



 intensive care |   
society  
proud to be the voice of critical care since 1970

# TRUSTEES' ANNUAL REPORT AND FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2019



**The ICS is very much a family connected by the passion and desire to support our patients and staff working in intensive care. Your contributions have been so important in enabling us to achieve our aims and values.**

**Thank you!”**

**Steve Mathieu**

# Intensive Care Society

## The Trustees' Annual Report and Financial Statements

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## “We are proud to represent you...”

In 2019 we started the first year of our journey towards implementing our new five-year strategy “Your Society – Our Strategy”. This was co-created with you, our intensive care community, through an extensive engagement process.

In 2019 the Society successfully implemented the second stage of our governance review and the establishment of a new and independent Trustee Board of eight trustees. Four of the trustees were elected from Council by Council, one was recruited as a recent member of Council. Importantly additional expertise is provided by the recruitment of three new independent lay trustees. We also revised our articles of association so that we could be a more responsive and modern charity, adapting more quickly to the needs of our beneficiaries.

An important highlight was the creation of a new Divisional Structure for Council designed to lead the operational delivery of the strategy. The new Divisional structure also led to the creation of five new Professional Advisory Groups reflecting the diverse membership of our Society.

During 2019 we completed a strategic review of our research activities and worked with our patients and relatives committee to co-create a new strategy for their activities and launched the Patients, Relatives and Public Advisory Group (PRPAG).

Our two ultrasound programmes merged and created the new world class Focused Ultrasound in Intensive Care (FUSIC) programme which was launched at our State of the Art Conference in December, 2019. This conference was once again a great success and the networking and educational highlight of the year for our intensive care community.

A key moment for the Society was the publication of the second edition of Guidelines for the Provision of Intensive Care Services (GPICS) along with the Faculty of Intensive Care Medicine. This set a benchmark for intensive care services in the UK and included a variety of subject matter experts from across the multi professional intensive care team.

Financially, the Society has maintained tight budgetary control. With a successful State of the Art Conference we ended the year on a positive note with a surplus of £54,194 before investment gains or losses.

During 2019, we devoted time towards preparing how we would celebrate our 50th anniversary during 2020, recognise the achievements of the intensive care community, and use it as an opportunity to educate and inform the public about the importance of intensive care.

Whilst this is our report for the year ending 31 December 2019, in these extraordinary times we must include some reference to the COVID-19 Pandemic as our intensive care community started to prepare to receive some COVID-19 patients as early as February, 2020.

The unprecedented size and scale of the pandemic presented us with many great challenges that we needed to address swiftly and positively. A very brief summary of what we achieved so far is set out on page 34-35 in this report, but we must also



**We want to thank everyone involved in the Society’s charitable activities including the staff and particularly the many 1,000’s of people who have donated their time, their expertise and/or their money to support our cause.”**





(L-R): Dr Ganesh Suntharalingam, ICS President & Dr Sandy Mather, ICS Chief Executive

remember that as we write this message we are still in the midst of the pandemic and we have little doubt there will be more to do. What is clear is the world will not look the same as before, for the intensive care professional community and in general life. Now more than ever before, we have a vital opportunity to support the lives of staff, patients, and relatives alike. We are confident the Society has pivoted its staff and resources to support our community and is committed towards pressing ahead with our core areas of work with more vigour than ever before.

We want to thank everyone involved in the Society's charitable activities including the staff and particularly the many 1,000s of people who have donated their time, their expertise and/or their money to support our cause. During the pandemic, our fundraising activities focused on wellbeing for our intensive care community, their education during and after the pandemic and their research. We will report next year about the impact this has had.

Next year's annual report will summarise our activities and impact during the breadth of 2020. We would like to take this opportunity to thank everyone involved in intensive care in the UK. You have been amazing during the pandemic and have done the very best that anyone could ask. We are proud to represent you.

Thank you and stay safe.

**Dr Ganesh Suntharalingam**  
President

**Dr Sandy Mather**  
Chief Executive

## Our purpose

The Intensive Care Society is the largest multi-professional intensive care membership organisation in the UK. Our members take care of the sickest patients in hospital and support their families. We are proud to be the voice of intensive care since 1970.

We are dedicated to supporting the delivery of the highest quality of intensive care. We listen to and support our members, their patients, and relatives through a growing range of channels. Our doors are open to medical, nursing, allied healthcare professionals and all professionals working in the field of Intensive Care across the UK and from around the world.

### The charitable objects of the Society are:

**“to advance and promote the care and safety of critically ill patients, by**

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

**To enable the Society to achieve our outcomes and make an impact we are guided by the following vision, mission, and values:**

#### OUR VISION

A world where every member of the multi-professional intensive care team has a voice and plays a part in research, education and standards development.

#### OUR MISSION

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

**Our three CORE VALUES are at the heart of the Society. They underpin who we are, what we do and how we do it:**

**Collaboration**

**Freedom of expression**

**Accept and respect**



## Our strategic priorities

“Your Society-Our Strategy” outlines our strategic priorities that have guided activities and this Trustees Annual Report in 2019. These are:

Your voice-our  
influence

Your region-our  
network

Your patients-  
our research  
based care

Your professional  
practice-our  
education



## A snapshot of 2019

Our activities are guided by **4** strategic priorities and delivered by **5** divisions: research, learning, standards, public affairs, and professional affairs. Some of the impact they have created in 2019 include:

Over **3000** members



were supported with education and knowledge sharing; research; standards and guidelines, platforms for their voice to be heard; networking and more support from a vibrant UK and international intensive care community.

**378** delegates attended **7** educational days held across the UK

for Wellbeing, Obstetrics, Medicine for Intensivists, Allied Health Professionals, Microbiology & Sepsis Day, Advanced Ultrasound and FICE & CUSIC. Knowledge was exchanged by **73** speakers for multi-disciplinary teams in London, Midlands, and the North West.

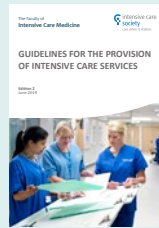


**1700** delegates shared knowledge and networked

during the **3-day** State of the Art 2019 conference in Birmingham.

**10** Consultations and **6** Guidelines

were produced by ICS and strategic collaborators during 2019.



**684** registrations were received for accreditation

in FICE and CUSIC during 2019. **282** completed FICE and CUSIC in 2019 supported by **29** mentors.

**£62,262** was raised by supporters

in donations to the Intensive Care Society who in doing so also helped to raise awareness of Intensive Care.



**27** open-access podcasts

were made available containing educational events, interviews, and presentations from the best in critical care.



**£54,033** was spent on grants

which went towards pump-priming ICU research including several awards.



**14** awardees

received **7** awards from the research division.

**251,485** downloads

For articles in the Journal of the Intensive Care Society (JICS). Members also received JICS **4** times during the year.





## How we demonstrate public benefit

The following sections demonstrate the public benefit of the Intensive Care Society and the impact we have made in 2019. The Trustees have considered the Charity Commission's guidance on public benefit when reviewing the charity's aims and objectives and in planning our future activities.

The Society considers its primary beneficiaries to be patients, relatives and loved ones of those experiencing intensive care and the multiprofessional intensive care team.

One of the challenges we faced as a charity before the 2020 COVID-19 pandemic was the public perception and awareness of intensive care. This report has been designed to demonstrate our impact and to inform the public and other beneficiaries and supporters about how the Society's work impacts intensive care treatment both in the UK and worldwide.



**Unprecedented times, and an incredible effort from the ICS team. Well done and thank you."**

**Stephen Webb**

Through this annual report, we aim to tell the story of some of our key areas of work in 2019 and how the Society strives to make a difference to the intensive care community. To demonstrate the public benefit of the Intensive Care Society and the impact we have made in 2019, we illustrate our story against our four strategic priorities (SP) and eight goals and via the operational delivery mechanism of the five new Divisions of Council.



## The impact of Strategic Priority 1: your voice – our influence

Formed in 2019, the Public Affairs Division acts as the collective voice of the ICS membership and wider UK intensive care community. The division helps to put a spotlight on the vibrant and diverse multi-professional membership of the Society and the wider intensive care community. This was an important year as the Society embarked on the journey towards raising our profile nationally.

### Your collective voice

The work of the Division is mapped across two goals: to act as the collective voice of our diverse multi-professional membership, and to increase our fundraising capacity and capability. The Division is working to raise awareness amongst the public and debunk mysteries about intensive care for the benefit of the public and policy makers and to support appropriate care for critically ill patients.

The inaugural chair of the Public Affairs Division is Hugh Montgomery.

### Highlights from Public Affairs

It was found that wellbeing of intensive care staff continues to be a top priority for members. The Society published research about burnout syndrome in UK intensive care unit staff, with data from all three burnout syndrome domains and across professional groups, genders and ages (Laura Vincent et al, 2019).<sup>1</sup> We found that approximately one third of staff are at high risk. This research has been viewed and downloaded 3,018 times from the Journal of the Intensive Care Society.

To start debunking the mysteries around intensive care, we made a strategic decision to co-produce a documentary series with the aim of telling the story of the multi-professional intensive care team and celebrating the work of this unseen but crucial part of the NHS. A key purpose of this is to raise awareness amongst the public and other professionals about what goes on behind closed doors in intensive care. We are delighted to have partnered with award winning production company, Docsville, with filming taking place in 2020 for broadcast in 2021.

Recognising the work of the intensive care community has been a priority, and the Society has been planning ways to celebrate them in conjunction with the Society's 50<sup>th</sup> year anniversary celebrations to build and raise awareness amongst the public of intensive care. As part of inspiring future generations, public affairs and professional affairs divisions began exploring new member pathways promoting intensive care as a career.



<sup>1</sup> <https://doi.org/10.1177/1751143719860391>



### Our Patients, Relatives and Public Advisory Group

The patients and relatives committee was created many years ago to ensure their views are included as part of the Society's activities.

A key highlight for the Intensive Care Society was the President's workshop with Patients and Relatives which was held on 4 November 2019 designed to co-create a strategy for patients, relatives, and public involvement in the Society's activities. This was informed by research and interviews which preceded it.

Following the workshop, a two-year strategy has been developed in line with the charity's over-arching 5-year Strategy which will guide the work of the Society with patients and relatives until 2021. The focus will be on making a strategic contribution to research activities, as well as ensuring that the patients' and relatives voice is heard through our public affairs work.



**20k**

by the end of 2019  
our **Twitter followers**  
had touched the  
**20k milestone**

### Digital Media

In 2019 the digital media team continued to sustain momentum in open access education with sharing learning through podcasts from State of the Art on our digital platform. It has been a promising year of testing where we have introduced new tools for our team to work collaboratively on social media.

The social media community continued to engage, and our Twitter impressions grew from **461k** in the first quarter to **524k** in the last quarter. By the end of 2019 our Twitter followers had touched the **20k** milestone.





We raised **£62,262** from donations in 2019

### Our Supporters

We are grateful to each and every supporter that made our year possible. Here we share just a few stories from 2019.

The voice of our supporters in 2019 has been critical for raising awareness of intensive care. They continue to inspire us and go the extra mile to help the Society to support the intensive care community and the patients they look after with the delivery of our essential guidance, education days and research. We are thankful to them for raising awareness from all their different experiences of intensive care, for their goodwill and generous contributions.

### Our Members

Our members come from a wide range of professions and they strive to advance intensive care and make a better tomorrow for our patients. By adding a completely optional donation on top of their membership, £43,353 was raised to help pump prime research activities.



A very happy Marco Giovannelli after completing the London Marathon 2019 for the Intensive Care Society

### Our Fundraisers

#### Celebrating memories

#### 13-year-old Ellie Rawcliffe fundraised in memory of her Aunty Juju

Because of the fantastic care her Aunty Juju received in intensive care, in 2019 the very brave Ellie Rawcliffe shaved her hair to fundraise for the Intensive Care Society. 13 critical supporters helped 13-year old Ellie raise awareness. She also exceeded her target raising 120% of her original goal for which we are extremely grateful.



Ellie Rawcliffe just after completing her fundraiser in memory of Aunty Juju in 2019



**Well done Ellie everyone is proud of you sweetheart. Ju will be beaming down on you xxx"**

Claire Carey



## Our Fundraisers

### Celebrating Intensive Care Professionals

#### Marco Giovannelli ran the London Marathon in 2019

An Anaesthetist and Intensive Care Professional, Marco represented and ran the London Marathon for the Intensive Care Society in 2019:



**Their excellent work continues to push forward the science behind the mystic of Intensive Care medicine and promotes education amongst the multidisciplinary team responsible for patient care. With limited National recognition, every penny donated will support the research studies currently underway whilst enabling funding for future projects to be developed. This work will continue to improve patient outcomes on Intensive care units and, for those who survive, their quality of life after discharge.”**

Marco exceeded his target by 124% and we are grateful to both him and his over 35 supporters for flying the flag for intensive care professionals as well as the Intensive Care Society during the London Marathon.

## Our Fundraisers

### Celebrating Survivors

#### Michael Cowie's birthday fundraiser

Michael survived to celebrate another birthday thanks to the important care he received in intensive care. To celebrate the occasion and his birthday, his family organised a fundraiser in 2019 to thank intensive care professionals. Together, the Cowie family and 18 supporters raised £150 and a lot of awareness.

“On 10 September 2018, our dad was rushed into the intensive care unit at The Royal Stoke university hospital with a life-threatening illness. The doctors acted fast that night and made the decision to intubate him to save his life for which we are eternally grateful.

Whilst dad was in a coma, we spent a lot of time chatting to the wonderful nurses at dad's bedside and we were surprised to learn how much all the vital equipment costs. Therefore, we would like to raise as much funds as we can towards intensive care research and to help towards saving other lives.

After 2 weeks in intensive care dad went on to a ward where he was to spend a further three and a half months. We are happy to say we got him home just in time for Christmas. Without that important care he received in those first 2 weeks dad may not have been here now to. We can never thank them enough.”



*Michael Cowie during his first outing two months after being back home after his time in intensive care in 2019*



**Such a deserving cause and wonderful staff who work in such demanding and emotional circumstances”**

**Sarah Bradley**

Our Fundraisers

**Celebrating Crucial Research**  
**Ian Fox Donated £1,000**

The Intensive Care Society has proudly assisted Directors of Research such as Professor Anthony Gordon to produce some of the most crucial critical care research in the UK. However, we have not done this alone, because without supporters this would not be possible.

In 2018 the publication of Professor Gordon's study - 'Levosimendan to prevent acute organ dysfunction in Sepsis: The LeoPARDS RCT' achieved publication in several international journals including the New England Journal of Medicine. Publications like this go on to shape behaviour and decision making in Intensive Care Units not only in the UK but Internationally. As more research is undertaken and more developments made, the treatment for diseases such as Sepsis are improving.



Royalties

In 2019 we gratefully received a £2,030 royalty from 'The Beginner's Guide to Intensive Care Medicine' authored by ICS Council Members Dr Nitin Arora and Dr Shondipon Laha.

Dr Graham Nimmo and Dr Mervyn Singer also continue to donate royalties from the 'ABC of Intensive Care' to the ICS which was published in 1999. This year, £79.31 was donated to ICS.

Industry

The Society and B. BRAUN have a great friendship going back years. In 2019, they continued to support us with a £15,000 donation to support our vital research activities.



The Trustees have considered the Charities (protection and social investment) Act 2016 so that our fundraising activities are in compliance, are not unreasonably persistent and do not apply undue pressure, particularly to vulnerable people, to donate to the Society. The Charity received no complaints in 2019.

## The impact of strategic priority 2: your region – our network

2019 was a milestone year as the Society took a practical and sustainable step towards improving the value, we provide to our multi-professional membership wherever they live and work.

### Our multi-professional membership

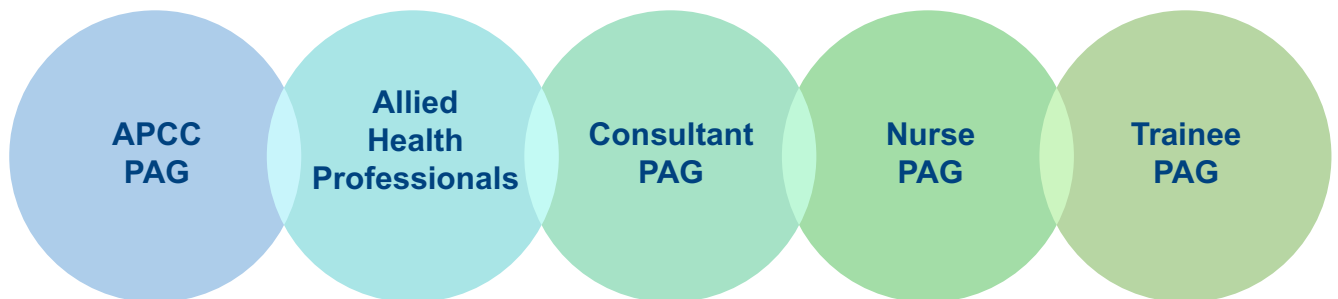
Under your region - our network sits our new Professional Affairs Division chaired by Gary Masterson (ICS Immediate Past President), followed by Stephen Webb (ICS Honorary Secretary). Created with the aim to support the development of UK and global practice across all areas of intensive care, and support regional connections and networks between the Society and the intensive care community.



*One of the very first Professional Affairs Division meetings in 2019 chaired by Gary Masterson, with the Chairs of each PAG and ICS staff.*

### The Professional Advisory Groups (PAGs)

In order to help the Society better understand the needs of the intensive care community and identify the areas which need our support, we launched five new Professional Affairs Groups (PAGs):



Our PAGs enable a platform to raise pertinent issues and voice the views of our multi-professional intensive care community, forging stronger links between the Society and our membership.

During 2019, each PAG has an average of six healthcare professionals and led by the following chairs:

- Richard Innes, Chair of Consultants PAG
- Jo-Anne Fowles, Chair of Nurses PAG
- Andrea Baldwin, Deputy Chair of Nurses PAG
- Simon Hayward, Chair of the Allied Health Professionals PAG

- Sarah Dyson, Deputy Chair of the Allied Health Professionals PAG
- Emma Parkin & Jane Dean, Co-chairs of the Advanced Practitioners in Critical Care PAG
- Aoife Abbey, Chair of the Trainee Committee.

We thank every member of our PAGs for their time and work over the last year.

In early 2020, the Society will launch a PAG for Pharmacists, and future PAGs for other groups will also be established.



## SECTION 2: OUR ACHIEVEMENTS AND IMPACT

In less than a year of operations the Professional Affairs Division raised pertinent issues that concerned their respective professional groups and brought them to Council to enable actions to be taken. These ranged from exploring ways to help standardize training for the authorisation of blood products, to examining why nurses are leaving intensive care, to concerns around ICM training to name just a few issues. They were also pivotal in developing the ICS Ambassadors scheme.

A highlight of 2019 was at State of the Art 2019 where a number of the Professional Affairs Groups who are running projects or working groups ran informative Sunrise Sessions. This ranged from 'The Power of Nurses', 'Critical Care Therapy Workforce Project', to 'an opportunity to discuss 'Priorities for the Legal and Ethical Advisory Group'.

### Recognising the intensive care community

The Intensive Care Society recognises that there are those practising intensive care medicine deserving of special recognition for their contributions to the specialty. In 2019 the Society recognised three members of the multi-professional community during State of the Art 2019 with special awards.

The ICS President's Award recognises a significant contribution to intensive care medicine in its' wider sense over a specific project or time period. The Society is pleased to have awarded Professor Kathryn Marie Rowan with the ICS President's Award 2019. Honorary memberships are considered for those who have made a sustained and significant contribution to the practice of intensive care medicine at national and/or international level over a sustained period. Dr Anna Batchelor and Mr Craig Brown both received Honorary Memberships in 2019.

This year we also implemented a recognition scheme for members who volunteer their expertise and time to help run the Society. This includes our Council members and those who are appointed as chairs of our committees.



(L-R) Prof. Kathryn Marie Rowan, Mr. Craig Brown and Dr. Anna Batchelor receiving their ICS Special Awards 2019.

### Membership numbers as at December 2019

<b>Consultants</b>	<b>1751</b>
<b>Trainees</b>	<b>687</b>
<b>Nurses</b>	<b>266</b>
<b>Allied Health Professionals</b>	<b>152</b>
<b>Specialty Doctors and Associate Specialists (SAS)</b>	<b>92</b>
<b>Students</b>	<b>35</b>
<b>Retired</b>	<b>41</b>
<b>Honorary Members</b>	<b>40</b>
<b>Distinguished</b>	<b>11</b>
<b>TOTAL</b>	<b>3075</b>



### Our Operations

As part of improving operations the Society has implemented an enhanced member value scheme and shared the statement to members in the newsletter, on the website and at the State of the Art annual conference.

We greatly value the contributions and opinions of members to the Society. In 2019 we conducted a review of the membership fee model and explored various models including the option of basing them on salary bands rather than a professional job title. Following this review, we decided to retain the current structure.

### ICS Ambassadors

The Division had been collaborating on how the Society can engage the public to facilitate outreach, share and raise awareness of events and activities; gather information and ensure the Society is truly reflecting the real needs of the professionals in intensive care through feedback.

The purpose of having ICS Ambassadors is to provide multi-way channels of communication into and out of intensive care units so that as a Society, we continuously develop our understanding of intensive care and are able to provide a strong platform for the voice of the diverse multi-professional intensive care community – Ambassadors are our link into the frontline of intensive care.

We are thankful to the Operational Delivery Networks for their support during 2019. Following discussion, research, a survey, and soft announcement at the Sunrise Session at State of the Art 2019 to significant interest, the ICS Ambassadors programme has plans to be piloted during ICS's 50<sup>th</sup> anniversary year.



*The ICS Ambassadors concept introduced to the audience during a Sunrise Session at State of the Art 2019*

### Our impact and knowledge exchange within the global critical care community

In 2019 we collaborated with a wide range of UK critical care societies to ensure relevant bodies are represented, engaged and to maximise our efforts to improve and promote intensive care services.

We have remained engaged and worked closely with the Scottish, Welsh and Northern Irish Intensive Care Societies as well as ICNARC, ICU Steps and FICM. We also worked collaboratively with relevant statutory organisations whose work has relevance for Intensive Care including NHS Blood and Transplant (NHSBT), Health Care Safety Investigation Bureau (HSIB), Medicines and Healthcare products Regulatory Agency, NICE and NHS England/Improvement. We remain engaged with European Society for Intensive Care Medicine (ESICM) who regularly attend State of the Art Conference.

We also remain engaged with our international partners, Network for Improving Critical care Systems and Training (NICST) who work in South and South East Asia to build capacity and support health systems strengthening. We have partnered with the NICST to support our joint efforts to raise the profile of intensive care. ICS Fellow 2018, Dr Madiha Hashmi continues her work with NICST having established the Pakistan Registry of Intensive Care. Abi Beane from NICST was our Gold Medal Award winner at State of the Art conference in December 2019 for her work: "Establishing Health Systems in Low- and Middle-Income Countries."

While our national work is well established, our work with global intensive care is relatively new. In 2020 we aim to be even more strategic, agile and impactful in our efforts to support the global intensive care community.

## The impact of Strategic Priority 3: your patients – our research-based care

Two of our key strengths to support members and the evidence-based care they provide their patients, continues to be the vital outputs from our research division and standards division.

### Our Research

The Research Division was formed by the merger of the Intensive Care Foundation and the Research Committee. This merger was the result of a strategic decision to unify the structure of the Intensive Care Society as the charity for all our activities.

We award grants pump-priming ICU research. In 2019 the Society gave grants totalling more than £54,000 including several awards. The Society's research award winners have gone on to attain millions of additional NIHR portfolio funding supported by our role as the voice of the intensive care community. The Journal of the Intensive Care Society (JICS) publishes original papers, reviews articles, critically appraised topics, and audits of interest to all those involved in caring for critically ill patients. Members also receive a quarterly copy of JICS.

### Research Division Activities and Strategy

The Society promotes and leads intensive care research. We recognise that research is a main driving force in improving care for patients and professionals in the UK and across the world. The Research Division is a multi-professional group focused on identifying, promoting and endorsing crucial research to improve quality of care and scientific advancements.



UKCCRG meeting in Leeds where we had a workshop about ICS and research

In 2019 the Society held the first Presidents Research Workshop with the aim of creating a future strategy for the Society's Research Division. The meeting was attended by intensive care professionals from a variety of professions and as well as collaborative stakeholders.

The Society and its collaborative partner the United Kingdom Critical Care Research Group (UKCCRG) also did a mapping exercise to inform the public and others about the structure of UK intensive care research.

### Supporting pivotal intensive care research

Our three Directors and two Deputy Directors of Research are some of the highest regarded professionals within intensive care research. Their role in the Society is to assist with all ICS grant awards and research but crucially their interconnected activities ensure the ICS has a known presence in a large variety of crucial external research organisations. In 2019 our Directors of Research produced a great amount of quality work which featured in some of the most renowned Medical Journals in the world.



## Our Journal of the Intensive Care Society (JICS)

Top 10 JICS downloads in 2019	
Topic	Authors
Is presumed consent an ethically acceptable way of obtaining organs for transplant?	Pradeep Kumar Prabhu
The Intensive Care Society recommended bundle of interventions for the prevention of ventilator-associated pneumonia	Thomas P Hellyer, Victoria Ewan, Peter Wilson, A John Simpson
Intensive Care Society State of the Art 2018 Abstracts	Various authors
Catheter-related thrombosis: A practical approach	Jecko Thachil, John Moore, Caroline Wall
Reflections on delirium - A patient's perspective	Roger M Garrett
Intensive Care Society State of the Art 2017 Abstracts	Various authors
The role of the pharmacist in the intensive care unit	Mark Borthwick
Normal saline versus Normosol™-R in sepsis resuscitation: A retrospective cohort study	Bradley L Icard, Mathab B Foroozesh, Robert D Loflin, Susanti R le, Dan C Smith, Ryan A Duffy, Allison N Tegge, Jonathan R Nogueira, Damon R Kuehl, Anthony L Loschner
Attempted Suicide by Hanging Case Report and Literature Review	Craig Morris, Mark Reid
12-Hour nursing shifts in intensive care: A service evaluation	Paul Temblett, Ceri Battle



**Total online  
downloads**  
**251,485**

**Total printed  
copies**  
**13,681**

**Total mailed to  
members**  
**12,757**



## Our Research Awards

Every year, the Society undertakes an awards programme with the aim of supporting a study or studies with a pump prime grant to progress their project. The Society's Research Division undertakes one of the most well-respected peer review and selection processes in the UK. Many recipients of these awards go on to attain further funding from large grant awarding bodies such as the NIHR and Wellcome Trust, we pride ourselves on our known reputation for trustworthy science. Our research award winners received their awards at State of the art 2019.



Mansoor Bangash & David Antoliffe receive their Research Prioritisation Exercise 2019 award



Chloe Meehan received the award for best Multi-Disciplinary Team (MDT) Diaries award presentation



Neil Roberts was awarded the 2019 Best ePoster presentation



Guy Parsons receives an award for Best Cauldron presentation



Abi Beane received the Gold Medal Award 2019



## ICS Research Prioritisation Exercise

The main award the ICS gave in 2019 was the ICS Research Prioritisation Exercise (RPE). Shortlisted applicants were asked to present their project at a workshop held at Churchill House which allowed members of the Research Division to offer advice to applicants. Following this a winner was chosen during the Research Prioritisation Exercise Workshop held during the State of the Art Conference in Birmingham. During this, shortlisted applicants presented their study and both the audience and members of the research division were invited to vote during the session to decide the winner.

This award offered a maximum of £50,000 for the winning applicant. Due to the level of high-quality submissions to this award and the audience feedback during the voting, it was decided that two applicants would receive up to £25,000 of the available funding.

## ICS Gold Medal Award

The ICS Gold Medal Award is an opportunity for new investigators to promote their work and gain valuable feedback on their projects. The winner of this award will be invited to join the ICS Research Division for a term of 1 year which assist them with highly valuable collaborative opportunities.

The ICS Gold Medal Award was presented during the State of the Art Conference in 2019. All finalists were given a complimentary registration to the conference and invited to the speakers' dinner to receive recognition and to provide opportunities for networking with national and international intensive care researchers. They also received up to £200 towards travel and accommodation to attend the conference.

Research Prioritisation Exercise 2019 Winners	
<b>David Antcliffe</b>	Interaction between gene-expression endotypes and corticosteroid effect in septic shock
<b>Mansoor Bangash</b>	Spironolactone for Survivors of Critical illness
Research Prioritisation Exercise 2019 Runners up	
<b>Jonathan Bannard Smith</b>	Small Volume Resuscitation and Supplementation with Hyperoncotic Albumin in Septic Shock (SWIPE-2)
<b>Bronwen Connolly</b>	The Use of Mucoactive Drugs for Critically Ill Patients with Acute Respiratory Failure in Intensive Care
<b>Valerie Page</b>	Improving Mental Health Outcomes in Family Members of Critically Ill Patients with Family Support and Engagement Intervention

Gold Medal Award 2019 winner	
<b>Abi Beane</b>	Establishing Health Systems in Low- and Middle-Income Countries
Gold Medal Award 2019 shortlisted candidates	
<b>Alasdair Jubb</b>	Understanding Stress-Driven Genomic Reprogramming and Its Consequences in Critical Illness
<b>Chris Smart</b>	A Novel Clinical Monitor Combining NADH Fluorescence and Tissue Haemoglobin Saturation to Assess the Adequacy of Tissue Perfusion
<b>Sarah Vollam</b>	The REFLECT Study: A Mixed-Methods Research Programme Investigating Care Following Intensive Care Discharge

## Other Awards

State of the Art 2019		
<b>Cauldron</b>	Guy Parsons	A Name Changer: The ICU
<b>Oral Platform Prize</b>	Clare Leon-Villapalos -	A Qualitative Exploration of Staff Perceptions of Safety and Missed Care in Adult Intensive Care (ICU)
<b>Best E-Poster Session</b>	Neil Roberts	What are the barriers and enablers towards implementing the sepsis six care bundle within NHS hospitals? BLISS-2 A multi-center study using the Theoretical Domains Framework
<b>Multi-Disciplinary Team (MDT) Diaries Session</b>	Chloe Meehan	8-Year-Old VV-ECMO Patient – Let’s Get Up
<b>Student Essay Award</b>	Jack Love	Intensive Care Medicine in 50 Years’ Time

## Our Standards and Guidelines

The Standards Division was created to lead on the development of standards and guidance which supports the Society’s central role in the professional governance of UK intensive care, representing the perspectives of ICS members of all professions, geography and unit type. Through the support of our members we were able to continue carrying out vital work in developing and publishing evidence-based guidance through the Standards and Guidelines Committee.

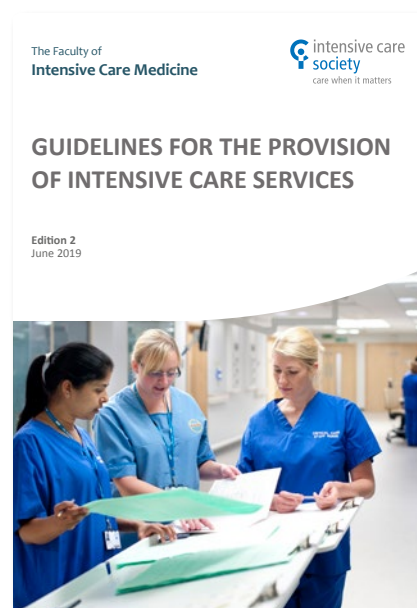
### Publication highlights

A key moment for the Standards Division was the publication of the second edition of Guidelines for the Provision of Intensive Care Services (GPICS) in June 2019 which we co-created with the Faculty of Intensive Care Medicine and the extensive intensive care community. This is one of the most important outputs for the Society as GPICS sets the benchmark for intensive care services in the UK. The revision and publication process were an immense undertaking led by Stephen Webb (Honorary Secretary) and co-chaired with Pete McNaughton (FICM nominee). In line with the society’s vision, we are proud that the development of these guidelines included a variety of subject matter experts from across the multi-professional intensive care team. This edition saw a rise from 19 to 27 endorsing and supporting



**The importance of GPICS cannot be underestimated, its role is to improve the standards of care that critically ill patients receive and to reduce geographical variation. In practical terms GPICS is written to assist and support units to develop their services to deliver the highest quality patient care”.**

ICS Honorary Secretary, Stephen Webb



organisations, covering the multi-professional intensive care community, interacting services, specialist societies and the devolved nations, solidifying the importance of GPICS and the essential framework it provides to all those working in intensive care within the UK. We have worked to develop a new audit toolkit to accompany GPICS Version 2, the aim of this resource is to help units carry out their own self assessments in light of their own priorities and where there may be areas for improvement. This resource will become available in 2020.

The publication of the Allied Health Professional's professional development framework in 2018 which represented Dietetics, Speech and Language Therapy, Physiotherapy and Occupational Therapy was a first of its kind. In 2019, the Society worked to help embed this framework and as a direct result we saw several profession specific competency frameworks begin to also be developed. In addition, we endorsed the development of a dietitian specific professional framework for those working in intensive care which was led by Ella Terblanche.

### Collaborative guidance projects

We embarked on some important collaborative guidance development projects in 2019 which included a collaboration with the National Outreach Forum (NORF) and the Critical Care National Nurses Leads (CC3N) to co-develop a National Competency Credential and Career Framework for Critical Care Outreach (3CO) Services.

Our collaboration with the Association of Anaesthetists also began which will see us develop guidance on emergency evacuations from ICU and theatres. As part of this process a successful multi-agency stakeholder workshop took place in June 2019. Many of these stakeholders have also agreed to take part in the writing process.

We also began working closely with NHS Blood and Transplant to develop guidance on perimortem interventions in organ donation. We convened a multi-professional stakeholder meeting in November 2019 to help refine the draft guidance and ensure any contentious issues had been considered. This guidance is increasingly important for the intensive care community as the Organ Donation (deemed consent) Act came into effect May 2020.



*ICS, CC3N and NORF workshop in Birmingham to develop critical care outreach competencies.*





10 CONSULTATIONS & 5 GUIDANCE DOCUMENTS PRODUCED IN 2019

**Intensive Care National Audit Project (ICNAP)**  
 – Proposal for the first project to audit insertion & complications of CVCs

**Human Tissue Authority (HTA)** - Consultation on guidance for organ and donation professionals

**World Brain Death Consensus Statement**

**Faculty of Intensive Care Medicine (FICM)** - Consultation on the draft Enhanced Care guidance

**Medicines and Healthcare products Regulatory Agency (MHRA)** – Consultation on humidifiers and low water level alarms

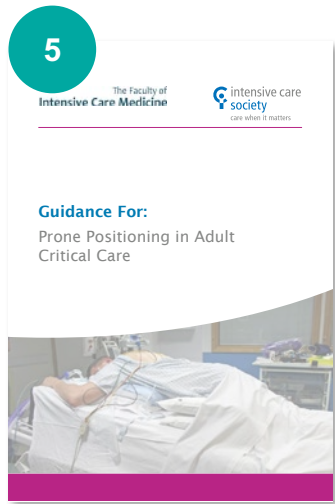
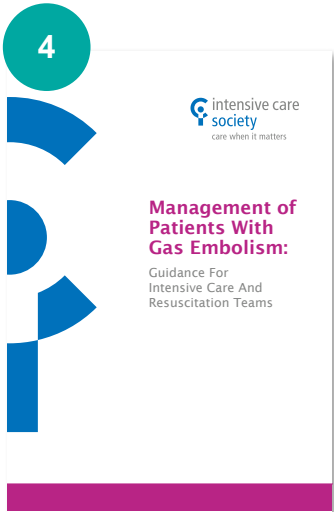
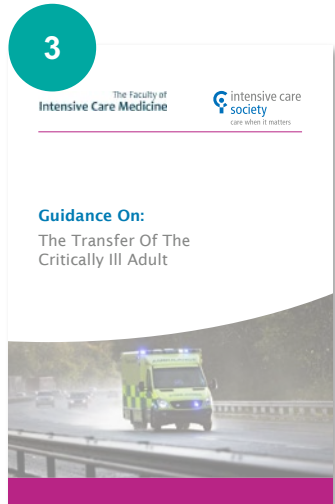
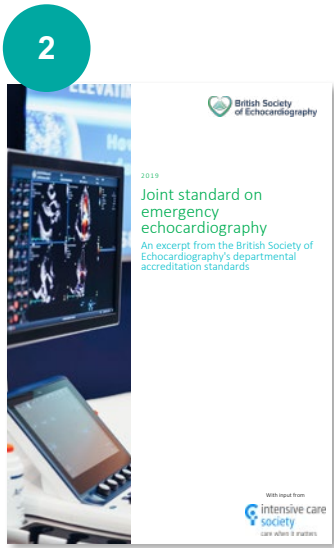
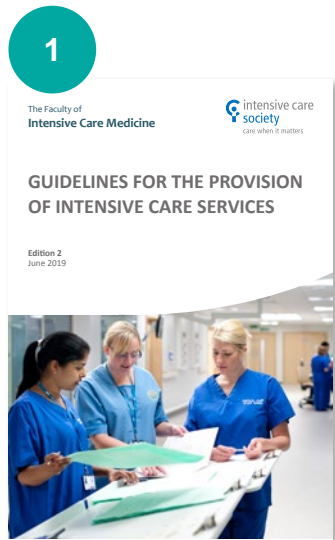
**National Institute for Healthcare Excellence (NICE) review** – Guidance on extracorporeal carbon dioxide removal for acute respiratory failure

**British Thoracic Society (BTS)** – Consultation on the quality standards for outpatient management of pulmonary embolism

**NHS England** – Consultation on Stroke Thrombectomy service for Acute Ischaemic Stroke

**National Institute for Healthcare Excellence (NICE) Medical Technology Evaluation** - Consultation on guidance: PneuX for preventing ventilator-associated pneumonia in intensive care.

**National Institute for Healthcare Excellence (NICE) review** – Guidance for surveillance of acutely ill adults





### UNDERSTANDING PSYCHOLOGICAL WELLBEING AT WORK

Wellbeing is the achievement of satisfaction in absence of sustained distress, with a sense of control, meaning, and purpose, and the ability to maintain good relationships. Psychological wellbeing in the workplace is multifaceted and influenced by individual differences (such as personality and coping style) but also work factors such as:

#### Work factors that can influence Psychological wellbeing



### HOW TO APPROACH SELF-CARE

Your health and wellbeing matter. In the context of working in a busy critical care unit the following may be helpful.

**Self-awareness is important**  
There will always be that one case that has a greater impact, often because there is something that you connect to. Be aware of the things that may bother you, and your own warning signs of stress.

#### General self-care

Take time for the things that bring you rest and joy.



#### Self-compassion and embrace uncertainty

Beware your own critical eye. Working in healthcare is hard and there are times when you will feel the nothing you can do, or you cannot control the situation. Be kind to yourself and your colleagues.

There are times when our psychological wellbeing is so challenged that self-care is not enough. If you are finding things difficult, consider talking to your line manager or someone you trust about the impact of your work. You may want a referral to your local employee wellbeing service.

Author: Dr Julie Highfield, Consultant Clinical Psychologist, Cardiff Critical Care

### IMPROVING OUR WORKPLACE

Critical care is a challenging environment to work in, however there are things that help reduce the emotional impact of the work. The following are ideas for your teams.



#### Creating space for the team to get together

Creating opportunities to discuss the impact of cases such as Reflective Rounds can help staff process the traumatic impact of the work. Safety huddles, simulation and quality and safety meetings allow a structured way of spending time together and learning more about each other. Informal spaces such as staff rooms and social events also help.

#### Design the working day well

The working day should be organised to balance demands but should also provide positive experiences with patients and families.



### MANAGING YOUR WELLBEING

Striking a balance between the positive factors and resources at work and the negative factors or demands at work isn't always easy. It is normal to have difficult days, but the following can help:

#### Effective "rollercoaster riding"

Some people describe working in critical care as an emotional rollercoaster, so ways to counter this are important. Remember to take your breaks. Create a few minutes to step away from the unit, take a breath and relax. Outside of work allow enough "down time" where you can switch off.



#### Acknowledge you are only human

The clinical work can provoke strong emotions. It is normal to feel overwhelmed, frustrated, or sad.

#### Space to reflect, share and beware avoidant coping strategies

We see a lot in critical care, and we need space to make sense of this. Keeping very busy, avoid discussing things, over-eating, and drinking to excess are coping strategies. Your support networks inside and out are good places to discuss the day.

There are times when our psychological wellbeing is so challenged that self-care is not enough. If you are finding things difficult, consider talking to your line manager or someone you trust about the impact of your work. You may want a referral to your local employee wellbeing service.

Author: Dr Julie Highfield, Consultant Clinical Psychologist, Cardiff Critical Care

### AM I OK?

- Do you regularly feel **DISCONNECTED** from the relationship of caring for the patient, family, and colleagues?
- Do you regularly feel **EMOTIONAL EXHAUSTION** - like you have nothing left to give?
- Do you regularly feel **A LACK OF FEELING OF ACCOMPLISHMENT** or feeling **INEFFECTIVE** in what you do?

If you answered YES to all three, consider talking to your line manager or someone you trust about the impact of your work. You may want a referral to your local employee wellbeing service.

Author: Dr Julie Highfield, Consultant Clinical Psychologist, Cardiff Critical Care



## Resources for standards

During 2019 the Society worked closely with Psychologists in Intensive Care (PINC-UK) and its co-chairs, Julie Highfield and Dorothy Wade, to develop a bank of wellbeing resources dedicated to intensive care staff. The poster series on better understanding and managing wellbeing was piloted at State of the Art 2019. The resources aim to improve our understanding of psychological wellbeing at work, the impact reduced wellbeing can have and what we can do in response. It prompts intensive care staff to consider ways to approach self-care; how to manage personal wellbeing; what we can do to improve our workplace and when to ask for help. These are available on a dedicated section of the website.

## Looking forward

2019 has been a positive and productive year for the Society's Standards Division. The division has been strategic, collaborative, and flexible in its work. As a result, most of our objectives have been met and the new objectives which were taken on mid-year are also progressing well. We are grateful to ICNARC for hosting the committee's meetings this year and look forward to seeing our new guidance development works including Levels of Care and Paediatric Transitions take shape in 2020.



Standards and Guidelines



Wellbeing resources

## The impact of strategic priority 4: your professional practice – our education

Throughout 2019 we continued to create a wealth of seminars, events and resources to educate and advance best practice for multi-professional teams across Intensive Care, empowering everyone with knowledge and information across a range of channels: from education days, to the annual State of the Art, our accreditation programme, and online resources.

### Our Education Days

Our Education programme in 2019 aimed to cater to the diverse multi-professional intensive care community. We welcomed our colleagues from other specialties to combine expertise from across the disciplines to educate and advance best practice across teams. 2019 saw the Society implement a new successful seminar strategy developed with our multi-professional seminar committee. This was focused on delivering events with quality content requested by and tailored to the needs of our community rather than quantity.



In **2019** we welcomed **378** delegates to **7** streamlined educational days.



They heard from **73** speakers who volunteered their time out of goodwill over the course of the year.



The group at the end of Allied Health Professionals Day 2019





**Really enjoyable day with great content and good variability. Well run and informative day."**

**Wellbeing Day 2019**



**All speakers were excellent and I sincerely thank them for taking the time out to host this event for us. The day was truly inspiring and I have taken so much from the day which I am keen to keep the momentum going within the workplace. Very inspirational people with very encouraging talks - found the day very interesting and felt engaged right until the end of the day."**

**Microbiology and Sepsis 2019**



**The acute rheumatology talk was exceptional, really brilliant. Excellent good value education."**

**Medicine for Intensivists 2019**



**Particularly impressed with the cardiology presentations. The work done in Scotland for a maternal critical care network is phenomenal! The education content in the morning was excellent. Very knowledgeable presenters who kept everyone's interests."**

**Obstetrics Day 2019**

**1700** UK and international delegates  
**5** concurrent streams daily  
**52** sessions held over 3 days

## State of the Art 2019

The annual State of the Art Conference is an opportunity for the global intensive care community and other colleagues to gather in the UK. It was our privilege to organise the State of the Art conference from 9-11 December 2019 in the vibrant City of Birmingham at the International Convention Centre.

State of the Art 2019 catered to a multi-professional audience at different stages of their career. The Society continued to implement actions to make State of the Art more efficient, interactive and engaging. The programme and format aimed at combining clinical relevance with scientific interest, breaking down traditional barriers between speakers and delegates. To do this, most of the sessions were in extended panel debate format, giving delegates time to reflect and participate, with opportunities to engage with speakers.

We improved our use of digital channels to engage audiences. Delegates this year were able to access a conference app to view the programme, speaker information, floor plan and ePosters, add sessions, create their own agenda and take notes. Thoughts and questions are an important part of the conference and the creative process, and we used a combination of traditional microphones, social media, as well as this year we incorporated the easy-to-use online polling system giving all delegates an equal opportunity to engage and ask questions.

Before the main day, we ran a very popular and engaging pre-conference FUSIC workshop which was also an opportunity to launch our new combined ultrasound accreditation.

We worked with (NHSBT) to run an interactive workstream. This helped to explain how to apply the changes to the organ donation legislation in clinical practice in an intensive care unit.

We continued our dream to deliver a 'conference without walls'. The Social Media team and delegates shared their insights from the day using the hashtag #ICSSOA, bloggers shared stories, and this year also saw the largest ever number and variety of e-posters.



*An interactive training with NHSBT to explain how to apply the changes to the organ donation legislation in clinical practice*



**The SOA app was very useful. I found it very helpful to plan what sessions to attend and the ability to take notes for each session was great.”**





Our Intensive Care Society village sat at the heart of the exhibition area providing the perfect place to come relax and network between sessions.

The village was not only full of the latest information about the Society and our plans for 2020, it also welcomed our Rehab and Therapy friends, the 'Rehab Legend team' and 'Pets as Therapy' (and yes, we were very excited that they brought their four legged friends), to join us.



**32.297M Impressions**



**10,894 Tweets**



**2,005 Participants**

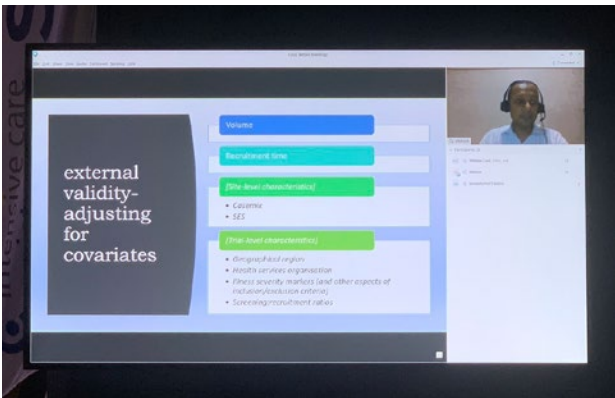
**76 Avg Tweets/Hour**

**5 Avg Tweets/Participant**

Industry partners are an integral part of State of the Art, coming to the event because it is a key UK gathering in the field, and they attend for an opportunity to meet professionals, get feedback and insights, shape developments and the future practice of intensive care.



## SECTION 2: OUR ACHIEVEMENTS AND IMPACT



**We added value to content and reduced carbon footprint this year by providing a platform for speakers from overseas to present online at State of the Art."**

### Creating Socially Responsible Events

We are taking steps to conduct events in a more socially responsible manner where possible. From starting with the buildings, we use for events. The ICC, Birmingham is committed to sustainability long term and is ISO 14001:2004 accredited for environment management systems. By working with the venue, we were able to ensure that food and waste was turned in to reusable energy with their on-site facilities.

As in previous years, State of the Art continues to be a family friendly Conference and whilst we provide a dedicated family room which we live stream to, we much prefer it when our families join in our sessions and so they get to the full experience. We don't like to see our family room go to waste and after SOA we donate elements to companies that could make good use out of them such as The Old Fire Stations Children's' Nursery, who welcomed our bean bags.



### Making State of the Art truly state-of-the-art in future

Every year we seek to learn and improve to make State of the Art truly 'state-of-the-art'. We take on board feedback from delegates and key takeaways for the Society that we will be working on for future conferences.

Our future conferences will include cutting edge technology to provide more virtual sessions with live streaming. Delegates from across the globe will be able to join us and interact with sessions and delegates without travelling to the UK.

This opens up access to more delegates from low and low middle-income countries and will enable us to access a wider pool of speakers to enhance our education offering. Importantly this meets our



ambitions for sustainability by reducing the need for some speakers to fly in to present, which further contributes to reducing our carbon footprint.



## SECTION 2: OUR ACHIEVEMENTS AND IMPACT

### Our accreditation programme for FICE and CUSIC (now FUSIC)

The Society's ultrasound training and accreditation programme continues to grow. 2019 was a ground-breaking year – not only did we see a record number of FICE registrations; we also launched the new Focused Ultrasound in Intensive Care (FUSIC) programme.

Ultrasound is a core component of the assessment of critically ill patients, and every relevant organ system should be examined together. In particular, the heart and lungs shouldn't be assessed in isolation because they are so interdependent.

In recognition of this, the Society merged FICE and CUSIC to produce one seamless training programme, known as Focused Ultrasound in Intensive Care (FUSIC).

We divided our existing ultrasound training into FUSIC modules (i.e. heart, lung, abdomen etc.), so that clinicians can now accredit individually, allowing them to build up their ultrasound skills in the way they feel is most relevant to their clinical practice. We anticipate that this will increase access to lung ultrasound, especially for clinicians, such as physiotherapists, who may not have previously done so.



**23 FICE  
Mentors**

**564 FICE  
Registrations**

**237 FICE  
Completions  
in 2019**

**6 CUSIC  
Mentors**

**120 CUSIC  
Registrations**

**45 CUSIC  
Completions  
in 2019**





(Photo courtesy David Hall)



Excellent faculty with brilliant knowledge really made the day stand out. Very useful workshop and great team. “

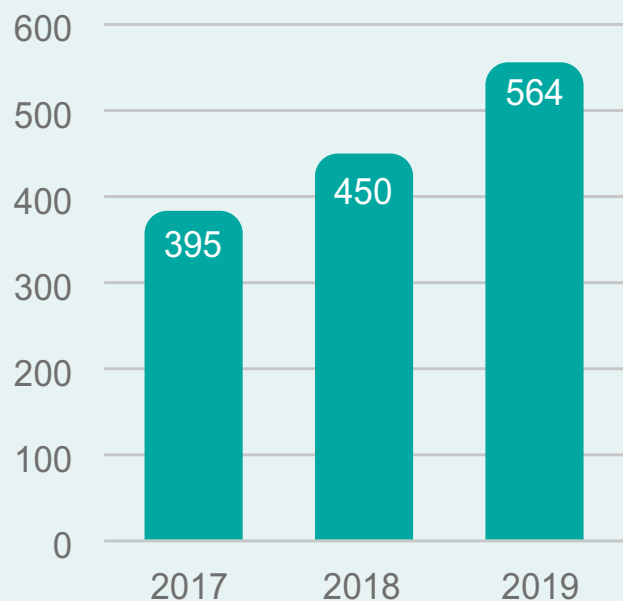
Advanced Ultrasound 2019 attendee

We officially launched the new FUSIC program in December at SOA 2019 along with an updated accreditation and assessment pack and an overhauled website that presents FUSIC in a coherent manner.

All details of the program, along with the assessment documents and FAQs, can be found at [www.ics.ac.uk](http://www.ics.ac.uk).

2020 will see the introduction of new FUSIC modules, such as Airway, Neuro, Haemodynamic and Trans Oesophageal Echo which will make FUSIC the most advanced focused intensive care ultrasound accreditation program in the world.

### Growth in FICE Registrations (2017-2019)



## COVID-19: A pivotal year for intensive care and The Society

At the beginning of 2020 very few people had heard of intensive care. Before COVID-19 about 1 in 6 people were admitted to intensive care during their lifetime, so they and their families would know what is involved in intensive care treatment. Therefore, a key part of our 2020 strategy was to engage in activities to educate and inform the public about intensive care: what it involves; what it can and can't achieve; the diversity of professions involved in delivering intensive care and also the challenges our professionals face with moral, ethical and legal dilemmas every day.

COVID-19 has changed this. We know that 1 in 11 patients with COVID-19 were admitted to intensive care and the pandemic has meant an increasing public awareness of intensive care, the equipment used; treatments available and the professional knowledge and expertise needed by intensive care staff to look after patients in their care. COVID-19 had led us to refocus our activities to support the intensive care community and to fundraise to deliver more activities to support them and make an even greater impact.

Next year's annual report will summarise our activities and impact during the breadth of 2020.



**With our membership on the frontline during COVID-19, the Society is raising more awareness about the importance of intensive care and the need for our national charity.”**

### The impact of COVID-19

The coronavirus pandemic has created unprecedented challenges for our membership, the intensive care and healthcare community at large, and of course patients and relatives. For the Society, it has meant a time of rapid change and adaptation for our people, operations and streams of work.

Our President, Honorary Officers, Council and Committee members that volunteer their time with us are on the frontline of the pandemic. As an organisation we have had to be mindful in our operations, our communications and ensure more than ever before that our work reflects the needs of all our beneficiaries. This includes: patients and their loved ones, policy makers, our members and the wider intensive care community of staff. Therefore, whilst in January 2020 we had outlined an Operational Implementation Plan for the year, due to the pandemic we adapted our plans and re-focused our resources to ensure we were able to support our beneficiaries during the COVID-19 pandemic.

Our Trustee Board (TB) met on 3 March 2020 and made the strategic decision to review the options with risks and financial and reputational consequences if we cancelled our annual State of the Art (SOA) Conference. The Trustees instructed the CEO to initiate negotiations with the venue to mitigate any financial losses in the event of a cancellation. The SOA conference is a pivotal part of the Society's activities and acts as the national three-day forum for knowledge exchange and education. The TB reconvened a week later on 10 March 2020 to consider all available information along with risks and with some sadness made a decision to cancel SOA 2020.

With our membership on the frontline during COVID-19, the Society is raising more awareness about the importance of intensive care and the need for our national charity. As part of our plans for 2020 we had established a new Public Affairs Division with a series of objectives, one of which was to raise the profile of the Society with the media and the public. Our aim was to highlight the talented multi-professional intensive care teams and what they



do daily. One of our other key objectives was to lead a national fundraising campaign as 2020 is our 50th year. The COVID-19 pandemic in March accelerated our fundraising plans and jettisoned the Intensive Care Society and intensive care into the public domain and it has become the nerve centre of saving lives. This pandemic has put our members, and all involved in intensive care under untold pressure.

We have also had to cancel other face to face one day educational events and have purchased digital software to run virtual learning events via webinars. We have provided these webinars for free to all staff working in intensive care during COVID-19 and have been able to fund the direct and indirect costs associated with them from the charitable donations received during our COVID-19 campaigns. These webinars help to inform, share explicit and tacit knowledge, and continue to engage the community in the longer term.

Other new workstream impacts include the ongoing production of COVID-19 specific guidance and resources. We have also been working on wellbeing initiatives including a wellbeing library.

As per Government rules, our staff have been working from home, and will continue to do so until it is safe to return. There are policies in place to facilitate a safe home working environment for staff.

Financially, as a result of COVID-19, 2020 will show a significant fall in income as State of the Art 2020 has been cancelled for this year as have all other educational events (at the time of writing the Trustees Annual Report), the net position however should not be impacted as expenditure will also be down, and the Society has been fundraising more actively.

### Looking forward

While we adapted our 2020 operational implementation plan due to COVID-19, looking forward for the remainder of 2020 we remain focussed on delivering the infrastructure changes we had planned to enable us to continue our journey of modernising the Society.

We are planning to complete our digital transformation programme and start moving our membership database to the cloud. We will also co-create the design and content for a new website with input from our Executive Committee, our Council and our Divisions. The website will be intrinsically linked to the membership database so that we have one source of truth for our data.

We will also continue on the governance journey to update our Articles, develop new rules and regulations which will be able to support a better democratic representation of our diverse membership. Our new Trustee Board will complete its first year of operation focussing on strategy, performance and assurance of the charity.



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

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

**Registered Name of Company:** The Intensive Care Society

**Company Number (England):** 02940178

**Charity Number (England and Wales):** 1039236

**Charity Number (Scotland):** SC040052

**Registered office:** Churchill House, 35 Red Lion Square, London, WC1R 4SG

### Trustees

Ganesh Suntharalingam	President and Chair from 11 December 2018
Stephen Webb	Honorary Secretary until 10 December, 2019 and then President elect
Steve Mathieu	Honorary Treasurer
Shondipon Laha	Honorary Secretary from 10 December 2019
Tony Whitehouse	Appointed 10 December 2019
Martin Cresswell	Appointed 10 December 2019
Stephen Posey	Appointed 10 December 2019
Sarah Anderson	Appointed 10 December 2019

### Council

**\*The following Council members were also Trustees until 10 December 2019**

Aoife Abbey	
Ashley Miller	
Hugh Montgomery*	
Jagtar Pooni*	
Laura Vincent*	
Nitin Arora	
Simon Hayward	
Sarah Dyson	
Stephen Wright	
Richard John Innes*	Resigned 10 December 2019
Gerald Robert Masterson*	Resigned 10 December 2019
Jeremy Groves*	Resigned 10 December 2019
Jeremy Bewley*	Re-elected 10 December 2019
Charlotte Summers	Elected 10 December 2019
Paul Dean	Elected 10 December 2019
Marlies Ostermann	Elected 10 December 2019

### Specialist Advisors

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

Daniel Martin	
Marcus Peck	
Andrew Bentley	Co-opted until 29 January 2019

**Patron:** Her Royal Highness, Princess Anne.

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

### Advisors

#### Independent Auditors

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

#### Bankers

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

#### Solicitors

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

## Our structure, governance & management



*Council and Divisions at the Annual General Meeting 2019. (L-R) Shondipon Laha, Steve Mathieu, Paul Dean, Simon Hayward, Marlies Ostermann, Jeremy Bewley, Jagtar Pooni, Laura Vincent, Hugh Montgomery, Stephen Wright, Ashley Miller, Marcus Peck, Daniel Martin, Aoife Abbey, Stephen Webb, Ganesh Suntharalingam, Sarah Dyson and Sandy Mather*

### New systems of engagement and new divisions in line with our strategy

2019 was an important year as we established new systems for engagement and an expanded council with new strategic partners invited to all five meetings during the year. This enabled us to work even more closely with our stakeholders to collaborate where appropriate to deliver the Society's charitable activities to more beneficiaries.

During 2019 we established five Divisions of Council, each chaired by an elected member of the Society working in collaboration with a dedicated member of staff. The Divisions were tasked with delivering objectives mapped against the priorities and goals described in the five-year strategy. These 51 objectives were set out in an operational implementation plan which was monitored monthly using a traffic light system of red, amber, and green.



**I am thrilled to be joining the ICS at this important and exciting time and believe the wide experience I have gained across the many and varied parts of the health service will enable me to make a positive contribution to the development of the Society."**

**Martin Cresswell, ICS Lay Trustee  
(appointed Dec 2019)**



(L-R) Martin Creswell, Sarah Anderson and Stephen Posey

### Our new Trustee Board

We implemented the second stage of a set of recommendations from our 2018 Task and Finish Group on Governance. This was to modernise the Society as a charity and establish a new Trustee Board, separate from the elected Council. This separation allows the elected clinical membership to work with ICS staff to focus on operational delivery of the strategy, while the Trustees focus on strategy, performance and assurance taking fiscal responsibility for the charity.

We worked closely with our lawyers and our elected Council to review our Articles of Association. Considering Council's feedback, we instructed our lawyers to draft a new set of Articles which reflect best practice in the Charity Sector and our specific needs as a membership organisation. The full membership was formally consulted, following which the articles were voted on and adopted at the Annual General Meeting (AGM) held at our State of the Art Conference in December 2019.

The new Articles established a Trustee Board (comprised of the Honorary Officers elected by the Council, three new lay Trustees and a previous Council member). We conducted a national campaign to recruit the lay trustees with specific expertise in: strategic NHS management, charity finance and governance and NHS marketing and public relations. The lay trustees started their induction with the Society during 2019 and each

attended a Council meeting in either September or November, where they met the previous trustees and elected council members and learnt about the strategy and operations of the Society.

All trustees then participated in a half day legal induction about their responsibilities in March 2020.

All newly elected council members (not trustees) received a separate induction before formally taking up their elected positions at the AGM in December. The lay trustees were recruited during 2019 and also formally took up their roles at the AGM in December 2019.



**I'm delighted to be joining the Intensive Care Society as a Lay Trustee. It's a very exciting time for the Society as it looks ahead to celebrating its 50th anniversary next year and continuing the valuable work it carries out within the profession of critical care."**

**Stephen Posey, ICS Lay Trustee  
(appointed Dec 2019)**



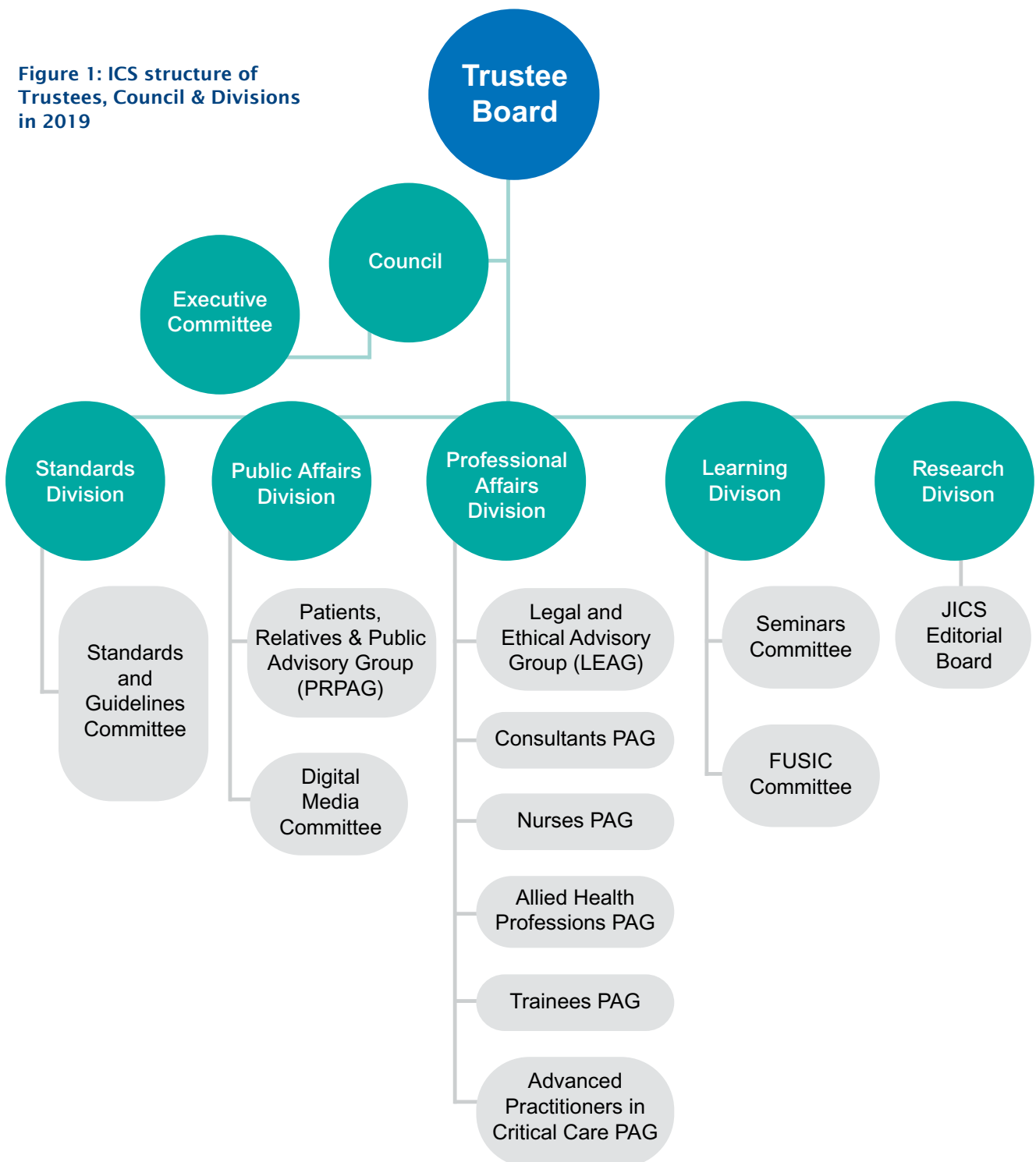
This new governance structure will allow us to be more agile and make decisions throughout the year and not just at the AGM, allowing us to reduce bureaucracy and focus on delivering our charitable objectives. Further work aligning our Regulations with the new articles will take place during 2020. Figure 1 illustrates an overview of the organisational structure of Trustees, Councils and Divisions in 2019.



**It is a privilege to join the Society. I am passionate about patient experience and rehabilitation in intensive care and I look forward to helping the Society be the best it can be in advancing the care of critically ill patients."**

**Sarah Anderson, ICS Lay Trustee (appointed Dec 2019)**

**Figure 1: ICS structure of Trustees, Council & Divisions in 2019**





All new members of the staff team were recruited for their alignment with the Society's values as much as for their competence and their commitment, the team developed and grew in capabilities during the year."

*The ICS staff team in 2019*

### Our Management

#### Executive Committee

The Executive Committee comprises of the Honorary Officers who are elected by the Council which itself is elected by the membership of the Society. During 2019 the elected Executive Committee comprised of the following:

- **President:** Dr Ganesh Suntharalingam
- **Immediate Past President:** Dr. Gary Masterson
- **Honorary Treasurer:** Dr. Steve Mathieu
- **Honorary Secretary:** Dr. Stephen Webb

#### Chief Executive, office-based staff, and volunteers

The Chief Executive has led on implementing one of the Society's critical enablers to deliver the strategy: governance and sustainability during 2019.

The governance changes have been described earlier, and the sustainability developments included recruiting and retaining a competent and motivated staff team and a collaborative culture. All new members of the team were recruited for their alignment with the Society's values as much as for their competence and their commitment, the team developed and grew in capabilities during the year. Collaboration is one of our core values and is key to the delivery of our charitable activities and all staff all had an objective in their performance development plans which focused on a deliverable requiring collaboration. Our Chief Executive is supported in managing the charity by contractors providing expertise in finance, audit, HR, legal, professional conference organisation, digital strategy, IT support, membership database support and publications.

Our CEO collaborated with counterparts at ICNARC and the Resuscitation Council to commission a third-party management training organisation to provide management training. This collaboration was both beneficial in building relationships between the three organisations as well as also enabling us to purchase a more cost-effective training package. The ICS staff were given development opportunities during the year linked to their personal development plans and operational implementation plan of the Society.

The Society recruited two Medical Fellows, following the successful piloting of the scheme the year before. This voluntary work was for an average of one day per week working with Council, committees, and staff on primarily our public affairs projects and preparation for our 50<sup>th</sup> celebrations in 2020. The recruitment and development of a dedicated staff team and medical fellows committed to the values of the Society and our charitable objects enabled the Society to pivot rapidly during the COVID-19 crisis in 2020 and do far more to support the intensive care community and make impactful contributions to patient care than we would otherwise have been able to do.

#### Our Digital Improvements

Our Digital Strategy Programme Board managed the implementation of new digital systems to modernise working to support a more agile and flexible workforce. This had the added benefit of reducing IT and telephony costs and reducing risk to the Society.

The first stage was to install a new high-speed fibre optic connection which was the basis for the entire



project. This enabled the complex upgrade project for the iMIS membership database to the latest version which is cloud enabled and will allow a smooth upgrade to iMIS Cloud in future.

We also managed a procurement exercise which led to a change in IT provider to upgrade our IT systems to Microsoft Office 365 – implementation of which was completed in January 2020. In addition to this we moved our bookkeeping package to QuickBooks online and bought this previously outsourced function inhouse. This saved costs and gave us improved financial reporting. Other plans on the horizon for 2020 also include refreshing the website ([www.ics.ac.uk](http://www.ics.ac.uk)) to improve user experience.

### Our Risk Management

The Executive Committee reviews the strategic risks to the Society regularly. All risks have a risk owner and mitigating actions in place which brings down the risk rating of all risks to some exposure but manageable. The Executive identified the following top three strategic risks for 2019:

- **Staff and sustainability risk** and impact of being unable to recruit or retain competent people who want to work to our charity's values.

The mitigating actions include reviewing the non-pay terms and conditions of staff. Ensuring all staff have objectives and development plans with opportunities to attend courses relevant to their role. Regular one to ones with their line managers and formal performance development reviews every six months.

- **Financial risk and impact of a “no-deal” BREXIT:** This includes loss of investment capital and income; loss of income from industry sponsors based in Europe; loss of international delegates at SOA and inability to exchange personal data effectively outside the UK; increased policy workload for small staff team.

The mitigating actions within our control include review of investments and liquidity of assets to continue operations within reserves policy. Close liaison with industry sponsors to confirm committed sponsorship during 2019. Review and monitoring of data collection streams and UK government guidance on data collection.

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

The mitigating actions to manage this included the re-vitalisation of the Standards and Guidelines Committee.

The Society has previously reported on the strategic risk to the Charity's finances by holding the State of the Art meeting at the end of the financial year. However, in the last three years it has either delivered a balanced budget or delivered a small surplus because the risk has been closely monitored by the Honorary Treasurer and Chief Executive and the delivery of the conference is outsourced to a Professional Conference Organiser. Therefore, this risk is well managed and is no longer identified as one of the top three risks to the Society though it remains on the strategic risk register and is monitored closely.



### Our Strategic Partners

We are working in partnership with likeminded organisations that are in the best interests of our beneficiaries and that meet our charitable objects and strategic vision. The Trustees have due regard to Charity Commission guidance on collaboration and consider all partnerships as opportunities to fulfil our charitable objects and deliver increased public benefit. In 2019 the following organisations were formally invited to become Strategic Partners of the Intensive Care Society and as such receive Council papers and an invitation to attend meetings. Due to the small size of some of our Strategic Partners, they have chosen to review papers and join Council meetings where there are matters they wish to discuss in person. We also collaborate with our strategic partners on outputs of interest to both our communities e.g. standards and guidance.

- Association of Cardiothoracic Anesthesia and Critical Care
- Association of Chartered Physiotherapists in Respiratory Care
- British Dietetic Association Critical Care Specialist Group
- Critical Care Medical Network Leads
- Faculty of Intensive Care Medicine (FICM)
- Intensive Care National Audit & Research Centre (ICNARC)
- National Critical Care Network - Directors Group
- National Critical Care Network - Medical Leads Group
- Network for Improving Critical Care System and Training (NICST)
- Northern Ireland Intensive Care Society
- Paediatric Intensive Care Society
- Psychologists in Critical Care-UK
- Specialist Critical Care Sub Section of the Royal College of Occupational Therapists
- Scottish Intensive Care Society
- Society of Critical Care Technologies
- UK Clinical Pharmacy Association
- UK Critical Care Nursing Alliance
- UK Critical Care Research Group (UKCCRG)
- Welsh Intensive Care Society

## Financial Review

In the Financial Year ended 31 December 2019 the Society demonstrated well managed control of cost to record a surplus of net income (before investment gains and losses) of £54,194 (2018-£3,850). This was bolstered by a gain in the value of investments held of £16,789 (2018 loss of £66,525) so the Society recorded an overall surplus of £70,983 (2018 – deficit of £62,675.)

### Income Diversity

The Society has income from a number of sources: membership subscriptions, conferences, seminars and accreditation and donations from members and from other individuals and organisations. However, the main reliable source of income, as in previous years, was subscriptions from members. This was consistent with last year at £585,040 (2018-£581,706). Registration fees and associated income from conferences and seminars remain an important part of the income of the Society and grew to £675,693 (2018-£621,383). Overall, the income for the Society was consistent with the previous year at £1,487,868 (2018- £1,476,707).

### Costs

The total costs of administering the Society were well controlled although there were some increases against 2018 as the activities of the Society have been expanded. There has also been a change in the governance structure including a new set of Articles of Association which incurred some one-off legal and professional fees. Overall, however there has been a reduction in expenditure from £1,463,897 in 2018 to £1,430,919.

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

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

annually and after adjustment for inflation approved by the Council.

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

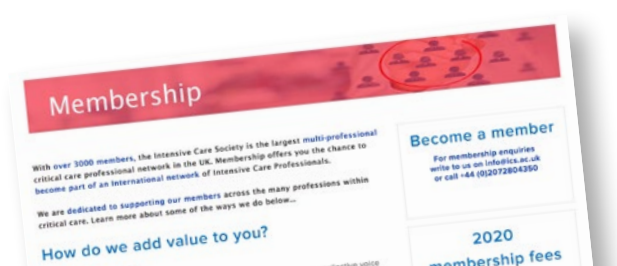
Donations provided the funding for our research.

We are grateful to BBraun for their continued support for our research activities. In 2019 they donated a generous gift of £15,000 to the Society.

All research related expenditure is reported as restricted fund expenditure. Spending on grants was £54,033 (2018 £52,726), with several awards.

The restricted fund balance stood at £22,602 at the end of the year (2018 £23,894).

The investment portfolio comprised mainly shares and investment trusts in line with the Society’s agreed ethical policy. The value of investments at the market prices ruling on 31 December, 2019 resulted in an upward revaluation in the value of investments. The investments represent funds held for the development of the Society’s activities in the medium to long term and have generated income over the year. Surplus cash is held on deposit. Due to the fluctuations in the market as a result of COVID-19 the market value of the Society’s investments fell, their value stood at £143,122 on 30 June 2020. The Society has no immediate requirement to use these investments.



**The main reliable source of income, as in previous years, was subscriptions from members. This was consistent with last year at £585,040 (2018-£581,706)."**

## Investment Powers and Policy

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

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

## Reserves Policy

The policy on reserves, represented by cash and invested funds, is to use these to support and develop the Society's long term activities. The Society has made use of reserves in recent years as it has implemented its reorganisation

plan. Unrestricted funds are held as cash on deposit or readily realisable investments to meet approximately three months operating expenditure and an amount to ensure that an unplanned loss on the annual conference can be absorbed without detriment to the activities of the Society. Cash deposits held include amounts set aside for research spending.

The unrestricted reserves of the Society are represented by the General Fund.

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





## Financial statements

The Trustees present this annual report together with the audited financial statements of the Society for the year 1 January 2019 to 31 December 2019. The Trustees confirm that the Annual Report and financial statements of the company comply with the current statutory requirements, the requirements of the company's governing document and the provisions of the Statement of Recommended Practice (SORP), applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019).

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

### Statement of trustees' responsibilities

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 judgments 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 are sufficient to show and explain the Society's transactions and 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.

### Statement of disclosure to auditors

In so far as the Trustees are aware:

- There is no relevant audit information of which the Society's auditors are unaware; and
- They have taken all the steps that they ought to have taken as Trustees in order to make themselves aware of any relevant audit information and to establish that the Society's auditors are aware of that information.



**Dr S Mathieu, Honorary Treasurer**

Date: 6/10/20

# Independent Auditors Report to the Members of the Intensive Care Society

## Opinion

We have audited the financial statements of The Intensive Care Society (the 'Society') for the year ended 31 December 2019 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 2019 and of its incoming resources and application of resources, including its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006.

## Basis for opinion

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

## Conclusions relating to going concern

- We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:
- the Trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the charitable company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

## Other information

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

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

We have nothing to report in this regard.

## Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Charities (Accounts and Reports) Regulations 2008 and the Charities Accounts (Scotland) Regulations 2006 (as amended) requires us to report to you if, in our opinion:

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

## Responsibilities of trustees

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

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

## Auditors' responsibilities for the audit of the financial statements

We have been appointed as auditor under section 144 of the Charities Act 2011 and section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and report in accordance with the Act and relevant regulations made or having effect thereunder.

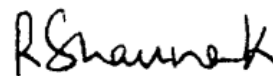
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole

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

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

## Use of our report

This report is made solely to the charitable company's trustees, as a body, in accordance with Part 4 of the Charities (Accounts and Reports) Regulations 2008 and 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 those matters we are required to state to them in an Auditors' Report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and its members, as a body, for our audit work, for this report, or for the opinions we have formed.



### MHA MacIntyre Hudson

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

Date: 12/10/2020

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



**STATEMENT OF FINANCIAL ACTIVITIES (INCORPORATING INCOME  
AND EXPENDITURE ACCOUNT)  
FOR THE YEAR ENDED 31 DECEMBER 2019**

	Note	Unrestricted funds 2019 £	Restricted funds 2019 £	Total funds 2019 £	Total funds 2018 £
<b>Income from:</b>					
Donations and subscriptions	4	585,040	62,262	647,302	654,490
Charitable activities	5	666,659	9,034	675,693	621,383
Other trading activities	6	143,265	-	143,265	180,500
Investments	7	13,431	-	13,431	8,287
Other income	8	8,165	12	8,177	12,047
<b>Total income</b>		<b>1,416,560</b>	<b>71,308</b>	<b>1,487,868</b>	<b>1,476,707</b>
<b>Expenditure on:</b>					
Raising funds	9	2,755	-	2,755	8,960
Charitable activities	10,11	1,358,319	72,600	1,430,919	1,463,897
<b>Total expenditure</b>		<b>1,361,074</b>	<b>72,600</b>	<b>1,433,674</b>	<b>1,472,857</b>
Net gains/(losses) on investments	18	16,789	-	16,789	(66,525)
<b>Net movement in funds</b>		<b>72,275</b>	<b>(1,292)</b>	<b>70,983</b>	<b>(62,675)</b>
<b>Reconciliation of funds:</b>					
Total funds brought forward		382,994	23,894	406,888	469,563
Net movement in funds		72,275	(1,292)	70,983	(62,675)
<b>Total funds carried forward</b>		<b>455,269</b>	<b>22,602</b>	<b>477,871</b>	<b>406,888</b>

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

The notes on pages 52 to 73 form part of these financial statements.

All income and expenditure derive from continuing activities.

## BALANCE SHEET AS AT 31 DECEMBER 2019

	Note	2019 £	2019 £	2018 £	2018 £
<b>Fixed assets</b>					
Tangible assets	17		379		5,354
Investments	18		248,825		228,922
			<u>249,204</u>		<u>234,276</u>
<b>Current assets</b>					
Debtors	19	135,800		146,242	
Cash at bank and in hand		423,255		403,514	
		<u>559,055</u>		<u>549,756</u>	
Creditors: amounts falling due within one year	20	(330,388)		(377,144)	
<b>Net current assets</b>			<u>228,667</u>		<u>172,612</u>
<b>Total net assets</b>			<u>477,871</u>		<u>406,888</u>
<b>Charity funds</b>					
Restricted funds	21		22,602		23,894
Unrestricted funds	21		455,269		382,994
<b>Total funds</b>			<u>477,871</u>		<u>406,888</u>

The entity was entitled to exemption from audit under section 477 of the Companies Act 2006.

The members have not required the entity to obtain an audit for the year in question in accordance with section 476 of the Companies Act 2006.

However, an audit is required in accordance with section 144 of the Charities Act 2011 and section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005.

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

**BALANCE SHEET (CONTINUED)**  
**AS AT 31 DECEMBER 2019**

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

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



.....  
**Dr S Mathieu, Honorary Treasurer**

Date: 6/10/20

The notes on pages 52 to 73 form part of these financial statements.



**STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED 31 DECEMBER 2019**

	Note	2019 £	2018 £
<b>Cash flows from operating activities</b>			
Net cash used in operating activities	23	9,424	120,454
<b>Cash flows from investing activities</b>			
Investment income		13,431	8,287
Proceeds from sale of investments		65,276	46,618
Purchase of investments		(68,390)	(46,735)
<b>Net cash provided by investing activities</b>		<b>10,317</b>	<b>8,170</b>
<b>Change in cash and cash equivalents in the year</b>		<b>19,741</b>	<b>128,624</b>
Cash and cash equivalents at the beginning of the year		403,514	274,890
<b>Cash and cash equivalents at the end of the year</b>	24	<b><u>423,255</u></b>	<b><u>403,514</u></b>

The notes on pages 52 to 73 form part of these financial statements

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2019

### 1. General information

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 Members of the Society are the Trustees named on page 40. In the event of the Society being wound up, the liability in respect of the guarantee is limited to £1 per Member of the Society.

The address of the registered office is given in the Society information on page 1 on these financial statements. The nature of the Society's operations and principal activities are listed in the Trustees Report.

### 2. Accounting policies

#### 2.1 Basis of preparation of financial statements

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

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

The financial statements are presented in pound sterling which is the functional currency of the Society and amounts are rounded to the nearest pound.

#### 2.2 Going concern

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

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2019

### 2. Accounting policies (continued)

#### 2.3 Income

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

The recognition of income from legacies is dependent on establishing entitlement, the probability of receipt and the ability to estimate with sufficient accuracy the amount receivable. Evidence of entitlement to a legacy exists when the Society has sufficient evidence that a gift has been left to them (through knowledge of the existence of a valid will and the death of the benefactor) and the executor is satisfied that the property in question will not be required to satisfy claims in the estate. Receipt of a legacy must be recognised when it is probable that it will be received and the fair value of the amount receivable, which will generally be the expected cash amount to be distributed to the Society, can be reliably measured.

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.

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.

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.

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

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

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.

#### 2.4 Expenditure

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



**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2019**

**2. Accounting policies (continued)**

**2.4 Expenditure (continued)**

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

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

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

**2.5 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.

**2.6 Tangible fixed assets and depreciation**

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

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

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

Depreciation is provided on the following basis:

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

**2.7 Investments**

Fixed asset investments are a form of financial instrument and are initially recognised at their transaction cost and subsequently measured at fair value at the Balance Sheet date, unless 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.

**2.8 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.

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2019

### 2. Accounting policies (continued)

#### 2.9 Cash at bank and in hand

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

#### 2.10 Liabilities and provisions

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

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

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

#### 2.11 Financial instruments

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

#### 2.12 Operating leases

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

#### 2.13 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.

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2019**

**2. Accounting policies (continued)**

**2.14 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.

**3. Critical accounting estimates and areas of judgment**

Estimates and judgments are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

Critical accounting estimates and assumptions:

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

The Society makes estimates and assumptions concerning the future. The resulting accounting estimates and assumptions will, by definition, seldom equal the related actual results. The 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 are discussed below.

Critical areas of judgment:

- Useful economic lives of assets
- Holiday pay accrual



## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2019

### 4. Income from donations and subscriptions

	<b>Unrestricted funds 2019 £</b>	<b>Restricted funds 2019 £</b>	<b>Total funds 2019 £</b>
Donations	-	62,262	<b>62,262</b>
Subscriptions	585,040	-	<b>585,040</b>
<b>Total 2019</b>	<u>585,040</u>	<u>62,262</u>	<u><b>647,302</b></u>
	<i>Unrestricted funds 2018 £</i>	<i>Restricted funds 2018 £</i>	<i>Total funds 2018 £</i>
Donations	5,301	67,483	72,784
Subscriptions	581,706	-	581,706
<i>Total 2018</i>	<u>587,007</u>	<u>67,483</u>	<u>654,490</u>

### 5. Income from charitable activities

	<b>Unrestricted funds 2019 £</b>	<b>Restricted funds 2019 £</b>	<b>Total funds 2019 £</b>
Meetings and Seminars	<u>666,659</u>	<u>9,034</u>	<u><b>675,693</b></u>
		<i>Unrestricted funds 2018 £</i>	<i>Total funds 2018 £</i>
Meetings and Seminars		<u>621,383</u>	<u>621,383</u>

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2019

### 6. Income from other trading activities

	Unrestricted funds 2019 £	Total funds 2019 £	Total funds 2018 £
Sponsorship and Industry Membership income	<u>143,265</u>	<u>143,265</u>	<u>180,500</u>
<i>Total 2018</i>			
	<u>180,500</u>	<u>180,500</u>	

### 7. Income from investments

	Unrestricted funds 2019 £	Total funds 2019 £
Dividends and interest	13,289	13,289
Bank interest receivable	142	142
<b>Total 2019</b>		
	<u>13,431</u>	<u>13,431</u>
	<i>Unrestricted funds 2018 £</i>	<i>Total funds 2018 £</i>
Dividends and interest	8,022	8,022
Bank interest receivable	265	265
<i>Total 2018</i>		
	<u>8,287</u>	<u>8,287</u>

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2019

### 8. Other income

	Unrestricted funds 2019 £	Restricted funds 2019 £	Total funds 2019 £
Advertising and royalty income	7,249	-	7,249
Other income	916	12	928
<b>Total 2019</b>	<u>8,165</u>	<u>12</u>	<u>8,177</u>
		<i>Unrestricted funds 2018 £</i>	<i>Total funds 2018 £</i>
Advertising and royalty income		<u>12,047</u>	<u>12,047</u>

### 9. Expenditure on raising funds

	Unrestricted funds 2019 £	Total funds 2019 £
Direct costs	472	472
Investment management fees	2,283	2,283
<b>Total 2019</b>	<u>2,755</u>	<u>2,755</u>
		<i>Unrestricted funds 2018 £</i>
Direct costs	5,797	5,797
Investment management fees	3,163	3,163
<b>Total 2018</b>	<u>8,960</u>	<u>8,960</u>

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2019

### 10. Analysis of expenditure on charitable activities - by fund

	Unrestricted funds 2019 £	Restricted funds 2019 £	Total funds 2019 £
Meetings and Seminars	822,096	4,333	<b>826,429</b>
Membership and Support Services	532,190	18,000	<b>550,190</b>
Research Projects	4,033	50,267	<b>54,300</b>
<b>Total 2019</b>	<u>1,358,319</u>	<u>72,600</u>	<u><b>1,430,919</b></u>
	<i>Unrestricted funds 2018 £</i>	<i>Restricted funds 2018 £</i>	<i>Total funds 2018 £</i>
Meetings and Seminars	900,680	5,431	906,111
Membership and Support Services	490,060	15,000	505,060
Research Projects	(2,629)	55,355	52,726
<i>Total 2018</i>	<u>1,388,111</u>	<u>75,786</u>	<u>1,463,897</u>

Expenditure on Charitable Activities has been analysed by reference to the nature and purpose of the expenditure. Membership, Standards and Support Services expenditure is principally directed to Strategic Priorities 1, 2 and 3 whilst Research Projects relate solely to Strategic Priority 3 and Meetings and Seminars to Strategic Priority 4.



## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2019

### 11. Analysis of expenditure on charitable activities - by type

	<b>Activities undertaken directly 2019 £</b>	<b>Grant funding of activities 2019 £</b>	<b>Support costs 2019 £</b>	<b>Total funds 2019 £</b>
Meetings and Seminars	689,228	-	137,201	<b>826,429</b>
Membership and Support Services	76,948	-	473,242	<b>550,190</b>
Research Projects	267	54,033	-	<b>54,300</b>
<b>Total 2019</b>	<u>766,443</u>	<u>54,033</u>	<u>610,443</u>	<u><b>1,430,919</b></u>

	<i>Activities undertaken directly 2018 £</i>	<i>Grant funding of activities 2018 £</i>	<i>Support costs 2018 £</i>	<i>Total funds 2018 £</i>
Meetings and Seminars	773,705	-	132,406	906,111
Membership and Support Services	85,983	-	419,077	505,060
Research Projects	-	52,726	-	52,726
<i>Total 2018</i>	<u>859,688</u>	<u>52,726</u>	<u>551,483</u>	<u>1,463,897</u>

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2019**

**11. Analysis of expenditure on charitable activities - by type (continued)****Analysis of support costs**

	<b>Meetings and Seminars 2019 £</b>	<b>Membership and Support Services 2019 £</b>	<b>Total funds 2019 £</b>
Staff costs	89,786	209,501	<b>299,287</b>
Depreciation	995	3,980	<b>4,975</b>
Premises costs	12,482	49,930	<b>62,412</b>
IT support costs	11,182	57,948	<b>69,130</b>
Communication and representation costs	4,306	17,224	<b>21,530</b>
Management and administration costs	4,221	16,883	<b>21,104</b>
Insurance costs	5,852	23,406	<b>29,258</b>
Legal and professional fees	719	2,876	<b>3,595</b>
Office costs	2,660	10,642	<b>13,302</b>
Governance costs	-	60,858	<b>60,858</b>
Other costs	948	3,794	<b>4,742</b>
Other staff costs	3,250	13,000	<b>16,250</b>
Irrecoverable VAT	800	3,200	<b>4,000</b>
<b>Total 2019</b>	<b>137,201</b>	<b>473,242</b>	<b>610,443</b>

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2019

### 11. Analysis of expenditure on charitable activities - by type (continued)

#### Analysis of support costs (continued)

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

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2019

### 12. Analysis of grants

	<b>Grants to Institutions 2019 £</b>	<b>Total funds 2019 £</b>
Research Projects	<u>54,033</u>	<u><b>54,033</b></u>

The Intensive Care Society funded research and incurred management and other costs in developing the Society's research activity. During the year, the Foundation awarded two grants for Research Prioritisation (2018 - two grants to New Investigators).

	<i>Grants to Institutions 2018 £</i>	<i>Total funds 2018 £</i>
Research Projects	<u>52,726</u>	<u>52,726</u>

### 13. Governance costs

	<b>2019 £</b>	<b>2018 £</b>
Council expenses	<b>25,151</b>	32,683
Elections, Annual Report and Meeting	<b>2,426</b>	2,836
Legal and professional fees	<b>18,706</b>	1,212
Auditors' remuneration	<b>8,456</b>	8,467
Standards	<b>6,119</b>	455
	<u><b>60,858</b></u>	<u>45,653</u>

### 14. Auditors' remuneration

	<b>2019 £</b>	<b>2018 £</b>
Fees payable to the Society's auditor for the audit of the Society's annual accounts	<u><b>8,456</b></u>	<u>8,467</u>



## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2019

### 15. Staff costs

	2019 £	2018 £
Wages and salaries	265,732	238,149
Social security costs	21,471	19,485
Pension costs	12,084	4,750
	<u>299,287</u>	<u>262,384</u>

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

	2019 No.	2018 No.
Projects, fundraising and management	<u>8</u>	<u>6</u>

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

	2019 No.	2018 No.
In the band £60,001 - £70,000	1	1

The total amount of employee benefits received by Key Management Personnel, including Employers National Insurance Contributions and Employers Pension Contributions, is £75,190 (2018 - £70,596). The Society considers its Key Management Personnel to be the Trustees and the Chief Executive.

### 16. Trustees' remuneration and expenses

During the year, no Trustees received any remuneration or other benefits (2018 - £NIL-).

During the year ended 31 December 2019, expenses totalling £5,096 were reimbursed or paid directly to 6 Trustees (2018 - £Nil). The amounts reimbursed were for travel expenses.

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2019

### 17. Tangible fixed assets

	Office equipment £	Computer equipment £	Other fixed assets £	Total £
<b>Cost or valuation</b>				
At 1 January 2019	35,404	6,720	162,787	204,911
At 31 December 2019	<u>35,404</u>	<u>6,720</u>	<u>162,787</u>	<u>204,911</u>
<b>Depreciation</b>				
At 1 January 2019	33,152	6,720	159,685	199,557
Charge for the year	1,873	-	3,102	4,975
At 31 December 2019	<u>35,025</u>	<u>6,720</u>	<u>162,787</u>	<u>204,532</u>
<b>Net book value</b>				
At 31 December 2019	<u><u>379</u></u>	<u><u>-</u></u>	<u><u>-</u></u>	<u><u>379</u></u>
At 31 December 2018	<u><u>2,252</u></u>	<u><u>-</u></u>	<u><u>3,102</u></u>	<u><u>5,354</u></u>

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2019

### 18. Fixed asset investments

	Listed investments £
<b>Cost or valuation</b>	
At 1 January 2019	228,922
Additions	68,390
Disposals	(65,276)
Revaluations	16,789
<b>At 31 December 2019</b>	<b><u>248,825</u></b>
 <b>Net book value</b>	
<b>At 31 December 2019</b>	<b>248,825</b>
<i>At 31 December 2018</i>	<u>228,922</u>

All fixed asset investments are held in the UK.

### 19. Debtors

	2019 £	2018 £
<b>Due within one year</b>		
Trade debtors	29,570	62,345
Other debtors	6,958	20,362
Prepayments and accrued income	99,272	63,535
	<b><u>135,800</u></b>	<b><u>146,242</u></b>

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2019

### 20. Creditors: Amounts falling due within one year

	2019 £	2018 £
Trade creditors	71,058	194,933
Other taxation and social security	-	3,400
Other creditors	165,504	330
Accruals and deferred income	93,826	178,481
	<u>330,388</u>	<u>377,144</u>

	2019 £	2018 £
<b>Deferred income</b>		
Deferred income at 1 January	12,065	12,954
Resources deferred during the year	6,770	12,065
Amounts released from previous periods	(12,065)	(12,954)
<b>Deferred income at 31 December</b>	<u>6,770</u>	<u>12,065</u>

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



## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2019

### 21. Statement of funds

#### Statement of funds - current year

	Balance at 1 January 2019 £	Income £	Expenditure £	Gains/ (Losses) £	Balance at 31 December 2019 £
<b>Unrestricted funds</b>					
<b>Designated funds</b>					
IT upgrade project	<u>25,000</u>	-	<u>(13,220)</u>	-	<u>11,780</u>
<b>General funds</b>					
General funds	<u>357,994</u>	<u>1,416,560</u>	<u>(1,347,854)</u>	<u>16,789</u>	<u>443,489</u>
<b>Total Unrestricted funds</b>	<u>382,994</u>	<u>1,416,560</u>	<u>(1,361,074)</u>	<u>16,789</u>	<u>455,269</u>
<b>Restricted funds</b>					
Research	11,894	62,274	(68,267)	-	5,901
Bennett Fund	5,909	-	(2,000)	-	3,909
UK Critical Care Research Group	6,091	9,034	(2,333)	-	12,792
	<u>23,894</u>	<u>71,308</u>	<u>(72,600)</u>	-	<u>22,602</u>
<b>Total of funds</b>	<u>406,888</u>	<u>1,487,868</u>	<u>(1,433,674)</u>	<u>16,789</u>	<u>477,871</u>

The IT Upgrade Project reflects funds designated for upgrading the software system.

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.

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.

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2019

### 21. Statement of funds (continued)

#### Statement of funds - prior year

	<i>Balance at 1 January 2018 £</i>	<i>Income £</i>	<i>Expenditure £</i>	<i>Transfers in/out £</i>	<i>Balance at 31 December 2018 £</i>
<b>Unrestricted funds</b>					
<b>Designated funds</b>					
IT upgrade project	-	-	-	25,000	25,000
<b>General funds</b>					
General funds	437,366	1,409,224	(1,397,071)	(66,525)	357,994
<b>Total Unrestricted funds</b>	<u>437,366</u>	<u>1,409,224</u>	<u>(1,397,071)</u>	<u>(41,525)</u>	<u>382,994</u>
<b>Restricted funds</b>					
Research	12,356	67,483	(67,945)	-	11,894
Bennett Fund	7,909	-	(2,000)	-	5,909
UK Critical Care Research Group	11,932	-	(5,841)	-	6,091
	<u>32,197</u>	<u>67,483</u>	<u>(75,786)</u>	<u>-</u>	<u>23,894</u>
<b>Total of funds</b>	<u><u>469,563</u></u>	<u><u>1,476,707</u></u>	<u><u>(1,472,857)</u></u>	<u><u>(41,525)</u></u>	<u><u>406,888</u></u>

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2019**

**22. Analysis of net assets between funds****Analysis of net assets between funds - current year**

	<b>Unrestricted funds 2019 £</b>	<b>Restricted funds 2019 £</b>	<b>Total funds 2019 £</b>
Tangible fixed assets	379	-	<b>379</b>
Fixed asset investments	248,825	-	<b>248,825</b>
Current assets	559,616	22,602	<b>582,218</b>
Creditors due within one year	(353,551)	-	<b>(353,551)</b>
<b>Total</b>	<u>455,269</u>	<u>22,602</u>	<u><b>477,871</b></u>

**Analysis of net assets between funds - prior year**

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

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2019

### 23. Reconciliation of net movement in funds to net cash flow from operating activities

	2019 £	2018 £
Net income for the year (as per Statement of Financial Activities)	<b>70,983</b>	(62,675)
<b>Adjustments for:</b>		
Depreciation charges	<b>4,975</b>	22,699
(Gains) / losses on investments	<b>(16,789)</b>	66,525
Investment income	<b>(13,431)</b>	(8,287)
(Increase) / decrease in debtors	<b>(12,721)</b>	68,093
(Decrease) / increase in creditors	<b>(23,593)</b>	34,099
<b>Net cash provided by operating activities</b>	<b><u>9,424</u></b>	<u>120,454</u>

### 24. Analysis of cash and cash equivalents

	2019 £	2018 £
Cash at bank and in hand	<b>423,255</b>	403,514
<b>Total cash and cash equivalents</b>	<b><u>423,255</u></b>	<u>403,514</u>

### 25. Analysis of Net Debt

	At 1 January 2019 £	Cash flows £	At 31 December 2019 £
Cash at bank and in hand	403,514	19,741	423,255
	<b><u>403,514</u></b>	<b><u>19,741</u></b>	<b><u>423,255</u></b>



## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2019

### 26. Pension commitments

The Society operates a defined contribution pension scheme. The assets of the scheme are held separately from those of the Society in an independently administered fund. The pension cost recognised as an expense in the year was £12,084 (2018 - £4,750). There were no outstanding pension contributions payable to the fund at the balance sheet date (2018 - £Nil). This is recognised within unrestricted funds.

### 27. Operating lease commitments

At 31 December 2019 the Society had commitments to make future minimum lease payments under non-cancellable operating leases as follows:

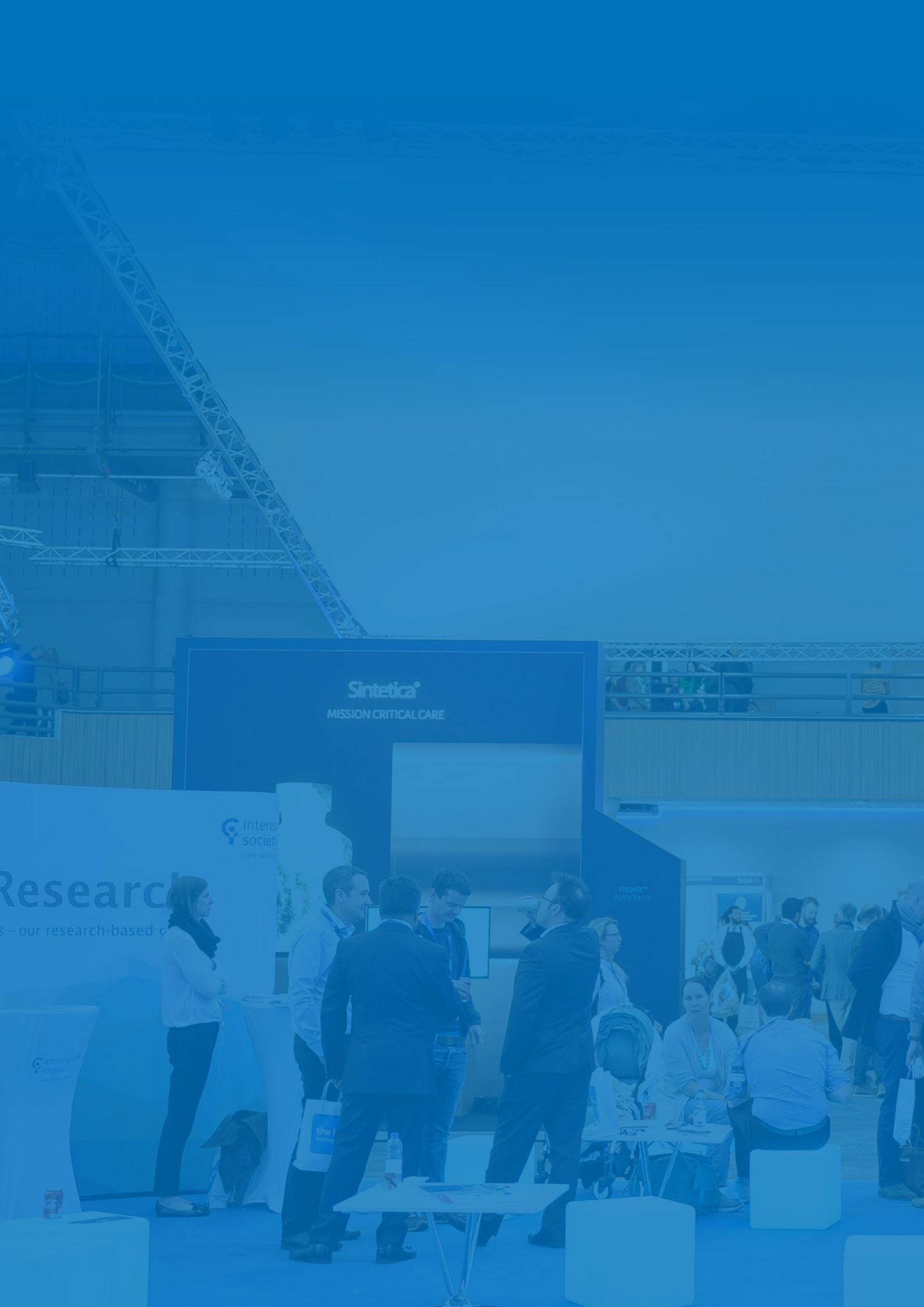
	2019 £	2018 £
Not later than 1 year	44,100	44,100
Later than 1 year and not later than 5 years	73,500	117,600
	<u>117,600</u>	<u>161,700</u>

### 28. Related party transactions

Trustee and Key Management Personnel transactions are detailed in Notes 15 and 16. Trustees also made donations totalling £2,220. There were no other related party transactions during the period (2018 - None).

### 29. Post balance sheet events

Due to fluctuations in the market as a result of Covid-19 the market value of the Society's investments fell; their value stood at £143,122 on the 30 June 2020. The Charity has no immediate requirement to use these investments. There have been no other post balance sheet events which would materially impact the financial statements as presented here.



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