About us

In the UK, each year, around 184,000\textsuperscript{1} adults are admitted to a critical care unit.

At the Intensive Care National Audit and Research Centre (ICNARC), we work to ensure the best possible critical care by facilitating improvements in the structure, process, outcomes and experiences of critical care - for patients and for those who care for them.

We achieve this by providing information about the quality of care to those who finance, commission, manage, deliver and experience critical care (both NHS and non-NHS), through our national clinical audits and our clinical and health services research studies.

Improving care and outcomes

At ICNARC, we believe that quality critical care has three main elements:

- **Effectiveness:** Care should be clinically effective and safe
- **Humanity:** Care should be delivered with respect and dignity
- **Equity:** Care should be equally accessible to all

To find out more about our work: visit www.icnarc.org

\textsuperscript{1} Based on the overall UK total number of admissions to adult general critical care units, excluding admissions to adult specialist, paediatric or neonatal critical care units.
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Message from the Chair

I am delighted to welcome you to the Intensive Care National Audit and Research Centre’s Annual Report and Accounts 2017. The past year has been positive for ICNARC as we worked hard to achieve our aim – to promote improvements in the organisation and practice of critical care in the UK.

**Improving quality in critical care**
We work with many individuals and organisations to improve care and outcomes for patients and for those who care for them. With Government, NHS Trusts, independent hospitals (UK and overseas), national clinical audit groups, national and international research networks, we work with our stakeholders, across-the-board, to deliver clinical audits and research studies of the highest quality.

At ICNARC, we continually ask ourselves: is the content, organisation and delivery of critical care – today – the best that it can be? By conducting our National Audit Programme (NAP), we use data to help hospitals do better, by reviewing, tracking and learning from analyses. Our rigorous national clinical audits help to ensure that current care and best outcomes are being benchmarked – and that staff in critical care units have the data analyses needed to help them deliver the best care and outcomes. It was encouraging to see continued growth for each of our four national clinical audits, with 16 new sites participating in our NAP in 2017. We also received 60 requests for additional data analyses to support local quality improvement.

With respect to critically ill patients, we don’t want to just help them survive – we want them to survive better, and for longer. Our registered Clinical Trials Unit (CTU) conducts pioneering research, as highlighted on page 7, to help improve treatment and longer-term survival. In 2017, we were successful in being awarded, in competition, research grants to a value of nearly £2 million. By continually questioning, innovating and growing our audit and research activities, we can help hospitals to deliver best care for best outcomes.

**Collaboration is key**
As our business and reputation grows, we are working with more individuals, groups and organisations who share a common purpose. Strategic collaboration can help us to increase our impact, be more efficient and continue to drive up quality of care and outcomes. We are collaborating and sharing our expertise on innovative research studies and in developing our own and other national clinical audits.

A key strategic development for 2018 is to bring together staff, Trustees and stakeholders to develop an ambitious, ten-year vision and five-year plan – the start of our ‘Dream Big’ journey. This is an exciting period for ICNARC – as we approach 25 years in operation in 2019. We look forward to contributing on an even wider scale to improvements in the quality of critical care for all aspects of care and outcomes.

**And finally…**
Congratulations and thanks are due to our staff for their hard work and commitment, for the delivery of a small financial surplus, the formal re-registration of the ICNARC CTU, and for good progress on other key priorities.

On behalf of the Trustees, I wanted to say a sad farewell and heartfelt thank you to Kevin Hunt, who stood down as Chief Executive in April 2017, and to two long-standing Trustees, Terry Rickwood and Maureen Dalziel. We are endlessly grateful to them all for their many years of commitment and dedication to ICNARC.

We were delighted to welcome Kerrie Gemmill, as our new Managing Director in May 2017, who, in collaboration with Professor Kathy Rowan, will lead ICNARC to deliver our ten-year vision. A warm welcome, also, to two new Trustees, Paul Maddox and Carolyn Seet who were appointed in December. As Treasurer, Paul has extensive financial, programme delivery and business leadership and Carolyn brings a wealth of digital technology skills and knowledge.

And finally, I would like to extend warm congratulations to Professor Sir Nick Black who was knighted in the New Year’s Honours List 2017 for his services to healthcare research. This well-deserved recognition is testament to his commitment and expertise.

**Bob Nicholls | Chair**
Introduction from our Joint Leaders

When ICNARC was established, nearly 25 years ago, two key areas – audit and research – were identified as being important to achieving best care and best outcomes in critical care. ICNARC wanted to bring together the best scientists to collaborate on these areas – and we continue to deliver on this today.

Establishing quality through research
We apply for and, if successful, are awarded research grants to research areas where we feel there will be the greatest benefit for critically ill patients and for those who care for them. We were delighted that our Clinical Trials Unit achieved full re-registration with the UK Clinical Research Collaboration in 2017. This is testament to the commitment and hard work of the ICNARC team, across all areas, in supporting, designing, delivering and disseminating important, large, multicentre research studies. Our research portfolio across both adult and paediatric critical care continues to grow.

Assessing quality through audit
The NHS continues to face significant clinical and financial challenges. We understand that the burdens and pressures on the NHS are high. We want to help hospitals to deliver best care and outcomes through our national clinical audits and support them in conducting these activities

Both the scope and coverage of our national clinical audits continue to increase and, as the resultant high-quality clinical databases grow, this enables us to improve and extend our risk prediction modelling, to make meaningful comparisons, to prompt quality improvement, to provide platforms for research and to provide accurate data to underpin and support both our own and others’ research studies.

Promoting quality through sharing information
We want the results of our audit and research to impact at all levels. We endeavour to ensure that relevant information generated by our national clinical audits and our research studies, reach those experiencing, delivering, managing, commissioning and financing critical care in the UK.

With respect to the latter, our research studies have indicated that some new interventions should not be adopted. For example, our evaluation of a six-hour resuscitation protocol (early goal-directed therapy) for patients with emerging septic shock, combined with an ICNARC-led global collaboration with two other harmonised trials in America and Australasia, published in the New England Journal of Medicine in 2017, indicated that this approach was more costly and conferred no additional benefit over usual resuscitation, thereby saving NHS resources from unnecessary adoption.

We can’t achieve our vision alone
ICNARC collaborates closely with many other local, regional, national and international people and organisations, in both our audit and our research activities. From ex-patients and family members helping to inform our research studies, to professional societies, universities, the NHS and Department of Health – all collaborating with us to achieve our aim. Improving care and outcomes in critical care is at the heart of what we do. By collaborating with the right people, we can ensure our work is as effective, efficient and as high-quality as possible, to ensure the best care and outcomes.

Kathy Rowan | Director of Scientific & Strategic Development

Kerrie Gemmill | Managing Director

Thank you to everyone working in, and with, ICNARC to help it achieve its aims for 2017
Strategic Review: Our objectives, achievements and future plans

The charitable objects of ICNARC are:

"...the advancement of education in the organisation and practice of critical care (in particular through the promotion of audit and research into critical care and the publication of the useful results of such audit and research)...".

The aim of ICNARC is to promote improvements in the organisation and practice of critical care in the UK. We want to improve care, outcomes and experiences of care for critically ill patients and for those who care for them.

"...Research is concerned with discovering the right thing to do; audit with ensuring that it is done right..."

Richard Smith, former Editor-in-Chief, The British Medical Journal

We achieve our objectives by:

Establishing quality through research
Read more about how we are developing and expanding our research portfolio within our Clinical Trials Unit, building on our success and expertise (page 7).

Assessing quality through audit
Read more about how we are developing and expanding our audits within our National Audit Programme enabling health care providers to deliver better care to achieve improved care and outcomes (page 11).

Promoting quality through sharing information
Read more about how we are analysing data and sharing information, to enable hospitals to translate knowledge into improving practice (page 14).
Progress against our strategic priorities and objectives for 2017

In 2016, the Trustees set three key organisational objectives as part of a short-term strategic plan for 2016 to 2018. Below outlines progress against each objective and the work commencing to develop our longer-term strategy.

**Sustain strong financial management**

We have an ongoing commitment to measured growth to increase our work to benefit the critically ill now and in the future. To do this, we must have strong financial management and efficiency across the organisation.

We need a balanced budget with year-on-year efficiencies to ensure the financial stability of ICNARC and to ensure that we deliver value for money in all our activities.

**Create a firm foundation for digital working**

We have over 20 years of experience in developing effective technology to deliver successful audits and research studies, sharing the results with health professionals to inform best care and best outcomes.

We need to be ready to meet increasing demands for timely, high-quality data analyses and embrace new technologies. This is set against a backdrop of pressures on NHS funding and the demands of a fast-paced, evolving digital world.

**Build on our success and expertise in clinical and health services research**

We conduct a broad portfolio of research within our Clinical Trials Unit (CTU), evaluating the care and outcomes of the critically ill, with a view to informing best care and best outcomes.

We need to build on our existing skills and experience within our research team to increase our research capacity. This is enhanced by continued registration as a UK CRC Registered CTU.

**Commence development of a ten-year strategy and five-year plan**

We are a leading, innovative, scientific organisation. Our audit and research activities are underpinned by rigorous scientific methods.

We need to ensure that ICNARC remains as the UK centre of excellence in critical care audit and research and to provide the best services to all, globally.

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We continued to develop and diversify our income streams across both our audit and research activities, focusing on increasing participation in our audits and extending our research into the critically ill paediatric population.

Our activities are underpinned by regulation across all areas. Following a governance procedure review, in December 2017, we appointed two new Trustees, with digital and business expertise.

Our staffing levels remained streamlined and efficient. We invested in our staff through management training and through development of our Senior Management Team. We continued to improve our working environment to ensure our staff can work both efficiently and effectively.

We assessed and reviewed our technical needs across the organisation, recruited additional IT expertise and identified resources to increase our IT capacity to enable the development of our IT platform upgrade.

We equipped our staff with additional skills, through further training and development, focusing on both digital and agile working.

We successfully retained our status as a registered CTU - recognising our expertise in the design and delivery of large, multicentre, research studies including clinical trials.

We increased our research capacity by recruiting additional expert staff and by working with associates and other collaborators on research studies, enabling us to maintain our track record of delivering high-quality research studies.

We worked to ensure our staff are involved and engaged in development of our strategic direction. All staff were encouraged to 'Dream Big' and to share ideas as part of our strategic development programme.

We commenced work to develop our strategy in October 2017 and we are making great strides towards launching our ten-year vision in 2019, our 25th anniversary year.

We commenced development of an eighteen-month programme of work - 'Dream Big' a vision of our future - to create a firm foundation for the next decade of activities.

We commenced work to develop the strategy in October 2017 and we are making great strides towards launching our ten-year vision in 2019, our 25th anniversary year.
Establishing quality through research

Research at ICNARC is conducted within our Clinical Trials Unit (CTU), a fully registered unit with the UK Clinical Research Collaboration. Our small CTU conducts a broad portfolio of research in critical care, both experimental (randomised clinical trials) and observational, applying quantitative and qualitative methods. We conduct research studies that evaluate the care and outcomes of the critically ill, predominantly focussed at evaluation of care within the NHS, with a view to informing best care and best outcomes for future critically ill patients.

“...The unit provided clear evidence of operational experience in the design and delivery of large scale multicentre clinical trials...”

International Expert Panel, UK Clinical Research Collaboration

Research highlights – 2017

Early, goal-directed therapy for patients with septic shock
Publication: New England Journal of Medicine

Following a small, single-centre trial and observational studies suggesting that early, goal-directed therapy (EGDT) reduced mortality from emerging septic shock, three international multicentre trials2 were conducted— one by the ICNARC CTU. All three trials found that EGDT did not reduce mortality. The Protocolised Resuscitation in Sepsis Meta-Analysis (PRISM) collaborators, led by the ICNARC CTU, conducted a planned secondary analysis using the harmonised, pooled data from the three trials—data on 3,723 patients with emerging septic shock. The PRISM was designed to determine the effect of EGDT versus usual care on 90-day mortality and secondary clinical and economic outcomes, both overall and across prespecified patient and care-delivery subgroups.

The results from this prospective meta-analysis of individual patient data provided a more granular and robust insight than the results of the individual trials and of a subsequent trial-level meta-analysis.

We found that EGDT did not result in better outcomes than usual care and was associated with higher hospitalisation costs across a broad range of patient and care-delivery subgroups.

2 The Protocolised Care for Early Septic Shock (ProCESS) Investigators, based in the United States; the Australasian Resuscitation in Sepsis Evaluation (ARISE) Investigators, based in Australia and New Zealand; the Protocolised Management in Sepsis (ProMISe) Investigators, based in the United Kingdom; and the International Forum for Acute Care Trialists.
The association of patient-to-intensivist ratios with hospital mortality in the ICU

Publication: JAMA Internal Medicine

Critically ill patients require complex care. The number of beds in critical (combined intensive / high dependency) care units in the UK has been increasing and, in many regions, consultants in intensive care (intensivists) are in short supply.

The patient-to-intensivist ratio (PIR) across ICUs is not standardised and the association of PIR with patient outcome is not well established. Understanding the impact of PIR on patient outcomes is necessary to optimise senior medical staffing of critical care units to deliver high-quality care.

We conducted a retrospective cohort study using data from the Case Mix Programme (the ICNARC national clinical audit of adult critical care), linked with data from two staffing surveys conducted by ICNARC.

A PIR of 7.5 was associated with the lowest risk-adjusted hospital mortality, with higher mortality at both higher and lower PIRs.

This is the first multicentre study to assess how outcomes for critically ill patients are related specifically to the patient-load of intensivists caring for them. Its strengths include a large sample of patients and ICUs, detailed clinical and validated severity of illness information available for each patient and the wide variation in PIRs.

Intensivist staffing should ensure that patient volume is sufficient for proficiency in care but allows for sufficient time and care to be taken with each patient to minimise harm.

Exploring the ‘weekend effect’: the association of time of admission to ICU and patient survival

Publication: British Journal of Anaesthesia

Critically ill patients may be admitted to a critical care unit on any day of the week at any time of day. Staffing levels and resources within the unit should be adequate throughout the 24-hour period, weekends and holidays. It is imperative to ascertain whether out-of-hours services are adequate to cover emergency care without any adverse impact on outcomes for patients.

We conducted a cohort study using prospectively collected data from the Case Mix Programme (the ICNARC national clinical audit of adult critical care), which aimed to identify any association between day and time of admission to the critical care unit and acute hospital outcome.

The study found that, after risk-adjustment using detailed clinical data, there was no difference in acute hospital mortality for unplanned admissions to UK adult general critical care units either between weekends and weekdays or between day and night.

Psychometric assessment of the family satisfaction questionnaire for ICUs in the UK

Publication: Journal of Critical Care

Each year, around 25% of adults admitted to adult general critical care units do not survive to leave hospital. Those who do often have little recollection of their experiences in critical care. Family members, therefore, play a vital role in providing feedback on their satisfaction with the critical care provided with a view to helping to improve care.

The aim of the Family-Reported Experiences Evaluation (FREE) study was to inform future use of a family satisfaction questionnaire in quality assessment and improvement in adult general critical care in the UK.

This mixed-methods study showed that the family satisfaction questionnaire evaluated was useful and provided meaningful results. Interestingly, the FREE study also indicated that family members of patients who died in the critical care unit were more satisfied than those of patients who survived; mainly due to more information and more involvement in decision-making being provided to the former.

The results of the FREE study has produced a UK-adapted, psychometrically-valid family satisfaction questionnaire which can be used to assess family satisfaction in the future.
Our key achievements

UK Clinical Research Collaboration (UKCRC) re-registration

Though operating as a CTU since 2000, formal registration of CTUs was only introduced by the UKCRC in 2007 – to help improve the quality and quantity of available expertise to carry out clinical trials in the UK. The ICNARC CTU gained provisional registration in 2009 and became fully registered in 2012.

Formal re-registration is necessary every five years and, following preparation for this in 2016, the ICNARC CTU received confirmation of ongoing full registration in 2017.

This registration demonstrates that we are a high-quality CTU with expertise in centrally coordinating multicentre clinical trials, trial design, data management and analysis.

Feedback from the assessors, an international panel of experts in clinical trials research, indicated that:

"...The unit had presented a well-constructed and considered application which provided clear evidence of operational experience in the design and delivery of large scale multicentre clinical trials...".

- In 2017, we were successful in being awarded competitive research grants to a value of nearly £2 million. These grants cover a portfolio of studies: a randomised clinical trial evaluating the use of a permissive hypotension (blood pressure) target to reduce the dose and duration of potentially harmful vasopressor agents to critically ill patients aged 65 years or over; a randomised clinical trial evaluating the use of nutritional support to improve survival for African children with severe pneumonia; and a cluster randomised clinical trial evaluating two different treatments for stress-ulcer prophylaxis in critically ill patients.

- In 2017, we were delighted to be invited to join an EU consortium helping to deliver a randomised, embedded, multifactorial adaptive platform trial to improve survival in patients admitted to critical care with community-acquired pneumonia. The infrastructure set-up for this trial is part of a wider pandemic preparedness research programme (PREPARE), which has received a significant EU grant of €18 million.

- We remain committed to evaluating both adult and paediatric critical care and continue to develop our research portfolio in both areas.

Adult critical care research

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<td>• PEPTIC • 65 Trial • REMAP-CAP</td>
<td>• 65 Trial • Cardiac Arrest • PEPTIC • ADAPT-Sepsis</td>
<td>• POPPI • Risk II • Avoidable mortality from in-hospital cardiac arrest</td>
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In 2017, we co-authored fourteen peer-reviewed scientific papers, which were accepted and published in nine influential journals. The latter included the New England Journal of Medicine, which has the highest impact factor of all general medical journals. We were delighted that our total number of scientific publications from ICNARC increased to 195 in 2017.

For a full list of our publications and research studies, visit: www.icnarc.org/Publications

In 2017, in collaboration with colleagues from Great Ormond Street Hospital, we completed three, innovative research studies in paediatric intensive care, totalling £657,307: SCARF is the only randomised clinical trial, to date, evaluating early continuous positive airways pressure (in children) with the high-risk combination of impaired immunity and acute respiratory failure; Oxy-PICU is the first randomised clinical trial to compare conservative versus liberal oxygenation targets in critically ill children; and FIRST-ABC is the first randomised clinical trial to compare different modes of non-invasive ventilation in a wider, critically ill paediatric population.

Our plans for research in 2018

- We will build our research capacity through senior recruitment to our research team to increase, over time, our capacity to initiate, submit and be awarded more research grants.

- We will continue to lead and collaborate on national and international research studies into adult and paediatric critical care.

- We will continue to support and provide working opportunities for clinical and non-clinical associates and invest in our/other’s research studies and researchers through academic citizenship.

- We will continue to seek funding for new research studies in areas where we believe there is the greatest benefit to the critically ill.

- We will continue to aim for the highest level of impact from our research.
Assessing quality through audit

Audit at ICNARC is conducted within our National Audit Programme. We co-ordinate national clinical audits that assess the care and outcomes for critically ill patients. Through specification, management and analyses of accurate, national clinical audit data and through applying accurate risk prediction — we support health care providers to benchmark their care and outcomes, with other providers, to prompt quality improvement.

"...Without clinical audit, we don’t know how we are doing..."

Professor Sir Nick Black, Trustee, ICNARC

About our National Audit Programme

Our National Audit Programme currently encompasses four national clinical audits, with three operating within the NHS registered on the NHS Quality Accounts. The Case Mix Programme (CMP) and Irish National Intensive Care Unit Audit (INICUA) address adult critical care, the Assessment of Risk in Cardiothoracic Intensive Care (ARClIC) addresses cardiothoracic critical care and the National Cardiac Arrest Audit (NCAA) addresses in-hospital cardiac arrests.

Our National Audit Programme

Case Mix Programme
National Cardiac Arrest Audit
Irish National Intensive Care Unit Audit
Assessment of Risk for Cardiothoracic Intensive Care
Case Mix Programme (CMP)
Launched in 1994 as the foundation for ICNARC, the CMP is a national clinical audit of patient outcomes from adult critical care – covering 216 (100%) of adult, general critical care units (intensive care and combined intensive care/high dependency units) in the NHS in England, Wales and Northern Ireland.

In 2017, in addition to 216 adult general critical care units, we worked with eight neurocritical care units, one liver critical care unit and 24 standalone high dependency units. In 2017, we welcomed six new units to CMP.

Irish National Intensive Care Unit Audit (INICUA)
Launched in 2010, and in collaboration with the National Office of Clinical Audit (NOCA) in Ireland, the INICUA is a national clinical audit of patient outcomes from adult critical care units – covering 13 (50%) of adult critical care units in the Republic of Ireland.

In 2017, we welcomed six new units to INICUA.

Assessment of Risk for Cardiothoracic Intensive Care (ARClIC)
Launched in 2014, and in collaboration with the Association for Cardiothoracic Anaesthesia and Critical Care (ACTACC), the ARClIC is a national clinical audit of patient outcomes from adult cardiothoracic critical care units – covering 18 (50%) of NHS adult cardiothoracic critical care units in the UK.

In 2017, we welcomed four new units to ARClIC.

National Cardiac Arrest Audit (NCAA)
Launched in 2009, and in collaboration with the Resuscitation Council (UK), the NCAA is a national clinical audit of patient outcomes following in-hospital cardiac arrest – covering 196 (76%) NHS hospitals in the UK and Ireland (83% in England and Wales).

In 2017, we were pleased that participation in NCAA remained steady.
Our key achievements

- Each of our four national clinical audit databases continue to increase in size – we are proud that, by May 2017, we had access to accurate data from over 2 million admissions to adult critical care (CMP database). We use our audit data to inform and enhance our national clinical audits and, with permissions in place, to support and enhance research about establishing best care and outcomes for the critically ill.

- In 2011, we were the first national clinical audit of adult critical care (CMP), both nationally and internationally, to openly and transparently publish results online to the public in our Annual Quality Report (AQR). In the 2016/17 AQR, for the first time, we included results from ARClIC for the adult cardiothoracic critical care units. Thanks to central efficiencies in managing and analysing data, we publicly published our 2016/17 AQR on Wednesday 6 December 2017 – our earliest publication date yet and three months ahead of the NHS Quality Account recommendation of twelve months.

- As for each year, in 2017, we developed and incorporated three new potential quality indicators for both our quarterly quality report (QQR) and AQR – which now display comparative results for a total of eleven potential quality indicators.

- During 2017, we solicited feedback from staff at participating adult critical care units attending our Annual Conference for the CMP in March, to help evolve the CMP dataset specification to reflect the data needed to assess current practice in adult critical care.

- We continue to engage successfully with staff at all the critical care units and hospitals participating in our National Audit Programme. In addition to day-to-day contact, in 2017, we welcomed over 300 delegates to our 20th Annual Conference for the CMP in March and over 100 delegates to our 7th Annual Conference for NCAA in November.

Our plans for audit in 2018

- We will continue to maintain and increase coverage of our national clinical audits and, where appropriate, extend our audit services into non-NHS hospitals.

- We will commence work on an IT platform to upgrade our systems for all our national clinical audits.

- In 2018 we will begin work to develop the CMP dataset specification, taking into consideration the valuable feedback received from our stakeholders in 2017.

- As our newest national clinical audit, we will continue to develop and grow ARClIC in two key ways: through digital and other promotion of the ARClIC brand and audit service to adult cardiothoracic critical care units; and through continued publication of a dedicated AQR.

- We will start to plan activities for the ten-year anniversary for NCAA in 2019 working with the NCAA Steering Group and with the Resuscitation Council (UK).

- We will continue to move towards openly and transparently publishing results online to the public for NCAA. This will follow on from successful completion of ongoing methodological research, to improve the statistical risk prediction models required to ensure accurate and fair comparisons of outcomes between hospitals, for patients following in-hospital cardiac arrest.
Promoting quality through sharing information

We share information – results from our national clinical audits and from our research studies – through local, regional and national reports (audit) and through peer-reviewed scientific and other publications (research). We enhance dissemination of our audit and research information through digital media and through presentations at local, regional, national and international meetings/conferences – both our own and others’ events.

We endeavour to ensure that relevant information reaches those experiencing, delivering, managing, commissioning and financing critical care in the UK. We believe that best practice should be based on high-quality, rigorous, scientific evidence.

"...Through dissemination and circulation of these outstanding data, we can improve practices and continue to improve our work..."

Kelly Shiel, Resuscitation Officer, NCAA participating hospital

Education, training and support

Education
In addition to sharing information, through either hosting or working closely and collaboratively with other clinical and non-clinical researchers, we provide practical education on research methods and conduct. In 2017, we provided supervision and expertise working with 27 Associates, six undertaking higher degrees, nine as Chief Investigators, and 12 as Clinical Research Associates. For a full list, please visit www.icnarc.org/Our-Research/Services.

"...As part of my NIHR Clinician Scientist award, I am studying longer-term outcomes following sepsis-related critical illness and working on my first clinical trial as a Chief Investigator. For the duration of the award, ICNARC is hosting me alongside King’s College, London. I am working closely with Professor Kathy Rowan and Professor David Harrison, whose expertise and support has been superb..." Dr Manu Shankar-Hari

Training
To support our national clinical audits, we conduct training courses for staff from participating critical care units and hospitals. Training courses cover all aspects of data specification, collection and management, as well as improved understanding of the aims of the audits.

Support
We support researchers and engage actively in research citizenship. Through data provision and data linkage (within data sharing agreements), we provide relevant data to underpin/support others’ research studies. We sit on research funding panels, national and international expert committees and on research study governance committees.
Our key achievements

- 2017 was the tenth year for providing regional reports from the CMP – comparing potential quality indicators across adult critical care units within Critical Care Networks.

- In 2017, as part of an ongoing commitment to digital working, we introduced a number of digital components to support our work. We produced new digital newsletters for two of our national clinical audits (CMP and NCAA), conducted our first webinar (CMP training) in September, and introduced Slido (an audience interaction tool for meetings, events and conferences) to our Annual Conference (NCAA) and events. Our social media channels continued to grow, expanding our reach across our stakeholders and providing a valuable opportunity to engage with them.

- We continued to engage successfully with staff at all the critical care units and hospitals participating in our National Audit Programme. In addition to day-to-day contact, in 2017, we welcomed over 300 delegates to our 20th Annual Conference for the CMP in March and over 100 delegates to our 7th Annual Conference for NCAA in November.

- We presented results from our audits and research studies at 30 external meetings/conferences in 2017. Highlights included presenting at the International Symposium on Intensive Care and Emergency Medicine in Brussels to 6,000+ delegates (March); at the American Thoracic Society conference in Washington DC to over 16,000 clinicians and researchers from 102 countries (May); at the Social Media And Critical Care conference in Berlin to 2,500 delegates (June); at the European Society of Intensive Care Medicine Annual Congress in Vienna to 6,000+ delegates from 97 countries (September); and at the Critical Care Canada Forum in Toronto to nearly 1,000 delegates (October).

- We received 60 requests for additional data analyses to support local quality improvements from units participating in the CMP. We received 72 requests for audit data for other audits and for research studies. The increasing number of requests indicates that our data is a valued source of information to support improvements in care and outcomes.

- We ran four training workshops in London, in 2017, for participating units in the CMP. Where capacity allowed, we also visited some adult critical care units to discuss issues such as ensuring active participation, concerns regarding results and critical care unit restructuring/expansion plans and their potential impact on data collection and analyses. We also conducted monthly teleconferences to discuss data collection and validation issues for staff at adult critical care units in INICUA.

- We continue to be committed to sharing our knowledge and expertise in research and national clinical audit. This is evidenced by our continued involvement on a broad cross-section of national and international committees and advisory groups. In 2017, staff and Trustees represented ICNARC on one research funding panel, two international committees, 13 national committees and 12 research studies/audits.

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1 Participating CMP units can request additional analyses of their data, or the raw validated data, for local quality improvement. All other requests are considered by and subject to approval from the independent Data Access Advisory Group (DAAG). The DAAG has been set up to handle all requests in as efficient, fair and transparent method as possible.
Our plans for sharing information in 2018

- We will continue to seek to improve relationships and engagement with our key stakeholders and customers and to increase attendance at our Annual Conferences. We will continue to deliver on our digital commitments by utilising the appropriate technology, both to enhance the organisation and the delivery of our Conferences.

- We will work to enhance our collaborations and partnerships, facilitating conversations with new customers and supporting national initiatives which are relevant and important in the cost-contained environment of the NHS.

- We are committed to being a digital organisation. We will continue to improve our digital content across a variety of channels and to develop our technology to enhance delivery of our services.

- We will build on our strong reputation as a leading authority in critical care – in audit and in research – by continuing to share our expertise and disseminate our information.

- As a ‘people first’ organisation, we will include our staff, Trustees and key stakeholders in the development of our future vision – seeking feedback and input in important conversations affecting the strategic direction of critical care.
Financial review

The Trustees have adopted the provisions of the Statement of Recommended Practice (SORP) Accounting and Reporting by Charities (FRS 102) in preparing the financial statements of the Charity.

- Income
ICNARC is funded by income from subscriptions to our national clinical audits and from the successful awarding of research grants.

For the year ended 31 December 2017, ICNARC generated total income of £2,969,229, an increase of 13% on 2016.

Income included £1,434,890 from audit subscriptions and £1,470,313 from research grants.

Sources of income are 1. Subscriptions from participants, primarily NHS Trusts, participating in our national clinical audits and 2. Research grants awarded by government and other funding bodies to conduct our research studies.

- Expenditure
Total expenditure in 2017 is £2,829,787, an increase of 11% on 2016.

- Cash
At the end of the financial year, total cash is £2,085,913. This is an increase of 53% on 2016 and is attributed to the timing of grant agreements, additional audit subscriptions and an improved debtor collection process.

Going concern
ICNARC is well-placed to manage the business risks we face. This position is supported by a strong cash flow and proven ability to secure new research grant funding.

We recognise the need to build our reserves to enable investment in improving our technology and security and to manage the impact of unplanned events.

The Trustees have a reasonable expectation that the Charity has sufficient resources and control mechanisms to continue operating for the foreseeable future and believe that there are no material uncertainties that call into doubt the ability of ICNARC to continue as a going concern.

Remuneration
The salaries of ICNARC staff are periodically benchmarked against similar roles within organisations that engage in similar activities.

ICNARC aims to set salaries as close to the median as possible in order to attract highly qualified staff. All roles are evaluated against agreed organisational criteria that determine the grade and salary for the role.

We plan to review our reward and recognition programme, including salary benchmarking, updating job descriptions and exploring other benefits, to ensure we continue to attract and retain the best talent for the roles.

Key risks and uncertainties
The Trustees have identified and reviewed the major risks to which the organisation is exposed and established systems and procedures to manage those risks. This involves identifying potential risks and then assessing the likelihood of their occurrence and impact.

Where systems are already in place to mitigate these risks, schedules for regular monitoring and review have been adopted. Where systems are not already in place, deadlines have been set for their development by staff and for approval by Trustees.

Day-to-day management of the risks is delegated to the Managing Director and the Director of Scientific & Strategic Development, along with other members of the Senior Management Team (SMT) and these risks are reviewed regularly during the usual course of business.

The Trustees consider the following to be the key risks that ICNARC needs to focus on:

- Change in Government policy
Risk: A change of Government, a new health care structure and/or a demand for savings within the NHS may impact on funding available, and, in particular, uncertainties relating to Brexit.
Mitigation: We continue to monitor national policy around proposed development in health care structure for the NHS. We continue to develop and maintain good relationships with relevant, external organisations and with relevant individuals who form our service delivery contacts, including managers within our participating NHS (and non-NHS) hospitals and with key professionals and other key stakeholders.

- **Sufficient financial resources**
  **Risk:** The uncertain economic climate and public sector funding pressures pose significant risks for ICNARC.

Mitigation: We continue to plan our budget to ensure that we obtain at least full cost-recovery and we aim to increase our reserves to support future investment. We achieve this by focusing on diversifying our income to have a mixed portfolio of funders, balanced with efficiency savings which are underpinned by robust financial management.

- **Knowledge and skills**
  **Risk:** Attracting and retaining staff with scientific expertise and knowledge is strategically important in ensuring that ICNARC remains a leading organisation in emergency and critical care audit and research.

Mitigation: We manage this risk through a programme of mentoring and supporting of key scientific staff, developing skills and expertise and reviewing our employment package for specialist, scientific roles.

- **Technology and data security**
  **Risk:** Our technology underpins and powers our data entry, processing and reporting for our national clinical audits and for our research studies. The ability to keep pace with the need to update our technology, and to ensure that we adopt the necessary and appropriate security requirements, presents an ongoing challenge as we strive to embrace new and more efficient, digital technologies.

Mitigation: In light of recent global data security breaches and new regulations relating to GDPR, we continue to maintain our Section 251 compliance. We are working closely with our managed services and our customers to ensure that we are adopting the best systems and processes to mitigate these risks.

**Reserves**

The Trustees have a policy whereby the unrestricted funds, not committed or invested in tangible fixed assets (the free reserve), held by the organisation should be between 25% and 50% of the annual resource expended in the General Fund.

At this level, the Trustees feel that, in the event of a significant drop in funding due to any external/internal event(s) or fraudulent activity, ICNARC would still be able to continue the current activities until new funding was secured. In 2017, the surplus generated of £139,442 has increased our free reserves to £475,084, an increase of 42% on 2016.

This unrestricted funds at the end of 2017 are at 19% of the annual resource expended in the General Fund which is below the level set by Trustees. The Trustees aim to review the Reserves policy in 2018 to ensure it is still fit for purpose.

The Trustees wish to maintain the designated fund of £50,000 (Development Fund) for promoting audit and research into emergency and critical care at and research.

**Fundraising**

The charity does not raise funds from the public and no fund raising activities have been undertaken by the Charity or by other fund raisers in behalf of the Charity.

**Fixed assets**

Changes in fixed assets are shown in Note 11.

**Auditors**

MHA MacIntyre Hudson is deemed to be re-appointed under section 487(2) of Companies Act 2006.

**Status**

The Company is a Registered Charity (No. 1039417) and is exempt from income and corporation tax under S466 Corporation Tax Act 2010 (CTA 2010).

**Special exemptions**

This Report of the Directors and Trustees has been prepared in accordance with the special provisions under Part 15 of the Companies Act 2006 relating to small companies.
Governance, structure and management

The Intensive Care National Audit and Research Centre (ICNARC) is a Company Limited by Guarantee incorporated in England on 8 July 1994 and governed by its Memorandum and Articles of Association.

ICNARC’s Articles of Association provide for a limitation of member liability to £1. ICNARC is a Registered Charity in England and Wales.

Registered Name of Company: Intensive Care National Audit and Research Centre
Company Number: 02946727
Registered Charity Number: 1039417
Registered Office: Napier House, 24 High Holborn, London WC1V 6AZ

Our Trustees

The Trustees form the Board of Management and are responsible for the governance and strategy of ICNARC. The Board of Management is made up of nine Trustees, comprising a mix of clinical and lay members. The Trustees have full legal responsibility for the actions of ICNARC. Trustees are appointed for a renewable term of three years and are the Directors of the Company for the purposes of the Companies Act 2006.

The Trustees (Board of Management) meets four to five times per year and delegates the day-to-day responsibility for running of ICNARC to the Managing Director and the Director of Scientific & Strategic Development, along with other members of the SMT. Trustees act as advisors to staff on business and clinical issues and keep the organisation up-to-date with developments within health and other relevant fields. All Trustees give their time freely and no Trustee remuneration was paid in 2017.

We were pleased to appoint two new Trustees in December 2017, Mr Paul Maddox and Ms Carolyn Seet, who bring with them extensive business and digital expertise. We are extremely grateful to Dr Maureen Dalziel and Mr Terry Rickwood for their long service and commitment as Trustees to ICNARC, who both retired from the Board of Management in 2017.

The Trustees serving during 2017 and into 2018 are:

Chair: Mr Robert Nicholls
Trustees: Dr Simon Baudouin
Prof Sir Nick Black
Dr Maureen Dalziel (resigned 31 December 2017)
Dr Tim Gould
Dr Lisa Hinton
Mr Paul Maddox (Treasurer) (commenced 1 January 2018)
Prof David Menon
Mr Terry Rickwood (Secretary) (resigned 31 December 2017)
Ms Carolyn Seet (commenced 1 January 2018)
Dr Gareth Sellors

Trustee vacancies are advertised, as necessary, and ICNARC may also approach individuals thought to have the appropriate skills and experience. New Trustees spend time with members of the SMT, and other staff, as part of their induction to learn more about the organisation and to understand how they can add value through their skills and experience. Trustees are also invited to attend the Annual Conferences and, where relevant, represent ICNARC on external advisory groups.

On appointment, each Trustee completes a Declaration of Interest which is held in a Register of Interests and updated annually. All conflicts are actively managed during the course of all ICNARC Trustee business through early identification of potential areas of conflict and actions taken to manage these, where relevant.

Public Benefit

In shaping the objectives and activities of the year, the Trustees have considered the guidance of the Charity Commission on public benefit, including the guidance ‘Public Benefit: Running a Charity’. The nature of this public benefit is detailed on pages 5-16.

Senior Management Team

The Managing Director and the Director of Scientific & Strategic Development, along with other members of the SMT, are responsible for the day-to-day running of ICNARC under
authority delegated to them by the Trustees (Board of Management) and are collectively responsible for the management and operations of ICNARC.

The SMT is responsible for implementing the strategy and policies, agreed with Trustees, and operate on a three-year, rolling review. The SMT proposes an annual Business Plan and operating budget, for approval by the Trustees (Board of Management), and monitors financial performance and organisational risk, accordingly.

The SMT members in 2017 are:
Prof Kathryn Rowan Director of Scientific & Strategic Development
Prof David Harrison Head Statistician
Ms Margaret Duffy Head of Finance & Resources
Mr Paul Mouncey Head of Research
Ms Kerrie Gemmill Managing Director
Mrs Bernadette Light Programme Manager
Ms Keryn Vella Operations Director

Mr Kevin Hunt Chief Executive
Mr Tim Russell Technical Services Manager

Our staff
During 2017 ICNARC had an average paid workforce of 37 staff, located in our central London office.

ICNARC is an equal opportunities employer. We promote equality and diversity by:
• selecting for employment, promotion or training or any other benefit on the basis of aptitude and ability;
• not tolerating any form of intimidation, bullying or harassment;
• recognising and valuing individual differences and contributions;
• providing a work environment that promotes dignity and respect to all; and
• reviewing regularly employment policies, practices and procedures to ensure fairness.

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• reviewing regularly employment policies, practices and procedures to ensure fairness.
Statement of Trustees’ responsibilities

Trustees’ responsibilities in relation to the financial statements
The Trustees (who are also Directors of the Intensive Care National Audit and Research Centre for the purposes of company law) are responsible for preparing the Report of the Directors and Trustees 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, which give a true and fair view of the state of affairs of the Charitable Company and of the incoming resources and application of the resources, including the income and expenditure, of the Charitable Company for that period. In preparing those financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities Statement of Recommended Practice SORP 2015 (FRS 102);
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the Charitable Company will continue in operation.

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

In so far as the Trustees are aware:

- there is no relevant audit information of which the Charitable Company’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 auditors are aware of that information.

In approving the Trustees’ Annual Report, we also approve the Strategic Report included therein, in our capacity as Company Directors.

Signed on behalf of the Board
R M Nicholls
Director

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

Bankers
Unity Trust Bank plc
Nine Brindleyplace
Birmingham
B1 2BR

Telephone: 020 7831 6878
Email: icnarc@icnarc.org
Website: www.icnarc.org

Date: 20/1/18
Independent auditors' report to the Trustees of the Intensive Care National Audit and Research Centre

Opinion
We have audited the financial statements of Intensive Care National Audit and Research Centre (the 'charitable company') for the year ended 31 December 2017 which comprise the Statement of Financial Activities, the Statement of Financial Positions and the Statement of Cash Flows and notes to the financial statements, 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 charitable company's affairs as at 31 December 2017, 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.

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

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

Other information
The Trustees are responsible for the other information. The other information comprises the information included in the Trustees' annual report, other than the financial statements and our auditor's 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 of 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.

Opinions on other matters prescribed by the Companies Act 2006
In our opinion, based on the work undertaken in the course of the audit:
- the information given in the Trustees' report (incorporating the strategic report and the directors' report) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the strategic report and the directors' 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 strategic report and the directors' report.
We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires 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 directors’ remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of Trustees
As explained more fully in the Trustees’ responsibilities statement set out on page 21, the Trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

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 auditor’s report.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

This report is made solely to the charitable company’s members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company’s members those matters we are required to state to them in an auditor’s report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company’s 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 MacIntyre Hudson
Chartered Accountants & Statutory Auditor
New Bridge Street House
30-34 New Bridge Street
London
EC4V 6BJ
Date: 28/9/18
# Statement of Financial Activities
(Incorporating an Income and Expenditure account)
For the year ended 31 December 2017

<table>
<thead>
<tr>
<th>Notes</th>
<th>Unrestricted Funds</th>
<th>Restricted</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>General</td>
<td>Development</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income and endowments from:</td>
<td>£</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Investment income - bank interest</td>
<td>137</td>
<td>-</td>
<td>-</td>
<td>137</td>
</tr>
<tr>
<td>Charitable activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participants' Cost Contribution (Audits)</td>
<td>7</td>
<td>1,225,118</td>
<td>-</td>
<td>209,773</td>
</tr>
<tr>
<td>Activities in promoting the Audits</td>
<td>7</td>
<td>31,694</td>
<td>-</td>
<td>1,834</td>
</tr>
<tr>
<td>Other services</td>
<td>7</td>
<td>7,678</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Research funding</td>
<td>2</td>
<td>22,682</td>
<td>-</td>
<td>1,470,313</td>
</tr>
<tr>
<td>Total</td>
<td>1,287,309</td>
<td>-</td>
<td>1,681,920</td>
<td>2,969,229</td>
</tr>
<tr>
<td>Expenditure on:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charitable activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participants' Cost Contributions</td>
<td>789,557</td>
<td>-</td>
<td>201,075</td>
<td>990,632</td>
</tr>
<tr>
<td>Activities in promoting Audit</td>
<td>98,077</td>
<td>-</td>
<td>-</td>
<td>98,077</td>
</tr>
<tr>
<td>Data Services</td>
<td>270,765</td>
<td>-</td>
<td>-</td>
<td>270,765</td>
</tr>
<tr>
<td>Research</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>1,470,313</td>
</tr>
<tr>
<td>Total</td>
<td>1,158,399</td>
<td>-</td>
<td>1,671,388</td>
<td>2,829,787</td>
</tr>
<tr>
<td>Net income/(expenditure)</td>
<td>128,910</td>
<td>-</td>
<td>10,532</td>
<td>139,442</td>
</tr>
<tr>
<td>Transfers between funds</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Net movement in funds</td>
<td>128,910</td>
<td>-</td>
<td>10,532</td>
<td>139,442</td>
</tr>
<tr>
<td>Total funds brought forward</td>
<td>268,971</td>
<td>50,000</td>
<td>16,671</td>
<td>335,642</td>
</tr>
<tr>
<td>Total funds carried forward</td>
<td>16</td>
<td>397,881</td>
<td>50,000</td>
<td>27,203</td>
</tr>
</tbody>
</table>

- All the company's operations are classified as continuing.
- The company had no recognised gains or losses other than those included in the movement in funds for the year.
- A statement on the movement on reserves appears as Note 16 to the financial statements.
- The Notes on pages 27 to 34 form part of these accounts.
Statement of Financial Position
For the year ended 31 December 2017

<table>
<thead>
<tr>
<th>Notes</th>
<th>Unrestricted</th>
<th>Restricted</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIXED ASSETS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangible assets</td>
<td>11</td>
<td>58,230</td>
<td>-</td>
<td>58,230</td>
</tr>
</tbody>
</table>

CURRENT ASSETS

| Receivables | 12     | 471,484    | 198,066| 669,550| 798,201|
| Cash at bank and in hand | 72     | -          | 72     | -      | 114    |
| Cash deposit |       | 927,075    | 1,158,766| 2,085,841| 1,360,584|
| TOTAL CURRENT ASSETS | 1,398,631| 1,356,832  | 2,755,463| 2,158,899|

Payables

Amounts falling due within one year

| Receipts in advance | 840,821| 218,045| 858,866| 755,685|
| Other payables | 368,358| 1,111,584| 1,479,942| 1,133,454|
| TOTAL PAYABLES | 1,008,979| 1,329,629| 2,338,608| 1,889,139|

Net current assets

| 389,651 | 27,203 | 416,854 | 269,760 |

NET ASSETS

| 447,881 | 27,203 | 475,084 | 335,642 |

Represented by:

Unrestricted Funds

| General Fund | 16     | 397,881  |       | 268,971|
| Development Fund | 16    | 50,000   |       | 50,000|
| Restricted Fund | 16    | 27,203   | 27,203| 16,672|

| 475,084 | 335,642 |

These financial statements have been prepared in accordance with the special provisions for small companies under Part 15 of the Companies Act 2006.

R M Nicholls, Director

Formally approved by the Board of Management on 20/9/18

The Notes on pages 27 to 34 form part of these accounts.

Company Registration Number: 02946727
## Statement of Cash Flows

For the year ended 31 December 2017

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash used in operating activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Increase)/Decrease in debtors</td>
<td>128,651</td>
<td>(80,457)</td>
</tr>
<tr>
<td>Increase/(Decrease) in creditors</td>
<td>449,470</td>
<td>(197,926)</td>
</tr>
<tr>
<td>Depreciation charges</td>
<td>22,512</td>
<td>36,637</td>
</tr>
<tr>
<td>Surplus/Deficit less interest income</td>
<td>139,304</td>
<td>86,790</td>
</tr>
<tr>
<td><strong>Net cash used in operating activities</strong></td>
<td>739,938</td>
<td>(154,956)</td>
</tr>
</tbody>
</table>

|                                |            |            |
| **Cash flow from investing activities** |            |            |
| Interest income                | 137        | 1,392      |
| Purchase of tangible fixed assets | (14,860)  | (49,397)   |
| **Net cash provided by investing activities** | (14,723)  | (48,004)   |

Increase (decrease) in cash and cash equivalents in the year       | 725,215    | (202,961)  |
Cash and cash equivalents at the beginning of the year             | 1,360,698  | 1,563,658  |

**Cash and cash equivalents at end year**                           | 2,085,913  | 1,360,698  |
Notes to the Accounts
For the year ended 31 December 2017

Intensive Care National Audit and Research Centre is a company limited by guarantee and an incorporated charity registered with the Charity Commission. In the event of the charity being wound up, the liability in respect of the guarantee is limited to £1 per member of the charity. The address of the registered office is given on Page 19. The nature of the charity's operations and principal activities are detailed on pages 5-16. The charity is a public benefit entity as defined by FRS 102. The company registration is 2946727.

1 ACCOUNTING POLICIES
(a) The accounts have been prepared under the historical cost convention in accordance with the Companies Act 2006 and follow the recommendations in Accounting and Reporting by charities: Statement of Recommended Practices applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102).
(b) The financial statements are prepared on a going concern basis. The Trustees have considered the level of funds held and the expected level of income and expenditure for 12 months from authorising these financial statements. The budgeted income and expenditure is sufficient with the level of reserves for the charity to be able to continue as a going concern. They are prepared in sterling which is the functional and presentational currency of the charity rounded to the nearest £1.
(c) The charity adopted SORP (FRS 102) in 2015.
(d) Interest is accounted for when receivable.
(e) Research Grant income is recognised when the Charity has entitlement to the funds and any performance conditions have been met. It is matched to expenditure in the year expenditure occurs. Any advance income over expenditure is held on the Statement of Financial Position as deferred income.
(f) The Annual Participants' Cost Contributions (APCC) is invoiced on the anniversary date of joining. Any proportion of a current year income relating to the following year is treated as deferred income.
(g) The NCAA participants income is invoiced on the anniversary date of joining. Any proportion of a current year income relating to the following years is treated as deferred income.
(h) Resources expended are recognised in the period in which they occur. Resources expended include attributable VAT which cannot be recovered.
(i) Resources expended are allocated to the particular activity where the costs relate directly to that activity. The cost of the overall direction and administration, comprising of salary and overhead costs are apportioned on an estimate of staff time on the following basis:

| Annual Participants' Cost Contribution (Audit) | 65% |
| Activities in Promoting the Audit | 5% |
| Data Services | 15% |
| Research | 15% |

(j) All fixed assets are initially recorded at cost and capitalised if costs exceed £100.
(k) Depreciation is provided at the following annual rates in order to write off the cost of each asset on a straight line basis over its estimated life. Rates currently used on cost are:

| Office furniture | 20% |
| Office equipment | 33% |
| Office equipment | 33% |
| Software | 20% |

(l) Unrestricted funds are subscriptions and other incoming resources receivable or generated for the objects of the organisation without further specified purpose and are available as general funds.
(m) Designated Funds are unrestricted funds earmarked by the Board of Management for a particular purpose (i.e. Development Fund).
(n) Restricted Funds are to be used for the specific purposes as laid down by the provider. Expenditure which meets these criteria is charged to the fund, together with a fair allocation of management and support costs.
(o) The charity operates a defined contribution pension scheme for its employees. The assets of the scheme are held separately from those of the charity. The annual contribution payable is charged to the income and expenditure account.
(p) Expenditure applicable to operating leases are charged in the income and expenditure account on a straight line basis over the period of the lease.
(q) The charity has only financial assets and financial liabilities, including cash, of a kind which qualify as basic financial instruments.
Notes to the Accounts  
For the year ended 31 December 2017  
Continued

2 RESEARCH FUNDING

<table>
<thead>
<tr>
<th>Research</th>
<th>Unrestricted funds</th>
<th>Restricted</th>
<th>Total 2017</th>
<th>Total 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>General</td>
<td>Development</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Others</td>
<td>22,682</td>
<td></td>
<td>22,682</td>
<td></td>
</tr>
</tbody>
</table>

Grants:

- IHA - LSHTM: 2,753
- ProMiSe - HTA: 7,731
- POPPI - HS&DR: 407,532
- FEVER - HTA: 300,786
- CIF - NIHR: 55,510
- 65 - NIHR: 394,776
- Risk 2 - HTA: 89,218
- FISH - Imperial: 108,206
- COAST - Imperial: 80,735
- Oxy-PICU - GOSH: 29,695
- SCARF - GOSH: -
- First ABC - GOSH: -
- GOSH adolescents: 3,855

Total 2018: 1,470,313
Total 2017: 1,492,995
Total 2016: 1,218,568

3 RESTRICTED RESOURCES EXPENDITURE - RESEARCH

<table>
<thead>
<tr>
<th>Research</th>
<th>Start date</th>
<th>Grant value</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>IHA</td>
<td>01/05/2014</td>
<td>43,830</td>
<td>-</td>
<td>2,753</td>
</tr>
<tr>
<td>ProMiSe</td>
<td>01/04/2010</td>
<td>2,719,594</td>
<td>-</td>
<td>7,731</td>
</tr>
<tr>
<td>POPPI</td>
<td>01/11/2013</td>
<td>2,040,451</td>
<td>407,532</td>
<td>732,840</td>
</tr>
<tr>
<td>FEVER</td>
<td>01/11/2016</td>
<td>516,030</td>
<td>394,776</td>
<td>44,605</td>
</tr>
<tr>
<td>Risk 2</td>
<td>01/08/2016</td>
<td>261,240</td>
<td>89,218</td>
<td>85,021</td>
</tr>
<tr>
<td>65 - NIHR</td>
<td>01/03/2016</td>
<td>1,071,497</td>
<td>394,776</td>
<td>-</td>
</tr>
<tr>
<td>Fish</td>
<td>01/12/2015</td>
<td>301,096</td>
<td>108,206</td>
<td>174,964</td>
</tr>
<tr>
<td>COAST</td>
<td>01/10/2016</td>
<td>278,636</td>
<td>80,735</td>
<td>19,112</td>
</tr>
<tr>
<td>Oxy-PICU</td>
<td>01/10/2016</td>
<td>49,595</td>
<td>29,695</td>
<td>5,192</td>
</tr>
<tr>
<td>SCARF</td>
<td>01/03/2012</td>
<td>119,713</td>
<td>-</td>
<td>20,658</td>
</tr>
<tr>
<td>First ABC</td>
<td>01/11/2015</td>
<td>23,000</td>
<td>-</td>
<td>14,210</td>
</tr>
<tr>
<td>GOSH-ABC</td>
<td>01/07/2014</td>
<td>5,481</td>
<td>3,855</td>
<td>-</td>
</tr>
<tr>
<td>CIF</td>
<td>01/09/2013</td>
<td>370,000</td>
<td>55,510</td>
<td>79,595</td>
</tr>
</tbody>
</table>

1,470,313 1,186,880

4 RESTRICTED RESOURCES EXPENDITURE - AUDIT

<table>
<thead>
<tr>
<th>Research</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>NCAA</td>
<td>201,075</td>
<td>197,724</td>
</tr>
</tbody>
</table>
### 5 TOTAL EXPENDITURE

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Restricted</th>
<th>Total 2017</th>
<th>Total 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Audit Promoting</td>
<td>Data Services.</td>
<td>Mgt</td>
<td></td>
</tr>
<tr>
<td></td>
<td>£</td>
<td>£</td>
<td>£</td>
<td></td>
</tr>
<tr>
<td>Staff costs</td>
<td>557,102</td>
<td>42,854</td>
<td>128,562</td>
<td>131,210</td>
</tr>
<tr>
<td>Training</td>
<td>-</td>
<td>11,387</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Recruitment</td>
<td>-</td>
<td>-</td>
<td>33,815</td>
<td></td>
</tr>
<tr>
<td>Meetings - Audit</td>
<td>48,033</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td>9,481</td>
<td>730</td>
<td>2,188</td>
<td>2,188</td>
</tr>
<tr>
<td>Premises</td>
<td>133,648</td>
<td>10,281</td>
<td>30,842</td>
<td>30,842</td>
</tr>
<tr>
<td>Legal/audit fees</td>
<td>-</td>
<td>-</td>
<td>14,097</td>
<td></td>
</tr>
<tr>
<td>Communications</td>
<td>29,794</td>
<td>2,292</td>
<td>6,875</td>
<td>6,875</td>
</tr>
<tr>
<td>Post and carriage</td>
<td>1,599</td>
<td>343</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank charges</td>
<td>-</td>
<td>-</td>
<td>1,102</td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>14,633</td>
<td>1,126</td>
<td>3,377</td>
<td>3,377</td>
</tr>
<tr>
<td>Research expenditure</td>
<td>-</td>
<td>11,729</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other costs</td>
<td>(206,908)</td>
<td>13,512</td>
<td>40,535</td>
<td>40,535</td>
</tr>
<tr>
<td>Allocation of other costs</td>
<td>202,176</td>
<td>15,552</td>
<td>46,657</td>
<td>(264,384)</td>
</tr>
</tbody>
</table>

Total expenditure 5,657,987 99,077 270,765 -

Total expenditure 201,075 1,470,313 2,829,787 2,543,256

Allocation of other costs is the reallocated Management and Administration after deduction for Governance and on the basis of staff costs. Operating leases costs totalled £179,272 (£121,657 - 2016).

### 6 GOVERNANCE

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Restricted</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Management &amp; committees</td>
<td>5,478</td>
<td>-</td>
<td>5,478</td>
<td>4,814</td>
</tr>
<tr>
<td>Legal and HR</td>
<td>5,128</td>
<td>-</td>
<td>5,128</td>
<td>1,690</td>
</tr>
<tr>
<td>Financial</td>
<td>8,969</td>
<td>-</td>
<td>8,969</td>
<td>5,633</td>
</tr>
<tr>
<td></td>
<td>19,575</td>
<td>-</td>
<td>19,575</td>
<td>12,137</td>
</tr>
</tbody>
</table>

Travel costs amounting to £4,425 (£4,082 - 2016) were reimbursed to 7 (4 - 2016) trustee members.

Fees payable to the charity’s auditors in respect of the audit and specialist advice were £8,969 (£5,633 - 2016).

### 7 INCOME

Incoming resources for charitable activities include:

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Restricted</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants’ cost contribution (APCC/NCAA) deferred/bfwd</td>
<td>595,655</td>
<td>103,900</td>
<td>699,555</td>
<td>644,059</td>
</tr>
<tr>
<td>APCC income received 2017</td>
<td>1,270,084</td>
<td>209,325</td>
<td>1,479,409</td>
<td>1,419,531</td>
</tr>
<tr>
<td>Less APCC deferred income carried forward</td>
<td>(640,621)</td>
<td>(103,452)</td>
<td>(744,073)</td>
<td>(699,555)</td>
</tr>
<tr>
<td>Participants’ cost contribution (APCC/NCAA)</td>
<td>1,225,118</td>
<td>209,773</td>
<td>1,434,891</td>
<td>1,364,034</td>
</tr>
<tr>
<td>Activities in promoting the APCC/NCAA</td>
<td>31,694</td>
<td>1,834</td>
<td>33,528</td>
<td>36,602</td>
</tr>
<tr>
<td>Research funding</td>
<td>22,682</td>
<td>1,470,313</td>
<td>1,492,995</td>
<td>1,218,568</td>
</tr>
<tr>
<td>Other services</td>
<td>7,678</td>
<td>7,678</td>
<td>10,841</td>
<td></td>
</tr>
<tr>
<td>Excludes investment income</td>
<td>1,287,172</td>
<td>1,681,920</td>
<td>2,969,092</td>
<td>2,630,046</td>
</tr>
</tbody>
</table>

Activities in promoting APCC include: training £7,195 (£13,848 - 2016) software licensing £18,766 (£19,418 - 2016), meeting, travel funding and speaker fees £5,733 (£3,003 - 2016).
Notes to the Accounts
For the year ended 31 December 2017
Continued

8 SURPLUS ON ORDINARY ACTIVITIES
The surplus is stated after charging:

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Restricted</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depreciation</td>
<td>22,512</td>
<td>-</td>
<td>22,512</td>
<td>36,637</td>
</tr>
<tr>
<td>Auditors' remuneration</td>
<td>6,639</td>
<td>-</td>
<td>6,639</td>
<td>4,925</td>
</tr>
<tr>
<td>Employment costs (Note 9)</td>
<td>859,728</td>
<td>654,407</td>
<td>1,514,135</td>
<td>1,514,398</td>
</tr>
</tbody>
</table>

9 STAFF COSTS AND NUMBERS

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>1,320,207</td>
<td>1,311,584</td>
</tr>
<tr>
<td>Social security costs</td>
<td>122,139</td>
<td>126,649</td>
</tr>
<tr>
<td>Pension</td>
<td>69,141</td>
<td>73,682</td>
</tr>
<tr>
<td>Seconded and agency staff</td>
<td>2,648</td>
<td>2,483</td>
</tr>
<tr>
<td></td>
<td>1,514,135</td>
<td>1,514,398</td>
</tr>
</tbody>
</table>

The number of employees receiving emoluments in excess of £60k:

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>£60,000 - £69,999</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>£90,000 - £99,000</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

The monthly average numbers employed during the year calculated on the basis of actual headcount:

<table>
<thead>
<tr>
<th></th>
<th>No.</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audit</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>Research direct</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Research general</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Technical services</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Administration and support</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>37</td>
<td>37</td>
</tr>
</tbody>
</table>

The company operates a Group Personal Pension scheme. Contributions to the Group Personal Pension Scheme in 2017 were £69,141 (£73,682 in 2016).

The amount of pension contribution to higher paid staff in 2017 was £20,133 (£18,166 in 2016).

The number of employees eligible to participate in the Group Personal Pension scheme at the end of 2017 is 16 (26 in 2016).

The number of employees auto-enrolled at the end of 2017 is 15 (9 - 2016).

The Trustees and the joint Directors are the key management personnel of the company. The Trustees, being in a voluntary position, receive no remuneration from the organisation. The joint Directors receive total emoluments of £157,628 (£104,378 - 2016).

10 TAXATION
The company is exempt from income and corporation taxes under S466 to S493 Corporation Tax Act 2010 2010 (CTA 2010).
Notes to the Accounts
For the year ended 31 December 2017
Continued

11 FIXED ASSETS

<table>
<thead>
<tr>
<th></th>
<th>Office fabrication</th>
<th>Computer equipment</th>
<th>Office equipment</th>
<th>Office furniture</th>
<th>Software</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost at 1 January 2017</td>
<td>62,523</td>
<td>132,321</td>
<td>24,922</td>
<td>56,006</td>
<td>45,400</td>
<td>321,172</td>
</tr>
<tr>
<td>Additions</td>
<td>-</td>
<td>13,397</td>
<td>574</td>
<td>890</td>
<td>-</td>
<td>14,860</td>
</tr>
<tr>
<td>Disposals</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>At 31 December 2017</td>
<td>62,523</td>
<td>145,717</td>
<td>25,496</td>
<td>56,896</td>
<td>45,400</td>
<td>336,032</td>
</tr>
<tr>
<td>Depreciation at 1 January 2017</td>
<td>49,747</td>
<td>122,758</td>
<td>24,558</td>
<td>52,930</td>
<td>5,297</td>
<td>255,290</td>
</tr>
<tr>
<td>Depreciation for the period</td>
<td>3,221</td>
<td>7,898</td>
<td>339</td>
<td>1,974</td>
<td>9,080</td>
<td>22,512</td>
</tr>
<tr>
<td>Disposals</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>At 31 December 2017</td>
<td>52,967</td>
<td>130,657</td>
<td>24,897</td>
<td>54,904</td>
<td>14,377</td>
<td>277,802</td>
</tr>
<tr>
<td>Net book value at 31 December 2017</td>
<td>9,556</td>
<td>15,061</td>
<td>599</td>
<td>1,991</td>
<td>31,023</td>
<td>58,230</td>
</tr>
<tr>
<td>Net book value at 31 December 2016</td>
<td>12,776</td>
<td>9,562</td>
<td>384</td>
<td>3,076</td>
<td>40,103</td>
<td>65,881</td>
</tr>
</tbody>
</table>

12 RECEIVABLES

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted</th>
<th>Restricted</th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade debtors</td>
<td>425,222</td>
<td>-</td>
<td>425,222</td>
<td>361,703</td>
</tr>
<tr>
<td>Other debtors</td>
<td>27,324</td>
<td>-</td>
<td>27,324</td>
<td>24,355</td>
</tr>
<tr>
<td>Research projects</td>
<td>-</td>
<td>198,066</td>
<td>198,066</td>
<td>326,273</td>
</tr>
<tr>
<td>Prepayments</td>
<td>18,939</td>
<td>-</td>
<td>18,939</td>
<td>85,870</td>
</tr>
<tr>
<td></td>
<td>471,484</td>
<td>198,066</td>
<td>669,550</td>
<td>798,201</td>
</tr>
</tbody>
</table>

13 PAYABLES

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade creditors</td>
<td>78,285</td>
<td>78,285</td>
</tr>
<tr>
<td>Other creditors</td>
<td>9,767</td>
<td>9,767</td>
</tr>
<tr>
<td>Accruals</td>
<td>50,800</td>
<td>1,111,584</td>
</tr>
<tr>
<td>Taxation &amp; Social Security</td>
<td>229,506</td>
<td>-</td>
</tr>
<tr>
<td>Deferred income</td>
<td>640,621</td>
<td>218,045</td>
</tr>
<tr>
<td></td>
<td>1,008,979</td>
<td>1,329,629</td>
</tr>
</tbody>
</table>
Notes to the Accounts
For the year ended 31 December 2017
Continued

14 DEFERRED INCOME
Deferred income comprises audit income payable annually and income deferred in the Clinical infrastructure fund.

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1st January 2017</td>
<td>£699,555</td>
<td>£855,562</td>
</tr>
<tr>
<td>Amount released to incoming resources</td>
<td>(699,555)</td>
<td>(855,562)</td>
</tr>
<tr>
<td>Deferred audit</td>
<td>£744,073</td>
<td>£699,555</td>
</tr>
<tr>
<td>Deferred clinical infrastructure</td>
<td>£68,592</td>
<td>-</td>
</tr>
<tr>
<td>Deferred research</td>
<td>£46,001</td>
<td>£56,130</td>
</tr>
<tr>
<td>Balance at 31 December 2017</td>
<td>£858,666</td>
<td>£755,685</td>
</tr>
</tbody>
</table>

15 2016 STATEMENT OF FINANCIAL ACTIVITIES

<table>
<thead>
<tr>
<th></th>
<th>Unrestricted Funds</th>
<th>Restricted Funds</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>General Development</td>
<td>Funds</td>
<td>£</td>
</tr>
<tr>
<td>Income and endowments from:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment income - bank interest</td>
<td>1,162</td>
<td>-</td>
<td>230</td>
</tr>
<tr>
<td>Charitable activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participants' Cost Contribution (Audits)</td>
<td>1,173,949</td>
<td>-</td>
<td>190,085</td>
</tr>
<tr>
<td>Activities in promoting the Audits</td>
<td>36,269</td>
<td>-</td>
<td>333</td>
</tr>
<tr>
<td>Other services</td>
<td>4,975</td>
<td>-</td>
<td>5,866</td>
</tr>
<tr>
<td>Research funding</td>
<td>31,888</td>
<td>-</td>
<td>1,186,680</td>
</tr>
<tr>
<td>Total</td>
<td>1,248,243</td>
<td>-</td>
<td>1,383,194</td>
</tr>
</tbody>
</table>

Expenditure
Charitable activities
|                                |                   |       |     |       |     |       |
| Participants' Cost Contributions | 854,252           | -     | 197,724 | 1,051,976 |
| Activities in promoting Audit   | 94,605            | -     | -    | 94,605 |
| Data Services                   | 209,993           | -     | -    | 209,993 |
| Research                        | -                 | -     | 1,186,680 | 1,186,680 |
| Total                           | 1,158,850         | -     | 1,384,405 | 2,543,254 |

Net income/(expenditure)
|                                | 89,393            | -     | (1,211) | 88,182 |

Transfer between funds
|                                | 89,393            | -     | (1,211) | 88,182 |

Net movement in funds

Total funds brought forward
|                                | 179,578           | 50,000 | 17,882  | 247,460 |

Total funds carried forward
|                                | 268,971           | 50,000 | 16,671  | 335,642 |
Notes to the Accounts
For the year ended 31 December 2017
Continued

16 RESERVES
The movement in the reserves were as follows:

<table>
<thead>
<tr>
<th></th>
<th>At 1 Jan 2017</th>
<th>Incoming resources</th>
<th>Outgoing resources</th>
<th>Transfers</th>
<th>At 31 Dec 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restricted Funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research Grants:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>POPPI</td>
<td>-</td>
<td>407,532</td>
<td>(407,532)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>FEVER</td>
<td>-</td>
<td>300,786</td>
<td>(300,786)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>65</td>
<td>-</td>
<td>394,776</td>
<td>(394,776)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Risk 2</td>
<td>-</td>
<td>89,218</td>
<td>(89,218)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>FISH</td>
<td>-</td>
<td>108,206</td>
<td>(108,206)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>COAST</td>
<td>-</td>
<td>80,735</td>
<td>(80,735)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Oxy-PICU</td>
<td>-</td>
<td>29,695</td>
<td>(29,695)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>GOSH adolescents</td>
<td>-</td>
<td>3,855</td>
<td>(3,855)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>CIF</td>
<td>-</td>
<td>55,510</td>
<td>(55,510)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total grants</td>
<td>-</td>
<td>1,470,312</td>
<td>(1,470,312)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Audit:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCAA</td>
<td>16,671</td>
<td>211,607</td>
<td>(201,075)</td>
<td>-</td>
<td>27,203</td>
</tr>
</tbody>
</table>

Unrestricted Funds

| Development Fund (designated) | 50,000 | - | - | - | 50,000 |
| General Fund                 | 268,971| 1,287,309| (1,158,399)| - | 397,881 |

At the end of the year

335,642 | 2,969,228 | (2,829,788) | - | 475,084 |

Purposes of restricted funds

Resourced against awarded scientific research grants. At times income is received in advance of expenditure.

Purpose of designated funds

The Development Fund has been established to assist the development of a national, comparative, audit of patient outcome for intensive care and high dependency care and the associated research therein.

17 RELATED PARTY TRANSACTIONS

There are no related party transactions in the year that require disclosure other than the Trustees' expenses in note 6

18 ULTIMATE CONTROLLING PARTY

The Trustees are of the opinion that there is no one controlling party of the charitable company.
19 PENSION COMMITMENTS
The Charity operates a defined contributions pension scheme. The assets of the scheme are held separately from those of the Charity in an independently administered fund. The pension cost charge represents contributions payable by the Charity to the fund and amounted to £69,141 (2016: £73,682). Contributions totalling £9,767 (2016: £17,246) were payable to the fund as at 31 December 2017 and included in the Statement of Financial Position.

20 OPERATING LEASE COMMITMENTS
The total future minimum lease payments under non-recoverable operating leases for land, buildings and equipment are shown below, analysed according to the expiry date of the lease.

<table>
<thead>
<tr>
<th></th>
<th>£</th>
</tr>
</thead>
<tbody>
<tr>
<td>Land and buildings</td>
<td></td>
</tr>
<tr>
<td>Within one year</td>
<td>169,983</td>
</tr>
<tr>
<td>Between one and two years</td>
<td>169,983</td>
</tr>
<tr>
<td>Between three and five years</td>
<td>382,462</td>
</tr>
<tr>
<td>Total</td>
<td>722,428</td>
</tr>
<tr>
<td>Equipment</td>
<td></td>
</tr>
<tr>
<td>Within one year</td>
<td>9,289</td>
</tr>
<tr>
<td>Between one and two years</td>
<td>5,706</td>
</tr>
<tr>
<td>Between two and five years</td>
<td>694</td>
</tr>
<tr>
<td>Total</td>
<td>15,689</td>
</tr>
<tr>
<td>Total</td>
<td>738,117</td>
</tr>
</tbody>
</table>