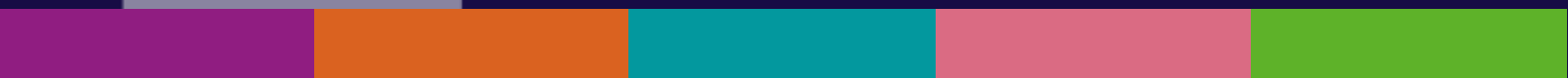




Trustees' Annual Report

For year ended 31 December 2022



We embed our charitable objects and our vision, mission and values in to all of our work, enabling us to achieve our outcomes and make an impact on our beneficiaries.

Our Charitable Object

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.

2

The promotion of study and research into critical care and the publication of the useful results of such study and research.

Our Values

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

Collaboration

We work with others to maximise our impact.

Freedom of Expression

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

Accept and Respect

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

Our Mission

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

Our Vision

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

Trustees Report

The Trustees of the Intensive Care Society (the "Society") who are also Directors of the company for the purposes of the Companies Act 2006, present their annual report on the affairs of the Society, together with the financial statements and auditor's report for the year ended 31 December 2022.

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

The Society is governed by its Memorandum and Articles of Association last amended on 21 April 2021

Each year the Trustee Board approves a costed operational implementation plan which maps against our strategy and the action plan set out in it for each year. The operational implementation plan is delivered via a divisional structure with an elected Council member as chair of each division collaborating with a named senior manager. Our strategy and annual operational implementation plan set out the Society's work under four Strategic Priorities (SP) supported by two critical enablers.

SP1 Your voice – our influence

SP2 Your region – our network

SP3 Your patients – our research-based care

SP4 Your professional practice – our education



A statement from our Chief Executive and President

2022 has been a year of change and growth. As we left the pandemic behind us, we saw intensive care begin to stabilise, allowing us to pause and reflect on next steps.

The most important aspect of this year was to continue supporting our community as they tried to make sense of what they had experienced and get back to a normal pace of work life. Thanks to the Covid Healthcare Support Appeal (CHSA) we launched our first fully funded executive Leadership Programme (LeaPI) for senior leaders across the professions in intensive care. Our Thriving at Work Project continued to provide support and see initiatives such as our CHSA funded 'Peer Support' training entering the second year. We also prepared for phase 2 of the GAINS study, run in collaboration with Wellcome Trust and a team of international researchers to establish if a brief cognitive intervention could reduce the number of intrusive memories in staff working in the pandemic.

With the establishment of our All-Party Parliamentary Group on Intensive Care, we were able to lay the groundwork to build on two key areas that needed immediate focus by the Government: workforce and rehabilitation.

Throughout the year, Parliamentarians heard from our multi-professional Council members and patients to help inform and educate them about intensive care.

We also moved into the 2nd year of our Immediate Climate Strategy and completed the complex financial move to a new investment management company and divested from fossil fuels.

Our strategic partnerships became stronger, solidified out of one unified goal of supporting intensive care during the pandemic. Collaboration is the first of our core values and is key to making sustainable change. This year we have continued to build these relationships across all areas of our work. We have also launched joint projects in ultrasound and guidance, as well as working more closely with NHSE and the devolved nations.

As with all work, data is key! It enables us to assess, grow and bridge gaps to make a better tomorrow. This year, we made a conscious effort to ensure we better understood our membership and wider community. We started this journey by embedding a new membership database and website. We also ran our equality, diversity and inclusion census which enabled us to deep dive into our community to help us better understand the needs of all those we represent.

As our workstreams and activities increased during the year, we needed to grow our staff team to enable us to deliver more for our beneficiaries.

This year has been another busy year and we thank all of volunteer Council, Trustees, Committees and working groups as well as our staff team members who continue to go above and beyond to support the intensive care community.

This year, saw the end of our five-year strategy and the rest of this report will outline the final successes from this roadmap that has served as a moral compass for the Society and helped us to become the organisation we are today.

As one good thing came to an end, another one can begin. At the end of 2022, we published our new Your Voice – Our Strategy 2023 – 2027.

Our new strategy was created and designed collaboratively to implement an ambitious vision to grow the Intensive Care Society. We want the strategy to enable us to deliver quality services and products that meet the changing needs of today's and tomorrow's members and our wider beneficiaries.

We continue to stay focused on delivering our charitable object throughout this strategy: to advance and promote the care and safety of critically ill patients. It is further underpinned by two new critical enablers of Equality, Diversity and Inclusion, and Governance, Financial Resilience and Environmental Sustainability.

We developed this strategy with the input of a wide range of interested parties and using a variety of engagement methods including workshops, focus groups, interviews and surveys.

We are a small organisation, and we rely on collaboration between staff and volunteers to enable us to deliver our activities. Together this enables the Society to punch well above our weight and support a wide range of activities to make an impact and advance and promote the care and safety of critically ill patients.

We are grateful to everyone for the time they have given to develop our strategy and we look forward to continuing to work with you as we deliver it together over the next five years. Thank you.

We launched our new strategy to the intensive care community at our Annual Members Meeting on the 6 December 2022.



Steve Mathieu
President
Intensive Care Society



Sandy Mather
Chief Executive
Intensive Care Society



Our 2023 – 2027 Vision

The Society's vision is a world where every member of the multi-professional intensive care team is able to deliver the best quality care for those who need it, when they need it.



Our 2023 – 2027 Mission

To be the voice of the multi-professional intensive care community, their patients and their loved ones and together to advance and promote the best quality care, safety and research.

Our Values

-  **Collaboration**
We work with others to maximise our impact
-  **Freedom of Expression**
We are bold in our actions and words and encourage diversity of views
-  **Accept and Respect**
We treat everyone with dignity and respect, and accept differences delivering our mission more effectively
-  **Quality**
We provide value by delivering services and products to a consistently high standard

Our Critical Enablers



Equality Diversity and Inclusion



Governance, Financial Resilience and Environmental Sustainability

Our New Strategic Priorities



Strategic Priority 1

Be an influential leader and the voice of our multi-professional intensive care community, their patients families and loved ones



Strategic Priority 2

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



Strategic Priority 3

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



Strategic Priority 4

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



Strategic Priority 5

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

Strategic Priority 1: Your voice – our influence

Goal 1: To act as the collective voice of our diverse multi-professional membership

Goal 2: To increase our fundraising capacity and capability

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

Public Affairs Division

Goal 1: To act as the collective voice of our diverse multi-professional membership

Action plan and KPI:

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

Achievements and results to demonstrate our impact and public benefit

Our All-Party Parliamentary Group on Intensive Care (APPG) continues to provide a platform to voice the concerns of the intensive care community, ICU patients and their loved ones, and the wider public to help inform and educate Parliamentarians in their understanding and decision making around intensive care.

Chaired by, Sir Gary Streeter MP, our APPG focused on two themes – patient rehabilitation needs and the critical care workforce.

Several APPG meetings were held throughout this year with multiple Society stakeholders and members attending to provide insights on what critical care is and the complexities and challenges faced around rehabilitation shortfalls and workforce issues.

It has been a challenging year across the political landscape which has impacted on the APPG's ability to garner support from MPs who would naturally be inclined to attend such meetings. However, the Chair remains committed to raising the profile of our APPG and we will continue to push forward our workforce strategic priority as outlined in our new 2023 strategy.

Action plan and KPI

Deliver the Intensive Care Society Awards

Achievements and results to demonstrate our impact and public benefit

2022 saw the Intensive Care Awards return for the third time. Our awards recognised the exceptional talent in critical care and celebrated the work undertaken to advance critical care.

This year, saw the addition of several new categories, covering Equality, Diversity and Inclusion, Sustainability, ICU of the Year, and Supporters of Intensive Care, providing even more opportunities to recognise the amazing work that goes on across the profession.



Intensive
Care
Society
Awards
2022

Action plan and KPI:

Deliver year two of the Society's Immediate Climate Strategy.

Achievements and results to demonstrate our impact and public benefit

In 2022, our Sustainability work continued to make progress towards achieving the goals set out in our Immediate Climate Strategy developed to help the us achieve the target of reducing our carbon footprint by 50% by 2030.

This year, the working group delivered work across several key areas;

Waste and pollution

Our Waste and Pollution workstream began to audit the waste and pollution created by patient care in ICU in order to catalogue hotspots and identify ways to make reductions. The project will be far reaching, and encompass waste created from all activities in critical care, including the pollution generated by the disposal of equipment and medications. This year, the focus has been on defining the scope of the project and undertaking preliminary research to identify the scale of waste and pollution generated by intensive care.

Critical Care Susnet

In May, we teamed up with the British Association of Critical Care Nurses to endorse the Centre for Sustainable Healthcare's Critical Care Sustainability Network (Susnet). Susnet is freely available to all those working or interested in critical care to share their sustainability projects, learnings, and ideas.

The use and disposal of PPE

The working group started a full literature review on the use of PPE to improve guidance on when and when not to wear PPE to reduce the amount of unnecessary usage in intensive care.

Education

Our Sustainability Education work stream laid the groundwork for a comprehensive education package for our members, covering all areas of sustainability in intensive care. They've undertaken extensive research in order to produce an engaging and informative package, which is expected to be delivered in early 2023. The package will be available to all members and supplemented by further education available to non-members as well.

UKHACC membership

As a member of the UK Health Alliance on Climate Change (UKHACC), we are working with our colleagues to drive change in the provision of UK healthcare to make our service provision more environmentally sustainable. This year, we have supported the Alliance in a number of campaigns calling for the climate crisis to be considered a health crisis, encouraging our members to show their support, and addressing government directly. Working with our peers on shared campaigns has helped amplify our voices to encourage real and lasting change.



KPIs to achieve by 2023

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

Our KPI results so far.....

Our collaborative policy work through our All-Party Parliamentary Group, policy development, standards and guidelines, research and media profile means we have been able to establish the Society as the “go to” organisation for evidence-based facts on critical care.

KPIs to achieve by 2023


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


Our KPI results so far.....


Achieved. Our social media channels have been brought to life since implementing our strategy. We achieved this by becoming more active across our channels, producing engaging posts and campaigns, introducing imagery and media, making sure the information we were sending out was relevant, and taking the time to actually talk to our followers.


All of our channels have seen huge growth, with Twitter being our biggest social media asset increasing from 16K to 36,669 followers by the end of 2022. In 2018, Facebook, LinkedIn and Facebook had a very low following, and we are pleased to see how these have continued to significantly grow year-on-year.


The introduction of social media campaigns has enabled us to get closer to our followers. During this year’s Intensive Care Week, we asked our followers to tweet pictures of themselves and their teams paint a story to the public of why they should work in intensive care. This saw 120K impressions across seven days, just our tweets alone, resulting in a 400% increase on the week before.





All of our accounts are officially verified.


36,699 followers


8,669 followers


13,629 followers


7,828 followers

Goal 2: To increase our fundraising capacity and capability

Action plan

Deliver a collaborative fundraising campaign with a like-minded organisation.

Achievements and results to demonstrate our impact and public benefit

Skiing Across Mountains for Intensive Care: Zermatt to Verbier

In 2022, we were contacted by a family member of a doctor working in intensive care during the pandemic to organise a fundraising challenge event to support the intensive care community. After seeing our Thriving at Work Project which provides wellbeing and psychological support to our community, they wanted to raise money to help sustain this work for another year.



This fundraising campaign was run in collaboration with another charity, Doctors in Distress.

The challenge

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

After several months of training, six intrepid skiers including three clinicians set off from Zermatt, crossing the Swiss Alps in a challenge designed mainly for the military to raise money for intensive care.

After a gruelling four days, the team arrived in Verbier and despite having their limits pushed, it was great to see them in good spirits and feeling invigorated.



THANK YOU!

**Gary and Debbie
Pittaway**

We would like to say a special thank you to Gary (who also took part in the challenge) and Debbie Pittaway for working with us. Also, to all of the team for their dedication to conquer this challenge and for fundraising to support intensive care .

£ 29,146.36

Donated to the
Intensive Care Society

This challenge returns in 2024 with applications to join the team open until August 2023 to be considered to be part of the team.

ics.ac.uk/fundraising

Action plan

Deliver a range of fundraising challenge events that cater to a range of donor interests.

Achievements and results to demonstrate our impact and public benefit

This year, we saw 15 intensive care professionals take on the London Landmarks Half Marathon, a central London event that has runners take on 13-mile route through the city of London and City of Westminster.

£ 5,000 raised



Action plan

Successfully apply for funding to support the Society's projects

Achievements and results to demonstrate our impact and public benefit

In 2022, we successfully received a grant for £72,000 to further support our Thrive at Work Project. Results of this work can be found on page 14.

We also received a grant from CHSA that enabled us to run our first Leadership Programme, LeaPI. See page 15 for more details.

We received a further £70,000 of unrestricted funding from IG Advisors to help support infrastructure and operational costs of the Society.



KPIs to achieve by 2023

One successful major appeal for £500,000

Our KPI results so far.....

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

KPIs to achieve by 2023

Annual recurring unrestricted fundraising income of £100,000

Our KPI results so far.....

In 2022, we received a total of £139,276 from public donations and challenge events.

Strategic Priority 2: Your region – our network

Goal 1: To improve the value we provide to our members wherever they live and work.

Goal 2: To increase our impact and knowledge exchange within the global critical care community

During 2022, we continued to deliver our Thriving at Work project which consisted of a blended package of wellbeing support, therapeutic interventions, written advice and guidance and educational webinars and podcasts, free of charge to our members. These activities were extensive and essential for the intensive care community, who as a collective, were feeling burnt out and still trying to make sense of the psychological impacts of working in the pandemic.

Professional Affairs Division

Goal 1: To improve the value we provide to our members wherever they live and work.

Action plan and KPIs

Raise the profile of each profession working in critical care through the newly elected Professional Advisory Groups (PAGs)

Achievements and results to demonstrate our impact and public benefit

Our Professional Advisory Groups (PAGs) play a vital role within the Society and provide a national voice for each of the professions in intensive care.

How they supported us in 2022:

- They spoke to parliamentarians through our All-Party Parliamentary Group on Intensive Care to educate and inform MPs on their professions
- They supported the creation of our standards and guidance
- They ran sessions at our annual Congress, State of the Art (SOA)
- They supported the design of our educational programme
- They supported our Council and their work streams
- They helped identify areas of our membership to develop to ensure that our members feel supported no matter what their profession is

Action plan and KPIs

Deliver phase 1 of the GAINS Research Project



Achievements and results to demonstrate our impact and public benefit

In collaboration with a team of researchers, we launched a research study looking to see if a brief online intervention can help reduce the level of intrusive memories critical care professional may be experiencing as a result of working in the pandemic.

This is the largest psychological clinical trial to have ever been conducted. Phase one has been completed, with phase two planned to start in January 2023.

Action plan and KPIs

Deliver the Thriving at Work Project. A national programme focused on supporting, training and educating intensive care professionals to provide the tools they need to support not only themselves, but their colleagues as well.



Funded by a CHSA grant.

Achievements and results to demonstrate our impact and public benefit

23,949

Touch points with critical care professionals in 2022



106 peer supporters trained in 2022



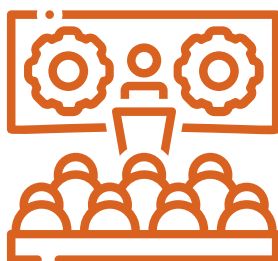
13 webinars with a total of 13,328 views



2,250 blog reads



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



586 people have completed at least one of our psychoeducation workshops tailored specifically for intensive care professionals



2,769 Podcast listens

Action plan and KPIs

Deliver a newly designed leadership programme (LeaPI) for critical care professions.

Achievements and results to demonstrate our impact and public benefit

In 2022, we were delighted to welcome our first leadership programme cohort, LeaPI.

During the pandemic we saw our workforce show exceptional leadership. However, we have also seen an exodus of staff taking with them a wealth of knowledge garnered over years of working in critical care.

We whole heartedly believe that all professionals working in intensive care should be given the opportunity to advance and thrive in their career.

Investing in staff only makes the workforce stronger, makes them feel more valued and, enables better patient outcomes. With that in mind, we developed a robust leadership programme tailored to critical care that would provide a unique development opportunity for our community.

LeaP format

14 Modules



Senior NHS and expert industry speakers



Degree leadership assessment

9 Months



1:1 leadership coaching sessions



Senior leader networking

We received 59 applications for one of the 15 spaces available. However, due to the calibre of applications we increased this to 18. All applications were shortlisted by using an anonymised shortlisting method to ensure a fair and open process.

LeaPI was a truly multi-professional cohort consisting of doctors, specialty doctors advanced critical care practitioners, pharmacists, physiotherapists, speech and language therapists and a dietitians.

Lack of confidence and imposter syndrome is part of who I am, but this course has really helped with both of these and with additional knowledge my self-confidence has massively increased and this has helped me so much as a leader

This has not only helped shape my role as a leader, but it has given me a significant amount of skills that I hope to keep improving on throughout my leadership journey. I have enjoyed what I have learnt and this support has been paramount in my learning

Action plan and KPIs

Conduct a nationwide Equality, Diversity and Inclusion (EDI) census to help better understand the intensive care community and identify areas of work to focus on.

Achievements and results to demonstrate our impact and public benefit

We launched our Equality, Diversity and Inclusion Group, comprised of 15 individuals committed to improving visibility, better understanding, education and implementing, sustainable improvements to encourage better experiences for our community and those joining it.



However, the Society recognised that in order to use our national influence to support and lead strategies which promote EDI in the workforce, we needed more data in order to better understand the intensive care community and their needs.

In order to obtain this information, we devised a anonymised EDI census covering each of the protected characteristics as outlined in the Equalities Act 2010.

The census had good coverage across all areas of professionals working in intensive care and the findings have enabled us to begin work on building a robust EDI strategy, due to be launched in 2023.

Action plan and KPIs

Deliver a series of webinars, podcasts and education in equality, diversity and inclusion

Achievements and results to demonstrate our impact and public benefit

This year, our newly formed Equality Diversity and Inclusion Group (EDI) delivered multiple campaigns to raise the profile of EDI.

Black History Month

To celebrate BHM and its theme, Time for Change: Actions not Words, our EDI group ran a podcast talking to their colleagues about promoting change within the Society and addressing the issues faced/needs of black people within the speciality.

LGBTQ+

In recognition of LGBTQ+ History Month, our EDI members talked to their colleagues about their experiences as LGBTQ+ doctors working in anaesthesia and critical care.



Action plan and KPIs

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

Achievements and results to demonstrate our impact and public benefit

This year saw the delivery of a digital transformation project to replace our old membership database and website with a better and more efficient system.

Our old system was not fit for purpose and made it hard for our members finding the information they needed.

After six months of hard work, we were pleased to launch our new systems which has enabled us to better serve our members. Our website alone has seen an increase in users staying longer on our web pages and seen a reduction in bounce rates.

We have phase 2 planned for 2023 whereby we will be looking to take the learnings from having used the system and over the past few months to make it even better.



957,063
Website views



9.8%
Bounce rate -
(44.9% in 2021)
meaning more people
interacted with the
page



18%
Page exits -
(25.5% in 2021)
meaning users visiting
other pages on our site
due to better content

Strategic Priority 3: Your patients – our research-based care

Goal 1: To be a global leader in critical care research

Goal 2: To expand the Society's role in standards development

Research Division

The strategic priorities for our Research Division continue to have clear alignment with our charitable objects and delivering the most public benefit. Led by our Directors of Research, our research grant giving programme is entirely funded by donations.

This vital work enables investigators to explore intensive care more deeply to better understand diseases, medicines and treatments to help improve patient outcomes. It also enables us to support and develop the next generation of clinical investigators in intensive care.

Standards Division

The Society's Standards Division leads the multi-professional clinical input to the development, endorsement and production of professional guidance, standards, clinical and service guidelines across the UK.

Goal 1: To be a global leader in critical care research

Action plan and KPIs

Support a multi – professional trial involving all specialties in the research so that everyone on the unit understands what research is ongoing.



Our Directors of Research remain involved in over 95% of the intensive care clinical trials across the UK.

Achievements and results to demonstrate our impact and public benefit

Since 2016, we have issued £329,735 in grants to new researchers. Our grants help support investigators start new research studies in critical care and go on to obtain larger funding bids. All of our awards are open to all professions working within intensive care.

Research prioritisation Exercise

This year, a recipient was awarded £50,000 in our Research Prioritisation Exercise for their study looking in to Airway Pressure Release Ventilation (APRV) vs conventional lung protective ventilation for patients with moderate to severe acute hypoxemic respiratory failure.

Intensive Care Society and NIHR Award

This year we also teamed up with the National Institute for Health and Care Research (NIHR) to offer two awards of £2K each to recognise outstanding contributions to clinical research.

We presented these awards to two nurses.

Action plan and KPIs

Launch the Journal of the Intensive Care Society (JICS) in digital form in line with our sustainability strategy.

Achievements and results to demonstrate our impact and public benefit

Our Journal has gone green!

Following on from our commitment to reduce our carbon footprint by 50% by 2030, we accomplished the first of our milestones by transforming our journal into a fully digitised format.

With JICS being fully digital, it also enables us to increase the number of articles in each edition and reduce the time between submission and publication.



200,000
Visits



402,089
Article
downloads



75
Articles
published

Goal 2: To expand the Society's role in standards development.

Action plan and KPIs

Collaborate with the Faculty of Intensive Care Medicine (FICM) to launch GPICS V2.1 and begin planning for a complete update for GPICS Version 3.

Achievements and results to demonstrate our impact and public benefit

Together with the Faculty of Intensive Care Medicine, we launched GPICS Version 2.1 in 2022, building on the previous publication and to encompass learnings from the pandemic, subsequent emerging literature and changes in practice or opinion.

Preliminary work to establish the working group for GPICS Version 3 has started. Role profiles have been established for section editors and a dedicated equality and diversity lead. Recruitment will happen early in 2023.

GPICS remains the only definitive source of planning, commissioning, delivering and quality improvement of adult critical care services across the UK.

Action plan and KPIs

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

Achievements and results to demonstrate our impact and public benefit

Our Standards and Guidelines Division has worked hard in 2022 to publish several guidance documents to support critical care and enhance patient care.

This year we published guidance for:

- Paediatric to Adult Critical Care Transition (Mar 2022)
- Donations Action Framework (Jun 2022)
- GPICS V2.1 (July 2022)
- The Transfer of Critically Ill Adults to an Outdoor Space During End-of-Life Care (Aug 2022)
- The use of Central Venous Catheters (Aug 2022)
- Cardiogenic Shock: Shock to Survival (Oct 2022)
- Integrated Practitioner Psychologists in Intensive Care (Oct 2022) Acute Medicine Enhanced Care (Nov 2022)

Consultations: we were a part of:

- The use of an appropriate flush fluid with arterial line
- Protocol for the use of CT angiography as an ancillary investigation
- BSH guidance on thrombotic thrombocytopenic purpura & thrombotic microangiopathies
- PRSB's Palliative and End of Life Care Information Standard
- Prevention of Unrecognised Oesophageal Intubation Awake prone positioning in acute hypoxemic respiratory failure

Action plan and KPIs

Through the Society's National Rehab Collaborative, increase the profile of the critical care rehab and the essential role it plays both on and off the ICU.

Achievements and results to demonstrate our impact and public benefit

Our National Rehab Collaborative (NRC), formed during the COVID-19 pandemic, continued to support our work across guidance, policy and identifying key rehab priorities to focus on.

NCEPOD study application

In 2022, we submitted an NCEPOD application to be considered for a study to be conducted on rehabilitation and recovery after critical illness.

Following the 2009 National Institute for Health and Care Excellence (NICE) guidance on rehabilitation strategies for adults who have experienced a critical illness and stayed in critical care to improve physical, psychological and cognitive outcomes in people who have been discharged from critical care (1), there has been no national only limited local investment in managing the aftermath of complex critical illness.

Our NCEPOD application to identify the key underlying factors associated with poorer outcomes and to provide robust recommendations for future critical care rehabilitation services was successful and is currently in design phase with data collection beginning in Summer/Autumn 2023.(2)

1. <https://www.nice.org.uk/guidance/cg83>

2. <https://www.ncepod.org.uk/ICURehab.html>

Post ICU Presentation Screen (PICUPS).

One of the NRC key priorities was centred on embedding the Post ICU Presentation Screen (PICUPS) tool across the UK. The second round of this pilot closed this year, with 80 additional trusts and hospitals contributing, and a short report was produced, concluding that PICUPS is a valid screening tool for Post-Intensive Care Syndrome.

<https://ics.ac.uk/resource/picups-tool-and-rehab-prescription.html>

KPIs to achieve by 2023

GPICS Version 3 launched.

Our KPI results so far.....

Work on GPICS Version 3 is now underway with the aim to publish 2024.

Strategic Priority 4: Your professional practice – our education

Goal 1: To expand our multi-professional critical care education programme

Goal 2: To expand our accreditation programme for FUSIC

Learning Division

Our Learning Division is responsible for the operational delivery of our educational activities. Through our Education Committee, including input from our PAGS, we work hard to deliver an education programme that not only enhances clinical practice, but also delivers a range of hot topics.

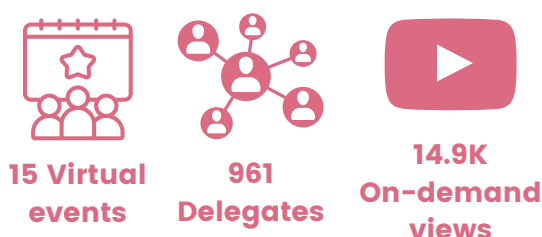
This year, we also brought back full day study days. Recognising the pressure our community was still facing and the feedback from our members, they were delivered virtually and also recorded, edited and links issued to our delegates within 48hrs.

Goal 1: To expand our multi-professional critical care education programme.

Action plan and KPIs

Delivery a monthly programme of webinars, workshops and seminars.

Achievements and results to demonstrate our impact and public benefit



Action plan and KPIs

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

Achievements and results to demonstrate our impact and public benefit

This year saw the release of two more profession specific supplementary resources to be used in conjunction with our Allied Health Professional Critical Care Professional Development Framework.

- The Occupational Therapy Pillar
- Critical Care Outreach Professional Development Framework

These resources are designed to support the professional development of staff and improve services and capacity for staff and their patients.

Achievements and results to demonstrate our impact and public benefit

We also understand that not everyone had the capacity to attend our live webinars or may need to drop out part way through, so links to the recordings are circulated after each event and remain live for 2 months.

Action plan and KPIs

Implement a new series of seminars in diversified subjects, such as end of life decision-making to support the multi professional team and families/carer; and rehabilitation.

Achievements and results to demonstrate our impact and public benefit

Our Legal and Ethical Group (LEAG) delivered a whole day virtual seminar focusing on the important topic of death in ICU, covering:

- The role of the coroner and medical examiner
- How clinical teams support the coronial process and avoid mistakes
- Legal risk in the ICU and how it might be mitigated
- The role of the court of protection in decision making for incapacitated patients, with particular focus on the family and public perspective
- Hearing from experts regarding second opinions

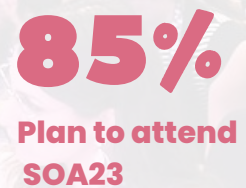
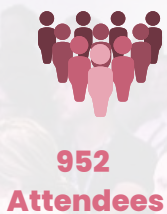
Action plan and KPIs

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

Achievements and results to demonstrate our impact and public benefit

Our 2022 State of the Art Congress in Belfast saw our community gather in person for the first time since 2019. We also recognised that some of our delegates would prefer to continue attending virtually. So, we took the strategic decision to invest in how we deliver our Congress and made it hybrid.

We had a jam packed, multi streamed programme across the three days.



We knew that our delegates had missed having the opportunity to have the tacit knowledge exchange they thrive on. So, we provided plenty of social and networking opportunities for both those in person and attending virtually.

Each delegate also received access to the SOA recordings for a further six months to ensure they could access the sessions they missed or wanted to recap on. This also meant that delegates could access the content even if they were unable to attend live on the day.

We are also committed to ensuring that our Congress is as sustainable as possible. Knowing that delivering our Congress in Belfast required more travel for many of our delegates and speakers than in previous years, we were careful to work with a venue with an impactful sustainability policy to ensure the event was as green as possible.

We also hosted a session about sustainability in critical care, addressing issues such as the waste and pollution generated by caring for patients and taking questions from our delegates about our plans for the future.

Goal 2: To expand our accreditation programme for FUSIC.

Action plan and KPIs

Develop the FUSIC offering and launch a new module.

Achievements and results to demonstrate our impact and public benefit

We continue to work hard to provide our whole community with the ultrasound training they need to provide better care.

Since making the strategic decision to make FUSIC training digital, removing the need for individuals to attend a face-to-face course, we have seen FUSIC accreditation increase significantly.

Providing online training through interactive learning pathways removed the barriers for those wanting to start their ultrasound training and enabled us to enrol a higher volume of candidates which in turn means more professionals being able to provide ultrasound at the bedside.

This year, we also launched a new advanced FUSIC module in Haemodynamics.

This advanced module will enable those who have completed FUSIC Heart or a similar qualification to enhance their ultrasound skills even further.

Action plan and KPIs

Design and implement a new modular-based pathway for Paediatric intensive care.

Achievements and results to demonstrate our impact and public benefit

In 2022, we started a collaboration with the Paediatric Critical Care Society (PCCS) to develop a formal ultrasound accreditation pathway for paediatrics due to the high demand in this area.

The Children's Acute Ultrasound (CACTUS) will work in parallel with our FUSIC accreditation and follow the same modular-based pathway format. CACTUS will go live in 2023.



Structure, Governance and Management

Trustees, Senior Management and Advisors

Patron

- HRH, Princess Anne

Chair of Trustees and President

- Steve Mathieu – President

Trustees & Company Directors

- Hugh Montgomery – Council Member Trustee
- Martin Creswell – Lay Trustee
- Paul Dean – Honorary Secretary
- Shondipon Laha – Honorary Treasurer
- Sarah Anderson – Lay Trustee
- Stephen Posey – Lay Trustee
- Stephen Webb – Immediate past-president

Chief Executive

- Sandy Mather

Senior Management Team

- Alex Day – Head of Communications
- Asha Abdillahi – Head of Standards and Policy
- Gabriel Mouterde – Head of Learning
- Mani Rai – Head of Events (appointed 4 October 2022)
- Sarah Hall – Head of Finance & Internal Operations

Advisors

Auditors

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

Bankers

HSBC Bank Plc
PO Box 6201
Coventry
CV3 9HW

Lawyers

Bates Wells
10 Queen Street
Place
London
EC4R 1BE

Elected Council & Company Members

- Andrew Breen (Appointed on 6 Dec 2022)
- Aoife Abbey
- Ashley Miller
- Charlotte Summers (Stepped down on 6 Dec 2022)
- Clare Windsor (Appointed on 6 Dec 2022)
- Danni Bear
- Emma Jackson (Stepped down on 6 Dec 2022)
- Frances Tait
- Jeremy Bewley (Stepped down on 6 Dec 2022)
- Jonny Wilkinson (Appointed on 6 Dec 2022)
- Louise Rose
- Marlies Ostermann
- Michaela Jones
- Michelle Hatch
- Nitin Arora
- Rebekah Haylett
- Reena Mehta
- Sadie Diamond – Fox
- Sarah Burgess (Appointed on 6 Dec 2022)
- Segun Olusanya (Appointed on 6 Dec 2022)
- Zudin Puthuchery

Specialist advisors to Council

- Dan Martin – Editor in Chief, JICS
- Ganesh Suntharalingam – SOA Programme Director (Stepped down on 1 July 2022)
- Marcus Peck – Co-Chair for FUSIC
- Parjam Zolfaghari – SOA Programme Director (Appointed 27 July 2022 - shadowed from Feb – July)

Trustee Board

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

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

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

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

As part of its overall insurance policy, the Society has purchased Trustees, Directors and Officers indemnity providing cover of up to £250,000 in respect of claims arising from negligence, error or omission committed in good faith.

Executive Committee

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

- President: Stephen Webb
- President Elect: Steve Mathieu
- Honorary Treasurer: Shondipon Laha
- Honorary Secretary: Paul Dean

Key Management Personnel

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

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

The Chief Executive Officer is supported by Senior Management Team with expertise in communications, education, finance, internal operations, HR, policy and standards. Trustees work with the Chief Executive and Senior Management Team to develop our long-term strategic plans and sign off on our yearly Operational Implementation Plan (OIP).

Staff

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

Due to continued growth in 2022, our staff grew to 17 to support the charitable activities of the Society.

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

Volunteers

The Society's activities are supported by a wide range of volunteers who give their time, including our Trustees, Council, Committee and Professional Advisory Groups members.

Public Benefit Statement

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

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

Fundraising

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

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

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

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

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

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

The Charity received no fundraising complaints in 2022.

Strategic Partners

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

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

Sustainability

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

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

Infrastructure, Office Services and Digital Improvements

We continued to invest in our digital infrastructure, enabling staff to work in an agile manner and refreshed our website.

Our lease at RCoA expired in 2022 and recognising our growing team, we explored the options available to us to accommodate a growing staff team whilst recognising that staff are now working in a hybrid fashion. We secured new premises at the RCEM building in Breams Buildings and moved in September 2022. This provides us with sole occupancy of an entire floor and dedicated meeting space as well as conference facilities on site.

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

Financial Review

The Society's activities produced a surplus, before investment losses of £107,409 (2021: £232,047). The overall surplus after accounting for changes in the value of investments was £88,763 (2021: £262,564).

The total funds for the Society amounted to £1,355,027 (2021: £1,266,264) comprising general unrestricted reserves of £1,286,118 (2021: £1,262,355), designated funds of £65,000 (2021: £nil) and restricted reserves of £3,909 (2021: £3,909).

The value of the investments at the market prices on 31 December 2022 was £494,766 (2021: £207,738). The Society transferred £300,000 from bank balances to our investment managers in August 2022. These investments represent funds held for the development of the Society's activities in the medium to long term and have generated income over the year.

Income

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

Subscription income increased by 6.6% to £684,673 (2021: £642,546) and continues to be the core of the Society's income.

A hybrid State of the Art Congress was held in June 2022 which generated delegate revenue of £246,233 and sponsorship revenue of £228,432 for the financial year. This resulted in a deficit of £77,422, before overhead allocations.

2022 saw the re-introduction of virtual one day seminars and face-to-face workshops which together with FUSIC accreditation this generated income of £227,335 (2021: £106,448).

The Society continued to benefit from the second year of two restricted grants from the COVID19 Healthcare Support Appeal (CHSA) to enable the Society to support those working in Intensive Care. The Society received a further grant from the CHSA to support the development of our leadership programme. Gilead also provided funding to run 1 to 1 support sessions, this spans a 21 month period to September 2023.

Donations received continued to fall to £194,632 (2021: £411,752) from the unprecedented levels in 2020 and now accounts for around 10% of the total income for the Society (2021: £411,752). This includes donations from members of £55,355 (2021: £56,615) which are used to contribute towards our research activities. We are grateful to all the donors listed in this report and for the many fundraisers who have contributed their time and effort to raise funds.

Expenditure

Overall expenditure increased in 2022 to £1,784,369 (2021 £1,430,239), reflecting the growth in charitable activities undertaken in 2022.

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

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

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

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

Investment Powers and Policy

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

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

The Investment Committee agreed that as part of governance the Society should review its fund managers every three to five years. As described above during 2021 the Society re-tendered for a new investment management company to ensure alignment with the sustainability ambitions and appointed Rathbones, the transfer of funds from WH Ireland was completed in August 2022, and since then Rathbones have diversified our investments into companies which meet the ethical and sustainability criteria set out in our investment policy.

Reserves Policy

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

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

- The financial risks facing the Society, including the annual SOA conference event;
- Likely future expenditure
- Past operational and other trends, and
- Liabilities arising from an unforeseen event leading to unplanned closure.
- The Trustees consider general reserves are required to fund the following:
 - Cost of sustaining operations: the full year cost of running the Society is circa £2.16 million and therefore the amount held should equal £525,000 representing three months' operating expenditure.
 - Estimated risks of unplanned loss on the annual SOA conference event include unavoidable costs in the event of unplanned curtailment or cancellation and are estimated at £250,000.
 - Estimated risks of unplanned closure include the costs of unavoidable future commitments the Society would be required to pay, such as any lease obligations of £40,000.

The policy therefore requires the Society to maintain general reserves of £790,000 to cover the above risks on the basis it is unlikely all three requirements would occur simultaneously

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

The current level of general reserves is £1,286,118, which is above the required level. The level of reserves is continually monitored by the Trustees and the policy will be reviewed annually.

Risk Management

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

- **The risk to membership income due to low retention rates and not attracting new members.** Our five year strategy puts the multi-professional critical care community at the heart of all that the Society does. New Professional Advisory Groups for each membership segment and new Articles approved by Council in 2021 to enable democratic legitimacy by increasing council size to include the PAG chairs (and for larger PAGs also the Deputy). Strategic partners on Council provide broader professional advice and strategic support for ICS. Our new CRM and CMS improves membership experience during renewals and applications and when applying for courses or FUSIC which retains existing members and enables smooth recruitment of new members.
- **The risk to our annual State of the Art Congress and excessive financial losses due to strike action, low NHS workforce numbers leading to a lack of delegates and high costs impacting on the ability to return a surplus cause this to be the largest financial risk to the Society.** A new Head of Events and new Programme Director have been appointed to work with Head of Communications to deliver programme for marketing purposes. The Trustees have taken the decision to bring the Congress in-house to mitigate the costs associated and build closer relationships with our sponsors and exhibitors. Delegate numbers and targets are reviewed weekly and detailed financial reviews are prepared, the transition to in-house will improve the ability for forecast costs on a regular basis.
- **Risk of insufficient funds to deliver strategic plan.** This is mitigated and controlled by building diversified income streams and revising business models to ensure all direct and indirect costs of activities were covered and a fair contribution was made back to the charity. Monthly management accounts are prepared and reviewed by the CEO and Honorary Treasurer and quarterly cash flow statements for the medium term are reviewed by Trustees at Board meetings. The Trustee Board and Executive Committee considered the investment portfolio and financial matters regularly throughout the year.

Statement of Trustees' Responsibilities for the Year Ended 31 December 2022

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

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


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

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

In so far as the Trustees are aware:

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

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



Professor Shondipon Laha
Honorary Treasurer

Date: 10 August 2023



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 2022 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 2022 and of its incoming resources and application of resources, including its income and expenditure for the year then ended;
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- Have been prepared in accordance with the requirements of the Companies Act 2006, Charities Act 2011, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006.

Basis for Opinion

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

Conclusions Relating to Going Concern

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

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

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

Other Information

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

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

We have nothing to report in this regard.

Opinion on Other Matters Prescribed by the Charities Act 2011

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

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

Matters on Which we are Required to Report by Exception

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

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

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

Responsibilities of Trustees

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

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

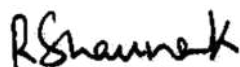
- Enquiry of management and those charged with governance around actual and potential litigation and claims
- Enquiry of staff in tax and compliance functions to identify any instances of non-compliance with laws and regulations
- Performing audit work over the risk of management override of controls,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

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

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

Use of our Report

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



Rakesh Shaunak FCA (Senior Statutory Auditor)
For and on behalf of MHA, Statutory Auditor
London, United Kingdom

MHA is the trading name of MacIntyre Hudson LLP, a limited liability partnership in England and Wales (registered number OC312313)

Date: 05/09/2023

MHA 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)

Statement of Financial Activities (Incorporating Income and Expenditure Account)
For the Year Ended 31 December 2022

	Notes	Unrestricted funds 2022 £	Restricted funds 2022 £	Total funds 2022 £	Total funds 2021 £
Income from:					
Donations and subscriptions	1	879,305	-	879,305	1,074,298
Charitable activities	2	563,441	198,128	761,569	408,421
Other trading activities	3	242,479	-	242,479	175,495
Investments	4	8,425	-	8,425	4,072
Total income		1,693,650	198,128	1,891,778	1,662,286
Expenditure on:					
Raising funds	5	59,197	-	59,197	69,116
Charitable activities	6	1,527,044	198,128	1,725,172	1,361,123
Total expenditure		1,586,241	198,128	1,784,369	1,430,239
Net (losses)/gains on investments	15	(18,646)	-	(18,646)	30,517
Net surplus for the year before taxation		88,763	-	88,763	262,564
Taxation	13	-	-	-	(1,193)
Net surplus for the year		88,763	-	88,763	261,371
Reconciliation of funds:					
Total funds brought forward		1,262,355	3,909	1,266,264	1,004,893
Net movement surplus for the year		88,763	-	88,763	261,371
Total funds carried forward		1,351,118	3,909	1,355,027	1,266,264

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

The notes on pages **44 to 56** form part of these financial statements.

All income and expenditure derive from continuing activities.

Balance Sheet
As of 31 December 2022

REGISTERED NUMBER: 02940178

	Notes	2022 £	2022 £	2021 £	2021 £
Fixed assets					
Tangible assets	14		68,871		2,391
Investments	15		494,766		207,738
Total fixed assets			563,637		210,129
Current assets					
Debtors	16	288,390		133,540	
Cash and cash equivalents		927,945		1,184,272	
		1,216,335		1,317,812	
Creditors: amounts falling due within one year	17	(424,945)		(261,677)	
Net current assets			791,390		1,056,135
Total net assets			1,355,027		1,266,264
Charity funds					
Restricted funds	19		3,909		3,909
Unrestricted funds	19				
General		1,286,118		1,262,355	
Designated		65,000		-	
			1,351,118		1,262,355
Total funds			1,355,027		1,266,264

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

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

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



Professor Shondipon Laha
Honorary Treasurer

Date: 10 August 2023

The notes on pages **44 to 56** form part of these financial statements.

Statement of Cash Flows
For the Year Ended 31 December 2022

	2022 £	2021 £
Cash flow from operating activities		
Net surplus for the year	88,763	261,371
Tax charge	-	1,193
Cash from operating activities	88,763	262,564
Adjustments for:		
Depreciation charges	3,788	386
(Gains)/losses on investments	18,646	(30,517)
Investment income	(8,425)	(4,072)
(Increase)/decrease in debtors	(154,850)	(81,964)
Increase/(decrease) in creditors	163,268	144,940
Net cash generated by operating activities	111,190	291,337
Cash flow from investing activities		
Purchase of fixed assets	(70,268)	(2,777)
Investment income	8,425	4,072
Proceeds from sale of investments	192,270	102,546
Purchase of investments	(534,173)	(52,447)
Movements in cash account	36,229	(52,338)
Net cash provided by investing activities	(367,517)	(944)
Change in cash and cash equivalents in the year	(256,327)	290,393
Cash and cash equivalents at the beginning of the year	1,184,272	893,879
Cash and cash equivalents at the end of the year	927,945	1,184,272

The notes on pages [44 to 56](#) form part of these financial statements

Accounting Policies

Legal status

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

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

The address of the registered office is given in the Society information on the last page of this document. The nature of the Society's operations and principal activities are listed in the Trustees Report.

Basis of preparation of financial statements

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

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

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

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

Preparation of the accounts on a going concern basis

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

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

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

Accounting Policies

a) Income

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

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

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

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

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

b) Expenditure

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

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

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

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

c) Interest receivable

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

Accounting Policies

d) Taxation

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

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

e) Tangible fixed assets and depreciation

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

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

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

Computer equipment	33% straight line
Database	20% straight line

f) Investments

Fixed asset investments are a form of financial instrument and are initially recognised at their transaction cost and subsequently valued at market value continuously on a mark to market basis unless the value cannot be measured reliably in which case it is measured at cost less impairment. Unrealised investment gains and losses are presented as gains/(losses) on investments in the Statement of Financial Activities. There are no realised gains or losses.

g) Debtors

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

h) Cash at bank and in hand

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

i) Liabilities and provisions

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

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

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

Accounting Policies

j) Financial instruments

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

k) Operating leases

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

l) Pensions

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

m) Fund accounting

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

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

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

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

n) Critical accounting estimates and areas of judgement

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

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

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

Notes to the Financial Statements
For the Year Ended 31 December 2022

1 Income from donations and subscriptions

	Unrestricted funds 2022 £	Unrestricted funds 2021 £
Donations	194,632	411,752
Subscriptions	684,673	642,546
Donated services	-	20,000
	879,305	1,074,298

2 Income from charitable activities

	Unrestricted funds 2022 £	Restricted funds 2022 £	Total funds 2022 £	Unrestricted funds 2021 £	Restricted funds 2021 £	Total funds 2021 £
Learning	227,335	15,245	242,580	106,448	-	106,448
Professional affairs	22,413	182,883	205,296	18,579	78,140	96,719
Research	579	-	579	20,238	-	20,238
SOA	313,114	-	313,114	185,016		185,016
	563,441	198,128	761,569	330,281	78,140	408,421

3 Income from other trading activities

	Unrestricted funds 2022 £	Unrestricted funds 2021 £
Sponsorship income	242,479	175,495

4 Income from investments

	Unrestricted funds 2022 £	Unrestricted funds 2021 £
Dividends and interest receivable	7,426	4,033
Bank interest receivable	999	39
	8,425	4,072

Notes to the Financial Statements For the Year Ended 31 December 2022

5 Analysis of expenditure on raising funds

	Unrestricted funds 2022 £	Unrestricted funds 2021 £
Direct costs	45,575	54,664
Investment management fees	2,866	1,793
Support costs (Note 8)	10,756	12,659
	59,197	69,116

6 Analysis of expenditure on charitable activities by fund

	Unrestricted funds 2022 £	Restricted funds 2022 £	Total funds 2022 £	Unrestricted funds 2021 £	Restricted funds 2021 £	Total funds 2021 £
Public Affairs	122,957	-	122,957	89,807	-	89,807
Professional Affairs	75,182	182,883	258,065	204,021	72,090	276,111
Learning	337,889	15,245	353,134	227,036	16,850	243,886
Standards	179,366	-	179,366	156,862	-	156,862
Research	193,107	-	193,107	203,701	-	203,701
SOA	618,543	-	618,543	390,756	-	390,756
	1,527,044	198,128	1,725,172	1,272,183	88,940	1,361,123

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

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

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

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

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

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

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

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

Notes to the Financial Statements
For the Year Ended 31 December 2022

7 Analysis of expenditure on charitable activities by type

	Activities undertaken directly 2022 £	Grant funding of activities 2022 £	Support costs 2022 £	Total funds 2022 £
Public Affairs	79,935	-	43,022	122,957
Professional Affairs	207,873	-	50,192	258,065
Learning	220,482	-	132,652	353,134
Standards	111,247	-	68,119	179,366
Research	103,256	54,000	35,851	193,107
SOA	600,617	-	17,926	618,543
	1,323,410	54,000	347,762	1,725,172
	Activities undertaken directly 2021 £	Grant funding of activities 2021 £	Support costs 2021 £	Total funds 2021 £
Public Affairs	51,830	-	37,977	89,807
Professional Affairs	200,161	-	75,950	276,111
Learning	164,717	-	79,169	243,886
Standards	76,693	-	80,169	156,862
Research	94,140	37,830	71,731	203,701
SOA	326,465	-	64,291	390,756
	914,006	37,830	409,287	1,361,123

The Intensive Care Society funded research and incurred management and other costs in developing the Society's research activity. In 2022, the Society awarded three grants; details of these awards can be found in the Research section of the Trustees Annual Report.

8 Analysis of support costs

	Fundraising 2022 £	Charitable activities 2022 £	Total 2022 £	Fundraising 2021 £	Charitable activities 2021 £	Total funds 2021 £
Staff costs	4,536	146,662	151,198	4,702	152,019	156,721
Depreciation	114	3,674	3,788	12	374	386
Office costs	4,703	152,066	156,769	4,951	160,058	165,009
Legal & professional	510	16,489	16,999	2,237	72,334	74,571
Other costs	224	7,238	7,462	242	7,836	8,078
Governance costs	669	21,633	22,302	515	16,666	17,181
	10,756	347,762	358,518	12,659	409,287	421,946

Notes to the Financial Statements For the Year Ended 31 December 2022

9 Net income/(expenditure) for the year

	2022	2021
	£	£
This is stated after charging:		
Operating leases – buildings	57,988	44,100
Depreciation	3,788	386
Auditor’s remuneration	14,028	10,877
	14,028	10,877

10 Staff costs

	2022	2021
	£	£
Wages and salaries	582,713	466,359
Social security costs	60,033	44,006
Pension costs	27,147	18,390
	669,893	528,755

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

	2022	2021
Raising funds	1	1
Charitable activities	11	9
Support functions	4	4
	16	14

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

	2022	2021
£60,001 - £70,000	1	-
£80,000 - £90,000	1	1

The total amount of employee benefits received by Key Management Personnel, including Employers National Insurance contributions and employers pension contributions, is £87,715 (2021 - £84,682). The Society considers its Key Management Personnel to be the Trustees and the Chief Executive.

11 Trustees’ remuneration and expenses

During the year, no Trustees received any remuneration or other benefits (2021 - £nil). Expenses for travel totalling £3,432 were reimbursed to seven Trustees (2021: £401 to three Trustees).

12 Related party transactions

Trustee and Key Management Personnel transactions are detailed in [Notes 10 and 11](#). Trustees also made donations of £140 (2021: £140). There were no other related party transactions during the period (2021: none).

Notes to the Financial Statements For the Year Ended 31 December 2022

13 Taxation

	2022 £	2021 £
Current tax		
UK corporation tax on non-primary purpose surplus for the year	-	-
Adjustment in respect of prior periods	-	1,193
	<u>-</u>	<u>1,193</u>

14 Tangible fixed assets

	Office equipment £	Computer equipment £	Database £	Total £
Cost				
At 1 January 2022	10,416	3,148	162,787	176,351
Additions	-	2,129	68,139	70,268
Disposals	(10,416)	(194)	(162,787)	(173,397)
At 31 December 2022	<u>-</u>	<u>5,083</u>	<u>68,139</u>	<u>73,222</u>
Depreciation				
At 1 January 2022	10,416	757	162,787	173,960
Charge for the year	-	1,517	2,271	3,788
Disposals	(10,416)	(194)	(162,787)	(173,397)
At 31 December 2022	<u>-</u>	<u>2,080</u>	<u>2,271</u>	<u>4,351</u>
Net book value				
At 31 December 2022	<u>-</u>	<u>3,003</u>	<u>65,868</u>	<u>68,871</u>
At 31 December 2021	<u>-</u>	<u>2,391</u>	<u>-</u>	<u>2,391</u>

15 Fixed asset investments

	2022 £	2021 £
Valuation		
At 1 January 2022	207,738	174,982
Additions at cost	534,173	52,447
Disposal proceeds	(192,270)	(102,546)
Revaluations	(18,646)	30,517
Movements in cash account	(36,229)	52,338
At 31 December 2022	<u>494,766</u>	<u>207,738</u>

Notes to the Financial Statements
For the Year Ended 31 December 2022

15 Investments (continued)

Comprising	2022	2021
	£	£
UK listed equities and infrastructure funds	250,425	130,375
UK bonds	31,302	-
Overseas equities	175,206	22,813
Overseas bonds	16,970	-
Cash	20,863	54,550
At 31 December 2022	494,766	207,738

16 Debtors

	2022	2021
	£	£
Trade debtors	20,330	35,227
Other debtors	89,412	-
Prepayments and accrued income	178,648	98,313
	288,390	133,540

17 Creditors: Amounts falling due within one year

	2022	2021
	£	£
Trade creditors	223,222	58,242
Corporation tax	-	1,193
Other taxation and social security	16,383	17,529
Other creditors	14,097	24,212
Accruals and deferred income	171,243	160,501
	424,945	261,677

18 Deferred income

Deferred income relates to subscriptions, seminars and grant funds paid for in advance of the next financial year.	2022	2021
	£	£
At 1 January	82,340	10,571
Income deferred during the year	97,948	82,340
Amounts released from previous periods	(82,340)	(10,571)
At 31 December	97,948	82,340

Notes to the Financial Statements
For the Year Ended 31 December 2022

19 Statement of funds

	At 1 January 2022 £	Income £	Expenditure £	Transfers £	At 31 December 2022 £
Restricted funds					
Bennett Fund	3,909				3,909
CHSA Psychoeducation grant	-	57,765	(57,765)	-	-
CHSA Peer support grant	-	35,867	(35,867)	-	-
CHSA Leadership grant	-	70,320	(70,320)	-	-
Gilead	-	34,176	(34,176)	-	-
Total restricted funds	3,909	198,128	(198,128)	-	3,909
Unrestricted funds					
General	1,262,355	1,693,650	(1,604,887)	(65,000)	1,286,118
Designated	-	-	-	65,000	65,000
Total funds	1,266,264	1,891,778	(1,803,015)	-	1,355,027

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

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

CHSA grants were awarded for three projects: Peer support to establish a national framework in 12 ICUs, Psychoeducation to produce an interactive web-based education programme to raise self-awareness, and improve self-care practices, and Leadership to develop and run a leadership course for 15 members.

Gilead grant was awarded to provide 1:1 support for ICU staff dealing with the impact of the pandemic.

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

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

Notes to the Financial Statements For the Year Ended 31 December 2022

20 Analysis of net assets between funds

	Unrestricted funds 2022 £	Restricted funds 2022 £	Total funds 2022 £	Unrestricted funds 2021 £	Restricted funds 2021 £	Total funds 2021 £
Fixed assets	563,637	-	563,637	210,129	-	210,129
Current assets	1,212,426	3,909	1,216,335	1,313,903	3,909	1,317,812
Creditors due within one year	(424,945)	-	(424,945)	(261,677)	-	(261,677)
	1,351,118	3,909	1,355,027	1,262,355	3,909	1,266,264

21 Analysis of changes in net debt

	At 1 January 2022 £	Cash flows £	At 31 December 2022 £
Cash at bank and in hand	1,184,272	(256,327)	927,945

22 Balances held as agent

Funds administered by the Society in accordance with instructions received.

	At 1 January 2022 £	Funds received £	Funds paid £	At 31 December 2022 £
UK Critical Care Research Group	12,344	-	(1,636)	10,708

23 Pension commitments

The Society operates a defined contribution pension scheme. The assets of the scheme are held separately from those of the Society in an independently administered fund. The pension cost recognised as an expense in the year was £27,147 (2021: £18,390). There were £3,233 of outstanding pension contributions payable to the fund at the balance sheet date (2021: £3,473).

24 Operating lease commitments

At 31 December 2022 the Society had commitments to make future minimum lease payments under non-cancellable operating leases as follows:	2022 £	2021 £
Not later than 1 year	40,495	29,400



Intensive Care Society
7-9 Breems Buildings
London
EC4A 1 DT

T: +44 (0) 207 280 4350
E: info@ics.ac.uk
W: ics.ac.uk

Registered as a Company limited by Guarantee Registered No: 2940178 (England) at the office address listed above.

Registered as a Charity in England and Wales No: 1039236 and in Scotland No: SC040052