statement of Funds

	At 1 January 2025 £	Income £	Expenditure £	Transfers £	At 31 Dec 2025 £
Restricted Funds					
Bennett Fund	**3,909**	**-**	**-**		**3,909**
Total Restricted Funds	**3,909**				**3,909**
Unrestricted Funds					
General	**1,398,747**	**1,865,633**	**(2,052,909)**		**1,211,471**
Total Funds	**1,402,656**	**1,865,633**	**(2,052,909)**		**1,215,380**

	At 1 January 2024 £	Income £	Expenditure £	Transfers £	At 31 Dec 2024 £
Restricted Funds					
Bennett Fund	3,909	-	-		3909
Gilead	-	-			
Total restricted Funds	3,909	0	0		3,909
Unrestricted Funds					
General	1,400,397	2,035,032	(2,061,682)	25,000	1,398,747
Designated	25,000	-	-	(25,000)	0
Total Funds	1,429,306	2,035,032	(2,061,682)	-	1,402,656

Restricted funds comprise the Bennett Fund. 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.

Designated funds comprise funds ring-fenced to cover the Society's costs should it be required to give evidence to the COVID-19 enquiry course previously funded by the CHSA. As at Dec 2025 these funds are fully expended.

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

20. Analysis of Net Assets Between Funds

	Unrestricted Funds 2025 £	**Restricted Funds 2025 £**	**Total Funds 2025 £**	Unrestricted Funds 2024 £	Restricted Funds 2024 £	Total Funds 2024 £
Fixed Assets	**583,134**	**-**	**583,134**	566,789	-	566,789
Current Assets	**918,156**	**3,909**	**922,065**	1,116,771	3,909	1,120,680
Creditors Due Within one Year	**(289,818)**	**-**	**(289,818)**	(284,813)	-	(284,813)
	1,211,472	**3,909**	**1,215,381**	1,398,747	3,909	1,402,656

21. Analysis of Changes in Net Debt

	At 1 Janaury 2025 £	Cash Flows £	At 31 December 2025 £
Cash at Bank and in Hand	**940,724**	(183,997)	756,727

22. Balances Held as Agent

	At 1 January 2025 £	Funds Received £	Funds Paid £	At 31 December 2025 £
UK Critical Care Research Group	**28,076**	**46,850**	**(56,004)**	**18,922**

23. Pension commitments

The Society operates a defined contribution pension scheme. The assets of the scheme are held separately from those of the Society in an independently administered fund.

The pension cost recognised as an expense in the year was £37,244 (2024: £36,368). There were £4,538 of outstanding pension contributions payable to the fund at the balance sheet date (2024: £6,820).

24. Operating lease commitments

At 31 December 2025 the Society had commitments to make future minimum lease payments under non-cancellable operating leases as follows:	**2025 £**	2024 £
Not later than 1 year	**40,495**	40,495





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