

The Queen's Institute of Community Nursing

England & Wales · Charity number 213128

Details

Other names	THE QUEEN'S NURSING INSTITUTE, QICN, QNI
Status	Registered
Legal form	Other
Registered	1962-12-13
Register	View on the Charity Commission register

Contact

Address	30 Euston Square London NW1 2FB
Phone	02075941400
Email	mail@qicn.org.uk
Website	www.qicn.org.uk

Activities

Objects: (1) THE TRAINING, SUPPORT, MAINTENANCE AND SUPPLY OF PERSONS TO ACT AS NURSES FOR THE SICK AND AS MIDWIVES AND HEALTH VISITORS AND THE UNDERTAKING OF PREVENTIVE AND SUPERVISORY WORK FOR SECURING HEALTH. (2) THE ESTABLISHMENT OF HOMES (INCLUDING TRAINING HOMES) FOR SUCH NURSES, MIDWIVES AND HEALTH VISITORS AND OF MATERNITY HOSPITALS FOR THE INSTRUCTION OF SUCH NURSES, MIDWIVES AND HEALTH VISITORS AND OF MATERNITY HOSPITALS FOR THE INSTRUCTION OF SUCH NURSES MIDWIVES AND HEALTH VISITORS IN MIDWIFERY AND CLINICS FOR THEIR INSTRUCTION ON CHILD WELFARE. (3) THE CO-ORDINATION AND SUPERVISION OF CENTRES FOR ANY OF THE AFORESAID PURPOSES AND GENERALLY THE PROMOTION AND PROVISION OF IMPROVED MEANS FOR NURSING THE SICK AND SECURING HEALTH. (4) TO CO-OPERATE WITH OTHER CORPORATIONS, BODIES AND PERSONS IN CARRYING OUT THE ABOVE OBJECTS WITH POWER TO MAKE GRANTS FROM GENERAL AND CHARITABLE FUNDS OR OTHERWISE ASSIST SUCH BODIES OR PERSONS IN THE FURTHERANCE OF SUCH OBJECTS.

Activities: PROVIDES UNIQUE LEARNING RESOURCES, PRACTICE DEVELOPMENT OPPORTUNITIES, STANDARDS FOR EDUCATION & PRACTICE & INNOVATION PROJECT SUPPORT EVENTS & THE AWARD OF QUEEN'S NURSE TITLE INSPIRE NURSES TO DELIVER HIGH QUALITY CARE CREATES UNIQUE EVIDENCE FOR POLICY INFLUENCING ACTIVITIES TO SUPPORT EXCELLENT CARE FOR PATIENTS AND FAMILIES ASSISTANCE TO COMMUNITY NURSES IN

Classification

- **How:** Makes Grants To Individuals, Makes Grants To Organisations, Provides Services, Provides Advocacy/advice/information, Sponsors Or Undertakes Research, Acts As An Umbrella Or Resource Body
- **What:** Education/training, The Advancement Of Health Or Saving Of Lives, The Prevention Or Relief Of Poverty
- **Who:** Children/young People, Elderly/old People, People With Disabilities, Other Defined Groups

Geography

- Northern Ireland
- Throughout England And Wales

Finances

Period end	Income	Expenditure	Assets	Employees
2024-12-31	£1,517,769	£1,832,008	£11,524,076	20
2023-12-31	£1,383,431	£1,935,235	£11,116,972	21
2022-12-31	£1,369,207	£1,836,055	£11,272,010	19
2021-12-31	£1,250,051	£1,307,439	£12,903,364	16
2020-12-31	£992,535	£1,094,872	£11,508,305	12

Trustees

Name	Role	Appointed
Dr JOHN UNSWORTH	Chair	2010-05-12
Christine O'Connell BA MBA DEA		2016-12-15
Dale Carrington		2020-12-15
Dr Joan Lee Myers OBE		2022-12-01
Helen Mehra		2020-12-15
JENNI MIDDLETON		2016-09-30
Jeremy Taylor		2020-01-14
Judith Graham		2020-12-15
Neesha Oozageer Gunowa		2020-10-03
Nicholas Addyman		2017-05-03
Nigel Edwards		2024-07-01
ROSALYNDE LOWE CBE		2003-03-12
Rebecca Myers		2020-01-14
Timothy Gerald Oliver OBE		2024-09-25

Linked charities

- BRIXTON DISTRICT NURSING ASSOCIATION TRUST FUND (213128-1)
- DISTRICT NURSES 1965 FUND (213128-10)
- QUEEN'S NURSES BENEFIT FUND (213128-13)
- SIR HENRY TATE MEMORIAL INVESTMENT BRIXTON (213128-14)
- TATE FUND (213128-15)
- BRYN-Y-MENAI VICTORIA NURSES FUND (213128-2)
- ELIZABETH FRY FUND (213128-3)
- ELSIE WAGG FUND (213128-4)
- FLORENCE CUNARD BEQUEST FUND (213128-5)
- FLORENCE GIBBS FUND (213128-6)
- IRISH DIAMOND JUBILEE COMMEMORATION FUND (213128-7)
- IRISH WOMEN'S MEMORIAL FUND (213128-8)
- WEST RIDING TRUST (213128-9)

The Queen's Institute of Community Nursing

England & Wales - Charity number 213128

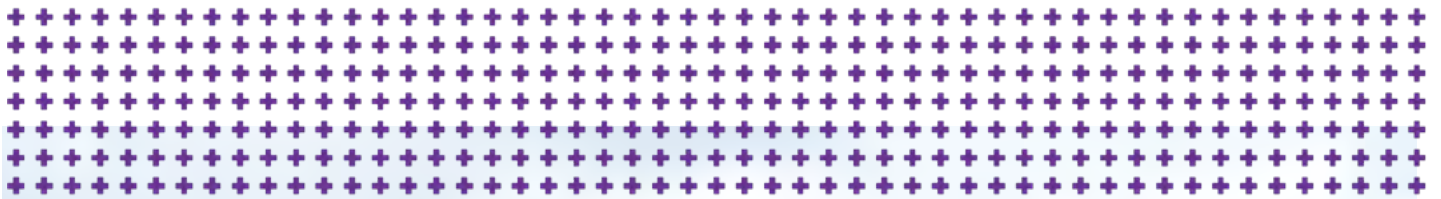
Accounts

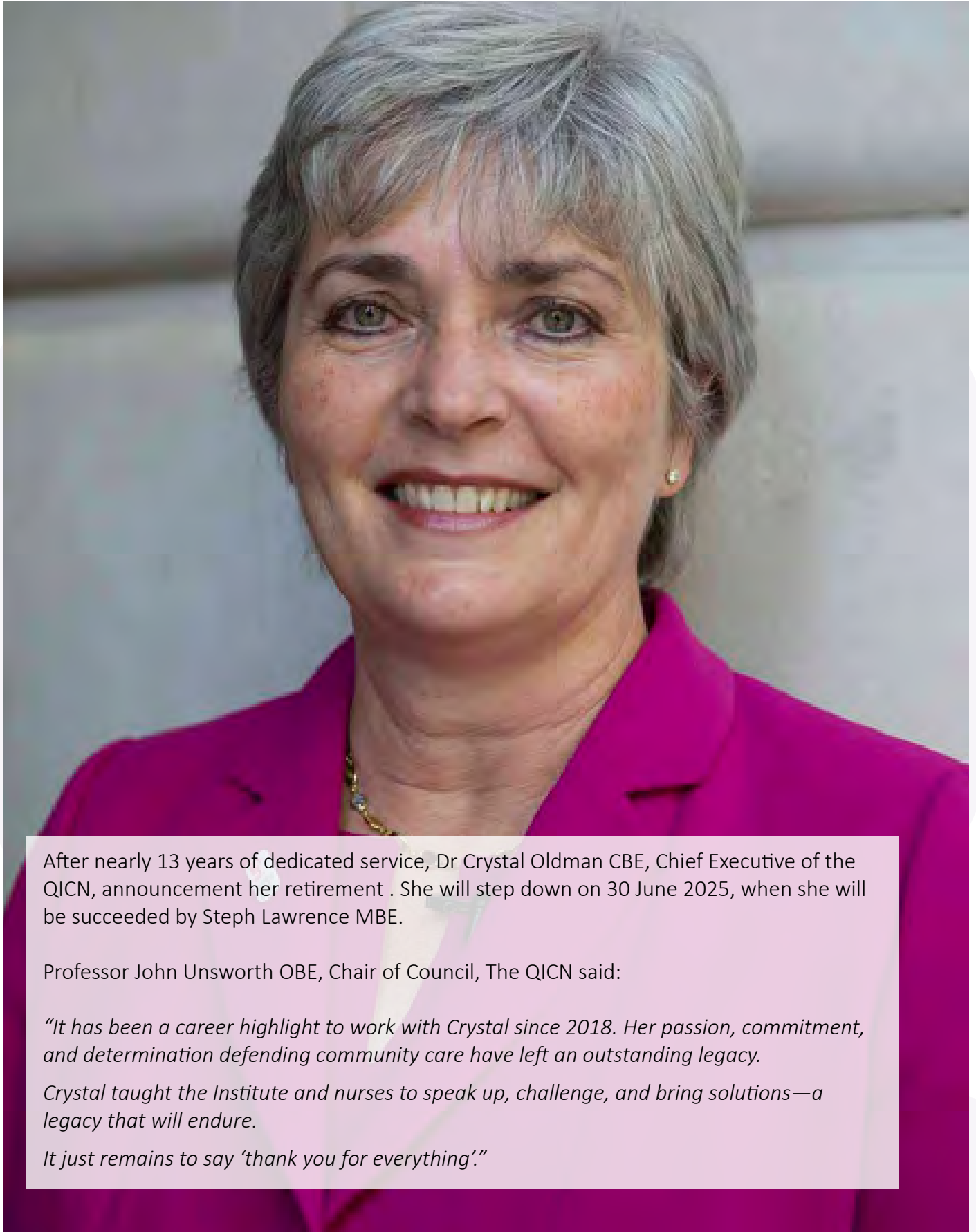
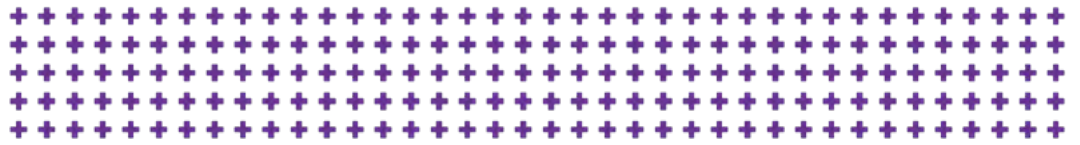


The Queen's
Institute of
Community
Nursing

Annual Report and Accounts

Year to 31 December 2024





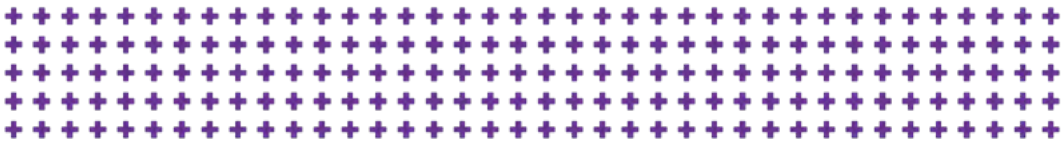
After nearly 13 years of dedicated service, Dr Crystal Oldman CBE, Chief Executive of the QICN, announcement her retirement . She will step down on 30 June 2025, when she will be succeeded by Steph Lawrence MBE.

Professor John Unsworth OBE, Chair of Council, The QICN said:

"It has been a career highlight to work with Crystal since 2018. Her passion, commitment, and determination defending community care have left an outstanding legacy.

Crystal taught the Institute and nurses to speak up, challenge, and bring solutions—a legacy that will endure.

It just remains to say 'thank you for everything'."



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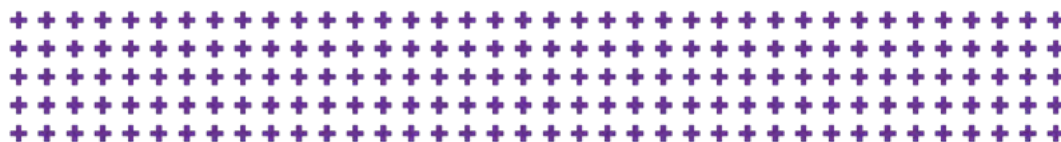
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Reference and administrative information about The Queen's Institute of Community Nursing (formerly The Queen's Nursing Institute), its members of Council and advisers

Patron Her Majesty Queen Camilla (May 2024)

Vice Presidents Dr June Crown CBE
Professor Sir Sam Everington OBE
Zahir Fazal
Professor Dame Elizabeth Anionwu DBE OM

The members of Council (Trustees) at the date of this report, and those who served during 2024, are as follows:

Chair of Council Professor John Unsworth OBE *
Nick Addyman * # +
Dale Carrington
Nigel Edwards (appointed June 2024)

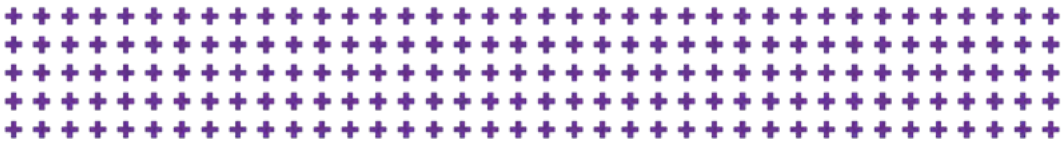
Honorary Treasurer Richard Fass # +
Dr Judith Graham BEM
Dr Katerina Kolyva (retired from Council March 2024)
Rosalynde Lowe CBE *
Dr Angela McLernon OBE (retired from Council March 2024)
Helen Mehra
Dr Jenni Middleton
Dr Joan Myers OBE
Rebecca Myers # +

Vice Chair Christine O'Connell # +
Tim Oliver OBE (appointed September 2024)
Dr Neesha Oozageer Gunowa
Jeremy Taylor OBE

* Council members nominated and appointed by the Patron

Members of the Finance Committee

+ Members of the Remuneration Committee



Reference and administrative information about The Queen’s Institute of Community Nursing (formerly The Queen’s Nursing Institute), its members of Council and advisers

Chief Executive Dr Crystal Oldman CBE, EdD, MSc, MA, PGDip, PGCEA, RGN, RHV, RNT, QN, FRCN

Charity registration number 213128

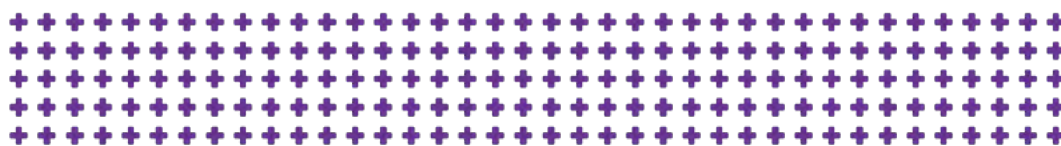
Principal office 30 Euston Square
London
NW1 2FB

Telephone 020 7549 1400
Email mail@qicn.org.uk
Website www.qicn.org.uk
Auditor Sayer Vincent LLP
110 Golden Lane
London
EC1Y 0TG

Investment managers Rathbone Investment Management Limited
Port of Liverpool Building
Pier Head
Liverpool
L3 1NW

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

Solicitors Quastels
4th Floor Watson House
54 Baker St
London W1U 7BU



Above:

Professor John
Unsworth OBE,
Chair of Council,
The QICN

Foreword from the Chair

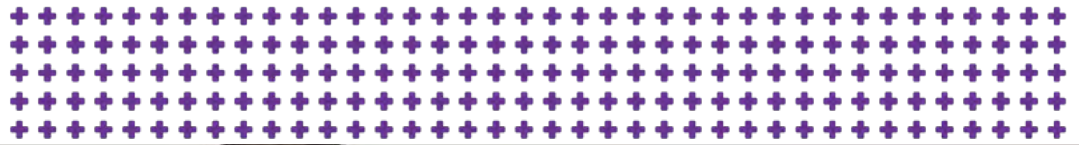
We started 2024 with a National Health Service in poor shape, still struggling to address waiting lists and ensure timely emergency care. Since 2012, community services have faced significant under-investment and cuts, with district nurse numbers falling by over 42%, health visitors by 30%, school nurses by 25%, and general practitioners by 7%. Health and Social Care is a complex system with many interdependent parts, and issues in community and social care lead to unnecessary hospital admissions and delayed discharges.

The Institute has worked tirelessly to raise concerns about community health services and nursing. Our effective shadowing scheme has enabled politicians and special advisors to see firsthand the value of investing in community nursing. We were heartened to hear Wes Streeting MP on BBC Question Time describe the importance of district nursing and care outside hospital. We were delighted by the Labour party's commitment to increase trained district nurses. Yet, as I write this, the government has agreed to end apprenticeship funding for level 7 programmes, cutting training numbers by more than half. We will closely monitor this decision's impact and advise on solutions, holding the government to account on their promises. The public and nurses would expect nothing less from QICN.

Following the July 2024 General Election, a new government has begun work on a 10-year plan focused on three big shifts: more care closer to home, digital transformation, and greater prevention. QICN broadly welcomes this direction but is disheartened that nursing, the largest workforce, has been largely excluded from policy discussions despite earlier collaboration.

2024 also marked major transformation for the Institute. We applied to the Privy Council to change our name from the Queen's Nursing Institute (QNI) to the Queen's Institute of Community Nursing (QICN), better reflecting our professional identity. We adapted our branding slightly, thanks to the communications team's efforts in rebranding and launching our new web and social media presence. We planned to relocate to 30 Euston Square, home of the Royal College of General Practitioners, presenting collaboration opportunities around neighbourhood team models. Our new premises enable us to run some Continuing Professional Development (CPD) onsite, with Vice-President Professor Dame Elizabeth Anionwu DBE OM agreeing to dedicate the space to her work promoting CPD for community nurses.

None of this would have been possible without our Chief Executive, Dr Crystal Oldman, and Head of Finance Patrick Edwardes-Ker. Patrick, an unsung hero, managed leases, contracts, the move, and much more, and the Council and I are hugely grateful.



Above:
Michelle Cox
giving the William
Rathbone X Lecture
in 2024

Our International Community Nursing Observatory (ICNO), led by Professor Alison Leary MBE and Data Analyst Dave Bushe, produced influential reports on District Nursing Today, the Advanced Practice Digital Badge, and ARRS Workforce Impact. Two reports helped change policy on ARRS and the restrictive Digital Badge requirement alongside advanced practice qualifications.

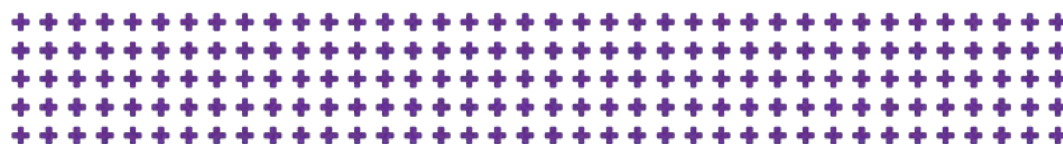
2024 saw QICN diversify income streams as anticipated government grants did not materialise. Our major funder, the National Garden Scheme (NGS), supported four professional networks, a vital lifeline we deeply appreciate. We launched organisational membership, rapidly growing it to provide benefits across community providers. We plan sustainable growth in 2025 and welcomed Steph Lawrence MBE as Deputy Chief Executive and Director of Nursing for membership, whose leadership has been excellent.

Thanks to NGS, our professional networks support excellent practice and community nurses in isolated roles. Led by our nursing and admin teams, they deliver events, webinars, and newsletters addressing members' learning needs.

Michelle Cox FQICN, FRCN delivered the William Rathbone X Lecture in 2024, speaking passionately on racism and district nursing's roots in Liverpool. QICN committed to becoming an anti-racist organisation, rooting out racism internally and in healthcare. The lecture was among many events coordinated by our tireless events team, thanks to Edina, Aga, Gabriella, and all for ensuring smooth delivery.

QICN continued membership of the International Council of Nurses and participated in the ODENNA programme, partnering with the National Association of Gambia Nurses and Midwives to support Nurse Attendants retraining as Second Level Nurses. We supported them throughout 2024 and welcomed them in April 2025 to UK conferences.

Our education and practice standards across nine fields were finalised in 2024, with accreditation work led by Dr Agnes Fanning and Lucy Pratt. These standards were well received in the UK and internationally, placing the UK at the forefront of developing advanced practice roles to ensure Universal



Health Coverage (UHC). We must capitalise on having the best differentiated community advanced practice workforce worldwide. Roles in inclusion health and health and justice nursing ensure care for disadvantaged groups. Without commissioned courses and accreditation commitment, the UK risks losing its strong UHC position.

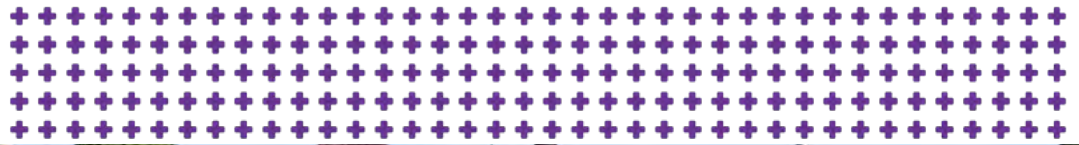
We remain impressed by Elsie Wagg Scholars and their community gardens, building a brilliant community ahead of the NGS centenary in 2027. QICN's sustainability work in healthcare, commissioned by NHS England, explored nurses' understanding and shared good practice.

Our nursing and 'Support for Nurses' teams deliver much 'business as usual' work, growing Queen's Nurses, delivering leadership programmes, and supporting nurses current and retired. This effort underpins our charitable objects, and we thank the teams for their outstanding contributions.

It is a privilege to write this foreword on behalf of the Institute and Council, supported by many volunteers including the 'Keep in Touch' programme. We bid farewell to Dr Katerina Kolyva and Angela McLernon OBE, who continue championing nursing. We welcomed trustees Nigel Edwards and Tim Oliver OBE, bringing healthcare and policy expertise. Her Majesty the Queen consented to Nick Addyman becoming a Patron appointed trustee, continuing the Rathbone family legacy.

Finally, Dr Crystal Oldman CBE announced her intention to leave to enter 'preferment' at the end of 2024. It has been a career highlight to work with her since 2018. Her passion, commitment, and determination defending community care have left an outstanding legacy. Crystal taught the Institute and nurses to speak up, challenge, and bring solutions, a legacy that will endure. We look forward to seeing her at a future all QN day or in due course visiting her garden as part of gardens open for charity for the NGS. It just remains to say 'thank you for everything'.

Professor John Unsworth OBE
Chair of Council



Above:
Queen's Nurse
Vicky Johnson on
her rounds

Report of the Council 31 December 2024

The Council presents its report together with the accounts of The Queen's Institute of Community Nursing (QICN) (Formerly The Queen's Nursing Institute) for the year ended 31 December 2024.

The accounts have been prepared in accordance with the accounting policies set out on pages 55 to 61 of the attached accounts and comply with the charity's Royal Charter, applicable laws and 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 United Kingdom and Republic of Ireland (FRS 102).

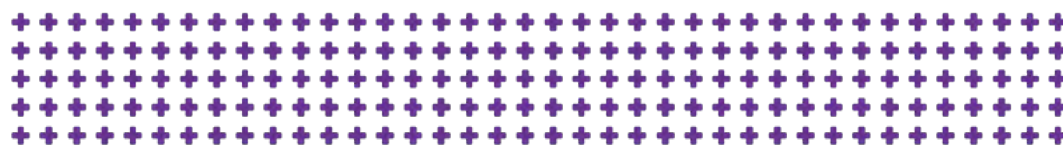
Objectives and activities

The Queen's Institute of Community Nursing operates in England, Wales and Northern Ireland.

The Queen's Institute of Community Nursing is an independent national charity that is dedicated to improving the nursing care of people in their communities and homes.

Our vision is that all people are provided with the best possible nursing care by the right nurse with the right skills in homes and communities, whenever and wherever it is needed.

The values provide the foundation for our work. They reflect the principles on which the QICN was first established by William Rathbone and Florence Nightingale in 1887.



Values

- + **Partnership:** with people, patients, organisations and policy makers, ensuring individuals, families, carers and communities are at the heart of all we do.
- + **Integrity:** living the values and seeing equality and diversity as strengths.
- + **Excellence:** in nursing, supported by innovation and evidence.
- + **Independence:** using evidence and insight to provide an independent voice.
- + **Advocacy:** recognising the contribution of all community nurses.
- + **Legacy:** cherishing the history of the QICN and our long-standing relationship with funders.

Public benefit

In setting and supporting the QICN's strategy and business plan, the members of Council continue to give careful consideration to the Charity Commission's general guidance on public benefit.

Strategic Plan 2021-25

The six strategic priorities were published at the start of 2021: <https://www.QICN.org.uk/wp-content/uploads/2021/02/Strategic-Plan-2021-2025-1.pdf>

These priorities reflect the status of the QICN as a national charity, focussed on excellent nursing care for all people in the community.

Influence

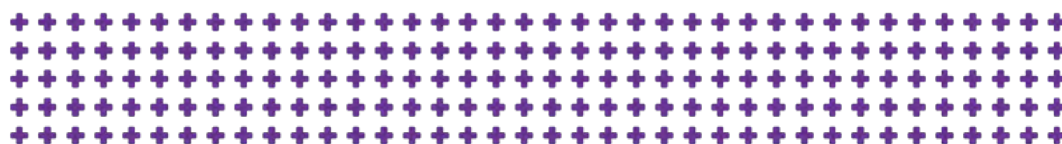
- 1. Policy Influence and Development:** to improve the health and wellbeing of individuals, carers, families and communities by local, national and international policy, including through the use of the nurse's voice.
- 2. Data and Evidence:** to provide independent intelligence about nursing in the community and primary care that is relevant and needed.

Quality

- 3. Innovation and Quality Improvement:** to improve nursing practice in the community through developing, testing and evaluating innovative approaches to care.
- 4. Standards:** to set national standards for nurse education and practice in community settings, which are recognised across the profession, educators and service providers.

Voice

- 5. Role models and Leaders:** to develop, promote and support excellent and diverse nursing leaders and role models and to empower nurses to raise their voice and articulate their value.



Above:
Dr Crystal Oldman
CBE, QICN CEO,
at the Awards
Ceremony in 2024.

6. Support for Nurses: to support the wellbeing of all community nurses, whether working or not, by listening and responding to their personal and professional needs.

Outcomes

The trustees determined that the strategic plan should include a focus on outcomes which would also guide the development of the annual business plan and measures of achievement:

Influence: The QICN is the organisation that is called upon to contribute to national policy development and implementation when shaping nursing services in the context of a wider health and social care system.

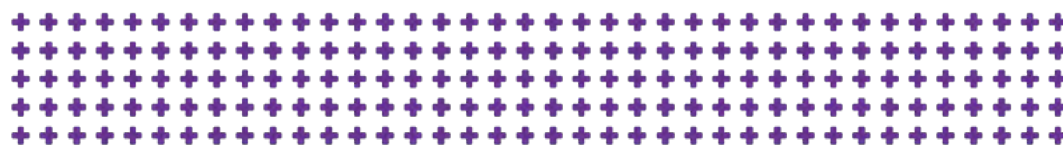
Quality: Evidence from the QICN regarding quality improvement and standards is used to inform policy, research, practice and education and is recognised at all levels in the system.

Voice: A diverse community of Queen's Nurses and others in the QICN networks successfully lead innovation and change, challenge inequalities and make a positive difference to the care of individuals, carers, families and communities.

Context

2024 was a year of change in the health service. A new Labour Government was elected in July 2024 with a manifesto supported by the incoming Secretary of State for Health and Social Care, Wes Streeting, which detailed an increased focus on people being cared for in the community rather than hospital.

In September 2024, Lord Ara Darzi was commissioned to undertake a rapid review of the NHS and he concluded that the Government needed to focus on three priorities: from hospital to community, from analogue to digital and from sickness to prevention. These priorities very much align with the work of the QICN and we have been pleased to participate in a number of round tables on the three priorities, providing a community nursing view. At the time of writing the annual report, the Government is writing a 10-year plan for the NHS and



again the QICN has provided senior representation for a number of meetings and focus groups to inform and support the development of the plan.

The summer of 2024 also saw the appointment of a new Chief Nurse for England, Duncan Burton, who made a commitment to develop a team which strongly reflected nursing practice in the community. In 2025, a Queen's Nurse will commence in the CNO team as a Deputy Chief Nursing Officer.

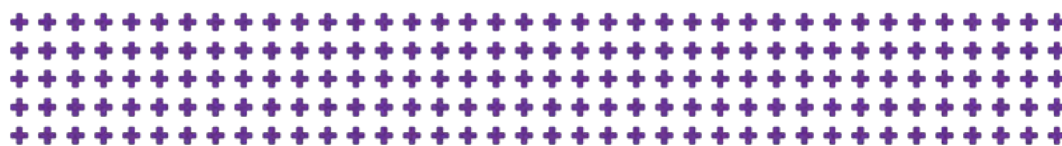
Early in 2025, a new Chief Executive of the NHS and new Chair of NHS England (NHSE) were appointed. NHSE will be dissolved by October 2026 and functions will come into the Department of Health and Social Care (DHSC) by this date, thereby addressing any duplication in both organisations' work. It is a time of change and uncertainty which Queen's Nurses and others working on community settings will in no doubt be experiencing in their day-to-day work. It is also a time of opportunity for the QICN to influence policy to support improved care for people in all community settings.

There have also been some changes within the QICN, with the planned retirement in the summer of 2025 of the Chief Executive, Dr Crystal Oldman CBE, who has led the charity since 2012. The recruitment process for the new Chief Executive took place in early 2025 and the current Deputy Chief Executive/Director of Nursing, Steph Lawrence MBE, starts in the role on 1st July 2025, creating a vacancy in the deputy role.

The changes extended to a change of name also, following a lengthy process of applying to Privy Council for a change of the name under our Royal Charter. The supplemental charter was agreed in the autumn of 2024 and the new change of name announced on 13th March 2025 at the annual Queen's Nurse Conference.

Further changes have involved the introduction of a new Customer Management System (CRM), to accommodate the increased diversification of our activities and to replace an older CRM platform which was no longer being maintained or updated by the owners. The QICN website is currently under review and being rebuilt to reflect the evolution of the QICN structure and functions in 2025.

In April 2025, the QICN will relocate offices to the Royal College of General Practitioners (RCGP) which signals the recognition of our close working in the community as General Practitioners and registered nurses in a wide variety of roles and fields of practice. The large teaching room we are leasing as part of the office space will accommodate meetings of Council as well as the delivery of our leadership and innovation programmes. The room was named



Above:

The launch of the Dame Elizabeth Anionwu Centre for Professional Development with Dame Elizabeth, trustees and staff.

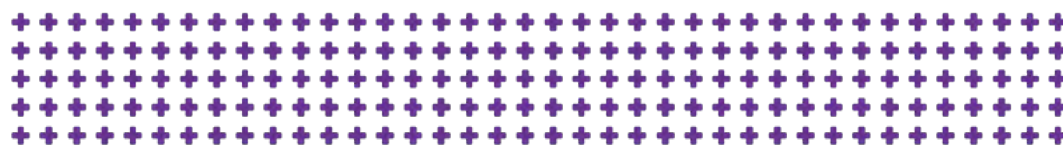
‘The Dame Elizabeth Anionwu Centre for Professional Development’ on 30th April 2025 at an event with trustees. This is in recognition of the work of our Vice President, Professor Dame Elizabeth Anionwu OM, health visitor and community nursing pioneer in the management of sickle cell disease.

Meanwhile, the QICN has continued to be the voice of nursing which is recognised nationally in all community settings and the leading professional organisation for all nurses working in the community. We have continued to provide independent data and evidence to influence national policy and also to demonstrate the impact of new policies. The QICN also provides innovative solutions to challenging issues in the delivery of nursing services in the community, promoting learning and sharing to accelerate the adoption of new ways of working to improve the care of the people served.

In a time of increased focus on community services, and more care being delivered in the community, we have had an unprecedented call for contributions to national advisory groups where we are able to provide the perspective of community nursing services. We continue to be highly respected for the focus our work, and for sharing our knowledge, understanding, unique perspectives and expertise, as well as access to our extensive networks.

Throughout the year, the Council of the QICN has provided the skilled governance and leadership required to support the delivery of the strategic plan 2021-2025 and the annual business plan. The financial challenges faced in 2023 were not repeated in 2024, but we have diversified our income with a new initiative in which community services organisations can become members of the QICN. This enables all nurses and Allied Healthcare Professionals (AHPs) working in the community services of the member organisations to access Continuing Professional Development (CPD) opportunities, including the QICN annual online conference.

In relation to diversifying income streams, the QICN also charged delegates for the October annual online conference for the first time. The QICN charged a fee to cover the cost of guests to the annual award ceremony in November, as well as offering a live-stream option. There was no material impact on the



participants at either event; the feedback has been extremely positive and we have been able to cover a modest proportion of our costs by making these charges.

Two members of Council retired in March 2024 - Dr Katerina Kolyva and Dr Angela McLernon OBE. The QICN is very grateful for the considerable time and expertise that they so generously gave during their term of office while also being employed full time in very senior roles. Two new trustees joined Council in 2024; Nigel Edwards and Tim Oliver OBE bring experience of global health policy and innovative models of care, and strategic planning and delivery of integrated community services respectively.

In addition, in December 2024, Nick Addyman was nominated by trustees and approved by our patron, HM Queen Camilla, as a patron appointed trustee. It is now five years since the start of the Covid-19 global pandemic and the impact continues to be felt today. An estimated 1.8% of the population of the UK have symptoms of long covid and the QICN Long Covid Nurse Network continues to have relevance in sharing the latest research and best practice examples to enhance patient care. This network is symbolic of the way in which the QICN is prepared to recognise what would otherwise be overlooked within the wider system, because nurses in the community are seeing people with this condition and need to know the latest research on how to manage their symptoms. The nursing workstreams in NHSE focussed on Long Covid have now been closed.

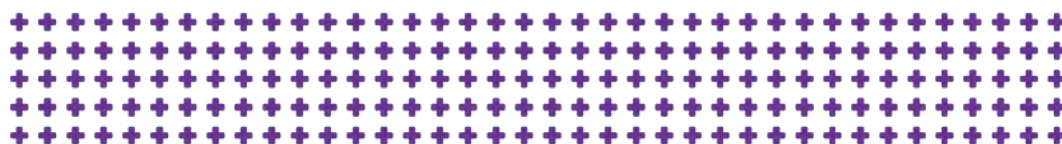
The QICN team works flexibly and our programmes and the annual Award Ceremony are now routinely delivered face-to-face. The QICN annual conference and the annual Queen's Nurse conference continue to be delivered online, which enables more people to participate and reduces our costs and carbon footprint.

The activities undertaken by the QICN throughout 2024 to achieve the objectives of the QICN strategy (2021-2025) are set out in the following section 'Achievements and Performance'.

Achievements and performance - Impact of the work in 2024

Goal One: Policy Influence and Development

Throughout 2024, the QICN contributed expert community nursing insight to more than 20 national advisory groups and round tables. Our influence can be seen in the outputs of the advisory groups and round tables but remains a challenge to quantify. The QICN has worked over many years to provide evidence on the critical role of the District Nurse in delivering care more care in



Above:

A regional meeting of Queen's Nurses visiting one of the National Garden Scheme's gardens.

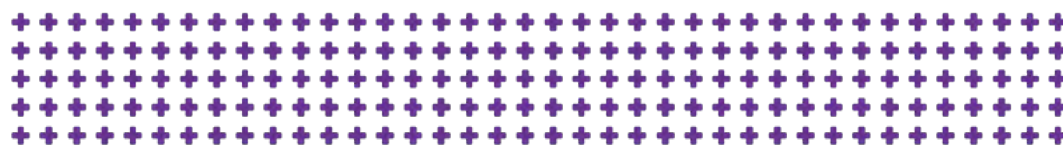
the community, reducing unplanned hospital admissions and enabling earlier discharges from hospital. This work is now coming to fruition with the QICN work being held up as central evidence for NHSE's work in creating a policy document 'A Vision for Nursing in the Community' in 2025.

✚ Our unique networks of experienced nurses and our supportive partnerships with stakeholder groups enables a robust collection of intelligence and data that support and contribute to national policy development and policy influence, in alignment with our strategic goals. The working group for the NHSE 'Vision for Nursing in the Community' is made up principally of Queen's Nurses and organisations with which we work closely such as the National District Nurse Network (NDNN) and the Association of District Nurse Educators (ADNE), with their senior representatives also being Queen's Nurses.

✚ Our Queen's Nurses continue to provide reliable and expert sources of the lived experience of the impact of policies on the organisation and the delivery of nursing services. This is translated into policy influence by the offer of shadowing experiences for senior policy makers, including politicians and their senior advisors, and this was a highly successful strategy again throughout 2024. Wes Streeting thanked the QICN for providing his shadowing experiences whilst in opposition which provided him with a significant and meaningful understanding of nursing in the community.

✚ The QICN contributed to All Party Parliamentary Groups wherever relevant and continued as a member of a group of professional bodies providing evidence for module three of the Covid19 Public Inquiry: 'Impact of Covid-19 pandemic on healthcare systems in the 4 nations of the UK' <https://covid19.public-inquiry.uk/>. The QICN provided data and evidence collected from nurses during the pandemic to contribute to the inquiry. Whilst our contribution in the group concluded in 2024, the Public Inquiry will continue throughout 2025.

✚ The QICN annual online conference was delivered in October 2024 over four days, with extremely positive feedback from the more than 1200 delegates who participated. A modest charge was introduced for the first time for our online conference, having made no charge for the annual conference for the last four years (2020-2023).



We are grateful to our sponsors and all the speakers who provided truly engaging sessions, enabling participants to learn and reflect on the experience of service users, new information, the latest research and best practice:

<https://qicn.org.uk/news-and-events/events/qni-annual-conference-2024-empowering-the-community-workforce/>

✚ The QICN is member of the International Council of Nurses (ICN) which provides a platform to influence policy nationally and globally in relation to the aims of the ICN – universal health coverage for all, a vision in which nurses play a critical part as the largest clinical professional in healthcare across the world: <https://www.icn.ch/>. In September 2024, two members of the QICN team presented on QICN standards at the ICN Advanced Practice conference in Aberdeen, receiving excellent feedback from this innovative and unique work.

Goal Two: Data and Evidence

✚ The International Community Nursing Observatory

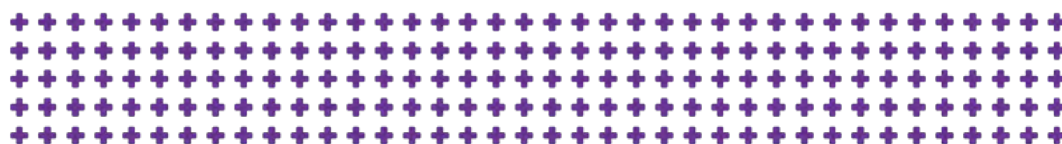
The QICN's [International Community Nursing Observatory \(ICNO\)](#), expertly led by Professor Alison Leary MBE, has had another very productive year. To date, the ICNO has published 10 reports since its creation in 2019.

In 2024, three reports were published, 'ARRS Workforce Impact Survey'; 'District Nursing Today'; and Impact Assessment of the introduction of the 'Advanced Practice Digital Badge in England'.

[The Impact of the Additional Roles Reimbursement Scheme \(ARRS\)](#) on General Practice Nurses was based on more than 500 responses, demonstrated that the latest ARRS has been problematic for the General Practice Nursing workforce. The ARRS appears to have impacted the workforce in several ways, including evidence of a lack of resources to support those nurses new to primary care in various roles (induction, teaching and supervision), and a lack of consultation regarding a major workforce change, leading to feelings of devaluation.

The publication of the report, led to some productive conversations with policy makers in England. A change to the ARRS contract in 2025/26 was seen as a result of the conversations alongside the QICN evidence, although there remain significant issues in relation to the recognition and retention of existing staff. The QICN continues to influence this work and to highlight multiple individual cases where the policy has impacted negatively on nurses working in General Practice.

'[District Nursing Today](#)' was published in June 2024. It is an updated report on the original written in 2019. Over 1500 District Nurse team leaders from all



Above:
District Nurse,
Arun Eldo Chacko,
visiting a patient.

countries of the UK contributed to the report, through an online survey. The survey makes extensive comparison with data gathered in 2019, illustrating trends in the workforce since the Covid-19 pandemic and demonstrating the increasing pressure of work on a diminishing workforce.

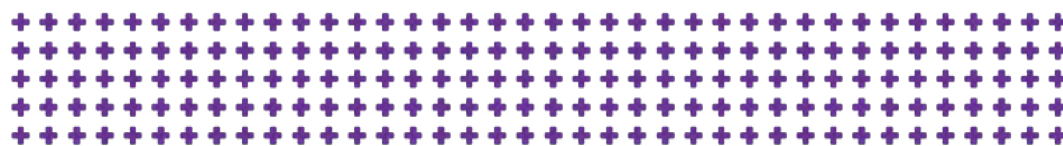
A clear indicator of the increased pressure on the services was unpaid overtime, with 43% of respondents carrying out 4 to 7 hours unpaid overtime per week, 33.3% 1 to 3 hours, 15% 7 to 10 hours and 8.7% more than 10 hours. This is unsustainable. Another shocking finding was the deferral of end-of-life care, a finding which has never been seen in previous research.

The 'Advanced Practice Digital Badge in England' report was based on a survey completed by over 600 nurses. The responses revealed that many nurses found obtaining the Digital Badge to be a difficult process, and many believed it was unnecessary/bureaucratic. It may be an exit trigger, particularly for experienced nurses in the later part of their careers.

A commissioned evaluation of an education programme for GPNs commenced in the summer of 2023 and concluded in September 2024, following a cohort of GPN students through their yearlong programme in a partnership between the University of Staffordshire and the Staffordshire Training Hub. The results demonstrated how the model based in a School of General Practice Nursing and linking with the General Practice Deanery, has supported the development of knowledge, skills, competence and confidence of all the graduates of the programme. Based on the results, the QICN is promoting this model nationally as the blueprint for a transition to General Practice Nursing.

+ The Community Nursing Workforce Population Study data collection continued throughout 2024 with multiple Freedom of Information requests to organisations, including Local Authorities, considered to be employing Registered Nurses. The results have been revealing, with many Local Authorities seemingly unaware that they have RN employees, including School Nurses and Health Visitors.

The work ended in December 2024 and we will be publishing the results in 2025. It is disappointing that many organisations did not respond, leaving the



final figure to be an estimate, which is very likely to be an under-estimate. The lack of data in itself is of interest to policy makers and has instigated many conversations with senior policy makers about making decisions on a workforce that so little is known about. A major outcome however in how this work has influenced the collection of national data has been seen at the Nursing and Midwifery Council (NMC), where the place of work will now be a mandatory question to answer at revalidation. Until 2023, this was an optional question, but based on this QICN work and the questions raised by this, the NMC agreed to introduce the mandatory question. By the end of 2026, three years of revalidation with the mandatory question will reveal a clearer picture of the place of work of RNs.

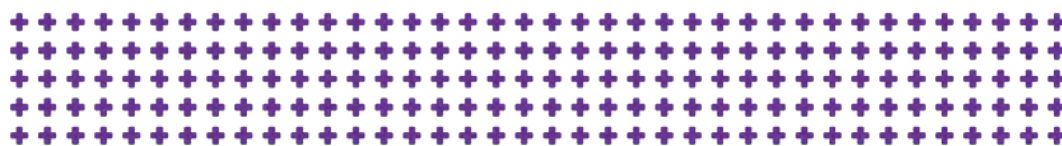
The findings and recommendations of all our publications are shared in all our networks, at conferences and events and with Directors of Nursing in community providers and senior leaders in the NHS. The QICN will continue to utilise our unique data and insights to influence policy in this way. It is not always possible to know the impact of our policy work. For example, anecdotally the QICN team hear that [the Workforce Standards for the District Nursing Service](#) have been the basis on which Boards have made decisions on the investment into additional staff for the District Nursing team. The QICN is not unique in the challenge of measuring the impact of policy influencing work, and we will continue to consider how we might be able to quantify this more systematically.

+ [Community Nursing Research Forum](#)

[The Community Nursing Research Forum](#) delivered masterclasses and webinars throughout 2024. Initially commissioned with seed funding by NHSE, the Forum was supported by pilot funding from the NHS Institute for Health and Care Research (NIHR) as part of their intention to increase the number of community nurse researchers, who are unrepresented in comparison to hospital-based colleagues.

The Forum now has over 1000 members, from nurses who have an interest in becoming a researcher, through to those who are active community nursing post-doctoral researchers. Research Master Classes and webinars have an average attendance of over 120 nurses and the feedback is excellent. Newsletters with research funding opportunities and conferences are shared with members between webinars and the Forum recently launched a closed Facebook page following requests from members to have confidential conversations.

A very successful mentoring scheme was introduced to support the new and aspiring nurse researchers and clinical academics with more experienced



Above:
Queen's Nurses
Kendra Schneller
MBE and Fawn
Bess-Leith at the
NGS garden of the
RHS Chelsea Flower
Show 2024.

researchers. These links are now resulting in joint publications and feedback from mentors and mentees on the success of the mentoring scheme.

The QICN is grateful to NIHR for the funding to extend the work of the Forum in 2024 and into the first few months of 2025. We will continue to seek funding to enable this network to continue in 2025/26 based on the feedback and success we have experienced.

Goal Three: Innovation and Quality Improvement

✚ Community Nurse Innovation Programme (CNIP)

The successful model of supporting **innovation projects** at the QICN is based on more than 20 years of experience of teaching, learning and supporting nurse-led innovations in practice. The programme is now open each year for funding by individuals, employers and grants from foundations.

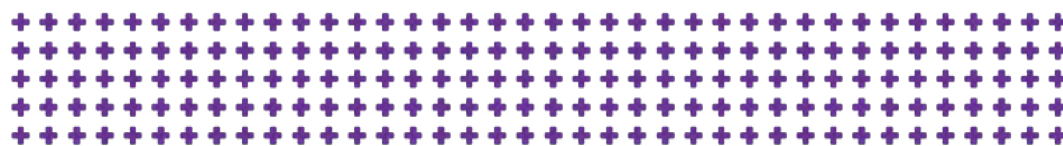
The Burdett Trust for Nursing awarded a grant to support seven nurses to deliver innovation projects focussed on the care of people with Diabetes. A cohort of five Burdett scholars and five nurses funded by the National Garden Scheme and the QICN as Elsie Wagg Scholars commenced their programme in March 2024. They will complete their projects in June 2025.

A new cohort of five Elsie Wagg Scholars and the two additional Burdett innovation scholars commenced their innovation projects in March 2025 and will complete in the June 2026.

In May 2025, two Elsie Wagg Scholars, Kendra Schneller MBE and Fawn Bess-Leith, were invited to the formal opening of the National Garden Scheme 'Show Garden' at the Chelsea Flower Show. Both are also Queen's Nurses and had the unique opportunity on the day to share their experiences with the press, garden journalists and presenters, garden designers, plant growers, NGS trustees, Chief Executive, and the President of the NGS, Mary Berry.

✚ Sustainability and Community Nursing practice

In 2024 the QICN was commissioned by NHSE to undertake a piece of work to scope the understanding held by community nurses working in all settings,



of sustainable healthcare practice. The QICN engaged with our professional networks to run webinars and focus groups which contributed to the final report which was published in February 2025: <https://qicn.org.uk/news-and-events/news/supporting-sustainability-in-community-nursing-a-new-qni-report/>

Building on this, the QICN was commissioned by NHSE to specifically focus on guidance for environmentally sustainable practice for nurses working in General Practice in the East and West Midlands. The results build on our sustainability work in recent years and we have increased our resources available on the QNIC website: <https://qicn.org.uk/sustainability/>

The QICN also became a 'Beacon site' for the Centre for Sustainable Healthcare, recognising our expertise and commitment to the national and global sustainability agenda: <https://sustainablehealthcare.org.uk/what-we-do/programmes/sustainability-in-quality-improvement-susqi/susqi-beacon-site/>

Goal Four: Standards

The QICN is recognised in the UK for its significant expertise in post-registration community nurse education. The nurses in the QICN team have considerable experience of working in a senior level in higher education, leading and managing programmes, and in senior practice development roles in community and primary care settings.

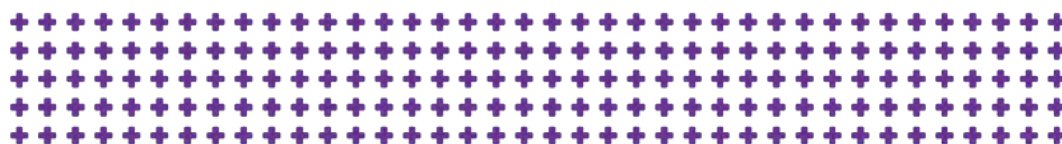
This level of experience and capability within a professional organisation provides a strong foundation for the development of QICN standards for education and practice.

✚ QICN Standards of Education and Practice to support Specialist Practitioner Qualifications

In July 2022, the Nursing and Midwifery Council published [new Standards of proficiency for community nursing Specialist Practitioner Qualifications](#). In the absence of standards for specific fields of community nursing practice and a shared concern about unwarranted variation, the QICN worked collaboratively with colleagues in all four countries of the UK to develop Field Specific Standards to build on the NMC standards, using an internationally recognised framework to reflect an advanced level of practice.

By the start of 2024 all standards for the nine fields of practice were published:

- ✚ Adult Social Care Nursing
- ✚ Community Children's Nursing
- ✚ Community Learning Disability Nursing



Above:
District Nurses at a
patient's house

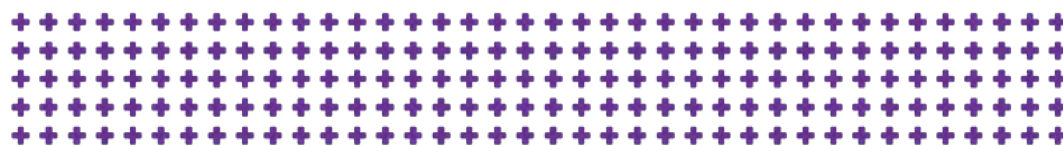
- + Community Mental Health Nursing
- + Community Palliative and End of Life Care Nursing
- + District Nursing
- + General Practice Nursing
- + Health and Justice Nursing
- + Inclusion Health Nursing

The QICN is grateful to the chairs and participants of all nine Standards Reference Groups (SRGs). Key stakeholders, including experts by experience, individuals, families and carers have all participated in the SRGs and the QICN standards could not have been developed without their expert knowledge which was given so generously to this work.

The QICN [endorsement process for universities](#) was slow to start, initially due to delays in the NMC approval processes, with a large number of universities needing to have approved programmes in place to start in September 2024. The endorsement process has been welcomed as a mark of programme quality and recognition of the graduating nurses working at an advanced level of practice. To date, 25 universities have requested the standards to support the development of their programmes and we are partway through the endorsement of this group. No courses have yet been endorsed by the QICN in Scotland, Wales and Northern Ireland but work is underway in Wales, with oversight by the CNO, to start the process of all universities offering endorsed programmes there.

It is particularly pleasing to see six universities developing new fields of practice including Adult Social Care Nursing and Inclusion Health Nursing. In the longer term, it is anticipated that Adult Social Care Nursing will be as mainstream an offer in universities as District Nursing and General Practice Nursing.

+ Association of Academic General Practice Nurse Educators (AAGPNE)
The Association of [Academic General Practice Nurse Educators \(AAGPNE\)](#) is now in its fifth year and is co-chaired by the QICN lead for Primary Care



Nursing. It is recognised as the national body for General Practice Nurse educational expertise, with 75 Members and 45 Associate members from across the UK.

The network has supported the development of the QICN field specific standards for General Practice Nursing and eight universities have indicated that they will be seeking endorsement from the QICN, having developed their GPN SPQ programme using the QICN standards. In England, there remain issues in the national funding available for GPN SPQ programmes which are as yet unresolved. This situation perpetuates the unwarranted variation in the preparation for the GPN role and the career development opportunities available to nurses working in General Practice. The situation is compounded by the ARRS contract mentioned earlier and the GPN workforce consequences of its implementation in General Practice.

✚ Bournemouth University: Support for GPN programmes

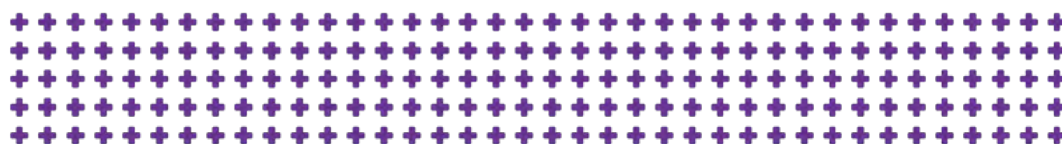
The QICN has continued to support Bournemouth University's General Practice Nurse (GPN) Fellowship programme and the programme for GPNs new to General Practice. Over the last five years hundreds of GPN students have been supported virtually by the Assistant Director of Nursing Programmes, providing the QICN with an excellent insight into the experiences of nurses new to General Practice in the South West region, which then informs our standards and policy influencing work.

With the decreasing national funding for General Practice Nurse programmes in England, the numbers at Bournemouth University are likely to diminish in future years, but currently the contract for the support has continued for the 2024/25 academic year.

✚ Community Nurse Consultant Handbook

The QICN was delighted to have been commissioned in 2024 by NHSE to provide oversight in the final editing and production of the **Community Nurse Consultant Handbook**. QICN Fellow and experienced international author, Barbara Stilwell, provided the QICN expertise required to work with the existing group of community nurse consultants who had drafted the handbook under the direction of the nursing team at NHSE.

The Handbook was launched in March 2025, at the Queen's Nurse annual online conference and has received exceptionally positive reviews and feedback from community nurse consultants. Providing guidance on the variety of roles and responsibilities at this level of practice, career pathways and case studies, the Handbook will support individual nurses, commissioners and employers, to understand the role, its impact on the people served and the wider system



Above:
Queen's Nurse and
Advanced Nurse
Practitioner, Teresa
O'Nwere-Tan, with a
patient

- and the support needed to develop and retain nurses to become community nurse consultants

Goal Five: Role models and Leaders

+ Queen's Nurses

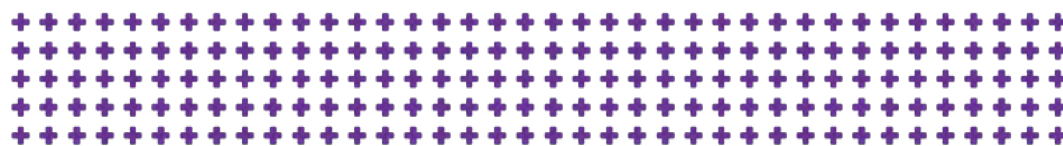
The QICN benefited from a substantial grant from the National Garden Scheme (NGS) to continue the work of the QICN in developing and supporting an increased number of **Queen's Nurses** (QN) in 2023.

The applications resulted in 560 new Queen's Nurses being awarded the title, bringing the total to almost 3000. The two annual QICN Award Ceremonies took place in November 2024, with one ceremony in the morning and another in the early evening – with 897 awardees and guests attending in person. There was an option to join remotely for a live stream which was accessed by 125 Queen's Nurses and their guests.

The annual Queen's Nurse conference took place in March 2024 and was attended by over 600 QNs. There were a wide range of speakers and the day was very well evaluated.

Regional QN meetings have continued mostly virtually and have given the QICN team and the Queen's Nurses the opportunity to participate in a way that might not have been possible with the travelling challenges and additional time commitment and cost associated with a face-to-face event. Increasingly, the QICN team are being asked to support Regional face-to-face meetings, with most regions wishing to hold one face-to-face meeting each year. This is being reviewed in 2025 in relation to fairness, equity, the available resources and affordability.

The QICN continued to support Queen's Nurses to make a significant contribution to national work in England, including involvement in national consultations, round tables and advisory groups. They continue to be frequently called upon for nursing policy advice, with the QICN directing national policy leads to specific Queen's Nurses with the expertise being sought. Recognition of the work of Queen's Nurses was also seen in the national



honours awarded in the summer of 2024 and the new year (2025) to a number of Queen's Nurses and QICN Fellows.

✚ Leading Strategically

The QICN is very grateful to the NGS for supporting a fifth cohort of Queen's Nurse leaders who are working at an executive level. These leaders completed the **six-month long programme** in February 2024 and a sixth cohort commenced in December 2024. The impact of the programme is significant, with the careers of participants accelerated and enhanced as a direct result of their growth and development on the programme.

The programme was revised and refreshed and renamed 'Leading Strategically' in 2024, signifying the intention that the graduates of the programme will be skilled in strategic leadership by the end of the programme: Leading Strategically – QNI Announces Next Stage in Leadership Journey – The Queen's Institute of Community Nursing

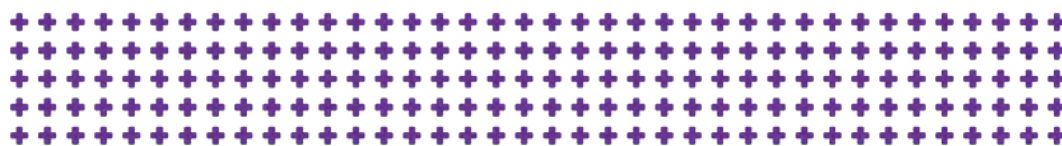
NGS Chief Executive, George Plumtre, meets every cohort and shares the NGS vision and aspiration for Queen's Nurses to be aim for senior strategic positions in the health and social care systems in the UK. There is a measurable impact now, with the nurses who have undertaken the programme appointed to strategic leadership roles, including the Chief Nurse of the UK Blood and Transplant Service, appointed in 2022 and the Director of General Practice Nursing at the South East London Workforce Development Hub.

An alumni offer for the QN graduates of the Leading Strategically programme has been under development in 2024, led by a previous cohort who committed to this work at the end of their programme. It is planned to be launched in 2025.

✚ Ambition to Lead Programme

This successful, well established programme provides an opportunity for community nurses and Allied Health Professionals in a wide variety of roles and fields of practice to participate in the yearlong programme with employer, grant or self-funded places: <https://qicn.org.uk/explore-qicn/leadership-programmes/ambition-to-lead-programme/>

The participants on the cohort which completed in May 2024 provided excellent feedback again. All suggestions for change are considered and utilised in building the programme for the next cohort. No attrition has been experienced, the feedback from participants has been overwhelmingly positive and the record has been maintained in 2024 of at least 50% of the participants changing roles to a more senior or more responsible job during the course of



Above:
Ambition to Lead
participants at a
residential in 2024.

the year-long programme. This demonstrates the power of the programme to support professional development and accelerate careers.

A new cohort commenced in June 2024 and will complete in May 2025, with graduates from previous programmes providing mentorship as appropriate.

✚ Bespoke Professional Development Programmes

In 2024, the QICN was commissioned by Leeds Community Healthcare NHS Trust to deliver a fourth bespoke professional development programme for community staff nurses and Allied Health Professionals in Leeds. Two further bespoke programmes for Internationally educated nurses were delivered in Leeds in 2024 and 2024/5.

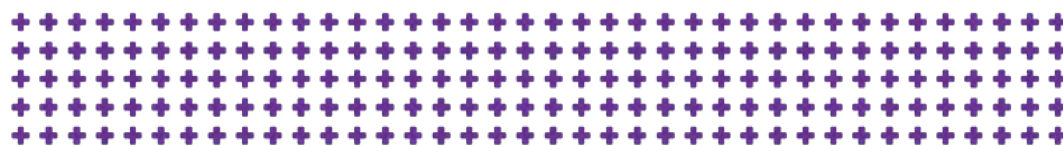
A bespoke professional development programme for nurses and AHPs was also commissioned for staff at Sutton Health and Care NHS Trust and was so successful that two further programmes were commissioned for 2025.

The QICN's developing reputation for excellence in bespoke programme delivery is predicated on the talents of the nursing delivery team, all of whom have teaching qualifications and much experience in the design and delivery of education programmes, and the highly skilled coordinators who provide all the professional support needed to create a seamless application, recruitment and delivery service.

✚ Community Nurse Executive Network – CNEN

The QICN is extremely grateful to Hallam Medical for their continued annual grant to support the **Community Nurse Executive Network (CNEN)**. The network provides a safe space for executive level nurses in community provider organisations, large care home and hospice providers, to come together to share challenges and solutions and to be updated from senior leaders in the NHS and social care, across England, Wales and Northern Ireland.

Launched in 2016, CNEN is now in its tenth year of supporting executive nurse leaders. It is established in the sector as a valuable network for sharing best practice, challenges and solutions, while supporting leadership and



management practice in community services amongst peers. Application for membership is now typically by word-of-mouth referrals.

The CNEN membership has remained stable throughout 2024, at 229 members. Meetings were held monthly throughout 2024 and were chaired by CNEN members: Chair, Helen Mehra, QN, QICN Fellow, QICN Trustee and Vice Chair, Gabbie Parham, QN.

The introduction of small group discussions in 2023 as a safe space for hot topics has been very successful again in 2024. Feedback from members has been consistently positive on the speakers and the topics covered, which are both identified by members throughout the year.

✚ Integrated Care Board Chief Nurse Network (ICBCNN)

The QICN is delighted that Hallam Medical extended their support of the QICN senior leaders networks with a grant for the **Integrated Care Board Chief Nurse Network** which commenced in March 2023 and continued throughout 2024. The Network is a partnership between the NHS Confederation and the QICN, and the Chair of the Network is Louise Patten, NHS Confederation Strategic Advisor and Fellow of the QICN. The monthly meetings have provided a safe space for support, problem solving and discussion of 'hot topics' which remain confidential to the members present. With the changes announced to the reduction in staff and the abolition of NHSE by October 2026, as mentioned earlier, it is likely that this group will be of increasing help as a support network.

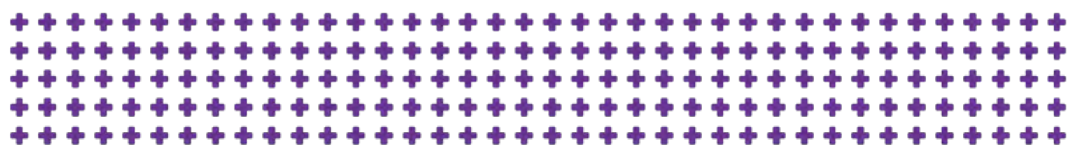
The QICN had an exhibition space at NHS Expo in June 2024 in Manchester, giving the ICBCNN and CNEN members the opportunity to meet face-to-face with the QICN team and Hallam Medical Chief Nurse. This opportunity was very successful for meeting and networking and will be repeated again in June 2025.

✚ Care Home Nurse Network

The QICN is very grateful for the support of the **Care Home Nurse Network** by the Department of Health and Social Care throughout 2024.

The network offers an opportunity to share and learn and includes access to a closed Facebook page, online events, the development of a learning repository for Care Home Nurses and a quarterly newsletter.

The Care Home Nurse network has grown to a membership of 2312, from 2215 in 2023. Themed learning events take place quarterly online, on priorities and topics identified by members, and attract around 150 delegates. We have this year again hosted a range of excellent speakers and the network also provides a



Above:
QICN Adult Social
Care Nursing lead
Dr Agnes Fanning
(second from
right) at an event
supporting Adult
Social Care Nurses

forum for understanding the impact of new policy initiatives on the adult social care nursing sector.

The feedback from the participants and members of the Care Home Nurse Network has been outstanding. Importantly, demonstrating the interconnectedness between elements of QICN work, the network members were critical in the development of the new QICN field specific standards for Adult Social Care Nursing (ASCN) and six universities are developing the SPQ for ASCN. This is a huge achievement in bringing parity to the Adult Social Care Nursing community with colleagues such as District Nurses. Locally members of the network are working with their universities to encourage more to develop the SPQ ASCN.

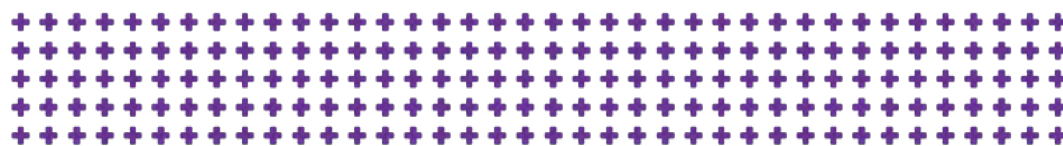
✚ Infection Prevention and Control (IPC) Champions

A separate network of **Infection Prevention and Control (IPC) Champions** in adult social care settings has continued in 2024 to be a vibrant and growing network, now in its fourth year of delivery. The QICN is grateful to the Department of Health and Social Care for supporting the network for a further year, to March 2025.

The network has grown from 1700 members in 2023 to 2243 in 2024 and attracts up to more than 200 delegates at events, clearly fulfilling a need in the sector. The member newsletters provide updates on all policies related to IPC and examples of best practice. The feedback from network members, which include nurses and care staff in adult social care settings, is excellent and further funding will be sought to continue with the network beyond the current year's funding from the Department of Health and Social Care, completing in March 2025.

✚ Homeless and Inclusion Health Programme

The QICN's **Homeless and Inclusion Health Programme** has continued with regular network meetings and the development of resources, supporting nurses working with people experiencing homelessness, refugees and asylum seekers, those who are vulnerably housed, sex workers, Gypsy, Traveller, Roma, Boater and Showmen.



Work to revise the resource ‘Safeguarding Families in Inclusion Health Nursing’ was started in 2024. Two expert Queen’s Nurses have led this work as volunteers, coordinating with a wider group of expert practitioners and the resource is due for publication in 2025. The resources provided by the programme are unique and very much sought after by practitioners new to working in Inclusion Health services.

A second resource was also revised in 2024 and will be published in 2025 – ‘Transition to Inclusion Health Nursing’.

The network members also supported the development of guidance for the Professional Records Standards Body (PRSB) on the [digital maternity record standard](#), ensuring consideration was given in the standard to the needs of individuals and families who are in temporary accommodation.

The QICN is grateful to the National Garden Scheme for the second year of their support for the Homeless and Inclusion Health Programme, with a grant to enable the support of the programme to continue to thrive and develop in 2025.

✚ Community Children’s Nurse (CCN) Network

The [QICN Community Children’s Nurse Network](#) continues to develop and now has 785 members from across the UK.

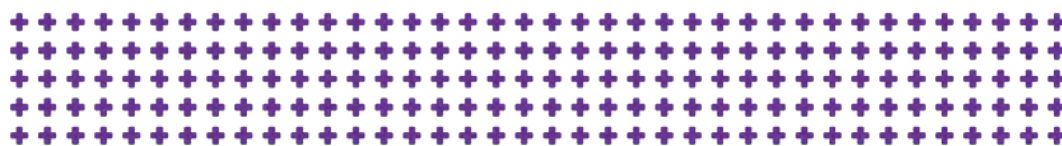
The network is nationally recognised for this small but critically important specialist field of community nursing practice, focussed on babies, children, young people and families in the community. The group is a source of expert advice for policy makers and those nurses working at a strategic level to scope the future of community nursing services.

In 2024, the network lead started planning the process of revising the resource ‘Transition to Community Children’s Nursing’ for those nurses who are new to working in CCN services. This will be due for publication in 2025.

The QICN is grateful to the National Garden Scheme for awarding a grant for the second year to support the Community Children’s Nurse Network, enabling the network and its associated programme to continue to thrive and develop in 2025.

✚ Long Covid Nurse Network

The [QICN’s Long Covid Nurse Network](#) has continued to be a valuable source of sharing practice and learning about the emerging research-based evidence throughout the year. Six online events took place and have been very positively



Above:
Queen's Nurse
Vicky Johnson on a
home visit.

evaluated, with feedback which confirms that the QICN is one of very few national organisations which have continued to commit to supporting best practice in the management of Long Covid, through sharing and learning. The additional aim of the network, which supports 855 members, is to use the combined insight, expertise, knowledge and intelligence of the members to inform the national Long Covid agenda.

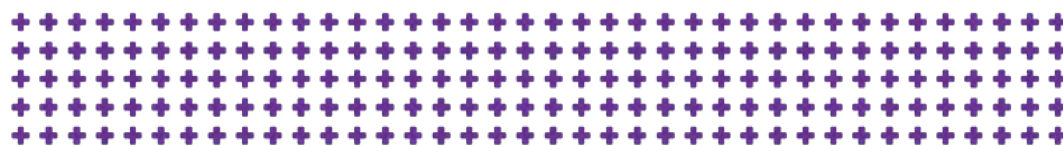
The network has embraced nurses who are living with symptoms of Long Covid, and they have been invaluable in shaping the agenda for our work. Experts by Experience, including nurses with symptoms of Long Covid, participate in the network events and case studies are documented and collated. The resources and links to the latest evidence continue to be updated and regular newsletters are distributed to members between meetings.

✚ General Practice Nurse Network

In 2024, the National Garden Scheme committed to supporting the development and launch of the new [National General Practice Nurse Network](#). It is a network which the QICN had seen the need to develop for many years but for which we had been unable to secure grant funding. The need for General Practice Nurses to be supported was identified in several studies undertaken by the QICN, starting with 'General Practice Nursing in the 21st Century' in 2016.

The network was launched at a GPN conference in London in June 2024 and by the end of the day over 400 GPNs had become members. The network has now grown to 969 and is a thriving professional network for all nurses working in General Practice, with four meetings and year and newsletters and alerts between meetings. Sharing, learning and supporting each other through the network will drive up good practice and support innovations.

The QICN is deeply grateful to the National Garden Scheme for supporting the development and launch of the network in 2024 and the ongoing support for a second year in 2025.



✚ Organisational Membership

The QICN launched its [organisational membership scheme](#) for providers of community nursing services in March 2024, following a period of several months of engagement with executive community nurses.

The new membership scheme is open to all providers of community services and is overseen by Steph Lawrence MBE, the QICN's current Director of Nursing and Deputy Chief Executive Officer. The membership scheme offers a huge range of benefits to organisations and their nursing and AHP staff, including CPD webinars, career development sessions for 'Rising Stars', access for all staff to the QICN annual online conference and a political influencing programme for senior staff to gain a deeper understanding of how local health services are affected by political decision making at a national level.

The membership numbers have grown throughout 2024 and now stands at 22, with a mix of community services which are stand alone or integrated (Mental health and community services and hospital and community services), providing a sustainable income stream and a closer working relationship with community services who are members of the QICN.

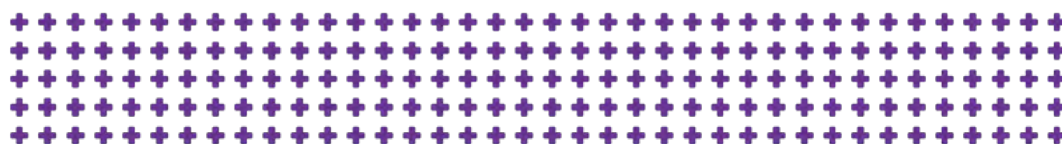
✚ Education Prizes

Philip Goodeve-Docker Memorial Prize

The Philip Goodeve-Docker Memorial Prize was established in memory of a young man who in 2013 embarked on a fundraising challenge to cross Greenland to raise money for the QICN. His grandfather had been a QICN Council member and Treasurer for over 25 years. Tragically Philip lost his life in the endeavour, but his family and friends raised over £60,000 for the QICN in his memory. The memorial prize is awarded for outstanding achievement in the District Nursing SPQ at every university in England, Wales and Northern Ireland where the programme is offered. Many prize winners have subsequently become Queen's Nurses or have continued their affiliation with the charity in other ways.

Dora Roylance Memorial Prize

The QICN received a legacy of £21,792 from a retired QN who died in 2015. The specification was that it was to be used for the support of Health Visitor education. A Dora Roylance Memorial Prize has been created which is similar to the Philip Goodeve-Docker Memorial Prize; it is for the most outstanding achievement for every student Health Visitor in every university offering the Health Visitor programme in England, Wales and Northern Ireland. Taking into consideration the number of universities offering the Health Visitor programme and the total of the fund, the award of prizes is likely to last approximately 14 years.



Above:

Winner of the William Rathbone X Annual Award, Suzanne Mumford, Chief Nurse of Care UK, with Nick Addyman, QICN trustee and son-in-law of the late William Rathbone.

Ellen Mary Memorial Prize

The Ellen Mary Fund was established in 2019 from a legacy received from the family of a Queen's Nurse, whose mother, Ellen Mary left a legacy of £5,000 to support an annual prize for General Practice Nurse (GPN) students undertaking their NMC approved GPN specialist practice qualification. The memorial prize is awarded for outstanding achievement in the General Practice Nursing SPQ at every university in England, Wales and Northern Ireland where the programme is offered.

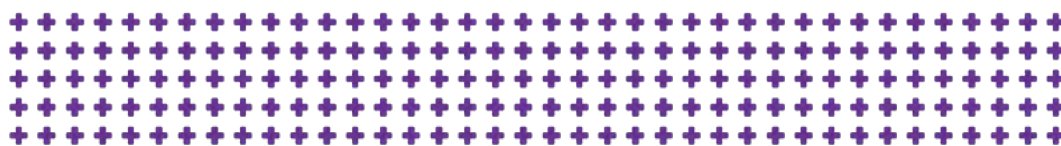
Dame Elizabeth Fradd Memorial Prize

A new prize, funded by the QICN, was established and awarded for the first time in 2024. Dame Elizabeth had been a strong supporter of the QICN, having been a Trustee and a Fellow. In her career, she supported the establishment of Community Children's Nursing (CCN) as a specialist field of practice which was then approved as a recordable qualification by the Nursing and Midwifery Council. Sadly, Dame Elizabeth Fradd sadly died on 12th May 2024 on her 75th birthday. The memorial prize is awarded for outstanding achievement in the Community Children's Nursing SPQ at every university in England, Wales and Northern Ireland where the programme is offered.

William Rathbone X Annual Award

In 2023, the **William Rathbone X Award** was established, in memory of William Rathbone X who was a trustee of the QICN for 48 years and who sadly died on 31.12.22. As the great-great-grandson of the founder of the QICN, William (Bill) Rathbone X made a significant and enduring impact on the work of the QICN and his legacy can be seen in the work delivered by the QICN today. The Award is sponsored by Bill Rathbone's daughter Lucy Addyman and son-in-law Nick Addyman, patron appointed QICN Trustee.

The Award is for the most outstanding Executive Nurse of a community services provider and nominations are judged by a panel of experts. In 2024, the award was given to Suzanne Mumford, Queen's Nurse and Chief Nurse of Care UK. Responsible for over 9000 beds in nursing and residential homes, it was a joy to see a senior nurse from the Adult Social Care Nursing sector win the award. The ceremony took place in London in May 2024 and was attended by trustees,



Fellows, key stakeholders, nominees and Queen's Nurses. The Award followed the Annual William Rathbone X lecture, given by **Michelle Cox, Fellow of the QICN and Queen's Nurse.**

Michelle's lecture was a wide ranging and profound synthesis of the history of slavery and its connection with Liverpool, and how the legacy of slavery is still impacting on the lives of black people in the UK today. Michelle offered a challenge to the audience, to NHS England, and the Queen's Institute of Community Nursing, to commit to deeper understanding and actions to embed anti-racism in their culture and operations. The QICN has committed to exploring further our history in Liverpool, links to the Rathbone family and slavery as an element of building the QICN as an anti-racist organisation. The QICN Head of Communications is now leading this work.

Goal Six: Support for Nurses

+ Financial hardship grants

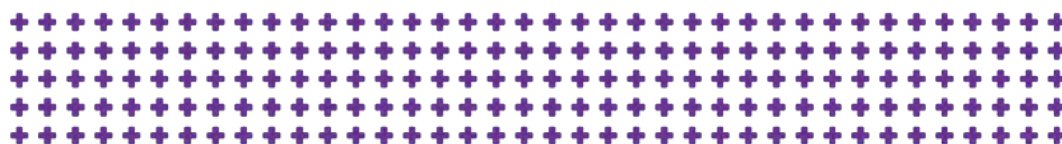
Grant applications reduced slightly overall in 2024, with a total of 233 awarded in the year in comparison to 282 in 2023. This is a pattern experienced by other charities that award financial assistance to nurses.

We continued to receive applications for nurses whose lives have been impacted by Long Covid and where appropriate, CHSA funding continued to be used for grants alongside the QICN 1965 fund. Repeat CHSA grants are awarded where the person has a long-term condition, such as Long Covid which impacts on the ability to work and earn income.

Another reason for the increase in grant applications is the increased cost of living, which exceeded pay rises, and the fuel increases in particular continue to impact on heating homes. Many of our beneficiaries were also in extremely challenging and tragic circumstances in themselves or in relation to family members, including domestic violence and life-limiting illnesses.

The difference that the QICN funding makes to the nurses who are experiencing often extremely complex and challenging situations in their lives is significant. The process is responsive and person-centred, and recipients often report directly to the Grants Manager that the QICN funding provided a critical financial lifeline at a time of crisis. In 2025, we are implementing a process of closer follow up of recipients, to better understand the impact of the financial assistance.

We are very grateful indeed to the two very experienced QICN Fellows and a newly recruited retired Queen's Nurse, who provide a consistent Grant Advisor



Above:

Keep in Touch volunteers at an online meeting in November 2024 (There is a May annual meeting which is face to face).

function, confirming the amount to be given in financial assistance following receipt of a detailed report by the Grants Manager.

The QICN was delighted in 2024 to continue working with the Company of Nurses Charitable Trust in administering their financial hardship fund for community nurses, to the value of £10,000 annually. The agreement to support their hardship fund commenced in 2019 and over the years, this work has enabled even more nurses to be supported.

The QICN also administers the Hertfordshire Community Nurses' Charity Welfare Grant applications, making recommendations for the grants to be awarded to community nurses in Hertfordshire, as appropriate.

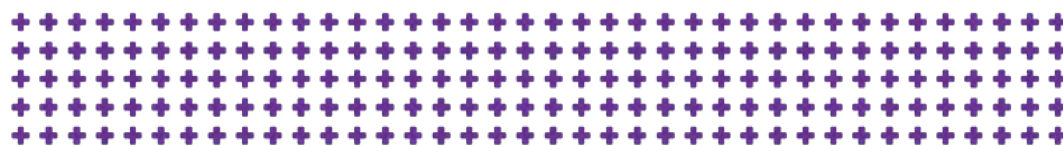
+ Education grants

Since 2019 the QICN has been supported by the Company of Nurses Charitable Trust to administer their education grant specifically for nurses working with people experiencing homelessness, **from the Chantry Robinson Fund**. The Company of Nurses also awarded the QICN grant funding to match fund one participant on the Aspiring Leaders programme whose role included working with families in temporary accommodation.

+ 'Keep in Touch' programme

The 'Keep in Touch' programme provides an opportunity for retired Queen's Nurses and other socially isolated community nurses, to be supported by a volunteer Queen's Nurse via the telephone. The initiative was originally funded by a legacy from a retired Queen's Nurse and 2024 was the eighth year of a very successful service.

33 volunteers (2023 – 36) have been 'matched' to a beneficiary of the service and they provide a telephone befriending service either weekly or fortnightly to 35 (2023- 37 beneficiaries. In total there are 53 (2023 – 58) beneficiaries of the service, of which 18 (2023 – 21) are supported by the 'Keep in Touch'



programme manager, with additional support from a volunteer who retired from the QICN team at the end of 2022 and began this work afterwards. The Keep in Touch service has continued to be evaluated extremely positively, with excellent feedback from both the beneficiaries and the volunteers. The annual volunteer update days were held online on two Saturday mornings in November 2024 and 20 volunteers attended across the two days. The sharing of experiences and challenges during these two days provided moving accounts of the value of the service, to both the beneficiaries and the volunteers.

In addition to these two online meetings, volunteers were offered the opportunity to meet in London in May 2024. This provided networking, updating and meeting with Nick Addyman, Patron appointed Trustee, who chairs the annual Support for Nurses committee, the Chief Executive and wider team – and an opportunity for the QICN to thank them for their considerable expertise and volunteering their time so generously every week.

TalkToUs

The now established TalkToUs listening service provides support all nurses in need of emotional support from trained listeners.

Led by the Keep in Touch manager, the service responds to every request for a call. The service is anonymous and the feedback at the end of an hour long 1:1 call is consistently positive, with nurses saying that they feel more confident to manage the challenges facing them. Beneficiaries are also provided, wherever appropriate, with signposting to other support services, including psychological support services. For some, referral to the QN financial assistance service has been appropriate, in order to explore an additional source of support.

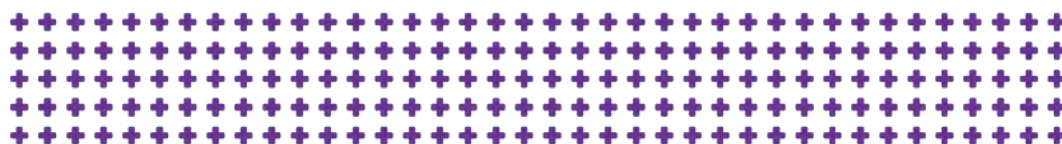
In 2024, the number of calls diminished significantly, with the majority unrelated to the impact of Covid-19. The original purpose of the grant was to support nurses impacted by the pandemic and it is considered that many employers provide a range of support services for employees, which has decreased the demand for the QICN Talk To Us service.

With agreement from the QICN Council, the Chief Executive has proposed to the RCN Foundation that their grant is repurposed to support the Keep in Touch programme. This proposal will be considered by the RCN Foundation trustees in the summer of 2025.

Organisational development

The role and contribution of volunteers

The QICN is very grateful to the large number of volunteers who support a range of areas of work within the charity. The QICN would like to thank most



Above:

The Keep in Touch
volunteers annual
meeting in 2025.

sincerely all our volunteers for their significant contribution to the work of the charity throughout 2024.

QICN volunteers include all members of Council, project advisory groups, standards reference group members, QN application assessors, members of panels who review awards and grant applications, befrienders supporting the 'Keep in Touch' programme, and those who support policy consultation work. In 2024 Queen's Nurses continued to contribute significantly to the policy work of the QICN as volunteers, attending QICN focus groups, Department of Health and Social Care advisory groups and round table discussions for national work and with arm's length bodies, on behalf of the QICN.

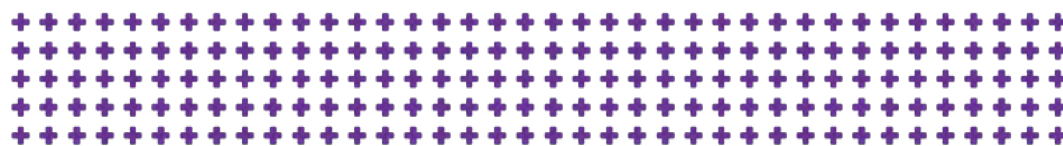
Fellows of the QICN continued to contribute to and support the work of the QICN in 2024, providing ongoing mentorship during and after the Ambition to Lead and Leading Strategically programmes. Several have provided personal advice and support to the Chief Executive.

QICN Fellow Dame Elizabeth (Liz) Fradd sadly died unexpectedly in May 2024 on her 75th birthday. She had been a great supporter of the QICN over many decades, serving as a Trustee at one time, and more recently provided regular mentorship to the Chief Executive for more than ten years.

Council members collectively gave more than 1,000 hours of their time attending meetings, chairing advisory groups and participating in QICN events, including the annual conference and the annual award ceremony.

During 2024, it is estimated that more than 200 individuals made contributions to the work of the QICN, totalling in excess of 3,500 hours of voluntary work.

The QICN is deeply grateful and indebted to all its volunteers, including Queen's Nurses, QICN Fellows, 'Keep in Touch' befrienders, grants advisors and other stakeholders for their expertise and commitment to the work of the QICN and giving their time so generously. The QICN standards could not have been developed without the expertise of the many volunteers in each of the field



specific standards reference groups and in particular those who contributed as individuals, families, carers and experts by experience.

Key financial policies of the QICN

Community Nursing Innovation Programme – direct funding of projects

The QICN makes awards to support individual projects run by community nurses. The projects are selected on a competitive basis; those selected demonstrate the greatest innovation and potential impact on the care of individuals, families, carers and communities. The projects run for 12 months and the scheme offers a professional development programme for the project leaders in addition to the grant, to enable project delivery. The opportunity is often dependent on funding being received to support the programme and when available, [details of the programme and the application process](#) are set out on the QICN website, including opportunities for self and employer funding.

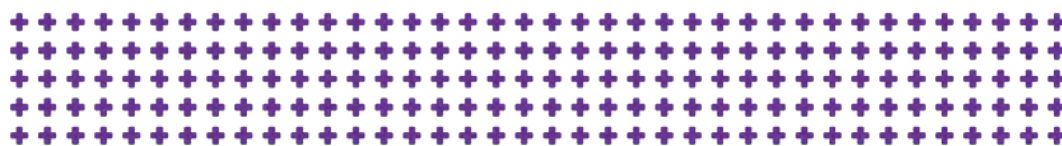
Grants

The QICN provides financial assistance to nurses who have worked or who are currently working in the community or primary care environment and to retired Queen's Nurses (nurses working in the community who were trained by the QICN between 1887 and 1967).

The majority of the beneficiaries are nurses who are no longer able to work because of illness, age or disability. Applications are accepted from nurses, their friends, family or professionals and voluntary organisations supporting them (with the applicant's consent). An application form detailing eligibility, health and housing status, income, savings and expenditure must be completed, together with a description of what level of financial assistance is being sought. This information is checked by staff before being presented to the grants advisors for consideration. Information on other relevant charities that may be able to assist in their case is also supplied to successful and unsuccessful applicants.

There have been three grants advisors in 2024: Sally Hawksworth (QICN Fellow and Respiratory Nurse Specialist), Sue Talbot (QICN Fellow and retired service commissioner) and Claire Green (Queen's Nurse, Keep in Touch volunteer and retired District Nurse). Applications for grants are considered by one of the three Grants Advisors as part of the assessment process.

The QICN will consider all types of applications for single grants. In a diminishing number of cases, assistance is provided in the form of regular grants and on-going gifts from year to year. The gifts are dependent on the availability of funds and are not regarded as a regular commitment.



Above:
CNIP and Elsie
Wagg project
lead Fawn Bess-
Leith QN, and her
project, 'Botanical
Brothers'.

A system of random audits of a sample of the QICN's grants records forms part of the internal financial controls each year, to safeguard against fraudulent claims or administration of applications. The audit was conducted in the spring of 2024 by Sue Talbot, Grants Advisor, with a satisfactory outcome which was reported to Council.

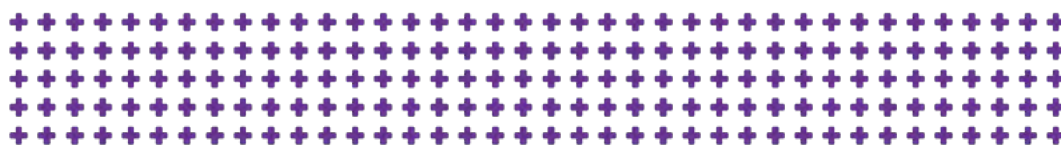
Investment policy

In keeping with charity law, the QICN's investment strategy aims to maximise income and capital, within acceptable levels of risk.

The QICN's investments are managed by Rathbone Investment Management Limited, which operates within guidelines set by the Council and the fund manager meets with the Finance Committee at least twice a year. Currently, the only ethical constraint is that the fund should not invest in any companies which derive a significant part of their revenue directly from the manufacture or sale of tobacco-related products.

In April 2023, following a procurement process, the QICN commissioned **Asset Risk Consultants (ARC)** to undertake a review of our investments with Rathbone and following consultation with trustees, to draft a revised investment policy. This work was overseen by the Honorary Treasurer and the Head of Finance and was completed in the summer of 2024. It was determined that Rathbones will continue to be the investment managers of the QICN portfolio. In September 2024, the revised investment policy was discussed with Rathbones and the trustees of the Finance Committee.

The final copy was agreed by Council in September 2024 and the changes implemented in January 2025, with an agreed regular income to be received throughout the year from the portfolio and the total return on investments. The revised investment policy was also informed by the work undertaken on reviewing the QICN trustees' approach and conclusions reached when considering the Environmental, Social, and Governance (ESG) factors in measuring the sustainability and societal impact of an investment in a company or business.



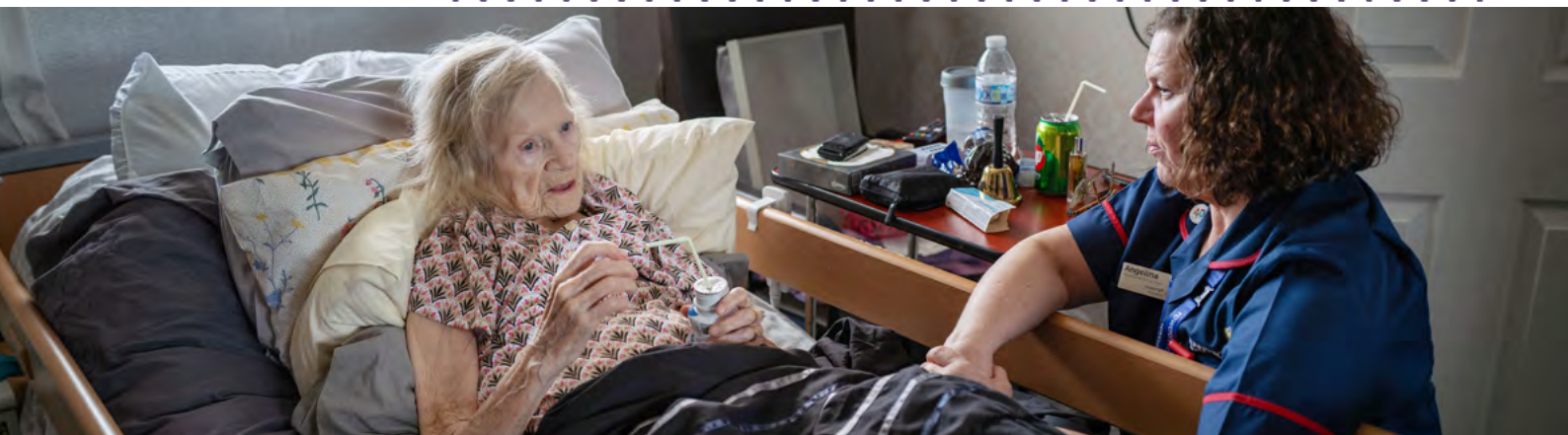
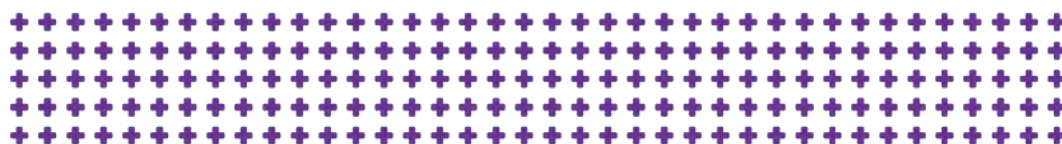
The QICN investments are reviewed monthly (or more frequently, depending on the market conditions) by the Head of Finance and the Honorary Treasurer. In 2024, the performance of the investments was considered to be satisfactory both in terms of capital and investment. Since the US President Trump's 'Liberation Day' tariffs were announced, in April 2025, the financial markets across the world have been impacted negatively. This will be monitored closely by Rathbones whose investment manager has kept the QICN informed of the impact on our now reduced portfolio value.

Members of Council have carried out their annual assessment of the level of the QICN's reserves, taking into consideration the QICN's working capital requirements and liquidity needs, the future expansion of its work, and a contingency provision. They are also mindful of the QICN's responsibility to honour the investment made by partners and scholars and participants in schemes and other professional development initiatives that extend for more than one year.

In 2015, it was agreed that the recommendations made by the Finance Committee, and agreed by Council, regarding the reserves policy and the use of expendable endowment should be 'codified' in a financial strategy to align with the QICN strategy (2017-2020).

It was agreed by Council in 2021 that the principles upon which the financial strategy was based continue to be relevant to the delivery of the new QICN strategy 2021-25:

1. The expendable endowment fund should be preserved at a level which ensures the generation of income sufficient to cover a level of core costs, such as the lease and service charge costs, and so enable the long-term viability of the QICN.
2. The level at which the expendable endowment is to be preserved over and above the level required in 1 above will be determined by Council year on year. (See also note 21 for further details).
3. The expenditure of the restricted District Nurses 1965 Fund (welfare) will be reviewed annually in the context of the distribution of financial assistance currently being greater than the annual investment income.
4. Council will determine each year the levels of expendable endowment fund needing to be transferred to general funds, if any, to be used to support QICN activity.



Above:

Queen's Nurse and Sister at Rowcroft Hospice at Home, Angelina Blair, with a patient.

Financial review

The financial year resulted in net expenditure (before investment gains) of £314,239 (2023 – £551,804). This comprised of net expenditure on unrestricted funds of £160,570 (2023 – (net expenditure of £385,918), net expenditure on restricted funds of £153,669 (2023 – net expenditure of £165,886) and net income on endowment funds of £nil (2023- £nil).

+ Income

Income for the year totalled £1,517,769 (2023 – £1,383,431), 10% higher than 2023. Income from donations and legacies was £352,675 (2023 – £472,185) a decrease of 25%, and income from charitable activities was £872,878 (2023 – £576,283), an increase of 51%. Investment income and interest receivable was £292,216 (2023 – £334,963) for the year and this continues to provide an essential element of the QICN's core funding.

+ Expenditure

Expenditure for 2024 totalled £1,832,008 (2023 – £1,935,235), a decrease of 5% on 2023.

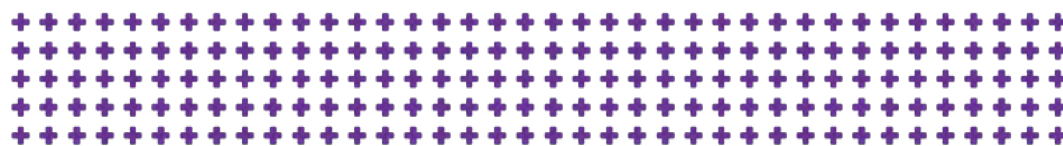
This expenditure represents significant investment the QICN is currently making in launching Field Specific Standards for Specialisms in Community Nursing, other organisational development, an increase in Queen's Nurse numbers and the growth of wider networks.

+ Investments

The QICN's portfolio of investments and cash held for investment had a market value at 31 December 2024 of £11,466,882 (2023- £11,029,693). Income from the portfolio for the year was £289,030 (2023 – £332,857), and net investment gains on the revaluation and disposal of investments were £721,343 (2023 – £396,766).

+ Reserves

At the year-end, the charity held 'free reserves' of £551,654. These free reserves are now in excess of the six to nine months of committed unrestricted expenditure required by the QICN's reserves policy. The Council is content with



this position and considers that it provides flexibility given the organisational development and the wider investment being made by the QICN as well as the war in Ukraine and current inflationary pressures (see earlier in this report).

+ Fundraising

The QICN does not employ a professional fundraiser. Bids or project grants are developed and submitted by the Chief Executive with support from key members of the team including the Head of Finance and the Directors of Nursing Programmes. In the future, this will also include the Deputy Chief Executive/Director of Nursing.

Sponsorship opportunities for QICN activities are explored as appropriate and Hallam Medical continues as a regular sponsor of the Community Nurse Executive Network (CNEN) and the Integrated Care Board Chief Nurse Network. In 2024, the annual online conference was sponsored by Hallam Medical. The QICN does not seek to raise funds from the public. A number of Queen's Nurses provide regular donations to the QICN, as do some members of Council. Queen's Nurses are also encouraged to raise retailer donations through the use of software platforms such as 'EasyFundraising'.

The QICN has received no complaints about this or any other approach to fundraising.

In 2024, an approach to legacy fundraising was agreed with trustees and the Head of Finance and Head of Communications has been working with 'Farewill' to develop and offer to individual stakeholders.

Structure, governance and management

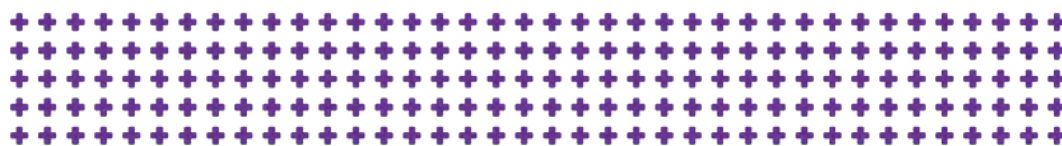
Governing document

The QICN is registered as a charity under the Charities Act 2011 and operates in England, Wales and Northern Ireland. It was founded in 1887 and was granted its Royal Charter in 1889. Supplemental Charters have been granted in 1904, 1928, 1958, 1973, 2008 and 2024. Under the Charters, the members of Council (i.e. the trustees) are incorporated as a body.

The latest Supplemental Charter related to the change of name from the Queen's Nursing Institute to the Queen's Institute of Community Nursing, granted through Privy Council in November 2024.

Council members

There are 15 members of Council, some with clinical backgrounds and others with expertise in communications, law, business, finance and the management of charities.



Above:
Community Case
Manager, Zarina
Khan, with a
patient

In March 2024, two members retired during their second term of office, due to work pressures: Katerina Kolyva and Angela McLernon OBE.

Two new trustees commenced in 2024: Nigel Edwards in June 2024 and Tim Oliver OBE in September 2024.

Nick Addyman became a Patron appointed Trustee in December 2024 following a nomination to our Patron HM Queen Camilla, from the Chair and trustees of the Council.

Recruitment and appointment of Council members

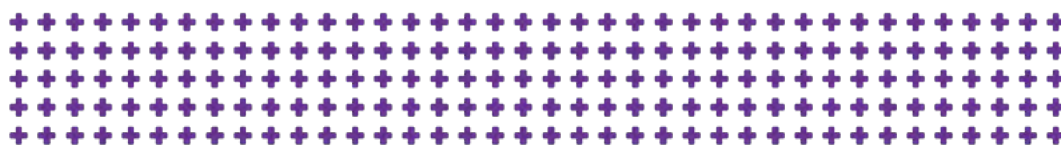
Under the constitution of the QICN, the Patron may nominate and appoint up to four people who act as ex-officio members of the Council. All other members of Council are nominated by existing Council members or recruited through agreed procedures before being approved by the Patron.

The QICN Chair undertakes 1:1 interviews with each of the members of Council and discusses their individual contribution to Council and any feedback they have on the development and the governance of the QICN. This is also an opportunity to review gaps in the skills and expertise of Council in relation to the changing context of community nursing and the wider health and social care context.

Induction and training of Council members

All new Council members are supplied with the Council members' handbook as well as relevant papers, policies and publications from the QICN.

New members of Council are invited to meet the Chair and Chief Executive for a 1:1 induction soon after appointment. The new Trustees are also invited to meet with key QICN staff informally. A few months after their appointment, the Chair meets with them again to seek their views on the QICN in general and Council in particular. New members of Council are also encouraged to visit the QICN's offices, as appropriate, to meet individual staff members and find out more about specific areas of work.



Members of Council do not receive remuneration in respect to their services to the QICN. They are provided with the opportunity to apply for reimbursement for travel expenses when attending Trustee meetings.

Staffing of the QICN and key management personnel

The key management personnel of the QICN, responsible for directing and controlling, running and operating the charity on a day-to-day basis, comprise members of Council together with the six members of the Senior Leadership Team of the QICN: the Chief Executive, Deputy Chief Executive/Director of Nursing, Director of Nursing Programmes (Innovation and Policy), Director of Nursing Programmes (Leadership and Standards), Head of Communications and Head of Finance.

The Chief Executive has overall responsibility for day-to-day leadership and operational matters, and reports to Council on a regular basis.

All staff have six monthly performance appraisals against objectives linked to the business plan for the year. The QICN Staff Handbook provides information on internal policies and ways of working to all staff. The Handbook was reviewed in 2022 to accommodate the changes in flexible working introduced in the year and it is due for a further review in 2025.

When advertised, the salaries of all staff, including key management posts, are determined by the scope of responsibilities of the various levels of post, such as events coordinator, events manager and the leadership team. The Chief Executive salary is determined by the Chair of Trustees and the Chair of Finance Committee.

Risk management

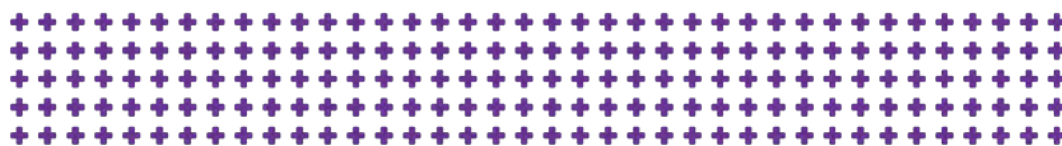
Major risks to which the QICN is exposed, arising from its own work and from external contingencies, are reviewed regularly by the Finance Committee and Council, and systems or procedures are in place to manage, and where possible mitigate, those risks.

The QICN's risk register is maintained by the Chief Executive and is reviewed by Council at every meeting. In 2021, the QICN introduced the concept of risk tolerance, and the following examples are those which are still considered major risks, with controls in place.

People

Risk: "Charity loses its Chief Executive"

Controls: The notice period for the Chief Executive is 6 months. The Senior Leadership team includes two Directors of Nursing Programmes, the Head



Above:

New Fellows of the QICN at the Awards Ceremony in 2024, l-r: Professor Fiona Nolan; Dr Ben Bowers QN; Michelle Cox, QN; Steve Forsyth; Karen Bonner MBE; [Professor Pam Cipriano PhD, another new fellow, is not in the photo].

of Finance and the Head of Communications. All are able to deputise for the Chief Executive in various contexts. A new one year fixed term 0.8FTE position of Deputy C Ex and Director of Nursing was created and the appointee commenced in October 2024. This provides a very senior level deputy for the C Ex.

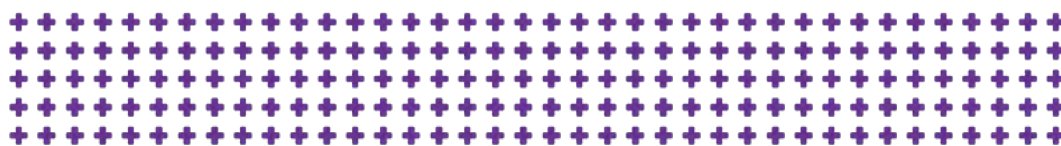
This was tested in 2024 when the Chief Executive indicated to Council that she was preparing to plan for her retirement from full time work. The notice period of 6 months, which commenced on 1st January 2025 has allowed for the advertising and notification of appointment of a new Chief Executive in March 2025. The new appointee is the current deputy Chief Executive/Director of Nursing and a three month handover period has commenced. The new Chief Executive will commence in the role on 1st July 2025.

Business Continuity

Risk: “The QICN is given notice to leave the leased premises before the end of the 25 year lease at the 5-year break clause in 2020 (2025/2030/2035)”.

Controls: There is a requirement in the lease contract that specifies a 9-month notice period to permit time to find alternative premises. Next possible notice of enacting 5-year break clause by RCN or QICN is December 2024 before September 2025 break. Good relationships are maintained with the landlords. The Trustees determined that the income from the sale of the QICN premises in Clerkenwell, London, in 2013 would not be expended in case of needing to purchase a property for office premises in the future.

Anticipating the 5-year break clause was likely to be enacted and notice given in December 2024, the QICN found alternative accommodation at the Royal College of General Practitioners. A ten-year lease commenced at the end of March 2025, with no penalty for an earlier break from the previous landlords. The new premises provides greater flexibility with a large room which can be used for teaching QICN leadership, CPD and innovation programmes.



Finance and Fundraising

Risk: “The charity’s investments fall significantly in value”

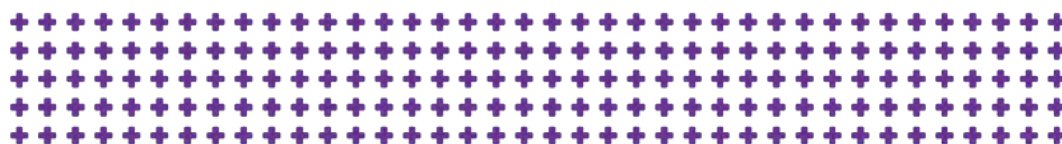
Controls: Use professional investment managers with delegated powers. Investment manager appointment is reviewed every three years. The charity has a written investment policy which is agreed by the Council and communicated to the investment managers. It is reviewed by the Finance Committee annually. Hold regular meetings with the investment managers at which investment performance is monitored against the investment policy and against market averages. Diversify income streams so that fundraising can compensate for investment income shortfalls. Maintain sufficient reserves which are regularly reviewed by the Finance Committee. Each quarter the Finance Committee compares actual returns with a) the income target set by Council and b) the WM/R Index and c) QICN tailor-made benchmark. The Investment Manager attends the Finance Committee meetings. Benchmarks are reviewed annually at the Finance Committee with the investment manager. A revised investment policy approved by Council in September 2024 and is to be reviewed annually.

The Council’s responsibilities statement

The Council (who are the Board of trustees of the charity for the purposes of charity law) is responsible for preparing the Report of the Council and accounts in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice)

Charity law and the QICN’s Royal Charter require the Council to prepare the accounts of the QICN for each financial year which give a true and fair view of the state of affairs of the QICN and of its income and expenditure for that period. In preparing accounts giving a true and fair view, the Council should:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the 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 United Kingdom and Republic of Ireland (FRS102);
- make judgements and estimates that are reasonable and prudent;
- state whether applicable United Kingdom Accounting Standards have been followed, subject to any material departures disclosed and explained in the accounts; and



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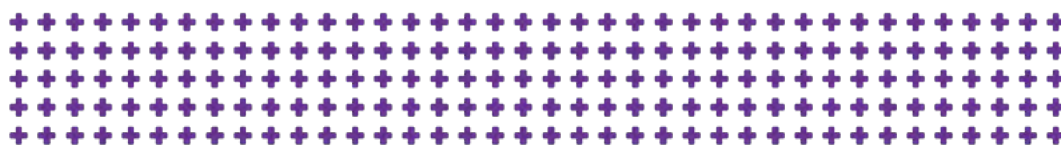
Staff and Trustees
at the 2024 Awards
Ceremony.

- prepare the accounts on the going concern basis unless it is inappropriate to presume that the QICN will continue in operation.

The members of the Council are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the charity and to enable them to ensure that the financial statements comply with the Charities Act 2011, applicable Charity (Accounts and Reports) Regulations and the provisions of the charity's governing document. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Signed on behalf of the Council

Professor John Unsworth OBE
Chair of Council
Date: 25 June 2025



Independent auditor's report to the members of the Council of The Queen's Institute of Community Nursing

Opinion

We have audited the financial statements of The Queen's Institute of Community Nursing (the 'charity') for the year ended 31 December 2024 which comprise the statement of financial activities, balance sheet, statement of cash flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 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 charity's affairs as at 31 December 2024 and of its incoming resources and application of resources, for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- Have been prepared in accordance with the requirements of the Charities Act 2011

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charity 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

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 Queen's Institute of Community Nursing's ability to continue as a going concern for a period of at least twelve months



Above:
QICN exhibition
stand at NHS
Confed Expo, 2025.

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

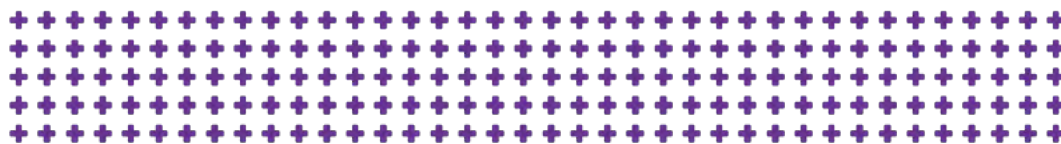
The other information comprises the information included in the trustees' annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. 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 course of 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 this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Matters on which we are required to report by exception

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

- The information given in the trustees' annual report is inconsistent in any material respect with the financial statements;
- Sufficient accounting records have not been kept; or
- The financial statements are not in agreement with the accounting records and returns; or
- We have not received all the information and explanations we require for our audit



Responsibilities of trustees

As explained more fully in the statement of trustees' responsibilities set out in the trustees' annual report, the trustees 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 charity'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 charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

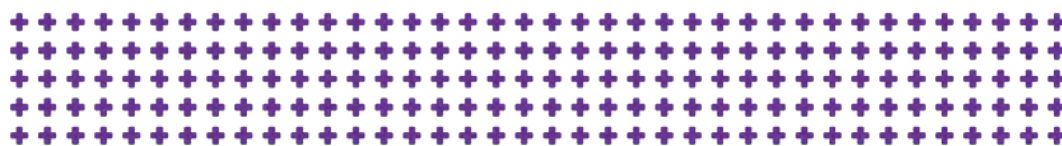
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee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

Irregularities, including fraud, are instances of 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 are set out below.

Capability of the audit in detecting irregularities

In identifying and assessing risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, our procedures included the following:

- We enquired of management, which included obtaining and reviewing supporting documentation, concerning the charity's policies and procedures

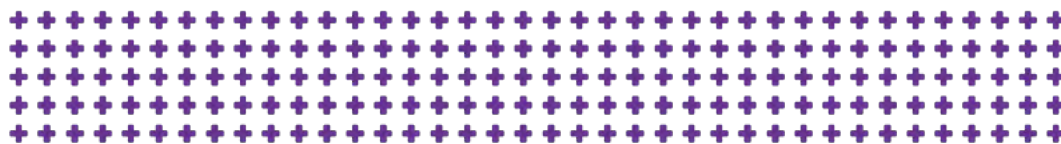


relating to:

- Identifying, evaluating, and complying with laws and regulations and whether they were aware of any instances of non-compliance;
- Detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected, or alleged fraud;
- The internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We inspected the minutes of meetings of those charged with governance.
- We obtained an understanding of the legal and regulatory framework that the charity operates in, focusing on those laws and regulations that had a material effect on the financial statements or that had a fundamental effect on the operations of the charity from our professional and sector experience.
- We communicated applicable laws and regulations throughout the audit team and remained alert to any indications of non-compliance throughout the audit.
- We reviewed any reports made to regulators.
- We reviewed the financial statement disclosures and tested these to supporting documentation to assess compliance with applicable laws and regulations.
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments, assessed whether the judgements made in making accounting estimates are indicative of a potential bias and tested significant transactions that are unusual or those outside the normal course of business.

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 is available on the Financial Reporting Council's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.



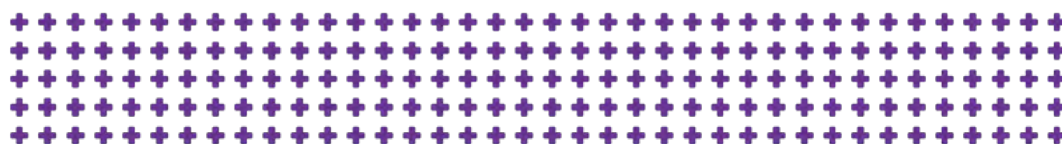
Use of our report

This report is made solely to the charity's trustees as a body, in accordance with section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity and the charity's trustees as a body, for our audit work, for this report, or for the opinions we have formed.

24 July 2025

Sayer Vincent LLP, Statutory Auditor
110 Golden Lane, LONDON, EC1Y 0TG

Sayer Vincent LLP is eligible to act as auditor in terms of section 1212 of the

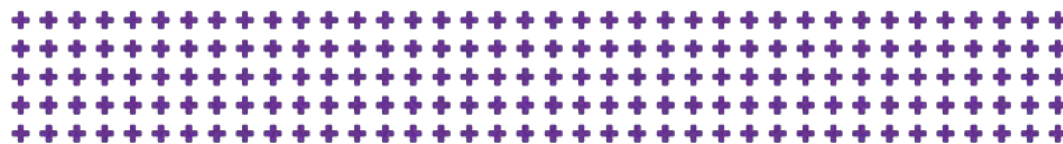


Statement of financial activities Year to 31 December 2024

	Notes	Unrestricted funds £	Restricted funds £	Endowment funds £	2024 Total funds £	2023 Total funds £
Income and endowments from:						
Donations and legacies	1	333,451	19,224	—	352,675	472,185
Investment income and interest receivable	2	273,101	19,115	—	292,216	334,963
Charitable activities	3	663,033	209,845	—	872,878	576,283
Total income		1,269,585	248,184	—	1,517,769	1,383,431
Expenditure on:						
Raising funds						
. Costs of generating grants and donations	4(a)	21,398	—	—	21,398	29,982
. Management of investments	4(b)	52,556	2,924	—	55,480	52,615
Total expenditure on raising funds		73,954	2,924	—	76,878	82,597
Charitable activities						
. Policy Influence and Development	5	166,541	—	—	166,541	173,755
. Data and Evidence	5	122,649	34,523	—	157,172	128,780
. Innovation and Quality Improvement	5	117,581	35,721	—	153,302	218,544
. Standards	5	77,644	—	—	77,644	114,335
. Role models and Leaders	5	794,131	166,811	—	960,942	925,179
. Support for Nurses	5	77,655	161,874	—	239,529	292,045
Total expenditure on charitable activities		1,356,201	398,929	—	1,755,130	1,852,638
Total expenditure		1,430,155	401,853	—	1,832,008	1,935,235
Net expenditure before investment gains		(160,570)	(153,669)	—	(314,239)	(551,804)
Net gains (losses) on investment assets	15	82,579	42,330	596,434	721,343	396,766
Net (expenditure) income	8	(77,991)	(111,339)	596,434	407,104	(155,038)
Gross transfers between funds	21	—	—	—	—	—
Net movement in funds		(77,991)	(111,339)	596,434	407,104	(155,038)
Reconciliation of funds:						
Funds brought forward at 1 January 2024		1,277,430	722,308	9,117,234	11,116,972	11,272,010
Funds carried forward at 31 December 2024		1,199,439	610,969	9,713,668	11,524,076	11,116,972

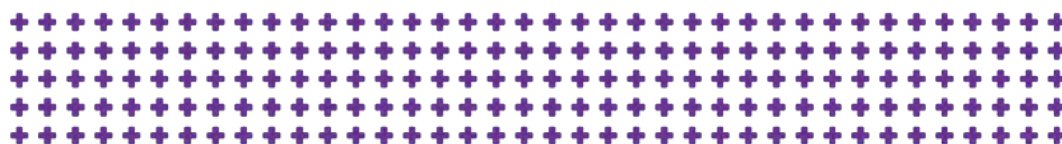
All the financial activities of the QICN during the above two financial years derived from continuing operations.

*A full comparative statement of financial activities for the year to 31 December 2023 is given on page 52



Statement of financial activities (comparative) Year to 31 December 2024

	Notes	Unrestricted funds £	Restricted funds £	Endowment funds £	2023 Total funds £
Income and endowments from:					
Donations and legacies	1	446,478	25,707	—	472,185
Investment income and interest receivable	2	300,003	34,960	—	334,963
Charitable activities	3	372,300	203,983	—	576,283
Total income		1,118,781	264,650	—	1,383,431
Expenditure on:					
Raising funds					
. Costs of generating grants and donations	4(a)	29,982	—	—	29,982
. Management of investments	4(b)	48,770	3,845	—	52,615
Total expenditure on raising funds		78,752	3,845	—	82,597
Charitable activities					
. Data, evidence and policy influence	5	173,755	—	—	173,755
. Standards	5	106,423	22,357	—	128,780
. Role models/leaders	5	147,953	70,591	—	218,544
. Innovation	5	95,813	18,522	—	114,335
. Providing support for nurses – Support	5	753,885	171,294	—	925,179
. Providing support for nurses – Education	5	148,118	143,927	—	292,045
Total expenditure on charitable activities		1,425,947	426,691	—	1,852,638
Total expenditure		1,504,699	430,536	—	1,935,235
Net expenditure before investment gains		(385,918)	(165,886)	—	(551,804)
Net (losses) gains on investment assets		34,943	29,858	331,965	396,766
Net expenditure	8	(350,975)	(136,028)	331,965	(155,038)
Gross transfers between funds	21	631,000	—	(631,000)	—
Net movement in funds		280,025	(136,028)	(299,035)	(155,038)
Reconciliation of funds:					
Funds brought forward at 1 January 2023		997,405	858,336	9,416,269	11,272,010
Funds carried forward at 31 December 2023		1,277,430	722,308	9,117,234	11,116,972

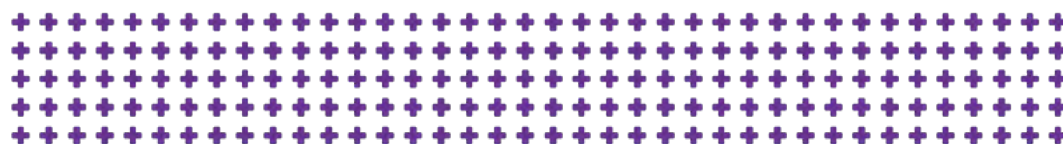


Balance sheet 31 December 2024

	Notes	2024 £	2024 £	2023 £	2023 £
Fixed assets					
Tangible assets	13		10,101		13,129
Intangible assets	14		96,674		—
Heritage assets	15		70,000		70,000
Investments	16		11,466,882		11,029,693
Total fixed assets			11,643,657		11,112,822
Current assets					
Debtors	17	92,420		93,711	
Cash at bank and in hand		515,789		596,126	
		608,209		689,837	
Creditors: Amounts falling due within one year	18	(727,790)		(685,687)	
Net current liabilities/assets			(119,851)		4,150
Total net assets			11,524,076		11,116,972
The funds of the charity					
Unrestricted funds					
. General funds			551,654		585,151
. Fixed asset fund	19		176,775		83,129
. Designated funds	20		471,010		609,150
			1,199,439		1,277,430
Restricted funds	21		610,969		722,308
Endowment funds	22		9,713,668		9,117,234
			11,524,076		11,116,972

Approved by the members of Council and signed on their behalf by:

Professor John Unsworth OBE
Chair of Council
Approved on: 25 June 2025



Statement of cash flows Year to 31 December 2024

	Notes	2024 £	2023 £
Cash flows from operating activities:			
Net cash used in operating activities	A	(557,712)	(626,868)
Cash flows from investing activities:			
Payments to acquire tangible fixed assets		(2,321)	(4,892)
Payments to acquire intangible fixed assets		(96,674)	—
Payments to acquire investments		(3,892,201)	(1,506,174)
Receipts from disposals of investments		4,344,021	1,776,690
Investment income and interest received		292,216	334,963
Net cash provided by investing activities		645,041	600,587
Change in cash and cash equivalents in the year		87,329	(26,281)
Cash and cash equivalents at 1 January	B	650,404	676,685
Cash and cash equivalents at 31 December	B	737,733	650,404

Notes to the statement of cash flows for the year to 31 December 2024.

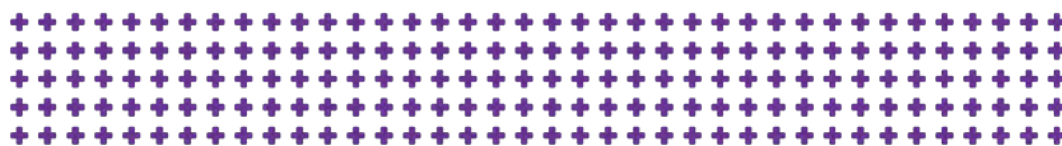
A Reconciliation of net movement in funds to net cash used in operating activities

	2024 £	2023 £
Net expenditure (as per the statement of financial activities)	(407,104)	(155,038)
Adjustments for:		
Depreciation charge	5,349	6,248
Net (gains) losses on investments	(721,343)	(396,766)
Investment income and interest receivable	(292,216)	(334,963)
(Increase) decrease in debtors	1,291	(20,698)
Increase (decrease) in creditors	42,103	274,349
Net cash used in operating activities	(557,712)	(626,868)

B Analysis of cash and cash equivalents

	2024 £	2023 £
Cash at bank and in hand	515,789	596,126
Cash held by investment managers	221,944	54,278
Total cash and cash equivalents	737,733	650,404

No separate reconciliation of net debt has been prepared as there is no difference between the net cash (debt) of the charity and the above cash and cash equivalents.



Principal accounting policies 31 December 2024

The principal accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the accounts of The Queen's Institute of Community Nursing (Formerly The Queen's Nursing Institute) are laid out below.

Basis of accounting

These accounts have been prepared for the year to 31 December 2024 with comparative information given in respect to the year ended 31 December 2023.

The accounts have been prepared under the historical cost convention with items initially recognised at cost or transaction value unless otherwise stated in the relevant accounting policies below or the notes to the accounts.

The accounts have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (Charities FRS 102 SORP 2015), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Charities Act 2011.

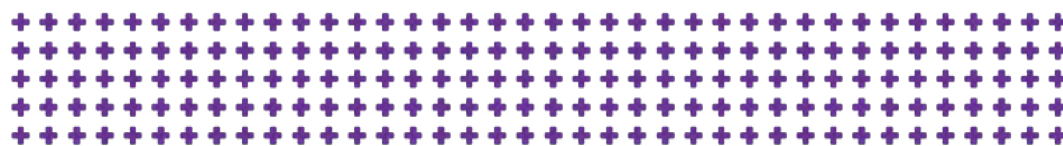
The charity constitutes a public benefit entity as defined by FRS 102. The accounts are presented in sterling and are rounded to the nearest pound.

Critical accounting estimates and areas of judgement

Preparation of the accounts requires the members of Council and management to make significant judgements and estimates.

The items in the accounts where these judgements and estimates have been made include:

- assessing the probability of receiving legacies where the charity has been notified of its entitlement;
- estimating the useful economic life of tangible fixed assets for the purpose of determining the annual depreciation charge;
- determining the basis for allocating support costs across expenditure classifications;
- determining whether the heritage asset may be impaired; and
- estimating future income and expenditure flows for the purpose of assessing going concern (see below).



Assessment of going concern

The members of Council have assessed whether the use of the going concern assumption is appropriate in preparing these accounts. The members of Council have made this assessment in respect to a period of at least one year from the date of approval of these accounts. The members of Council consider that the uncertainty within the global geo-political context will impact on the economy in the year ahead.

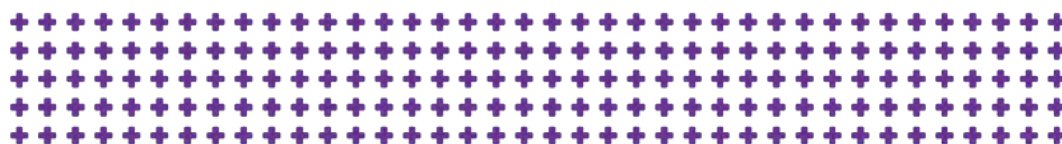
UK inflation was high in 2023 and more settled in 2024. However, given the availability of reserves, the members of Council have concluded that there are no material uncertainties related to events or conditions that may cast significant doubt on the ability of the charity to continue as a going concern. The members of Council are of the opinion that the charity will have sufficient resources to meet its liabilities as they fall due.

Income recognition

Income is recognised in the period in which the charity has entitlement to the income and the amount can be measured reliably and it is probable that the income will be received. Income is deferred only when the charity has to fulfil conditions before becoming entitled to it or where the donor or funder has specified that the income is to be expended in a future accounting period. Income comprises donations, legacies, investment income, interest receivable and grants in respect to charitable activities.

Grants and donations from government and other agencies and charitable foundations are included as income from activities in furtherance of the charity's objectives where these relate to a specific project or activity or take the form of a contract for services. Where the money is given in response to an appeal or with greater freedom of use, for example monies for core funding, then the income is classified as a donation.

Donations and grants in respect to charitable activities are recognised when the charity has confirmation of both the amount and settlement date. In the event of amounts pledged but not received, the amount is accrued for where the receipt is considered probable. In the event that a donation or grant is subject to conditions that require a level of performance before the charity is entitled to the funds, the income is deferred and not recognised until either those conditions are fully met, or the fulfilment of those conditions is wholly within the control of the charity and it is probable that those conditions will be fulfilled in the reporting period.



Legacies are included in the statement of financial activities when the charity is entitled to the legacy, the executors have established that there are sufficient surplus assets in the estate to pay the legacy, and any conditions attached to the legacy are within the control of the charity.

Entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution.

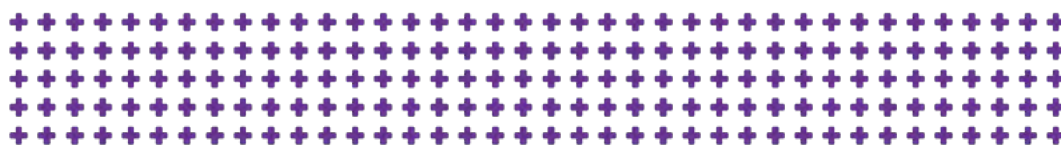
Where legacies have been notified to the charity, or the charity is aware of the granting of probate, but the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material. In the event that the gift is in the form of an asset other than cash or a financial asset traded on a recognised stock exchange, recognition is subject to the value of the gift being reliably measurable with a degree of reasonable accuracy and the title of the asset having been transferred to the charity.

Investment income is recognised once the dividend or interest has been declared and notification has been received of the amount due. Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

Expenditure recognition

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to make a payment 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. All expenditure is accounted for on an accruals basis. Expenditure comprises direct costs and support costs. All expenses, including support costs, are allocated or apportioned to the applicable expenditure headings. The classification between activities is as follows:

- Expenditure on raising funds include the salaries, direct costs and support costs associated with generating donated income, together with the fees paid to investment managers in connection with the management of the charity's listed investments; and



- Expenditure on charitable activities includes all costs associated with furthering the charitable purposes of the charity through the provision of its charitable activities. Such costs include charitable grants and donations, direct and support costs including governance costs.
- Welfare grants are made where the members of Council consider there is real need following a review of the details of each particular case and comprise single year payments rather than multi-year grants. Welfare grants are included in the statement of financial activities when approved for payment. Provision is made for grants and donations approved but unpaid at the period end where relevant.

Grants of award funding to institutions are included in full in the statement of financial activities when the award agreement has been returned, completed and signed, by the recipient. Small final instalments of some award grant payments are subject to receipt of a satisfactory final report on the award project.

Allocation of support and governance costs

Support costs represent indirect charitable expenditure. In order to carry out the primary purposes of the charity it is necessary to provide support in the form of personnel development, financial procedures, provision of office services and equipment and a suitable working environment.

Governance costs comprise the costs involving the public accountability of the charity (including audit costs) and costs in respect to its compliance with regulation and good practice.

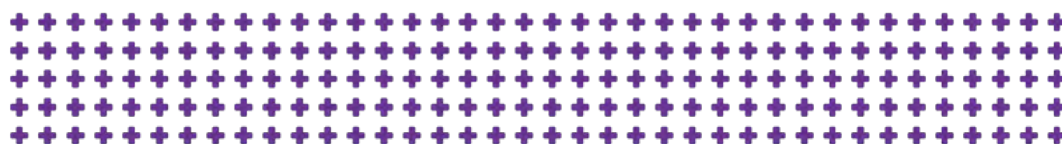
Support costs and governance costs are apportioned using percentages based on the time spent on the relevant activities by the employees of the charity.

Tangible fixed assets

All assets costing more than £500 and with an expected useful life exceeding one year are capitalised.

Expenditure on the purchase and replacement of furniture and equipment is capitalised and depreciated on a straight-line basis over the following periods:

- Leasehold improvements: 4 years
- General office equipment, fixtures, fittings and furniture: 4 years
- Computer equipment: 3 years.



Intangible fixed assets

Research costs are treated as revenue expenditure as and when they are incurred. Development costs are initially capitalised and then amortised over their estimated useful economic life. The amortisation rate in use are as follows:

- Software: 10 years

Heritage assets

During 2018, QICN discovered a piece of original artwork by Florence Nightingale, which had been given to it many years ago. Following further investigation, the value of the artwork was determined and is recognised in these accounts as a heritage asset. The asset was initially recognised on the balance sheet based on its estimated market value as at 31 December 2018 as determined by The Bowman Gallery, a specialist art valuer. This has been taken to be equal to its deemed cost for accounting purposes. No depreciation is charged against the asset, but the asset is reviewed annually for impairment.

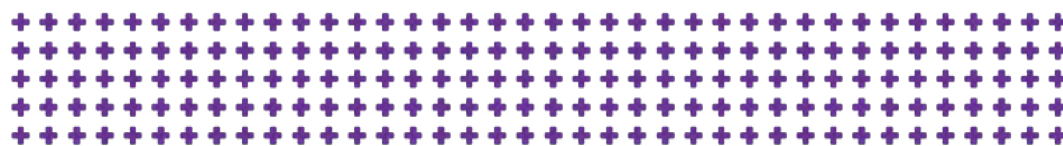
Investments

Listed investments are a form of basic financial instrument and are initially recognised at their transaction value and subsequently measured at their fair value as at the balance sheet date using the closing quoted market price. Realised and unrealised gains (or losses) are credited (or debited) to the statement of financial activities in the year in which they arise.

The charity does not acquire put options, derivatives or other complex financial instruments.

As noted above, the main form of financial risk faced by the charity is that of volatility in equity markets and investment markets due to wider economic conditions, the attitude of investors to investment risk, and changes in sentiment concerning equities and within particular sectors or sub sectors.

Realised gains (or losses) on investment assets are calculated as the difference between disposal proceeds and their opening carrying value or their purchase value is acquired subsequent to the first day of the financial year. Unrealised gains and losses are calculated as the difference between the fair value at the year-end and their carrying value at that date. Realised and unrealised investment gains (or losses) are combined in the statement of financial activities and are credited (or debited) in the year in which they arise.



Debtors

Debtors are recognised at their settlement amount, less any provision for non-recoverability. Prepayments are valued at the amount prepaid. Debtors have been discounted to the present value of the future cash receipt where such discounting is material.

Cash at bank and in hand

Cash at bank and in hand represents such accounts and instruments that are available on demand or have a maturity of less than three months from the date of acquisition. Deposits for more than three months but less than one year have been disclosed as short-term deposits. Cash placed on deposit for more than one year is disclosed as a fixed asset investment.

Creditors and provisions

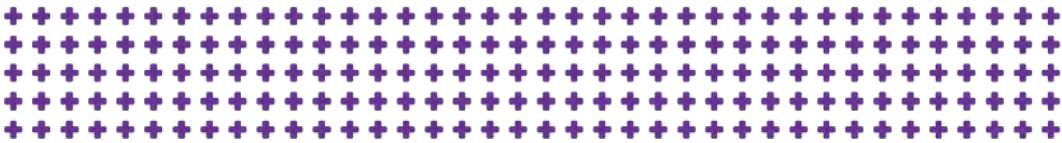
Creditors and provisions are recognised when there is an obligation at the balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably. Creditors and provisions are recognised at the amount the charity anticipates it will pay to settle the debt. They have been discounted to the present value of the future cash payment where such discounting is material.

Fund structure

The general fund comprises those monies, which may be used towards meeting the charitable objectives of the QICN at the discretion of the Council. The tangible and heritage assets fund represents the aggregate net book value of tangible and heritage assets at the balance sheet date. The value of such assets has been reflected on the balance sheet as a separate fund in order to emphasise the fact that the value of such assets should not be regarded as available to meet day-to-day expenditure. The assets are held for functional purposes in the case of tangible fixed assets or are retained as part of the charity's archives in the case of heritage assets.

The designated funds are monies set aside out of the general fund and designated for specific purposes by the Council.

The restricted income funds are monies raised for, and their use restricted to, a specific purpose, or donations subject to donor-imposed conditions. In the



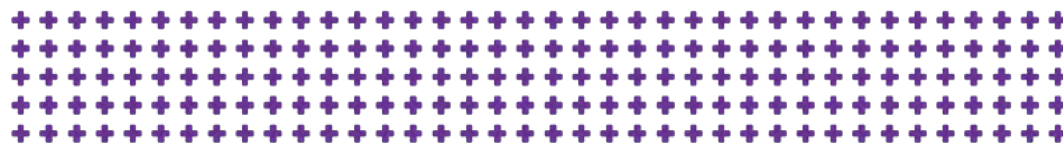
case of restricted income funds for welfare purposes, transfers are made to the general fund to reflect an agreed quarterly charging structure for staff time and office services attributable to providing welfare support from those funds. The expendable endowment funds represent amounts held as capital until such time as members of Council decide to expend them subject to self-imposed conditions. Whilst held as capital, the funds generate income which is regarded as unrestricted.

Pension costs

Contributions in respect of the charity’s defined contribution pension schemes are charged to the statement of financial activities when they are payable to the relevant scheme. The charity’s contributions are restricted to the contributions disclosed in note 9. There were no outstanding contributions at the year end. The charity has no liability beyond making its contributions and paying across the deductions for the employees’ contributions.

Leased assets

Rentals applicable to operating leases where substantially all of the benefits and risks of ownership remain with the lessor are charged to the statement of financial activities on a straight-line basis over the lease term.



Notes to the accounts Year to 31 December 2024

1 Donations and legacies

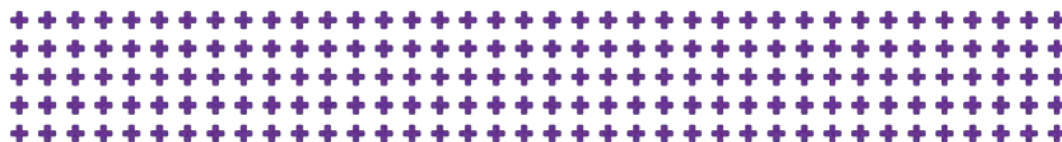
	Unrestricted funds £	Restricted funds £	Endowment funds £	2024 Total funds £
National Garden Scheme donation	305,000	—	—	305,000
Other donations	17,551	19,224	—	36,776
Legacies	10,899	—	—	10,899
2024 total funds	333,451	19,224	—	352,675

	Unrestricted funds £	Restricted funds £	Endowment funds £	2023 Total funds £
<i>National Garden Scheme donation</i>	<i>305,000</i>	<i>—</i>	<i>—</i>	<i>305,000</i>
<i>Other donations</i>	<i>10,261</i>	<i>25,707</i>	<i>—</i>	<i>35,968</i>
<i>Legacies</i>	<i>131,217</i>	<i>—</i>	<i>—</i>	<i>131,217</i>
2023 total funds	446,478	25,707	—	472,185

2 Investment income and interest receivable

	Unrestricted funds £	Restricted funds £	Endowment funds £	2024 Total funds £
Income from investments listed on a recognised stock exchange within the UK	269,941	19,090	—	289,030
Bank and deposit interest	3,161	25	—	3,186
2024 total funds	273,102	19,115	—	292,216

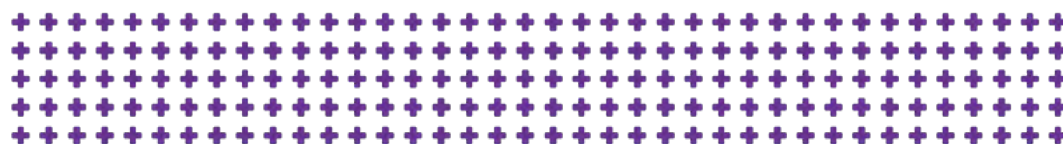
	Unrestricted funds £	Restricted funds £	Endowment funds £	2023 Total funds £
<i>Income from investments listed on a recognised stock exchange within the UK</i>	<i>297,940</i>	<i>34,917</i>	<i>—</i>	<i>332,857</i>
<i>Bank and deposit interest</i>	<i>2,063</i>	<i>43</i>	<i>—</i>	<i>2,106</i>
2023 total funds	300,003	34,960	—	334,963



Notes to the accounts Year to 31 December 2024

3 Income from charitable activities

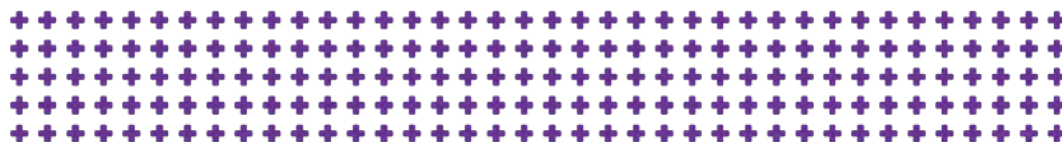
	Unrestricted funds £	Restricted funds £	Endowment funds £	2024 Total funds £
Improving nursing care in the community				
Care Home Nurse Network	—	34,613	—	34,613
IPC Champions Network	—	33,929	—	33,929
NGS – Support for QN Leadership programme	70,000	—	—	70,000
NGS – Support for Innovation programme	25,000	—	—	25,000
NGS – Support for QN Networks	—	100,000	—	100,000
Organisational Membership	74,000	—	—	74,000
AHP Development Programme	42,562	—	—	42,562
International Nurses Courses	29,500	—	—	29,500
Care Community Nurse Development	25,000	—	—	25,000
Bournemouth University	34,696	—	—	34,696
Community Nurse Consultant Handbook	30,000	—	—	30,000
CNEN Sponsorship	25,000	—	—	25,000
Leadership programmes	119,547	—	—	119,547
ICB Chief Nurse Network Sponsorship	20,000	—	—	20,000
SPQ Standards Course Endorsement	16,000	—	—	16,000
GPN Evaluation	30,000	—	—	30,000
Sustainability Projects	44,700	—	—	44,700
Community Nursing Research Forum	—	39,915	—	39,915
Awards Ceremony	18,584	—	—	18,584
Annual Conference	24,695	—	—	24,695
Sales of Resources	7,342	—	—	7,342
Fees, publications and sundry service	26,407	1,388	—	27,795
2024 total funds	663,033	209,845	—	872,878



Notes to the accounts Year to 31 December 2024

3 Income from charitable activities (continued)

	Unrestricted funds £	Restricted funds £	Endowment funds £	2023 Total funds £
<i>Improving nursing care in the community</i>				
<i>Innovation Programme (Elsie Wagg)</i>	—	30,000	—	30,000
<i>Burdett – Diabetes Innovation</i>	—	38,326	—	38,326
<i>IPC Champions Network</i>	—	26,750	—	26,750
<i>Care Home Nurse Network</i>	—	9,000	—	9,000
<i>Care Homes Network – RCN</i>	—	18,000	—	18,000
<i>NGS – Support for QN Leadership programme</i>	70,000	—	—	70,000
<i>NGS – Support for Innovation programme</i>	25,000	—	—	25,000
<i>NGS – Support for QN Networks</i>	—	25,000	—	25,000
<i>AHP Development Programme</i>	42,562	—	—	42,562
<i>Bournemouth University</i>	44,607	—	—	44,607
<i>CNEN Sponsorship</i>	25,000	—	—	25,000
<i>Aspiring Leaders programme</i>	82,998	—	—	82,998
<i>ICB Chief Nurse Network Sponsorship</i>	20,000	—	—	20,000
<i>Field Specific Standard for Adult Social Care Nursing</i>	20,000	—	—	20,000
<i>GPN Evaluation</i>	10,000	—	—	10,000
<i>Community Mental Health Nursing</i>	—	9,999	—	9,999
<i>Homeless and Inclusion Health programme</i>	—	15,000	—	15,000
<i>Community Nursing Research Forum</i>	—	16,908	—	16,908
<i>Community Nursing Executive Network</i>	—	15,000	—	15,000
<i>Company of Nurses</i>	—	15,000	—	15,000
<i>Annual QICN Conference</i>	10,000	—	—	10,000
<i>Sales of Resources</i>	11,310	—	—	11,310
<i>Fees, publications and sundry service</i>	10,823	—	—	10,823
2023 total funds	372,300	203,983	—	576,283



Notes to the accounts Year to 31 December 2024

4 Expenditure on raising funds

(a) Cost of generating grants and donations

Costs were incurred primarily in researching and developing relationships with grant making trusts.

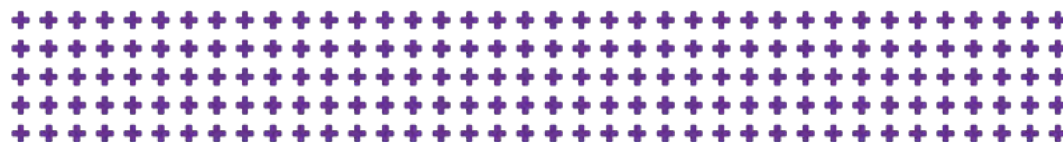
	Unrestricted funds £	Restricted funds £	Endowment funds £	2024 Total funds
Direct costs	11,436	—	—	11,436
Support costs (note 7)	9,962	—	—	9,962
2024 total funds	21,398	—	—	21,398
	Unrestricted funds £	Restricted funds £	Endowment funds £	2023 Total funds
Direct costs	24,353	—	—	24,353
Support costs (note 7)	5,629	—	—	5,629
2023 total funds	29,982	—	—	29,982

(b) Management of investments

	Unrestricted funds £	Restricted funds £	Endowment funds £	2024 Total funds £
2024 total funds	52,556	2,924	—	55,480
	Unrestricted funds £	Restricted funds £	Endowment funds £	2023 Total funds £
2023 total funds	48,770	3,845	—	52,615

5 Expenditure on charitable activities

	Direct costs £	Grant funding of activities (note 6) £	Support costs (note 7) £	2024 Total funds £
Policy Influence and Development	113,174	—	53,367	166,541
Data and Evidence	106,808	—	50,364	157,172
Innovation and Quality Improvement	67,695	36,483	49,124	153,302
Standards	52,764	—	24,880	77,644
Role models and Leaders	648,317	4,700	307,925	960,942
Support for Nurses	80,883	81,891	76,755	239,529
2024 Total	1,069,641	123,073	562,415	1,755,130



Notes to the accounts Year to 31 December 2024

5. Expenditure on charitable activities (continued)

	Direct costs £	Grant funding of activities (note 6) £	Support costs (note 7) £	2023 Total funds £
Policy Influence and Development	118,842	—	54,913	173,755
Data and Evidence	88,081	—	40,699	128,780
Innovation and Quality Improvement	97,148	52,328	69,068	218,544
Standards	78,201	—	36,134	114,335
Role models and Leaders	628,489	4,300	292,390	925,179
Support for Nurses	83,122	116,627	92,296	292,045
2023 Total	1,093,883	173,255	585,500	1,852,638

6 Grant making

Innovation – grants payable to institutions

	2024 £	2023 £
Fund for innovation		
Total value	36,483	52,328

These grants were awarded to support innovative community nursing projects or research and development projects conducted by named nurses. They were given in conjunction with professional development programmes delivered by the QICN.

Providing welfare support – grants made directly to individuals

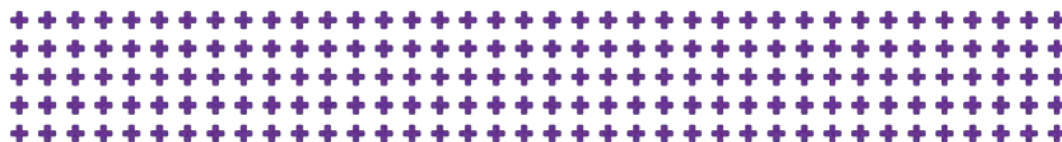
	2024 £	2023 £
Total value	81,891	110,220

Providing educational support – grants made directly to individuals

	2024 £	2023 £
Total value	4,700	6,407

Grant commitments

As at 31 December 2024, the charity had annual welfare grant commitments of £24,384 (2023 – £23,900).



Notes to the accounts Year to 31 December 2024

7 Support costs

Support costs are allocated to each area of charitable activity in proportion to the direct expenditure on those areas.

	2024 £	2023 £
Policy Influence and Development	53,367	54,913
Data and Evidence	50,364	40,699
Innovation and Quality Improvement	49,124	69,068
Standards	24,880	36,134
Role models and Leaders	307,925	292,390
Support for Nurses	76,755	92,296
Organisation costs	9,962	5,629
	572,377	591,129

8 Net expenditure and net movement in funds

This is stated after charging:

	2024 £	2023 £
Staff costs (note 9)	1,063,050	1,073,483
Depreciation	5,349	6,248
Operating lease rentals – land and buildings	55,818	56,966
Amounts payable to the auditor in respect of:		
. External audit – current year	19,200	17,400
. External audit – prior year under provision	—	3,679

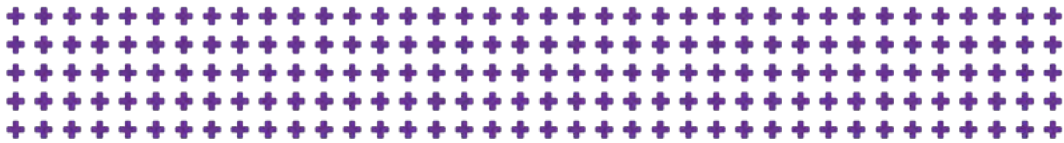
9 Staff costs and remuneration of key management personnel

Staff costs during the year were as follows:

	2024 £	2023 £
Gross wages and salaries	887,346	891,680
Employer's national insurance contributions	91,931	91,523
Employer's pension costs	83,774	80,280
	1,063,050	1,063,483
Redundancy	—	10,000
	1,063,050	1,073,483

The following number of employees received employee benefits (excluding employer pension costs and employer's national insurance) during the year between:

	2024 £	2023 £
£60,000 - £69,999	4	—
£100,000 - £109,999	—	1
£110,000 - £119,999	1	—



Notes to the accounts Year to 31 December 2024

9 Staff costs and remuneration of key management personnel (continued)

The average headcount of employees in 2024 was 20 (2023 – 21).

The average number of full-time equivalent employees in 2024 was 18 (2023 – 18).

The key management personnel of the charity in charge of directing and controlling, running and operating the charity on a day-to-day basis comprise the members of Council together with the Chief Executive, Deputy Chief Executive/Director of Nursing (from October 2024), Head of Communications, Head of Finance, Director of Nursing Programmes (Innovation & Policy) and Director of Nursing Programmes (Leadership & Standards). The total remuneration payable to key management personnel during the year was £461,604 (2023 – £487,051).

10 Council members

No member of the Council received remuneration in respect of their services as a member of the Council during the year (2023 – none).

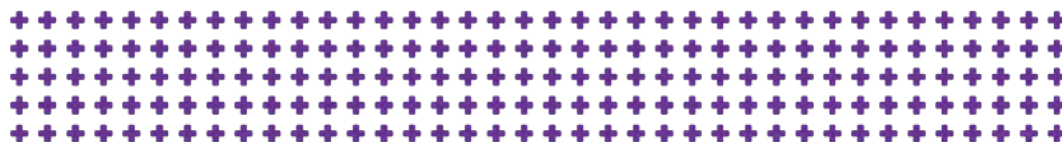
There was one Council member who had expenses reimbursed during the year in respect of travel totalling £1,544 (2023 one Council member – £4,093). During the year members of the Council donated a total of £10,189 to the charity (2023 – £25,302). Included in this total is £10,069 restricted for the William Rathbone Annual Award.

11 Related party and connected person transactions

During the year £1,300 (2023 – £1,200) was paid to a member of the council, Dr Joan Myers OBE, to deliver two sessions to the Aspiring Nurse Leadership Programme. Other than the transactions reports within note 10 to the accounts, there were no other transactions with related parties or connected persons during the year (2023 – none).

12 Taxation

The Queen’s Institute of Community Nursing is a registered charity and, therefore, is not liable to income tax or capital gains tax on income derived from its charitable activities, as it falls within the various exemptions available to registered charities.



Notes to the accounts Year to 31 December 2024

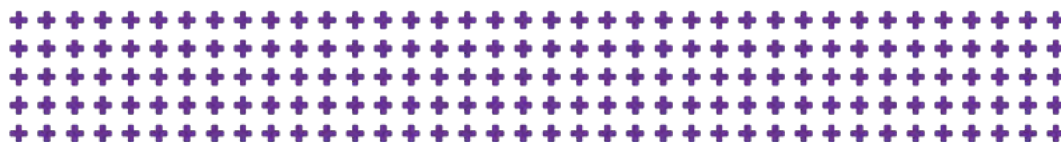
13 Tangible fixed assets

	Leasehold improvements £	Fixtures, fittings, furniture and equipment £	Total £
Cost or valuation			
At 1 January 2024	50,931	46,240	97,171
Additions	—	4,892	2,321
Disposals	—	—	—
At 31 December 2024	<u>50,931</u>	<u>46,240</u>	<u>97,171</u>
Depreciation			
At 1 January 2024	50,931	33,111	84,042
Charge for the year	—	5,349	5,349
Disposals	—	—	—
At 31 December 2024	<u>50,931</u>	<u>38,460</u>	<u>89,391</u>
Net book values			
At 31 December 2024	<u>—</u>	<u>10,101</u>	<u>10,101</u>
At 31 December 2023	<u>—</u>	<u>13,129</u>	<u>13,129</u>

14 Intangible fixed assets

	Software £	Total £
Cost or valuation		
At 1 January 2024	—	—
Additions	96,674	96,674
Disposals	—	—
At 31 December 2024	<u>96,674</u>	<u>96,674</u>
Depreciation		
At 1 January 2024	—	—
Charge for the year	—	—
Disposals	—	—
At 31 December 2024	<u>—</u>	<u>—</u>
Net book values		
At 31 December 2024	<u>96,674</u>	<u>96,674</u>
At 31 December 2023	<u>—</u>	<u>—</u>

All of the above assets are used for charitable purposes.



Notes to the accounts Year to 31 December 2024

15 Heritage assets

At deemed cost	£
At 1 January 2024 and at 31 December 2024	70,000

During 2018, QICN discovered a piece of original artwork by Florence Nightingale, which had been given to it many years ago. Following further investigation, the value of the artwork was determined and is recognised in these accounts as a heritage asset. The asset was initially recognised on the balance sheet based on its estimated market value of £70,000 as at 31 December 2018 as determined by The Bowman Gallery, a specialist art valuer. This has been taken to be equal to its deemed cost for accounting purposes. No depreciation is charged against the asset, but the asset is reviewed annually for impairment. There have been no indications of impairment as at 31 December 2024 (and since the initial recognition of the asset).

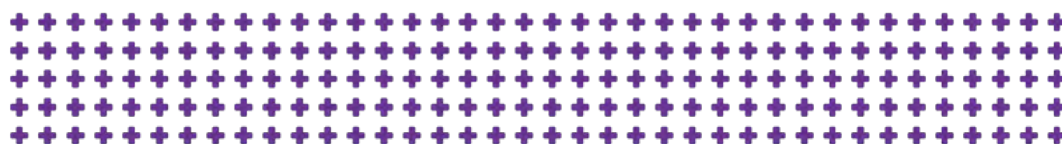
16 Investments

	2024 £	2023 £
Investments listed on a recognised stock exchange		
Market value at 1 January 2024	10,975,415	10,849,165
Add: Additions at cost	3,892,201	1,506,174
Less: Disposals proceeds	(4,344,021)	(1,776,690)
Total investment gains (losses)	721,343	396,766
Market value at 31 December 2024	11,244,938	10,975,415
Cash and settlements pending, held as part of the investment portfolio	221,944	54,278
Total investments held	11,466,882	11,029,693
Listed investments at cost	8,963,652	8,225,997

At 31 December 2024, the listed investments comprised the following:

	2024 £	2023 £
Fixed interest	1,657,947	1,597,585
UK equities	1,853,059	3,971,912
Overseas equities	6,551,198	3,926,024
Alternatives	1,182,735	1,479,894
	11,244,939	10,975,415

At 31 December 2024, no holdings were material in the context of the entire portfolio value (2023 – none).



Notes to the accounts Year to 31 December 2024

17 Debtors

	2024 £	2023 £
Trade debtors	36,450	37,680
Prepayments	14,972	15,047
Accrued income	32,435	37,000
Other debtors	8,563	3,984
	92,420	93,711

18 Creditors: Amounts falling due within one year

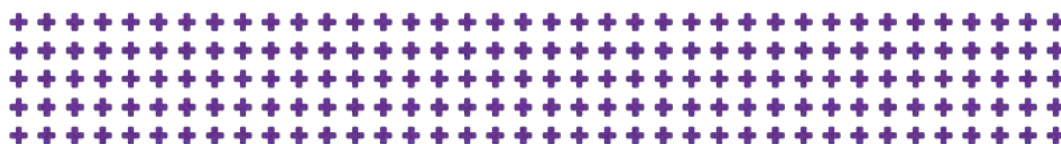
	2024 £	2023 £
Expense creditors	46,376	76,047
Accruals	81,988	80,587
Other creditors	26,541	25,555
Deferred income (see below)	572,886	503,498
	727,790	685,687
Deferred income		
Balance brought forward	503,498	350,000
Released in year	(503,498)	(350,000)
Deferred in year	572,886	503,498
Balance carried forward	572,886	503,498

Deferred income consists of project funding received by the year end but which relates specifically to project work to be performed in future accounting periods.

19 Tangible assets fund

	2024 £	2023 £
At 1 January	83,129	84,485
Other movements in year	93,646	(1,356)
At 31 December	176,775	83,129

The tangible assets fund represents the aggregate net book value of tangible and heritage assets at the balance sheet date. The value of such assets has been reflected on the balance sheet as a separate fund in order to emphasise the fact that the value of such assets should not be regarded as available to meet day-to-day expenditure. The assets are held for functional purposes in the case of tangible



Notes to the accounts Year to 31 December 2024

20 Designated funds

The funds of the charity include the following designated fund which has been set aside out of unrestricted funds by the members of the Council for specific purposes.

	At 1 January 2024 £	New designation £	Utilised £	At 31 December 2024 £
Leadership and Innovation fund	190,572	—	(64,190)	126,832
Phillip Goodeve-Docker fund	55,085	—	(2,200)	52,885
Heyes legacy fund	29,675	—	(9,881)	19,794
International Community Nursing Observatory	333,818	—	(61,869)	271,949
The Welfare Legacies Fund	—	10,899	(10,899)	—
	609,150	10,889	(149,039)	471,010

	At 1 January 2023 £	New designation £	Utilised £	At 31 December 2023 £
Leadership and Innovation fund	—	241,000	(50,428)	190,572
Phillip Goodeve-Docker fund	57,485	100	(2,500)	55,085
Heyes legacy fund	29,675	—	—	29,675
International Community Nursing Observatory	—	390,000	(56,182)	333,818
The Welfare Legacies Fund	—	47,458	(47,458)	—
	87,160	678,558	(156,568)	609,150

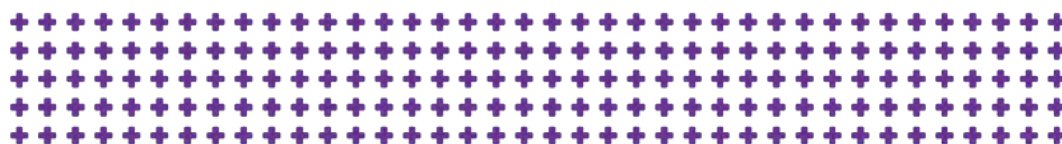
The Leadership and Innovation fund represents funds set aside by Council to increase the team. This will strengthen the offer of leadership and innovation programmes and assist in the delivery of newly commissioned work.

The Phillip Goodeve-Docker fund represents monies given as 'donations in memory' which the Council has set aside in the memory of Phillip Goodeve-Docker who sadly passed away in 2013 during a fundraising trek across Greenland. Due to the scale of donations received the Council decided to create an award in his name, with his parents' approval. The annual prize is to the most outstanding District Nursing Student in each university in England, Wales and Northern Ireland, offering the District Nurse programme.

The Heyes legacy fund comprises a legacy received during 2018, which the Council designated to enabling an increase in the number of funded attendees at the annual Queen's Nurse Conference. The Queen's Nurse Conference is now a virtual conference and the designated fund is utilised against the total expenditure of the conference.

The International Community Nursing Observatory fund was set aside by Council to establish the observatory. The goal of which is to collate, gather and analyse evidence based data on the nursing workforce.

In the year, the Council elected to designate most legacies received to support our welfare grant giving activity, supporting nurses in financial difficulty.



Notes to the accounts Year to 31 December 2024

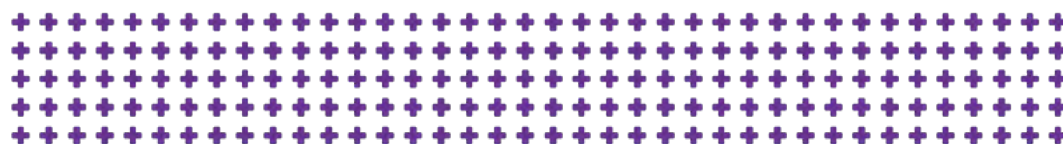
21 Restricted funds

	At 1 January 2024 £	Income £	Expenditure £	Gains, losses and transfers £	At 31 December 2024 £
District Nurses 1965 Fund	571,449	19,415	(151,739)	42,330	481,455
TalkToUs Service	44,660	—	(8,010)	—	36,650
Burdett – Diabetes Innovation Projects	36,341	—	(27,363)	—	8,978
Company of Nurses Welfare Grants	4,250	800	(5,050)	—	—
William Rathbone Annual Award	19,811	10,069	(500)	—	29,380
Dora Roylance Fund	12,263	—	(1,800)	—	10,463
Care Home Nurse Network	—	34,613	(27,513)	—	7,100
Innovation Programme	15,120	288	(8,357)	—	7,051
IPC Champions Network	—	33,929	(32,146)	—	1,783
NGS - Support for QN Networks	5,449	100,000	(95,875)	—	9,574
Homeless and Inclusion Health Programme	8,677	—	(8,677)	—	—
Community Nursing Research Forum	—	39,915	(34,523)	—	5,392
Other Restricted Funds	4,288	9,155	(300)	—	13,143
	722,308	248,184	(401,853)	42,330	610,969

	At 1 January 2023 £	Income £	Expenditure £	Gains, losses and transfers £	At 31 December 2023 £
District Nurses 1965 Fund	632,726	34,960	(126,095)	29,858	571,449
TalkToUs Service	55,588	—	(10,928)	—	44,660
Burdett – Diabetes Innovation Projects	—	38,326	(1,985)	—	36,341
Company of Nurses Welfare Grants	—	15,000	(10,750)	—	4,250
William Rathbone Annual Award	—	20,311	(500)	—	19,811
Dora Roylance Fund	13,863	—	(1,600)	—	12,263
Care Home Nurse Network	1,730	18,000	(19,730)	—	—
Long–COVID - Community of Practice	12,164	—	(12,164)	—	—
Aspiring Leaders programme	54,936	—	(54,936)	—	—
Internationally Educated Nurses	45,113	—	(45,113)	—	—
Innovation Programme	8,613	30,000	(23,493)	—	15,120
IPC Champions Network	534	26,750	(27,284)	—	—
NGS - Support for QN Networks	—	25,000	(19,551)	—	5,449
Homeless and Inclusion Health Programme	—	15,000	(6,323)	—	8,677
Community Nursing Research Forum	457	16,908	(17,365)	—	—
Other Restricted Funds	32,612	24,395	(52,719)	—	4,288
	858,336	264,650	(430,536)	29,858	722,308

District Nurses 1965 Fund (Welfare Fund)

This fund is a separate charitable trust administered by the Queen's Institute of Community Nursing and is known internally as the Welfare Fund. The fund must be used specifically for making grants to nurses who are, or who have been, associated with district and community nursing services and who are in financial hardship. As local District Nursing Associations in England closed over the years, additional funds have been transferred from the Associations to the 1965 Fund, with a specification that the funds should be used to support education grants for community nurses as well grants for those in financial hardship.



Notes to the accounts Year to 31 December 2024

21 Restricted funds (continued)

TalkToUs Service

The Covid19 Healthcare Support Appeal (CHSA) awarded a grant to the QICN in 2022 to enable the continued delivery of the TalkToUs service.

Burdett – Innovation projects

The Burdett Trust for Nursing funded seven projects focussed on nurse-led innovations in caring for people with diabetes.

Company of Nurses – financial assistance grants

The QICN administers grants for financial assistance on behalf of the Company of Nurses.

William Rathbone X annual award

Lucy and Nick Addyman sponsor the annual William Rathbone X Award for the most outstanding executive nurse of a community services provider.

Dora Roylance Fund

The QICN received a legacy of £21,792 from a retired QN who died in 2015. The specification was that it was to be used for the support of Health Visitor education. A Dora Roylance Memorial Award has been created for the most outstanding achievement for every student Health Visitor in every university offering the Health Visitor programme in England, Wales and Northern Ireland. Taking into consideration the number of universities offering the Health Visitor programme and the total of the fund, the award is likely to last approximately 15 years to 2030.

Care Home Nurse Network

Following the completion of the RCN Foundation grant funding for the Care Home Nurse Network in 2023, the QICN was grant funded by the Department of Health and Social Care in England to deliver the Care Home Nurse Network.

Innovation Programme

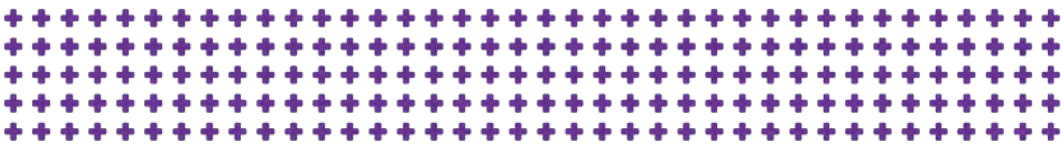
The QICN Innovation Programme holds funds for the community nurses participating to complete their projects.

IPC Champions Network

DHSC provided funding to develop and deliver and Infection Prevention and Control (IPC) Champions Network in 2022, 2023 and 2024.

National Garden Scheme Networks

The National Garden Scheme committed funding to support four networks of the QICN when funding became unexpectedly unavailable. These include the Long Covid Network, the Community Children's Network, the General Practice Nurse Network and the Homeless and Inclusion Heath Network



Notes to the accounts Year to 31 December 2024

21 Restricted funds (continued)

Homeless & Inclusion Health - DHSC

The Department of Health and Social Care (DHSC) provided a grant to support the development of field specific standards in Inclusion Health and the promotion of the use of the standards in universities offering the NMC regulated Community Nursing Specialist Practice Qualification.

Community Nursing Research Forum

This project was originally funded by NHSE in 2022, to set up a community nursing research forum to inspire interest in research as a career option for community nurses and to provide learning and peer support. After the overwhelming success of the first year and after the one year of NHSE funding was completed, the NIHR agreed to pilot funding for one further year October 2023 - October 2024, to continue with the same approach. At the end of the year, it was agreed that a small underspend could be used to continue the work, albeit with a limited offer to forum members, to April 2025.

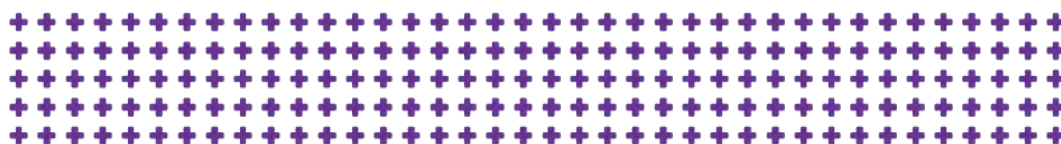
22 Expendable endowment fund

The fund was established originally following the disposal of the QICN’s freehold property in Belgravia, London. Movements on the endowment fund during the year to 31 December 2024 are as shown below:

	2024 £	2023 £
Fund value at 1 January	9,117,234	9,416,269
Net investment (losses) gains	596,434	331,965
Transfer to unrestricted general funds (see below)	—	(631,000)
Fund value at 31 December	9,713,668	9,117,234

Whilst the expendable endowment fund is ordinarily intended to be held as longer-term capital, investment income generated by the underlying investments is unrestricted based on the terms of the expendable endowment. Accordingly, the investment income is credited to the charity’s unrestricted general funds, and any expenditure intended by Council to be met from the charity’s expendable endowment is thus allocated against the charity’s unrestricted general funds in the first instance.

The capital (including any cumulative unrealised gains) may be expended by the charity at the discretion of Council in accordance with self-imposed conditions consistent with the achievement of the charity’s overall strategic plan. Council’s general approach and policy is to keep the underlying capital preserved as far as possible, and to only convert the endowment fund into income funds where, for example, the investment income generated by the endowment alone is insufficient to cover the cost of strategic initiatives which is intended to be met from the endowment, or for example, where the charity requires a top-up of its general unrestricted funds in order to sustain an appropriate level of free reserves.



Notes to the accounts Year to 31 December 2024

23 Analysis of net assets between funds

	General funds £	Tangible and heritage assets fund £	Designated funds £	Restricted funds £	Endowment funds £	Total 2024 £
Fund balances at 31 December 2024 are represented by:						
Tangible fixed assets	—	176,775	—	—	—	176,775
Investments	811,515	—	471,010	470,689	9,713,668	11,466,882
Net current (liabilities) assets	(259,861)	—	—	140,280	—	(119,581)
	551,654	176,775	471,010	610,969	9,713,668	11,524,076
	General funds £	Tangible and heritage assets fund £	Designated funds £	Restricted funds £	Endowment funds £	Total 2023 £
Fund balances at 31 December 2023 are represented by:						
Tangible fixed assets	—	83,129	—	—	—	83,129
Investments	751,981	—	609,150	551,328	9,117,234	11,029,693
Net current (liabilities) assets	(166,830)	—	—	170,980	—	4,150
	585,151	83,129	609,150	722,308	9,117,234	11,116,972

The total unrealised (losses) gains as at 31 December 2024 constitute movements on the revaluation of listed investments and are as follows:

24 Operating leases

At 31 December 2024 the charity had annual commitments under non-cancellable operating leases as follows:

	Land and buildings	
	2024 £	2023 £
Due within:		
. One year	64,732	78,740
. Two to five years	74,562	59,055
	139,294	137,795



www.qicn.org.uk

Founded 1887

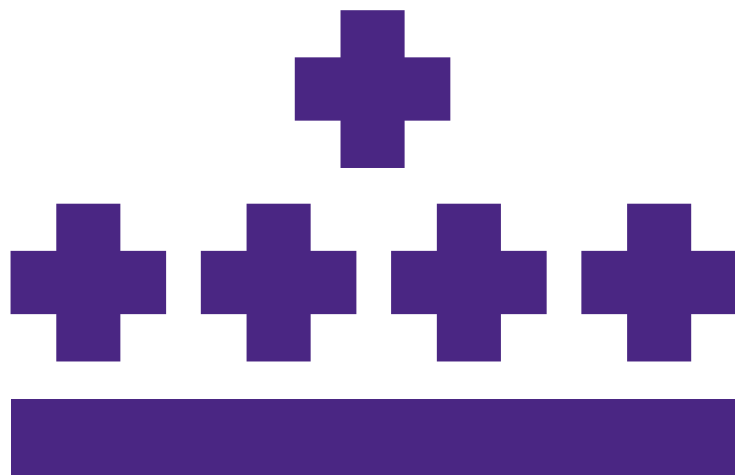
Patron HM The Queen



The Queen's Institute of Community Nursing

England & Wales - Charity number 213128

Accounts



Annual Report and Accounts

Year to 31 December 2023



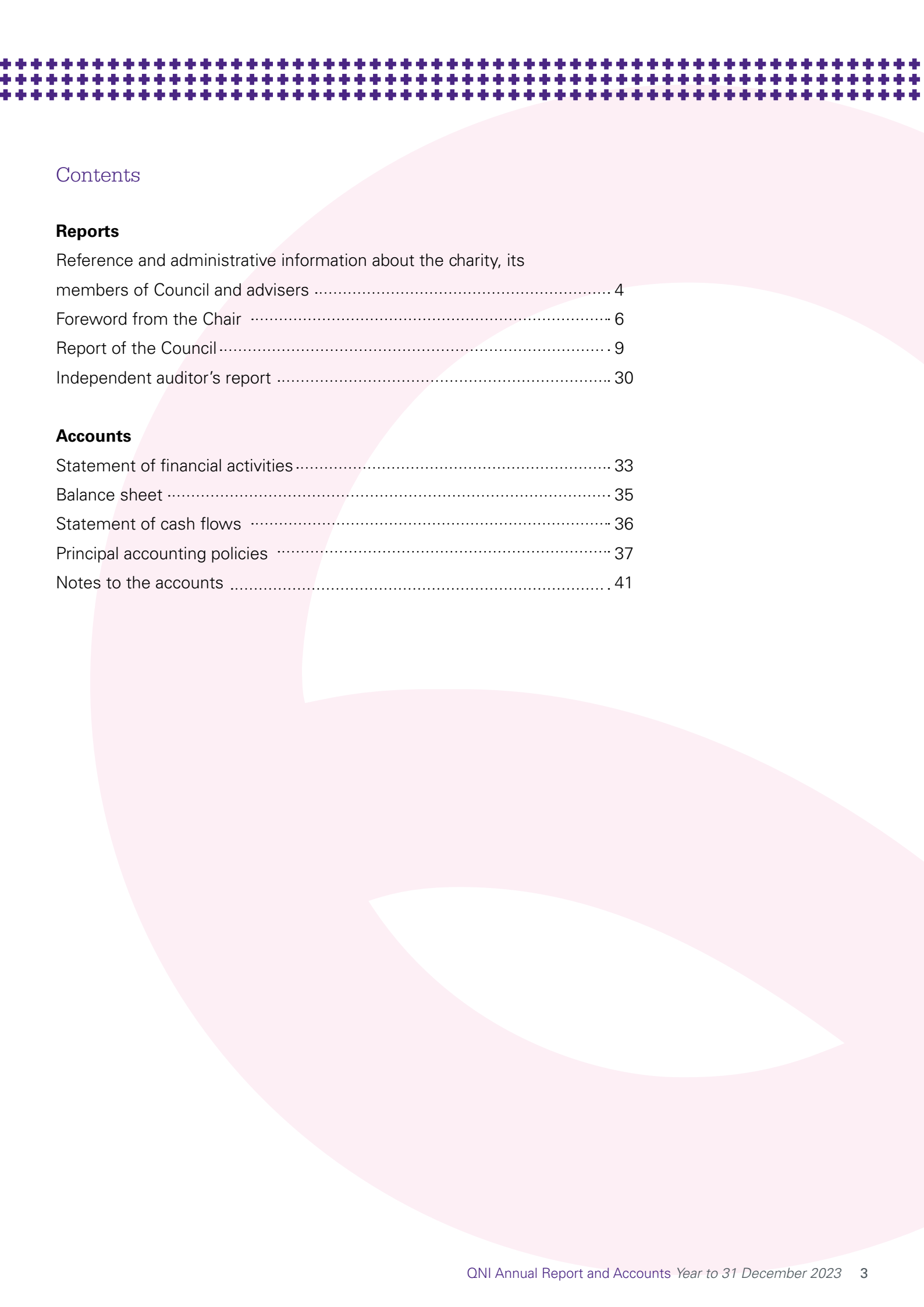


In May 2024, Her Majesty Queen Camilla became the sixth royal Patron of the charity.

'I am delighted that Her Majesty Queen Camilla has agreed to become Patron of the Queen's Nursing Institute (QNI), the charity that bears her title. Queen's Nurses in England, Wales and Northern Ireland will I'm sure be honoured and encouraged by this news. We look forward to a warm and rewarding relationship with our new Patron who has shown herself as a passionate advocate for healthcare for people of all ages.'

Dr Crystal Oldman CBE, QNI Chief Executive.

Photo courtesy of Hugh Barnard



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Reference and administrative information about the charity,
its members of Council and advisers

Patron	Her Majesty Queen Camilla (May 2024)
Vice Presidents	Dr June Crown CBE Professor Sir Sam Everington OBE Zahir Fazal Professor Dame Elizabeth Anionwu DBE OM

The members of Council (Trustees) at the date of this report, and those who served during 2023,
are as follows:

Chair of Council	Professor John Unsworth OBE * Nick Addyman # + Dale Carrington
Honorary Treasurer	Richard Fass # + Dr Judith Graham BEM Dr Katerina Kolyva (retired from Council March 2024) Rosalynde Lowe CBE * Dr Angela McLernon OBE (retired from Council March 2024) Helen Mehra Dr Jenni Middleton Dr Joan Myers OBE Dr Rebecca Myers #+
Vice Chair	Christine O’Connell # + Dr Neesha Oozageer Gunowa Jeremy Taylor OBE

* Council members nominated and appointed by the Patron
Members of the Finance Committee
+ Members of the Remuneration Committee

Chief Executive	Dr Crystal Oldman CBE, EdD, MSc, MA, PGDip, PGCEA, RGN, RHV, RNT, QN, FRCN

Charity registration number 213128

Reference and administrative information about the charity,
its members of Council and advisers

Principal office

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Telephone
Email
Website

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mail@qni.org.uk
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The Queen's Nursing Institute
The Queen's Nursing Institute
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Auditor

Buzzacott LLP
130 Wood Street
London
EC2V 6DL

Investment managers

Rathbone Investment
Management Limited
Port of Liverpool Building
Pier Head
Liverpool
L3 1NW

Bankers

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

Solicitors

Russell Cooke LLP
2 Putney Hill
London
SW15 6AB

Foreword from the Chair



2023 represented another hugely successful year for the Queen's Nursing Institute, during which we consolidated our role as the leading professional organisation for community nursing. The year had several stand-out moments, but for me, the major achievement was the development and publishing of advanced practice standards for nine fields of community nursing practice.

These standards represent the cumulation of our work to develop field specific standards for education, which have moved from voluntary standards to standards which now attract QNI endorsement for educational provision. Huge thanks go to the QNI team who led this work, overseen by our very own Dr Agnes Fanning and to all the individuals who contributed to standards reference groups. During 2024 we will see the first universities achieve endorsement of their programmes against the standards. There has been international interest in the standards as

well and the QNI will present the work as part of developing advanced practice roles to achieve universal health coverage at the International Council of Nurses Advanced Nursing Practice conference taking place in Aberdeen in September 2024.

Alongside the nine new sets of standards, we published an updated report on Nursing in the Digital Age (2023) following a survey of more than 1,200 practitioners during 2022. Reports on our innovation projects, the Elsie Wagg Scholarships and our standards for practice teaching were also published during the year. Alongside our numerous events and outstanding annual conference our brilliant communications, publications and events teams ensured that the work of the Institute 'hit the headlines' and reached nurses, managers and policy makers alike. Huge thanks to the teams for this excellent work.

February 2023 saw the launch of the Integrated Care Board (ICB) Chief Nurse Network in partnership with the NHS Confederation. Sponsored by Hallam Medical, the ICB Chief Nurse Network provides support to the senior nurse leaders in each of the Integrated Care Boards in England. The network met six times during 2023 under the leadership of Lou Patten, QNI Fellow and ICS Strategic Advisor at the NHS Confederation. We are grateful to Hallam Medical for their support and to Lou for expertly leading the network. Hallam Medical are a significant supporter of our work, which includes sponsorship of the Community Nurse Executive Network (CNEN) and our annual conference, which we were able to offer free to attendees from across the world.

The QNI has a long history from its founding in 1887, and during 2023 we were able to take stock of that history and examine its relevance to our contemporary work. Remarkably, many of the roles the QNI has fulfilled since its inception are still in place today, including developing standards, undertaking research, offering education and training and supporting nurses. Dr Crystal Oldman appeared on the BBC's Antiques Roadshow in February 2023 to talk about nursing in the community and Professor Dame Elizabeth Anionwu, one of our Vice-Presidents, also appeared on the same programme.

May 2023 saw the first ever William Rathbone X Award and annual lecture. The award and annual lecture were named after my late colleague, William Rathbone, the great-great-grandson of the founder of the Institute. Bill (William) Rathbone the tenth served on the QNI Council for almost 48 years before his death at the end of 2022. It was a huge privilege to work alongside Bill Rathbone, and the award and annual lecture funded by his son-in-law, Nick Addyman, a current QNI Council Member, is a fitting tribute to him. The well-deserved award for Executive Nurse Leadership went to Michelle Bateman, Queen's Nurse and Executive Director of Nursing, Allied Health Professionals and Quality, Derbyshire Community Health Services NHS Foundation Trust.

“ Remarkably, many of the roles the QNI has fulfilled since its inception are still in place today, including developing standards, undertaking research, offering education and training and supporting nurses.

Professor John Unsworth OBE, Chair of Council



Above:
The William Rathbone
X Award and Annual
Lecture in 2023,
with winner Michelle
Bateman

The William Rathbone X annual lecture was delivered by Professor Alison Leary MBE, ICNO Director and Chair of Healthcare and Workforce Modelling at London South Bank University. She spoke thoughtfully about workforce challenges, inviting the audience to think differently about these challenges and how to solve them. Alison's lecture was exceptionally well attended and has subsequently been viewed more than 3,000 times online.

In June 2023, Dr Crystal Oldman and I attended the International Council of Nurses (ICN) annual congress in Montreal, Canada. Following the three-day Council meeting of Nursing Representatives (with more than 130 National Nursing Associations), there were keynote speeches and presentations from colleagues around the world. The QNI was one of the organisations which helped found the ICN in 1899 and was described at the time as one of the few organized bodies of nurses in Britain. The Institute was proud to rejoin the ICN in 2021. We look forward to partnering with the Gambian National Nursing Association during 2024, supporting them to achieve changes to national standards of nurse education and practice in The Gambia.

Our Queen's Nurse community grew by more than 500 during 2023, taking the total to almost 2,500 working nurses (with a growing number on the retired list). Queen's Nurses are our greatest asset; they are the modern-day ambassadors for the Institute as the original Queen's Nurses were. Queen's Nurses represent us on policy groups and help us with our hugely successful shadowing programme, where policy makers get to see nursing firsthand in the community. We are hugely proud of each and every Queen's Nurse and sincere thanks are given to our friends at the National Garden Scheme, who through their generous annual grant, enable us to run the vibrant Queen's Nurse network.

The NGS Elsie Wagg Innovation Scholarships went from strength to strength during 2023, and we welcomed another five projects focused on gardening and health. It was excellent to hear about some of these projects during our 2024 All Queen's Nurse Day. In addition to supporting the Elsie Wagg Scholarships, our friends at the National Garden Scheme also came to our rescue when funding for several of our networks was withdrawn. This support has enabled us to continue providing the Community Children's Nurse Network, Long Covid Nurse Group, Homeless and Inclusion Health Practitioner Network and to develop further the General Practice Nurse Education Network. These networks, alongside our Care Home Nurse Network, Infection and Prevention Control Champions Network (both funded by the Department of Health and Social Care) and the Community Nursing Research Forum (funded by the National Institute for Health and Care Research) act as resource hubs for a thousands of nurses and other practitioners, encouraging the dissemination of good practice and supporting staff in their roles.

2023 saw the Institute launch its short film on International Nurse Recruitment featuring stories from nurses from India, South Africa and the Philippines who have come to support community nursing services in the UK. The film reflects the cumulation of work with NHS England supporting international recruitment to community nursing services.

“ Queen's Nurses are our greatest asset; they are the modern-day ambassadors for the Institute as the original Queen's Nurses were; they represent us on policy groups and help us with our hugely successful shadowing programme, where policy makers get to see nursing firsthand in the community. We are hugely proud of each and every Queen's Nurse. Professor John Unsworth OBE, Chair of Council



Above:
Queen's Nurses
at Eton College
which opened for
the National Garden
Scheme

Our two highly successful leadership programmes: the Executive Nurse Leadership Programme and the Aspiring Leaders Programme continued during 2023. Our fantastic team delivered two cohorts of the Aspiring Leaders Programme as well as completing programmes which had started in 2022. Since their launch in 2017, we have seen a one hundred percent achievement of all participants successfully completing these programmes, with a zero-attrition rate and the majority securing more senior positions before the end of the programme. Thanks go to the whole team who support, design and deliver these hugely successful programmes.

Our nursing team also oversaw both the Elsie Wagg Innovation, Personalised Care Innovation and organisation-funded projects during 2023. Since 1990, the QNI has funded around 350 nurse-led innovative projects across the whole range of community nursing specialisms in England, Wales and Northern Ireland. Sharing the results of these projects helps us to drive improvements in knowledge and practice. The team are to be congratulated for the sustained track record in award winning innovation, mentorship, development and support for nurses.

Towards the end of 2023, we started work on a new organisational membership package designed to support nurses and allied health professionals working in community services through the provision of webinars, leadership support, career development and political / policy leadership. The scheme launched very successfully in March 2024 and will grow and evolve over the next few years to become a core part of our work, extending our reach to all nurses working in community services.

Our vitally important support work continued in 2023. This includes financial assistance, small education grants, telephone support for retired nurses (Keep in Touch – KiT) and our listening service, TalkToUs. The latter provides vital support to nurses who find themselves in need or who are suffering from emotional distress and we are grateful to the RCN Foundation for their support for this work. Our Keep in Touch (KiT) service is particularly poignant as community nurses are aware, perhaps more than most, of the loneliness and isolation which many older people experience. This service supports retired community nurses through befriending support from KiT volunteers, all of whom are Queen's Nurses. I am always hugely proud of the work of our KiT volunteers, grants advisors and staff in all our 'support for nurses' programmes.

Almost last, but by no means least, is the huge contribution my fellow trustees make to The Queen's Nursing Institute. They give their time, expertise, energy and commitment for free, to ensure that the Institute is well governed and achieves year on year success and improvement for the nurses we serve. During 2023 two trustees, Clare Hawkins and Candace Imison left at the end of their terms of office and in March 2024, Dr Katerina Kolyva and Dr Angela McLernon OBE retired from Council. Huge thanks go to Clare, Candace, Katerina and Angela for their highly valued contribution to the Institute.

As I prepare this foreword to the 2023 annual report, the Institute has just had notification that Her Majesty, The Queen has graciously agreed to become our sixth Royal Patron. Queen Camilla's patronage continues a line of patronage which stretches back to 1887, when H.M Queen Victoria became the first Patron of the organisation which bore her name. We look forward to working with Her Majesty, The Queen to illustrate the outstanding work carried out in her name by nurses across England, Wales and Northern Ireland.

Professor John Unsworth OBE, QN, RN
Chair of Council, The Queen's Nursing Institute
June 2024

Report of the Council 31 December 2023

The Council presents its report together with the accounts of The Queen's Nursing Institute (QNI) for the year ended 31 December 2023.

The accounts have been prepared in accordance with the accounting policies set out on pages 37 to 40 of the attached accounts and comply with the charity's Royal Charter, applicable laws and 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 United Kingdom and Republic of Ireland (FRS 102).

Objectives and activities

The Queen's Nursing Institute operates in England, Wales and Northern Ireland.

The Queen's Nursing Institute is an independent national charity that is dedicated to improving the nursing care of people in their communities and homes.

Our vision is that all people are provided with the best possible nursing care by the right nurse with the right skills in homes and communities, whenever and wherever it is needed.

The values provide the foundation for our work. They reflect the principles on which the QNI was first established by William Rathbone and Florence Nightingale in 1887.

Values

- ✚ **Partnership:** with people, patients, organisations and policy makers, ensuring individuals, families, carers and communities are at the heart of all we do.
- ✚ **Integrity:** living the values and seeing equality and diversity as strengths.
- ✚ **Excellence:** in nursing, supported by innovation and evidence.
- ✚ **Independence:** using evidence and insight to provide an independent voice.
- ✚ **Advocacy:** recognising the contribution of all community nurses.
- ✚ **Legacy:** cherishing the history of the QNI and our long-standing relationship with funders.

Public benefit

In setting and supporting the QNI's strategy and business plan, the members of Council continue to give careful consideration to the Charity Commission's general guidance on public benefit.

Strategic Plan 2021-25

The six strategic priorities were published at the start of 2021: <https://www.qni.org.uk/wp-content/uploads/2021/02/Strategic-Plan-2021-2025-1.pdf>

These priorities reflect the status of the QNI as a national charity, focussed on excellent nursing care for all people in the community.

Influence

- 1. Policy Influence and Development:** to improve the health and wellbeing of individuals, carers, families and communities by local, national and international policy, including through the use of the nurse's voice.
- 2. Data and Evidence:** to provide independent intelligence about nursing in the community and primary care that is relevant and needed.

Quality

- 3. Innovation and Quality Improvement:** to improve nursing practice in the community through developing, testing and evaluating innovative approaches to care.
- 4. Standards:** to set national standards for nurse education and practice in community settings, which are recognised across the profession, educators and service providers.



Above:
District Nurse Zarina
Khan with a patient

Voice

- 5. Role models and Leaders:** to develop, promote and support excellent and diverse nursing leaders and role models and to empower nurses to raise their voice and articulate their value.
- 6. Support for Nurses:** to support the wellbeing of all community nurses, whether working or not, by listening and responding to their personal and professional needs.

Outcomes

The Trustees determined that the strategic plan should include a focus on outcomes which would also guide the development of the annual business plan and measures of achievement:

Influence: The QNI is the organisation that is called upon to contribute to national policy development and implementation when shaping nursing services in the context of a wider health and social care system.

Quality: Evidence from the QNI regarding quality improvement and standards is used to inform policy, research, practice and education and is recognised at all levels in the system.

Voice: A diverse community of Queen’s Nurses and others in the QNI networks successfully lead innovation and change, challenge inequalities and make a positive difference to the care of individuals, carers, families and communities.

Context

The QNI has continued to be the voice of community nursing and the leading professional organisation for all nurses working in the community at a time when there has been increased funding constraints in services and education.

The QNI has continued to provide independent data and evidence to influence national policy and the provision of solutions to challenging issues in the delivery of nursing services in the community. For this work, we are highly respected and are increasingly being called on for our knowledge, understanding, unique perspectives and expertise, as well as access to our extensive networks.

Our work on the development of QNI UK wide educational standards for nine fields of practice in community nursing, launched in 2023 and reflecting an advanced level of practice, is unprecedented and has been warmly welcomed by the nursing community. The level of uptake for endorsement of Specialist Practice Qualifications has exceeded expectations in this first year. The stakeholder engagement has been exceptional and we thank all those who have been involved, including the individuals, carers, families and experts by experience who have contributed so enthusiastically to the work.

“ We have continued to champion the role of nurses working in the community, in primary care and social care, and worked to raise their profile with commissioners, policy makers, media and the public. We have growing evidence that our work is contributing to greater recognition of the indispensable role and impact of community nurses in every field of practice.
Dr Crystal Oldman CBE, QNI Chief Executive



Throughout the year, the Council of the QNI has provided the skilled governance and leadership required to support the delivery of the strategic plan 2021-2025 and the annual business plan. Facing financial challenges in the year due to a shortfall of budgeted income, Council also supported a restructure of the QNI senior team and a refocus on diversifying our income streams to enable a secure foundation on which to build our work.

Two members of Council retired in March 2023 - Clare Hawkins and Candace Imison - and two retired in March 2024 - Dr Katerina Kolyva and Angela McLernon OBE. The QNI is very grateful for the considerable time and expertise that they so generously gave during their term of office while also employed full time in very senior roles.

Covid19 – impact on the work of the QNI

At the time of writing this report, the UK is entering the fifth year since the start of the pandemic in March 2020. The consequences of the global pandemic are still being felt today. The Office of National Statistics estimates that 1.9 million people in the UK have symptoms of Long Covid, an increase of 400,000 people in the last 12 months. The QNI Long Covid Nurse Network continues to have relevance in sharing the latest research and best practice examples to enhance patient care.

The QNI team works flexibly, and the majority of our programmes and the annual Award Ceremony are now delivered face to face. The QNI annual conference and the annual Queen's Nurse conference continues to be delivered online, which enables more people to participate and reduces costs and the carbon footprint.

The activities undertaken by the QNI throughout 2023 to achieve the objectives of the third year of the QNI strategy (2021-2025) are set out in the following section 'Achievements and Performance'.

Achievements and performance - Impact of the work in 2023

Goal One: Policy Influence and Development

Throughout 2023, the QNI contributed expert community nursing insight to more than 20 national advisory groups and round tables. Our influence can be seen in the outputs of the groups and round tables and in 2024 we plan to measure the extent of our influence.

Our unique networks of experienced nurses and our supportive partnerships with stakeholder groups enables a robust collection of intelligence and data that support and contribute to national policy development and policy influence, in alignment with our strategic goal.

Our Queen's Nurses continue to provide reliable and expert sources of the lived experience of the impact of policies on the organisation and the delivery of nursing services. This is translated into policy influence by the offer of shadowing experiences for senior policy makers, including politicians and their senior advisors, and this was a highly successful strategy throughout 2023.

The QNI contributed to All Party Parliamentary Groups wherever relevant and continued as a member of a group of professional bodies providing evidence for module three of the Covid19 Inquiry:

<https://covid19.public-inquiry.uk/modules/> 'Impact of Covid-19 pandemic on healthcare systems in the 4 nations of the UK'. The QNI has been able to provide data and evidence collected from nurses during the pandemic to contribute to the inquiry, which gives a clear perspective of the lived experienced of nurses working in the community, including in primary and social care settings.

The QNI annual online conference was delivered in October 2023, with extremely positive feedback from the more than 1500 delegates who participated over the four days of the event. The annual online conference was a gift to all nurses, supported by sponsorship funding. We are grateful to our sponsors and all the speakers who provided such engaging sessions, enabling participants to learn and reflect on new information, the latest research and best practice proposals: <https://qni.org.uk/news-and-events/events/qni-annual-conference-2023/>

We are particularly grateful to Stephen McGann, actor, and Heidi Thomas OBE, writer of the popular BBC television series 'Call the Midwife', for giving so generously of their time and closing the conference on day four.



Above:
Dr Crystal Oldman
CBE, Chief Executive,
The QNI, opening the
Awards Ceremony
2023

The QNI is member of the International Council of Nurses (ICN) which provides a platform to influence policy nationally and globally in relation to the aims of the ICN – universal health coverage for all, a vision in which nurses play a critical part as the largest clinical professional in healthcare across the world: <https://www.icn.ch/>. As a member organisation, the Chair and Chief Executive attended the biennial ICN congress in Montreal in July 2023, which proved to be a very productive global networking, learning and sharing event. QNI Chair, Professor John Unsworth OBE, was also invited to chair two sessions of the conference and a short QNI film of nursing in the community was shown at main stage prior to the panel session focusing on the contribution of nursing expertise in Primary Care.

Goal Two: Data and Evidence

The International Community Nursing Observatory

The QNI's International Community Nursing Observatory (ICNO), expertly led by Professor Alison Leary MBE, has had a very productive year.

[Nursing in the Digital Age](#), published in February 2023, focussed on the use of technology to support patients in the home. The report made a number of recommendations based on the findings which overall showed an increasing appetite amongst nurses to engage with digital technologies, but a frustration about the paucity of investment into the hardware being used, the lack of interoperability of software and poor connectivity in some areas of the country. All of which are detrimental to productive and efficient ways of working.

[Impact of the Additional Roles Reimbursement Scheme \(ARRS\) on General Practice Nurses](#) was published in January 2024, after the ICNO led on a survey of General Practice Nurses (GPNs) to collect their experiences following the introduction of the new roles into GP practices. The report, which covers some negative unintended consequences of the impact of the scheme on GPNs, has led to some productive conversations with policy makers in England.

[The tenth annual District Nurse education audit](#) was published in 2023, detailing the number of District Nurses (DNs) who have undertaken the Nursing and Midwifery Council (NMC) recordable Specialist Practice Qualification (SPQ) in the UK in the academic year 2021/22. The numbers showed a decline and a significant concern about the future funding of the District Nurse SPQ qualification in the coming years, despite the clear direction of travel being for more care to be delivered in the community.

The QNI audit is being undertaken again in 2024 to track the outcome of the 2022/23 cohort. The report has become an annual reference point nationally for tracking the trends of District Nurse education, in order to influence national education policy and funding to more appropriately match demands within community services.

The data for the 'District Nursing Today' report was collected and analysed in 2023. This is a regular survey of District Nursing Team Leaders, which was [last published in November 2019](#). This latest report, based on responses from 1500 District Nurse Team Leaders, is under development and the [publication date is planned for June 2024](#).

Included in the data collection was reference to the impact of the ICNO 2022 publication [Workforce Standards for the District Nursing Service](#). Many provider services have implemented the standards across their organisation and the survey systematically collected the impact data from the perspective of the District Nurse Team Leader.

A commissioned evaluation of an education programme for GPNs commenced in the summer of 2023 and will continue throughout 2024, following a cohort of GPN students through their yearlong programme in Staffordshire and Stoke on Trent.

The Community Nursing Workforce Population Study data collection continues to be under development. The report will provide a description of the percentage of registered nurses who work in the community, as defined by the setting in which they work. This data does not exist at a national level and includes NHS, social care, GP surgeries, the voluntary, education, local authority and independent sectors. The report will be published in 2024 and will influence the narrative around the size, shape and variety of roles and services in community nursing, as well as increasing the visibility as a career choice, and the impact of a nurse working in the community to impact on the health and wellbeing of the people served.

The findings and recommendations of all our publications are shared in all our networks, at conferences and events and with Directors of Nursing in community providers and senior leaders in the NHS. The QNI will continue to utilise our unique data and insights to influence policy in this way.

Community Nursing Research Forum

The Community Nursing Research Forum delivered masterclasses and webinars throughout 2023. Initially commissioned with seed funding by NHSE, the Forum now has over 850 members, from nurses who have an interest in becoming a researcher, through to those who are active community nursing post-doctoral researchers.

Research Master Classes and webinars have an average attendance of over 120 nurses and the feedback is excellent. A mentoring scheme is being rolled out to support the new and aspiring nurse researchers and clinical academics who are now being mentored by the more experienced nurse researchers.

The QNI is grateful to NIHR for the funding to extend the work of the Forum in 2024, to test its impact in actively supporting community nurses to become Principal Investigators.

“ This was an excellent session. I’m so glad we have had the opportunity to attend. It makes so much sense with the practical application.
Feedback from CNRF webinar

Goal Three: Innovation and Quality Improvement

Community Nurse Innovation Programme (CNIP)

The successful model of supporting innovation projects at the QNI is based on more than 20 years of experience of teaching, learning and supporting nurse-led innovations in practice. The programme is now open each year for funding by individuals, employers and grants from foundations and a number of CNIP cohorts successfully completed in the summer of 2023, including the [Personalised Care projects](#).

In 2023, a grant from the Burdett Trust for Nursing was awarded to support seven nurses to deliver their innovation projects focussed on the care of people with Diabetes. They joined another six nurses leading innovation projects, including five funded by the National Garden Scheme and the QNI as [Elsie Wagg Scholars](#) and commenced their programme in March 2024.

The QNI portfolio of completed innovation projects from 2014 to 2022 was independently evaluated in 2023/24. The results are significant and demonstrated the lasting impact of the projects on the communities served, and with 67% continuing after the end of the project year. The impact on the nurses who led the projects are equally powerful, with 50% of those who responded nominated for a local or national award for their work and 50% of those nominated being successful.

“ All project leads reported that their projects had been successful in improving the lives of the individuals, families, carers and communities involved, with 84% fully meeting, and 16% partly meeting, their aims and objectives.
CNIP Evaluation Report 2023/24



Above:
Maritess Murdoch,
North Central London
Nurse Educator,
with a resident from
her CNIP Project
GARDEN (Grow,
Active, Recharge,
Develop, Enrich,
Nurture)

Homeless and Inclusion Health Programme

The QNI's [Homeless and Inclusion Health Programme](#) has continued with regular network meetings and the development of resources, supporting nurses working with people experiencing homelessness, refugees and asylum seekers, those who are vulnerably housed, sex workers, Gypsy, Traveller, Roma, Boater and Showmen.

The learning and sharing within the participants of the groups provides rapid solutions and learning which is otherwise challenging as isolated practitioners. Members of the network total over 2000 and they support the QNI in providing data and intelligence for policy makers in NHSE and the Department for Levelling Up, Housing & Communities (DLUCH) in England.

A grant from the Office of Health Improvement and Disparities (OHID) was secured in 2022/23 to fund the development of field specific standards for Inclusion Health Nursing as part of the QNI standards work. Members of the network and experts by experience formed a Standards Reference Group and the standards were completed in September 2023 – the first national standards to have ever been developed for this specialist group of nurses.

The QNI is grateful to the National Garden Scheme for supporting the Homeless and Inclusion Health Programme with a grant to enable the support of the nurses and the programme to continue to thrive and develop in 2024.

“ In a role which is mostly lone-working, it's good to be part of a group that is not only supportive but keeps you in the loop with updates and innovative work that others are doing around the country (and beyond).

HIH Network Member

Community Children's Nurse (CCN) Network

The QNI [Community Children's Nurse Network](#) continues to develop and now has over 500 members from across the UK.

The network has national recognition for this critical specialist nursing service for children and families in the community and is a resource of intelligence for policy makers and senior nurses working at a strategic level.

The network members, as well as families and children using CCN services have been key to the development of the QNI Field Specific Standards for the Specialist Practitioner Qualification (SPQ) in Community Children's Nursing which were completed in September 2023. This is the first time that standards have been developed specifically for Community Children's Nurses that are UK wide and reflect an advanced level of practice. It is significant that more universities are planning to have CCN programmes approved by the Nursing and Midwifery Council and endorsed by the QNI, than have been seen for more than a decade.

Long Covid Nurse Network

The QNI's Long Covid Nurse Network has continued to be a valuable source of sharing practice and learning about the emerging research-based evidence. Six online events took place in 2023 and have been very well evaluated.

The aim of the network, which supports over 700 members, is to use the combined insight, expertise, knowledge and intelligence of the members to inform the Long Covid agenda by defining and shaping the role and contribution of community nurses in supporting people living with Long Covid in the community; raising awareness of the impact of Long Covid service delivery on the community nursing workforce; advocating for the recognition of peoples' 'lived experience' of Long Covid and the impact on their lives; recognising and highlighting carers' experience of Long Covid and the need for support for this group.

Experts by Experience, including nurses with symptoms of Long Covid, participate in the network events and case studies are documented and collated. The resources and links to the latest evidence continue to be updated and regular newsletters are distributed to members.

“ Really good talks - the info really resonates both personally and professionally.
Long Covid Nurse Expert Group feedback

Internationally Educated Nurses in the Community

The QNI was delighted to continue to support Internationally Educated Nurses (IENs) to settle into work in the community.

A new film was launched by the QNI in May 2023 to show how IENs have settled into their new roles in the community, and to help other IENs to learn more about nursing work in the community in England.

The educational film was funded by NHSE and received a very warm welcome from all stakeholders. Internationally educated nurses have always been a significant part of the health and social care workforce in the UK and it was a pleasure to work with many of them in the delivery of this film.

Goal Four: Standards

The QNI is recognised in the UK for its significant expertise in post-registration community nurse education. The nurses in the QNI team have considerable experience of working in a senior level in higher education, leading and managing programmes, and in senior practice development roles in community and primary care settings.

This level of experience and capability within a professional organisation provides a strong foundation for the development of QNI standards for education and practice.

“ 2023 had several stand-out moments, but for me, the major achievement was the development and publishing of advanced practice standards for nine fields of community nursing practice. These standards represent the cumulation of our work to develop field specific standards for education, which have moved from voluntary standards to standards which now attract QNI endorsement for educational provision.
Professor John Unsworth OBE, Chair of Council

Practice Teaching Standards

The QNI worked on the development of Practice Teaching standards, responding to the demand from employers in the community nursing services sector. The absence of any NMC standards for Practice Teacher has led to the closure of most university-based Practice Teacher programmes in the UK, with no equivalent replacement.

The QNI UK standards for Community Practice Teaching were published January 2023 following extensive consultation and feedback. They have been very well received by all stakeholders. In 2023 the NMC announced



Above:
District Nurse Claire
Stuart with a patient
at home

that they would be reviewing the NMC framework for practice supervision and assessment of nurses and it is anticipated that the work undertaken to develop and co-produce the QNI standards for Community Practice Teaching will be helpful in this review.
QNI Standards of Education and Practice to support Specialist Practitioner Qualifications

In July 2022, the Nursing and Midwifery Council published new [Standards of proficiency for community nursing Specialist Practitioner Qualifications](#).

In the absence of standards for specific fields of practice and a shared concern about unwarranted variation, the QNI has worked for the last two years in developing Field Specific Standards to build on the NMC standards, using an internationally recognised framework to reflect an advanced level of practice.

With overwhelming support from employers, practitioners, higher education institutions and academics, the QNI established a UK wide Advisory Group and standards were developed for the following nine fields of practice in 2022/23:



The nine sets of standards were published in 2023 and early 2024, with recognition of the significant contribution of the chairs and participants of all nine Standards Reference Groups (SRGs). Key stakeholders, including experts by experience, individuals, families and carers have all participated in the SRGs and the QNI standards could not have been developed without their expert knowledge which was given so generously to this work.

The QNI has developed an [endorsement process for universities](#) that develop their SPQ programmes using the QNI standards. In early 2024, 25 universities had requested to use the QNI standards for the development of SPQ programmes, incorporating 52 fields of practice. The endorsement process has been welcomed as a mark of programme quality and it is anticipated that this will expand as more fields of practice are added to NMC approved SPQ programmes.

It is significant that new SPQ programmes are being developed for Community Mental Health Nursing, which will directly support the workforce plans to support and strengthen the Mental Health workforce.

In addition, new fields of practice identified by the work of the QNI include Adult Social Care Nursing and it is pleasing to see the six universities are developing the programmes.

[Association of Academic General Practice Nurse Educators \(AAGPNE\)](#)

The Association of Academic General Practice Nurse Educators (AAGPNE) is now in its fifth year. It is increasingly recognised as the national body for General Practice Nurse educational expertise, with 73 Members and 33 Associate members from across the UK.

The network has supported the development of the QNI field specific standards for General Practice Nursing and eight universities have signalled that they are seeking endorsement from the QNI, having developed their GPN SPQ programme using the QNI standards.

As a collective voice for general practice nursing, the AAGPNE is able to articulate a national standard for education throughout the GPN career and is a forum for sharing and learning across the academic institutions, in addition to influencing policy in education and practice.

Meetings of AAGPNE members were held quarterly online in 2023, providing an opportunity for professional debate, sharing of best practice, innovations, quality assurance processes, challenges and solutions in GPN education. AAGPNE is co-chaired by the lead for Primary Care at the QNI and a web-based resource of educational and practice resources for GPNs continues to be developed – [the General Practice Nurse Education Network \(GPNEN\)](#).

The QNI is grateful to the National Garden Scheme for committing to support the development of GPNEN in 2024 so that it can become a vibrant online network for all GPNs and will offer network meetings for all GPNs and updates through regular newsletters.

[Bournemouth University: Support for GPN programmes](#)

The QNI has continued to provide support to Bournemouth University for the General Practice Nurse (GPN) Fellowship programme and the programme for GPNs new to General Practice. Over the last four years hundreds of GPN students have been supported virtually by the Assistant Director of Nursing Programmes, providing the QNI with an excellent insight into the experiences of nurses new to General Practice, which then informs our policy influencing work.

Goal Five: Role models and Leaders

[Queen's Nurses](#)

The QNI benefited from a substantial grant from the National Garden Scheme (NGS) to continue the work of the QNI in developing and supporting an increased number of Queen's Nurses (QNs) in 2023.

The applications resulted in 564 new Queen's Nurses being awarded the title, bringing the total to almost 2500 on the active register. The annual QNI Award Ceremonies took place in December 2023, with a ceremony in the afternoon and the evening – with more than 1000 awardees and guests. There was an option to join remotely which proved to be very successful.

[The annual Queen's Nurse Day](#) entitled 'The People We Serve' took place in March 2023 and was attended by 522 QNs. There were a wide range of speakers and the day was very well evaluated.

Regional QN meetings have continued mostly virtually and have given the QNI team and the Queen's Nurses the opportunity to participate in a way that might not have been possible with the travelling challenges and additional time commitment and cost associated with a face-to-face event. Regional meetings took place in person in Wales and Northern Ireland with members of the QNI team and some regions are experimenting with introducing one face to face meeting in the year.

The QNI continued to support Queen's Nurses to make a significant contribution to national work in England, including involvement in national consultations, round tables and advisory groups. For example, throughout 2023 two Queen's Nurses have been the co-chairs of the NHSE Clinical Reference Group for the national community nursing programme.



Above:
New Queen's Nurses
at the Awards
Ceremony in 2023

Recognition of the work of Queen's Nurses was also seen in the national honours awarded in the summer to a number of Queen's Nurses and QNI Fellows.

In July 2023, in celebration of the 75th anniversary of the NHS, the NursingTimes announced the 75 most influential nurses in the history of the NHS. There were nine Queen's Nurses, including the Chief Executive of the QNI, Dr Crystal Oldman CBE, and seven QNI Fellows, including Dame Professor Elizabeth Anionwu OM, Vice President of the QNI.

In December 2023, Dr Crystal Oldman was awarded the Gold Badge of the Institute, the QNI's highest award. It is awarded by the Trustees 'in recognition of conspicuous and distinguished service rendered to the Institute'.

Executive Nurse Leadership Programme

The QNI is very grateful to the NGS for supporting a fifth cohort of Queen's Nurse Executive Leaders who completed the six-month long programme in February 2024. The impact of the [Executive Nurse Leadership programme](#) is significant, with the careers of participants accelerated and enhanced as a direct result of their growth and development on the programme. NGS Chief Executive George Plumptre meets with every cohort and shares the NGS vision and aspiration for Queen's Nurses to be aiming for senior positions in the health and social care systems in the UK. This is beginning to be seen now, with a QN from the first cohort appointed as Chief Nurse of the UK Blood and Transplant Service in 2022.

Throughout 2023, the leadership team has worked with previous participants to develop the alumni offer for the QN Executive Leaders, who provide considerable mentorship and support for those who are joining successive programmes. This will be launched in 2024.

“ Feel inspired today about my ability to develop personally and learn from others.
Executive Nurse Leader feedback

Aspiring Nurse Leaders Programme (renamed 'Ambition to Lead Programme' in 2024)

Our successful [Aspiring Nurse Leaders programme](#) is very well established and provides an opportunity for community nurses to participate with employer, grant or self-funded places. Two cohorts commence each year in June and November and complete the following year.

With no attrition ever experienced in all cohorts of the programme, the feedback from participants has been overwhelmingly positive and the record has been maintained in 2023 of at least 50% of the participants changing roles to a more senior or more responsible job during the course of the yearlong programme.

The participants on our two cohorts completing in May and October 2023 provided excellent feedback. All suggestions for change are considered and utilised in building the programme for the next cohort. In 2023, the participant evaluations also contributed to the programme review, which is to be launched as the 'Ambition to Lead Programme' in 2024.

“ This course is like no course I have ever done before. I was burnt out and deflated when I arrived on the first day. The course has transformed the way I think and how I feel and I now feel inspired to make changes and pass on my newfound knowledge.
Aspiring Nurse Leader feedback

Bespoke Professional Development Programmes

In 2023, the QNI was commissioned by Leeds Community Healthcare NHS Trust to deliver a second bespoke professional development programme for community staff nurses and Allied Health Professionals (AHPs) in Leeds. The feedback was excellent and led to the commission of two more cohorts in 2024.

The QNI's developing reputation for excellence in bespoke programme delivery is predicated on the talents of the nursing delivery team, all of whom have teaching qualifications and much experience in the design and delivery of education programmes, and the highly skilled coordinators who provide all the professional support needed to create a seamless application, recruitment and delivery service.

More commissions have been received for similar professional development programmes in 2024.

Community Nurse Executive Network – CNEN

The QNI is extremely grateful to Hallam Medical for their continued annual grant to support the [Community Nurse Executive Network \(CNEN\)](#). The network provides a safe space for executive level nurses in community provider organisations, large care home and hospice providers, to come together to share challenges and solutions and to be updated from senior leaders in the NHS and social care.

Launched in 2016, CNEN is now in its eighth year of supporting executive nurse leaders. It is established in the sector as a valuable network for sharing best practice, challenges and solutions, while supporting leadership and management practice in community services amongst peers.

The CNEN membership has gained further members throughout 2023, from 219 to 229. Meetings were held monthly throughout 2023 and were chaired by CNEN members: Chair, Helen Mehra, QN, QNI Fellow, QNI Trustee and Vice Chair, Gabbie Parham, QN.

The small group discussions as a safe space for hot topics has been very successful. Feedback from members has been consistently positive on the speakers and the topics covered, both of which are identified by members throughout the year.

Integrated Care Board Chief Nurse Network (ICBCNN)

The QNI is delighted that Hallam Medical extended their support of the QNI senior leaders networks with a grant for the [Integrated Care Board Chief Nurse Network](#) which commenced in March 2023.

The Network is a partnership between the NHS Confederation and the QNI, and the Chair of the Network is Louise Patten, NHS Confederation Strategic Advisor and Fellow of the QNI.

The monthly meetings have provided a safe space for support, problem solving and discussion of 'hot topics' which remain confidential to the members present.

The QNI is supporting a face-to-face meeting at NHS Expo in June 2024 in Manchester where the ICBCNN members will meet with the QNI team and Hallam Medical Chief Nurse.

Care Home Nurse Network

The QNI is very grateful to the Royal College of Nursing (RCN) Foundation that has supported the [QNI's Care Home Nurse Network](#) and associated activities from January 2020 to December 2022. When the contract ended in December 2022, the RCN Foundation generously permitted the use of an underspend to be used to support the network whilst another source of funding was secured from the Department of Health and Social Care in October 2023.

The network offers an opportunity to share and learn and includes access to a closed Facebook page, online events, the development of a learning repository for Care Home Nurses and a quarterly newsletter.



Above:
Aspiring Nurse
Leadership
programme group
2023

The Care Home Nurse network has grown to a membership of 2215 (from 1,785 in 2022). Themed learning events take place quarterly online, on priorities and topics identified by members, and attract around 150 delegates. We have hosted a range of excellent speakers and the network also provides a forum for understanding the impact of new policy initiatives on the social care nursing sector.

The feedback from the participants and members of the Care Home Nurse Network has been outstanding. Importantly, throughout 2023, the network members have been critical in the development of the new QNI field specific standards for Adult Social Care Nursing (ASCN) and six universities are developing the SPO for ASCN. This is a huge achievement in bringing parity to the Adult Social Care Nursing community with colleagues such as District Nurses.

“ Thank you very much for brilliant and eye-opening presentations.
Care Home Nurse group meeting delegate feedback

Infection Prevention and Control (IPC) Champions

A separate network of [Infection Prevention and Control \(IPC\) Champions](#) in adult social care settings has continued in 2023 to be a vibrant and growing network, now in its third year of delivery.

The network has grown from 1,385 members in 2022 to 1700 in 2023 and attracts up to more than 200 delegates at events, clearly fulfilling a need in the sector. The member newsletters provide updates on all policies related to IPC and examples of best practice. The feedback from network members, which include nurses and care staff in adult social care settings, is excellent and further funding will be sought to continue with the network beyond the current year’s funding from the Department of Health and Social Care which finishes in 2024.

“ Thank you to everyone, it has been very informative. Some interesting ideas to bring to work.
IPC meeting delegate feedback

Goal Six: Support for Nurses

Financial hardship grants

Grant applications have been increasing throughout the year, and other grant giving charities for nurses have seen a similar pattern. This is reflected in the largest amount of funding for single grants ever awarded at £50,000 in response to new applications in 2023. Overall, a total of 282 grants were issued to retired and working community nurses.

We continued to receive applications for nurses whose lives have been impacted by Long Covid and where appropriate, CHSA funding continued to be used for grants alongside the QNI 1965 fund. Repeat CHSA grants are awarded where the person has a long-term condition, such as Long Covid which impacts on the ability to work and earn income.

“ As a nurse of nearly 23 years, I’ve never fortunately needed to take sick leave, and never had extended time off. I’m a hard-working full-time nurse so was slightly embarrassed to reach out to charities. I’m humbled and super grateful for a grant. Thank you all kindly.
Financial Assistance recipient

Another reason for the increase in grant applications is the increased cost of living, which exceeded pay rises, and the fuel increases in particular continue to impact on heating homes. Many of our beneficiaries were also in extremely challenging and tragic circumstances in themselves or in relation to family members, including domestic violence and life-limiting illnesses.

The difference that the QNI funding makes to the nurses who are experiencing often extremely complex and challenging situations in their lives is significant. The process is responsive and person-centred, and recipients often report directly to the Grants Manager that the QNI funding provided a lifeline.

We are very grateful indeed to the two very experienced QNI Fellows who provide a consistent Grant Advisor function, confirming the amount to be given in financial assistance following receipt of a detailed report by the Grants Manager.

The QNI is delighted also to be working with the Company of Nurses Charitable Trust in administering their financial hardship fund for community nurses to the value of £5,000 annually, an agreement which commenced in 2019. This has enabled even more nurses to be supported and the QNI is pleased that this continued in 2023 with a further grant of £10,000 for distribution. The QNI also administers the Hertfordshire Community Nurses' Charity Welfare Grant applications, making recommendations for the grants to be awarded, where appropriate.

“ I am almost lost for words and am shaking with emotion. Whenever we have sought help from organisations for various reasons regarding our financial situation it has been so hard. You feel as though you have to bare your soul and it's so incredibly difficult. We thank you so very much for all your help and kindness. This is really a big help for our family. Thank you very very much.
Financial Assistance recipient

Education grants

The QNI awarded education grants in 2023 to nurses completing the QNI Aspiring Leaders and Executive Leadership programmes, totalling £3000.

Since 2019 the QNI has been supported by the Company of Nurses Charitable Trust to administer their education grant specifically for nurses working with people experiencing homelessness, from the Chantry Robinson Fund: [Donations and Funds - The Company of Nurses](#). Two places for the Inclusion Health course at University College London (UCL) were successfully funded in 2019, 2020 and 2021. In 2022, the Inclusion Health Programme at UCL was closed and in 2023, one nurse was supported to undertake a similar Inclusion Health Programme via the University of Edinburgh.

The Company of Nurses also awarded the QNI grant funding for two places on the 2023 cohorts of the Aspiring Leaders programme for nurses working in Inclusion Health services.

One of the nurses supported by the Company of Nurses to undertake the Aspiring Leaders programme in 2022 was awarded the Burdett Nursing Trust award in May 2023 for her teamwork in Inclusion Health (Primary Care award category) and she was then named as the overall winner of all categories.

Education Prizes

Philip Goodeve-Docker Memorial Prize

The Philip Goodeve-Docker Memorial Prize was established in memory of a young man who in 2013 embarked on a fundraising challenge to cross Greenland to raise money for the QNI. His grandfather had been a QNI Council member and Treasurer for over 25 years. Tragically Philip lost his life in the endeavour but his family and friends raised over £60,000 for the QNI in his memory. The memorial prize is awarded for outstanding achievement in the District Nursing SPQ at every university in England, Wales and Northern Ireland where the programme is



Above:
Saffina Pennant
receiving the Philip
Goodeve-Docker
Memorial Prize
certificate from
Professor John
Unsworth OBE at the
Awards Ceremony in
2023.

offered. Many prize winners have subsequently become Queen's Nurses or have continued their affiliation with the charity in other ways.

Dora Roylance Memorial Prize

The QNI received a legacy of £21,792 from a retired QN who died in 2015. The specification was that it was to be used for the support of Health Visitor education. A Dora Roylance Memorial Prize has been created which is similar to the Philip Goodeve-Docker Memorial Prize; it is for the most outstanding achievement for every student Health Visitor in every university offering the Health Visitor programme in England, Wales and Northern Ireland. Taking into consideration the number of universities offering the Health Visitor programme and the total of the fund, the award of prizes is likely to last approximately 15 years.

Ellen Mary Memorial Prize

The Ellen Mary Fund was established in 2019 from a legacy received from the family of a Queen's Nurse, whose mother, Ellen Mary left a legacy of £5,000 to support an annual prize for General Practice Nurse (GPN) students undertaking their NMC approved GPN specialist practice qualification. The memorial prize is awarded for outstanding achievement in the General Practice Nursing SPQ at every university in England, Wales and Northern Ireland where the programme is offered.

William Rathbone X Annual Award

In 2023, the [William Rathbone X Award](#) was established, in memory of William Rathbone X who was a trustee of the QNI for 48 years and who sadly died on 31.12.22. As the great-great-grandson of the founder of the QNI, William (Bill) Rathbone X made a significant and enduring impact on the work of the QNI and his legacy can be seen in the work delivered by the QNI today. The Award is sponsored by Bill Rathbone's daughter Lucy Addyman and son-in-law Nick Addyman, QNI Trustee.

The Award is for the most outstanding Executive Nurse of a community services provider and nominations are judged by a panel of experts. In 2023, the award was given to [Michelle Bateman](#), QN and Executive Director of Nursing at Derbyshire Community Health Services NHS Foundation Trust. The ceremony took place in London in June 2023 and was attended by Trustees, Fellows, key stakeholders, nominees and Queen's Nurses. The Award was followed by the Annual William Rathbone X lecture, given by [Professor Alison Leary MBE](#) and was live streamed to a wider audience.

'Keep in Touch' programme

The ['Keep in Touch' programme](#) provides an opportunity for retired Queen's Nurses and other socially isolated community nurses, to be supported by a volunteer Queen's Nurse via the telephone. The initiative was originally funded by a legacy from a retired Queen's Nurse and 2023 was the seventh year of a very successful service.

36 volunteers (2022 – 36) have been 'matched' to a beneficiary of the service and they provide a telephone befriending service either weekly or fortnightly to 37 beneficiaries. In total there are 58 beneficiaries of the service, of which 21 are supported by the 'Keep in Touch' programme manager, with additional support from a volunteer who retired from the QNI team at the end of 2022 and began this work afterwards.

The Keep in Touch service has continued to be evaluated extremely positively, with excellent feedback from both the beneficiaries and the volunteers. The annual volunteer update days were held online on two Saturday mornings in November 2023 and 24 volunteers attended across the two days. The sharing of experiences and challenges during these two days provided moving accounts of the value of the service, to both the beneficiaries and the volunteers.

In addition to these two online meetings, volunteers were offered the opportunity to meet in London in May 2023. This provided networking, updating and meeting with the Chief Executive and wider team – and an opportunity for the QNI to thank them for their considerable expertise and volunteering their time so generously every week.

“ I cannot believe we have been speaking for six years – my Volunteer has become a very special telephone friend.
KIT contact

TalkToUs

The now established [TalkToUs listening service](#) provides support all nurses in need of emotional support from trained listeners.

Led by the Keep in Touch manager, the service responds to every request for a call. The service is anonymous and the feedback at the end of an hour long 1:1 call is consistently positive, with nurses saying that they feel more confident to manage the challenges facing them.

Beneficiaries are also provided, wherever appropriate, with signposting to other support services, including psychological support services. For some, referral to the QN financial assistance service has been appropriate, in order to explore an additional source of support.

“ Thank you for being there to listen whilst I offloaded. It has been so helpful and a real lifeline when I most needed it.
Talk To Us feedback

Organisational development

The role and contribution of volunteers

The QNI is very grateful to the large number of volunteers who support a range of areas of work within the charity. The QNI would like to thank most sincerely all our volunteers for their significant contribution to the work of the charity throughout 2023.

QNI volunteers include all members of Council, project advisory groups, standards reference group members, QN application assessors, members of panels who review awards and grant applications, befrienders supporting the ‘Keep in Touch’ programme, and those who support policy consultation work.

In 2023 Queen’s Nurses also continued to contribute significantly to the policy work of the QNI as volunteers, attending QNI focus groups, Department of Health and Social Care advisory groups and round table discussions for national work and with arm’s length bodies on behalf of the QNI.

Fellows of the QNI continued to contribute to and support the work of the QNI in 2023, providing ongoing mentorship during and after the Aspiring and Executive Leadership programmes, and several have provided personal advice and support to the Chief Executive.

Council members collectively gave more than 1,000 hours of their time attending meetings, chairing advisory groups and participating in QNI events, including the annual conference and the annual award ceremony.

During 2023, it is estimated that more than 200 individuals made contributions to the work of the QNI, totalling in excess of 3,500 hours of voluntary work.



Above:
Queen's Nurse and
Advanced Nurse
Practitioner, Teresa
O'Nwere-Tan, with a
patient

The QNI is deeply grateful and indebted to all its volunteers, including Queen's Nurses, QNI Fellows, 'Keep in Touch' befrienders, grants advisors and other stakeholders for their expertise and commitment to the work of the QNI and giving their time so generously. The QNI standards could not have been developed without the expertise of the many volunteers in each of the field specific standards reference groups and in particular those who contributed as individuals, families, carers and experts by experience.

Key financial policies of the QNI

Community Nursing Innovation Programme – direct funding of projects

The QNI makes awards to support individual projects run by community nurses. The projects are selected on a competitive basis; those selected demonstrate the greatest innovation and potential impact on the care of individuals, families, carers and communities. The projects run for a year and the scheme offers a professional development programme for the project leaders in addition to the grant to enable project delivery. The opportunity is often dependent on funding being received to support the programme and when available, details of the programme and the application process are set out on the [QNI website innovation programme](#) pages. The QNI now offers self and employer funded places on the programme.

Grants

The QNI provides financial assistance to nurses who have worked or who are currently working in the community or primary care environment and to retired Queen's Nurses (nurses working in the community who were trained by the QNI between 1887 and 1967).

The majority of the beneficiaries are nurses who are no longer able to work because of illness, age or disability. Applications are accepted from nurses, their friends, family or professionals and voluntary organisations supporting them (with the applicant's consent). An application form detailing eligibility, health and housing status, income, savings and expenditure must be completed, together with a description of what level of financial assistance is being sought. This information is checked by staff before being presented to the grants advisors for consideration. Information on other relevant charities that may be able to assist in their case is also supplied to successful and unsuccessful applicants.

There have been three grants advisors in 2023: Nick Addyman (Trustee and Chair of the annual Support for Nurses review), Sally Hawksworth (QNI Fellow and Respiratory Nurse Specialist) and Sue Talbot (QNI Fellow and service commissioner). Applications for grants are considered by one of the three Grants Advisors as part of the assessment process.

The QNI will consider all types of applications for single grants. In a diminishing number of cases, assistance is provided in the form of regular grants and on-going gifts from year to year. The gifts are dependent on the availability of funds and are not regarded as a regular commitment.

A system of random audits of a sample of the QNI's grants records forms part of the internal financial controls each year, to safeguard against fraudulent claims or administration of applications. The audit was conducted in the spring of 2023 by Sue Talbot, Grants Advisor, with a satisfactory outcome which was reported to Council.

Investment policy

In keeping with charity law, the QNI's investment strategy aims to maximise income and capital, within acceptable levels of risk.

The QNI's investments are managed by Rathbone Investment Management Limited, which operates within guidelines set by the Council and the fund manager meets with the Finance Committee at least twice a year.

Currently, the only ethical constraint is that the fund should not invest in any companies which derive a significant part of their revenue directly from the manufacture or sale of tobacco-related products.

In April 2023, following a procurement process, the QNI commissioned [Asset Risk Consultants](#) (ARC) to undertake a review of our investments with Rathbone and following extensive consultation with Trustees, to draft a revised investment policy. This work is being overseen by the Honorary Treasurer and the Head of Finance and will be completed in the summer of 2024.

The revised investment policy has been discussed and it is anticipated that the final copy will be agreed by Council in June 2024 and any changes implemented by January 2025.

The QNI investments are reviewed monthly by the Head of Finance and the Honorary Treasurer. In 2023, the performance of the investments was considered to be satisfactory both in terms of capital and investment.

Given the developments regarding the importance of Environmental, Social, and Governance (ESG) as the three central factors in measuring the sustainability and societal impact of an investment in a company or business, throughout 2023, Council has been in dialogue with the Rathbone investment manager on the approach to ESG and the emerging policy within Rathbone. The outcome of the discussions will contribute to the revised QNI investment policy.

Members of Council have carried out their annual assessment of the level of the QNI's reserves, taking into consideration the QNI's working capital requirements and liquidity needs, the future expansion of its work, and a contingency provision. They are also mindful of the QNI's responsibility to honour the investment made by partners and scholars and participants in schemes and other professional development initiatives that extend for more than one year.

In 2015, it was agreed that the recommendations made by the Finance Committee, and agreed by Council, regarding the reserves policy and the use of expendable endowment should be 'codified' in a financial strategy to align with the QNI strategy (2017-2020).

It was agreed by Council in 2021 that the principles upon which the financial strategy was based continue to be relevant to the delivery of the new QNI strategy 2021-25:

1. The expendable endowment fund should be preserved at a level which ensures the generation of income sufficient to cover a level of core costs, such as the lease and service charge costs, and so enable the long-term viability of the QNI.
2. The level at which the expendable endowment is to be preserved over and above the level required in 1 above will be determined by Council year on year. (See also note 21 for further details).
3. The expenditure of the restricted District Nurses 1965 Fund (welfare) will be reviewed annually in the context of the distribution of financial assistance currently being greater than the annual investment income.
4. Council will determine each year the levels of expendable endowment fund needing to be transferred to general funds, if any, to be used to support QNI activity.

Financial review

The financial year resulted in net expenditure (before investment gains) of £551,804 (2022 – £466,848). This comprised of net expenditure on unrestricted funds of £385,918 (2022 – (net expenditure of £134,425), net expenditure on restricted funds of £165,886 (2022 – net expenditure of £332,423) and net income on endowment funds of £nil (2022- £nil).



Above:
Queen's Nurse and neonatal community nurse, Tammy Franks meeting with a patient and her newborn baby

Income

Income for the year totalled £1,383,431 (2022 – £1,369,207), 3% higher than 2022. Income from donations and legacies was £472,185 (2022 – £342,523) an increase of 38%, and income from charitable activities was £576,283 (2022 – £701,516), a decrease of 18%. Investment income and interest receivable was £334,963 (2022 – £325,168) for the year and this continues to provide an essential element of the QNI's core funding.

Expenditure

Expenditure for 2023 totalled £1,935,235 (2022 – £1,836,055), an increase of 5% on 2022. This increased expenditure represents the significant investment the QNI is currently making in launching Field Specific Standards for Specialisms in Community Nursing, other organisational development, an increase in Queen's Nurse numbers and the growth of wider networks.

Investments

The QNI's portfolio of investments and cash held for investment had a market value at 31 December 2023 of £11,029,693 (2022 - £11,185,126). Income from the portfolio for the year was £332,857 (2022 – £323,365), and net investment gains on the revaluation and disposal of investments were £396,766 (2021 – net losses of £1,164,506).

Reserves

At the year-end, the charity held 'free reserves' of £585,151. These free reserves are now in excess of the six to nine months of committed unrestricted expenditure required by the QNI's reserves policy. The Council is content with this position and considers that it provides flexibility given the organisational development and the wider investment being made by the QNI as well as the war in Ukraine and current inflationary pressures (see earlier in this report).

Fundraising

The QNI does not employ a professional fundraiser. Bids or project grants are developed and submitted by the Chief Executive with support from key members of the team including the Head of Finance and the Directors of Nursing Programmes.

Sponsorship opportunities for QNI activities are explored as appropriate and Hallam Medical continues as a regular sponsor of the Community Nurse Executive Network (CNEN) and in 2023, Hallam Medical sponsored the Integrated Care Board Chief Nurse Network. In 2023, the annual online conference was sponsored by Hallam Medical and Teva UK. A separate sponsored learning event was funded by Yarra.

The QNI does not seek to raise funds from the public. A number of Queen's Nurses provide regular donations to the QNI, as do some members of Council. Queen's Nurses are also encouraged to raise retailer donations through the use of software platforms such as 'EasyFundraising'. The QNI has received no complaints about this or any other approach to fundraising.

Structure, governance and management

Governing document

The QNI is registered as a charity under the Charities Act 2011 and operates in England, Wales and Northern Ireland. It was founded in 1887 and was granted its Royal Charter in 1889. Supplemental Charters have been granted in 1904, 1928, 1958, 1973 and 2008. Under the Charters, the members of Council (i.e. the Trustees) are incorporated as a body.

Council members

There are 15 members of Council, some with clinical backgrounds and others with expertise in communications, law, business, finance and the management of charities.

In March 2023, two members retired after one term of office, due to work pressures: Candace Imison and Clare Hawkins. Another two members retired in March 2024, again due to work commitments: Katerina Kolyva and Angela McLernon OBE.

Recruitment and appointment of Council members

Under the constitution of the QNI, the Patron may nominate and appoint up to four people who act as ex-officio members of the Council. All other members of Council are nominated by existing Council members or recruited through agreed procedures before being approved by the Patron.

Each year, the QNI Chair undertakes 1:1 interviews with each of the members of Council and discusses their individual contribution to Council and any feedback they have on the development and the governance of the QNI. This is also an opportunity to review gaps in the skills and expertise of Council in relation to the ongoing development needs.

Induction and training of Council members

All new Council members are supplied with the Council members' handbook as well as relevant papers, policies and publications from the QNI.

New members of Council are invited to meet the Chair and Chief Executive for a 1:1 induction soon after appointment. The new Trustees are also invited to meet with key QNI staff informally. A few months after their appointment, the Chair meets with them again to seek their views on the QNI in general and Council in particular. New members of Council are also encouraged to visit the QNI's offices, as appropriate, to meet individual staff members and find out more about specific areas of work.

Members of Council do not receive remuneration in respect to their services to the QNI. They are provided with the opportunity to apply for reimbursement for travel expenses when attending Trustee meetings.

Staffing of the QNI and key management personnel

The key management personnel of the QNI, responsible for directing and controlling, running and operating the charity on a day-to-day basis, comprise members of Council together with the five members of the Senior Leadership Team of the QNI: the Chief Executive, Director of Nursing Programmes (Innovation and Policy), Director of Nursing Programmes (Leadership and Standards), Head of Communications and Head of Finance.

The Chief Executive has overall responsibility for day-to-day leadership and operational matters, and reports to Council on a regular basis.

All staff have six monthly performance appraisals against objectives linked to the business plan for the year. The QNI Staff Handbook provides information on internal policies and ways of working to all staff. The Handbook was revised in 2016, in line with new employment legislation, with support from the QNI solicitors, Russell-Cooke and is updated annually in accordance with any changes of legislation and examples from the charitable sector of best practice in people management. The handbook was reviewed in 2022 to accommodate the changes in flexible working introduced in the year.

When advertised, the salaries of all staff, including key management posts, are determined by the scope of responsibilities of the various levels of post, such as coordinator, events manager and the leadership team.

Risk management

Major risks to which the QNI is exposed, arising from its own work and from external contingencies, are reviewed regularly by the Finance Committee and Council, and systems or procedures are in place to manage, and where possible mitigate, those risks.



Above:
Queen's Nurses
Kendra Schneller and
Fawn Bess-Leith at
the National Garden
Scheme's Chelsea
press day

The QNI's risk register is maintained by the Chief Executive and is reviewed by Council at every meeting. In 2021, the QNI introduced the concept of risk tolerance, and the following examples are those which are still considered major risks, with controls in place.

People

Risk: "The Charity loses a key member of staff"

Controls: "Skills will be 'bought in' as necessary in the absence of permanent staff e.g. finance and communications. Staff will in some circumstances be expected to act both 'up and down' within the organisation. Finance, welfare and admin procedure manuals are available to help temporary staff. The QNI financial procedures handbook is updated by the QNI leadership team when any changes are made."

This was tested in 2023 when a new Directors of Nursing Programmes (Leadership and Standards) was appointed after a gap of six months. Before their appointment, their work was covered expertly by a senior member of the team who increased their hours to accommodate the additional work. A handover period was also supported.

Business Continuity

Risk: "The QNI IT system is compromised by viral attacks. Day-to-day business is compromised"

Controls: "Anti-virus software is updated regularly by QNI contracted IT company. Quarterly 'housekeeping' visit to QNI offices by named individual from QNI contracted IT maintenance company and helpline available in office hours."

In 2024, the QNI is planning to undertake an assessment of our digital systems and processes, using the government recommended approach of 'Cyber Essentials'.

Finance and Fundraising

Risk: "The charity's investments fall significantly in value"

Controls: "Use professional investment managers with delegated powers. Investment manager appointment is reviewed every three years. The charity has a written investment policy which is agreed by the Council and communicated to the investment managers. It is reviewed by the Finance Committee annually. Hold regular meetings with the investment managers at which investment performance is monitored against the investment policy and against market averages. Diversify income streams so that fundraising can compensate for investment income shortfalls. Maintain sufficient reserves which are regularly reviewed by the Finance Committee. Each quarter the Finance Committee compares actual returns with a) the income target set by Council and b) the WM/R Index and c) QNI tailor-made benchmark. The Investment Manager attends the Finance Committee meeting twice yearly. The benchmarks are reviewed annually at the Finance Committee with the investment manager and with the Finance Committee"

In 2023/24, the QNI commissioned a review of our investment management service by Asset Risk Consultants (ARC) and we will be continuing to invest with Rathbones.

Queen's Nurses

Risk: "The QN community does not adequately reflect the diversity of the population of nurses in the community"

Controls: The QNI actively targets nurses from the Global Majority working in the community to encourage applications for the title of Queen's Nurse. Currently, the network of QNs does not reflect adequately the

population of nurses working in the community. A review of the application and assessment process took place again in 2023 and a revised application form is in place for 2024. Videos and testimonials from Global Majority QNs were created in 2023 to support more applications from Global Majority colleagues, following a meeting with QNs in March 2023. All existing QNs have been asked to champion the application of a Global Majority colleague. All applicants for the title of Queen's Nurse are requested to complete an 'Equality & Diversity' form so that Global Majority heritage might be known (but not all applicants complete this). The diversity of the QN community will continue to be closely monitored in 2024 and further actions taken as required.

The Council's responsibilities statement

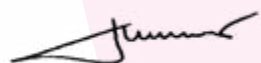
The Council (who are the Board of Trustees of the charity for the purposes of charity law) is responsible for preparing the Report of the Council and accounts in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice)

Charity law and the QNI's Royal Charter require the Council to prepare the accounts of the QNI for each financial year which give a true and fair view of the state of affairs of the QNI and of its income and expenditure for that period. In preparing accounts giving a true and fair view, the Council should:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the 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 United Kingdom and Republic of Ireland (FRS102);
- make judgements and estimates that are reasonable and prudent;
- state whether applicable United Kingdom Accounting Standards have been followed, subject to any material departures disclosed and explained in the accounts; and
- prepare the accounts on the going concern basis unless it is inappropriate to presume that the QNI will continue in operation.

The members of the Council are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the charity and to enable them to ensure that the financial statements comply with the Charities Act 2011, applicable Charity (Accounts and Reports) Regulations and the provisions of the charity's governing document. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Signed on behalf of the Council



Professor John Unsworth OBE
Chair of Council
Date: 26 June 2024



Independent auditor's report to the members of the Council of The Queen's Nursing Institute

Opinion

We have audited the accounts of The Queen's Nursing Institute (the 'charity') for the year ended 31 December 2023 which comprise the statement of financial activities, the balance sheet, the statement of cash flows, the principal accounting policies and notes to the accounts. 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 accounts:

- give a true and fair view of the state of the charity's affairs as at 31 December 2023 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the accounts section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the accounts 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

In auditing the accounts, we have concluded that the members of Council's use of the going concern basis of accounting in the preparation of the accounts 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 charity's ability to continue as a going concern for a period of at least twelve months from when the accounts are authorised for issue.

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

Other information

The members of Council are responsible for the other information. The other information comprises the information included in the Annual Report and Accounts, other than the accounts and our auditor's report thereon. Our opinion on the accounts does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the accounts, our responsibility is to read the other information and, in

doing so, consider whether the other information is materially inconsistent with the accounts 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 accounts or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters in relation to which the Charities Act 2011 requires us to report to you if, in our opinion:

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

Responsibilities of members of Council

As explained more fully in the Council's responsibilities statement, the members of Council are responsible for the preparation of the accounts and for being satisfied that they give a true and fair view, and for such internal control as the members of Council determine is necessary to enable the preparation of accounts that are free from material misstatement, whether due to fraud or error.

In preparing the accounts, the members of Council are responsible for assessing the charity'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 members of Council either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the accounts

Our objectives are to obtain reasonable assurance about whether the accounts 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 accounts.

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 to irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below.

How the audit was considered capable of detecting irregularities including fraud

Our approach to identifying and assessing the risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, was as follows:

- The audit director ensured that the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with applicable laws and regulations;
- We identified the laws and regulations applicable to the charity through discussions with management and Trustees and from our knowledge and experience of the charity sector;
- We focused on specific laws and regulations which we considered may have a direct material effect on the accounts or the activities of the charity. These included but were not limited to the Charities Act 2011; Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable to the United Kingdom and Republic of Ireland (FRS 102) (effective 1 January 2019) and The Code of Fundraising Practice; and
- We assessed the extent of compliance with the laws and regulations identified above through making



enquiries of management and those charged with governance and review of minutes of Council meetings.

- We assessed the susceptibility of the charity’s accounts to material misstatement, including how fraud might occur. Audit procedures performed by the engagement team included:
- Making enquiries of management and those charged with governance as to where they considered there was susceptibility to fraud, their knowledge of actual, suspected and alleged fraud; and
- Considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations.

To address the risk of fraud through management bias and override of controls, we:

- Performed analytical procedures to identify any unusual or unexpected relationships;
- Reviewed journal entries to identify unusual transactions;
- Tested the authorisation of expenditure;
- Assessed whether judgements and assumptions made in determining the accounting estimates were indicative of potential bias; and
- Investigated the rationale behind significant or unusual transactions.
- In response to the risk of irregularities and non-compliance with laws and regulations, we designed procedures which included, but were not limited to:
- Agreeing financial statement disclosures to underlying supporting documentation;
- Reading the minutes of Council meetings; and
- Enquiring of as to actual and potential litigation and claims.

There are inherent limitations in our audit procedures described above. The more removed that laws and regulations are from financial transactions, the less likely it is that we would become aware of non-compliance. Auditing standards also limit the audit procedures required to identify non-compliance with laws and regulations to enquiry of the Trustees and other management and the inspection of regulatory and legal correspondence, if any.

Material misstatements that arise due to fraud can be harder to detect than those that arise from error as they may involve deliberate concealment or collusion. We did not identify any irregularities, including fraud.

A further description of our responsibilities for the audit of the accounts is located on the Financial Reporting Council’s website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor’s report.

Use of this report

This report is made solely to the charity’s members of Council, as a body, in accordance with section 144 of the Charities Act 2011 and with regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charity’s members of Council 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 charity and the charity’s members of Council as a body, for our audit work, for this report, or for the opinions we have formed.

Buzzacott LLP
Statutory Auditor
130 Wood Street
London
EC2V 6DL



28 June 2023

Buzzacott LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

Statement of Financial Activities Year to 31 December 2023

	Notes	Unrestricted funds £	Restricted funds £	Endowment funds £	2023 Total funds £	2022 Total funds £
Income and endowments from:						
Donations and legacies	1	446,478	25,707	—	472,185	342,523
Investment income and interest receivable	2	300,003	34,960	—	334,963	325,168
Charitable activities	3	372,300	203,983	—	576,283	701,516
Total income		1,118,781	264,650	—	1,383,431	1,369,207
Expenditure on:						
Raising funds						
· Costs of generating grants and donations	4(a)	29,982	—	—	29,982	72,820
· Management of investments	4(b)	48,770	3,845	—	52,615	53,017
Total expenditure on raising funds		78,752	3,845	—	82,597	125,837
Charitable activities						
· Policy Influence and Development	5	173,755	—	—	173,755	58,669
· Data and Evidence	5	106,423	22,357	—	128,780	43,437
· Innovation and Quality Improvement	5	147,953	70,591	—	218,544	393,775
· Standards	5	95,813	18,522	—	114,335	146,127
· Role models and Leaders	5	753,885	171,294	—	925,179	561,901
· Support for Nurses	5	148,118	143,927	—	292,045	272,306
· Council approved funds		—	—	—	—	234,003
Total expenditure on charitable activities		1,425,947	426,691	—	1,852,638	1,710,218
Total expenditure		1,504,699	430,536	—	1,935,235	1,836,055
Net expenditure before investment gains		(385,918)	(165,886)	—	(551,804)	(466,848)
Net gains (losses) on investment assets	15	34,943	29,858	331,965	396,766	(1,164,506)
Net (expenditure) income	8	(350,975)	(136,028)	331,965	(155,038)	(1,631,354)
Gross transfers between funds	21	631,000	—	(631,000)	—	—
Net movement in funds		280,025	(136,028)	(299,035)	(155,038)	(1,631,354)
Reconciliation of funds:						
Funds brought forward at 1 January 2023		997,405	858,336	9,416,269	11,272,010	12,903,364
Funds carried forward at 31 December 2023		1,277,430	722,308	9,117,234	11,116,972	11,272,010

All of the financial activities of the QNI during the above two financial years derived from continuing operations.

*A full comparative statement of financial activities for the year to 31 December 2022 is given on page 34.

Statement of Financial Activities (comparative) Year to 31 December 2023

	Notes	Unrestricted funds £	Restricted funds £	Endowment funds £	2022 Total funds £
Income and endowments from:					
Donations and legacies	1	342,523	—	—	342,523
Investment income and interest receivable	2	292,413	32,755	—	325,168
Charitable activities	3	61,446	640,070	—	701,516
Total income		696,382	672,825	—	1,369,207
Expenditure on:					
Raising funds					
. Costs of generating grants and donations	4(a)	72,820	—	—	72,820
. Management of investments	4(b)	47,406	5,611	—	53,017
Total expenditure on raising funds		120,226	5,611	—	125,837
Charitable activities					
. Data, evidence and policy influence	5	101,883	223	—	102,106
. Standards	5	91,906	54,221	—	146,127
. Role models/leaders	5	233,124	328,777	—	561,901
. Innovation	5	49,665	344,110	—	393,775
. Providing support for nurses – Support	5	—	218,271	—	218,271
. Providing support for nurses – Education	5	—	24,711	—	24,711
. Providing support for nurses – Keep in Touch	5	—	29,324	—	29,324
. Council approved funds		234,003	—	—	234,003
Total expenditure on charitable activities		710,581	999,637	—	1,710,218
Total expenditure		830,807	1,005,248	—	1,836,055
Net expenditure before investment gains		(134,425)	(332,423)	—	(466,848)
Net (losses) gains on investment assets		(162,898)	(64,017)	(937,591)	(1,164,506)
Net expenditure	8	(297,323)	(396,440)	(937,591)	(1,631,354)
Gross transfers between funds	21	250,000	—	(250,000)	—
Net movement in funds		(47,323)	(396,440)	(1,187,591)	(1,631,354)
Reconciliation of funds:					
Funds brought forward at 1 January 2022		1,044,728	1,254,776	10,603,860	12,903,364
Funds carried forward at 31 December 2022		997,405	858,336	9,416,269	11,272,010

Balance sheet Year to 31 December 2023

	Notes	2023 £	2023 £	2022 £	2022 £
Fixed assets					
Tangible assets	13		13,129		14,485
Heritage assets	14		70,000		70,000
Investments	15		11,029,693		11,185,126
Total fixed assets			11,112,822		11,269,611
Current assets					
Debtors	16	93,711		73,013	
Cash at bank and in hand		596,126		340,724	
		689,837		413,737	
Creditors: Amounts falling due within one year	17	(685,687)		(411,338)	
Net current liabilities/assets			4,150		2,399
Total net assets			11,116,972		11,272,010
The funds of the charity					
Unrestricted funds					
. General funds			585,151		825,760
. Tangible and heritage asset fund	18		83,129		84,485
. Designated funds	19		609,150		87,160
			1,277,430		997,405
Restricted funds	20		722,308		858,336
Endowment funds	21		9,117,234		9,416,269
			11,116,972		11,272,010

Approved by the members of Council and signed on their behalf by:



Professor John Unsworth OBE
Chair of Council

Approved on: 26 June 2024

Statement of cash flows Year to 31 December 2023

	Notes	2023 £	2022 £
Cash flows from operating activities:			
Net cash used in operating activities	A	(626,868)	(860,083)
Cash flows from investing activities:			
Payments to acquire tangible fixed assets		(4,892)	(6,563)
Payments to acquire investments		(1,506,174)	(1,482,650)
Receipts from disposals of investments		1,776,690	1,297,751
Investment income and interest received		334,963	325,168
Net cash provided by investing activities		600,587	133,706
Change in cash and cash equivalents in the year		(26,281)	(726,377)
Cash and cash equivalents at 1 January 2023	B	676,685	1,403,062
Cash and cash equivalents at 31 December 2023	B	650,404	676,685

Notes to the statement of cash flows for the year to 31 December 2023.

A Reconciliation of net movement in funds to net cash used in operating activities

	2023 £	2022 £
Net expenditure (as per the statement of financial activities)	(155,038)	(1,631,354)
Adjustments for:		
Depreciation charge	6,248	9,033
Net (gains) losses on investments	(396,766)	1,164,506
Investment income and interest receivable	(334,963)	(325,168)
(Increase) decrease in debtors	(20,698)	12,973
Increase (decrease) in creditors	274,349	(90,072)
Net cash used in operating activities	(626,868)	(860,082)

B Analysis of cash and cash equivalents

	2023 £	2022 £
Cash at bank and in hand	596,126	340,724
Cash held by investment managers	54,278	335,961
Total cash and cash equivalents	650,404	676,685

No separate reconciliation of net debt has been prepared as there is no difference between the net cash (debt) of the charity and the above cash and cash equivalents.

Principal accounting policies Year to 31 December 2023

The principal accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the accounts are laid out below.

Basis of accounting

These accounts have been prepared for the year to 31 December 2023 with comparative information given in respect to the year ended 31 December 2022.

The accounts have been prepared under the historical cost convention with items initially recognised at cost or transaction value unless otherwise stated in the relevant accounting policies below or the notes to the accounts.

The accounts have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (Charities FRS 102 SORP 2015), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Charities Act 2011.

The charity constitutes a public benefit entity as defined by FRS 102.

The accounts are presented in sterling and are rounded to the nearest pound.

Critical accounting estimates and areas of judgement

Preparation of the accounts requires the members of Council and management to make significant judgements and estimates.

The items in the accounts where these judgements and estimates have been made include:

- assessing the probability of receiving legacies where the charity has been notified of its entitlement;
- estimating the useful economic life of tangible fixed assets for the purpose of determining the annual depreciation charge;
- determining the basis for allocating support costs across expenditure classifications;
- determining whether the heritage asset may be impaired; and
- estimating future income and expenditure flows for the purpose of assessing going concern (see below).

Assessment of going concern

The members of Council have assessed whether the use of the going concern assumption is appropriate in preparing these accounts. The members of Council have made this assessment in respect to a period of at least one year from the date of approval of these accounts. The members of Council consider that the uncertainty within the global geo-political context will impact on the economy in the year ahead.

UK inflation was high in 2023 and more settled in 2024. However, given the availability of reserves, the members of Council have concluded that there are no material uncertainties related to events or conditions that may cast significant doubt on the ability of the charity to continue as a going concern. The members of Council are of the opinion that the charity will have sufficient resources to meet its liabilities as they fall due.

Income recognition

Income is recognised in the period in which the charity has entitlement to the income and the amount can be measured reliably and it is probable that the income will be received. Income is deferred only when the

Principal accounting policies Year to 31 December 2023

charity has to fulfil conditions before becoming entitled to it or where the donor or funder has specified that the income is to be expended in a future accounting period.

Income comprises donations, legacies, investment income, interest receivable and grants in respect to charitable activities.

Grants and donations from government and other agencies and charitable foundations are included as income from activities in furtherance of the charity's objectives where these relate to a specific project or activity or take the form of a contract for services. Where the money is given in response to an appeal or with greater freedom of use, for example monies for core funding, then the income is classified as a donation.

Donations and grants in respect to charitable activities are recognised when the charity has confirmation of both the amount and settlement date. In the event of amounts pledged but not received, the amount is accrued for where the receipt is considered probable. In the event that a donation or grant is subject to conditions that require a level of performance before the charity is entitled to the funds, the income is deferred and not recognised until either those conditions are fully met, or the fulfilment of those conditions is wholly within the control of the charity and it is probable that those conditions will be fulfilled in the reporting period.

Legacies are included in the statement of financial activities when the charity is entitled to the legacy, the executors have established that there are sufficient surplus assets in the estate to pay the legacy, and any conditions attached to the legacy are within the control of the charity.

Entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution.

Where legacies have been notified to the charity, or the charity is aware of the granting of probate, but the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material. In the event that the gift is in the form of an asset other than cash or a financial asset traded on a recognised stock exchange, recognition is subject to the value of the gift being reliably measurable with a degree of reasonable accuracy and the title of the asset having being transferred to the charity.

Investment income is recognised once the dividend or interest has been declared and notification has been received of the amount due.

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

Expenditure recognition

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to make a payment 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.

All expenditure is accounted for on an accruals basis. Expenditure comprises direct costs and support costs. All expenses, including support costs, are allocated or apportioned to the applicable expenditure headings. The classification between activities is as follows:

- Expenditure on raising funds include the salaries, direct costs and support costs associated with generating donated income, together with the fees paid to investment managers in connection with the management of the charity's listed investments; and
- Expenditure on charitable activities includes all costs associated with furthering the charitable purposes of the charity through the provision of its charitable activities. Such costs include charitable grants and donations, direct and support costs including governance costs.

Principal accounting policies Year to 31 December 2023

Welfare grants are made where the members of Council consider there is real need following a review of the details of each particular case and comprise single year payments rather than multi-year grants. Welfare grants are included in the statement of financial activities when approved for payment. Provision is made for grants and donations approved but unpaid at the period end where relevant.

Grants of award funding to institutions are included in full in the statement of financial activities when the award agreement has been returned, completed and signed, by the recipient. Small final instalments of some award grant payments are subject to receipt of a satisfactory final report on the award project.

Allocation of support and governance costs

Support costs represent indirect charitable expenditure. In order to carry out the primary purposes of the charity it is necessary to provide support in the form of personnel development, financial procedures, provision of office services and equipment and a suitable working environment.

Governance costs comprise the costs involving the public accountability of the charity (including audit costs) and costs in respect to its compliance with regulation and good practice.

Support costs and governance costs are apportioned using percentages based on the time spent on the relevant activities by the employees of the charity.

Tangible fixed assets

All assets costing more than £500 and with an expected useful life exceeding one year are capitalised.

Expenditure on the purchase and replacement of furniture and equipment is capitalised and depreciated on a straight-line basis over the following periods:

• Leasehold improvements:	4 years
• General office equipment, fixtures, fittings and furniture:	4 years
• Computer equipment:	3 years

Heritage assets

During 2018, QNI discovered a piece of original artwork by Florence Nightingale, which had been given to it many years ago. Following further investigation, the value of the artwork was determined and is recognised in these accounts as a heritage asset. The asset was initially recognised on the balance sheet based on its estimated market value as at 31 December 2018 as determined by The Bowman Gallery, a specialist art valuer. This has been taken to be equal to its deemed cost for accounting purposes. No depreciation is charged against the asset, but the asset is reviewed annually for impairment.

Investments

Listed investments are a form of basic financial instrument and are initially recognised at their transaction value and subsequently measured at their fair value as at the balance sheet date using the closing quoted market price. Realised and unrealised gains (or losses) are credited (or debited) to the statement of financial activities in the year in which they arise.

The charity does not acquire put options, derivatives or other complex financial instruments.

As noted above, the main form of financial risk faced by the charity is that of volatility in equity markets and investment markets due to wider economic conditions, the attitude of investors to investment risk, and changes in sentiment concerning equities and within particular sectors or sub sectors.

Realised gains (or losses) on investment assets are calculated as the difference between disposal proceeds and their opening carrying value or their purchase value is acquired subsequent to the first day of the financial year. Unrealised gains and losses are calculated as the difference between the fair value at the

Principal accounting policies Year to 31 December 2023

year-end and their carrying value at that date. Realised and unrealised investment gains (or losses) are combined in the statement of financial activities and are credited (or debited) in the year in which they arise.

Debtors

Debtors are recognised at their settlement amount, less any provision for non-recoverability. Prepayments are valued at the amount prepaid. Debtors have been discounted to the present value of the future cash receipt where such discounting is material.

Cash at bank and in hand

Cash at bank and in hand represents such accounts and instruments that are available on demand or have a maturity of less than three months from the date of acquisition. Deposits for more than three months but less than one year have been disclosed as short-term deposits. Cash placed on deposit for more than one year is disclosed as a fixed asset investment.

Creditors and provisions

Creditors and provisions 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. Creditors and provisions are recognised at the amount the charity anticipates it will pay to settle the debt. They have been discounted to the present value of the future cash payment where such discounting is material.

Fund structure

The general fund comprises those monies, which may be used towards meeting the charitable objectives of the QNI at the discretion of the Council.

The tangible and heritage assets fund represents the aggregate net book value of tangible and heritage assets at the balance sheet date. The value of such assets has been reflected on the balance sheet as a separate fund in order to emphasise the fact that the value of such assets should not be regarded as available to meet day-to-day expenditure. The assets are held for functional purposes in the case of tangible fixed assets or are retained as part of the charity's archives in the case of heritage assets.

The designated funds are monies set aside out of the general fund and designated for specific purposes by the Council.

The restricted income funds are monies raised for, and their use restricted to, a specific purpose, or donations subject to donor-imposed conditions. In the case of restricted income funds for welfare purposes, transfers are made to the general fund to reflect an agreed quarterly charging structure for staff time and office services attributable to providing welfare support from those funds.

The expendable endowment funds represent amounts held as capital until such time as members of Council decide to expend them subject to self-imposed conditions. Whilst held as capital, the funds generate income which is regarded as unrestricted.

Pension costs

Contributions in respect of the charity's defined contribution pension schemes are charged to the statement of financial activities when they are payable to the relevant scheme. The charity's contributions are restricted to the contributions disclosed in note 9. There were no outstanding contributions at the year end. The charity has no liability beyond making its contributions and paying across the deductions for the employees' contributions.

Leased assets

Rentals applicable to operating leases where substantially all of the benefits and risks of ownership remain with the lessor are charged to the statement of financial activities on a straight-line basis over the lease term.

Notes to the accounts Year to 31 December 2023

1 Donations and legacies

	Unrestricted funds £	Restricted funds £	Endowment funds £	2023 Total funds £
National Garden Scheme donation	305,000	—	—	305,000
Other donations	10,261	25,707	—	35,968
Legacies	131,217	—	—	131,217
2023 total funds	446,478	25,707	—	472,185

	Unrestricted funds £	Restricted funds £	Endowment funds £	2022 Total funds £
National Garden Scheme donation	300,000	—	—	300,000
Other donations	42,523	—	—	42,523
2022 total funds	342,523	—	—	342,523

2 Investment income and interest receivable

	Unrestricted funds £	Restricted funds £	Endowment funds £	2023 Total funds £
Income from investments listed on a recognised stock exchange within the UK	297,940	34,917	—	332,857
Bank and deposit interest	2,063	43	—	2,106
2023 total funds	300,003	34,960	—	334,963

	Unrestricted funds £	Restricted funds £	Endowment funds £	2022 Total funds £
Income from investments listed on a recognised stock exchange within the UK	290,633	32,732	—	323,365
Bank and deposit interest	1,780	23	—	1,803
2022 total funds	292,413	32,755	—	325,168

Notes to the accounts Year to 31 December 2023

3. Income from charitable activities

	Unrestricted funds £	Restricted funds £	Endowment funds £	2023 Total funds £
Improving nursing care in the community				
Innovation Programme (Elsie Wagg)	—	30,000	—	30,000
Burdett – Diabetes Innovation	—	38,326	—	38,326
IPC Champions Network	—	26,750	—	26,750
Care Home Nurse Network	—	9,000	—	9,000
Care Homes Network – RCN	—	18,000	—	18,000
NGS – Support for QN Leadership programme	70,000	—	—	70,000
NGS – Support for Innovation programme	25,000	—	—	25,000
NGS – Support for QN Networks	—	25,000	—	25,000
AHP Development Programme	42,562	—	—	42,562
Bournemouth University	44,607	—	—	44,607
CNEN Sponsorship	25,000	—	—	25,000
Aspiring Leaders programme	82,998	—	—	82,998
ICB Chief Nurse Network Sponsorship	20,000	—	—	20,000
Field Specific Standard for Adult Social Care Nursing	20,000	—	—	20,000
GPN Evaluation	10,000	—	—	10,000
Community Mental Health Nursing	—	9,999	—	9,999
Homeless and Inclusion Health programme	—	15,000	—	15,000
Community Nursing Research Forum	—	16,908	—	16,908
Community Nursing Executive Network	—	—	—	—
Company of Nurses	—	15,000	—	15,000
Annual QNI Conference	10,000	—	—	10,000
Sales of Resources	11,310	—	—	11,310
Fees, publications and sundry service	10,823	—	—	10,823
2023 total funds	372,300	203,983	—	576,283

Notes to the accounts Year to 31 December 2023

3 Income from charitable activities (continued)

	Unrestricted funds £	Restricted funds £	Endowment funds £	2022 Total funds £
<i>Improving nursing care in the community</i>				
<i>Innovation Programme (Elsie Wagg)</i>	—	25,000	—	25,000
<i>Executive Leadership programme</i>	—	12,000	—	12,000
<i>Executive Nurse Leadership programme (QNs)</i>	—	70,000	—	70,000
<i>IPC Champions Network</i>	—	61,000	—	61,000
<i>Care Home Nurse Network</i>	—	20,000	—	20,000
<i>Leeds Continuing Professional Development Programme</i>	—	30,000	—	30,000
<i>Long COVID – Community of Practice</i>	—	49,998	—	49,998
<i>Standards for Inclusion Health</i>	—	5,000	—	5,000
<i>Bournemouth University</i>	40,282	—	—	40,282
<i>Wound care service models in community nursing</i>	—	4,000	—	4,000
<i>Demonstrating Value Economic Health Assessment Study Days</i>	—	6,800	—	6,800
<i>Aspiring Leaders programme</i>	—	126,000	—	126,000
<i>TalkToUs service</i>	—	43,575	—	43,575
<i>Internationally Educated Nurses</i>	—	55,000	—	55,000
<i>Personalised Care innovation programme</i>	—	25,000	—	25,000
<i>Convening Special Interest groups - Homeless & Inclusion Health</i>	—	9,999	—	9,999
<i>Infographic Life Course – Nurses in the Community</i>	—	6,500	—	6,500
<i>Homeless and Inclusion Health programme</i>	—	9,999	—	9,999
<i>Community Nurse Innovation Programme (CNIP)</i>	—	39,999	—	39,999
<i>CNIP June 2022</i>	—	10,000	—	10,000
<i>Community Nursing Research Forum</i>	—	5,200	—	5,200
<i>Community Nursing Executive Network</i>	—	20,000	—	20,000
<i>Company of Nurses</i>	—	5,000	—	5,000
<i>Annual QNI Conference</i>	19,000	—	—	19,000
<i>Sales of Resources</i>	1,208	—	—	1,208
<i>Fees, publications and sundry service</i>	956	—	—	956
2022 total funds	61,446	640,070	—	701,516

Notes to the accounts Year to 31 December 2023

4. Expenditure on raising funds

(a) Cost of generating grants and donations

Costs were incurred primarily in researching and developing relationships with grant making trusts.

	Unrestricted funds £	Restricted funds £	Endowment funds £	2023 Total funds
Direct costs	24,353	—	—	24,353
Support costs (note 7)	5,629	—	—	5,629
2023 total funds	29,982	—	—	29,982
	Unrestricted funds £	Restricted funds £	Endowment funds £	2022 Total funds
Direct costs	1,586	—	—	1,586
Support costs (note 7)	71,234	—	—	71,234
2022 total funds	72,820	—	—	72,820

(b) Management of investments

	Unrestricted funds £	Restricted funds £	Endowment funds £	2023 Total funds £
2023 total funds	48,770	3,845	—	52,615
	Unrestricted funds £	Restricted funds £	Endowment funds £	2022 Total funds £
2022 total funds	47,406	5,611	—	53,017

Notes to the accounts Year to 31 December 2023

5 Expenditure on charitable activities

	Direct costs £	Grant funding of activities (note 6) £	Support costs (note 7) £	2023 Total funds £
Policy Influence and Development	118,842	—	54,913	173,755
Data and Evidence	88,081	—	40,699	128,780
Innovation and Quality Improvement	97,148	52,328	69,068	218,544
Standards	78,201	—	36,134	114,335
Role models and Leaders	628,489	4,300	292,390	925,179
Support for Nurses	83,122	116,627	92,296	292,045
2023 Total	1,093,883	173,255	585,500	1,852,638

	Direct costs £	Grant funding of activities (note 6) £	Support costs (note 7) £	2022 Total funds £
<i>Data, evidence and policy influence</i>	86,232	—	15,874	102,106
<i>Standards</i>	123,410	—	22,717	146,127
<i>Role models/leaders</i>	474,546	—	87,355	561,901
<i>Innovation</i>	294,898	37,660	61,217	393,775
<i>Providing welfare support</i>	78,470	103,865	35,936	218,271
<i>Providing educational support</i>	3,325	18,061	3,325	24,711
<i>Keep In Touch</i>	25,379	—	3,945	29,324
<i>Council approved funds</i>	197,624	—	36,379	234,003
2022 Total	1,283,884	159,586	266,748	1,710,218

Management have elected to present the expenditure in line with the charity's strategic charitable goals this year. This does create a discrepancy with the comparative year, however, it is not considered to detract from the understandability of the financial statements.

Notes to the accounts Year to 31 December 2023

6. Grant making

Innovation – grants payable to institutions

	2023 £	2022 £
Fund for innovation		
Total value	52,328	37,660
Number of grants made	40	16

These grants were awarded to support innovative community nursing projects or research and development projects conducted by named nurses. They were given in conjunction with professional development programmes delivered by the QNI.

Providing welfare support – grants made directly to individuals

	2023 £	2022 £
Total value	110,220	103,865
Number of grants made	360	392

Providing educational support – grants made directly to individuals

	2023 £	2022 £
Total value	6,407	18,061
Number of grants made	8	23

Grant commitments

As at 31 December 2023, the charity had annual welfare grant commitments of £23,900 (2022 – £22,867).

7. Support costs

Support costs are allocated to each area of charitable activity in proportion to the direct expenditure on those areas.

	2023 £	2022 £
Policy Influence and Development	54,913	15,874
Data and Evidence	40,699	—
Innovation and Quality Improvement	69,068	61,217
Standards	36,134	22,717
Role models and Leaders	292,390	87,355
Support for Nurses	92,296	43,206
Organisation costs	5,629	71,234
Council approved	—	36,379
	591,129	337,982

Notes to the accounts Year to 31 December 2023

8. Net expenditure and net movement in funds

This is stated after charging:

	2023 £	2022 £
Staff costs (note 9)	1,073,483	937,734
Depreciation	6,248	9,033
Operating lease rentals – land and buildings	56,966	55,666
Amounts payable to the auditor in respect of:		
. External audit – current year	17,400	8,871
. External audit – prior year under provision	3,679	2,518

9. Staff costs and remuneration of key management personnel

Staff costs during the year were as follows:

	2023 £	2022 £
Gross wages and salaries	891,680	781,906
Employer's national insurance contributions	91,523	83,157
Employer's pension costs	80,280	72,671
	1,063,483	937,734
Redundancy	10,000	—
	1,073,483	937,734

One member of staff received emoluments (including taxable benefits but excluding employer's national insurance and pension contributions) in the range of £100,001 - £110,000 (2022 – one in the range of £90,001 - £100,000). Contributions in the year to defined contribution pension schemes in respect of this employee totalled £10,480 (2022 – £9,980).

The average headcount of employees in 2023 was 21 (2022 – 19).

The average number of full-time equivalent employees in 2023 was 18 (2022 – 19).

The key management personnel of the charity in charge of directing and controlling, running and operating the charity on a day-to-day basis comprise the members of Council together with the Chief Executive, Chief Operating Officer (until June 2023), Head of Communications, Head of Finance, Director of Nursing Programmes (Innovation & Policy) and Director of Nursing Programmes (Leadership & Standards). The total remuneration payable to key management personnel during the year was £487,051 (2022 – £318,740).

10. Council members

No member of the Council received any remuneration in respect of their services as a member of the Council during the year (2022 – none). There was one Council member who had expenses reimbursed during the year in respect of travel totalling £4,093 (2022 – £715) which reflects the reinstatement of face-to-face meetings and the cost of travel in July 2023, to the International Council of Nurses member meeting and conference in Montreal.

During the year members of the Council donated a total of £25,302 to the charity (2022 – £1,150).

11. Related party and connected person transactions

During the year £1,200 (2022 – £nil) was paid to a member of the council to deliver two sessions to the Aspiring Nurse Leaders Programme. Other than the aforementioned and the transactions reports within note 10 to the accounts, there were no other transactions with related parties or connected persons during the year (2022 – none).

12. Taxation

The Queen's Nursing Institute is a registered charity and, therefore, is not liable to income tax or capital gains tax on income derived from its charitable activities, as it falls within the various exemptions available to registered charities.

Notes to the accounts Year to 31 December 2023

13. Tangible fixed assets

	Leasehold improvements £	Fixtures, fittings, furniture and equipment £	Total £
Cost or valuation			
At 1 January 2023	50,931	89,577	140,508
Additions	—	4,892	4,892
Disposals	—	(48,229)	(48,229)
At 31 December 2023	50,931	46,240	97,171
Depreciation			
At 1 January 2023	50,931	75,092	126,023
Charge for the year	—	6,248	6,248
Disposals	—	(48,229)	(48,229)
At 31 December 2023	50,931	33,111	84,042
Net book values			
At 31 December 2023	—	13,129	13,129
At 31 December 2022	—	14,485	14,485

14. Heritage assets

At deemed cost	£
At 1 January 2023 and at 31 December 2023	70,000

During 2018, QNI discovered a piece of original artwork by Florence Nightingale, which had been given to it many years ago. Following further investigation, the value of the artwork was determined and is recognised in these accounts as a heritage asset. The asset was initially recognised on the balance sheet based on its estimated market value of £70,000 as at 31 December 2018 as determined by The Bowman Gallery, a specialist art valuer. This has been taken to be equal to its deemed cost for accounting purposes. No depreciation is charged against the asset, but the asset is reviewed annually for impairment. There have been no indications of impairment as at 31 December 2023 (and since the initial recognition of the asset).

15. Investments

	2023 £	2022 £
Investments listed on a recognised stock exchange		
Market value at 1 January 2023	10,849,165	11,828,770
Add: Additions at cost	1,506,174	1,482,650
Less: Disposals proceeds	(1,776,690)	(1,297,751)
Total investment gains (losses)	396,766	(1,164,504)
Market value at 31 December 2023	10,975,415	10,849,165
Cash and settlements pending, held as part of the investment portfolio	54,278	335,961
Total investments held	11,029,693	11,185,126
Listed investments at cost	8,225,997	8,442,498

Notes to the accounts Year to 31 December 2023

15 Investments (continued)

At 31 December 2023, the listed investments comprised the following:

	2023 £	2022 £
Fixed interest	1,597,585	1,321,133
UK equities	3,971,912	4,347,069
Overseas equities	3,926,024	3,355,396
Alternatives	1,479,894	1,825,567
	10,975,415	10,849,165

At 31 December 2023, no holdings were material in the context of the entire portfolio value (2022 – none).

16 Debtors

	2023 £	2022 £
Trade debtors	37,680	46,427
Prepayments	15,047	11,040
Accrued income	37,000	11,000
Other debtors	3,984	4,546
	93,711	73,013

17 Creditors: Amounts falling due within one year

	2023 £	2022 £
Expense creditors	76,047	26,318
Accruals	80,587	35,020
Other creditors	25,555	—
Deferred income (see below)	503,498	350,000
	685,687	411,338

Deferred income

Balance brought forward	350,000	438,575
Released in year	(350,000)	(438,575)
Deferred in year	503,498	350,000
Balance carried forward	503,498	350,000

Deferred income consists of project funding received by the year end but which relates specifically to project work to be performed in future accounting periods.

18 Tangible and heritage assets fund

	2023 £	2022 £
At 1 January 2023	84,485	86,955
Other movements in year	(1,356)	(2,470)
At 31 December 2023	83,129	84,485

Notes to the accounts Year to 31 December 2023

18 Tangible and heritage assets fund (continued)

The tangible and heritage assets fund represents the aggregate net book value of tangible and heritage assets at the balance sheet date. The value of such assets has been reflected on the balance sheet as a separate fund in order to emphasise the fact that the value of such assets should not be regarded as available to meet day-to-day expenditure. The assets are held for functional purposes in the case of tangible fixed assets or are retained as part of the charity's archives in the case of heritage assets.

19 Designated funds

The funds of the charity include the following designated fund which has been set aside out of unrestricted funds by the members of the Council for specific purposes.

	At 1 January 2023 £	New designation £	Utilised £	At 31 December 2023 £
Leadership and Innovation fund	—	241,000	(50,428)	190,572
Phillip Goodeve-Docker fund	57,485	100	(2,500)	55,085
Heyes legacy fund	29,675	—	—	29,675
International Community Nursing Observatory	—	390,000	(56,182)	333,818
The Welfare Legacies Fund	—	47,458	(47,458)	—
	87,160	678,558	(156,568)	609,150

	At 1 January 2022 £	New designation £	Utilised £	At 31 December 2022 £
Leadership and Innovation fund	250,000	—	(250,000)	—
Phillip Goodeve-Docker fund	60,485	—	(3,000)	57,485
Heyes legacy fund	29,675	—	—	29,675
	340,160	—	(253,000)	87,160

The Leadership and Innovation fund represents funds set aside by Council to increase the team. This will strengthen the offer of leadership and innovation programmes and assist in the delivery of newly commissioned work.

The Phillip Goodeve-Docker fund represents monies given as 'donations in memory' which the Council has set aside in the memory of Phillip Goodeve-Docker who sadly passed away in 2013 during a fundraising trek across Greenland. The amount of funding raised, and on occasion added to be sponsorship activities of family and friends, means that under the current criteria for the award of the prizes, this fund will last in perpetuity.

The Heyes legacy fund comprises a legacy received during 2018 which has been designated towards enabling an increase in the number of funded places made available for the annual Queen's Nurse Conference. At the time, it was considered that the fund would last approximately 5 years. However, the cost of the annual Queen's Nurse meetings has been significantly reduced as they have been held remotely since 2021.

Notes to the accounts Year to 31 December 2023

The International Community Nursing Observatory fund was set aside by Council to establish the observatory. The goal of which is to collate, gather and analyse evidence based data on the nursing workforce.

In the year, the Council elected to designate most legacies received to support our welfare grant giving activity, supporting nurses in financial difficulty.

20. Restricted funds

	At 1 January 2023 £	Income £	Expenditure £	Gains, losses and transfers £	At 31 December 2023 £
District Nurses 1965 Fund	632,726	34,960	(126,095)	29,858	571,449
TalkToUs Service	55,588	—	(10,928)	—	44,660
Burdett – Diabetes Innovation Projects	—	38,326	(1,985)	—	36,341
Company of Nurses Welfare Grants	—	15,000	(10,750)	—	4,250
William Rathbone Annual Award	—	20,311	(500)	—	19,811
Dora Roylance Fund	13,863	—	(1,600)	—	12,263
Care Home Nurse Network	1,730	18,000	(19,730)	—	—
Long–COVID - Community of Practice	12,164	—	(12,164)	—	—
Aspiring Leaders programme	54,936	—	(54,936)	—	—
Internationally Educated Nurses	45,113	—	(45,113)	—	—
Innovation Programme (Elsie Wagg)	8,613	30,000	(23,493)	—	15,120
IPC Champions Network	534	26,750	(27,284)	—	—
NGS - Support for QN Networks	—	25,000	(19,551)	—	5,449
Homeless and Inclusion Health Programme	—	15,000	(6,323)	—	8,677
Community Nursing Research Forum	457	16,908	(17,365)	—	—
Other Restricted Funds	32,612	24,395	(52,719)	—	4,288
	858,336	264,650	(430,536)	29,858	722,308



Notes to the accounts Year to 31 December 2023

20. Restricted funds (continued)

District Nurses 1965 Fund (Welfare Fund)

This fund is a separate charitable trust administered by the Queen's Nursing Institute and is known internally as the Welfare Fund. The fund must be used specifically for making grants to nurses who are, or who have been, associated with district and community nursing services and who are in financial hardship. As local District Nursing Associations in England closed over the years, additional funds have been transferred from the Associations to the 1965 Fund, with a specification that the funds should be used to support education grants for community nurses as well grants for those in financial hardship.

TalkToUs Service

The Covid19 Healthcare Support Appeal (CHSA) awarded a grant to the QNI in 2022 to enable the continued delivery of the TalkToUs service.

Dora Roylance Fund

The QNI received a legacy of £21,792 from a retired QN who died in 2015. The specification was that it was to be used for the support of Health Visitor education. A Dora Roylance Memorial Award has been created for the most outstanding achievement for every student Health Visitor in every university offering the Health Visitor programme in England, Wales and Northern Ireland. Taking into consideration the number of universities offering the Health Visitor programme and the total of the fund, the award is likely to last approximately 15 years to 2030.

Care Home Nurse Network

The QNI was funded by the RCN Foundation to support the ongoing development and associated activities of the Care Home Nurse Network for three years, commencing January 2020 to January 2023.

Long-COVID - Community of Practice

In 2021, NHSE/I seed funded the QNI to create a Community of Practice for nurses supporting people with Long Covid in the Community. Additional funding was received in 2022, enabled the network activity to continue, including the revision of the QNI Long Covid learning resource, published in October 2022.

Aspiring Leaders Programme

The successful Aspiring Leaders programme is now an open programme for all community nurses to be able to apply for the place through grant funding from employers, NHSE and the Company of Nurses.

International Recruitment support

The QNI was funded by NHSE to develop a film featuring a number of Internationally Educated Nurses working in a range of community settings and roles.

Innovation Programme (places)

Employers have an opportunity to purchase individual places for their employees on the innovation programme.

IPC Champions Network

DHSC provided funding to develop and deliver and Infection Prevention and Control (IPC) Champions Network in 2022 and 2023.

Community Nursing Research Forum

NHSE England funded the development of the Community Nursing Research Forum for delivery in 2022 and 2023.

National Garden Scheme Networks

The National Garden Scheme committed funding to support four networks of the QNI when funding became unexpectedly unavailable. These include the Long Covid Nurse Group, the Community Children's Nurse Network, the General Practice Nurse Network and the Homeless and Inclusion Health Network.

Notes to the accounts Year to 31 December 2023

Burdett – Innovation projects

The Burdett Trust for Nursing funded seven projects focussed on nurse-led innovations in caring for people with diabetes.

Community Nursing Research Forum

The Forum was funded by NHSE in 2022/23 in support of the delivery of the NHSE Community Nursing Plan.

Company of Nurses – financial assistance grants

The QNI administers grants for financial assistance on behalf of the Company of Nurses.

Homeless & Inclusion Health - DHSC

The Department of Health and Social Care (DHSC) provided a grant to support the development of field specific standards in Inclusion Health and the promotion of the use of the standards in universities offering the NMC regulated Community Nursing Specialist Practice Qualification.

William Rathbone X annual award

Lucy and Nick Addyman sponsor the annual William Rathbone X Award for the most outstanding executive nurse of a community services provider.

Whilst the expendable endowment fund is ordinarily intended to be held as longer-term capital, investment income generated by the underlying investments is unrestricted based on the terms of the expendable endowment. Accordingly, the investment income is credited to the charity's unrestricted general funds, and any expenditure intended by Council to be met from the charity's expendable endowment is thus allocated against the charity's unrestricted general funds in the first instance.

21. Expendable endowment fund

The fund was established originally following the disposal of the QNI's freehold property in Belgravia, London. Movements on the endowment fund during the year to 31 December 2023 are as shown below:

	2023 £	2022 £
Fund value at 1 January	9,416,269	10,603,860
Net investment (losses) gains	331,965	(937,591)
Transfer to unrestricted general funds (see below)	(631,000)	(250,000)
Fund value at 31 December	9,117,234	9,416,269

The capital (including any cumulative unrealised gains) may be expended by the charity at the discretion of Council in accordance with self-imposed conditions consistent with the achievement of the charity's overall strategic plan. Council's general approach and policy is to keep the underlying capital preserved as far as possible, and to only convert the endowment fund into income funds where, for example, the investment income generated by the endowment alone is insufficient to cover the cost of strategic initiatives which is intended to be met from the endowment, or for example, where the charity requires a top-up of its general unrestricted funds in order to sustain an appropriate level of free reserves.

In light of the decrease in the charity's unrestricted general funds, Council have elected that £631,000 of the endowment capital is converted into unrestricted income funds during the year ended 31 December 2023.

Notes to the accounts Year to 31 December 2023

22. Analysis of net assets between funds

	General funds £	Tangible and heritage assets fund £	Designated funds £	Restricted funds £	Endowment funds £	Total 2023 £
Fund balances at 31 December 2023 are represented by:						
Tangible fixed assets	—	83,129	—	—	—	83,129
Investments	751,981	—	609,150	551,328	9,117,234	11,029,693
Net current (liabilities) assets	(166,830)	—	—	170,980	—	4,150
	585,151	83,129	609,150	722,308	9,117,234	11,116,972
	General funds £	Tangible and heritage assets fund £	Designated funds £	Restricted funds £	Endowment funds £	Total 2022 £
Fund balances at 31 December 2022 are represented by:						
Tangible fixed assets	—	84,485	—	—	—	84,485
Investments	1,169,399	—	—	599,458	9,416,269	11,185,126
Net current (liabilities) assets	(343,639)	—	87,160	258,878	—	2,399
	825,760	84,485	87,160	858,336	9,416,269	11,272,010

The total unrealised (losses) gains as at 31 December 2023 constitute movements on the revaluation of listed investments and are as follows:

	2023 £	2022 £
Cumulative unrealised gains within note 15		
On listed investments	2,749,418	2,406,665
Total unrealised gains at 31 December	2,749,418	2,406,665
Reconciliation of movements in unrealised gains (losses)		
Unrealised gains at 1 January	2,406,665	4,078,295
Less: in respect of disposals in the year	(36,092)	(681,457)
Net gains arising on revaluation in the year	378,845	(990,173)
Unrealised gains at 31 December	2,749,418	2,406,665

23. Operating leases

At 31 December 2023 the charity had annual commitments under non-cancellable operating leases as follows:

	Land and buildings	
	2023 £	2022 £
Due within:		
. One year	78,740	76,281
. Two to five years	59,055	209,774
	137,795	286,055



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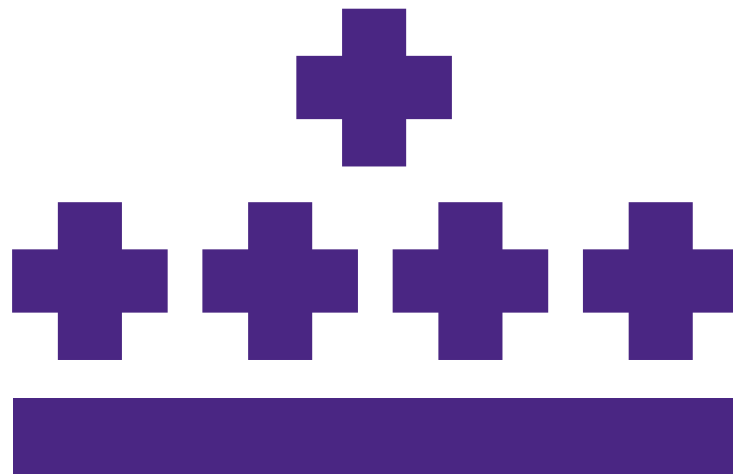
Patron HM The Queen
Charity no: 213128
Founded 1887



The Queen's Institute of Community Nursing

England & Wales - Charity number 213128

Accounts



Annual Report and Accounts

Year to 31 December 2022





'It is with a huge sense of gratitude and respect that we remember the leadership and wisdom of Her Majesty, Queen Elizabeth II, the QNI's beloved Royal Patron from 2002 to 2022.

Queen's Nurses will continue to work in her name.'

Dr Crystal Oldman CBE, QNI Chief Executive



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Reference and administrative information about the charity, its members of Council and advisors

Patron Her Majesty Queen Elizabeth II (deceased on 19th September 2022)

Vice Presidents Michael Cooper (deceased on 8th September 2022)
Dr June Crown CBE
Professor Sir Sam Everington OBE
Zahir Fazal
Professor Dame Elizabeth Anionwu OM

The members of Council (Trustees) at the date of this report, and those who served during 2022, are as follows:

Chair of Council Professor John Unsworth OBE *
Nick Addyman # +
Dale Carrington

Honourary Treasurer Richard Fass # +
Dr Judith Graham BEM
Clare Hawkins # + (retired from Council March 2023)
Candace Imison (retired from Council March 2023)
Dr Katerina Kolyva
Rosalynde Lowe CBE *
Dr Angela McLernon OBE
Helen Mehra
Dr Jenni Middleton
Dr Joan Myers OBE (commenced December 2022)
Rebecca Myers # +

Vice Chair Christine O’Connell # +
Dr Neesha Oozageer Gunowa
William Rathbone OBE *# (deceased on 31st December 2022)
Jeremy Taylor OBE

* Council members nominated and appointed by the Patron
Members of the Finance Committee
+ Members of the Remuneration Committee

Reference and administrative information about the charity, its members of Council and advisors

Chief Executive Dr Crystal Oldman CBE, EdD, MSc, MA, PGDip, PGCEA, RGN, RHV, RNT, QN, FRCN

Charity Registration number 213128

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Bankers CAF Bank Limited
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Solicitors Russell Cooke LLP
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SW15 6AB

Foreword from the Chair



During 2022 we saw the return to something resembling normal life following the Covid-19 pandemic. A welcome return to face-to-face meetings, travel and events. Some of the changes the pandemic brought about will remain with us for some time, enhancing our efforts around sustainability and a better work-life balance.

The transition to the post pandemic world was achieved through a programme of mass vaccination delivered predominantly by community nurses in GP surgeries, health centres, church halls, prisons, and care homes.

Internationally, nurses faced many challenges from natural disasters and during war. The Queen's Nursing Institute were pleased to support the International Council of Nurses campaign 'Nurses for Peace' to call for an end to the war in Ukraine and for protection of patient, nurses and other healthcare workers. The war in Ukraine and the pandemic also caused international financial turbulence affecting the markets and therefore the income of charities like the QNI.

Despite this, 2022 has been a very successful year for the Queen's Nursing Institute with significant progress being made in influencing policy, supporting nurses and developing our networks and leaders of the future. During 2022 we celebrated our 135th anniversary and also saw a period of significant change in the organisation. The Institute said goodbye to several staff and saw new colleagues joining the organisation, as they have over the past 135 years. During 2022 Her Majesty Queen Elizabeth II celebrated her Platinum Jubilee and, having been Patron of the Institute for 20 years, was awarded the Gold Badge of the Institute (the Institute's highest honour). We were saddened by her death on the 8th of September 2022.

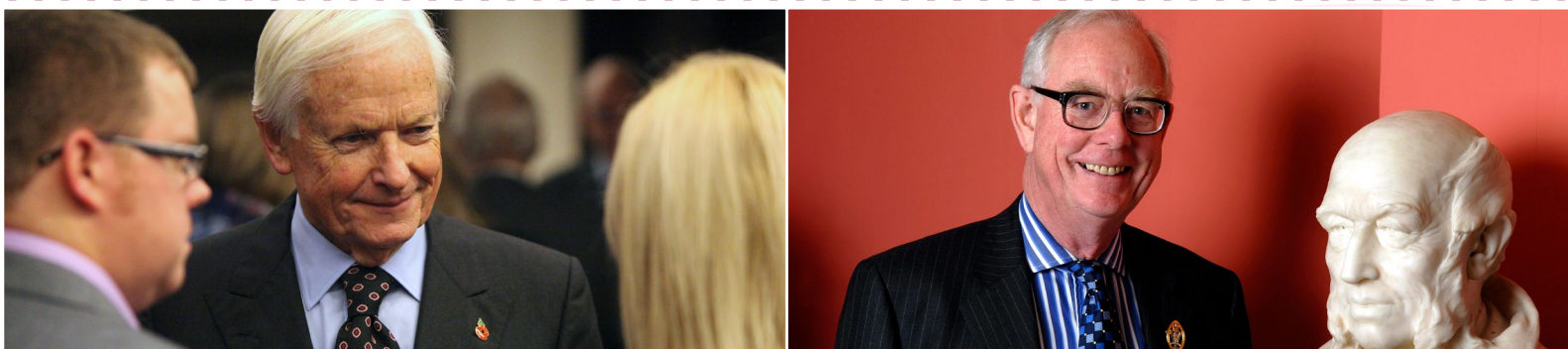
During 2022 we also lost Michael Cooper, QNI Vice-President, on the 19th of September 2022 and towards the end of the year William Rathbone X OBE, our longest serving Trustee and great, great grandson of the founder of district nursing on the 31st of December 2022. Both Michael and Bill were magnificent supporters of community nursing and the Institute. Bill was a trustee for 48 years and Michael for just under 20 years. Their wisdom, insight and drive are missed across the organisation each and every day. The loss of Michael and Bill reminds me of the poem by Robert Frost, Nothing Gold Can Stay –

*Nature's first green is gold,
Her hardest hue to hold.
Her early leaf's a flower;
But only so an hour.
Then leaf subsides to leaf.
So Eden sank to grief,
So dawn goes down to day.
Nothing gold can stay.*

The Institute is the stronger, bolder and more dynamic for Bill and Michael's long involvement and while nothing gold can stay, we know that they would wish to see the Institute grow and develop further into the future.

During 2022 the Nursing and Midwifery Council (NMC) finalised and published the new Standard for Specialist Community Practice. The QNI had campaigned for the retention of annotation of SPQ qualifications and for field specific standards. Just prior to publication of the NMC Standard, the QNI announced they would lead work to develop field specific standards for a wide range of community nursing specialisms. The first six of these sets of standards are due to be published imminently and the Institute is developing an endorsement process for programmes developed using these standards.

During the year we saw the first cohort of NGS Elsie Wagg Scholarships developing their innovative garden projects in communities and care homes across the country. These initial projects will grow into a wide



Above:
left: Michael Cooper;
right: William
Rathbone X OBE

range of projects culminating in a total of 25 NGS Elise Wagg Scholarships by 2027 (The NGS Centenary Year).

Our two flagship leadership programmes (Aspiring Leaders and Executive Nurse Leaders Programmes) continue to deliver transformational leadership development opportunities for participants. The Executive Nurse Leaders programme has seen several participants take up system wide leadership roles following the programme. We are grateful to our Fellows who provide mentoring and support for our leadership programmes.

Internationally, the QNI continues to be a member of the International Council of Nurses and has supported several National Nursing Associations with the development of community and primary care nursing to address Universal Health Coverage targets.

Our professional forums and networks now total 10 with thousands of members from across a wide range of organisations. Our newest forum is the Community Nursing Research Forum headed up by Dr Ben Bowers QN, with a growing membership offering a range of support to clinical academics and researchers from a range of organisations. All our networks continue to thrive and provide much needed support to clinical staff, as well as policy and other advice to the NHS and other organisations.

Professor Alison Leary MBE, QNI Director of the International Community Nursing Observatory (ICNO) completed a new study on nursing in the digital age. The report shared concerns about hardware and the increasing use of scheduling software and the moral insult this can cause to staff who feel they are unable to provide quality of care to patients. Alison and Dave Bushe (ICNO Data Analyst) are currently working on the community nursing population study, which aims for the first time to identify the total number of registered nurses working in community settings in the UK.

While the QNI employs an array of fantastic staff, our work is dependent on a large number of volunteers from nurses working as part of the Keep in Touch (KiT) project through to the Fellows and Queen's Nurses supporting our policy work. A particular mention should be made of our brilliant communications team, our project managers, events and networks team and our grants team. All of our success would not be possible without the leadership of the Institute and I am indebted to Dr Crystal Oldman CBE, the Chief Operating Officer and the Directors of Nursing Programmes for their leadership and vision. Finally, to the often unsung heroes of any organisation our brilliant finance team and Christine Widdowson, who had the unenviable task of running Crystal's diary and managing the office.

Finally, 2022 saw us pass the 2,000 mark for the number of Queen's Nurses. Queen's Nurses are the Institute's greatest asset and the QN title is highly sought after and rightly held in high regard. Queen's Nurses make an impact on patients' lives each and every day, but they also fulfil an important role in promoting community nursing. One of the most successful policy interventions we have developed is our Queen's Nurse shadowing programme. During 2022, the Secretary of State's special advisor spent time with a Queen's Nurse and experienced the hugely complex and skilled work of community nurses. In addition, the Shadow Secretary of State Wes Streeting MP spent a day with a Queen's Nurse and the experience was so profound that Labour went on to commit to increasing the number of training places for community nurses in a future Labour government.

Professor John Unsworth OBE
Chair of Council
May 2023

Report of the Council 31 December 2022

The Council presents its report together with the accounts of The Queen's Nursing Institute (QNI) for the year ended 31 December 2022.

The accounts have been prepared in accordance with the accounting policies set out on pages 47 to 52 of the attached accounts and comply with the charity's Royal Charter, applicable laws and 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 United Kingdom and Republic of Ireland (FRS 102).

Objectives and activities

The Queen's Nursing Institute operates in England, Wales and Northern Ireland.

The Queen's Nursing Institute is an independent national charity that is dedicated to improving the nursing care of people in their communities and homes.

Our vision is that all people are provided with the best possible nursing care by the right nurse with the right skills in homes and communities, whenever and wherever it is needed.

The values provide the foundation for our work. They reflect the principles on which the QNI was first established by William Rathbone and Florence Nightingale in 1887.

Values

- ✦ **Partnership:** with people, patients, organisations and policy makers, ensuring individuals, families, carers and communities are at the heart of all we do.
- ✦ **Integrity:** living the values and seeing equality and diversity as strengths.
- ✦ **Excellence:** in nursing, supported by innovation and evidence.
- ✦ **Independence:** using evidence and insight to provide an independent voice.
- ✦ **Advocacy:** recognising the contribution of all community nurses.
- ✦ **Legacy:** cherishing the history of the QNI and our long-standing relationship with funders.

Public benefit

In setting and supporting the QNI's strategy and business plan, the members of Council continue to give careful consideration to the Charity Commission's general guidance on public benefit.

Strategic Plan 2021-25

The six strategic priorities were published at the start of 2021: <https://www.qni.org.uk/wp-content/uploads/2021/02/Strategic-Plan-2021-2025-1.pdf>

These priorities reflect the status of the QNI as a national charity, focussed on excellent nursing care for all people in the community.

Influence

- 1. Policy Influence and Development:** to improve the health and wellbeing of individuals, carers, families and communities by local, national and international policy, including through the use of the nurse's voice.
- 2. Data and Evidence:** to provide independent intelligence about nursing in the community and primary care that is relevant and needed.

Quality

- 3. Innovation and Quality Improvement:** to improve nursing practice in the community through developing, testing and evaluating innovative approaches to care.
- 4. Standards:** to set national standards for nurse education and practice in community settings, which are recognised across the profession, educators and service providers.



Above: Merin Jolly,
Community Sister

Voice

5. Role models and Leaders: to develop, promote and support excellent and diverse nursing leaders and role models and to empower nurses to raise their voice and articulate their value.

6. Support for Nurses: to support the wellbeing of all community nurses, whether working or not, by listening and responding to their personal and professional needs.

Outcomes

The Trustees determined that the strategic plan should include a focus on outcomes which would also guide the development of the annual business plan and measures of achievement:

Influence: The QNI is the organisation that is called upon to contribute to national policy development and implementation when shaping nursing services in the context of a wider health and social care system.

Quality: Evidence from the QNI regarding quality improvement and standards is used to inform policy, research, practice and education and is recognised at all levels in the system.

Voice: A diverse community of Queen's Nurses and others in the QNI networks successfully lead innovation and change, challenge inequalities and make a positive difference to the care of individuals, carers, families and communities.

Context

During the third year of the global Covid-19 pandemic in 2022, the QNI focussed on strengthening its reach and impact as the leading professional organisation for community nurses. The QNI is highly valued and respected for its expertise in influencing policy, based on independent and objective data and evidence, the provision of valuable intelligence to the sector, supporting innovation, developing professional standards and supporting nurses and leaders in a wide variety of roles in every setting in the community.

Many areas of expertise within the QNI have been drawn on over the three years of the pandemic, and we have continued in 2022 to provide a rapid insight at a national level into the experiences of nurses leading, managing and delivering care in the community and to influence policy through the data collected during the year.

During the year, the QNI has developed our range of expertise in response to the demand for our skills. Our reach into all levels of the community nursing workforce, in health, social care and education has grown over the year. The QNI team has continued with a planned growth in the team in accordance with the expanding portfolio of commissioned projects.

The Council of the QNI has, throughout the year, provided the expert governance and leadership required to ensure the delivery of the ambitious strategic plan 2021-2025 and delivery of the annual business plan. The Council has supported the planned growth of the QNI team, thereby building a secure and positive future for the charity.

“ We have continued to champion the role of nurses working in the community, in primary care and social care, and worked to raise their profile with commissioners, policy makers, media and the public. We have growing evidence that our strategy is contributing to greater recognition of the indispensable role and impact of community nurses in every field of practice. Community nurses are vital if health services are to manage the increasingly complex needs of the communities served.

Dr Crystal Oldman CBE, QNI Chief Executive

It was with deep sadness again later in the year that we learned of the death of William Rathbone OBE, Patron appointed Trustee who died on 31st December 2022. William was a longstanding Council member, serving for 48 years. As a great-great-grandson of the founder of District Nursing and the QNI in 1887, William Rathbone VI, he continued a long family tradition of philanthropy and public service of international renown. William Rathbone was Vice-Chair of Council for 24 years from 1974 and he served on the Finance Committee for many years. William attended almost every QNI Award Ceremony and QNI events during this time, and as such was a very visible connection with the proud history and tradition of community nursing in the UK to all Queen's Nurses. A memorial service took place for William Rathbone on 2nd May 2023 at Southwark Cathedral.

Dr Crystal Oldman CBE, QNI Chief Executive

No members of Council retired during 2022, but two retired in March 2023, Candace Imison and Clare Hawkins. The QNI is very grateful for the time and expertise that they so generously gave during their term of office.

At the time of writing this report, the country has been through three continuous years of a global pandemic. The rapid creation of Covid19 vaccines and the mass vaccination programmes have saved lives in 2022 that might otherwise have been added to the hundreds of thousands lost since the start of the pandemic. Lives have also been changed forever through the loss of family, friends and colleagues and there is an enduring impact of the pandemic for those with symptoms of Long Covid. The Office of National Statistics estimates that 1.5 million people in the UK have Long Covid and the application of research findings to support people with Long Covid is ongoing and reflexive, as the evidence of symptom control and management emerges.

The majority of events and programmes had been delivered mainly online in 2021, so we were delighted to reinstate face-to-face delivery in 2022.. The annual QNI Award Ceremony was also delivered in person in November 2022 for the first time in three years and was welcomed by all awardees and guests.



Above: Gustav Grib,
Practice Educator for
Nursing Apprentices

After the initial detrimental financial impact in relation to unrestricted income and the delay in the use of restricted funds in 2020 and 2021, the QNI has returned to a steady state with regard to the annual grants from the National Garden Scheme and investment income.

The activities undertaken by the QNI throughout 2022 to achieve the objectives of the second year of the QNI strategy (2021-2025) are set out in the section 'Achievements and Performance'.

Achievements and performance - Impact of the work in 2022

Goal One: Policy Influence and Development

In 2022, the QNI contributed expert nursing insight to more than 18 advisory groups of the arm's length bodies of the Department of Health and Social Care (including the Office for Health Improvement and Disparities; Health Education England and NHS England) and many other national and regional organisations.

Our networks of experienced nurses and our reach into networks provides intelligence and data which supports and contributes to policy development and influence. Throughout 2022, the QNI was frequently called upon to gather together groups of expert nurses for policy discussions and to provide the reflection on experience and the detailed analysis needed to understand the anticipated impact of new policies in health and social care. Our 2,000 Queen's Nurses continue to be called upon also represent the QNI in regional and national advisory groups, demonstrating the value of expert Queen's Nurses to the work of the charity.

The QNI has also contributed to All Party Parliamentary Groups wherever relevant and is a member of a group of professional bodies providing evidence for module three of the Covid19 Inquiry: <https://covid19.public-inquiry.uk/modules/> 'Impact of Covid-19 pandemic on healthcare systems in the 4 nations of the UK'. The QNI is able to utilise data and evidence collected during the pandemic to contribute to the inquiry from the perspective of the nurses working in the community, including in primary and social care settings.

The QNI delivered a highly successful online annual conference in October 2022. This was a five half-day event over a week, attended by more than 2,500 delegates from the UK, including nurses from more than 14 countries around the world.

Several very high-profile speakers and celebrities joined the QNI conference, with the theme of 'Inspired, Intrepid, Indispensable' <https://qni.org.uk/news-and-events/events/qni-annual-conference-2022/>.

The annual online conference has continued to be a gift to all nurses – the majority of whom have worked throughout the pandemic and continued to serve their communities in 2022. The approach is being maintained for the annual online conference in 2023 with sponsorship funding to support the cost of the organisation and delivery.

The QNI has been a key member of the NHSE National Board for the Community Nursing Plan 2021-2026 in England: <https://www.england.nhs.uk/nursingmidwifery/delivering-the-nhs-ltp/community-nursing/>

“ We work with nurses, educators, researchers and policy makers to ensure that high-quality nursing care in the community and primary care is available for everyone, where and when they need it.

Dr Crystal Oldman CBE, QNI Chief Executive



As part of this work, the QNI was commissioned to create an infographic to show the ways in which people's lives are touched by community nurses, throughout the life course: <https://qni.org.uk/students/careers-in-the-community/> This now forms a part of the resources we are building to support student nurses and others to think about the potential of a nursing career in a community setting.



The QNI became a member of the International Council of Nurses (ICN) in November 2021, which provides a platform to influence policy nationally and globally in relation to the aims of the ICN – universal health coverage for all, a vision in which nurses play a critical part as the largest clinical professional in healthcare across the world.

There are opportunities to share and learn through the ICN and the QNI is contributing to the ICN biennial conference in Montreal in the summer of 2023. A short QNI film of nursing in the community has been accepted by the ICN conference committee for the event.

The QNI has actively supported the 'Protect Nurse' campaign in the UK. Currently, anyone in the UK can call themselves a nurse. This leads to confusion and misplaced confidence for individuals and families who may not understand that the person who calls themselves a nurse may be a healthcare support worker or a care assistant with a limited understanding of the patient's condition and in a role that has no professional regulation. A change in the legislation is anticipated in the next 1-2 years.



Above: ICNO publications

Goal Two: Data and Evidence

The International Community Nursing Observatory

The QNI's International Community Nursing Observatory (ICNO) was launched in November 2019, just before the start of the pandemic. 2022 was the third year of operation of the ICNO under pandemic conditions, but this has not prevented the vital work, which is expertly led by Professor Alison Leary, from being delivered throughout the year.

The ICNO launched the QNI Workforce Standards for the District Nursing service in February 2022: <https://www.qni.org.uk/news-and-events/news/new-workforce-standards-for-district-nursing-launched/>.

The publication was exceptionally well received by provider services; many have implemented the standards across their organisation and one Integrated Care System in England has applied the standards to test for consistency of services across the footprint of the population served.

Directors of Nursing continue to advise the QNI that the standards have positively influenced staffing decisions at a board level. A further piece of research in 2023 will measure the impact of the standard across all District Nursing teams in the UK.

The ICNO work in 2022 also focussed on gathering data to understand the current challenges and opportunities with digital engagement in community nursing services. The results were published in *Nursing in the Digital Age* (2023) in February 2023. This is a refresh of the publication of the same name in 2018 and again has been received well. The findings include some areas of very little progress over the last 5 years, such as:

- In 2018, around 85% of respondents reported issues with mobile connectivity. In 2022 this figure was around 87%.
- In 2018, 32.7% reported problems with lack of compatibility between different computer systems. In 2022 the figure had risen to 43.1%.
- In 2018, 29.5% reported problems with device battery life, but in 2022 the figure was almost 53%.

The recommendations have been shared in all our networks, at conferences and events and with Directors of Nursing in community providers and senior leaders in the NHS. The QNI will continue to utilise our unique data and insights to influence policy in this way.

In 2022, a piece of work was commenced in the ICNO named 'The Community Nursing Workforce Population study'. This research will provide a description of how many nurses work in roles in the community and in what environment of care (eg District Nursing, General Practice Nursing, Community Children's Nursing, Homeless and Inclusion Health Nursing, Community Learning Disability Nursing, Community Mental Health Nursing, Prison Nursing, Care Home Nursing, Health Visiting, School Nursing, Occupational Health Nursing etc).

“ All healthcare providers should have a nurse who is appropriately experienced and skilled to lead on the use of digital technology with the organisation.”

Recommendation from 'Nursing in the Digital Age 2023'



Currently, this information is not held anywhere but when completed, will be incredibly useful in influencing the narrative around community nursing, including its size, range of nurse led and other services provided as well as visibility as a career choice and its potential to impact on the health and wellbeing of the people served.

Community Nursing Research Forum

The Community Nursing Research Forum commenced in July 2022. Commissioned by NHS England (NHSE), the Forum has grown to over 600 members within months and includes nurses who have an interest in becoming a researcher, through to those who are active community nursing researchers.

Research masterclasses are held monthly with an attendance of more than 100 nurses and the feedback is excellent. A mentoring scheme has been launched, which is supporting the growth of new and aspiring nurse researchers and clinical academics who are now being mentored by the more experienced nurse researchers.

In 2022, the QNI published the ninth annual District Nurse education audit which details the numbers of District Nurses (DN) who have undertaken the Nursing and Midwifery Council (NMC) recordable Specialist Practice Qualification (SPQ) in the UK in the academic year 2020/21: <https://qni.org.uk/wp-content/uploads/2022/07/DN-Education-Report-2020-21.pdf>. The QNI audit has become an annual reference point nationally for tracking the trends of District Nurse education and the professional qualification of the leaders of District Nursing teams in order to influence education policy and funding to match demands within community services.

The 10th and final annual audit report will be published in 2023 (2021/22) and then reports will focus on the use and impact of the QNI filed specific standards for SPQ education and practice.

“ Thank you for an excellent session highlighting these underserved research topics. It’s definitely inspired me to undertake a research project and to also inspire my community nursing colleagues to as well.

Delegate feedback from CNRF masterclass

Goal Three: Innovation and Quality Improvement

Community Nurse Innovation Programme (CNIP)

The Burdett Trust for Nursing generously funded ten nurse led innovation projects focused on supporting people with Complex Needs in Primary Care. This cohort of project leaders commenced the programme online in January 2021 and completed in the spring of 2022. The range of innovations are impressive and the outcomes and impact can be seen in detail here: <https://qni.org.uk/wp-content/uploads/2022/11/Community-Nursing-Innovation-Programme-Complex-Needs-Summary-of-Final-Reports-and-case-studies.pdf>

In 2022, NHSE provided funding for five community nurses to undertake the Community Nurse Innovation Programme (CNIP) focusing their projects on Personalised Care. The cohort commenced in March 2022 and experienced a hybrid model of virtual and face-to-face delivery, completing in March 2023. The cohort joined the seven innovation project leads who were funded by the National Garden Scheme (NGS) to undertake the NGS/Elsie Wagg Scholarships focused on Gardens and Health: <https://www.qni.org.uk/news-and-events/news/qni-and-national-garden-scheme-announce-new-community-nursing-scholarship/>

The CNIP projects have been very successful with a number of project leads from the 2022 cohort nominated for national nursing awards in 2023, based on the measurable impact of their innovations.



Above: Amanda, Lead Outreach /In Reach for the Homeless and Health Inclusion Team with a client.

The successful model of supporting innovation projects at the QNI is based on more than 20 years of experience of teaching, learning and supporting nurse-led innovations in practice. The programme is now open for funding by individuals, employers and grants from foundations and the growing interest of a new business model has supported a new CNIP cohort which commenced in the summer of 2022. A new grant from the Burdett Trust for Nursing will support a number of nurses on another CNIP cohort in 2023.

Homeless and Inclusion Health Programme

Whilst the QNI has been unable to secure long-term funding for the Homeless and Inclusion Health (HIH) programme, funding was received in 2021 from NHS England and NHS Improvement (NHSE/I) and Public Health England (PHE) for discrete projects which were completed in April 2022. These included: Raising the Profile of Homeless and Inclusion Health Nursing; Transition to Homeless Health Nursing and Case Studies (Families Experiencing Homelessness). The very welcome funding enabled the QNI to continue to facilitate the learning and sharing of nurses delivering care to vulnerable groups during the pandemic, including people experiencing homelessness, people who are vulnerably housed, sex workers, Gypsy, Traveller, Roma, Boater and Showmen.

The learning and sharing within the participants of the groups has provided solutions and rapid learning which would not have been possible as isolated practitioners. The groups have also provided data and intelligence for policy makers in NHSE/I and the Department for Levelling Up, Housing & Communities in England, where a Queen's Nurse is currently the clinical advisor for the Rough Sleeping Initiative, to end rough sleeping by 2025: <https://www.gov.uk/government/news/government-continues-drive-to-end-rough-sleeping-building-on-success-of-everyone-in>

Further funding continues to be sought to maintain the programme and the thriving network of Homeless and Inclusion Health nurses and health visitors who have given excellent feedback on the value of the network and the programme to their practice. Until funding is secured, the QNI Council has agreed to continue to fund the network in a limited way from the growth in the value of the endowment.

A grant of £20K was agreed in 2022 from the Office of Health Improvement and Disparities (OHID) to fund the development of field specific standards for Inclusion Health Nursing as part of the QNI standards work. Members of the network and experts by experience have been included in the development of the standards.

Feedback on the impact of the Homeless and Inclusion Health Programme is captured by an annual survey, which also provides an opportunity for network members to shape the work in the year ahead. The QNI continues to seek longer term, sustainable funding for the programme of work which has proved to be a lifeline for practitioners over the last 16 years.

“ Participants spoke passionately of the benefits to them of Health and Inclusion Health Programme membership, rating it exceptionally highly, particularly in relation to access to resources, information, opportunities to share practice and support that they would find difficult to access otherwise. Feedback from survey of network

Community Children's Nurse (CCN) Network

In 2021, the QNI welcomed the newly established network of Community Children's Nurses in its transfer to the QNI with endowment funding to enable its growth and development. The network had formed via social media during the pandemic, led by a Queen's Nurse who is now seconded to the QNI from her role as a Community Matron in London, on a part-time basis, to support the network.

The network has grown to over 500 members and has gained national recognition for this critical specialist nursing service for children and families in the community. The network members have been key to the development of the QNI Field Specific Standards for the Specialist Practitioner Qualification (SPQ) in Community Children's Nursing (see page 18).

The members have also supported the development of the digital learning resource 'Transition to Community Children's Nursing' for newly qualified nurses or those who are new to community children's nursing service. The resource will be launched in 2023 and adds to the library of resources for nurses new to community nursing services: <https://qni.org.uk/nursing-in-the-community/transition-community-nursing/>

“ I no longer feel like I'm working in a very small specialist area but CCN's now have a voice especially with NHSE, QNI and RCN colleagues joining us.
Community Children's Nurses network member

Long Covid Nurse Network (Community of Practice)

The QNI was commissioned by NHSE/I to create a 'Community of Practice' in 2021/22 for nurses who are supporting people with symptoms of Long Covid in the community and the QNI was successful in bidding for further funding for the network to continue in 2022/23.

The network has continued to be a valuable source of sharing practice and learning about the emerging research-based evidence. Online meetings have taken place over 2022 and have been very well attended and evaluated.

A revised Long Covid resource 'Living with Long Covid' was published in October 2022, an excellent and unique piece of work which continues to be updated on the website. The resource was launched at the QNI annual conference in October 2022: <https://qni.org.uk/wp-content/uploads/2022/11/Living-with-Long-Covid-2022.pdf>

Experts by Experience, including nurses with symptoms of Long Covid, participate in the group and provide the opportunity for reflection in relation to the access to services and nursing practice. The group feeds into NHSE strategic nursing advisory group for Long Covid, providing insight specifically in community nursing perspectives.

International Recruitment support programme (NHSE)

In 2021/22, the QNI was funded to deliver a support programme for NHSE/I focused on supporting six NHS community services pilot sites to recruit and support Internationally Educated Nurses (IENs) joining their organisations. The work included the provision of regular opportunities for engagement and learning, including seminars, a community of practice and a conference day in October 2022 for sharing and learning. The QNI website was developed to include pages which are specifically focussed on inspiring IENs with opportunities for working in the community and sharing the experiences of colleagues who have joined community services: <https://www.qni.org.uk/nursing-in-the-community/international-recruitment-to-the-community/> An International Community Nurse of the Year Award commenced in 2021 and continued in 2022 as one of the annual QNI Awards.

Internationally educated nurses have always been a significant part of the health and social care workforce in the UK and it has been a pleasure to meet and work with many of them in the delivery of this work.

Built on the huge success of the film 'Nursing in the Community', <https://www.youtube.com/watch?v=YcGKJSFWPHs> the QNI was commissioned by NHSE in 2022/23 to develop a film which



Above: Ananthu Ashok, Practice Development Nurse

focussed on celebrating Internationally Educated Nurses working in community roles. The international recruitment film was launched in May 2023 and can be viewed at: <https://vimeo.com/825763074> .

Bespoke Innovation Learning Event

Lohmann-Rauscher (L&R) ([Lohmann-Rauscher.co.uk](https://www.lohmann-rauscher.co.uk)), manufacturers of wound care and compression products, sponsored the QNI to deliver a wound care event, supporting sharing and learning around a new innovation, with the aim of releasing time for District Nursing services.

The event took place on 4th April 2022 and the QNI District Nurse Workforce Standards were presented by Professor Alison Leary as part of the event. The feedback was excellent and more events with L&R may be supported in 2023.

Goal Four: Standards

The QNI is recognised for its significant expertise in post-registration community nurse education. The nurses employed by the QNI have considerable experience of working in higher education, leading and managing programmes, and in practice at a senior level in community and primary care settings. This level of experience and capability provides an opportunity for the nurses to lead on work focused on the development of standards for education and practice.

QNI/QNIS Standards for Education and Practice

The QNI has for the last seven years, partnered with Queen's Nursing Institute Scotland (QNIS), to produce high quality voluntary standards for practice and education to support the development and delivery of specialist practice community nursing programmes, such as District Nursing (2015), General Practice Nursing (2017) and Community Children's Nursing (2018) and Community Learning Disability Nursing (2021):

<https://www.qni.org.uk/nursing-in-the-community/standards/>

The feedback from universities and practice on the voluntary standards is excellent and most education providers map their programmes to the QNI/QNIS standards. This provides a consistency of education across the UK, reflecting the expectations of the modern-day specialist community nursing practitioner.

Practice Teaching Standards

Throughout 2022, the QNI worked on the development of Practice Teaching standards, responding to the demand from employers in the community nursing services sector. The absence of any NMC standards for Practice Teacher has led to the closure of the majority of university-based Practice Teacher programmes in the UK, with no equivalent replacement.

Members of the advisory group have been enthusiastic in their support of the work and focus groups have been attended by more than 400 nurses, many of whom were supported in their learning by a Practice Teacher or were working as a Practice Teacher.

“ The development of the QNI standards for Community Practice Teaching has received overwhelming engagement, support and collaboration from diverse partners across practice and education. There was a consensus about the need for new standards supporting an advanced level of practice teaching, to support nurses undertaking an SPQ or SCPHN programme. These new standards will ensure there is a robust basis for contemporary and future education and practice development in place for registered nurses undertaking a SPQ or SCPHN programme.

Angie Hack QN, Standards Project Manager



The QNI UK wide standards were published January 2023 following extensive consultation and feedback: <https://qni.org.uk/wp-content/uploads/2023/01/QNI-Standards-for-Community-Practice-Teaching-Education-and-Practice-2023.pdf>

It is anticipated that the standards will be used to support the development of Practice Teacher programmes in universities, providing the opportunity for nurses learning to work at an advanced level of practice to be supported by a qualified Practice Teacher. An evaluation of the impact of the standards will be undertaken in 2023/24.

Participation in the Nursing and Midwifery Council review of post-registration community specialist practitioner standards

The QNI continued in 2022 to participate in the NMC steering group for the review of the regulated post-registration community specialist practitioner qualifications (SPQs) which commenced in the summer of 2019.

The QNI and many expert Queen’s Nurses participated in working groups and the NMC published a single set of standards for SPQ in July 2022: https://www.nmc.org.uk/globalassets/sitedocuments/standards/post-reg-standards/nmc_standards_of_proficiency_for_community_nursing_spqs.pdf

It is the expert view of the QNI, with overwhelming support from employers and higher education institutions that in the absence of field specific standards to support SPQ annotations, such as District Nursing, unwarranted variation in programmes of education will emerge. This will then lead to a loss of consistency in what a nurse with an SPQ qualification in any specific field of practice needs to know and be able to do.

The QNI, with explicit support from the NMC (who are a member of the QNI Advisory Board), commenced a programme of work to develop Field Specific Standards for Specialist Practice Qualifications.

A UK wide Advisory Group was established and standards for nine fields of practice were agreed to be developed in 2022/23:



“ Creating our future community nursing workforce requires a consistent approach to the development of excellent practice and clinical leadership. Our work on specific standards is designed to build upon the broad regulatory standards of the NMC to ensure that wherever a person lives, works or accesses services the care they receive is of the highest quality, based on evidence and tailored to their own individual needs.
Professor John Unsworth OBE, Chair of Council



Above: Practice Nurse Louise Ashwood with a patient

The nine sets of standards will be published in 2023. The QNI will commence an endorsement process for universities which choose to map their SPQ programmes to the QNI standards and there is every indication that the endorsement process is very much welcomed as a mark of programme quality.

In a mark of success, a growing demand for the development of the SPQ in Adult Social Care Nursing has been seen in England, with new SPQ programmes expected to be validated and approved by the NMC in 2023/24.

Association of Academic General Practice Nurse Educators (AAGPNE)

The Association of Academic General Practice Nurse Educators (AAGPNE) is now in its fourth year and continues to grow from strength to strength, with 74 Members and 20 Associate members from across the UK.

The network supports the ongoing development of standards on which universities would build programmes of education and training for General Practice Nurses throughout their careers and provides an opportunity to share, learn and influence nurse education policy as a collective voice for general practice nursing.

Meetings of AAGPNE members were quarterly online in 2022, providing an opportunity for professional debate, sharing of best practice, innovations, quality assurance processes, challenges and solutions in GPN education. AAGPNE is co-chaired by the lead for Primary Care at the QNI and a web-based resource continues to be developed – the General Practice Nurse Education Network (GPNEN). This is a repository of educational and practice resources for GPNs which is free to access.

The site has now been live for more than three years and requires just three clicks to access material: <https://gpnen.org.uk/> The feedback from AAGPNE members and those who have used the GPNEN resources has been extremely positive and demonstrates the impact of unique education network and resource in the support of General Practice Nurse education and practice.

Members of the AAGPNE have been instrumental in supporting the development of the QNI Field Specific Standards which will be published in May 2023.

“ Thank you also for raising our concerns as AAGPNE members in respect of the NMC review of post registration standards and for listening to our concerns. I do feel we as a group have the capacity to influence change and I very much value this opportunity as an academic member.

Feedback from AAGPNE member

Bournemouth University: Support for GPN programmes

From September 2020, the QNI has been providing support to Bournemouth University for the General Practice Nurse (GPN) Fellowship programme and the programme for GPNs new to General Practice. More than 80 GPN students are now being supported virtually by the Associate Director of Nursing Programmes, providing the QNI with an excellent insight into the experiences of nurses new to General Practice, which then informs our policy influencing work. The success of the support was demonstrated in the renewal of the contract in 2022 for two further years, to September 2024.

Nursing in the Community – inspiring the future generation

Health Education England provided funding for a project to inspire student nurses about the potential to learn on a clinical placement in the community and to understand the career opportunities in the community.

A survey was undertaken to capture the varied experiences of student nurses in relation to learning on community placements and to inform the project was published in 2022, along with examples of good practice: <https://qni.org.uk/wp-content/uploads/2022/08/Pre-registration-community-nursing-placements-survey-report-2021.pdf>

The myths of community as a first destination for newly qualified nurses have been broken through the blogs of nurses who have found community to be an excellent first destination for consolidating and growing their skills and knowledge.

The project has been a catalyst for the QNI in being more intentional in our engagement with student nurses as part of our strategic plan.

Goal Five: Role models and Leaders

Queen's Nurses

The QNI benefited from the largest ever grant from the National Garden Scheme (NGS) to continue the work of the QNI in developing and supporting an increased number of Queen's Nurses (QN) in 2023.

The applications resulted in 317 new Queen's Nurses being awarded the title, bringing the total to 2000 on the active register. The annual QNI Award Ceremonies took place in person for the first time in three years in November 2022, with a ceremony in the afternoon and the evening – with more than more than 650 awardees and guests.

The annual Queen's Nurse Day entitled 'Recovering, Revitalising, Restoring' took place in March 2022 and was very successful, with excellent feedback from the 436 participants: <https://www.qni.org.uk/wp-content/uploads/2022/03/Summary-Queens-Nurse-Annual-Meeting-28-March-2022.pdf>

Regional meetings have continued virtually and have given the QNI team and the Queen's Nurses the opportunity to participate in a way that might not have been possible with the travelling challenges and additional time commitment and cost associated with a face-to-face event.

The QNI continued to support Queen's Nurses to make a significant contribution to national work in England, including involvement in national consultations, advisory and focus groups. Examples include two Queen's Nurses appointed as the co-chairs of the NHSE advisory group for the national community nursing plan which commenced in 2020 and many QNs appointed as part of the team of 14 Community Nursing Fellows in NHSE to support the delivery of the Community Nursing Plan.

Recognition of the work of Queen's Nurses was also seen in the national honours awarded in the summer to five Queen's Nurses, including the Chair of the QNI, Professor John Unsworth OBE and the Director of Nursing Programmes (Leadership), Sharon Aldridge-Bent MBE.

“ Being awarded the title of Queen's Nurse is extremely humbling and a great honour. It will assist me in my passion for nursing palliative care patients in the community and to support the wellbeing of people in rural communities. Being a part of a historic institute is a great privilege and I look forward to networking with other Queen's Nurses and sharing our experiences to enhance the lives of our patients.

Andie Day, Queen's Nurse



Above: a cohort of Executive Nurse Leaders

Executive Leadership Programme

In 2017, in recognition of the 130th anniversary of its foundation and the NGS' 90th anniversary, the NGS awarded the QNI with a grant specifically to support the development of Queen's Nurses working at an executive level who wish to move to a more senior post in the future. The restricted grant each year has provided sufficient funds to support an annual cohort of QNs to undertake the Executive Leadership Programme.

The programme was placed on hold in 2020 but a third cohort of Executive Queen's Nurses completed their programme in February 2022. The QNI is very grateful to the NGS for supporting a fourth cohort of Executive Nurse Leaders who completed the programme in August 2022 and the fifth cohort will commence complete their programme in 2023.

The impact of the programme is profound, with participants' careers accelerated and enhanced as a direct result of the growth and development on the programme. We are delighted that NGS Chief Executive George Plumptre meets with every cohort and shares the NGS vision and aspiration for Queen's Nurses to be aiming for senior positions in the health and social care systems in the UK.

In 2023, we will be developing and formalising our alumni offer for the QN Executive Leaders, who provide considerable mentorship and support for those who are joining successive programmes.

“ The programme provides the head space for senior nurse leaders to focus on 'self', really understand what it means to be you in both your own organisation, as well as the system. It provides a set of tools/skills that enable nurses to hold their own at a strategic level and improve confidence, affirming that they are where they are because they have worked hard and deserve to be there! It is professionally life changing and I have met people that I know I will be friends with for life!

Executive Nurse Leader feedback

Aspiring Leaders Programme

Our very successful Aspiring Leaders programme is very well established and provides an opportunity for community nurses to participate with employer, grant or self-funded places: <https://www.qni.org.uk/explore-qni/leadership-programmes/aspiring-leaders/>

The feedback from participants has been overwhelmingly positive and at least 50% of the participants change roles to a more senior or more responsible job during the course of the yearlong programme. Two cohorts commence each year in June and November and complete the following year. The QNI has a track record of zero participant attrition on the programmes and the programme team provide support and visits to practice as part of the programme – a unique feature of all QNI Leadership programmes.

The participants on our two cohorts completing in May and October 2022 provided excellent feedback which was overwhelmingly positive. All suggestions for change are considered and utilised in building the programme for the next cohort.

“ I just couldn't have led our district and community nurse service through the last few years without the knowledge and skills I gained through completing this course with the QNI. Forever grateful. If you're considering applying don't hesitate!

Aspiring Nurse Leader feedback

Northern Ireland District Nurse Team Transformational Leadership Programme

In 2019 the QNI was commissioned by the Public Health Agency of Northern Ireland, in partnership with the Chief Nursing Officer of Northern Ireland in the Department of Health, to develop and deliver a District Nurse Team Transformational Leadership programme.

Two of the four cohorts were fully delivered prior to the pandemic and another was partly delivered. The work was largely on hold during the pandemic except for a few online sessions and the revised programme was delivered over three days in September 2022 in Belfast, Northern Ireland in a participatory three day conference style event.

It has been a joy to work with colleagues in Northern Ireland and to participate in the development and implementation of the District Nursing Framework. The country is a trailblazer in relation to the strategic development of the District Nursing profession in support of the population of Northern Ireland.

Bespoke Professional Development Programmes

In 2022, the QNI was commissioned by Leeds Community Healthcare NHS Trust to deliver a bespoke professional development programme for community staff nurses and Allied Health Professionals (AHPs) in Leeds.

The programme was successfully delivered over a number of months, with face to face and online sessions. The feedback was excellent and led to a commission for a second cohort in 2023.

The QNI's developing reputation for excellence in bespoke programme delivery is predicated on the talents of the nursing delivery team, all of whom have teaching qualifications and much experiences in the design and delivery of education, and the highly skilled coordinators who provide all the professional support needed to create a seamless application, recruitment and delivery service.

Community Nurse Executive Network – CNEN

The QNI is extremely grateful to Hallam Medical for their continued grant to support the Community Nurse Executive Network (CNEN). The network provides a safe space for executive level nurses in community provider organisations, large care home and hospice providers, to come together to share challenges and solutions and to be updated from senior leaders in the NHS and social care.

Launched in 2016, CNEN is now established and known in the sector as a valuable network for sharing best practice, challenges and solutions, while supporting leadership and management practice in community services amongst peers.

The CNEN membership has gained further members throughout 2022, from 170 to 219 Meetings were held monthly throughout 2022 and were chaired by Helen Mehra, QNI Trustee and CNEN member from January 2022.

Helen instigated small group discussions as a safe space for hot topics and this approach has been very successful. Feedback from members has been positive on speakers and the topics covered, both of which are identified by members throughout the year.)

The QNI is delighted that Hallam Medical has extended their support of the QNI senior leaders networks with a grant for the Integrated Care Board Chief Nurse Network which commenced in March 2023.

“ Thanks ever so much for these meetings, they are so useful and today's discussions and presentations are really interesting.
Member at CNEN meeting



Above: Queen's Nurse
Sharel Cole with a
patient

Care Home Nurse Network

The QNI is very grateful to the Royal College of Nursing (RCN) Foundation that has supported the ongoing development of the Care Home Nurse Network and associated activities under a contract from January 2020 to December 2022.

The purpose of the network is to offer an opportunity to share and learn; the network activity includes access to a closed Facebook page, online events, the development of a learning repository for Care Home Nurses and a quarterly newsletter: <https://qni.org.uk/nursing-in-the-community/care-home-nurses-network/>

The Care Home Nurse network has grown to a membership of 1,785 (from 1,467 in 2021). The themed events take place quarterly online, on priorities and topics identified by members, and attract around 150 delegates. We have excellent speakers and the network provides a forum for sharing and learning, as well as understanding the impact of new policy initiatives on the social care nursing sector.

The feedback from the participants and members of the Care Home Nurse Network has been outstanding. The three year funding contract with the RCN Foundation was completed in December 2022 and was underspent, principally due to converting face to face events to online meetings after the onset of the pandemic in 2020. The RCN Foundation has generously permitted the underspend to be used in supporting the network for a further year whilst an alternative source of funding is identified for 2024.

“ Thank you for the opportunity to reflect; it was a great discussion and enjoyable session. Looking forward to the next one.

Delegate at Care Homes Nurses network webinar

Infection Prevention and Control (IPC) Champions

A separate network of Infection Prevention and Control (IPC) Champions in adult social care settings was launched in November 2021 with 100 attendees, following funding from the Chief Nursing Officer for Adult Social Care in the Department of Health and Social Care: <https://qni.org.uk/nursing-in-the-community/infection-prevention-and-control-champions/>

Meetings were held online every two months throughout 2022, with topic determined by the members. The network is popular, growing from to 1,385 members within a year and attracting up to 300 members at events, clearly demonstrating the need for the network and the associated activities.

The feedback from network members, which include nurses and care staff in adult social care settings, is excellent and further funding will be sought to continue with the network in 2023/24.

One of the actions of the lead for the network is to identify other local and regional IPC networks and to consider the opportunity for a mapping of the networks, to identify any geographical gaps in the opportunities for practitioners to meet locally and regionally. This work will continue in 2023.

“ The speakers selected connected very well over Zoom, making topics interesting and relevant and it felt very much as though you were speaking to a colleague from another department rather than feeling like too formal. The topics selected are sometimes things we are already thinking about in the back of our minds, or present solutions to issues we currently face.

IPC Network Member



Goal Six: Support for Nurses

Financial hardship grants

Nurses have continued to be severely financially impacted by a loss of income because of the pandemic, including the impact of a Covid-19 infection, suffering symptoms of Long Covid and being unable to work.

In some cases we have seen registered nurses with limited access to employer sick pay, despite having a long service history with their employers and others are agency workers or have been self-employed, with access only to statutory sick pay. We have also seen cases where partners have been become unemployed and the family has suffered a significant loss of income.

Applications increased in 2022 as the cost of living exceeded pay rises and the fuel increases impacted on heating homes and in particular transport costs for nurses using their own cars for travelling to deliver care in patients’ homes. In the summer of 2022, when fuel costs increased exponentially, the QNI offered one-off fuel grants (calculated at one car tank of fuel) to nurses for a short period of time, before becoming overwhelmed with applications.

The situation proved valuable for demonstrating the way in which a nurses may enter financial hardship, when paying up to £800 per month for travelling for work, between patients and not reimbursed for several weeks after their own salary has been used to fund the costs of travel. The QNI used the opportunity to share on the QNI website the range of initiatives taken by employers to mitigate the cost to the individual nurse of fuel for work purposes, to encourage others to do the same. The feedback we have received has demonstrated that this was a successful tactic in helping employers to see what others were doing and then responding positively by taking similar actions: <https://qni.org.uk/support-for-nurses/fuel-support/>

In addition to fuel grants and the Covid-19 related grants, the financial grants have continued as usual for nurses in financial difficulty and suffering financial hardship that was not directly created by the pandemic. Many of these beneficiaries were in extremely challenging and tragic circumstances in relation to themselves or family members, including domestic violence and life-limiting illnesses.

In 2022, 162 nurses were supported in this way (2021 - 95), of which 71 were awarded fuel grants. In addition, the number of nurses receiving regular grants in 2022 was 15 (2021- 17).

The difference that the QNI funding makes to the nurses who are experiencing often extremely complex and challenging situations in their lives is significant. The process is responsive and individualised and recipients often report directly to the Grants Manager that the QNI funding provided a lifeline and recognition of their needs when they were at their most vulnerable. We are grateful to the two very experienced QNI Fellows who provide a Grant Advisor function, confirming the amount to be given in financial assistance following a report by the Grants Manager.

The QNI is delighted also to be working with the Company of Nurses Charitable Trust in administering their financial hardship fund for community nurses to the value of £5,000 annually, an agreement which commenced in 2019. This has enabled even more nurses to be supported and the QNI is pleased that this continued in 2022 with the distribution of a further £5,000.

.....
“ I honestly don't know what to say. My washing machine came today and I've done my first lot of washing for myself it is absolutely amazing. I'm still hunting a wardrobe with the first grant. I can't thank you enough for the kindness you have shown me, I'm so grateful, as is my daughter. This is a huge help, thank you for your kind words also it means a lot.
Financial assistance recipient
.....



Above: Dora Roylance Memorial Prize winner, Grace Adegunwa-Peace, receiving her certificate from Deborah Sturdy CBE Chief Nurse for Adult Social Care in England

Education grants

The QNI awarded education grants in 2022 that have benefited 76 nurses (68 in 2020) in the completion of professional development programmes to advance their knowledge and skills in community and primary care nursing roles, including in adult social care settings.

The grants are awarded where there is partial or no recourse to funding from the applicant's employer and where the immediate benefit to the people served by the nurse is clearly demonstrated, such as being educated in advanced clinical assessment skills and independent prescribing. In this way, the QNI is ensuring that improved access to highly skilled nurses continues to grow and be sustained.

Since 2019 the QNI has been supported by the Company of Nurses Charitable Trust, with the QNI Grants Department to administer their education grants specifically for nurses working with people experiencing homelessness, from the Chantry Robinson Fund: Donations and Funds - The Company of Nurses. Two places for the Inclusion Health course at University College London (UCL) were successfully funded in 2019, 2020 and 2021. In 2022, the Inclusion Health Programme at UCL was unavailable but has opened for applications again in 2023.

In 2022, the Company of Nurses awarded the QNI grant funding for one place on the November 2022 Aspiring Leaders programme for a nurse working in Inclusion Health services. The Company of Nurses has also committed grant finding for two further Aspiring Leaders places, one in each of the two cohorts starting in 2023.

The outcomes and the impact for the nurses who undertook the UCL course have been closely followed by the QNI and the Company of Nurses. The independent evaluation of the outcomes of all education grants awarded by the QNI in recent years was undertaken in 2021 by QNI Fellow, Professor Ros Bryar and some evidence-based changes to the application and evaluation processes are now in place.

“ Thank you! I could not have done this without the education grant from the QNI. I feel so empowered to take my new skills and knowledge into my workplace and deliver a high-quality service on the Isle of Wight. I am thrilled to have completed my MSc in Advanced Nursing Practice.
Education grant recipient

Education Prizes

Philip Goodeve-Docker Memorial Prize

The Philip Goodeve-Docker Memorial Prize was established in memory of a young man who in 2013 embarked on a fundraising challenge to cross Greenland to raise money for the QNI. His grandfather had been a QNI Council member and Treasurer for over 25 years. Tragically Philip lost his life in the endeavour but his family and friends raised over £60,000 for the QNI in his memory. The memorial prize is awarded for outstanding achievement in the District Nursing SPQ at every university in England, Wales and Northern Ireland where the programme is offered. Many prize winners have subsequently become Queen's Nurses or have continued their affiliation with the charity in other ways.

Dora Roylance Memorial Prize

The QNI received a legacy of £21,792 from a retired QN who died in 2015. The specification was that it was to be used for the support of Health Visitor education. A Dora Roylance Memorial Prize has been created which is similar to the Philip Goodeve-Docker Memorial Prize; it is for the most outstanding achievement for every student Health Visitor in every university offering the Health Visitor programme in England, Wales and Northern Ireland. Taking into consideration the number of universities offering the Health Visitor programme and the total of the fund, the award of prizes is likely to last approximately 15 years.

Ellen Mary Memorial Prize

The Ellen Mary Fund was established in 2019 from a legacy received from the family of a Queen's Nurse, whose mother, Ellen Mary left a legacy of £5K to support an annual prize for General Practice Nurse (GPN) students undertaking their NMC approved GPN specialist practice qualification. The memorial prize is awarded for outstanding achievement in the General Practice Nursing SPQ at every university in England, Wales and Northern Ireland where the programme is offered. Ellen Mary's daughter is a QN, Gill Boast, and she spoke about the importance of GPN education at the annual award ceremony in November 2022.

Financial support

'Keep in Touch' programme

The 'Keep in Touch' programme provides an opportunity for retired Queen's Nurses and other socially isolated community nurses, to be supported by a volunteer Queen's Nurse via the telephone. The initiative was initially funded by a legacy from a retired Queen's Nurse and 2022 was the sixth year of this very successful befriending service.

33 volunteers (2021 – 34) have been 'matched' to a beneficiary of the service and they provide a telephone befriending service either weekly or fortnightly. In total there are currently 54 beneficiaries of the service, with 19 being supported by the 'Keep in Touch' programme manager and KIT team.

In 2022, the service proved to be a trusted lifeline as the people supported appear to have become increasingly isolated during the pandemic and a number moved to supported care during the year. The regular calls from Queen's Nurses who are working and in touch with practice was incredibly welcome throughout the year.

The Keep in Touch service has continued to be evaluated extremely positively in 2022, with excellent feedback from both the retired Queen's Nurses and the volunteers. The annual volunteer update days were held online on two Saturdays in November 2022, with 25 volunteers attending across the two days. The sharing of experiences and challenges during these two days provided truly moving and emotional accounts of the value of the service, to both the beneficiaries and the volunteers.

The QNI 'Keep in Touch' team and the Chief Executive attended and the feedback from the days will further enhance and build the support and guidance offered to the volunteers as part of the support programme.

“ I look forward to our calls – they are the highlight of my week.
Keep In Touch contact

TalkToUs

In 2022, the QNI was delighted to receive a grant from the Covid19 Healthcare Support Appeal (CHSA) to enable the service to continue throughout the year. Being able to signpost to the QNI and other charities that offer financial hardship grants has also been very helpful in supporting nurses in very complex and challenging personal circumstances.

The now established TalkToUs listening service provides support all nurses in need of emotional support from trained listeners. The lead for the Keep in Touch service who provided the initial training and support structure continued in 2022 to provide the supervision and annual professional updates for the nurses providing the listening service: <https://www.qni.org.uk/help-for-nurses/talktous/>

The service responds to every request for a call and there have been between 20 and 25 calls per month throughout the year. The service is anonymous and the feedback at the end of an hour long 1:1 call is consistently positive, with nurses saying that they feel more confident to manage the challenges facing them. Beneficiaries are also provided, wherever appropriate, with signposting to other support services, including psychological support services. For some, referral to the QN financial assistance service has been appropriate, in order to explore an additional source of support.

“ Thank you so much for being there when I need you.
TalkToUs feedback



Above: A few of the QNI's Keep in Touch Queen's Nurse volunteers

Organisational development

The QNI Strategy 2021-2025 was developed in partnership with the QNI Council and the QNI team and launched in February 2021: <https://www.qni.org.uk/wp-content/uploads/2021/02/Strategic-Plan-2021-2025-1.pdf>

It provides an indication of the ways in which the QNI plans to deliver on its core purpose over the period of the strategy. It is set in the current national policy context of the community being the place where more care is organised, led, managed and delivered by expert nurses. Importantly, the strategy was developed against a backdrop of the importance of the work of the QNI during the first year of the pandemic, in articulating the critical expertise and value of the nurses working in all roles in the community, in health and in social care settings.

Prior to developing the strategy, an independent Race, Equality & Inclusivity Review was undertaken, in response to the disproportionate impact of Covid19 on black, Asian and ethnic minority (BAME) citizens in the UK and in the context of the Black Lives Matter campaign. The review, undertaken by QNI Council member Professor Ami David MBE (now retired from Council), identified areas of good practice and those which required improvement. It was very well received both within the QNI and externally and is the first of its kind within the national nursing charity sector. The Council and staff together developed an action plan, with key performance indicators, which is now reported on quarterly at Council meetings: <https://www.qni.org.uk/news-and-events/news/qni-publishes-race-equality-and-inclusivity-action-plan/>

One of the successful actions has been an increase in the number of applications for the title of Queen's Nurse from a black, Asian and minority ethnic (BAME) heritage. Every application for the title included an assessment by a BAME assessor. However, there is much more to be done by the QNI to increase the representation of BAME Queen's Nurses, to reflect the 26% BAME Registered Nurses in the UK.

Early in 2023, the new Director of Nursing Programmes (Innovation and Policy) and the Chief Executive actively engaged with BAME Queen's Nurses and Fellows to create a detailed and revised action plan to attract more BAME applicants for the title of QN and to devise a sensitive and respectful way to capture the ethnicity of the existing QN network members.

In 2022, the QNI increased the team to deliver the next steps in the strategy and business plan. Six new positions were created and filled with four full time members of staff and two part time consultants. This has enabled support for the growth in the networks and the demand for the innovation, bespoke professional development and leadership programmes.

One of the new full-time posts is Chief Operating Officer, created to support the growth of the team, and management of a wide range of income sources and the diversity in the projects and operations.

The role and contribution of volunteers

The QNI is very grateful to the large number of volunteers who support a range of areas of work within the charity. The QNI would like to thank most sincerely all our volunteers for their significant contribution to the work of the charity throughout 2022.

“ One of the actions I want to highlight is increasing the number of BAME global majority nurses in our QN network. We know that we don't reflect the percentage of BAME global majority. BAME colleagues number 26% in the NMC register, at a minimum that's what we should be. This is a call to action, the QN application process opens in next few days, what I'm asking is for you to identify a BAME colleague who you know would make a fantastic QN and encourage them to apply.
Dr Crystal Oldman CBE, QNI Chief Executive at the Queen's Nurse Annual Meeting



QNI volunteers include all members of Council, project advisory groups, QN application assessors, members of panels who review awards and grant applications, befrienders supporting the 'Keep in Touch' programme, and those who support policy consultation work.

In 2022 Queen's Nurses also continued to contribute significantly to the policy work of the QNI as volunteers, attending QNI focus groups, Department of Health and Social Care advisory groups and round table discussions for national work and with arm's length bodies on behalf of the QNI. Queen's Nurses continued to contribute throughout the year to the national advisory groups that were set up at the start of the pandemic in 2020, many of which have been closed by the end of 2022.

Fellows of the QNI continued to contribute to and support the work of the QNI in 2022, providing ongoing mentorship during and after the Aspiring and Executive Leadership programmes, and several have provided personal advice and support to the Chief Executive.

Council members collectively gave more than 1,000 hours of their time attending meetings, chairing advisory groups and participating in QNI events, including the annual conference and the annual award ceremony. Several members of Council also participated in the selection process for the appointment of the new Chief Operating Officer in the early weeks of 2022.

During 2022, it is estimated that more than 160 individuals made contributions to the work of the QNI, totalling in excess of 3,000 hours of voluntary work.

The QNI is deeply grateful and indebted to all its volunteers, including Queen's Nurses, QNI Fellows, 'Keep in Touch' befrienders, grants advisors and other stakeholders for their expertise and commitment to the work of the QNI and giving their time so generously.

Key financial policies of the QNI

Community Nursing Innovation Programme – direct funding of projects

The QNI makes awards to support individual projects run by community nurses. The projects are selected on a competitive basis; those selected demonstrate the greatest innovation and potential impact on the care of individuals, families, carers and communities. The projects run for a year and the scheme offers a professional development programme for the project leaders in addition to the grant to enable project delivery. The opportunity is often dependent on funding being received to support the programme and when available, details of the programme and the application process are set out on the QNI website at <https://www.qni.org.uk/explore-qni/nurse-led-projects/>. In 2022, the QNI also created the opportunity to apply for self and employer funded places on the CNIP, where the fee covers the financial assistance required for the delivery of the project and its administration back to support the project is managed by the QNI.

Grants

The QNI provides financial assistance to nurses who have worked or who are currently working in the community or primary care environment and to retired Queen's Nurses (nurses working in the community who were trained by the QNI between 1887 and 1967).

The majority of the beneficiaries are nurses who are no longer able to work because of illness, age or disability. Applications are accepted from nurses, their friends, family or professionals and voluntary organisations supporting them (with the applicant's consent). An application form detailing eligibility, health and housing status, income, savings and expenditure must be completed, together with a description of what is being sought. This information is checked by staff before being presented to the welfare advisors for consideration. Information on other relevant charities that may be able to assist in their case is also supplied to successful and unsuccessful applicants.

There have been three grants advisors in 2022: Nick Addyman (Trustee and Chair of the annual Support for Nurses review), Sally Hawksworth (QNI Fellow and Respiratory Nurse Specialist) and Sue Talbot (QNI



Above: right: Katrina Capito, Community Nurse with colleague

Fellow and service commissioner). Applications for grants are considered by one of the three Grants Advisors as part of the assessment process.

The QNI will consider all types of applications for single grants. In some cases, assistance is provided in the form of regular grants and on-going gifts from year to year. The gifts are dependent on the availability of funds and are not regarded as a regular commitment.

A system of random audits of a sample of the QNI's grants records forms part of the internal financial controls each year, to safeguard against fraudulent claims or administration of applications. The audit was conducted in the summer of 2022 by Sue Talbot, Grants Advisor, with a satisfactory outcome which was reported to Council.

Investment policy

In keeping with charity law, the QNI's investment strategy aims to maximise income and capital, within acceptable levels of risk.

In addition, the Council members may, from time to time, wish to impose constraints of an ethical nature on the investment managers although it is recognised that the more restrictive these are, the less likely it is that the performance will be satisfactory. Currently, the only ethical constraint is that the fund should not invest in any companies which derive a significant part of their revenue directly from the manufacture or sale of tobacco-related products.

The QNI's investments are managed by Rathbone Investment Management Limited, which operates within guidelines set by the Council and the fund manager meets with the Finance Committee at least twice a year.

The QNI investments are reviewed monthly by the Finance Manager and the Honorary Treasurer. In 2022, the performance of the investments was considered to be satisfactory both in terms of capital and investment and in accordance with the sudden change in the financial markets in the autumn of 2022, driven by economic initiatives proposed by the UK government which were later withdrawn.

It has been more than five years since there was a desk-top review of Rathbone as managers of the QNI investment portfolio. Council determined that the investment portfolio would be reviewed by an external consultancy in 2023 and Asset Risk Consultants (ARC) was appointed in April 2023 following a procurement process to undertake this work: <https://www.assetrisk.com/>

Given the developments regarding the importance of Environmental, Social, and Governance (ESG) as the three central factors in measuring the sustainability and societal impact of an investment in a company or business, Council has been in dialogue with the Rathbone investment manager on the approach to ESG and the emerging policy within Rathbone. This will continue to be discussed in 2023, with a view to formally assessing the ESG position of the QNI portfolio in due course.

Reserves Policy

Members of Council have carried out their annual assessment of the level of the QNI's reserves, taking into consideration the QNI's working capital requirements and liquidity needs, the future expansion of its work, and a contingency provision. They are also mindful of the QNI's responsibility to honour the investment made by partners and scholars and participants in schemes and other professional development initiatives that extend for more than one year.

In 2015, it was agreed that the recommendations made by the Finance Committee, and agreed by Council, regarding the reserves policy and the use of expendable endowment should be 'codified' in a financial strategy to align with the QNI strategy (2017-2020).

It was agreed by Council in 2021 that the principles upon which the financial strategy was based continue to be relevant to the delivery of the new QNI strategy 2021-25:

1. The expendable endowment fund should be preserved at a level which ensures the generation of income sufficient to cover a level of core costs, such as the lease and service charge costs, and so enable the long-term viability of the QNI.
2. The proceeds from the disposal in 2013 of the QNI's freehold building in Albemarle Way, London of circa £1.2m were invested in the expendable endowment fund, to provide for the possibility that another building purchase may be required at the end of the current lease (2040), or at any of the five-year breaks commencing in 2020 in the QNI's current lease. In 2018, the value of the sale of the building reflected 17% of the value of the expendable endowment fund at the time. At 31 December 2022, it was noted that 17% of the current value of the expendable endowment would be £1,473,266.
3. The level at which the expendable endowment is to be preserved over and above the level required in 1. and 2. above will be determined by Council year on year. (See also note 21 for further details).
4. The expenditure of the restricted District Nurses 1965 Fund (welfare) will be reviewed annually in the context of the distribution of financial assistance currently being greater than the annual investment income.
5. Council will determine each year the levels of expendable endowment fund needing to be transferred to general funds, if any, to be used to support QNI activity.

Financial review

The financial year resulted in net expenditure (before investment gains) of £466,848 (2021 – £57,388). This comprised of net expenditure on unrestricted funds of £134,425 (2021 – (net expenditure of £90,280), net income on restricted funds of £332,423 (2021 – net income of £32,892) and net income on endowment funds of £nil (2020- £nil).

Income

Income for the year totalled £1,369,207 (2021 – £1,250,051), 10% higher than 2021. Income from donations and legacies was £342,523 (2021 – £116,470) an increase of 194% due to an increase of unrestricted giving from the National Garden Scheme with the resumption of their ability to open gardens once more with the relaxation of Covid-19 restrictions. Income from charitable activities was £701,516 (2021 – £855,631), a decrease of 18%.

Income of £672,825 (2021 – £861,069) on restricted funds includes funding for a number of projects which will continue into 2023.

Investment income and interest receivable was £325,168 (2021 – £277,950) for the year and this continues to provide an essential element of the QNI's core funding.

Expenditure

Expenditure for 2022 totalled £1,836,055 (2021 – £1,307,439), an increase of 40% on 2021.

This increased expenditure represents the significant investment the QNI is currently making in launching Field Specific Standards for Specialisms in Community Nursing, other organisational development, an increase in Queen's Nurse numbers and the growth of wider networks.

Investments

The QNI's portfolio of investments and cash held for investment had a market value at 31 December 2022 of £11,185,126 (2021 - £12,504,231). Income from the portfolio for the year was £325,168 (2021



Above: Fundraising
bake sale organised
by Queen's Nurse
Helen Ballinger

– £277,950), and net investment losses on the revaluation and disposal of investments were £1,164,506 (2021 – net gains of £1,452,447).

Reserves

At the year-end, the charity held 'free reserves' of £825,760. This has been created, in part, through a conversion of £250,000 of the expendable endowment into income funds – further details are provided within note 21 to the accounts. These free reserves are now in excess of the six to nine months of projected unrestricted expenditure required by the QNI's reserves policy. For 2023 this requires the QNI to hold free reserves of between £520,500 and £780,750. The Council is content with this position and considers that it provides flexibility given the organisational development the and wider investment being made by the QNI as well as the war in Ukraine and current inflationary pressures (see earlier in this report).

Fundraising

The QNI does not employ a professional fundraiser. Bids or project grants are developed and submitted by the Chief Executive with support from key members of the team including the Chief Operating Officer, Finance Manager and the Directors of Nursing Programmes.

Sponsorship opportunities for QNI activities are explored as appropriate and Hallam Medical is a regular sponsor of the Community Nurse Executive Network (CNEN) and in 2023, the Integrated Care Board Chief Nurse Network. In 2022, the annual online conference was sponsored by Hallam Medical, Teva UK, Allocate, Malinko and Emis. A separately sponsored learning event was funded by L&R (Lohmann-Rauscher.co.uk).

The QNI does not seek to raise funds from the public. A number of Queen's Nurses provide regular donations to the QNI, as do some members of Council.

From time-to-time, Queen's Nurses and others will undertake sponsored activities to raise funds for the QNI. This included in 2022, several events led by individuals with a direct or a family link to the QNI. The QNI has received no complaints about this or any other approach to fundraising.

Structure, governance and management

Governing document

The QNI is registered as a charity under the Charities Act 2011 and operates in England, Wales and Northern Ireland. It was founded in 1887 and was granted its Royal Charter in 1889. Supplemental Charters have been granted in 1904, 1928, 1958, 1973 and 2008. Under the Charters, the members of Council (i.e. the Trustees) are incorporated as a body.

Council members

There are 15 members of Council, some with clinical backgrounds and others with expertise in communications, law, business, finance and the management of charities of varying sizes.

There have been some significant membership changes in Council membership over the last year: two longstanding members sadly died in 2022 as reported in the introduction to the annual report: Michael Cooper and William Rathbone OBE.

In March 2023, two members retired after one term of office: Candace Imison and Clare Hawkins.
Recruitment and appointment of Council members



Under the constitution of the QNI, the Patron may nominate and appoint up to four people who act as ex-officio members of the Council. All other members of Council are nominated by existing Council members or recruited through agreed procedures before being approved by the Patron.

Each year, the QNI Chair undertakes 1:1 interviews with each of the members of Council and discusses their individual contribution to Council and any feedback they have on the development and the governance of the QNI. This is also an opportunity to review gaps in the skills and expertise of Council in relation to the ongoing development needs.

Induction and training of Council members

All new Council members are supplied with the Council members' handbook as well as relevant papers, policies and publications from the QNI.

New members of Council are invited to meet the Chair and Chief Executive for a 1:1 induction soon after appointment. The new Trustees are also invited to meet with key QNI staff informally. A few months after their appointment, the Chair meets with them again to seek their views on the QNI in general and Council in particular. New members of Council are also encouraged to visit the QNI's offices, as appropriate, to meet individual staff members and find out more about specific areas of work.

Council resumed face-to-face meetings in June 2022 and plans to continue with three face to face meetings each year and one virtual meeting.

Staffing of the QNI and key management personnel

The key management personnel of the QNI, responsible for directing and controlling, running and operating the charity on a day-to-day basis, comprise members of Council together with the six members of the Senior Leadership Team of the QNI: the Chief Executive, Chief Operating Officer, Director of Nursing Programmes (Innovation and Policy), Director of Nursing Programmes (Leadership and Standards), Head of Communications and Finance Manager.

Members of Council do not receive remuneration in respect to their services to the QNI. They are provided with the opportunity to apply for reimbursement for travel expenses when attending Trustee meetings.

The Chief Executive has overall responsibility for day-to-day leadership and operational matters, and reports to Council on a regular basis. The Chief Executive is supported by the Chief Operating Officer, Director of Nursing Programmes (Innovation and Policy), Director of Nursing Programmes (Leadership and Standards), Head of Communications and Finance Manager in managing the work of the QNI.

All staff have six monthly performance appraisals against objectives linked to the business plan for the year. The QNI Staff Handbook provides information on internal policies and ways of working to all staff. The Handbook was revised in 2016, in line with new employment legislation, with support from the QNI solicitors, Russell-Cooke and is updated annually in accordance with any changes of legislation and examples from the charitable sector of best practice in people management. The handbook was reviewed in 2022 to accommodate the changes in flexible working introduced in the year. A quarterly 'pulse' staff survey was introduced as the team has grown to check on staff views of their work and the support provided by the QNI.

When advertised, the salaries of all staff, including key management posts, are determined by the scope of responsibilities of the various levels of post, such as coordinator, events manager and the leadership team.

Risk management

Major risks to which the QNI is exposed, arising from its own work and from external contingencies, are reviewed regularly by the Finance Committee and Council, and systems or procedures are in place to manage, and where possible mitigate, those risks.



Above: Mayor of Bristol Marvin Rees shadowing Queen's Nurse Teresa Chinn for the day.

The QNI's risk register is maintained by the Chief Executive and Chief Operating Officer and is reviewed by Council at every meeting. In 2021, the QNI introduced the concept of risk tolerance, and the following examples are those which are still considered major risks, with controls in place.

People

Risk: "The Charity loses a key member of staff"

Controls: "Skills will be 'bought in' as necessary in the absence of permanent staff e.g. finance and communications. Staff will in some circumstances be expected to act both 'up and down' within the organisation. Finance, welfare and admin procedure manuals are available to help temporary staff. The QNI financial procedures handbook is updated by the QNI leadership team when any changes are made." This was tested in 2022 with the loss of two members of the nursing staff at short notice. Members of the team stepped in to cover for the work, providing continuity for participants in leadership programmes and increasing contracted hours of employment as required.

Business Continuity

Risk: "The QNI IT system is compromised by viral attacks. Day-to-day business is compromised"

Controls: "Anti-virus software is updated regularly by QNI contracted IT company. Quarterly 'housekeeping' visit to QNI offices by named individual from QNI contracted IT maintenance company and helpline available in office hours."

Finance and Fundraising

Risk: "The charity's investments fall significantly in value"

Controls: "Use professional investment managers with delegated powers. Investment manager appointment is reviewed every three years. The charity has a written investment policy which is agreed by the Council and communicated to the investment managers. It is reviewed by the Finance Committee annually. Hold regular meetings with the investment managers at which investment performance is monitored against the investment policy and against market averages. Diversify income streams so that fundraising can compensate for investment income shortfalls. Maintain sufficient reserves which are regularly reviewed by the Finance Committee. Each quarter the Finance Committee compares actual returns with a) the income target set by Council and b) the WM/R Index and c) QNI tailor-made benchmark. Investment Manager attends the Finance Committee meeting twice yearly. Benchmarks reviewed annually at the Finance Committee with the investment manager and with the Finance Committee."

Queen's Nurses

Risk: "The QN community does not adequately reflect the diversity of the population of nurses in the community"

Controls: The QNI actively targets BAME nurses working in the community to encourage applications for the title of Queen's Nurse. Currently, the network of QNs does not reflect adequately the population of nurses working in the community. A review of the application and assessment process took place in 2022 and a revised application form is in place for 2023. Videos and testimonials from BAME QNs are being created to support more applications from BAME colleagues, following a meeting with BAME QNs in March 2023. All existing QNs have been asked to champion the application of a BAME colleague. All applicants for the title of Queen's Nurse are requested to complete an 'Equality & Diversity' form so that BAME heritage might be known (but not all applicants complete this). The diversity of the QN community is to be more closely assessed in 2023 and further actions taken as required.

The Council's responsibilities statement

The Council (who are the Board of Trustees of the charity for the purposes of charity law) is responsible for preparing the Report of the Council and accounts in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Charity law and the QNI's Royal Charter require the Council to prepare the accounts of the QNI for each financial year which give a true and fair view of the state of affairs of the QNI and of its income and expenditure for that period. In preparing accounts giving a true and fair view, the Council should:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the 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 United Kingdom and Republic of Ireland (FRS102);
- make judgements and estimates that are reasonable and prudent;
- state whether applicable United Kingdom Accounting Standards have been followed, subject to any material departures disclosed and explained in the accounts; and
- prepare the accounts on the going concern basis unless it is inappropriate to presume that the QNI will continue in operation.

The members of the Council are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the charity and to enable them to ensure that the financial statements comply with the Charities Act 2011, applicable Charity (Accounts and Reports) Regulations and the provisions of the charity's governing document. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Signed on behalf of the Council



Professor John Unsworth OBE
Chair of Council

Date: 21 June 2023



Independent auditor's report to the members of the Council of The Queen's Nursing Institute

Opinion

We have audited the accounts of The Queen's Nursing Institute (the 'charity') for the year ended 31 December 2022 which comprise the statement of financial activities, the balance sheet, the statement of cash flows, the principal accounting policies and notes to the accounts. 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 accounts:

- give a true and fair view of the state of the charity's affairs as at 31 December 2022 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the accounts section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the accounts 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

In auditing the accounts, we have concluded that the members of Council's use of the going concern basis of accounting in the preparation of the accounts 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 charity's ability to continue as a going concern for a period of at least twelve months from when the accounts are authorised for issue. Our responsibilities and the responsibilities of the members of Council with respect to going concern are described in the relevant sections of this report.

Other information

The members of Council are responsible for the other information. The other information comprises the information included in the Annual Report and Accounts, other than the accounts and our auditor's report thereon. Our opinion on the accounts does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the accounts, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the accounts 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 accounts or a material misstatement of the other information. If,



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

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters in relation to which the Charities Act 2011 requires us to report to you if, in our opinion:

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

Responsibilities of members of Council

As explained more fully in the Council's responsibilities statement, the members of Council are responsible for the preparation of the accounts and for being satisfied that they give a true and fair view, and for such internal control as the members of Council determine is necessary to enable the preparation of accounts that are free from material misstatement, whether due to fraud or error.

In preparing the accounts, the members of Council are responsible for assessing the charity'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 members of Council either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the accounts

Our objectives are to obtain reasonable assurance about whether the accounts 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 accounts. 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 to irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below.

How the audit was considered capable of detecting irregularities including fraud

Our approach to identifying and assessing the risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, was as follows:

- The audit director ensured that the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with applicable laws and regulations;
- We identified the laws and regulations applicable to the charity through discussions with management and Trustees and from our knowledge and experience of the charity sector;
- We focused on specific laws and regulations which we considered may have a direct material effect on the accounts or the activities of the charity. These included but were not limited to the Charities Act 2011; Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable to the United Kingdom and Republic of Ireland (FRS 102) (effective 1 January 2019) and The Code of Fundraising Practice; and
- We assessed the extent of compliance with the laws and regulations identified above through making enquiries of management and those charged with governance and review of minutes of Council meetings.
- We assessed the susceptibility of the charity's accounts to material misstatement, including how fraud might occur. Audit procedures performed by the engagement team included:

- Making enquiries of management and those charged with governance as to where they considered there was susceptibility to fraud, their knowledge of actual, suspected and alleged fraud; and
- Considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations.

To address the risk of fraud through management bias and override of controls, we:

- Performed analytical procedures to identify any unusual or unexpected relationships;
- Tested and reviewed journal entries to identify unusual transactions;
- Tested the authorisation of expenditure;
- Assessed whether judgements and assumptions made in determining the accounting estimates were indicative of potential bias; and
- Investigated the rationale behind significant or unusual transactions.
- In response to the risk of irregularities and non-compliance with laws and regulations, we designed procedures which included, but were not limited to:
 - Agreeing financial statement disclosures to underlying supporting documentation;
 - Reading the minutes of Council meetings; and
 - Enquiring of as to actual and potential litigation and claims.

There are inherent limitations in our audit procedures described above. The more removed that laws and regulations are from financial transactions, the less likely it is that we would become aware of non-compliance. Auditing standards also limit the audit procedures required to identify non-compliance with laws and regulations to enquiry of the Trustees and other management and the inspection of regulatory and legal correspondence, if any.

Material misstatements that arise due to fraud can be harder to detect than those that arise from error as they may involve deliberate concealment or collusion. We did not identify any irregularities, including fraud. A further description of our responsibilities for the audit of the accounts is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of this report

This report is made solely to the charity's members of Council, as a body, in accordance with section 144 of the Charities Act 2011 and with regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's members of Council 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 charity and the charity's members of Council as a body, for our audit work, for this report, or for the opinions we have formed.

Buzzacott LLP
Statutory Auditor
130 Wood Street
London
EC2V 6DL

Buzzacott LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

Statement of Financial Activities Year to 31 December 2022

	Notes	Unrestricted funds £	Restricted funds £	Endowment funds £	2022 Total funds £	2021 Total funds £
Income and endowments from:						
Donations and legacies	1	342,523	—	—	342,523	116,470
Investment income and interest receivable	2	292,413	32,755	—	325,168	277,950
Charitable activities	3	61,446	640,070	—	701,516	855,631
Total income		696,382	672,825	—	1,369,207	1,250,051
Expenditure on:						
Raising funds						
. Costs of generating grants and donations	4(a)	72,820	—	—	72,820	70,706
. Management of investments	4(b)	47,406	5,611	—	53,017	58,075
Total expenditure on raising funds		120,226	5,611	—	125,837	128,781
Charitable activities						
. Data, evidence and policy influence	5	101,883	223	—	102,106	84,331
. Standards	5	91,906	54,221	—	146,127	116,256
. Role models/leaders	5	233,124	328,777	—	561,901	288,491
. Innovation	5	49,665	344,110	—	393,775	316,635
. Providing support for nurses – Support	5	—	218,271	—	218,271	244,160
. Providing support for nurses – Education	5	—	24,711	—	24,711	43,820
. Providing support for nurses – Keep in Touch	5	—	29,324	—	29,324	27,882
. Council approved funds		234,003	—	—	234,003	57,083
Total expenditure on charitable activities		710,581	999,637	—	1,710,218	1,178,658
Total expenditure		830,807	1,005,248	—	1,836,055	1,307,439
Net expenditure before investment gains		(134,425)	(332,423)	—	(466,848)	(57,388)
Net (losses) gains on investment assets		(162,898)	(64,017)	(937,591)	(1,164,506)	1,452,447
Net (expenditure) income	8	(297,323)	(396,440)	(937,591)	(1,631,354)	1,395,059
Gross transfers between funds	21	250,000	—	(250,000)	—	—
Net movement in funds		(47,323)	(396,440)	(1,187,591)	(1,631,354)	1,395,059
Reconciliation of funds:						
Funds brought forward at 1 January 2022		1,044,728	1,254,776	10,603,860	12,903,364	11,508,305
Funds carried forward at 31 December 2022		997,405	858,336	9,416,269	11,272,010	12,903,364

All of the financial activities of the QNI during the above two financial years derived from continuing operations.

*A full comparative statement of financial activities for the year to 31 December 2021 is given on page 2.

Comparative Statement of Financial Activities Year to 31 December 2021

	Notes	Unrestricted funds £	Restricted funds £	Endowment funds £	2021 Total funds £
Income and endowments from:					
Donations and legacies	1	116,360	110	—	116,470
Investment income and interest receivable	2	239,414	38,536	—	277,950
Charitable activities	3	33,208	822,423	—	855,631
Total income		388,982	861,069	—	1,250,051
Expenditure on:					
Raising funds					
. Costs of generating grants and donations	4(a)	70,706	—	—	70,706
. Management of investments	4(b)	51,307	6,768	—	58,075
Total expenditure on raising funds		122,013	6,768	—	128,781
Charitable activities					
. Data, evidence and policy influence	5	80,659	3,672	—	84,331
. Standards	5	18,957	97,299	—	116,256
. Role models/leaders	5	147,097	141,394	—	288,491
. Innovation	5	53,453	263,182	—	316,635
. Providing support for nurses – Covid	5	—	—	—	—
. Providing support for nurses – Support	5	—	244,160	—	244,160
. Providing support for nurses – Education	5	—	43,820	—	43,820
. Providing support for nurses – Keep in Touch	5	—	27,882	—	27,882
. Council approved funds		57,083	—	—	57,083
Total expenditure on charitable activities		357,249	821,409	—	1,178,658
Total expenditure		479,262	828,177	—	1,307,439
Net (expenditure) income before investment gains		(90,280)	32,892	—	(57,388)
Net gains on investment assets		160,284	87,175	1,204,988	1,452,447
Net income and net movement in funds	8	70,004	120,067	1,204,988	1,395,059
Reconciliation of funds:					
Funds brought forward at 1 January 2021		974,724	1,134,709	9,398,872	11,508,305
Funds carried forward at 31 December 2021		1,044,728	1,254,776	10,603,860	12,903,364

Balance Sheet 31 December 2022

	Notes	2022 £	2022 £	2021 £	2021 £
Fixed assets					
Tangible assets	13		14,485		16,955
Heritage assets	14		70,000		70,000
Investments	15		11,185,126		12,504,231
Total fixed assets			11,269,611		12,591,186
Current assets					
Debtors	16	73,013		85,986	
Cash at bank and in hand		340,724		727,602	
		413,737		813,588	
Creditors: Amounts falling due within one year	17	(411,338)		(501,410)	
Net current assets			2,399		312,178
Total net assets			11,272,010		12,903,364
The funds of the charity					
Unrestricted funds					
. General funds			825,760		617,613
. Tangible and heritage asset fund	18		84,485		86,955
. Designated funds	19		87,160		340,160
			997,405		1,044,728
Restricted funds	20		858,336		1,254,776
Endowment funds	21		9,416,269		10,603,860
			11,272,010		12,903,364

Approved by the members of Council and signed on their behalf by:



Professor John Unsworth OBE
Chair of Council

Approved on: 21 June 2023

Statement of cash flows Year to 31 December 2022

	Notes	2022 £	2021 £
Cash flows from operating activities:			
Net cash used in operating activities	A	(860,083)	(279,388)
Cash flows from investing activities:			
Payments to acquire tangible fixed assets		(6,563)	(8,063)
Payments to acquire investments		(1,482,650)	(1,533,370)
Receipts from disposals of investments		1,297,751	1,818,582
Investment income and interest received		325,168	277,950
Net cash provided by investing activities		133,706	555,099
Change in cash and cash equivalents in the year		(726,377)	275,711
Cash and cash equivalents at 1 January 2022	B	1,403,064	1,127,353
Cash and cash equivalents at 31 December 2022	B	676,687	1,403,064

Notes to the statement of cash flows for the year to 31 December 2022.

A Reconciliation of net movement in funds to net cash used in operating activities

	2022 £	2021 £
Net (expenditure) income (as per the statement of financial activities)	(1,631,354)	1,395,059
Adjustments for:		
Depreciation charge	9,033	9,283
Net losses (gains) on investments	1,164,506	(1,452,447)
Investment income and interest receivable	(325,168)	(277,950)
Decrease in debtors	12,973	4,526
(Decrease) increase in creditors	(90,072)	42,141
Net cash used in operating activities	(860,082)	(279,388)

B Analysis of cash and cash equivalents

	2022 £	2021 £
Cash at bank and in hand	340,724	727,602
Cash held by investment managers	335,963	675,462
Total cash and cash equivalents	676,687	1,403,064

No separate reconciliation of net debt has been prepared as there is no difference between the net cash (debt) of the charity and the above cash and cash equivalents.



Principal accounting policies 31 December 2022

The principal accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the accounts are laid out below.

Basis of accounting

These accounts have been prepared for the year to 31 December 2022 with comparative information given in respect to the year ended 31 December 2021.

The accounts have been prepared under the historical cost convention with items initially recognised at cost or transaction value unless otherwise stated in the relevant accounting policies below or the notes to the accounts.

The accounts have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (Charities FRS 102 SORP 2015), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Charities Act 2011.

The charity constitutes a public benefit entity as defined by FRS 102.

The accounts are presented in sterling and are rounded to the nearest pound.

Critical accounting estimates and areas of judgement

Preparation of the accounts requires the members of Council and management to make significant judgements and estimates.

The items in the accounts where these judgements and estimates have been made include:

- assessing the probability of receiving legacies where the charity has been notified of its entitlement;
- estimating the useful economic life of tangible fixed assets for the purpose of determining the annual depreciation charge;
- determining the basis for allocating support costs across expenditure classifications;
- determining whether the heritage asset may be impaired; and
- estimating future income and expenditure flows for the purpose of assessing going concern (see below).

Assessment of going concern

The members of Council have assessed whether the use of the going concern assumption is appropriate in preparing these accounts. The members of Council have made this assessment in respect to a period of at least one year from the date of approval of these accounts. The members of Council consider that the war in Ukraine, now in a second year, the long term impact of the Covid-19 pandemic and the significantly increased economic pressures both in the UK and globally will impact on the economy in the year ahead.

UK inflation is likely to increase in 2023 and this may have an impact on the expenditure of the charity. However, given the availability of reserves, the members of Council have concluded that there are no material uncertainties related to events or conditions that may cast significant doubt on the ability of the charity to continue as a going concern. The members of Council are of the opinion that the charity will have sufficient resources to meet its liabilities as they fall due.

Income recognition

Income is recognised in the period in which the charity has entitlement to the income and the amount can be measured reliably and it is probable that the income will be received. Income is deferred only when the charity has to fulfil conditions before becoming entitled to it or where the donor or funder has specified that the income is to be expended in a future accounting period.

Principal accounting policies 31 December 2022

Income comprises donations, legacies, investment income, interest receivable and grants in respect to charitable activities.

Grants and donations from government and other agencies and charitable foundations are included as income from activities in furtherance of the charity's objectives where these relate to a specific project or activity or take the form of a contract for services. Where the money is given in response to an appeal or with greater freedom of use, for example monies for core funding, then the income is classified as a donation.

Donations and grants in respect to charitable activities are recognised when the charity has confirmation of both the amount and settlement date. In the event of amounts pledged but not received, the amount is accrued for where the receipt is considered probable. In the event that a donation or grant is subject to conditions that require a level of performance before the charity is entitled to the funds, the income is deferred and not recognised until either those conditions are fully met, or the fulfilment of those conditions is wholly within the control of the charity and it is probable that those conditions will be fulfilled in the reporting period.

Legacies are included in the statement of financial activities when the charity is entitled to the legacy, the executors have established that there are sufficient surplus assets in the estate to pay the legacy, and any conditions attached to the legacy are within the control of the charity.

Entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution.

Where legacies have been notified to the charity, or the charity is aware of the granting of probate, but the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material. In the event that the gift is in the form of an asset other than cash or a financial asset traded on a recognised stock exchange, recognition is subject to the value of the gift being reliably measurable with a degree of reasonable accuracy and the title of the asset having being transferred to the charity.

Investment income is recognised once the dividend or interest has been declared and notification has been received of the amount due.

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the bank.

Expenditure recognition

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to make a payment 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.

All expenditure is accounted for on an accruals basis. Expenditure comprises direct costs and support costs. All expenses, including support costs, are allocated or apportioned to the applicable expenditure headings. The classification between activities is as follows:

- Expenditure on raising funds include the salaries, direct costs and support costs associated with generating donated income, together with the fees paid to investment managers in connection with the management of the charity's listed investments; and
- Expenditure on charitable activities includes all costs associated with furthering the charitable purposes of the charity through the provision of its charitable activities. Such costs include charitable grants and donations, direct and support costs including governance costs.

Principal accounting policies 31 December 2022

Welfare grants are made where the members of Council consider there is real need following a review of the details of each particular case and comprise single year payments rather than multi-year grants. Welfare grants are included in the statement of financial activities when approved for payment. Provision is made for grants and donations approved but unpaid at the period end where relevant.

Grants of award funding to institutions are included in full in the statement of financial activities when the award agreement has been returned, completed and signed, by the recipient. Small final instalments of some award grant payments are subject to receipt of a satisfactory final report on the award project.

Allocation of support and governance costs

Support costs represent indirect charitable expenditure. In order to carry out the primary purposes of the charity it is necessary to provide support in the form of personnel development, financial procedures, provision of office services and equipment and a suitable working environment.

Governance costs comprise the costs involving the public accountability of the charity (including audit costs) and costs in respect to its compliance with regulation and good practice.

Support costs and governance costs are apportioned using percentages based on the time spent on the relevant activities by the employees of the charity.

Tangible fixed assets

All assets costing more than £500 and with an expected useful life exceeding one year are capitalised. Expenditure on the purchase and replacement of furniture and equipment is capitalised and depreciated on a straight line basis over the following periods:

• Leasehold improvements:	4 years
• General office equipment, fixtures, fittings and furniture:	4 years
• Computer equipment:	3 years

Heritage assets

During 2018, QNI discovered a piece of original artwork by Florence Nightingale, which had been given to it many years ago. Following further investigation, the value of the artwork was determined and is recognised in these accounts as a heritage asset. The asset was initially recognised on the balance sheet based on its estimated market value as at 31 December 2018 as determined by The Bowman Gallery, a specialist art valuer. This has been taken to be equal to its deemed cost for accounting purposes. No depreciation is charged against the asset, but the asset is reviewed annually for impairment.

Investments

Listed investments are a form of basic financial instrument and are initially recognised at their transaction value and subsequently measured at their fair value as at the balance sheet date using the closing quoted market price. Realised and unrealised gains (or losses) are credited (or debited) to the statement of financial activities in the year in which they arise.

The charity does not acquire put options, derivatives or other complex financial instruments.

As noted above, the main form of financial risk faced by the charity is that of volatility in equity markets and investment markets due to wider economic conditions, the attitude of investors to investment risk, and changes in sentiment concerning equities and within particular sectors or sub sectors.

Realised gains (or losses) on investment assets are calculated as the difference between disposal proceeds and their opening carrying value or their purchase value is acquired subsequent to the first day of the financial year. Unrealised gains and losses are calculated as the difference between the fair value at the year-end and their carrying value at that date. Realised and unrealised investment gains (or losses)

Principal accounting policies 31 December 2022

are combined in the statement of financial activities and are credited (or debited) in the year in which they arise.

Debtors

Debtors are recognised at their settlement amount, less any provision for non-recoverability. Prepayments are valued at the amount prepaid. Debtors have been discounted to the present value of the future cash receipt where such discounting is material.

Cash at bank and in hand

Cash at bank and in hand represents such accounts and instruments that are available on demand or have a maturity of less than three months from the date of acquisition. Deposits for more than three months but less than one year have been disclosed as short term deposits. Cash placed on deposit for more than one year is disclosed as a fixed asset investment.

Creditors and provisions

Creditors and provisions 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. Creditors and provisions are recognised at the amount the charity anticipates it will pay to settle the debt. They have been discounted to the present value of the future cash payment where such discounting is material.

Fund structure

The general fund comprises those monies, which may be used towards meeting the charitable objectives of the QNI at the discretion of the Council.

The tangible and heritage assets fund represents the aggregate net book value of tangible and heritage assets at the balance sheet date. The value of such assets has been reflected on the balance sheet as a separate fund in order to emphasise the fact that the value of such assets should not be regarded as available to meet day-to-day expenditure. The assets are held for functional purposes in the case of tangible fixed assets or are retained as part of the charity's archives in the case of heritage assets.

The designated funds are monies set aside out of the general fund and designated for specific purposes by the Council.

The restricted income funds are monies raised for, and their use restricted to, a specific purpose, or donations subject to donor-imposed conditions. In the case of restricted income funds for welfare purposes, transfers are made to the general fund to reflect an agreed quarterly charging structure for staff time and office services attributable to providing welfare support from those funds.

The expendable endowment funds represent amounts held as capital until such time as members of Council decide to expend them subject to self-imposed conditions. Whilst held as capital, the funds generate income which is regarded as unrestricted.

Pension costs

Contributions in respect of the charity's defined contribution pension schemes are charged to the statement of financial activities when they are payable to the relevant scheme. The charity's contributions are restricted to the contributions disclosed in note 9. There were no outstanding contributions at the year end. The charity has no liability beyond making its contributions and paying across the deductions for the employees' contributions.

Leased assets

Rentals applicable to operating leases where substantially all of the benefits and risks of ownership remain with the lessor are charged to the statement of financial activities on a straight-line basis over the lease term.

Notes to the accounts Year to 31 December 2022

1 Donations and legacies

	Unrestricted funds £	Restricted funds £	Endowment funds £	2022 Total funds £
National Garden Scheme donation	300,000	—	—	300,000
Other donations	42,523	—	—	42,523
2022 total funds	342,523	—	—	342,523

	Unrestricted funds £	Restricted funds £	Endowment funds £	2021 Total funds £
National Garden Scheme donation	100,000	—	—	100,000
Other donations	16,360	110	—	16,470
2021 total funds	116,360	110	—	116,470

2 Investment income and interest receivable

	Unrestricted funds £	Restricted funds £	Endowment funds £	2022 Total funds £
Income from investments listed on a recognised stock exchange within the UK	290,633	32,732	—	323,365
Bank and deposit interest	1,780	23	—	1,803
2022 total funds	292,413	32,755	—	325,168

	Unrestricted funds £	Restricted funds £	Endowment funds £	2021 Total funds £
Income from investments listed on a recognised stock exchange within the UK	239,396	38,536	—	277,932
Bank and deposit interest	18	—	—	18
2021 total funds	239,414	38,536	—	277,950

Notes to the accounts Year to 31 December 2022

3 Income from charitable activities

	Unrestricted funds £	Restricted funds £	Endowment funds £	2022 Total funds £
Improving nursing care in the community				
Innovation Programme (Elsie Wagg)	—	25,000	—	25,000
Executive Leadership programme	—	12,000	—	12,000
Executive Nurse Leadership programme (QNs)	—	70,000	—	70,000
IPC Champions Network	—	61,000	—	61,000
Care Home Nurse Network	—	20,000	—	20,000
Leeds Continuing Professional Development Programme	—	30,000	—	30,000
Long COVID – Community of Practice	—	49,998	—	49,998
Standards for Inclusion Health	—	5,000	—	5,000
Bournemouth University	40,282	—	—	40,282
Wound care service models in community nursing	—	4,000	—	4,000
Demonstrating Value Economic Health Assessment Study Days	—	6,800	—	6,800
Aspiring Leaders programme	—	126,000	—	126,000
TalktoUs service	—	43,575	—	43,575
Internationally Educated Nurses	—	55,000	—	55,000
Personalised Care innovation programme	—	25,000	—	25,000
Convening Special Interest groups - Homeless & Inclusion Health	—	9,999	—	9,999
Infographic Life Course – Nurses in the Community	—	6,500	—	6,500
Homeless and Inclusion Health programme	—	9,999	—	9,999
Community Nurse Innovation Programme (CNIP)	—	39,999	—	39,999
CNIP June 2022	—	10,000	—	10,000
Community Nursing Research Forum	—	5,200	—	5,200
Community Nursing Executive Network	—	20,000	—	20,000
Company of Nurses	—	5,000	—	5,000
Annual QNI Conference	19,000	—	—	19,000
Sales of Resources	1,208	—	—	1,208
Fees, publications and sundry service	956	—	—	956
2022 total funds	61,446	640,070	—	701,516

Notes to the accounts Year to 31 December 2022

3 Income from charitable activities (continued)

	Unrestricted funds £	Restricted funds £	Endowment funds £	2021 Total funds £
Improving nursing care in the community				
Burdett Innovation – Learning Disabilities	—	85,484	—	85,484
Burdett Innovation – Complex Needs	—	102,124	—	102,124
NGS – Support for QN Leadership programme	—	66,454	—	66,454
NI Neighbourhood DN Teams	—	30,000	—	30,000
Care Homes Network – RCN	—	20,000	—	20,000
Bournemouth University Outsource	—	38,750	—	38,750
Long COVID – Community of Practice	—	10,000	—	10,000
Prioritising Community Services – Best Practice Services	—	10,000	—	10,000
Case Studies (Families experiencing homelessness)	—	9,500	—	9,500
Nursing in the Community-Inspiring the Future Generation	—	19,940	—	19,940
Demonstrate Value Economic Health Assess Study Days	—	5,250	—	5,250
Inspiring Student Nurses	—	9,999	—	9,999
Transition to HH Nursing	—	9,999	—	9,999
Aspiring Leaders places	—	124,499	—	124,499
Raising Profile of Homeless and Inclusion Health	—	9,999	—	9,999
CHSA – Financial Hardship Fund	—	86,000	—	86,000
International Recruitment Support	—	104,500	—	104,500
1 st Digital Event Nov 2021	—	4,000	—	4,000
2 nd Digital Event Nov 2021	—	4,000	—	4,000
NHSE/I Personalised Care	—	25,000	—	25,000
CNEN Income	—	40,000	—	40,000
Guild of Nurses – Welfare Non Ed	—	6,500	—	6,500
Annual QNI Conference	19,000	—	—	19,000
Sales of Resources	783	425	—	1,208
Fees, publications and sundry service	13,425	—	—	13,425
2021 total funds	33,208	822,423	—	855,631

Notes to the accounts Year to 31 December 2022

4 Expenditure on raising funds

(a) Cost of generating grants and donations

Costs were incurred primarily in researching and developing relationships with grant making trusts.

	Unrestricted funds £	Restricted funds £	Endowment funds £	2022 Total funds
Direct costs	1,586	—	—	1,586
Support costs (note 7)	71,234	—	—	71,234
2022 total funds	72,820	—	—	72,820

	Unrestricted funds £	Restricted funds £	Endowment funds £	2021 Total funds
Direct costs	437	—	—	437
Support costs (note 7)	70,269	—	—	70,269
2021 total funds	70,706	—	—	70,706

(b) Management of investments

	Unrestricted funds £	Restricted funds £	Endowment funds £	2022 Total funds £
2022 total funds	47,406	5,611	—	53,017

	Unrestricted funds £	Restricted funds £	Endowment funds £	2021 Total funds £
2021 total funds	51,307	6,768	—	58,075

Notes to the accounts Year to 31 December 2022

5 Charitable activities

	Direct costs £	Grant funding of activities (note 6) £	Support costs (note 7) £	2022 Total funds £
Data, evidence and policy influence	86,232	—	15,874	102,106
Standards	123,410	—	22,717	146,127
Role models/leaders	474,546	—	87,355	561,901
Innovation	294,898	37,660	61,217	393,775
Providing welfare support	78,470	103,865	35,936	218,271
Providing educational support	3,325	18,061	3,325	24,711
Keep In Touch	25,379	—	3,945	29,324
Council approved funds	197,624	—	36,379	234,003
2022 Total	1,283,884	159,586	266,748	1,710,218

	Direct costs £	Grant funding of activities (note 6) £	Support costs (note 7) £	2021 Total funds £
Data, evidence and policy influence	69,529	—	14,802	84,331
Standards	95,851	—	20,405	116,256
Role models/leaders	237,855	—	50,636	288,491
Innovation	234,275	26,784	55,576	316,635
Providing welfare support	92,097	108,290	43,773	244,160
Providing educational support	—	35,964	7,856	43,820
Keep In Touch	22,883	—	4,999	27,882
Council approved funds	47,064	—	10,019	57,083
2021 Total	799,554	171,038	208,066	1,178,658

Notes to the accounts Year to 31 December 2022

6 Grant making

Innovation – grants payable to institutions

Fund for innovation	2022 £	2021 £
Frailty pathway – Learning Disability	—	52
Tai Chi Increased Wellbeing	—	52
Burdett Reducing Anxiety Improving Appointments – LD	1,102	—
Burdett Dementia Handbook Project – LD	675	—
BEAT Diabetes – CN	3,788	—
Promoting oral health in care homes – CN	6,437	—
Single point of contact – CN	5,150	—
Hospital admission avoidance – CN	4,321	—
Digitalising Clinical Care – CN	6,000	—
Sleep Workshops: Better Sleep – LD	433	4,572
Improving Health Outcomes for Children – LD	1,550	2,342
Healthy Eating & Weight Management for Children – LD	2,681	1,040
Better Access to Health Care – LD	—	1,250
How to Manage Unsafe Swallow – LD	1,130	4,730
Safety Pack for Parents with a LD – LD	3,060	808
Digital diabetes lifestyle modification – CN	—	3,264
Flex, Connect and Share – CN	200	200
Recognition of good respiratory health – CN	925	651
Well-come home – CN	(602)	3,613
Reducing inconsistencies in respiratory care – CN	810	4,210
Total value	37,660	26,784
Number of grants made	16	9

These grants were awarded to support innovative community nursing projects or research and development projects conducted by named nurses. They were given in conjunction with professional development programmes delivered by the QNI.

LD = Learning Disability

CN = Complex Needs

Providing welfare support – grants made directly to individuals

	2022 £	2021 £
Total value	103,865	108,291
Number of grants made	392	336

Providing educational support – grants made directly to individuals

	2022 £	2021 £
Total value	18,061	35,964
Number of grants made	23	25

Grant commitments

As at 31 December 2022, the charity had annual welfare grant commitments of £22,867 (2021 – £23,080).

Notes to the accounts Year to 31 December 2022

7 Support costs

Support costs, where permitted by the funder, are allocated to generation of funds and each area of charitable activity in proportion to the cost of direct staff time expended on those areas.

	2022 £	2021 £
Data evidence and policy influence	15,874	14,802
Standards	22,717	20,405
Role Models / Leaders	87,355	50,636
Innovation	61,217	55,576
Council approved	36,379	10,019
Providing welfare support	35,936	44,100
Providing educational support	3,325	7,656
Keeping in Touch	3,945	4,872
Organisation costs	71,234	70,269
	337,982	278,335

8 Net (expenditure) income and net movement in funds

This is stated after charging:

	2022 £	2021 £
Staff costs (note 9)	937,734	714,465
Depreciation	9,033	9,283
Operating lease rentals – land and buildings	55,666	55,666
Amounts payable to the auditor in respect of:		
. External audit – current year	8,871	8,342
. External audit – prior year	2,518	2,348

9 Staff costs and remuneration of key management personnel

Staff costs during the year were as follows:

	2022 £	2021 £
Gross wages and salaries	781,906	597,891
Employer's national insurance contributions	83,157	59,979
Employer's pension costs	72,671	56,595
	937,734	714,465

One member of staff received emoluments (including taxable benefits but excluding employer's national insurance and pension contributions) in the range of £90,001 - £100,000 (2021 – one in the range of £90,001 - £100,000). Contributions in the year to defined contribution pension schemes in respect of this employee totalled £9,980 (2021 – £9,690).

The average headcount of employees in 2022 was 19 (2021 – 16).

The average number of full-time equivalent employees in 2022 was 19 (2021 – 13).



Notes to the accounts Year to 31 December 2022

The key management personnel of the charity in charge of directing and controlling, running and operating the charity on a day to day basis comprise the members of Council together with the Chief Executive, Chief Operating Officer (from May 2022), Head of Communications, Director of Nursing Programmes (Innovation) and the Finance Manager. The total remuneration payable to key management personnel during the year was £318,740 (2021 – £240,496).

10 Council members

No member of the Council received any remuneration in respect of their services as a member of the Council during the year (2021 – none).

There was one Council member who had expenses reimbursed during the year in respect of travel totalling £715 (2021 – £nil) which reflects the reinstatement of face-to-face meetings.

During the year members of the Council donated a total of £1,150 to the charity (2021 – £1,120). The charity has purchased insurance to protect it from loss arising from certain wrongful acts of any member of the Council and to indemnify any member of Council against the consequences of such acts on their part. The total cover provided by such insurance is £500,000 (2021 – £500,000) and the total premium paid in respect of such insurance in the year was £325 (2021 – £325).

11 Related party and connected person transactions

Other than as disclosed in note 10 above, there were no transactions to related parties or connected persons during the year £nil (2022 - £300).

12 Taxation

The Queen's Nursing Institute is a registered charity and, therefore, is not liable to income tax or capital gains tax on income derived from its charitable activities, as it falls within the various exemptions available to registered charities.

Notes to the accounts Year to 31 December 2022

13 Tangible fixed assets

	Leasehold improvements £	Fixtures, fittings, furniture and equipment £	Total £
Cost or valuation			
At 1 January 2022	50,931	83,014	133,945
Additions	—	6,563	6,563
At 31 December 2022	50,931	89,577	140,508
Depreciation			
At 1 January 2022	50,931	66,059	116,990
Charge for the year	—	9,033	9,033
At 31 December 2022	50,931	75,092	126,023
Net book values			
At 31 December 2022	—	14,485	14,485
At 31 December 2021	—	16,955	16,955

14 Heritage assets

	£
At deemed cost	
At 1 January 2022 and at 31 December 2022	70,000

During 2018, QNI discovered a piece of original artwork by Florence Nightingale, which had been given to it many years ago. Following further investigation, the value of the artwork was determined and is recognised in these accounts as a heritage asset. The asset was initially recognised on the balance sheet based on its estimated market value of £70,000 as at 31 December 2018 as determined by The Bowman Gallery, a specialist art valuer. This has been taken to be equal to its deemed cost for accounting purposes. No depreciation is charged against the asset, but the asset is reviewed annually for impairment. There have been no indications of impairment as at 31 December 2022 (and since the initial recognition of the asset).

15 Investments

	2022 £	2021 £
Investments listed on a recognised stock exchange		
Market value at 1 January 2022	11,828,770	10,661,537
Add: Additions at cost	1,482,650	1,533,370
Less: Disposals (proceeds: £1,297,751; realised losses: £174,333)	(1,472,084)	(1,765,753)
Unrealised investment (losses) gains	(990,171)	1,399,616
Market value at 31 December 2022	10,849,165	11,828,770
Cash and settlements pending, held as part of the investment portfolio	335,963	675,461
Total investments held	11,185,128	12,504,231
Listed investments at cost	8,442,498	7,750,475

Notes to the accounts Year to 31 December 2022

15 Investments (continued)

At 31 December 2022, the listed investments comprised the following:

	2022 £	2021 £
Fixed interest	1,321,133	1,042,550
UK equities	4,347,069	5,109,867
Overseas equities	3,355,396	4,302,428
Alternatives	1,825,567	1,373,925
	10,849,165	11,828,770

At 31 December 2022, no holdings were material in the context of the entire portfolio value (2021 – none).

16 Debtors

	2022 £	2021 £
Prepayments	11,040	21,558
Accrued income	11,000	—
Other debtors	50,973	64,428
	73,013	85,986

17 Creditors: Amounts falling due within one year

	2022 £	2021 £
Expense creditors	26,318	30,679
Accruals	35,020	32,156
Deferred income (see below)	350,000	438,575
	411,338	501,410
Deferred income		
Balance brought forward	438,575	384,062
Released in year	(438,575)	(384,062)
Deferred in year	350,000	438,575
Balance carried forward	350,000	438,575

Deferred income consists of project funding received by the year end but which relates specifically to project work to be performed in future accounting periods.

18 Tangible and heritage assets fund

	2022 £	2021 £
At 1 January 2022	86,955	88,175
Other movements in year	(2,470)	(1,220)
At 31 December 2022	84,485	86,955

Notes to the accounts Year to 31 December 2022

18 Tangible and heritage assets fund (continued)

The tangible and heritage assets fund represents the aggregate net book value of tangible and heritage assets at the balance sheet date. The value of such assets has been reflected on the balance sheet as a separate fund in order to emphasise the fact that the value of such assets should not be regarded as available to meet day-to-day expenditure. The assets are held for functional purposes in the case of tangible fixed assets or are retained as part of the charity's archives in the case of heritage assets.

19 Designated funds

The funds of the charity include the following designated fund which has been set aside out of unrestricted funds by the members of the Council for specific purposes.

	At 1 January 2022 £	New designation £	Utilised £	At 31 December 2022 £
Leadership and Innovation fund	250,000	—	(250,000)	—
Philip Goodeve-Docker fund	60,485	—	(3,000)	57,485
Heyes legacy fund	29,675	—	—	29,675
	340,160	—	(253,000)	87,160

	At 1 January 2021 £	New designation £	Utilised £	At 31 December 2021 £
Leadership and Innovation fund	250,000	—	—	250,000
Philip Goodeve-Docker fund	62,985	—	(2,500)	60,485
Heyes legacy fund	29,675	—	—	29,675
	342,660	—	(2,500)	340,160

The Leadership and Innovation fund represented funds that were set aside by Council in 2020 to help increase the team size at QNI in support of the delivery of a new strategy and business plan. The amounts designated in 2020 have since been utilised in full.

The Philip Goodeve-Docker fund represents monies given as 'donations in memory' which the Council has set aside in the memory of Philip Goodeve-Docker who sadly passed away in 2013 during a fundraising trek across Greenland. The amount of funding raised, and on occasion added to be sponsorship activities of family and friends, means that under the current criteria for the award of the prizes, this fund will last in perpetuity.

The Heyes legacy fund comprises a legacy received during 2018 which has been designated towards enabling an increase in the number of funded places made available for the annual Queen's Nurse Conference. At the time, it was considered that the fund would last approximately 5 years. However, the cost of the annual Queen's Nurse meetings has been significantly reduced as they have been held remotely in 2021 and 2022. This approach is under review for 2023, when face-to-face conferences may resume.

Notes to the accounts Year to 31 December 2022

20 Restricted funds

	At 1 January 2022 £	Income £	Expenditure £	Gains, losses and transfers £	At 31 December 2022 £
District Nurses 1965 Fund	879,248	37,755	(220,260)	(64,017)	632,726
TalktoUs Service	26,465	43,575	(14,452)	—	55,588
Fund for Innovation and Leadership - Complex Needs	34,196	—	(34,196)	—	—
Fund for Innovation and Leadership - Learning Disabilities	61,910	—	(61,910)	—	—
Standards	9,568	—	(3,815)	—	5,753
Executive Nurse Leadership programme (QNs)	7,381	70,000	(76,335)	—	1,046
AAGPNE	2,121	—	(2,121)	—	—
Dora Roylance Fund	15,963	—	(2,100)	—	13,863
NI Neighbourhood DN Teams	45,108	—	(45,108)	—	—
Care Homes Foundation Standards	12,870	—	(12,870)	—	—
Ellen Mary Legacy	4,283	—	(200)	—	4,083
CNEN	8,362	20,000	(28,362)	—	—
Care Home Nurse Network	6,416	20,000	(24,686)	—	1,730
Bournemouth University	8,368	—	(8,368)	—	—
Long-COVID - Community of Practice	—	49,998	(37,834)	—	12,164
Prioritising Community Services Best Practice Report	6,328	—	(6,328)	—	—
Case Studies (Families experiencing homelessness)	1,838	—	(1,838)	—	—
Nursing in Community-Inspiring the Future Generation	9,222	—	(9,222)	—	—
Demonstrating Value Study Days	—	6,800	(6,800)	—	—
Aspiring Leaders programme	57,976	126,000	(129,040)	—	54,936
Internationally Educated Nurses	36,483	55,000	(46,370)	—	45,113
1st Digital Event Nov 2021	304	—	(304)	—	—
2nd Digital Event Dec 2021	512	—	(512)	—	—
Personalised Care	19,429	25,000	(44,429)	—	—
Innovation Programme (Elsie Wagg)	—	25,000	(16,387)	—	8,613
Executive Leadership Programme	—	12,000	(4,774)	—	7,226
IPC Champions Network	—	61,000	(60,466)	—	534
Wound care service models in community nursing	—	4,000	(4,000)	—	—
Convening Special Interest Groups – Homeless & Inclusion Health	—	9,999	(7,514)	—	2,485
Infographic Life course - Nurses in the Community	—	6,500	(6,500)	—	—
Homeless and Inclusion Health Programme	—	9,999	(750)	—	9,249
Community Nurse Innovation Programme	—	39,999	(39,999)	—	—
Leeds Continuing Professional Development Programme	—	30,000	(30,000)	—	—
CNIP Open Programme	—	10,000	(10,000)	—	—
Community Nursing Research Forum	—	5,200	(4,743)	—	457
Standards for Inclusion Health	—	5,000	(2,230)	—	2,770
Other Restricted Funds	425	—	(425)	—	—
	1,254,776	672,825	(1,005,248)	(64,017)	858,336

Notes to the accounts Year to 31 December 2022

20 Restricted funds (continued)

	At 1 January 2021 £	Income £	Expenditure £	Gains, losses and transfers £	At 31 December 2021 £
District Nurses 1965 Fund	954,370	131,146	(293,443)	87,175	879,248
TalktoUs Service	48,825	—	(22,360)	—	26,465
Listening Service	2,747	—	(2,747)	—	—
Other COVID19 Projects	4,080	—	(4,080)	—	—
Fund for Innovation and Leadership - Frailty	5,155	—	(5,155)	—	—
Fund for Innovation and Leadership - Complex Needs	—	85,484	(51,288)	—	34,196
Fund for Innovation and Leadership - Learning Disabilities	—	102,124	(40,214)	—	61,910
Burdett (Transition for Care)	1,162	—	(1,162)	—	—
Homeless Health	12,818	—	(12,818)	—	—
Standards	10,392	—	(824)	—	9,568
Executive Nurse Leadership programme (QNs)	—	66,454	(59,073)	—	7,381
AAGPNE	19,836	—	(17,715)	—	2,121
Dora Roylance Fund	17,563	—	(1,600)	—	15,963
NI Neighbourhood DN Teams	17,558	30,000	(2,450)	—	45,108
Care Homes Foundation Standards	12,870	—	—	—	12,870
Ellen Mary Legacy	4,683	—	(400)	—	4,283
CNEN	—	40,000	(31,638)	—	8,362
Care Homes Network - NHSE	17,510	—	(17,510)	—	—
Care Home Nurse Network	5,140	20,000	(18,724)	—	6,416
Bournemouth University	—	38,750	(30,382)	—	8,368
Long-COVID - Community of Practice	—	10,000	(10,000)	—	—
Prioritising Community Services Best Practice Report	—	10,000	(3,672)	—	6,328
Case Studies (Families experiencing homelessness)	—	9,500	(7,662)	—	1,838
Nursing in Community-Inspiring the Future Generation	—	19,940	(10,718)	—	9,222
Demonstrate Value Economic Health Assess Study Days	—	5,250	(5,250)	—	—
Inspiring Student Nurses	—	9,999	(9,999)	—	—
Transition to HH Nursing	—	9,999	(9,999)	—	—
Aspiring Leaders programme	—	124,499	(66,523)	—	57,976
Raising Profile of Homeless and Inclusion Health	—	9,999	(9,999)	—	—
Internationally Educated Nurses	—	104,500	(68,017)	—	36,483
1st Digital Event Nov 2021	—	4,000	(3,696)	—	304
2nd Digital Event Dec 2021	—	4,000	(3,488)	—	512
Personalised Care	—	25,000	(5,571)	—	19,429
Other Restricted Funds	—	425	—	—	425
	1,134,709	861,069	(828,177)	87,175	1,254,776

Notes to the accounts Year to 31 December 2022

District Nurses 1965 Fund (Welfare Fund)

This fund is a separate charitable trust administered by the Queen's Nursing Institute and is known internally as the Welfare Fund. The fund must be used specifically for making grants to nurses who are, or who have been, associated with district and community nursing services and who are in financial hardship. As local District Nursing Associations in England closed over the years, additional funds have been transferred from the Associations to the 1965 Fund, with a specification that the funds should be used to support education grants for community nurses as well grants for those in financial hardship.

TalkToUs Service

The Covid19 Healthcare Support Appeal (CHSA) awarded a grant to the QNI in 2022 to enable the continued delivery of the TalkToUs service.

Fund for Innovation and Leadership

Ten nurse led innovation projects, funded by Burdett Trust for Nursing focussed on supporting people with Learning Disability and ten nurse led innovation projects focussed on supporting people with Complex Needs in Primary Care were recruited in the autumn of 2020 and January 2021, respectively. Due to the pandemic, there was a suspension in delivery, with the project delivery and support programme extending into 2022 for both cohorts. All projects completed within the year.

Standards

The QNI partnered with QNI Scotland (QNIS) to develop QNI/QNIS voluntary standards for Community Learning Disability Nurse education and practice. The standards were published in 2021 and the ongoing expenditure in 2022 reflects the work in disseminating and sharing the standards.

Executive Nurse Leadership Programme (QNs)

The National Garden Scheme (NGS) provided a restricted grant for a fourth cohort of the Queen's Nurse Executive Nurse Leadership programme. The programme was delivered in 2022 and follow up of the cohort continues as we develop an alumnus.

Association of Academic General Practice Nurse Educators (AAGPNE)

The QNI was awarded a grant from NHS England as part of the NHSE GPN 10 point plan to develop an Association of Academic General Practice Nurse Educators (AAGPNE) and the standards on which universities would build a programme of education and training for nurses new to General Practice Nursing. The funding has now been expended.

Dora Roylance Fund

The QNI received a legacy of £21,792 from a retired QN who died in 2015. The specification was that it was to be used for the support of Health Visitor education. A Dora Roylance Memorial Award has been created for the most outstanding achievement for every student Health Visitor in every university offering the Health Visitor programme in England, Wales and Northern Ireland. Taking into consideration the number of universities offering the Health Visitor programme and the total of the fund, the award is likely to last approximately 15 years to 2030.

Northern Ireland Neighbourhood District Nursing (DN) Teams

In 2019 the QNI was commissioned by the Public Health Agency of Northern Ireland, in partnership with the Chief Nursing Officer of Northern Ireland in the Department of Health, to develop and deliver a District Nurse Team Transformational Leadership programme. This work was completed in 2022.

Care Homes Foundation Standards

In 2019, the QNI was commissioned by NHS England and NHS Improvement to develop Standards of Education and Practice for Nurses new to Care Home Nursing Practice and these were completed and published in 2020. In 2022, the QNI commenced the development of field specific standards for education and practice in Adult Social Care Nursing for the NMC regulated specialist practitioner qualification (SPQ), building on these standards.



Notes to the accounts Year to 31 December 2022

Ellen Mary Legacy

The Ellen Mary Fund was established in 2019 from a legacy received from the family of a Queen's Nurse, whose mother, Ellen Mary left a legacy of £5K to support an annual prize for General Practice Nurse (GPN) students undertaking their NMC approved GPN specialist practice qualification.

Community Nurse Executive Network – CNEN

Hallam Medical has continued to sponsor CNEN. The QNI is very grateful to Hallam Medical for their continued commitment to the network and the work of the QNI.

Care Home Nurse Network

The QNI was funded by the RCN Foundation to support the ongoing development and associated activities of the Care Home Nurse Network for three years, commencing January 2020 to January 2023.

Bournemouth University

In September 2020, the QNI was contracted to provide teaching services to Bournemouth University for two years (2020 to 2022) in support of the General Practice Nurse (GPN) Fellowship programme and the programme for GPNs new to General Practice. The contract was renewed in September 2022 for a further 2 years to 2024.

Long-COVID - Community of Practice

In 2021, NHSE/I seed funded the QNI to create a Community of Practice for nurses supporting people with Long Covid in the Community. Additional funding was received in 2022, enabled the network activity to continue, including the revision of the QNI Long Covid learning resource, published in October 2022. Prioritising Community Services Best Practice Report

NHSE funded the QNI to undertake a scope of best practice in community services during the pandemic.

Case Studies (Families experiencing homelessness)

NHSE provided a grant to support the collection and publication of case studies to exemplify the work that nurses and Health Visitors have undertaken with children and families during the pandemic.

Nursing in Community-Inspiring the Future Generation

Health Education England funded the delivery of a project focused on encouraging students to share their experiences of excellent placements in community settings and to consider community as a first destination after qualifying as a nurse.

Demonstrating Value Study Days

The QNI was commissioned by NHSE to deliver Demonstrating Value Economic Health Assessment Study Days for community nurses in England.

Aspiring Leaders Programme

The successful Aspiring Leaders programme is now an open programme for all community nurses to be able to apply for the place through grant funding from employers, NHSE and the Company of Nurses.

Internationally Educated Nurses

The QNI was funded by NHSE to deliver a number of activities focused on supporting Internationally Educated Nurses (IENs) joining the NHS in a community service setting.

1st and 2nd Digital Events Nov 2021

The QNI was sponsored by Allocate and Teva to deliver two digital events remotely.

Personalised Care Innovation Programme

NHSE Personalised Care Directorate sponsored five places on the Community Nurse Innovation



Notes to the accounts Year to 31 December 2022

Programme, which commenced in March 2022 and completed in Q1 of 2023.

Executive Leadership Programme

NHSE funded two places for a QNI Executive Leadership Programme.

IPC Champions Network

DHSC provided funding to develop and deliver an Infection Prevention and Control (IPC) Champions Network in 2022 and 2023.

Wound Care Service Models in the Community

L&R (Lohmann & Rauscher) provided sponsorship funding for the delivery of a professional webinar focused on innovations in wound care.

Convening Special Interest Groups – Homeless and Inclusion Health

NHSE provided funding to support specialist interest sub-groups of the QNI Homeless and Inclusion Health network, providing an opportunity for sharing, learning and peer support.

Infographic Life Course – Nurses in the Community

NHSE commissioned the QNI to create an infographic to illustrate the support of nurses in the community throughout a person's life course.

Homeless and Inclusion Health programme

NHSE supported the delivery of the homeless and inclusion health programme, enabling more nurses to be engaged with the network learning.

Community Nursing Innovation Programme (CNIP)

The National Garden Scheme (NGS) provided funding to support innovation programmes focussed on gardens and health, matched by funding from the QNI.

Leeds Continuing Professional Development (CPD) Programme

The QNI were commissioned by Leeds Community Healthcare Trust to deliver a bespoke CPD programme for community staff nurses and AHPs in Leeds.

CNIP Open Programme

The CNIP is now open for employers to fund staff to be supported by the QNI in the delivery of their innovation project.

Community Nursing Research Forum

The Forum was funded by NHSE in 2022/23 in support of the delivery of the NHSE Community Nursing Plan.

Standards for Inclusion Health

Funding was received from The Office of Health Improvement and Disparities (OHID) to support the development of the Inclusion Health Nursing field specific standards for the Specialist Practitioner Qualification in 2022/23.

Notes to the accounts Year to 31 December 2022

21 Expendable endowment fund

The fund was established originally following the disposal of the QNI's freehold property in Belgravia, London. Movements on the endowment fund during the year to 31 December 2022 are as shown below:

	2022 £	2021 £
Fund value at 1 January	10,603,860	9,398,872
Net investment (losses) gains	(937,591)	1,204,988
Transfer to unrestricted general funds (see below)	(250,000)	—
Fund value at 31 December	9,416,269	10,603,860

Whilst the expendable endowment fund is ordinarily intended to be held as longer-term capital, investment income generated by the underlying investments is unrestricted based on the terms of the expendable endowment. Accordingly, the investment income is credited to the charity's unrestricted general funds, and any expenditure intended by Council to be met from the charity's expendable endowment is thus allocated against the charity's unrestricted general funds in the first instance.

The capital (including any cumulative unrealised gains) may be expended by the charity at the discretion of Council in accordance with self-imposed conditions consistent with the achievement of the charity's overall strategic plan. Council's general approach and policy is to keep the underlying capital preserved as far as possible, and to only convert the endowment fund into income funds where, for example, the investment income generated by the endowment alone is insufficient to cover the cost of strategic initiatives which is intended to be met from the endowment, or for example, where the charity requires a top-up of its general unrestricted funds in order to sustain an appropriate level of free reserves.

In light of the decrease in the charity's unrestricted general funds, Council have elected that £250,000 of the endowment capital is converted into unrestricted income funds during the year ended 31 December 2022.

Notes to the accounts Year to 31 December 2022

22 Analysis of net assets between funds

	General funds £	Tangible and heritage assets fund £	Designated funds £	Restricted funds £	Endowment funds £	Total 2022 £
Fund balances at 31 December 2022 are represented by:						
Tangible fixed assets	—	84,485	—	—	—	84,485
Investments	1,169,399	—	—	599,458	9,416,269	11,185,126
Net current (liabilities) assets	(343,639)	—	87,160	258,878	—	2,399
	825,760	84,485	87,160	858,336	9,416,269	11,272,010

	General funds £	Tangible and heritage assets fund £	Designated funds £	Restricted funds £	Endowment funds £	Total 2021 £
Fund balances at 31 December 2021 are represented by:						
Tangible fixed assets	—	86,955	—	—	—	86,955
Investments	1,081,668	—	250,000	1,215,281	9,957,283	12,504,232
Net current (liabilities) assets	(464,057)	—	90,162	39,495	646,577	312,177
	617,611	86,955	340,162	1,254,776	10,603,860	12,903,364

The total unrealised (losses) gains as at 31 December 2022 constitute movements on the revaluation of listed investments and are as follows:

	2022 £	2021 £
Cumulative unrealised gains within note 15		
On listed investments	2,406,665	4,078,295
Total unrealised gains at 31 December	2,406,665	4,078,295
Reconciliation of movements in unrealised gains (losses)		
Unrealised gains at 1 January	4,078,295	3,115,003
Less: in respect of disposals in the year	(681,457)	(436,324)
Net gains arising on revaluation in the year	(990,173)	1,399,616
Unrealised gains at 31 December	2,406,665	4,078,295

23 Operating leases

At 31 December 2022 the charity had annual commitments under non-cancellable operating leases as follows:

	Land and buildings	
	2022 £	2021 £
Due within:		
. One year	76,281	70,226
. Two to five years	209,774	193,122
	286,055	263,348



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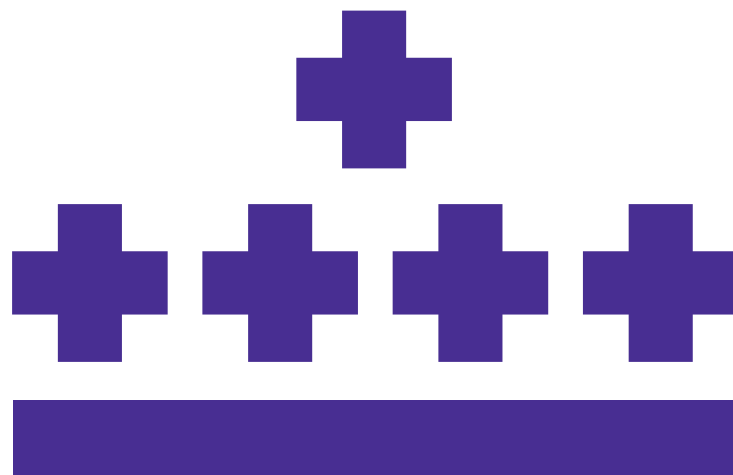
Charity no: 213128
Founded 1887



The Queen's Institute of Community Nursing

England & Wales - Charity number 213128

Accounts



Annual Report and Accounts

Year to 31 December 2021





*Hope is being able to see
that there is light despite
all of the darkness.*

Archbishop Desmond Tutu

As we emerge from the pandemic we pay tribute
to the resilience of our communities and those
key workers who kept people safe, delivered
services and who gave us all hope.



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Reference and administrative information about the charity, its members of Council and advisors

Patron Her Majesty The Queen

Vice Presidents Michael Cooper
Dr June Crown CBE
Professor Sir Sam Everington OBE
Zahir Fazal
Professor Dame Elizabeth Anionwu

The members of Council (Trustees at the date of this report, and those who served during 2021, are as follows:

Chair of Council Professor John Unsworth OBE*#1+

Nick Addyman #

Dale Carrington

Michael Cooper *#1 (retired June 2021 and appointed Vice President June 2021)

Professor Ami David MBE (retired June 2021)

Honourary Treasurer Richard Fass # (Appointed August 2021)

Zahir Fazal *#+ (retired December 2021 and appointed Vice President in December 2021)

Dr Judith Graham BEM

Clare Hawkins #2

Candace Imison

Dr Katerina Kolyva

Rosalynde Lowe CBE *

Dr Angela McLernon OBE

Helen Mehra

Dr Jenni Middleton

Rebecca Myers #2

Vice Chair Christine O'Connell #+

Dr Neesha Oozageer Gunowa

William Rathbone OBE *#1+

Jeremy Taylor OBE

* Council members nominated and appointed by the Patron

Members of the Finance Committee during 2021 (#1 stood down from Finance committee February 2021) (#2 joined Finance committee February 2021)

+ Members of the Remuneration Committee

Reference and administrative information about the charity, its members of Council and advisors

Chief Executive	Dr Crystal Oldman CBE, EdD, MSc, MA, PGDip, PGCEA, RGN, RHV, RNT, QN, FRCN
Charity Registration number	213128
Principal office	1A Henrietta Place London W1G 0LZ
Telephone	020 7549 1400
Email	mail@qni.org.uk
Website	www.qni.org.uk
Twitter	@TheQNI
Facebook	The Queen's Nursing Institute
Auditor	Buzzacott LLP 130 Wood Street London EC2V 6DL
Investment managers	Rathbone Investment Management Limited Port of Liverpool Building Pier Head Liverpool L3 1NW
Bankers	CAF Bank Limited 25 Kings Hill Avenue Kings Hill West Malling Kent ME19 4JQ
Solicitors	Russell Cooke LLP 2 Putney Hill London SW15 6AB

Foreword from the Chair



We started 2021 with a new sense of hope and optimism as the NHS set about delivering the largest vaccination campaign in its history. By December 2021 the NHS had delivered 111.7 million vaccinations allowing for the lifting of restrictions and a return to some sense of normality.

Covid-19 remains with us, and it sadly continues to take lives. It also continues to affect the delivery of services and care to people but as we move forward into a phase where the virus is endemic and managed through vaccination and treatment we can slowly return to normal. Obviously, much has changed in the past 18 months and like many organisations the QNI has adapted to new ways of working in maintaining our events, programmes and support for the profession, using a mix of online and hybrid events.

2021 has been another successful year for the Institute with progress being made on both our Strategic Plan and on our Race, Equality and Inclusivity Action Plan. As a professional body the Queen's Nursing Institute has grown in influence, reach and stature and as we reach our 135th anniversary in 2022, we remain committed to championing and supporting nursing in the community.

Our work during 2021 demonstrates the commitment of the Institute's staff, trustees and supporters. I would like to take this opportunity to thank Dr Crystal Oldman CBE the Institute's Chief Executive for her tireless leadership of our work and to also thank the staff, who collectively, make such an amazing contribution to community nursing and, thereby the lives of people, through our work.

My thanks also go to my fellow trustees who guide the strategic direction of the Institute and oversee delivery of the strategy. During 2021 Michael Cooper and Zahir Fazal stood down as Trustees having given between them 46 years of service, much of it in key leadership roles. Both Michael and Zahir were hugely supportive of the Institute and were a great source of advice and counsel to me as Chair. Thankfully, Her Majesty The Queen, as our Patron, agreed to their appointment as Vice-Presidents so they continue to support our work.

In addition, my colleagues Professor Ami David MBE and Dr Bob Brown stood down as trustees during 2021. Ami made a huge contribution to our work leading the Race, Equality and Inclusivity Review and continues her association with us as a Fellow. Bob, during his three terms of office, chaired our Community Nurse Executive Network (CNEN) developing the influence of Executive and Chief Nurses on national policy work. I am delighted that Helen Mehra, a fellow trustee, has agreed to Chair CNEN and I look forward to seeing the network's influence grow in the years to come. I was delighted to welcome Richard Fass as our new Honorary Treasurer and look forward to working with him to support the work of the QNI.

Of course, trustees are only a tiny fraction of the volunteers who support our work. Our Fellows contribute in supporting our programmes, mentoring leaders and project teams, as well as supporting our events and grants application process. Volunteers also play a key role in our Keep in Touch (KIT) project supporting retired nurses who may experience isolation and loneliness. The KIT project offers a vital lifeline for many people and the contact has continued during the pandemic when many people experienced greater isolation as a result of lockdowns. In addition, our Queen's Nurses' volunteer to lead regional groups and support our policy work as well as linking with our generous and long-established supporter, the National Garden Scheme.

Notable work on policy and standards during 2021 included the campaign to retain Community Specialist Practitioner annotations and field specific standards. The campaign ran alongside our continued involvement in the NMC's review of Community Post-Registration Standards, which culminated in a 16 week consultation exercise, starting in April 2021. The Institute was delighted that the NMC agreed to retain annotations for each field on the register and we are grateful to the four Chief Nursing Officers for their support of this proposal. During 2021 we published Voluntary Standards for Community Learning Disabilities Nursing in collaboration with QNIS and started work on new Practice Teacher Standards.

The QNI team organised meetings of our growing range of networks alongside a hugely successful 5 day online annual conference and online annual All Queen's Nurse event. Our annual conference attracted 2,500



Above: Covid-19 vaccine, photo courtesy of pexels

delegates from 17 countries across the globe and had speakers from a range of countries presenting on a wide range of nursing and health related issues.

Our networks and expert groups continued to develop and held regular meetings throughout 2021. The groups include Infection Prevention and Control Champions, funded by the Department of Health & Social Care, the Long Covid Expert Group and our long standing Homeless and Inclusion Health Programme. During 2021 we undertook the evaluation of the Homeless and Inclusion Health Programme funded by the Oak Foundation, as well as conducting new work on raising the profile of homeless and inclusion health nurses, producing transition resources to support people new to the role and developing case studies to support clinical practice (funded by NHSE/I). In addition, our successful Care Home Nurses Network and the Community Nurse Executive Network continued to meet virtually throughout the year, sharing good practice and intelligence from the frontline.

2021 also saw the Institute progress Innovation Projects using a blended approach supporting 10 nurse led innovation projects around the care of people with a learning disability and 10 nurse led innovation projects for people with complex care needs in primary care. The Institute is grateful to the Burdett Trust for Nursing for its support of these multiple projects, led by frontline practitioners.

Our vitally important support work continued including financial assistance, educational grants and telephone support of retired nurses (Keep in Touch - KiT) and our listening service for nurses, TalkToUs. We are grateful to Covid19 Healthcare Support Appeal (CHSA) for its support to our TalkToUs service during 2021 and into 2022. Our teams supporting the financial assistance, the grants function, our KiT and listening service offer vital support to nurses who find themselves in need or who are suffering from psychological distress. During the pandemic these services have become even more vital and provide a lifeline for those individuals who seek support.

2021 also saw the continuation of our leadership programmes. Thanks to a generous donation from the National Garden Scheme we were able to run the third cohort of Executive Nurse Leaders programme and we also ran Aspiring Leaders and the Northern Ireland DN Team Transformation Leadership programme.

The Queen's Nursing Institute was delighted to take the United Kingdom back into membership of the International Council of Nurses (ICN) during 2021. The ICN is a federation of more than 134 National Nursing Associations and the QNI membership enables us to share good practice, learn from others and to develop our international reach and reputation.

Finally, during 2021 Council commenced the delivery of the new 5-year strategy for the Institute. The strategy builds on the Institute's work and extends its reach, influence and standing. Alongside our Race and Inclusivity Action Plan the strategy will shape the work of the QNI over the next 5-years. Progress with implementing the actions from our Race and Inclusivity Action Plan has been very strong. We achieved a sizeable increase in successful Queen's Nurse applications from individuals from different ethnic backgrounds during 2021 and hope to see this continue to grow during the next few years.

2022 is the Institute's 135th anniversary and the QNI will begin a new phase in our evolution, cementing its role as the professional body supporting the entire community nursing family. I look forward to sharing details of this new phase with you in future reports and in our various publications.

Professor John Unsworth OBE
Chair of Council



Report of the Council 31 December 2021

The Council presents its report together with the accounts of The Queen's Nursing Institute (QNI) for the year ended 31 December 2021.

The accounts have been prepared in accordance with the accounting policies set out on pages 40 to 44 of the attached accounts and comply with the charity's Royal Charter, applicable laws and 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 United Kingdom and Republic of Ireland (FRS 102).

Objectives and activities

The Queen's Nursing Institute operates in England, Wales and Northern Ireland.

The Queen's Nursing Institute is an independent national charity that is dedicated to improving the nursing care of people in their communities and homes.

Our vision is that all people are provided with the best possible nursing care by the right nurse with the right skills in homes and communities, whenever and wherever it is needed.

The values provide the foundation for our work. They reflect the principles on which the QNI was first established by William Rathbone and Florence Nightingale in 1887.

Values

- ✦ Partnership: with people, patients, organisations and policy makers, ensuring individuals, families, carers and communities are at the heart of all we do.
- ✦ Integrity: living the values and seeing equality and diversity as strengths.
- ✦ Excellence: in nursing, supported by innovation and evidence.
- ✦ Independence: using evidence and insight to provide an independent voice.
- ✦ Advocacy: recognising the contribution of all community nurses.
- ✦ Legacy: cherishing the history of the QNI and our long-standing relationship with funders.

Public benefit

In setting and supporting the QNI's strategy and business plan, the members of Council continue to give careful consideration to the Charity Commission's general guidance on public benefit.

Strategic plan 2021 -2025

The strategic priorities and goals were published at the start of 2021, having been reviewed in detail by Council throughout 2020: <https://www.qni.org.uk/wp-content/uploads/2021/02/Strategic-Plan-2021-2025-1.pdf>

The goals reflect the development and progression of the QNI and its standing as a national charity focussed on excellent nursing care for all people in the community.

Influence

- 1. Policy Influence and Development:** to improve the health and wellbeing of individuals, carers, families and communities by local, national and international policy, including through the use of the nurse's voice.
- 2. Data and Evidence:** to provide independent intelligence about nursing in the community and primary care that is relevant and needed.



Above: District Nurse Sarah Smith

Quality

- 3. Innovation and Quality Improvement:** to improve nursing practice in the community through developing, testing and evaluating innovative approaches to care.
- 4. Standards:** to set national standards for nurse education and practice in community settings, which are recognised across the profession, educators and service providers.

Voice

- 5. Role models and Leaders:** to develop, promote and support excellent and diverse nursing leaders and role models and to empower nurses to raise their voice and articulate their value.
- 6. Support for Nurses:** to support the wellbeing of all community nurses, whether working or not, by listening and responding to their personal and professional needs.

Outcomes

The Trustees determined that the new strategic plan should include a renewed focus on outcomes which would also guide the development of the annual business plan and measures of achievement.

Influence

The QNI is the organisation that is called upon to contribute to national policy development and implementation when shaping nursing services in the context of a wider health and social care system.

Quality

Evidence from the QNI regarding quality improvement and standards is used to inform policy, research, practice and education and is recognised at all levels in the system.

Voice

A diverse community of Queen’s Nurses and others in the QNI networks successfully lead innovation and change, challenge inequalities and make a positive difference to the care of individuals, carers, families and communities.

Organisational Development

During the second year of the global Covid-19 pandemic in 2021, the QNI continued to build and strengthen its reputation as the leading professional organisation for community nurses. The QNI is highly valued and respected for its expertise in influencing policy, based on independent and objective data and evidence, the provision of valuable intelligence to the sector, supporting innovation, developing professional standards and supporting nurses and leaders in a wide variety of roles in all settings in the community.

Many of these areas of expertise within the QNI have been called upon over the two years of the pandemic, and we have continued in 2021 to provide a rapid insight at a national level into the experiences of nurses leading, managing and delivering care in the community and to influence policy through the data collected during the year.

During the year, the QNI has grown in response to the demand for our skills and our reach into all levels of the community nursing workforce. The QNI team has expanded in accordance with the enlarged portfolio of commissioned work and received an increase in its income from charitable activities over the year.



The Council of the QNI has throughout the year provided the expert governance and leadership required to ensure the delivery of the strategic plan 2021-2025 and the annual business plan, building a secure and positive future for the work of the charity.

Three members of Council retired during the year: Michael Cooper, Professor Ami David MBE and Zahir Fazal. The QNI is grateful for the time and expertise that they so generously gave to the QNI. Michael Cooper was a trustee for 19 years and was appointed as a Vice President of the QNI in 2021. Professor Ami David MBE retired in June 2021 and continues to support the QNI as a Fellow. Zahir Fazal, Honorary Treasurer, retired after 27 years as a trustee and was appointed as a Vice President in December 2021.

QNI Council was delighted that Richard Fass was appointed to the QNI Council as Honorary Treasurer in August 2021, enabling a five-month handover from Zahir Fazal.

In December 2021, Council member Helen Mehra became the Chair of the Community Nurse Executive Network (CNEN) as a Trustee and CNEN member, following the retirement of Dr Bob Brown. The QNI Council would like to express sincere thanks to Dr Brown who served as Chair of CNEN since its inception in 2014.

The activities undertaken by the QNI throughout 2021 to achieve the objectives of the first year of the QNI strategy (2021-2025) are set out in the section 'Achievements and Performance'.

Covid19 – impact on the work of the QNI

At the time of writing this report, the country has been through two years of a global pandemic. Tragically, more than 200,000 lives have been lost to the virus and lives have been changed forever through the loss of family, friends and colleagues. The enduring impact of the pandemic includes symptoms of Long Covid for an estimated million people in the UK and the research evidence to inform the support and management of people with Long Covid continues to emerge.

The work of the charity has continued to be impacted by the pandemic. A summary of the way in which we have responded as a charity is given below.

Impact in working practices

- The QNI offices were closed on 17 March 2020 and remained closed until the summer of 2021 when the national and regional lockdowns were lifted and the vaccination programme was well established.
- The majority of events and programmes have continued to be delivered online and some face-to-face events commenced in October 2021.
- Some members of the QNI team have returned for one or two days each week in the office at the time of writing the report;
- All team members have been able to work remotely from their homes;
- A flexible working policy is under development.

Financial impact

- In 2021 the QNI had a decrease in unrestricted income, primarily due to the change in the timing of the distribution of the National Garden Scheme (NGS) grants to beneficiaries. This has changed from March/April each year to, for the first time in 2021, November/December. The NGS grant received in March of £100K was the entire allocation for 2021 and the funding received in December 2021 was agreed to be used in 2022.



Above: Health Visitor
Sandra Oritesan

Achievements and performance - Impact of work in 2021

Goal One: Policy Influence and Development

In 2021, the QNI contributed expert nursing insight to more than 20 advisory groups of the arm's length bodies of the Department of Health and Social Care (including Public Health England – later becoming the Office for Health Improvement and Disparities; Health Education England and NHS England and NHS Improvement) and many other national and regional organisations.

Throughout the pandemic, the QNI has continued to be an organisation that is called upon for advice and guidance on national policy, including contributing to a number of regular advisory groups specifically focussed on the impact of Covid19 in the community and primary care.

Much of this work was informed by ongoing engagement by the QNI nursing team with the members of our active and very engaged QNI networks.

Where appropriate, Queen's Nurses were also called upon to represent the QNI in national advisory groups, demonstrating the value of expert Queen's Nurses to the work of the charity. In addition, members of other QNI networks, such as the Care Home Nurse Network and the Homeless and Inclusion Health Network came together with national nursing and policy leads on request to provide insight into the impact on government policies on the nursing work in their fields of practice during a pandemic.

The QNI delivered a highly successful online annual conference in October 2021. This was a five half-day event over a week, attended by more than 2,500 delegates from the UK, including nurses from more than 17 countries around the world. This number was up from 1,500 delegates in 2020 and nurses from 14 countries; it represents five times more delegates than we would have been able to accommodate in the pre-pandemic annual two-day, face-to-face event in London and the feedback from the conference was again, outstanding.

The conference was a gift to all nurses who had been managing the pandemic and the same approach is being maintained for the annual online conference in 2022. Several very high-profile speakers and celebrities joined the QNI conference and the theme of inequalities in health and 'Building Back Fairer' was very well received: <https://www.qni.org.uk/news-and-events/events/qni-annual-conference-2021-building-back-fairer/> In 2021, Hallam Medical sponsored the creation of an animated film on Nursing in the Community, aimed at demonstrating the wide variety of roles and potential careers in the community: <https://www.qni.org.uk/news-and-events/news/year-of-the-nurse-and-the-midwife-celebrated-in-new-animation/> The feedback on the film has been excellent and its utility widespread beyond the QNI. The QNI is grateful to both Hallam Medical who funded the production of the film, with expert advice from the QNI, and actor Stephen McGann for providing the voiceover for the animation.

“ Thank you for such a phenomenal 5 days of conference, speakers have been stellar and I am leaving inspired, re-energised and full of the art of the possible for community nursing as we move forward. It has been awesome #qni2021.”

Delegate feedback from 2021 QNI Conference

Goal Two: Data and Evidence

The planned work of the ICNO in 2021 to explore the workload of the district nursing service was understandably delayed by the pandemic. However, 26 community service provider organisations participated in data collection throughout 2021, contributing to the publication of QNI Workforce Standards for the District Nursing service in February 2022: <https://www.qni.org.uk/news-and-events/news/new-workforce-standards-for-district-nursing-launched/> The publication has been exceptionally well received by provider services and many plan to implement the standards across their organisation or even wider – such as a whole Integrated Care System in England. The impact of this piece of work will be profound as, if applied, the shortage of District Nurses in the UK will be quantified, giving an opportunity for a workforce plan to be developed to meet the evidence-based gap, locally, regionally and nationally.

“Nursing is a profession of vigilance not simply one of task delivery. Scheduling of work must be person centred and individualised and the named Registered Nurse must determine the appropriate ‘window’ of time to deliver holistic care. This should not be delegated to scheduling platforms or applications as these are currently unproven.

Professor Alison Leary MBE on the QNI Workforce Standards for the District Nursing service

The report commissioned by NHS England and NHS Improvement in 2020, which focussed on General Practice Nursing (GPN) during the first wave of the pandemic, was published in January 2021: <https://www.qni.org.uk/wp-content/uploads/2021/01/GPN-SurveyReport.pdf> There were 3,177 respondents to the survey and the findings highlighted that the pandemic had magnified existing and ongoing challenges for General Practice Nurses. These included perceiving that their knowledge and skills were undervalued and experiencing poorer terms and conditions and lower salaries in comparison to colleagues working at a similar level in NHS provider organisations. The QNI arranged for a GPN symposium in March 2021 to discuss the findings with leading General Practitioners and Primary Care policy makers in England, where every participant committed to take an action to address the issues raised in the report. The discussion and actions were followed up with a second meeting of the group in September 2021 and a third in January 2022. The two most significant outcomes of the GPN symposia were the recognition of the work of GPNs by the GP contract negotiating teams of NHSE/I and the General Practice Committee of the British Medical Association and the worked proposal for a GPN Deanery to support the career pathway, education and training of General Practice Nurses.

In 2021, the QNI published the eighth annual District Nurse education audit which details the numbers of District Nurses (DN) who have undertaken the NMC recordable Specialist Practice Qualification (SPQ) in the UK. The QNI audit has become an annual reference point nationally for tracking the trends of District Nurse education and the professional qualification of the leaders of District Nursing teams. The report highlighted an increase of 10% in the number of District Nurses trained in 2019/20 compared to the previous year, continuing the overall trend of growth in recent years: <https://www.qni.org.uk/news-and-events/news/annual-district-nurse-education-report-published/>. However, data collected from members of the QNI Community Nurse Executive Network in 2021, highlighted that twice the number of District Nurses undertaking the SPQ is required in England to manage the significant increase in demand for their expert clinical skills and team leadership.

Goal Three: Innovation and Quality Improvement

Community Nurse Innovation Programme (CNIP)

The Burdett Trust for Nursing generously provided funding for ten nurse-led innovation projects focused on supporting people with a Learning Disability, and these were recruited in early 2020. The programme was placed on hold due to the pandemic and commenced with a virtual delivery in September 2020 and throughout 2021.

“We have now produced 1000 passports, more than the original 500. These have been shared widely across Wirral with help from local special school nurses and parent carer organisations. Individual and personalised support has been offered to many families since the launch of the passport, to help them understand how it can benefit their child, enhance communication and access to services.

Tracey Hartley-Smith, Clinical Lead for CAMHS Learning Disability Service, Wirral and Project Lead



Above: The Annual Conference on Zoom - saying thank you to speakers courtesy of British Sign Language

Due to the pandemic, some projects have taken longer than the normal 13 months to complete and at the time of writing the report, there are still two which have not fully finished. The projects which have completed include significant innovations in practice, many of which are likely to scale and spread into practice nationally. The significant outcomes of one project can be viewed here: <https://www.qni.org.uk/explore-qni/nurse-led-projects/learning-disabilities/>

The Burdett Trust for Nursing also funded ten nurse led innovation projects focused on supporting people with Complex Needs in Primary Care. This cohort of project leaders commenced the programme online in January 2021 and are due to complete in the spring of 2022. The range of innovations and settings are impressive and again, when completed may impact nationally on practice.

NHSE/I has provided funding for five community nurses to undertake the Community Nurse Innovation Programme focusing their projects on Personalised Care. The cohort commenced in March 2022 and will experience a hybrid model of virtual and face-to-face delivery. The cohort joins the seven innovation project leads who have been funded by the National Garden Scheme to undertake the NGS/Elsie Wagg Scholarships focused on Gardens and Health: <https://www.qni.org.uk/news-and-events/news/qni-and-national-garden-scheme-announce-new-community-nursing-scholarship/>

Homeless and Inclusion Health Programme

The Oak Foundation funded the Homeless Health Programme for three years (May 2017 – April 2020) along with matched funding from the QNI. The Oak Foundation generously agreed to allowing the underspend to be used to continue the work throughout the remainder of 2020 and into early 2021 after the end of the contract period, given that no funding had been secured at the time to continue the work.

“ I have to say, they're absolutely phenomenal, the way it's organised, the work that goes on, the work that we see and the work that goes on in the background.

Academic/Specialist Practitioner, London on the HHH Programme

An evaluation of the three years of the programme commenced in 2020 and a report was published on the programme in March 2021: <https://www.qni.org.uk/wp-content/uploads/2022/01/QNI-Homeless-and-Inclusion-Health-Programme-Evaluation-Report-2021.pdf> The impact of the Homeless and Inclusion Health programme on practitioners and thereby the health of the people they serve is evident in the analysis of the extensive and detailed research undertaken. The QNI is very grateful to the Oak Foundation for the funding received to enable the Homeless and Inclusion Health Programme to be delivered for four years and for funding such a powerful and informative evaluation.

In 2021, the QNI was fortunate to receive funding from NHSE/I to support some elements of the Homeless and Inclusion Health Programme. These included: Raising the Profile of Homeless and Inclusion Health Nursing; Transition to Homeless Health Nursing and Case Studies (Families Experiencing Homelessness). The very welcome funding enabled the QNI to continue to facilitate the learning and sharing of nurses delivering care to vulnerable groups during the pandemic, including people experiencing homelessness, people who are vulnerably housed, sex workers, Gypsy, Traveller, Roma, Boater and Showmen.

“ Thank you for showing me the QNI’s website and the student resource page on homeless and inclusion health. I really like the ‘a day in the life’ case studies. There are so many community services working with marginalised people that I was unaware of. I can’t wait to see the presentation on homeless and inclusion health. Student feedback on Homeless and Inclusion Health website

The learning and sharing within the participants of the groups has provided solutions and rapid learning which would not have been possible as isolated practitioners. The groups have also provided data and intelligence for policy makers in NHSE/I and the Ministry of Housing, Communities and Local Government in England, where a Queen’s Nurse is currently the clinical lead for this work: <https://www.gov.uk/government/news/government-continues-drive-to-end-rough-sleeping-building-on-success-of-everyone-in>. Members of the network have also contributed to the All-Party Parliamentary Group (APPG) on Homelessness, providing evidence of the impact on the health and wellbeing of individuals and families experiencing homelessness. The learning resources for nurses working in homeless and inclusion health services were updated throughout 2021 and will continue to be reviewed and revised in relation to learning from the pandemic.

Regular communication with the network of 1,700 members has continued throughout 2021; the updates keep the network informed of policies related to their practice and innovations by fellow members are shared. The programme lead also provided individual support for practitioners and homelessness services throughout the year.

Recognition of the importance of this critical work has resulted in some very welcome funding again from NHS England and NHS Improvement in 2022 to enable some elements of the work to continue. The QNI continues to seek longer term, sustainable funding for the programme of work which has proved to be a lifeline for practitioners over the last 15 years.

International Recruitment support programme (NHSE/I)

Following a competitive tendering process, the QNI was funded to deliver a support programme for NHSE/I focused on supporting six NHS community services pilot sites to recruit and support Internationally Educated Nurses (IENs) joining their organisations. The work included the provision of regular opportunities for engagement and learning, including seminars, a community of practice and a conference day for sharing and learning.

The QNI website has also been developed to include pages which are specifically focussed on inspiring IENs with opportunities for working in the community and sharing the experiences of colleagues who have joined community services: <https://www.qni.org.uk/nursing-in-the-community/international-recruitment-to-the-community/> An International Community Nurse of the Year Award commenced in 2021 and will continue each year as one of the annual QNI Awards. Internationally educated nurses have always been a significant part of the health and social care workforce in the UK and it has been a pleasure to meet and work with many of them in the delivery of this work.

“ Thank you to all the organisers. This event has been really informative. Looking forward to join the NHS soon. Delegate feedback at the International Recruitment in Community Nursing Conference

Long Covid Nurse Expert Group (Community of Practice)

In 2021, NHSE/I seed-funded the QNI to create a Community of Practice for nurses supporting people with Long Covid in the Community. A group of expert nurses was developed, with members from every field of practice in the community serving babies, children, young people and adults of all ages. The groups met throughout the year to share and learn from the emerging evidence and its application to the communities served and the feedback has been superb.



Above: Queen's Nurse Kendra Schneller with a patient

“ The key aim of the nurse expert group is to use the combined insight, expertise, knowledge and intelligence of the group to inform the Long Covid agenda by articulating the voice of community nursing.

Experts by Experience participate in the groups and provide the opportunity for reflection in relation to the development of services and nursing practice. Regular newsletters keep the member of the groups informed and pages of the website have been developed to support learning and provide up-to-date resources: <https://www.qni.org.uk/nursing-in-the-community/long-covid-nurse-expert-group/> The lead for the Community of Practice and members of the group also provide insight to NHSE/I's strategic advisory group, on the development of Long Covid services in the community.

Additional funding from NHSE/I was agreed in Q4 of 2021 to enable this excellent work to continue. This funding was received in Q1 in 2022, and will enable the network activity to continue, including the revision and update of the QNI Long Covid learning resource.

Demonstrating Value Study Days

Funding was received to deliver study days focused on teaching nurses in Northern Ireland how to demonstrate and articulate their value. These days are popular, with the skills learned applied in practice immediately by the participants. An increased number of commissions for this work have been received from Northern Ireland in 2022 and it is anticipated that NHSE/I will also be commissioning this programme for community nurses in 2022.

Goal Four: Standards

The QNI is recognised for its expertise in post-registration community nurse education. The nurses employed by the QNI have considerable experience of working in higher education, leading and managing programmes, and in practice at a senior level in community and primary care settings. This level of experience and capability provides an opportunity for the nurses to lead on work focused on the development of standards for education and practice.

QNI/QNIS Standards for Education and Practice for Community Learning Disability Nursing

The QNI has for the last seven years, partnered with Queen's Nursing Institute Scotland (QNIS), to produce high quality voluntary standards for practice and education to support the development and delivery of specialist practice community nursing programmes, such as District Nursing (2015), General Practice Nursing (2017) and Community Children's Nursing (2018): <https://www.qni.org.uk/nursing-in-the-community/standards/>

The feedback from universities and practice on the voluntary standards is excellent and most education providers map their programmes to the QNI/QNIS standards. This provides a consistency of education

“ The standards reflect the current practice of the modern-day community learning disability nurse specialist practitioner, including specific competencies for this specialist area of practice. To develop the standards, it was essential to gain an insight into the challenges and experiences of learning disability nurses working in the community setting today.

Angie Hack, Assistant Director of Nursing Programmes, QNI, co-author of the new standards

across the UK, reflecting the expectations of the modern-day specialist community nursing practitioner. Throughout the first half of 2021, the QNI and QNIS continued the work to complete the voluntary standards for Community Learning Disability Nursing (CLDN) Education and Practice. UK wide practice visits and focus groups with expert practitioners had taken place prior to the national lockdown in 2020, and the standards were published in April 2021: <https://www.qni.org.uk/resources/community-learning-disability-nursing-standards/> The standards were welcomed by service providers and Community Learning Disability Nurses and will be used to support the development of CLDN programmes in universities.

Practice Teacher Standards

In September 2021, the QNI commenced the development of Practice Teacher standards, responding to the demand from practice. The absence of any NMC standards for Practice Teacher has led to the closure of the university-based Practice Teacher programmes in the UK, with no equivalent replacement. Members of the advisory group have been enthusiastic in their support of the work and focus groups have been attended by more than 400 nurses, many of whom have been supported in their learning by a Practice Teacher or are working as a Practice Teacher currently.

The QNI national standards are due to be published in July 2022 and will support the development and potential reinstatement of Practice Teacher programmes in universities, providing the opportunity for nurses learning to work at an advanced level of practice to be supported by a qualified Practice Teacher.

Participation in the Nursing and Midwifery Council review of community specialist post-registration standards

The QNI continued in 2021 to participate in the NMC steering group for the review of the regulated community specialist post-registration qualifications which commenced in the summer of 2019. The specialist areas of community practice and education which have now been reviewed include Health Visiting, School Nursing, Occupational Health Nursing, District Nursing, Community Children's Nursing, General Practice Nursing, Community Learning Disability Nursing and Community Mental Health Nursing.

The QNI, many Queen's Nurses and other organisations with expert experience, knowledge and skills in community nursing participated in the engagement phase. The draft standards were released for consultation in April 2021 for a period of sixteen weeks. It is the expert view of the QNI that the absence in the draft standards of field specific standards to support annotations – such as District Nursing – will lead to unwarranted variation in programmes of education and will present a risk to patient safety.

This view is shared by nine other organisations who are in community nurse education and practice and in 2021 the QNI campaigned for field specific standards to be included in the draft standards. The campaign did not result in any changes at the time of writing the report, there is every indication that there will be no field specific standards included in the final standards.

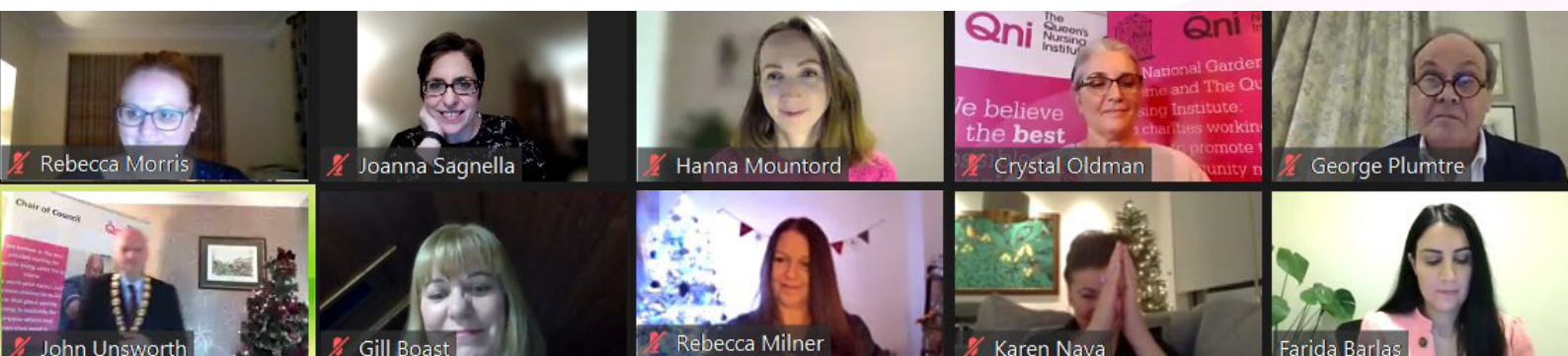
Whilst disappointing in relation to patient safety, this does provide an opportunity for the QNI to take the lead in developing field specific standards in the future, continuing the work we have undertaken very successfully in the last eight years.

Standards for nurses new to community settings

In 2021 the QNI published the second of two commissioned publications supporting the education and practice of nurses working in a community setting: Standards for Education and Practice for nurses new to Care Home Nursing, funded by NHS England and NHS Improvement (2021): <https://www.qni.org.uk/news-and-events/news/new-education-and-practice-standards-for-care-home-nurses>

“ The new standards are a very welcome addition to the knowledge base of nurses working in the Care Home sector. I would like to thank all those who worked in partnership to deliver this project; it is a significant achievement that will help support high standards of learning, leadership and care delivery in Care Homes across the country.

Professor Deborah Sturdy OBE, Chief Nurse for Adult Social Care in England



Above: Delegates at the Online Awards Ceremony in 2021

Commissions of this nature demonstrate the need for nurses new to working in community settings to have a consistent professional development experience, with programmes of education and practice, created and delivered by universities in partnership with practice, which are based on these national standards.

Association of Academic General Practice Nurse Educators (AAGPNE)

In addition to the standards for nurses new to General Practice, the QNI has built on the original commission from NHSE/I in 2018 to develop an Association of Academic General Practice Nurse Educators (AAGPNE) to support the ongoing development of standards on which universities would build programmes of education and training for General Practice Nurses throughout their careers.

There are now 74 Members and 20 Associate members from across the UK. Meetings of AAGPNE members were quarterly online in 2021, providing an opportunity for professional debate, sharing of best practice, innovations, quality assurance processes, challenges and solutions in GPN education. AAGPNE is co-chaired by the programme leader at the QNI and a web-based resource continues to be developed – the General Practice Nurse Education Network (GPNEN). This is a repository of educational and practice resources for GPNs which is free to access. The site has now been live for more than three years and requires just three clicks to access material: <https://gpnen.org.uk/> The feedback from AAGPNE members and those who have used the GPNEN resources has been extremely positive, demonstrating the impact of an education network and resource in the support of General Practice Nurse education and practice.

“ Thank you for raising our concerns as AAGPNE members in respect of the NMC review of post registration standards and for listening to our concerns. I do feel we as a group have the capacity to influence change and I very much value this opportunity as an academic member. AAGPNE member

Bournemouth University: Support for GPN programmes

In September 2020, the QNI was contracted to provide teaching services to Bournemouth University for two years (2020 to 2022) in support of the General Practice Nurse (GPN) Fellowship programme and the programme for GPNs new to General Practice. More than 80 GPN students are now being supported virtually by the Deputy Director of Nursing Programmes, providing the QNI with an excellent insight into the experiences of nurses new to General Practice, which then informs our policy influencing work.

Nursing in the Community – inspiring the future generation

Health Education England provided funding for a project to inspire student nurses about the potential to learn on a clinical placement in the community and to understand the career opportunities in the community. The work in 2021 included the delivery of a Facebook Live event and the development of the website to include pages designed with advice from student nurses on the content: <https://www.qni.org.uk/students/resources-for-students-and-newly-qualified-nurses/>

A survey was undertaken to capture the varied experiences of student nurses in relation to learning on community placements and to inform the project. It is due to be published in 2022, along with examples of good practice. The myths of community as a first destination for a newly qualified nurses have been broken through the blogs of nurses who have found community to be an excellent first destination for consolidating and growing their skills and knowledge.

Publication: District Nursing at a Glance

Matthew Bradby, Head of Communications, led a project for several years working with a large number of Queen's Nurses to create the book, commissioned by Wiley as part of their 'At A Glance' series 'District Nursing at a Glance':

<https://www.wiley.com/en-gb/District+Nursing+at+a+Glance-p-9781119023456#:~:text=District%20Nursing%20at%20a%20Glance%20is%20the%20perfect%20study%20and,its%20implications%20for%20nursing%20practice.>

Matthew and the more than 60 Queen's Nurses who contributed to the book are to be congratulated on the achievement. The book is aimed at an audience of pre-registration student nurses learning about caring for people in the community within the District Nursing service and universities are expected to purchase the book for their libraries in both hard and soft copies.

Goal Five: Role Models and Leaders

Queen's Nurses

The QNI benefited from a generous grant from the National Garden Scheme (NGS) to continue the work of the QNI in developing and supporting an increased number of Queen's Nurses (QN) in 2022.

The application procedure was converted to an online process in 2021 and resulted in 317 new Queen's Nurses being awarded the title, bringing the total to 1,700 on the active register. The online Award Ceremony to formally record the Queen's Nurse title for each of the nurses took place in December 2021 with more than 650 participants.

The annual Queen's Nurse Day took place in April 2021 and was very successful, with excellent feedback from the 400 participants. Regional meetings have continued virtually and have given the QNI team and the Queen's Nurses the opportunity to participate in a way that might not have been possible with the travelling challenges and additional time commitment with a face-to-face event.

Throughout the second year of the pandemic in 2021, the QNI continued to support Queen's Nurses to make a significant contribution to national work in England, including involvement in national consultations, advisory and focus groups. Examples include two Queen's Nurses appointed as the co-chairs of the NHSE/I advisory group for the national community nursing plan which commenced in 2020 and several QNs appointed as part of the team of 14 year-long Community Nursing Fellows in NHSE/I to support the delivery of the Community Nursing Plan.

“ Feeling honoured and humbled and proud and thankful to be receiving my QN title this evening.
New Queen's Nurse at the Award Ceremony

Executive Leadership Programme

In 2017, in recognition of the 130th anniversary of its foundation and the NGS' 90th anniversary, the NGS awarded the QNI with a grant specifically to support the development of Queen's Nurses working at an executive level who wish to move to a more senior post in the future. The restricted grant provided sufficient funds to support two cohorts of the leadership programme in 2018 and 2019.

The programme was on hold in 2020 due to the pandemic and the uncertainty of NGS funding due to the closure of gardens. However, we were delighted to receive restricted funding for the programme at the end of 2020, which enabled the programme to be delivered to the third cohort of Executive Queen's Nurses in the summer of 2021, completing in February 2022. The QNI is grateful to the NGS for supporting a fourth cohort of Executive Nurse Leaders who started the programme in March 2022.

“ The QNI Executive Nurse Leadership was one of the best professional experiences that I have been privileged to be part of. It inspired me, gave me my voice - thank you George, the NGS and the QNI.’
Salli Pilcher, Registered Nurse, feedback on Executive Nurse Leadership Programme



Above: Audrey Devere-Adamah, Assistant Director, Workforce Manager NHSE/I on film talking about the Executive Nurse Leadership Programme

The impact of the programme is profound, with participants' careers accelerated and enhanced as a direct result of the growth and development on the programme. We are delighted that NGS Chief Executive George Plumtre meets with every cohort and shares the NGS vision and aspiration for Queen's Nurses to be in the most senior positions in the health and social care services in the UK.

The Executive Nurse Leadership programme has had such remarkable success and impact that the QNI has responded to demand from senior nurses and will be offering the opportunity to participate through employer sponsorship in 2022: <https://www.qni.org.uk/explore-qni/leadership-programmes/executive-nurse-leadership-programme/>

Aspiring Leaders Programme

After two very successful cohorts of Aspiring Leaders (Queen's Nurses) were funded by the Council in 2018 and 2019 as a 'proof of concept', the QNI now offers places on the programme to all community nurses on a sponsorship basis.

Employers in 2021 had the opportunity to sponsor a member of their staff to undertake the programme. The demand has been so great that two cohorts have been planned for delivery in 2022: <https://www.qni.org.uk/explore-qni/leadership-programmes/aspiring-leaders/>

“ It's the best move you will ever make, and you will wonder how on earth have I been going on so long without all these tools that this leadership course can offer you.”

Charlotte Hudd, Registered Nurse, feedback on Aspiring Leaders Programme

Northern Ireland District Nurse Team Transformational Leadership Programme

In 2019 the QNI was commissioned by the Public Health Agency of Northern Ireland, in partnership with the Chief Nursing Officer of Northern Ireland in the Department of Health, to develop and deliver a District Nurse Team Transformational Leadership programme.

Two of the four cohorts were fully delivered prior to the pandemic and another was partly delivered. The work has largely been on hold for the last two years except for the online delivery for 'Demonstrating Value' sessions. The QNI is currently negotiating a revised programme delivery for face-to-face events as part of the programme in Northern Ireland in 2022.

Community Nurse Executive Network – CNEN

The QNI is very grateful to Hallam Medical for their continued sponsorship of the Community Nurse Executive Network (CNEN). The network provides a safe space for executive level nurses in community provider organisations, large care home and hospice providers, to come together to share challenges and solutions and to be updated from senior leaders in the NHS and social care.

Launched in 2016, CNEN is now established as a valuable way to facilitate sharing best practice, challenges and solutions, while supporting leadership and management practice in community services amongst peers.



The CNEN membership has gained further members throughout 2021, from 160 to 170. Prior to the pandemic, the CNEN would meet twice a year in London. Meetings started to be delivered online monthly in 2020 and have continued in this way throughout 2021. Speakers included the Chief Nurse for England, the Chief Nurse for Social Care at the Department of Health and Social Care (DHSC) and the executive lead for community services at NHSE/I.

Senior policy makers have continued to request to meet with members to discuss developing policy initiatives and the impact on practice and to test the impact of various policy options. The QNI is delighted that Helen Mehra, QNI Council member and CNEN member was appointed as Chair of CNEN in January 2022, following the retirement of Dr Bob Brown. The QNI is very grateful to Dr Bib Brown for his commitment to CNEN and being an expert chair since its inception in 2016.

Care Home Nurse Network

The QNI is grateful to the RCN Foundation that have supported the ongoing development of the Care Home Nurse Network and associated activities under a contract from January 2020 to December 2022. After an initial face-to-face event in February 2020, the work continued to be delivered virtually, with a significant growth in the membership in 2021.

The purpose of the network is to offer an opportunity to share and learn; the network activity includes access to a closed Facebook page, online events, the development of a learning repository for Care Home Nurses and a quarterly newsletter.

The Care Home Nurse network has grown to a membership of 1,467 (from 835 in 2020) at the time of writing this report. The themed events attract around 250 delegates and have excellent speakers who energise and inform – as well as engaging to understand the impact of policy initiatives on this critical part of the health and social care system. The feedback from the participants and members of the Care Home Nurse Network have been outstanding and a separate network of Infection Prevention and Control Champions has been created, following funding from the Chief Nursing Officer of the Department of Health and Social Care.

Infection Prevention and Control (IPC) Champions

The Department of Health and Social Care agreed funding in 2021 for the commencement of an IPC Champions Network. The work commenced in October 2021 and provides an excellent clinical focus for members who take a lead role in their organisations for IPC. In a short space of time, membership grew to 900, with around 300 attendees at the events, demonstrating the need for the network and the ongoing appetite for learning on IPC in adult social care.

“ Thank you to all the speakers, very informative and encouraging.
Delegate at IPC network event

Goal Six: Support for Nurses

Financial hardship grants

Nurses have continued to be severely financially impacted by a loss of income because of the pandemic. This includes the impact of a Covid-19 infection and being unable to work or, if clinically vulnerable, being required to shield. In some cases, as a registered nurse, they have had access to only statutory sick pay, despite having a long service history with their employers.

In other cases, partners have been become unemployed and the family has suffered a significant loss of income. Towards the end of 2021, the charity began to see an increase in applications for financial assistance for those who had been impacted by the reduction in Universal Credit. Applications are expected to increase as the cost of living exceeds pay rises and the fuel increases impact on heating homes and transport costs.



Above: District Nurse Sarah Smith

“ ‘I really can't thank you enough for this. It will certainly take the pressure off whilst I take time off work with my family to grieve for my husband. Thank you again so much for your support and again for awarding me this financial help at this extremely difficult time’.
Financial grant recipient

The financial grants have continued as usual for nurses in financial difficulty and suffering financial hardship that was not directly created by the pandemic. Many of these beneficiaries were in extremely challenging and tragic circumstances in relation to themselves or family members, including domestic violence and terminal illnesses.

In 2021, 95 nurses were supported in this way (2020 - 98). In addition, the number of nurses receiving regular grants in 2021 was 17 (2020- 19).

The difference that the QNI funding makes to the nurses who are experiencing often extremely complex and challenging situations in their lives is significant. The process is responsive and individualised and recipients often report directly to the Grants Manager that the QNI funding provided a lifeline and recognition of their needs when they were at their most vulnerable.

The QNI is delighted to be working with the Company of Nurses Charitable Trust in administering their financial hardship fund for nurses to the value of £5,000 annually, an agreement which commenced in 2019. This has enabled even more nurses to be supported and the QNI is pleased that this continued in 2021 with the distribution of a further £5,000.

Education grants

The QNI awarded education grants in 2021 that have benefited 68 nurses (23 in 2020) in the completion of professional development programmes to advance their knowledge and skills in community and primary care nursing roles.

The grants are awarded where there is no recourse to funding from the applicant's employer and where the immediate benefit to the people served by the nurse is clearly demonstrated, such as being educated in advanced clinical assessment skills and independent prescribing. In this way, the QNI is ensuring that improved access to highly skilled nurses continues to grow and be sustained.

Since 2019 the QNI has been supported by the Company of Nurses Charitable Trust, with the QNI Grants Department to administer their education grants specifically for nurses working with people experiencing homelessness, from the Chantry Robinson Fund: Donations and Funds - The Company of Nurses Two places for the Inclusion Health course at University College London were successfully funded in 2019, 2020 and 2021.

“ ‘I would like to thank QNI for providing such support at a time I nearly gave up.
Education grant recipient

The outcomes and the impact for the nurses who undertook the course have been closely followed by the QNI and the Company of Nurses. An independent evaluation of the outcomes of all education grants awarded by the QNI in recent years was undertaken in 2021 by QNI Fellow, Professor Ros Bryar and has informed some evidence-based changes to the application and evaluation processes.

Education Prizes

Philip Goodeve-Docker Memorial Prize

The Philip Goodeve-Docker Memorial Prize was established in memory of a young man who in 2013 embarked on a fundraising challenge to cross Greenland to raise money for the QNI. His grandfather had been a QNI Council member and Treasurer for over 25 years. Tragically Philip lost his life in the endeavour but his family and friends raised over £60,000 for the QNI in his memory. The memorial prize is awarded for outstanding achievement in the District Nursing SPQ at every university in England, Wales and Northern Ireland where the programme is offered. Many prize winners have subsequently become Queen's Nurses or have continued their affiliation with the charity in other ways.

“ Thank you to the family of Philip Goodeve-Docker for sharing, a brave and incredible act by Philip. Thank you for creating a memorial prize in his honour and to celebrate his memory. I'm sure those receiving this prize are truly humbled and honoured.

Queen's Nurse speaking about Philip Goodeve-Docker memorial prize at Awards Ceremony 2021

Dora Roylance Memorial Prize

The QNI received a legacy of £21,792 from a retired QN who died in 2015. The specification was that it was to be used for the support of Health Visitor education. A Dora Roylance Memorial Prize has been created which is similar to the Philip Goodeve-Docker Memorial Prize; it is for the most outstanding achievement for every student Health Visitor in every university offering the Health Visitor programme in England, Wales and Northern Ireland. Taking into consideration the number of universities offering the Health Visitor programme and the total of the fund, the award of prizes is likely to last approximately 15 years.

Ellen Mary Memorial Prize

The Ellen Mary Fund was established in 2019 from a legacy received from the family of a Queen's Nurse, whose mother, Ellen Mary left a legacy of £5K to support an annual prize for General Practice Nurse (GPN) students undertaking their NMC approved GPN specialist practice qualification.

Financial support

'Keep in Touch' programme

The 'Keep in Touch' programme provides an opportunity for retired Queen's Nurses and other socially isolated community nurses, many of whom are referred via the QNI financial assistance programme, to be supported by a volunteer Queen's Nurse via the telephone. The initiative is funded by a legacy from a retired Queen's Nurse and 2021 was the fifth and very successful year of the service.

34 volunteers have been 'matched' to a beneficiary of the service and they provide a telephone befriending service either weekly or fortnightly. In total there are 44 beneficiaries of the service, with 10 being supported by the 'Keep in Touch' programme manager.

In 2021, the service proved to be a trusted lifeline as the people supported became increasingly isolated during the second year of the pandemic. Many were not able to leave their home or welcome visitors to their home in the way that they had been able to prior to the pandemic. The regular calls from Queen's Nurses who are working and in touch with practice was incredibly welcome throughout the year.

“ I have been shielding for so long now, it is so good to hear from my volunteer weekly – she keeps me in touch with the outside world.

KiT member



Above: Queen's Nurse
Liz Alderton

The Keep in Touch service has continued to be evaluated extremely positively in 2021, with excellent feedback from both the retired Queen's Nurses and the volunteers. The annual volunteer update days were held online on two Saturdays in November 2021, with 28 volunteers attending across the two days. The sharing of experiences and challenges during these two days provided the QNI 'Keep in Touch' team and the Chief Executive with feedback to further enhance and build the support and guidance offered to the volunteers as part of the support programme.

TalkToUs

The TalkToUs service was set up and launched in May 2020, in direct response to the expressed need of nurses in the QNI networks working on frontline services during the pandemic. It was recognised that nurses were under extreme pressure in their workplaces in the community. Many called to speak to members of the team to tell their stories and were immediately provided with emotional support. The service was initially funded in 2020 through donations to the QNI from sponsorship of the Chief Executive and two Queen's Nurses who undertook activities to raise funds.

“ Just knowing you are there if I need you is a great comfort to me.
TalkToUs beneficiary

In December 2020, the QNI was delighted to receive a grant from the Covid19 Healthcare Support Appeal (CHSA) to enable the service to continue throughout 2021. Being able to signpost to the QNI and other charities that offer financial hardship grants has also been very helpful in supporting nurses in very complex and challenging personal circumstances. In the summer of 2021, the QNI was offered the opportunity to apply to CHSA for a further grant, to enable the service to continue throughout 2022. We were delighted to be successful with this grant application.

The now established TalkToUs listening service provides support all nurses in need of emotional support from trained listeners. The lead for the Keep in Touch service who provided the initial training and support structure continued in 2021 to provide the supervision and annual professional updates for the nurses providing the listening service: <https://www.qni.org.uk/help-for-nurses/talktous/>

The service responds to every request for a call and on average, there are 25 calls per month. The service is totally anonymous and the feedback at the end of an hour long 1:1 call is consistently positive, with nurses saying that they feel confident to face work the following day. Beneficiaries are also provided, wherever appropriate, with signposting to other support services, including psychological support services. For some, referral to the QN financial assistance service has provided an additional source of support.

“ Thank you so much for listening – it makes such a difference knowing you are a community nurse who understands my situation.
TalkToUs beneficiary



Organisational Development

The QNI Strategy 2021-2025 was developed in partnership with the QNI Council and the QNI team and launched in February 2021: <https://www.qni.org.uk/wp-content/uploads/2021/02/Strategic-Plan-2021-2025-1.pdf> It provides an indication of the ways in which the QNI plans to deliver on its core purpose over the next five years. It is set in the context of the community becoming a place where more care is organised, led, managed and delivered by expert nurses. In addition, it was developed against a backdrop of the importance of the work of the QNI during the first year of the pandemic, in articulating the value of the nurses working in all roles in the community, in health and in social care settings.

Prior to developing the strategy, an independent Race, Equality & Inclusivity Review was undertaken, in response to the disproportionate impact of Covid19 on black, Asian and ethnic minority citizens in the UK and in the context of the Black Lives Matter campaign. The review, undertaken by QNI Council member Professor Ami David MBE, identified areas of good practice and those which required improvement. It was very well received both within the QNI and externally and is the first of its kind within the national nursing charity sector. The Council and staff together developed an action plan, with key performance indicators, which is now reported on quarterly at Council meetings: <https://www.qni.org.uk/news-and-events/news/qni-publishes-race-equality-and-inclusivity-action-plan/>

One of the successful actions has been an increase in the number of Queen's Nurses from a black, Asian and minority ethnic (BAME) community who were awarded the title in 2021. Every application for the title included an assessment by a BAME assessor and the QNI has also ensured that every interview panel throughout 2021 includes a BAME member – including for employment and for our leadership and innovation programmes.

In 2021, the QNI increased the team to deliver the new strategy and business plan. Six new members of staff and two consultants contracted to join the team. This has enabled the growth in demand for the QNI leadership and innovation programmes to be managed and supported, with face-to-face delivery resuming at the end of 2021 for some programmes.

At the end of 2021, Council agreed the new post of Chief Operating Officer to support the growth of the team, management of a wide range of income sources and the diversity in the projects and operations. The QNI has successfully recruited an experienced senior charity manager to the post, commencing in May 2022.

In November 2021, the QNI was delighted to become the UK member of the International Council of Nurses (ICN), an organisation which the QNI helped to develop and establish in 1889: <https://www.icn.ch/who-we-are>. We remained the only National Nursing Association (NNA) ICN member of the UK until the Royal College of Nursing re-joined as a UK NNA in March 2022, its members having voted to withdraw membership almost ten years ago.

The role and contribution of volunteers

In delivering our achievements in 2021, the QNI has been supported by a range of volunteers, a group which grows in number each year and supports several areas of our work. The QNI would like to thank all our volunteers for their significant and enduring contribution to the work of the charity throughout 2021.

QNI volunteers include all members of Council, project advisory groups, panels which review awards and grant applications, befrienders supporting the 'Keep in Touch' programme, and those who support policy consultation work. In addition, in 2021, Professor Ros Bryar undertook an evaluation of our education grants awarded in recent years on a completely volunteer basis.

“ I am very grateful for your support and listening ear in a safe environment.
TalkToUs feedback



Above: A few of the QNI's Queen's Nurse volunteers

In 2021 Queen's Nurses also continued to contribute significantly to the policy work of the QNI as volunteers, attending QNI focus groups, Department of Health and Social Care advisory groups and round table discussions for national work and arm's length bodies on behalf of the QNI. Queen's Nurses continued to contribute in 2021 to the national advisory groups that were set up at the start of the pandemic.

Fellows of the QNI continued to contribute to and support the work of the QNI in 2021, providing ongoing mentorship for those who have completed the Aspiring and Executive Leadership programmes and several provided personal support to the Chief Executive. The Council of the QNI would like to thank Professor Bryar for her ongoing commitment to the evaluation work of the QNI, which is focused on impact of our work and learning for improvement in our services. Professor Bryar's work in 2021 included an evaluation of the Educational Grants which has led to a change in our approach, to benefit more nurses.

Council members collectively gave more than 1,000 hours of their time attending meetings, chairing advisory groups and participating in QNI events, including the annual conference and the annual award ceremony. Several members of Council participated in the selection process for the appointment to the new post of Chief Operating Officer in the early weeks of 2022.

During 2021, it is estimated that more than 150 individuals made contributions to the work of the QNI, totalling in excess of 3,000 hours of voluntary work.

The QNI is indebted to all its volunteers, including Queen's Nurses, QNI Fellows, 'Keep in Touch' befrienders, grants advisors and other stakeholders for their expertise and commitment to the work of the QNI and giving their time so generously.

Key financial policies of the QNI

Innovation funding programme

The QNI makes awards to support individual projects run by community nurses. The projects are selected on a competitive basis; those selected demonstrate the greatest innovation and potential impact on patient care in the community. The projects run for a year and the scheme offers a professional development programme for the project leaders in addition to the financial assistance to enable project delivery. The opportunity is dependent on funding being received to support the programme and when available, details of the programme and the application process are set out on the QNI website at <https://www.qni.org.uk/explore-qni/nurse-led-projects/>.

“ Elsie Wagg's name has always been the historic binding of the National Garden Scheme and our founder, The Queen's Nursing Institute. So it is entirely appropriate that it is funds left to us by Elsie that we have been able to donate back to the QNI to establish this new scholarship programme. Equally important, the scholarship will be a vehicle through which we will together provide tangible evidence of the health benefits of gardens in a series of new projects and I am full of expectation at the exciting projects that I know community nurses – who are such a resourceful and innovative bunch – are going to come up with.

George Plumpton, Chief Executive of the National Garden Scheme on the NGS Elsie Wagg Scholarship



Grants

The QNI provides financial assistance to nurses who have worked or who are currently working in the community or primary care environment and to retired Queen's Nurses (nurses working in the community who were trained by the QNI between 1887 and 1967).

The majority of the beneficiaries are nurses who are no longer able to work because of illness, age or disability. Applications are accepted from nurses, their friends, family or professionals and voluntary organisations supporting them (with the applicant's consent). An application form detailing eligibility, health and housing status, income, savings and expenditure must be completed, together with a description of what is being sought. This information is checked by staff before being presented to the welfare advisors for consideration. Information on other relevant charities that may be able to assist in their case is also supplied to successful and unsuccessful applicants.

There have been three grants advisors in 2021: Michael Cooper (QNI Vice President), Sally Hawsworth (QNI Fellow and Respiratory Nurse Specialist) and Sue Talbot (QNI Fellow and service commissioner). Applications for grants are considered by the three Grants Advisors as part of the assessment process. The QNI will consider all types of applications for single grants. In some cases, assistance is provided in the form of regular grants and on-going gifts from year to year. The gifts are dependent on the availability of funds and are not regarded as a regular commitment.

A system of random audits of a sample of the QNI's grants records forms part of the internal financial controls each year to safeguard against fraudulent claims or administration of applications. The audit was conducted in the summer of 2021 by Sue Talbot, Grants Advisor, with a satisfactory outcome which was reported to Council.

Investment policy

In keeping with charity law, the QNI's investment strategy aims to maximise income and capital, within acceptable levels of risk.

In addition, the Council members may, from time to time, wish to impose constraints of an ethical nature on the investment managers although it is recognised that the more restrictive these are, the less likely it is that the performance will be satisfactory. Currently, the only ethical constraint is that the fund should not invest in any companies which derive a significant part of their revenue directly from the manufacture or sale of tobacco-related products.

Given the developments regarding the importance of Environmental, Social, and Governance (ESG) as the three central factors in measuring the sustainability and societal impact of an investment in a company or business, Council intends to review this in relation to the QI investment policy in the next 12 months. The QNI's investments are managed by Rathbone Investment Management Limited, which operates within guidelines set by the Council and the fund manager meets with the Finance Committee twice a year.

The QNI investments are reviewed monthly by the Finance Manager and the Honorary Treasurer. In 2021, the performance of the investments was considered to be satisfactory both in terms of capital and investment.

Members of Council have carried out their annual assessment of the level of the QNI's reserves, taking into consideration the QNI's working capital requirements and liquidity needs, the future expansion of its work, and a contingency provision. They are also mindful of the QNI's responsibility to honour the investment made by partners and award winners in award schemes and other professional development initiatives that extend for more than one year.

In 2015, it was agreed that the recommendations made by the Finance Committee, and agreed by Council, regarding the reserves policy and the use of expendable endowment should be 'codified' in a financial strategy to align with the QNI strategy (2017-2020).



Above: Queen's Nurse Parveen Akhtar with patient

These principles upon which the financial strategy is based continue to be entirely relevant to the delivery of the new QNI strategy 2021-25:

1. The expendable endowment fund should be preserved at a level which ensures the generation of income sufficient to cover a level of core costs, such as the lease and service charge costs, and so enable the long-term viability of the QNI.
2. The proceeds from the disposal in 2013 of the QNI's freehold building in Albemarle Way, London of circa £1.2m were invested in the expendable endowment fund, to provide for the possibility that another building purchase may be required at the end of the current lease (2040), or at any of the five-year breaks commencing in 2020 in the QNI's current lease. In 2018, the value of the sale of the building reflected 17% of the value of the expendable endowment fund at the time. At the time of writing this report in April 2022, it was noted that 17% of the current value of the expendable endowment would be £1,802,656.
3. The level at which the expendable endowment is to be preserved over and above the level required in 1. and 2. above will be determined by Council year on year.
4. The expenditure of the restricted District Nurses 1965 Fund (welfare) will be reviewed annually in the context of the distribution of financial assistance currently being greater than the annual investment income.
5. Council will determine each year the levels of expendable endowment fund needing to be transferred to general funds, if any, to be used to support QNI activity.

Net position before transfers and investment gains/losses

The financial year resulted in net expenditure (before investment gains) of £57,388 (2020 – £102,337). This comprised of net expenditure on unrestricted funds of £90,280 (2020 – (net income of £100,116), net income on restricted funds of £32,892 (2020 – net expenditure of £202,453) and net income on endowment funds of £nil (2020- £nil).

Income

Income for the year totalled £1,250,051 (2020 – £992,535), 26% higher than 2020. Income from donations and legacies was £116,470 (2020 – £257,515) a decrease of 55%, and income from charitable activities was £855,631 (2020 – £454,234), an increase of 88%.

Income of £861,069 (2020 – £467,119) on restricted funds includes funding for a number of projects which will continue into 2022.

Investment income and interest receivable was £277,950 (2020 – £267,854) for the year and this continues to provide an essential element of the QNI's core funding.

Expenditure

Expenditure for 2021 totalled £1,307,439 (2020 – £1,094,872), an increase of 19% on 2020. The increased expenditure reflects the delivery of projects funded by restricted funds.



Investments. The QNI's portfolio of investments and cash held for investment had a market value at 31 December 2021 of £12,504,231 (2020 - £11,198,832). Income from the portfolio for the year was £277,950 (2020 – £267,575), and net investment gains on the revaluation and disposal of investments were £1,452,447 (2020 – £130,269).

Reserves

At the year end, the charity held ‘free reserves’ of £617,611. These reserves equate to 9 months of projected unrestricted expenditure for 2022 (of circa £841,000) and hence exceed the limits required by the policy. Council is content with this position and it provides flexibility and protection in meeting the challenges presented by the pandemic and the war in Ukraine (see earlier in this report).

Structure, governance and management

Governing document

The QNI is registered as a charity under the Charities Act 2011 and operates in England, Wales and Northern Ireland. It was founded in 1887 and was granted its Royal Charter in 1889. Supplemental Charters have been granted in 1904, 1928, 1958, 1973 and 2008. Under the Charters, the members of Council (i.e. the Trustees) are incorporated as a body.

Council members

There are 17 members of Council, some with clinical backgrounds and others with expertise in communications, law, business, finance and the management of national charities of varying sizes.

There have been some changes in Council membership over the last year. Three members retired during the year:

Michael Cooper retired in June 2021 after 19 years as a member of Council and more recently a Patron appointed trustee. He was appointed as a Vice President of the QNI on his retirement and the QNI is very grateful to Michael for his expertise through many years of membership, including two terms of office as Vice Chair of Council.

Ami David MBE, QNI Fellow, retired from Council in after completing and embedding the Race, Equality and Inclusivity review and action plan. The Council is grateful to Ami for her significant contribution to Council and is delighted that as a QNI Fellow, Ami will continue to support the work of the QNI.

Zahir Fazal, retired after 27 years as a Council member. He was in the role of Honorary Treasurer for many years during this time, supporting the financial aspects of the QNI through many challenging years for which the Council is extremely grateful. Zahir was actively involved in the appointment of his successor, Richard Fass and stayed for several months afterwards to allow for a smooth handover. Zahir was appointed as a Vice President in December 2021 and assisted with the appointment of the Chief Operating Officer in the early months of 2022.

QNI Council was delighted that Richard Fass was appointed to the QNI Council as Honorary Treasurer in August 2021, enabling a five-month handover from retiring Honorary Treasurer, Zahir Fazal.

Recruitment and appointment of Council members

Under the constitution of the QNI, the Patron may nominate and appoint up to four people who act as ex-officio members of the Council. All other members of Council are nominated by existing Council members or recruited through agreed procedures before being approved by the Patron.

Each year, the QNI Chair undertakes 1:1 interviews with each of the members of Council and discusses their individual contribution to Council and any feedback they have on the development and the governance of the QNI. This is also an opportunity to review gaps in the skills and expertise of Council in relation to the ongoing development needs.



Above: Trustee Michael Cooper, who retired after 19 years as a member of Council

Induction and training of Council members

All new Council members are supplied with the Council members’ handbook as well as relevant papers, policies and publications from the QNI.

New members of Council are invited to meet the Chair and Chief Executive for a 1:1 induction soon after appointment. The new trustees are also invited to meet with key QNI staff informally. A few months after their appointment, the Chair meets with them again to seek their views on the QNI in general and Council in particular. New members of Council are also encouraged to visit the QNI’s offices, as appropriate, to meet individual staff members and find out more about specific areas of work.

Wherever possible, members of Council would normally have an opportunity to meet with employees of the QNI before and after meetings of the Finance Committee and Council. As the QNI offices were closed throughout the pandemic, this has not been possible in 2021 and all Council meetings have been held virtually.

The QNI Race, Equality and Inclusivity report highlighted that there was a missed opportunity for the staff and members of Council to get to know each other and the pandemic had magnified this as the offices have been closed for most of the year. To address this, members of the team are now formally shared their work and responsibilities with members of Council in March and June 2021 in the hour prior to the online Council meeting. In 2022, the opportunity for staff and members of Council to meet informally prior to Council meetings will resume.

Staffing of the QNI and key management personnel

The key management personnel of the QNI, responsible for directing and controlling, running and operating the charity on a day-to-day basis, comprise members of Council together with the Chief Executive, Head of Communications and Finance Manager.

Members of Council do not receive remuneration in respect to their services to the QNI. They are provided with the opportunity to apply for reimbursement for travel expenses when attending trustee meetings.

The Chief Executive has overall responsibility for day-to-day leadership and operational matters, and reports to Council on a regular basis. The Chief Executive is supported by the Head of Communications and Finance Manager in managing the QNI.

All staff have six monthly performance appraisals against objectives linked to the business plan for the year. The QNI Staff Handbook provides information on internal policies and ways of working to all staff. The Handbook was revised in 2016, in line with new employment legislation, with support from the QNI solicitors, Russell-Cooke and is updated annually in accordance with any changes of legislation and examples from the charitable sector of best practice in people management.

When advertised, the salaries of all staff, including key management posts, are determined by the scope of responsibilities of the various levels of post, such as administrator, project manager and the leadership team.



Fundraising

The QNI does not employ a professional fundraiser. Bids or project grants are developed and submitted by the Chief Executive with support from key members of the team including the Finance Manager, the Directors of Nursing Programmes and the Programme Manager.

Sponsorship opportunities for QNI activities are explored as appropriate and Hallam Medical is a regular sponsor of the Community Nurse Executive Network (CNEN). In 2021, the annual online conference was sponsored by Hallam Medical, Teva UK, Allocate, Malinko and Emis.

The QNI does not seek to raise funds from the public. A number of Queen's Nurses provide regular donations to the QNI, as do some members of Council.

From time-to-time, Queen's Nurses and others will undertake sponsored activities to raise funds for the QNI. This included in 2021, several events led by individuals with a family link to the QNI.

The QNI has received no complaints about this or any other approach to fundraising.

Risk management

Major risks to which the QNI is exposed, arising from its own work and from external contingencies, are reviewed regularly by the Finance Committee and Council, and systems or procedures are in place to manage, and where possible mitigate, those risks.

The QNI's risk register is maintained by the Chief Executive and Office Manager and is reviewed by Council at every meeting. In 2021, the QNI introduced the concept of risk tolerance, and the following examples are those which are still considered major risks, with controls in place.

People

Risk: "Charity loses its Chief Executive"

Controls: "The Chief Executive has two deputies in place and key leadership personnel who can deputise for elements of the Chief Executive role on an interim basis. The notice period for the Chief Executive is 6 months."

The new role and appointment of the Chief Operating Officer in May 2022 will also provide additional resilience and business continuity to the work of the QNI.

Business Continuity

Risk: "The QNI activity is compromised and staff required to operate remotely from home for an extended period (e.g. in the event of a pandemic)."

Controls: "Equipment provided to enable team members to set up rapidly and work efficiently from home (e.g. QNI laptops and appropriate chairs). Access to appropriate software for meetings and remote programme delivery in place. Events to be cancelled by the event venue in the case of a pandemic to maximise refunds."

The QNI offices are now open, and a Flexible Working Policy is under development. Some team members are returning to the office once a week at the time of writing this report.



Above: Ona Croft and her sister Laura and cousins Kayla and Zara took on a big challenge together: to complete 3 marathons between the 4 of them in memory of their aunt, Queen's Nurse, Marie Hudson. They raised £2000.

Business Continuity: Data Protection and Information Governance

Risk: "The QNI IT system is compromised by viral attacks. Day-to-day business is compromised."

Controls: "Anti-virus software is updated regularly by QNI contracted IT company. Quarterly 'housekeeping' visits to QNI offices by a named individual from QNI contracted IT maintenance company and helpline available in office hours."

In 2021 the QNI completed the process of moving all files to the cloud to reduce the chances of the QNI file server being compromised by a viral attack.

Finance and Fundraising

Risk: "The charity's investments fall significantly in value."

Controls: "Use of professional investment managers with delegated powers. Investment manager appointment is reviewed every three years. The charity has a written investment policy which is agreed by the Council and communicated to the investment managers. It is reviewed by the Finance Committee annually. Hold regular meetings with the investment managers at which investment performance is monitored against the investment policy and against market averages. Diversify income streams so that fundraising can compensate for investment income shortfalls. Maintain sufficient reserves which are regularly reviewed by the Finance Committee. Each quarter the Finance Committee compares actual returns with a) the income target set by Council and b) the WM/R Index and c) QNI tailor-made benchmark. Investment Manager attends the Finance Committee meeting twice yearly. Benchmarks reviewed annually at the Finance Committee with the investment manager and with the Finance Committee."

Queen's Nurses

Risk: "The QN community does not adequately reflect the diversity of the population of nurses in the community."

Controls: "The QNI actively targets BAME nurses working in the community to encourage applications for the title of Queen's Nurse. Currently, the network of QNs does not reflect adequately the population of nurses working in the community. A review of the application and assessment process took place in 2020 and workshops for potential BAME applicants offered by a BAME member of the QNI team who is also a QN. All applicants for the title of Queen's Nurse are requested to complete an 'Equality & Diversity' form so that BAME might be known (not all applicants complete this form). The diversity of the QN community is monitored and actions taken as required."

The QNI continues to actively take steps to address this issue through the QNI Race, Equality and Inclusivity Action plan. As part of the action plan, two very helpful exploratory online meetings with BAME QNs took place early in 2021 to seek the views of QNs in seeking ways to more accurately reflect BAME colleagues in the QN community.

The Council's responsibilities statement

The Council is responsible for preparing the Report of the Council and accounts in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice)

Charity law and the QNI's Royal Charter require the Council to prepare the accounts of the QNI for each financial year which give a true and fair view of the state of affairs of the QNI and of its income and expenditure for that period. In preparing accounts giving a true and fair view, the Council should:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the 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 United Kingdom and Republic of Ireland (FRS102);
- make judgements and estimates that are reasonable and prudent;
- state whether applicable United Kingdom Accounting Standards have been followed, subject to any material departures disclosed and explained in the accounts; and
- prepare the accounts on the going concern basis unless it is inappropriate to presume that the QNI will continue in operation.

The members of the Council are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the charity and to enable them to ensure that the financial statements comply with the Charities Act 2011, applicable Charity (Accounts and Reports) Regulations and the provisions of the charity's governing document. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Signed on behalf of the Council



Professor John Unsworth OBE
Chair of Council

Date: 22 June 2022



Independent auditor's report to the members of the Council of The Queen's Nursing Institute

Opinion

We have audited the accounts of The Queen's Nursing Institute (the 'charity') for the year ended 31 December 2021 which comprise the statement of financial activities, the balance sheet, the statement of cash flows, the principal accounting policies and notes to the accounts. 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 accounts:

- give a true and fair view of the state of the charity's affairs as at 31 December 2021 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the accounts section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the accounts 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

In auditing the accounts, we have concluded that the members of Council's use of the going concern basis of accounting in the preparation of the accounts 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 charity's ability to continue as a going concern for a period of at least twelve months from when the accounts are authorised for issue.

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

Other information

The members of Council are responsible for the other information. The other information comprises the information included in the Annual Report and Accounts, other than the accounts and our auditor's report thereon. Our opinion on the accounts does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the accounts, our responsibility is to read the other information and, in



doing so, consider whether the other information is materially inconsistent with the accounts 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 accounts or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters in relation to which the Charities Act 2011 requires us to report to you if, in our opinion:

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

Responsibilities of members of Council

As explained more fully in the Council’s responsibilities statement, the members of Council are responsible for the preparation of the accounts and for being satisfied that they give a true and fair view, and for such internal control as the members of Council determine is necessary to enable the preparation of accounts that are free from material misstatement, whether due to fraud or error.

In preparing the accounts, the members of Council are responsible for assessing the charity’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 members of Council either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor’s responsibilities for the audit of the accounts

Our objectives are to obtain reasonable assurance about whether the accounts 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 accounts. 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 to irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below.

How the audit was considered capable of detecting irregularities including fraud

Our approach to identifying and assessing the risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, was as follows:

- The audit director ensured that the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with applicable laws and regulations;
- We identified the laws and regulations applicable to the charity through discussions with management and trustees and from our knowledge and experience of the charity sector;
- We focused on specific laws and regulations which we considered may have a direct material effect on the accounts or the activities of the charity. These included but were not limited to the Charities Act 2011; Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable to

the United Kingdom and Republic of Ireland (FRS 102) (effective 1 January 2019) and The Code of Fundraising Practice; and

- We assessed the extent of compliance with the laws and regulations identified above through making enquiries of management and those charged with governance and review of minutes of Council meetings.
- We assessed the susceptibility of the charity's accounts to material misstatement, including how fraud might occur. Audit procedures performed by the engagement team included:
- Making enquiries of management and those charged with governance as to where they considered there was susceptibility to fraud, their knowledge of actual, suspected and alleged fraud; and
- Considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations.

To address the risk of fraud through management bias and override of controls, we:

- Performed analytical procedures to identify any unusual or unexpected relationships;
- Tested and reviewed journal entries to identify unusual transactions;
- Assessed controls over the opening of post;
- Tested the authorisation of expenditure;
- Assessed whether judgements and assumptions made in determining the accounting estimates were indicative of potential bias; and
- Investigated the rationale behind significant or unusual transactions.

In response to the risk of irregularities and non-compliance with laws and regulations, we designed procedures which included, but were not limited to:

- Agreeing financial statement disclosures to underlying supporting documentation;
- Reading the minutes of Council meetings; and
- Enquiring of as to actual and potential litigation and claims.

There are inherent limitations in our audit procedures described above. The more removed that laws and regulations are from financial transactions, the less likely it is that we would become aware of non-compliance. Auditing standards also limit the audit procedures required to identify non-compliance with laws and regulations to enquiry of the trustees and other management and the inspection of regulatory and legal correspondence, if any.

Material misstatements that arise due to fraud can be harder to detect than those that arise from error as they may involve deliberate concealment or collusion. We did not identify any irregularities, including fraud. A further description of our responsibilities for the audit of the accounts is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of this report

This report is made solely to the charity's members of Council, as a body, in accordance with section 144 of the Charities Act 2011 and with regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's members of Council 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 charity and the charity's members of Council as a body, for our audit work, for this report, or for the opinions we have formed.

Buzzacott LLP
Statutory Auditor
130 Wood Street
London
EC2V 6DL

Buzzacott LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

Statement of Financial Activities Year to 31 December 2021

	Notes	Unrestricted funds £	Restricted funds £	Endowment funds £	2021 Total funds £	2020 Total funds* £
Income and endowments from:						
Donations and legacies	1	116,360	110	—	116,470	257,515
Investment income and interest receivable	2	239,414	38,536	—	277,950	267,854
Charitable activities	3	33,208	822,423	—	855,631	454,234
Other sources						
. Coronavirus Job Retention Scheme Grants		—	—	—	—	12,932
Total income		388,982	861,069	—	1,250,051	992,535
Expenditure on:						
Raising funds						
. Costs of generating grants and donations	4(a)	70,706	—	—	70,706	84,082
. Management of investments	4(b)	51,307	6,768	—	58,075	50,566
Total expenditure on raising funds		122,013	6,768	—	128,781	134,648
Charitable activities						
. Data, evidence and policy influence	5	80,659	3,672	—	84,331	82,403
. Standards	5	18,957	97,299	—	116,256	104,909
. Role models/leaders	5	147,097	141,394	—	288,491	222,196
. Innovation	5	53,453	263,182	—	316,635	138,975
. Providing support for nurses – Covid	5	—	—	—	—	196,616
. Providing support for nurses – Support	5	—	244,160	—	244,160	178,095
. Providing support for nurses – Education	5	—	43,820	—	43,820	12,537
. Providing support for nurses – Keep in Touch	5	—	27,882	—	27,882	24,493
. Council approved funds		57,083	—	—	57,083	—
Total expenditure on charitable activities		357,249	821,409	—	1,178,658	960,224
Total expenditure		479,262	828,177	—	1,307,439	1,094,872
Net (expenditure) income before investment gains		(90,280)	32,892	—	(57,388)	(102,337)
Net gains on investment assets		160,284	87,175	1,204,988	1,452,447	130,269
Net income and net movement in funds	8	70,004	120,067	1,204,988	1,395,059	27,932
Reconciliation of funds:						
Funds brought forward at 1 January 2021		974,724	1,134,709	9,398,872	11,508,305	11,480,373
Funds carried forward at 31 December 2021		1,044,728	1,254,776	10,603,860	12,903,364	11,508,305

All of the financial activities of the QNI during the above two financial years derived from continuing operations.

*A full comparative statement of financial activities for the year to 31 December 2020 is given on page 37

Statement of Financial Activities Year to 31 December 2020

	Notes	Unrestricted funds £	Restricted funds £	Endowment funds £	2020 Total funds £
Income and endowments from:					
Donations and legacies	1	246,433	11,082	—	257,515
Investment income and interest receivable	2	229,262	38,592	—	267,854
Charitable activities	3	36,789	417,445	—	454,234
Other sources					
. Coronavirus Job Retention Scheme Grants		12,932	—	—	12,932
Total income		525,416	467,119	—	992,535
Expenditure on:					
Raising funds					
. Costs of generating grants and donations	4(a)	80,595	3,487	—	84,082
. Management of investments	4(b)	44,779	5,787	—	50,566
Total expenditure on raising funds		125,374	9,274	—	134,648
Charitable activities					
. Data, evidence and policy influence	5	81,597	806	—	82,403
. Standards	5	40,503	64,406	—	104,909
. Role models/leaders	5	114,350	107,846	—	222,196
. Innovation	5	24,233	114,742	—	138,975
. Providing support for nurses – Covid	5	39,243	157,373	—	196,616
. Providing support for nurses – financial	5	—	178,095	—	178,095
. Providing support for nurses – education	5	—	12,537	—	12,537
. Providing support for nurses – Keep in Touch	5	—	24,493	—	24,493
Total expenditure on charitable activities		299,926	660,298	—	960,224
Total expenditure		425,300	669,572	—	1,094,872
Net income (expenditure) before investment gains (losses) and transfers		100,116	(202,453)	—	(102,337)
Net gains (losses) on investment assets		135,764	(32,296)	26,801	130,269
Net income (expenditure) before transfers		235,880	(234,749)	26,801	27,932
Transfer between funds	20	(12,932)	12,932	—	—
Net movement in funds	8	222,948	(221,817)	26,801	27,932
Reconciliation of funds:					
Funds brought forward at 1 January 2020		751,776	1,356,526	9,372,071	11,480,373
Funds carried forward at 31 December 2020		974,724	1,134,709	9,398,872	11,508,305

Balance Sheet 31 December 2021

	Notes	2021 £	2021 £	2020 £	2020 £
Fixed assets					
Tangible assets	13		16,955		18,175
Heritage assets	14		70,000		70,000
Investments	15		12,504,231		11,198,832
Total fixed assets			12,591,186		11,287,007
Current assets					
Debtors	16	85,986		90,512	
Cash at bank and in hand		727,602		590,055	
		813,588		680,567	
Creditors: Amounts falling due within one year	17	(501,410)		(459,269)	
Net current assets			312,178		221,298
Total net assets			12,903,364		11,508,305
The funds of the charity					
Unrestricted funds					
. General funds			617,613		543,889
. Tangible and heritage asset fund	18		86,955		88,175
. Designated funds	19		340,160		342,660
			1,044,728		974,724
Restricted funds	20		1,254,776		1,134,709
Endowment funds	21		10,603,860		9,398,872
			12,903,364		11,508,305

Approved by the members of Council and signed on their behalf by:



Professor John Unsworth OBE
Chair of Council

Approved on: 22 June 2022

Statement of cash flows Year to 31 December 2021

	Notes	2021 £	2020 £
Cash flows from operating activities:			
Net cash used in operating activities	A	(279,388)	(244,887)
Cash flows from investing activities:			
Payments to acquire tangible fixed assets		(8,063)	(5,675)
Payments to acquire investments		(1,533,370)	(1,253,700)
Receipts from disposals of investments		1,818,582	1,497,841
Investment income and interest received		277,950	267,854
Net cash provided by investing activities		555,099	506,320
Change in cash and cash equivalents in the year		275,711	261,433
Cash and cash equivalents at 1 January 2021	B	1,127,353	865,920
Cash and cash equivalents at 31 December 2021	B	1,403,064	1,127,353

Notes to the statement of cash flows for the year to 31 December 2021.

A Reconciliation of net movement in funds to net cash used in operating activities

	2021 £	2020 £
Net income (as per the statement of financial activities)	1,395,059	27,932
Adjustments for:		
Depreciation charge	9,283	14,587
Net gains on investments	(1,452,447)	(130,269)
Investment income and interest receivable	(277,950)	(267,854)
Decrease (increase) in debtors	4,526	(34,204)
Increase in creditors	42,141	144,921
Net cash used in operating activities	(279,388)	(244,887)

B Analysis of cash and cash equivalents

	2021 £	2020 £
Cash at bank and in hand	727,602	590,055
Cash held by investment managers	675,462	537,298
Total cash and cash equivalents	1,403,064	1,127,353

No separate reconciliation of net debt has been prepared as there is no difference between the net cash (debt) of the charity and the above cash and cash equivalents.



Principle accounting policies 31 December 2021

The principal accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the accounts are laid out below.

Basis of accounting

These accounts have been prepared for the year to 31 December 2021 with comparative information given in respect to the year ended 31 December 2020.

The accounts have been prepared under the historical cost convention with items initially recognised at cost or transaction value unless otherwise stated in the relevant accounting policies below or the notes to the accounts.

The accounts have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (Charities FRS 102 SORP 2015), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Charities Act 2011.

The charity constitutes a public benefit entity as defined by FRS 102.

The accounts are presented in sterling and are rounded to the nearest pound.

Critical accounting estimates and areas of judgement

Preparation of the accounts requires the members of Council and management to make significant judgements and estimates.

The items in the accounts where these judgements and estimates have been made include:

- assessing the probability of receiving legacies where the charity has been notified of its entitlement;
- estimating the useful economic life of tangible fixed assets for the purpose of determining the annual depreciation charge;
- determining the basis for allocating support costs across expenditure classifications;
- determining whether the heritage asset may be impaired; and
- estimating future income and expenditure flows for the purpose of assessing going concern (see below).

Assessment of going concern

The members of Council have assessed whether the use of the going concern assumption is appropriate in preparing these accounts. The members of Council have made this assessment in respect to a period of at least one year from the date of approval of these accounts. The members of Council are aware that these are uncertain times, with the war in Ukraine in its third month at the time of writing the report, and the Covid-19 pandemic still impacting on people's lives and on the economy. UK inflation is likely to increase in 2022 which may have an impact on the expenditure of the charity. However, given the availability of reserves, the members of Council have concluded that there are no material uncertainties related to events or conditions that may cast significant doubt on the ability of the charity to continue as a going concern. The members of Council are of the opinion that the charity will have sufficient resources to meet its liabilities as they fall due.

Income recognition

Income is recognised in the period in which the charity has entitlement to the income and the amount can be measured reliably and it is probable that the income will be received. Income is deferred only when the

charity has to fulfil conditions before becoming entitled to it or where the donor or funder has specified that the income is to be expended in a future accounting period.

Income comprises donations, legacies, investment income, interest receivable and grants in respect to charitable activities.

Grants and donations from government and other agencies and charitable foundations are included as income from activities in furtherance of the charity's objectives where these relate to a specific project or activity or take the form of a contract for services. Where the money is given in response to an appeal or with greater freedom of use, for example monies for core funding, then the income is classified as a donation.

Donations and grants in respect to charitable activities are recognised when the charity has confirmation of both the amount and settlement date. In the event of amounts pledged but not received, the amount is accrued for where the receipt is considered probable. In the event that a donation or grant is subject to conditions that require a level of performance before the charity is entitled to the funds, the income is deferred and not recognised until either those conditions are fully met, or the fulfilment of those conditions is wholly within the control of the charity and it is probable that those conditions will be fulfilled in the reporting period.

Legacies are included in the statement of financial activities when the charity is entitled to the legacy, the executors have established that there are sufficient surplus assets in the estate to pay the legacy, and any conditions attached to the legacy are within the control of the charity.

Entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution.

Where legacies have been notified to the charity, or the charity is aware of the granting of probate, but the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material. In the event that the gift is in the form of an asset other than cash or a financial asset traded on a recognised stock exchange, recognition is subject to the value of the gift being reliably measurable with a degree of reasonable accuracy and the title of the asset having being transferred to the charity.

Investment income is recognised once the dividend or interest has been declared and notification has been received of the amount due.

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid of payable by the bank.

Income from the Government's Job Retention Scheme in respect to the Covid-19 pandemic is accounted for when the charity has entitlement to the income, the amount of income can be measured reliably and it is probable that the income will be received.

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to make a payment 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.



All expenditure is accounted for on an accruals basis. Expenditure comprises direct costs and support costs. All expenses, including support costs, are allocated or apportioned to the applicable expenditure headings. The classification between activities is as follows:

- Expenditure on raising funds include the salaries, direct costs and support costs associated with generating donated income, together with the fees paid to investment managers in connection with the management of the charity’s listed investments; and
- Expenditure on charitable activities includes all costs associated with furthering the charitable purposes of the charity through the provision of its charitable activities. Such costs include charitable grants and donations, direct and support costs including governance costs.

Welfare grants are made where the members of Council consider there is real need following a review of the details of each particular case and comprise single year payments rather than multi-year grants. Welfare grants are included in the statement of financial activities when approved for payment. Provision is made for grants and donations approved but unpaid at the period end where relevant.

Grants of award funding to institutions are included in full in the statement of financial activities when the award agreement has been returned, completed and signed, by the recipient. Small final instalments of some award grant payments are subject to receipt of a satisfactory final report on the award project.

Allocation of support and governance costs

Support costs represent indirect charitable expenditure. In order to carry out the primary purposes of the charity it is necessary to provide support in the form of personnel development, financial procedures, provision of office services and equipment and a suitable working environment.

Governance costs comprise the costs involving the public accountability of the charity (including audit costs) and costs in respect to its compliance with regulation and good practice. Support costs and governance costs are apportioned using percentages based on the time spent on the relevant activities by the employees of the charity.

Tangible fixed assets

All assets costing more than £500 and with an expected useful life exceeding one year are capitalised. Expenditure on the purchase and replacement of furniture and equipment is capitalised and depreciated on a straight line basis over the following periods:

• Leasehold improvements:	4 years
• General office equipment, fixtures, fittings and furniture:	4 years
• Computer equipment:	3 years

Heritage assets

During 2018, QNI discovered a piece of original artwork by Florence Nightingale, which had been given to it many years ago. Following further investigation, the value of the artwork was determined and is recognised in these accounts as a heritage asset. The asset was initially recognised on the balance sheet based on its estimated market value as at 31 December 2018 as determined by The Bowman Gallery, a specialist art valuer. This has been taken to be equal to its deemed cost for accounting purposes. No depreciation is charged against the asset, but the asset is reviewed annually for impairment.

Investments

Listed investments are a form of basic financial instrument and are initially recognised at their transaction



value and subsequently measured at their fair value as at the balance sheet date using the closing quoted market price. Realised and unrealised gains (or losses) are credited (or debited) to the statement of financial activities in the year in which they arise.

The charity does not acquire put options, derivatives or other complex financial instruments.

As noted above, the main form of financial risk faced by the charity is that of volatility in equity markets and investment markets due to wider economic conditions, the attitude of investors to investment risk, and changes in sentiment concerning equities and within particular sectors or sub sectors.

Realised gains (or losses) on investment assets are calculated as the difference between disposal proceeds and their opening carrying value or their purchase value is acquired subsequent to the first day of the financial year. Unrealised gains and losses are calculated as the difference between the fair value at the year-end and their carrying value at that date. Realised and unrealised investment gains (or losses) are combined in the statement of financial activities and are credited (or debited) in the year in which they arise.

Debtors

Debtors are recognised at their settlement amount, less any provision for non-recoverability. Prepayments are valued at the amount prepaid. Debtors have been discounted to the present value of the future cash receipt where such discounting is material.

Cash at bank and in hand

Cash at bank and in hand represents such accounts and instruments that are available on demand or have a maturity of less than three months from the date of acquisition. Deposits for more than three months but less than one year have been disclosed as short term deposits. Cash placed on deposit for more than one year is disclosed as a fixed asset investment.

Creditors and provisions

Creditors and provisions 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. Creditors and provisions are recognised at the amount the charity anticipates it will pay to settle the debt. They have been discounted to the present value of the future cash payment where such discounting is material.

Fund structure

The general fund comprises those monies, which may be used towards meeting the charitable objectives of the QNI at the discretion of the Council.

The tangible and heritage assets fund represents the aggregate net book value of tangible and heritage assets at the balance sheet date. The value of such assets has been reflected on the balance sheet as a separate fund in order to emphasise the fact that the value of such assets should not be regarded as available to meet day-to-day expenditure. The assets are held for functional purposes in the case of tangible fixed assets or are retained as part of the charity's archives in the case of heritage assets.

The designated funds are monies set aside out of the general fund and designated for specific purposes by the Council.

The restricted income funds are monies raised for, and their use restricted to, a specific purpose, or



donations subject to donor-imposed conditions. In the case of restricted income funds for welfare purposes, transfers are made to the general fund to reflect an agreed quarterly charging structure for staff time and office services attributable to providing welfare support from those funds.

The expendable endowment funds represent amounts held as capital until such time as members of Council decide to expend them subject to self-imposed conditions. Whilst held as capital, the funds generate income which is regarded as unrestricted.

Pension costs

Contributions in respect of the charity’s defined contribution pension schemes are charged to the statement of financial activities when they are payable to the relevant scheme. The charity’s contributions are restricted to the contributions disclosed in note 9. There were no outstanding contributions at the year end. The charity has no liability beyond making its contributions and paying across the deductions for the employees’ contributions.

Leased assets

Rentals applicable to operating leases where substantially all of the benefits and risks of ownership remain with the lessor are charged to the statement of financial activities on a straight-line basis over the lease term.

Notes to the Accounts Year to 31 December 2021

1 Donations and legacies

	Unrestricted funds £	Restricted funds £	2021 Total funds £
National Garden Scheme donation	100,000	—	100,000
Other donations	16,360	110	16,470
Legacies	—	—	—
2021 total funds	116,360	110	116,470
	Unrestricted funds £	Restricted funds £	2020 Total funds £
National Garden Scheme donation	200,000	—	200,000
Donations in memory of Phillip Goodeve-Docker (note 19)	24	—	24
Other donations	35,782	11,082	46,864
Legacies	10,627	—	10,627
2020 total funds	246,433	11,082	257,515

2 Investment income and interest receivable

	Unrestricted funds £	Restricted funds £	Endowment funds £	2021 Total funds £
Income from investments listed on a recognised stock exchange within the UK	239,396	38,536	—	277,932
Bank and deposit interest	18	—	—	18
2021 total funds	239,414	38,536	—	277,950
	Unrestricted funds £	Restricted funds £	Endowment funds £	2020 Total funds £
Income from investments listed on a recognised stock exchange within the UK	228,983	38,592	—	267,575
Bank and deposit interest	279	—	—	279
2020 total funds	229,262	38,592	—	267,854

3 Income from charitable activities

	Unrestricted funds £	Restricted funds £	2021 Total funds £
Improving nursing care in the community			
Burdett Innovation - Learning Disabilities	—	85,484	85,484
Burdett Innovation - Complex Needs	—	102,124	102,124
NGS - Support for QN Leadership programme	—	66,454	66,454
NI Neighbourhood DN Teams	—	30,000	30,000
Care Homes Network - RCN	—	20,000	20,000
Bournemouth University Outsource	—	38,750	38,750
Long COVID - Community of Practice	—	10,000	10,000
Prioritising Community Services - Best Practice Services	—	10,000	10,000
Case Studies (Families experiencing homelessness)	—	9,500	9,500
Nursing in the Community-Inspiring the Future Generation	—	19,940	19,940
Demonstrate Value Economic Health Assess Study Days	—	5,250	5,250
Inspiring Student Nurses	—	9,999	9,999
Transition to HH Nursing	—	9,999	9,999
Aspiring Leaders places	—	124,499	124,499
Raising Profile of Homeless and Inclusion Health	—	9,999	9,999
CHSA - Financial Hardship Fund	—	86,000	86,000
International Recruitment Support	—	104,500	104,500
1st Digital Event Nov 2021	—	4,000	4,000
2nd Digital Event Nov 2021	—	4,000	4,000
NHSE/I Personalised Care	—	25,000	25,000
CNEN Income	—	40,000	40,000
Guild of Nurses - Welfare Non Ed	—	6,500	6,500
Annual QNI Conference	19,000	—	19,000
Sales of Resources	783	425	1,208
Fees, publications and sundry service	13,425	—	13,425
2021 total funds	33,208	822,423	855,631

3 Income from charitable activities (continued)

	Unrestricted funds £	Restricted funds £	2020 Total funds £
Improving nursing care in the community			
Burdett Innovation – Learning Disabilities	—	17,178	17,178
Burdett Innovation – Complex Needs	—	538	538
National Garden Scheme – Support for QN Leadership programme	—	3,546	3,546
Association of General Practice Nurse Educators – 4 General Practice Nursing Delivery Boards	—	49,998	49,998
NI Neighbourhood DN Teams	—	50,000	50,000
Care Homes Network – NHS England	—	43,000	43,000
Care Homes Network – Royal College of Nursing	—	30,000	30,000
TalktoUS- Covid19 Healthcare Support Appeal	—	48,825	48,825
Listening Service	—	11,696	11,696
Covid Projects	—	150,277	150,277
Bournemouth University outsource	—	8,500	8,500
Community Nurse Executive Network income	—	3,887	3,887
ICNO	20,000	—	20,000
Annual QNI Conference	10,000	—	10,000
Sales of resources	1,339	—	1,339
Fees, publications and sundry service	5,450	—	5,450
2020 total funds	36,789	417,445	454,234

4 Expenditure on raising funds

(a) Cost of generating grants and donations

Costs were incurred primarily in researching and developing relationships with grant making trusts.

	Unrestricted funds £	Restricted funds £	Endowment funds £	2021 Total funds £
Direct costs	437	—	—	437
Support costs (note 7)	70,269	—	—	70,269
2021 total funds	70,706	—	—	70,706

	Unrestricted funds £	Restricted funds £	Endowment funds £	2020 Total funds £
Direct costs	19,173	—	—	19,173
Support costs (note 7)	61,422	3,487	—	64,909
2020 total funds	80,595	3,487	—	84,082

(b) Management of investments

	Unrestricted funds £	Restricted funds £	Endowment funds £	2021 Total funds £
2021 total funds	51,307	6,768	—	58,075

4 Expenditure on raising funds (continued)

	Unrestricted funds £	Restricted funds £	Endowment funds £	2020 Total funds £
2020 total funds	44,779	5,787	—	50,566

5 Charitable activities

	Direct costs £	Grant funding of activities (note 6) £	Support costs (note 7) £	2021 Total funds £
Data, evidence and policy influence	69,529	—	14,802	84,331
Standards	95,851	—	20,405	116,256
Role models/leaders	237,855	—	50,636	288,491
Innovation	234,275	26,784	55,576	316,635
Providing welfare support	92,097	108,290	43,773	244,160
Providing educational support	—	35,964	7,856	43,820
Keep In Touch	22,883	—	4,999	27,882
Council approved funds	47,064	—	10,019	57,083
2021 Total	799,554	171,038	208,066	1,178,658

	Direct costs £	Grant funding of activities (note 6) £	Support costs (note 7) £	2020 Total funds £
Data, evidence and policy influence	67,406	—	14,997	82,403
Standards	85,816	—	19,093	104,909
Role models/leaders	181,757	—	40,439	222,196
Innovation	92,366	21,316	25,293	138,975
Providing support nurses – Covid	155,145	—	41,471	196,616
Providing welfare support	51,013	92,564	34,518	178,095
Providing educational support	—	12,537	—	12,537
Keep In Touch	24,493	—	—	24,493
2020 Total	657,996	126,417	175,811	960,224

6 Grant making

Innovation – grants payable to institutions

Fund for innovation	2021 £	2020 £
Design Delivery Older Persons Quality Champions	—	4,998
Improving Nutrition and Hydration Care Homes	—	1,193
Nurse led case management - frailty multi-morbidity	—	500
Darwen Healthcare Frailsafe	—	2,362
Frailty pathway - Learning Disability	52	182
Tai Chi Increased Wellbeing	52	500
RVS Health and Wellbeing	—	1,848
Identification of frailty in informal carers relocating	—	2,877
Wound & Pressure Ulcer Prevention & Management	—	2,550
SCARF	—	806
Reaching out to the Hard to Reach	—	3,500
Sleep Workshops: Better Sleep - LD	4,572	—
Improving Health Outcomes for Children - LD	2,342	—
Healthy Eating & Weight Management for Children - LD	1,040	—
Better Access to Health Care - LD	1,250	—
How to Manage Unsafe Swallow - LD	4,730	—
Safety Pack for Parents with a LD - LD	808	—
Digital diabetes lifestyle modification - CN	3,264	—
Flex, Connect and Share - CN	200	—
Recognition of good respiratory health - CN	651	—
Well-come homect - CN	3,613	—
Reducing inconsistencies in respiratory care - CN	4,210	—
Total value	26,784	21,316
Number of grants made	9	6

These grants were awarded to support innovative community nursing projects or research and development projects conducted by named nurses. They were given in conjunction with professional development programmes delivered by the QNI.

LD = Learning Disability

CN = Complex Needs

Providing welfare support – grants made directly to individuals

	2021 £	2020 £
Total value	108,291	92,564
Number of grants made	336	226

6 Grant making (continued)

Providing educational support – grants made to individuals

	2021 £	2020 £
Total value	35,964	12,537
Number of grants made	25	23

Grant commitments

As at 31 December 2021, the charity had annual welfare grant commitments of £23,080 (2020 - £28,900).

7 Support costs

Support costs, where permitted by the funder, are allocated to generation of funds and each area of charitable activity in proportion to the cost of direct staff time expended on those areas.

	2021 £	2020 £
Policy Influence and Development	14,325	6,825
Data and Evidence	477	8,172
Standards	20,405	19,093
Role Models / Leaders	50,636	40,439
Innovation	55,576	25,293
Council Approved	10,019	—
Providing welfare support	44,100	41,471
Providing educational support	7,656	34,518
Keeping in Touch	4,872	—
Organisation Costs	70,269	64,909
	278,335	240,720

8 Net movement in funds

This is stated after charging:

	2021 £	2020 £
Staff costs (note 9)	714,465	556,721
Depreciation	9,283	14,587
Operating lease rentals – land and buildings	55,666	49,720
Amounts payable to the auditor in respect of:		
. External audit – current year	8,342	8,122
. External audit – prior year	2,348	1,878

9 Staff costs and remuneration of key management personnel

Staff costs during the year were as follows:

	2021 £	2020 £
Gross wages and salaries	597,891	466,212
Employer's national insurance contributions	59,979	45,148
Employer's pension costs	56,595	45,361
	714,465	556,721

One member of staff received emoluments (including taxable benefits but excluding employer's national insurance and pension contributions) in the range of £90,001 - £100,000 (2020 – one in the range of £90,001 - £100,000). Contributions in the year to defined contribution pension schemes in respect of this employee totalled £9,690 (2020 - £9,500).

The average headcount of employees in 2021 was 16 (2020 - 12).

The average number of full-time equivalent employees in 2021 was 13 (2020 - 12).

The key management personnel of the charity in charge of directing and controlling, running and operating the charity on a day to day basis comprise the members of Council together with the Chief Executive, Head of Communications and the Finance Manager. The total remuneration payable to key management personnel during the year was £240,496 (2020 - £235,743).

10 Council members

No member of the Council received any remuneration in respect of their services as a member of the Council during the year (2020 - none).

There were no expenses reimbursed (2020 – one) to members of the Council during the year in respect of travel totalled £nil (2020 - £333).

During the year members of the Council donated a total of £1,110 to the charity (2020 - £1,120).

The charity has purchased insurance to protect it from loss arising from certain wrongful acts of any member of the Council and to indemnify any member of Council against the consequences of such acts on their part. The total cover provided by such insurance is £500,000 (2020 - £500,000) and the total premium paid in respect of such insurance in the year was £325 (2020 - £692).

11 Related party and connected person transactions

During the year £300 (2020 – £nil) was paid to a member of the council to deliver a session to the Executive Nurse Leadership Programme. Other than the aforementioned and the transactions reported within note 10 to the accounts, there were no other transactions with related parties or connected persons during the year (2020 - none).

12 Taxation

The Queen's Nursing Institute is a registered charity and, therefore, is not liable to income tax or capital gains tax on income derived from its charitable activities, as it falls within the various exemptions available to registered charities.

13 Tangible fixed assets

	Leasehold improvements £	Fixtures, fittings, furniture and equipment £	Total £
Cost or valuation			
At 1 January 2021	50,931	74,951	125,882
Additions	—	8,063	8,063
At 31 December 2021	50,931	83,014	133,945
Depreciation			
At 1 January 2021	50,931	56,776	107,707
Charge for the year	—	9,283	9,283
At 31 December 2021	50,931	61,917	116,990
Net book values			
At 31 December 2021	—	16,955	16,955
At 31 December 2020	—	18,175	18,175

14 Heritage assets

	£
At deemed cost	
At 1 January 2021 and at 31 December 2021	70,000

During 2018, QNI discovered a piece of original artwork by Florence Nightingale, which had been given to it many years ago. Following further investigation, the value of the artwork was determined and is recognised in these accounts as a heritage asset. The asset was initially recognised on the balance sheet based on its estimated market value of £70,000 as at 31 December 2018 as determined by The Bowman Gallery, a specialist art valuer. This has been taken to be equal to its deemed cost for accounting purposes. No depreciation is charged against the asset, but the asset is reviewed annually for impairment. There have been no indications of impairment as at 31 December 2021 (and since the initial recognition of the asset).

15 Investments

	2021 £	2020 £
Investments listed on a recognised stock exchange		
Market value at 1 January 2021	10,661,537	10,775,406
Add: Additions at cost	1,533,370	1,253,701
Less: Disposals (proceeds: £1,818,582; realised gains: £52,829)	(1,765,753)	(1,630,368)
Unrealised investment gains	1,399,616	262,798
Market value at 31 December 2021	11,828,770	10,661,537
Cash and settlements pending, held as part of the investment portfolio	675,461	537,298
Total investments held	12,504,231	11,198,832
Listed investments at cost	7,750,475	7,546,531

At 31 December 2021, the listed investments comprised the following:

	2021 £	2020 £
Fixed interest	1,042,550	1,087,724
UK equities	5,109,867	4,171,391
Overseas equities	4,302,428	4,267,819
Alternatives	1,373,925	1,134,600
	11,828,770	10,661,534

At 31 December 2021, no holdings were material in the context of the entire portfolio value (2020 – none).

16 Debtors

	2021 £	2020 £
Sundry debtors	64,428	8,960
Prepayments	21,558	24,040
Accrued income	—	57,512
	85,986	90,512

17 Creditors: Amounts falling due within one year

	2021 £	2020 £
Expense creditors	30,679	25,961
Accruals	32,156	49,246
Deferred income (see below)	438,575	384,062
	501,410	459,269
Deferred income		
Balance brought forward	384,062	203,662
Released in year	(384,062)	(203,662)
Deferred in year	438,575	384,062
Balance carried forward	438,575	384,062

Deferred income consists of project funding received by the year end but which relates specifically to project work to be performed in future accounting periods.

18 Tangible and heritage assets fund

	2021 £	2020 £
At 1 January 2021	88,175	97,087
Other movements in year	(1,220)	(8,912)
At 31 December 2021	86,955	88,175

The tangible and heritage assets fund represents the aggregate net book value of tangible and heritage assets at the balance sheet date. The value of such assets has been reflected on the balance sheet as a separate fund in order to emphasise the fact that the value of such assets should not be regarded as available to meet day-to-day expenditure. The assets are held for functional purposes in the case of tangible fixed assets or are retained as part of the charity's archives in the case of heritage assets.

19 Designated funds

The funds of the charity include the following designated fund which has been set aside out of unrestricted funds by the members of the Council for specific purposes.

	At 1 January 2021 £	New designation £	Utilised £	At 31 December 2021 £
Leadership and Innovation fund	250,000	—	—	250,000
Phillip Goodeve-Docker fund	62,985	—	(2,500)	60,485
Heyes legacy fund	29,675	—	—	29,675
	342,660	—	(2,500)	340,160

19 Designated funds (continued)

	At 1 January 2020 £	New designation £	Utilised £	At 31 December 2020 £
Leadership and Innovation fund	—	250,000	—	250,000
Phillip Goodeve-Docker fund	64,961	24	(2,000)	62,985
Heyes legacy fund	29,974	—	(299)	29,675
	<u>94,935</u>	<u>250,024</u>	<u>(2,299)</u>	<u>342,660</u>

The Leadership and Innovation fund represents funds set aside by Council in 2021 to increase the team to deliver the new strategy and business plan over the next three years to the end of 2024. This will strengthen the offer of leadership and innovation programmes and assist in the delivery of newly commissioned work. The Phillip Goodeve-Docker fund represents monies given as 'donations in memory' which the Council has set aside in the memory of Phillip Goodeve-Docker who sadly passed away in 2013 during a fundraising trek across Greenland. The amount of funding raised, and on occasion added to be sponsorship activities of family and friends, means that under the current criteria for the award of the prizes, this fund will last in perpetuity.

The Heyes legacy fund comprises a legacy received during 2018 which has been designated towards enabling an increase in the number of funded places made available for the annual Queen's Nurse Conference. At the time, it was considered that the fund would last approximately 5 years. However, the cost of the annual Queen's Nurse meetings has been significantly reduced as they have been held remotely in 2021 and 2022. This approach is under review for 2023, when face-to-face conferences may resume.

20 Restricted funds

	At 1 January 2021 £	Income £	Expenditure £	Gains, losses and transfers £	At 31 December 2021 £
District Nurses 1965 Fund	954,370	131,146	(293,443)	87,175	879,248
CHSA - TalktoUs	48,825	—	(22,360)	—	26,465
Listening Service	2,747	—	(2,747)	—	—
Other COVID19 Projects	4,080	—	(4,080)	—	—
Fund for Innovation and Leadership - Frailty	5,155	—	(5,155)	—	—
Fund for Innovation and Leadership - Complex Needs	—	85,484	(51,288)	—	34,196
Fund for Innovation and Leadership - Learning Disabilities	—	102,124	(40,214)	—	61,910
Burdett (Transition for Care)	1,162	—	(1,162)	—	—
Homeless Health	12,818	—	(12,818)	—	—
Standards	10,392	—	(824)	—	9,568
NGS - Support for QN Leadership programme	—	66,454	(59,073)	—	7,381
AGPNE	19,836	—	(17,715)	—	2,121
Dora Roylance	17,563	—	(1,600)	—	15,963
NI Neighbourhood DN Teams	17,558	30,000	(2,450)	—	45,108
Care Homes Foundation Standards	12,870	—	—	—	12,870
Ellen Mary Legacy	4,683	—	(400)	—	4,283
CNEN	—	40,000	(31,638)	—	8,362
Care Homes Network - NHSE	17,510	—	(17,510)	—	—
Care Homes Network - RCN	5,140	20,000	(18,724)	—	6,416
Bournemouth Univ Outsource	—	38,750	(30,382)	—	8,368
Long COVID - Community of Practice	—	10,000	(10,000)	—	—
Prioritising Community Services Best Practice Report	—	10,000	(3,672)	—	6,328
Case Studies (Families experiencing homelessness)	—	9,500	(7,662)	—	1,838
Nursing in Community-Inspiring the Future Generation	—	19,940	(10,718)	—	9,222
Demonstrate Value Economic Health Assess Study Days	—	5,250	(5,250)	—	—
Inspiring Student Nurses	—	9,999	(9,999)	—	—
Transition to HH Nursing	—	9,999	(9,999)	—	—
Aspiring Leaders places	—	124,499	(66,523)	—	57,976
Raising Profile of Homeless and Inclusion Health	—	9,999	(9,999)	—	—
International Recruitment Support	—	104,500	(68,017)	—	36,483
1st Digital Event Nov 2021	—	4,000	(3,696)	—	304
2nd Digital Event Dec 2021	—	4,000	(3,488)	—	512
NHSE/I Personalised Care	—	25,000	(5,571)	—	19,429
Other Restricted Income	—	425	—	—	425
	1,134,709	861,069	(828,177)	87,175	1,254,776

20 Restricted funds (continued)

	At 1 January 2020 £	Income £	Expenditure £	Gains, losses and transfers £	At 31 December 2020 £
District Nurses 1965 Fund	1,156,050	49,674	(219,058)	(32,296)	954,370
Fund for Innovation and Leadership – Frailty	35,476	—	(30,321)	—	5,425
Fund for Innovation and Leadership – Complex Needs	—	17,178	(17,178)	—	—
Fund for Innovation and Leadership – Learning Disabilities	—	538	(538)	—	—
Burdett (Transition for Care)	19,038	—	(17,876)	—	1,162
Homeless Health	60,288	—	(47,470)	—	12,818
Standards	15,446	—	(5,054)	—	10,392
Executive Nurse Leadership Programme	—	3,546	(3,546)	—	—
AAGPNE	19,664	49,998	(49,826)	—	19,836
Dora Roylance Fund	18,463	—	(900)	—	17,563
NI Neighbourhood DN Teams	—	50,000	(32,442)	—	17,558
Care Homes Foundation Standards	23,175	—	(10,305)	—	12,870
Ellen Mary Legacy	4,833	—	(150)	—	4,683
CNEN	4,093	3,887	(7,980)	—	—
Care Homes Network – NHSE/I	—	43,000	(25,490)	—	17,510
Care Homes Network – RCN	—	30,000	(24,860)	—	5,140
CHSA- TalktoUs	—	48,825	—	—	48,825
Coronavirus Job Retention Scheme Grants	—	—	(12,932)	12,932	—
Listening Service	—	11,696	(8,949)	—	2,747
Other Covid19 Projects	—	150,277	(146,197)	—	4,080
Bournemouth University Outsource	—	8,500	(8,500)	—	—
	<u>1,356,526</u>	<u>467,119</u>	<u>(669,572)</u>	<u>(19,364)</u>	<u>1,134,709</u>

District Nurses 1965 Fund (Welfare Fund)

This fund is a separate charitable trust administered by the Queen's Nursing Institute and is known internally as the Welfare Fund. The fund must be used specifically for making grants to nurses who are, or who have been, associated with district and community nursing services and who are in financial hardship. As local District Nursing Associations in England closed over the years, additional funds have been transferred from the Associations to the 1965 Fund, with a specification that the funds should be used to support education grants for community nurses as well grants for those in financial hardship.

Covid19 Projects

The QNI was awarded grants from NHS England and NHS Improvement, Health Education England and NHS Professionals to specifically support nurses working in a variety of roles during the pandemic. The work included the development of resources for nurses moving to a new context of practice through redeployment or return to practice, and contributing to the Covid19 response in relation to policy development at all stages of the pandemic, through the use of intelligence and data from QNI networks.

TalkToUs Listening Service (CHSA)

In December 2020, the Covid19 Healthcare Support Appeal (CHSA) agreed to award a grant to the QNI to support the delivery of the TalkToUs service. The grant was received in January 2021 and enabled delivery of the service throughout 2021.



TalkToUs Listening Service

Donations were received to enable the QNI to start the TalkToUS listening service in May 2020 and into the early part of 2021. The funding was raised by sponsored activities by Queen's Nurses and the Chief Executive in 2020.

Fund for Innovation and Leadership

The Burdett Trust for Nursing provided funding for 10 frontline innovation projects focussed on Frailty. The projects commenced in April 2019 and completed in July 2020.

Ten nurse led innovation projects, funded by Burdett Trust for Nursing and focussed on supporting people with Learning Disability were recruited to start in April 2020, but the programmes was placed on hold due to the pandemic and commenced in September 2020, with delivery for some of the projects completing in December 2021.

The leads for ten nurse led innovation projects funded by the Burdett Trust for Nursing and focussed on supporting people with Complex Needs in Primary Care were recruited in the autumn of 2020 and commenced the programme in January 2021, with delivery throughout 2021.

Transition for Care

The Burdett Trust for Nursing awarded the QNI a grant for a two-year project which completed in December 2017. The resulting online learning resource supports nurses to provide excellent care for young people with long term health conditions to transition to adult services and is accessible via the QNI website. The project overall finished in 2018 and the evaluation of the use of the learning resource was undertaken in 2020, utilising the majority of the remaining funds. The small amount of funding remaining in 2021 was utilised to share the resource and facilitate wider use of the material.

Homeless Health (Oak Foundation)

The Oak Foundation agreed to fund the Homeless Health Programme for three years (May 2017 – April 2020) with matched funding from the QNI. As detailed in the report, the Oak Foundation generously agreed to allowing the underspend to be used to continue the work throughout the remainder of 2020 and after the end of the contract period, given that no funding had been secured at the time to continue the work.

An evaluation of the three years of the programme commenced in 2020, continued into 2021 and was published in January 2022.

Standards

The QNI partnered with QNI Scotland (QNIS) to develop QNI/QNIS voluntary standards for Community Learning Disability Nurse education and practice. This joint project started in September 2019 and completed in 2021. The QNIS contributed £10,000 towards the cost of the project in 2019. The remainder of the project delivery costs have been allocated from the QNI growth in endowment.

Executive Nurse Leadership Programme

The National Garden Scheme (NGS) provided a restricted grant for a third cohort of the Queen's Nurse Executive Nurse Leadership programme. The revised programme commenced development in 2020 and delivery of cohort three took place throughout 2021.

Association of Academic General Practice Nurse Educators (AAGPNE)

The QNI was awarded a grant from NHS England as part of the NHSE GPN 10 point plan to develop an Association of Academic General Practice Nurse Educators (AAGPNE) and the standards on which universities would build a programme of education and training for nurses new to General Practice Nursing. The project funding commenced in 2018 and the work continued throughout 2019, 2020 and 2021.

Dora Roylance Fund

The QNI received a legacy of £21,792 from a retired QN who died in 2015. The specification was that it was to be used for the support of Health Visitor education. A Dora Roylance Memorial Award has been created which is similar to the Philip Goodeve-Docker Memorial Award; it is for the most outstanding achievement for every student Health Visitor in every university offering the Health Visitor programme in England, Wales and Northern Ireland. Taking into consideration the number of universities offering the Health Visitor programme and the total of the fund, the award is likely to last approximately 15 years.

Northern Ireland District Nurse Team Transformational Leadership Programme

In 2019 the QNI was commissioned by the Public Health Agency of Northern Ireland, in partnership with the Chief Nursing Officer of Northern Ireland in the Department of Health, to develop and deliver a District Nurse Team Transformational Leadership programme.

A further two cohorts were commissioned for delivery in 2020 but delivery was interrupted by the Covid19 pandemic. It was anticipated that the third and fourth cohorts of the programmes would recommence in 2021, but this has not been possible and while some contact for programme planning took place in 2021 remotely, delivery in person has been delayed to 2022.

Care Homes Foundation Nurse Standards

In 2019, the QNI was commissioned by NHS England and NHS Improvement to develop Standards of Education and Practice for Nurses new to Care Home Nursing Practice and these were completed and published in 2020. These standards provide a nationally agreed set of education standards for England on which to base the development of university programmes for nurses new to working in the Care Home setting. In 2021, the QNI shared and disseminated the standards with key stakeholder groups and Care Home Nurses.

Ellen Mary Legacy

The Ellen Mary Fund was established in 2019 from a legacy received from the family of a Queen's Nurse, whose mother, Ellen Mary left a legacy of £5K to support an annual prize for General Practice Nurse (GPN) students undertaking their NMC approved GPN specialist practice qualification.

Community Nurse Executive Network – CNEN

In June 2019, the QNI secured commercial sponsorship of CNEN by Hallam Medical for one year. Hallam Medical provided sponsorship again in 2020 and 2021, in addition to the sponsorship for the online annual QNI conference. The QNI is very grateful to Hallam Medical for their continued commitment to the network and the work of the QNI.

Care Home Nurse Network (NHSE/I)

The QNI was awarded a grant in 2019 from NHS England and NHS Improvement to develop a national Care Home Nurse Network. This work continued throughout 2020 and into 2021.

Care Home Nurse Network (RCN Foundation)

The QNI was funded by the RCN Foundation to support the ongoing development and associated activities of the Care Home Nurse Network for three years, commencing January 2020 to January 2023.

Bournemouth University Outsource

In September 2020, the QNI was contracted to provide teaching services to Bournemouth University for two years (2020 to 2022) in support of the General Practice Nurse (GPN) Fellowship programme and the programme for GPNs new to General Practice.

Long COVID - Community of Practice

In 2021, NHSE/I seed funded the QNI to create a Community of Practice for nurses supporting people



with Long Covid in the Community. Additional funding was agreed in Q4 of 2021 to enable to excellent work to continue. This funding was received in 2022, and will enable the network activity to continue, including the revision of the QNI Long Covid learning resource.

Prioritising Community Services Best Practice Report

NHSE/I funded the QNI to undertake a scope of best practice in community services during the pandemic.

Case Studies (Families experiencing homelessness)

NHSE/I provided a grant to support the collection and publication of case studies to exemplify the work that nurses and Health Visitors have undertaken with children and families during the pandemic.

Nursing in Community-Inspiring the Future Generation

Health Education England funded the delivery of a project focussed on encouraging students to share their experiences of excellent placements in community settings and to consider community as a first destination after qualifying as a nurse.

Demonstrating Value Economic Health Assess Study Days

The QNI was commissioned by the Public Health Agency in Northern Ireland to deliver Demonstrating Value Economic Health Assessment Study Days remotely for two cohorts of nurses in 2021. These days are popular and increased numbers are being commissioned for this short programme in 2022.

Inspiring Student Nurses

NHSE/I provided a grant to support raising the profile of nurses who work in Homeless and Inclusion Health services, inspiring student nurses to seek a placement with these services and to learn more about Homeless and Inclusion Health work as part of their professional development.

Transition to HH Nursing

NHSE/I provided a grant to support the revision of the QNI learning resource for nurses new to Homeless and Inclusion Health services.

Aspiring Leaders places

NHSE/I supported three places for nurses working in Homeless and Inclusion Health services to undertake the programme in 2021/22.

Raising Profile of Homeless and Inclusion Health

NHSE/I provided a grant to support raising the profile of Homeless and Inclusion Health services, inspiring nurses understand more about this work and to be inspired to seek a post in these services.

International Recruitment Support

Following a competitive tendering process, the QNI was funded to deliver a support programme for NHSE/I focused on supporting Internationally Educated Nurses (IENs) joining the NHS in a community service setting. The funding agreed covers 2021 and the project completes in April 2022.

1st and 2nd Digital Events Nov 2021

The QNI was sponsored by Allocate and Teva to deliver two digital events remotely.

NHSE/I Personalised Care

NHSE/I Personalised Care Directorate has sponsored five places on the Community Nurse Innovation Programme, which commenced in March 2022, with recruitment activity occurring in Q4 of 2021.

21 Expendable endowment fund

The fund was established originally following the disposal of the QNI's freehold property in Belgravia, London.

Movements on the endowment fund during the year to 31 December 2021 are as shown below:

	2021 £	2020 £
Fund value at 1 January	9,398,872	9,372,071
Net investment gains	1,204,988	26,801
Fund value at 31 December	10,603,860	9,398,872

Whilst the expendable endowment fund is held as capital, income generated by the underlying investments is regarded as unrestricted. The capital may be expended by the charity at the discretion of Council in accordance with self-imposed conditions consistent with the achievement of the charity's overall strategic plan.

22 Analysis of net assets between funds

	General funds £	Tangible and heritage assets fund £	Designated funds £	Restricted funds £	Endowment funds £	Total 2021 £
Fund balances at 31 December 2021 are represented by:						
Tangible fixed assets	—	86,955	—	—	—	86,955
Investments	1,081,667	—	250,000	1,215,281	9,957,283	12,504,231
Net current (liabilities) assets	(464,054)	—	90,160	39,495	646,577	312,178
	617,613	86,955	340,160	1,254,776	10,603,860	12,903,364
	General funds £	Tangible and heritage assets fund £	Designated funds £	Restricted funds £	Endowment funds £	Total 2020 £
Fund balances at 31 December 2020 are represented by:						
Tangible fixed assets	—	88,175	—	—	—	88,175
Investments	921,382	—	250,000	1,218,102	8,809,348	11,198,832
Net current assets	(377,493)	—	92,660	(83,393)	589,524	221,298
	543,889	88,175	342,660	1,134,709	9,398,872	11,508,305

23 Operating leases

At 31 December 2021 the charity had annual commitments under non-cancellable operating leases as follows:

	Land and buildings	
	2021 £	2020 £
Due within:		
. One year	70,226	70,226
. Two to five years	193,122	263,348
	263,348	333,574



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www.qni.org.uk

Charity no: 213128
Founded 1887
Patron HM The Queen



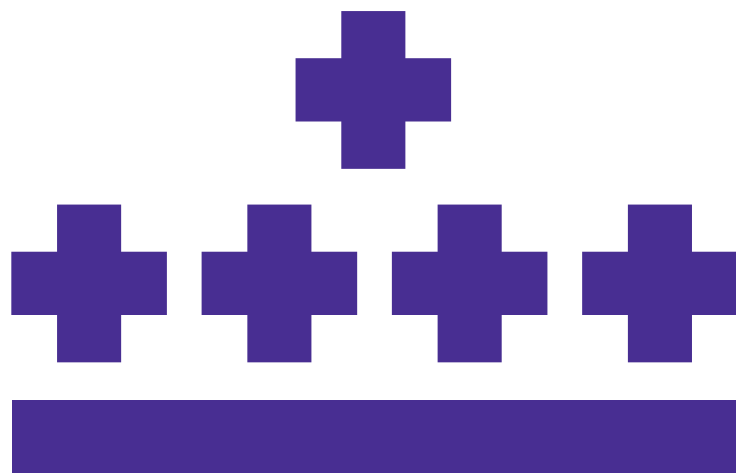
The Queen's Institute of Community Nursing

England & Wales - Charity number 213128

Accounts



The
Queen's
Nursing
Institute

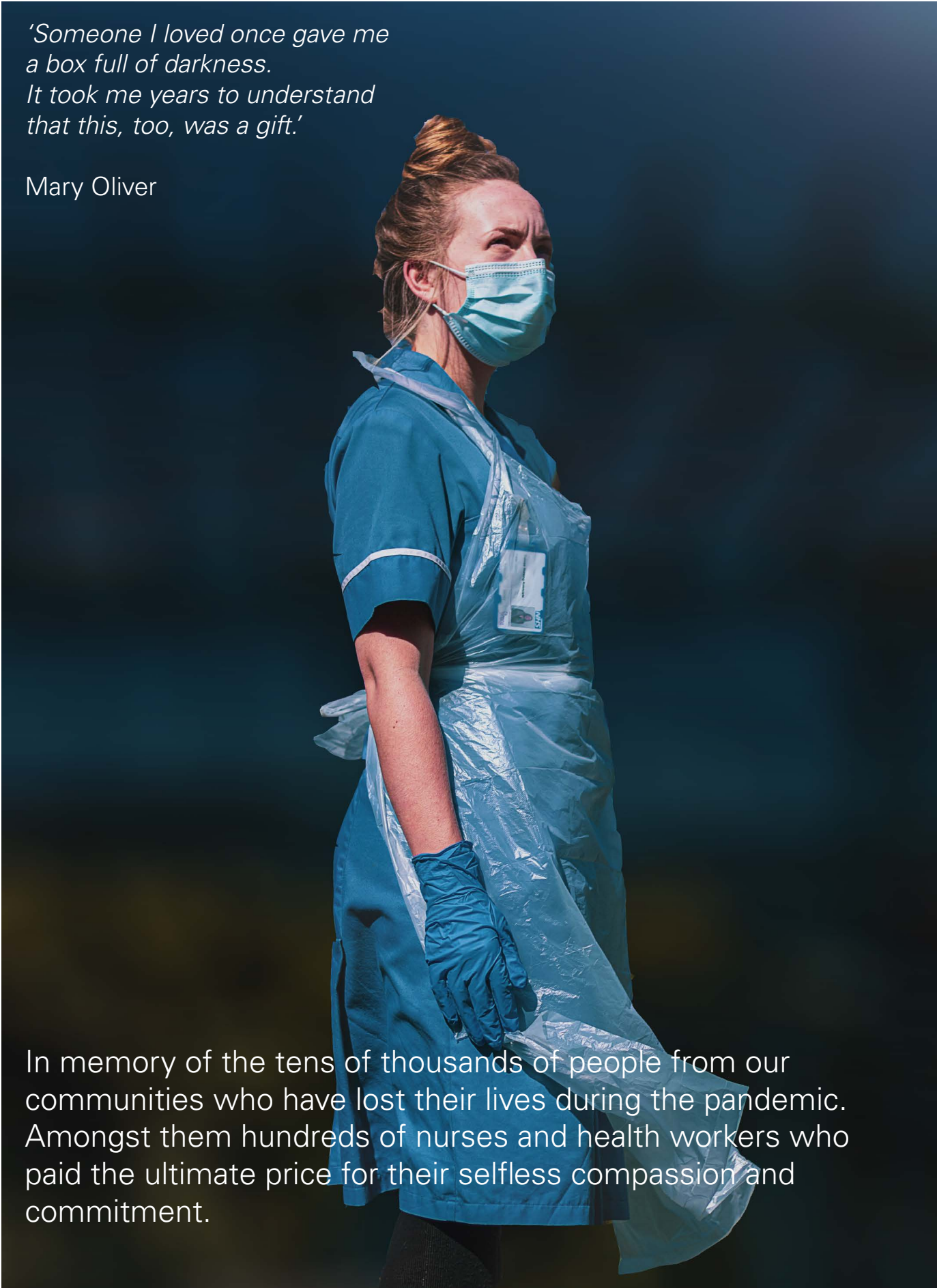


Annual Report and Accounts

Year to 31 December 2020



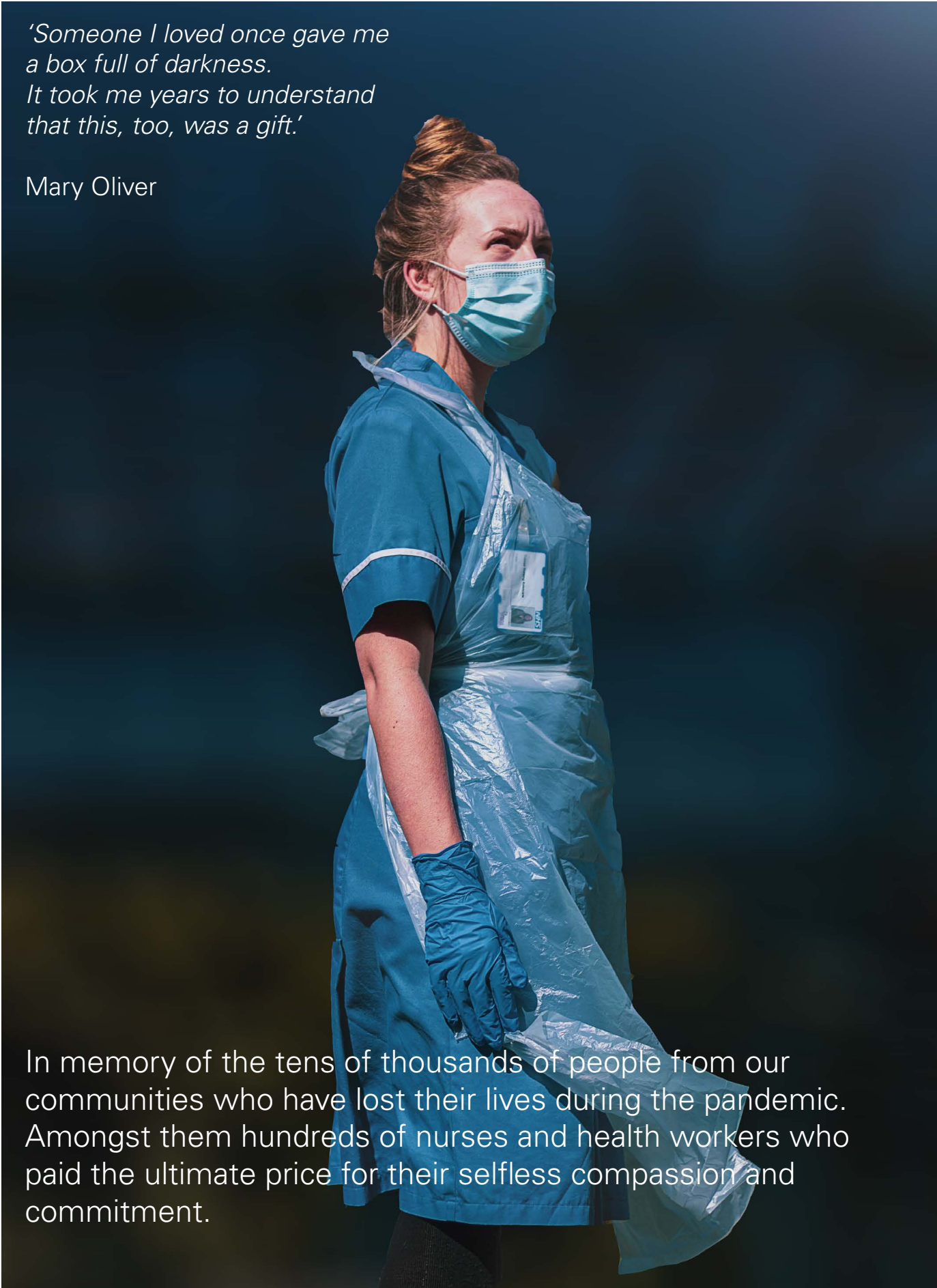
Charity registration number 213128



*'Someone I loved once gave me
a box full of darkness.
It took me years to understand
that this, too, was a gift.'*

Mary Oliver

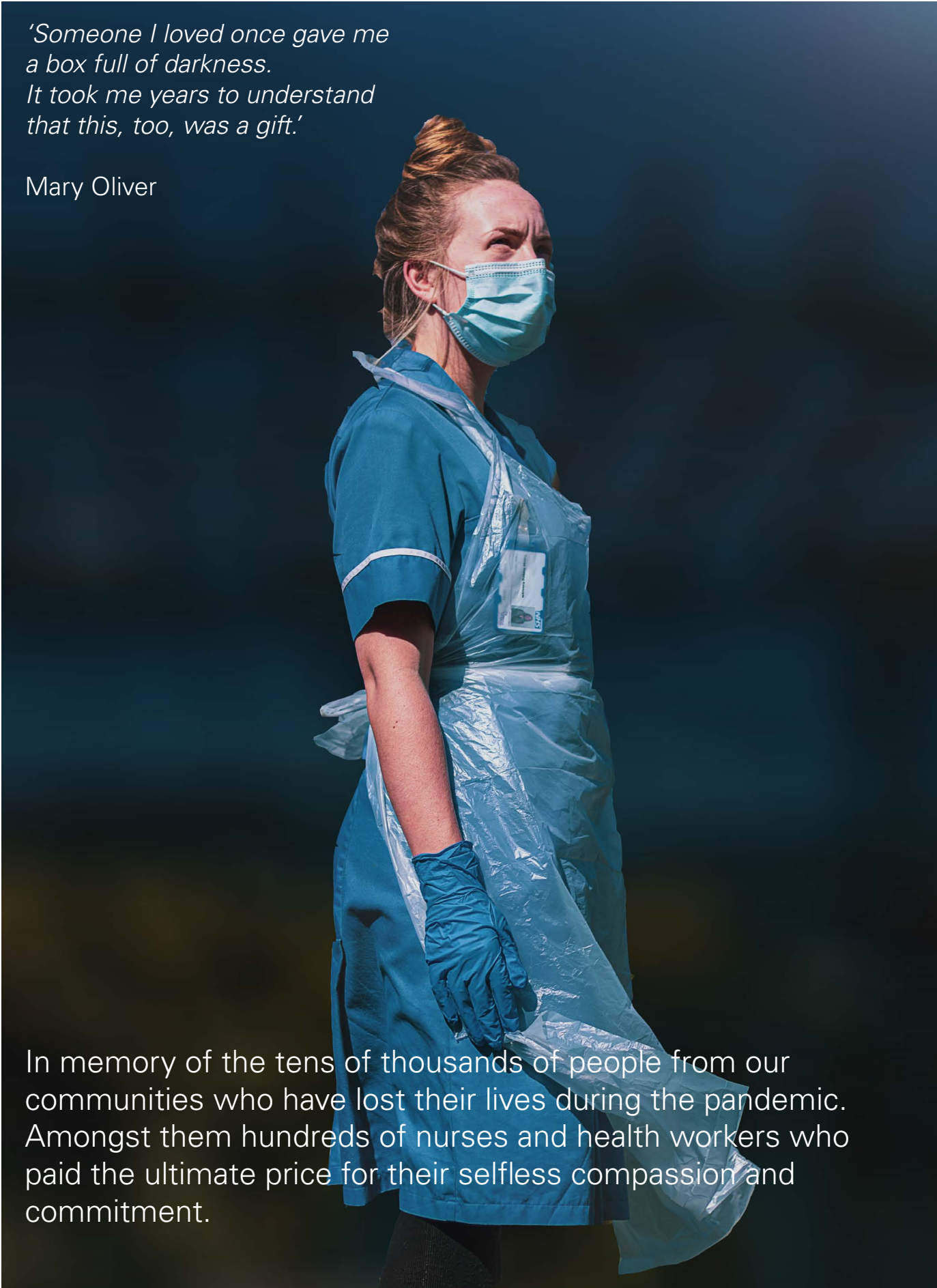
In memory of the tens of thousands of people from our communities who have lost their lives during the pandemic. Amongst them hundreds of nurses and health workers who paid the ultimate price for their selfless compassion and commitment.



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Reference and Administrative Information about the Charity, its Members of Council and Advisers

Patron	Her Majesty The Queen
Vice Presidents	The Lord Ashburton KG KCVO (deceased October 2020) Dr June Crown CBE Sir Sam Everington OBE

The members of Council (Trustees) at the date of this report, and those who served during 2020, are as follows:

Chair of Council	Professor John Unsworth #1+ Nick Addyman # Dr Bob Brown (retired June 2020) Dale Carrington (appointed December 2020) Michael Cooper *#1 Professor Ami David MBE Zahir Fazal *#+ Dr David Foster OBE (retired November 2020) Dr Judith Graham BEM (appointed December 2020) Clare Hawkins (appointed December 2020) #2 Candace Imison Dr Katerina Kolyva Rosalynde Lowe CBE *+ Dr Angela McLernon OBE (appointed December 2020) Helen Mehra (appointed December 2020) Dr Jenni Middleton Rebecca Myers #2
Vice Chair	Christine O'Connell #+ Neesha Oozageer Gunowa (appointed December 2020) William Rathbone OBE *#1+ Jeremy Taylor OBE

* Council members nominated and appointed by the Patron

Members of the Finance Committee during 2020 (#1 stood down from Finance committee February 2021) (#2 joined Finance committee February 2021)

+ Members of the Remuneration Committee

Reference and Administrative Information about the Charity, its Members of Council and Advisers

Chief Executive Dr Crystal Oldman CBE, EdD, MSc, MA, PGDip,
PGCEA, RGN, RHV, RNT, QN, FRCN

Charity registration number 213128

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Foreword from the Chair



As I write this the UK is slowly emerging from the third lockdown since the pandemic began. With more than half of the adult population now vaccinated there is light at the end of the tunnel. We started 2020 with some awareness of a newly emerged respiratory virus in Wuhan in China. Little did we know that it now appears that SARS CoV-2 Coronavirus (Covid-19) was already spreading within communities in Europe. When community transmission became commonplace in March 2020 the UK went into the first national lockdown. The QNI team started to work from home, our events were cancelled and markets across the globe tumbled.

The QNI is highly dependent on two primary sources of income. This comes from our investment portfolio and from our annual donation from the National Garden Scheme (NGS). The National Garden Scheme had to close all its gardens and faced an uncertain period. Even during World War 2, NGS had maintained some garden visits but now everything was closed.

The Institute spent an uncertain period reviewing budgets, cutting costs and producing various forecasts. Thankfully, markets improved and the National Garden Scheme provided a generous donation allowing us to continue our work. We remain grateful for the support of the National Garden Scheme for their support during what has been a very testing period for both organisations.

The Institute was guided during the turbulent period by our acting Honorary Treasurer, our Chief Executive and our Finance Manager. I am grateful to them all for their stewardship during this difficult period. Our staff and trustees have been outstanding during the last year. Two trustees ended their term of office and we were joined by a number of new trustees who will continue to guide the Institute as their predecessors have done for more than 134 years.

On May 25, 2020, George Floyd, a 46-year-old black man, was killed in Minneapolis, Minnesota, United States, while being arrested on suspicion of using a counterfeit dollar bill. This shocking event and other earlier deaths of black Americans including Trayvon Martin, Michael Brown and Eric Garner led to the formation of the Black Lives Matter (BLM) movement. BLM protests rightly crossed the globe.

Organisations were challenged to call out and address racism in all its forms. While many organisations put out statements in support of BLM, the Institute felt that it was time to take a robust and no holds barred look at itself. In doing so the Institute was minded of the words of Ida B. Wells, African American journalist, Feminist and abolitionist: "The way to right wrongs is to turn the light of truth upon them." The Institute commenced a race, equality and inclusivity review of all of its activities and work. Led by Professor Ami David, one of the Institute's Trustees, the review made uncomfortable reading. However, we resolutely set about addressing the issues through an ambitious action plan. One of the most significant early events was a presentation to the Community Nurse Executive Network (CNEN) given by Professor Ami David and Michelle Mello, a QNI Fellow. Ami and Michelle talked about the barriers which exist for nurses from different ethnic backgrounds and how mentoring and allyship can help overcome barriers enabling people to achieve their potential. This highly practical advice to Nurse Directors shone a spotlight on the part all leaders can play in overcoming racism and barriers to the progression of staff. Delivery of our own action plan will continue during 2021-22 and I look forward to recording positive progress in future reports.

Having suspended many activities by the Summer of 2020, the Institute had brought forward plans to provide our programmes online, including a hugely successful international annual conference, delivered over 5 days with delegates from across the world amongst the 1,500 attendees. In addition, we managed the successful delivery of an online award ceremony and commenced our yearlong innovation programme



Above: SARS-CoV-2

with remote delivery. Our highly successful leadership programmes are now converted for a blended delivery starting in the spring of 2021.

The Institute's team have worked exceptionally hard to deliver this dynamic programme and I was struck by the feedback from one delegate at the annual conference who said, 'the QNI have set the bar for online events'. Many organisations attended our events and enquired about the planning process. Behind each event is meticulous planning, numerous rehearsals and a whole team effort to make them as successful as they are.

It goes without saying that the pandemic has brought untold hardship and the loss of countless lives. Amongst the tens of thousands who have died as a result of Covid-19 are a number of nurses and other health professionals. Their loss is immeasurable to their loved ones, families, friends and colleagues.

At the same time, staff across health and social care have provided care in our communities and in hospitals. This is taken its toll on staff as they faced shortages of Personal Protective Equipment (PPE), dealt with thousands of people with Long Covid and cared for increasing numbers of patients, many requiring end of life care. During the year, the QNI have influenced policy, meeting regularly with Ministers and providing advice and intelligence to government departments. Our incredible Grants Team have supported individual nurses to access financial hardship grants, with many applicants impacted financially by the pandemic. Retired community nurses have also been supported through the Keep In Touch (KIT) programme, which has become an even greater lifeline with the isolation measures of the pandemic. The team also supported the rapid establishment of TalkToUs listening service, which offers confidential listening and emotional support to front line staff. This service provides support to staff who feel isolated and often traumatised by their experiences during the pandemic. The service has been accessed by community nurses working in a range of settings, including care homes and also by staff working in the critical care units of hospitals. The foundation of TalkToUs was only possible through the fantastic fundraising from our Chief Executive, who completed an isolation version of the London Marathon in her garden one sunny April day.

As we progress into Spring of 2021, the pandemic across the world is still surging in many countries. In the UK, the NHS has delivered the biggest mass vaccination programme in its history. We are just over half-way through immunising all adults. Alongside many thousands of community nurses I am proud to be playing my part in this programme. Hopefully, it will lead to reduced rates of Coronavirus infection, less severe illness and reduced mortality. We can then start to rebuild a very different world, as the pandemic has taught us a great deal about what is possible for the QNI and for community nursing services. The future will hopefully be bright and we can work to address the inequalities on which the pandemic has shone a spotlight over the last year.

Professor John Unsworth
Chair, QNI Council



Report of the Council 31 December 2020

The Council presents its report together with the accounts of The Queen’s Nursing Institute (QNI) for the year ended 31 December 2020.

The accounts have been prepared in accordance with the accounting policies set out on pages 40 to 44 of the attached accounts and comply with the charity’s Royal Charter, applicable laws and 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 United Kingdom and Republic of Ireland (FRS 102).

Objectives and activities

The Queen’s Nursing Institute operates in England, Wales and Northern Ireland.

The Queen’s Nursing Institute is an independent national charity that is dedicated to improving the nursing care of people in their communities and homes.

Our vision is that all people are provided with the best possible nursing care by the right nurse with the right skills in homes and communities, whenever and wherever it is needed.

The values provide the foundation for our work. They reflect the principles on which the QNI was first established by William Rathbone and Florence Nightingale in 1887.

Values

- ✚ **Excellence:** in nursing, supported by innovation and evidence.
- ✚ **Inclusivity:** promoting and valuing equality and diversity in all that we do.
- ✚ **Partnership:** with people, organisations and policy makers, ensuring individuals, families, carers and communities are at the heart of all we do.
- ✚ **Independence:** using data and intelligence to provide an independent voice.
- ✚ **Advocacy:** championing the unique contribution of all community nurses.
- ✚ **Legacy:** cherishing our history whilst supporting innovation and new ways of working.
- ✚ **Integrity:** living our values and challenging inequalities.

Public benefit

In setting and supporting the QNI’s strategy and business plan, the members of Council continue to give careful consideration to the Charity Commission’s general guidance on public benefit.

Strategic plan 2017-2020

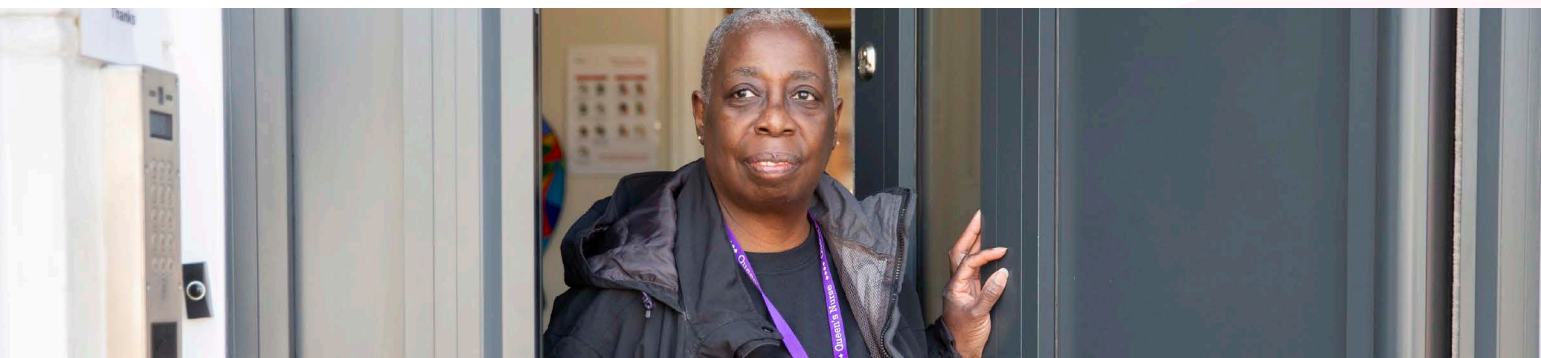
The goals for the year 2020 reflect the 2017-2020 strategic plan, comprising six goals, and highlighting our ambitions as a national nursing charity: <https://www.qni.org.uk/wp-content/uploads/2017/01/QNI-Strategic-Plan-2017-2020.pdf>

Goal 1: Policy Influence and Development: To improve the health and wellbeing of patients, families, carers and communities by influencing policy at local and national levels.

Goal 2: Data and Evidence: To provide independent intelligence about nursing in the community and primary care in a timely and responsive manner.

Goal 3: Standards: To act as a recognised authority in setting national standards for community nurse education and practice that are accepted within the profession and by service providers.

Goal 4: Role models/leaders: To develop, promote and support excellent nurse leaders and role models in



Above: Queen's Nurse
Carol Webley-Brown

the community who can improve services for communities at system and practice levels.

Goal 5: Innovation: To improve nursing practice in the community through developing, testing and evaluating innovation with a focus on technology.

Goal 6: Support for Nurses: To provide dedicated support for the wellbeing of community nurses when facing a personal crisis in their lives.

Strategic Plan 2021-25

The strategic priorities and goals were reviewed during 2020 and a new plan developed by Council: <https://www.qni.org.uk/wp-content/uploads/2021/02/Strategic-Plan-2021-2025-1.pdf>

The new goals reflect the development and progression of the QNI and its standing as a national charity focussed on excellent nursing care for all people in the community.

Influence

- 1. Policy Influence and Development:** to improve the health and wellbeing of individuals, carers, families and communities by local, national and international policy, including through the use of the nurse's voice.
- 2. Data and Evidence:** to provide independent intelligence about nursing in the community and primary care that is relevant and needed.

Quality

- 3. Innovation and Quality Improvement:** to improve nursing practice in the community through developing, testing and evaluating innovative approaches to care.
- 4. Standards:** to set national standards for nurse education and practice in community settings, which are recognised across the profession, educators and service providers.

Voice

- 5. Role models and Leaders:** to develop, promote and support excellent and diverse nursing leaders and role models and to empower nurses to raise their voice and articulate their value.
- 6. Support for Nurses:** to support the wellbeing of all community nurses, whether working or not, by listening and responding to their personal and professional needs.

Outcomes

The Trustees determined that the new strategic plan should include a renewed focus on outcomes which would also guide the development of the annual business plan and measures of achievement.

Influence

The QNI is the organisation that is called upon to contribute to national policy development and implementation when shaping nursing services in the context of a wider health and social care system.

Quality

Evidence from the QNI regarding quality improvement and standards is used to inform policy, research, practice and education and is recognised at all levels in the system.



Voice

A diverse community of Queen's Nurses and others in the QNI networks successfully lead innovation and change, challenge inequalities and make a positive difference to the care of individuals, carers, families and communities.

Organisational Development

During the most challenging of years in 2020, the QNI continued to strengthen its reputation as a leading community nursing charity that is valued and respected for its expertise in influencing policy based on objective data and evidence, providing valuable intelligence to the sector, supporting innovation, developing professional standards and supporting nurses and leaders.

Many of these areas of expertise were called upon during the pandemic, where the QNI was, for example, able to provide a rapid insight at a national level into the experiences of nurses leading, managing and delivering care in the community and to influence policy through the data collected in two surveys during the year.

During the year, the QNI has also needed to be flexible in managing the financial and human resources to enable the charity to continue to work productively and effectively, looking to build a sustainable future in the context of much instability.

The Council of the QNI has provided the expert governance and leadership required throughout the year to ensure the delivery of the strategic plan, robust business continuity and a positive future for the work of the charity.

Two members of Council retired during the year, Dr Bob Brown and Dr David Foster. The QNI is grateful for their time and expertise in supporting the QNI over the period of their tenure with the Council. Dr Bob Brown continues as the Chair of the Community Nurse Executive Network (CNEN) as a CNEN member and Director of Nursing in Northern Ireland. Six new members of Council were appointed in December 2020.

The activities undertaken by the QNI throughout 2020 in order to achieve the objectives of completing the final year of the QNI strategy (2017-2020) are set out in the section 'Achievements and Performance'.

Covid19 – impact on the work of the QNI

At the time of writing this report, the country is nearing the end of the third period of 'lockdown', and tragically, close to 130 thousand lives have been lost to the virus in the UK and families have been devastated by their losses. Hundreds of thousands more have been impacted by the long term impact of Covid19 – with symptoms of 'Long Covid', for which the evidence and understanding is still emerging.

Along with thousands of other business and charities, the planned work of the QNI in 2020 was impacted considerably by Covid19. However, the charity has worked tirelessly to respond to the pandemic and stay true to our mission and values, whilst utilising our expertise and our networks to help in the national effort to manage the pandemic and mitigate its impact.

Impact in working practices

- The QNI offices were closed on 17 March 2020 and have remained largely closed throughout the rest of the year. They remain closed at the time of writing this report;
- All team members have worked remotely from their homes;
- All face-to-face events were cancelled at the start of the pandemic, but many were later converted to online events;
- One project was deferred to 2021 in agreement with the commissioning organisation, but all others were reconfigured to be delivered remotely after a period of abeyance during the first few months of the pandemic;



Above: District Nurse Sarah Smith

- The QNI was commissioned by Health Education England, NHS England and NHS Improvement and NHS Professionals to create learning resources to support nurses moving to work in the community and primary care settings during the pandemic;
- The QNI opened a Listening Service, 'TalkToUs', in April 2020 to provide emotional support from trained listeners, to support nurses working in the community and primary care during the pandemic; and
- Financial assistance has been extended to support community nurses whose financial situation was impacted by Covid19, through illness or loss of household income due to the virus.

Financial impact

- The planned income for 2020 was initially impacted negatively and estimated at approximately £500K, representing around 55% of the budgeted income.
- As projects could not be delivered as planned, measures were taken to reduce costs. This included furloughing two members of the team, terminating the contract of a part-time self-employed project leader, reducing the contracted hours of the Director of Nursing Programmes and the Queen's Nurse Network and Events Manager, and reducing the salary of the Chief Executive. One part-time administrative post was deleted prior to recruitment, and another part-time administrative post was made redundant when no further funding was available to support the continued programme of work.
- Due in part to the recovery of the investment markets, after an initial decline at the start of the pandemic, there has been less financial impact than originally anticipated.
- The Oak Foundation permitted all underspend to be utilised to continue the Homeless Health network support activity during 2020.
- The anticipated annual grant from the National Garden Scheme (NGS) was initially reduced as many gardens were unable to open as planned throughout the majority of 2020; however, later in 2020, the NGS provided both a substantial unrestricted and a restricted grant which has enabled our work in supporting Queen's Nurses to continue.
- Project income received for 2020 delivery was later deferred only in part to 2021 as programmes were delayed for a few months whilst being converted to be delivered remotely, rather than waiting for lockdown to lift on a permanent basis.
- The QNI was awarded several grants to undertake Covid19 related projects, resulting in an improved financial position by the end of 2020.

Achievements and performance - Impact of work in 2020

Goal One: Policy Influence and Development

In 2020, the QNI contributed to 19 advisory groups of the arm's length bodies of the Department of Health and Social Care (including Public Health England, Health Education England and NHS England and NHS Improvement) and many other national and regional organisations. Throughout the pandemic, the QNI continued to be an organisation that is called upon for advice and guidance on national policy, including contributing to a number of regular advisory groups specifically focussed on the impact of Covid19 in the community and much of this work was informed by the members of active and engaged QNI networks.

Where appropriate, Queen's Nurses are also called upon to represent the QNI in national advisory groups, demonstrating the value of the expert Queen's Nurse to the work of the charity. In addition, the members of other QNI networks, such as the Care Home Nurse network and the Homeless and Inclusion Health

Network have been instrumental in highlighting challenges and providing solutions in the management of the pandemic for vulnerable and marginalised groups.

The QNI delivered a highly successful online annual conference in October 2020. This was a five-day event, attended by more than 1,500 delegates from the UK, including nurses from more than 14 other countries around the world. This represents three times more delegates than we would have been able to accommodate in the usual annual two-day face-to-face event in London and the feedback from the conference was outstanding.

The conference was a gift to all nurses who had been managing the pandemic and the same approach is being maintained for the annual online conference in 2021, for which several high-profile international speakers have been secured.

“ Huge thank you to the QNI for organising and delivering such an inspirational, quality conference during the Covid 19 pandemic- huge achievement during such difficult times. Thank you also for gifting the event to all, this was an extremely kind and generous act.

Delegate feedback from 2020 QNI Conference

In 2019, the QNI created a film with Mother London, a creative agency, to showcase the work of nurses in the community and influence the perceptions held by both the public and other healthcare professionals of nursing in the community. Partially funded by Health Education England, Mother London subsidised the production of the film and worked with the QNI and our Queen's Nurse networks to produce a superbly moving and informative film: 'Nursing in the Community': <https://www.youtube.com/watch?v=YcGKJSFWPHs>

The film was entered for the World Health Organisation (WHO) film competition as part of their 2020 Health for All Film Festival (Nursing and Midwifery category). The film was shortlisted from 1,300 entries from around the world, making it into the selection of 15 finalists in the category. The WHO award ceremony took place as a livestream event from Geneva on 12 May 2020, and the QNI film was the only shortlisted film in the category to be given a 'special mention' by the panel, including from Dr Tedros Adhamon Ghebreyesus, WHO Director-General and Elizabeth Iro, WHO Chief Nurse.

Whilst the film did not win, being given such attention and recognition at the ceremony was considered a significant accolade for the film-maker, Charlie Inman from Mother London, and a welcome recognition of the patients and nurses who contributed to the success of the film: <https://www.qni.org.uk/news-and-events/news/nursing-in-the-community-film-praised-by-who-on-international-day-of-the-nurse-and-midwife/>

Goal Two: Data and Evidence

The QNI's International Community Nursing Observatory (ICNO) was launched in November 2019, so 2020 was the first year of operation. The planned work of the ICNO to explore the workload of the district nursing service was understandably delayed by the pandemic. However, more than 23 community service provider organisations are now participating in the research and the report will be published in the summer of 2021. The report will be helpful in modelling the district nursing service workforce required to meet the needs of people both now and into the future and builds on the QNI reports in January 2019 'Outstanding Models of the District Nursing Service' and the findings of the report published on the launch of the ICNO in November 2019 'District Nursing Today: The View of District Nurse Team Leaders in the UK' <https://www.qni.org.uk/resources/district-nursing-today-the-view-of-district-nurse-team-leaders-in-the-uk/>

There have been three pieces of ICNO work undertaken in 2020 which have resulted in publications:

1. **Care Home Nursing (August 2020):** <https://www.qni.org.uk/wp-content/uploads/2020/08/The-Experience-of-Care-Home-Staff-During-Covid-19-2.pdf> Following grave concerns about the safety of the workforce, care home residents and the gaps in provision that the sector was facing, in May and June



Above: The Annual Conference on Zoom - saying thank you to speakers courtesy of British Sign Language

of 2020, a survey of the members of the QNI's Care Home Nurses Network was carried out. The survey was launched in the early weeks of the pandemic and the responses confirmed that for the majority of respondents, the pandemic was a very challenging experience. Providing evidence for policy makers, those who responded raised serious ethical and professional concerns, for example GPs, Clinical Commissioning Groups and hospital trusts making resuscitation decisions without first speaking to residents, families and care home staff or trying to enact 'blanket' 'do not attempt resuscitate' (DNAR) decisions for whole groups of people. The evidence within the report has since been cited as part of a larger piece of work undertaken by the Care Quality Commission in England and has contributed to work being undertaken by Amnesty International on the potential breach of human rights in the use of blanket DNARs. Professor Alison Leary has spoken on many professional virtual conference platforms about the findings of the report and also on two radio programmes (BBC and Al Jazeera).

2. A thematic analysis of the prevention of future deaths reports in healthcare from HM coroners in England and Wales 2016–2019: <https://journals.sagepub.com/doi/full/10.1177/2516043521992651>

The analysis of Coroners' 'Prevention of Future Deaths' (PFD) reports from hospital, care home and community settings, demonstrated that there is a potential for Coroners' reports to be systematically reviewed to inform patient safety, workforce development and organisational policy. It was also concluded that improved data quality within the reporting system would allow for possible automation of analysis and faster feedback into practice. The article was published in the Journal of Patient Safety and Risk Management in March 2021 and Professor Alison Leary has spoken about the report at the Health Service Journal Patient Safety Congress in March 2021.

3. General Practice Nursing (GPN): <https://www.qni.org.uk/wp-content/uploads/2021/01/GPN-Survey-Report.pdf>

The QNI was commissioned by NHS England and NHS Improvement to undertake a survey of nurses working in General Practice during the first wave of the pandemic in 2020. There were 3,177 respondents to the survey and the findings highlighted that the pandemic had magnified existing and enduring challenges for General Practice Nurses. These included perceiving that their knowledge and skills were undervalued, and experiencing poorer terms and conditions and lower salaries in comparison to colleagues working at a similar level in NHS provide organisations. The report was published in January 2021 and the QNI arranged for a GPN symposium in March 2021 to discuss the findings with leading General Practitioners and Primary Care policy makers in England, where every participant committed to take an action to address the issues raised in the report. The discussion and actions will be followed up with a second meeting of the group in September 2021. In 2020, the QNI published the seventh annual District Nurse education audit which details the numbers of District Nurses (DN) who have undertaken the NMC recordable Specialist Practice Qualification (SPQ). The QNI audit has become an annual reference point nationally for tracking the trends of District Nurse education and the professional qualification of the leaders of the District Nursing service. The report highlighted an increase of 5% in the number of District Nurses trained in 2018/19 compared to the previous year, continuing the overall trend of growth in recent years: <https://www.qni.org.uk/wp-content/uploads/2020/10/DN-Education-Report-2018-19.pdf>

Goal Three: Standards

The QNI is recognised for its expertise in post-registration community nurse education. The nurses employed by the QNI have considerable experience of working in higher education at a senior level and they have significant practice experience in community and primary care settings.

The QNI has built up this level of expertise to an extent that we are now able to respond to externally commissioned education work, including in the development of standards of education and practice. In 2020 and 2021 the QNI published two commissioned publications supporting the education and practice of nurses working in a community setting:

- Standards for Education and Practice for nurses new to General Practice Nursing, funded by NHS England and NHS Improvement (2020): <https://www.qni.org.uk/wp-content/uploads/2020/05/Standards-of-Education-and-Practice-for-Nurses-New-to-General-Practice-Nursing-1.pdf>
- Standards for Education and Practice for nurses new to Care Home Nursing, funded by NHS England and NHS Improvement (2021): <https://www.qni.org.uk/wp-content/uploads/2021/01/Standards-of-Education-and-Practice-for-Nurses-New-to-Care-Home-Nursing-2021.pdf>

These commissions demonstrate the need for nurses new to working in community settings to have a consistent professional development experience, with programmes of education and practice, created and delivered by universities in partnership with practice, which are based on these national standards.

In addition to the standards for nurses new to General Practice, the QNI was awarded a grant from NHS England as part of the NHSE GPN 10 point plan to develop an Association of Academic General Practice Nurse Educators (AAGPNE) to support the ongoing development of standards on which universities would build programmes of education and training for General Practice Nurses throughout their careers. The work commenced in 2018 and continued throughout 2019 and 2020, building a membership of 74 Members and 10 Associate members from across the UK, with a further 50 applications received in 2021 to join as Associate members.

After a face-to-face meeting in January 2020, further meetings of the AAGPNE members were held quarterly and online, providing an opportunity for professional debate, sharing of best practice, innovations, quality assurance processes, challenges and solutions in GPN education. The members have developed peer reviewed publications and collaborated on a textbook for GPNs which was published in July 2020. The AAGPNE is co-chaired by the programme leader at the QNI, who attended all the regional GPN development boards in England and shared innovations and best practice with members throughout the year.

In addition to the AAGPNE, a web-based resource has been developed – the General Practice Nurse Education Network (GPNEN). This is a repository of educational and practice resources for GPNs which is free to access. The site has now been live for 18 months and requires just three clicks to access material: <https://gpnen.org.uk/> The feedback has been extremely positive and many people who have accessed the site have chosen to leave a comment, an action that few people normally take the time to do on similar websites.

“ I think this website is great. It's made it to our university 'WhatsApp' group chat, so people are now using it. The consensus being 'I wish we had seen this months ago!' The topics are relevant and really helpful. I have directed student nurses to it too to encourage them to become General Practice Nurses! AAGPNE member

“ ‘Thank you for a fantastic meeting as always! Great discussions and great to share challenges with programme issues’ AAGPNE member



Above: Queen's Nurse
Parveen Akhtar

The QNI has also, for the last six years, partnered with Queen's Nursing Institute Scotland (QNIS), to produce high quality voluntary standards for practice and education to support the development and delivery of specialist practice community nursing programmes, such as District Nursing (2015), General Practice Nursing (2017) and Community Children's Nursing (2018): <https://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-specialist-education-and-practice/>

The feedback from universities and practice on the voluntary standards is excellent and most education providers map their programmes to the QNI/QNIS standards. This provides a consistency of education across the UK, reflecting the expectations of the modern-day specialist community nursing practitioner.

Throughout 2020, the QNI and QNIS continued the work to develop voluntary standards for Community Learning Disability Nursing (CLDN) Education and Practice. UK wide practice visits and focus groups with expert practitioners took place prior to the national lockdown in March 2020. The work has been fully supported by all stakeholders, including the continuation of virtual meetings of the advisory group for this work and the standards are due to be published in April 2021.

“ The consultation was thorough and appropriate; the ethos, content and structure is excellent.
Chief Executive, Community NHS services

“ We believe this is valuable work, done in co-production and with the right people on board including the consultant LD nurse group.
Learning Disability Forum Chair, RCN

“ They [standards] provide a good benchmark both for individual practitioners and managers. The standards can only improve greater consistency across the workforce in Learning Disability nursing. Thank you, you have done an amazing job of pulling the standards together!
Feedback received on the Standards

The QNI is participating in the NMC steering group for the review of the regulated community specialist post-registration qualifications which commenced in the summer of 2019 with an eighteen-month overall project plan. The specialist areas of community practice and education which are being reviewed include Health Visiting, School Nursing, Occupational Health Nursing, District Nursing, Community Children's Nursing, General Practice Nursing, Community Learning Disability Nursing and Community Mental Health Nursing. The experience and the methodology of developing QNI/QNIS voluntary standards was shared with the NMC as part of the steering group engagement process.

Due to the pandemic, the work on the standards was delayed, with the engagement phase continuing throughout many months of 2020. The QNI, many Queen's Nurses and other organisations with expert experience, knowledge and skills in community nursing have participated in the engagement phase. The draft standards were released for consultation in April 2021 and the QNI has informed the NMC that the



absence of specific standards to support annotations – such as District Nursing – will lead to unwarranted variation in programmes of education and will present a risk to patient safety.

The QNI and another nine organisations and groups with expertise in community nursing across the UK have expressed our significant concerns to the NMC about the risks to patient safety where there are no specific standards of proficiency (alongside the core standards of proficiency) to support the annotated Specialist Practice Qualifications (SPQ). The unwarranted variation which will result from locally agreed standards for each SPQ annotation risks undermining the consistency of education and preparation for all of these highly responsible, autonomous leadership roles in the community.

The QNI will be supporting all members of our networks and wider stakeholder groups to understand the risk to patient safety of the current draft standards and to engage with the consultation to help the NMC in their endeavour to produce a future focussed, safe and robust set of post-registration standards.

“ There is an opportunity now for the nursing voice of those in all roles in the community to be heard, through responding to the consultation.
Dr Crystal Oldman CBE, Chief Executive, The QNI

Goal Four: Role models/leaders
Queen’s Nurses

The QNI benefited in 2020 from a generous grant from the National Garden Scheme (NGS) to continue the work of the QNI in developing and supporting an increased number of Queen’s Nurses (QN). Whilst there was a good deal of uncertainty at the start of the pandemic about whether the NGS would be able to distribute any grants at all to beneficiaries in 2020, the QNI was delighted with the decision to award the grants in the summer months, which enabled the Queen’s Nurse programme to continue, albeit with a single opportunity to apply to become a Queen’s Nurse in 2020, rather than the two opportunities and two award ceremonies planned for the year.

The grant supported an increase in the number of nurses awarded the title of Queen’s Nurse by 123 to 1,400 on the active QN register. The QNI provides Queen’s Nurses with opportunities for continuing professional development, access to updating and enhancement of their skills and knowledge and the opportunity to participate in the development of national policy.

Unfortunately, the annual ‘All Queen’s Nurse Meeting’ had to be cancelled at very short notice as it was due to take place in London at the end of March 2020, just two weeks into lockdown. However, the pandemic presented the opportunity for members of the team to meet and engage with the Regional QN Chairs and to attend their regional online meetings in a way which would never have been possible with face-to-face meetings. This is a practice which is likely to continue into 2021 and beyond. For example, the 2021 All QN Meeting will take place in May 2021 as a virtual meeting. At the time of writing this report, more than 550 QNs have registered for the event, almost double the number that would have been accommodated in a face-to-face event.

Throughout the pandemic in 2020, the QNI continued to support Queen’s Nurses to make a significant contribution to national work in England, including involvement in national consultations, advisory and focus groups. For example, two Queen’s Nurses are the co-chairs of the NHSE and NHSI advisory group for the national community nursing plan which commenced in 2020, and another QN has a six-month fellowship within the Chief Nursing Officer’s team, supporting the ‘Home First, Act Now’ initiative.

All shadowing opportunities by senior policy and decision makers were placed on hold for 2020 and the annual gathering of Queen’s Nurses at Frogmore Gardens in Windsor was cancelled due to the restrictions of the pandemic. In 2020, the QNI gave our Patron, HM The Queen, a gift of a Foxglove Tree (Paulownia



Above: Delegates at the Online Awards Ceremony in 2020

Tomentosa), for Frogmore Gardens, in thanks of her patronage in the Year of the Nurse and the Midwife. It is hoped that the Queen's Nurses can gather in 2022 to see the tree and its plaque.

The QNI online award ceremony took place in November 2020 and more than 500 people logged in to watch and to participate. Attended by the Chief Nursing Officers of England, Northern Ireland and Wales, the feedback from the ceremony was excellent and provided some much-needed celebration for the nurses and their families. The QNI is planning a face-to-face award ceremony in December 2021, with contingency for an online ceremony again, in case of further restrictions.

“ Thank you to everyone involved in this amazing awards ceremony it's been fabulous. It's certainly one I will remember.

Queen's Nurse at the Online Awards Ceremony

In 2020, the NGS provided the QNI with the second half of the restricted grant to support a further cohort of QN Executive Nurses to undertake a bespoke QNI Executive Nurse Leadership programme. In 2017, in recognition of the 130th anniversary of its foundation and the NGS' 90th anniversary, the NGS awarded the QNI with a grant specifically to support the development of Queen's Nurses working at an executive level who wish to move to a more senior post in the future. The restricted grant provided sufficient funds to support two cohorts of the leadership programme in 2018 and 2019. The 30 Queen's Nurses who have participated in the programme continue to go from strength to strength in their careers and have formed a strong and supportive group of alumni.

The third cohort of the programme will be delivered in 2021, supported by the NGS. The previous partnership with the Leadership Trust in the delivery of the programme was very successful but has become unsustainable due to rising costs. The 2021 programme will be led by the QNI with co-facilitation by a very experienced Chief Nurse and support from a range of visiting speakers. The QNI offers mentorship by QNI Fellows or QNI Council members throughout the programme and many continue the supportive relationship beyond the length of the programme.

“ I just wanted to express my gratitude personally for the privilege of being part of the Executive Nurse Leadership Programme. It has already reaped positive results and I am now going to have a greater 'voice at the table' in my organisation. Yesterday I was offered the post of Clinical Director for Adult Physical Health. My participation in the course was certainly a huge influencer to my success.

Queen's Nurse who completed the programme in 2019

Community Nurse Executive Network

In support of executive level nurses in community provider organisations, large care home and hospice providers, the QNI continued to support the Community Nursing Executive Network (CNEN) throughout 2020. The network, launched in 2016, is now established as a valuable way to facilitate sharing best practice, challenges and solutions, while supporting leadership and management practice in community services amongst peers.



The CNEN membership has gained further members throughout 2020, from 153 to 160. Prior to the pandemic, the CNEN would meet twice a year in London. During 2020, the meetings were stepped up to monthly online 2.5 hours meetings with high profile speakers, such as the Chief Nurse for England and the new Chief Nurse for Social Care at the Department of Health and Social Care (DHSC). The members inform policy work regarding nursing in the community, with information being sent every fortnight from CNEN members to the Minister for Primary Care, Public Health and Prevent – and her team at the DHSC - during the height of the first wave of the pandemic, focussed on the emerging issues and solutions.

The feedback on the impact of CNEN membership continues to be positive, with around 40 network members joining for the monthly meetings actively participating in the dialogue with senior level presenters. Members are also provided with a monthly update from the QNI and have continued to be alerted to policy engagement opportunities for themselves and their organisations outside of the formal meetings.

During 2020, the QNI was delighted to have continued the commercial sponsorship of the network by Hallam Medical. This has provided a sustainable alternative to introducing a membership fee, which would inevitably increase administration costs and potentially deter members from continuing their membership.

“ The meetings allow networking opportunities as well as time to reflect and think.
CNEN member

In the autumn of 2019, the Chief Nursing Officer (CNO) for England announced that she would be funding the QNI to develop a new Care Home Nurses’ Network. The purpose of the network is to learn about good practice, and to discuss challenges and solutions. The QNI had presented this idea to funding bodies for some years, based on the success of the Homeless Health Practitioner Network and the similarity in the potential for professional isolation in the roles.

The funding required the QNI to deliver seven regional events for Care Home Nurses in 2020, to include learning on ‘end of life care’ and ‘wound care’. The inaugural event was delivered in London in February 2020 at which the CNO attended to welcome 70 care home nurses. The event took place just weeks before the Covid19 lockdown in mid-March and all further regional events in 2020 were cancelled.

The funding was ‘repurposed’ with agreement from the CNO, and a dedicated and closed Facebook page for all Care Home Nurses was created, to enable nurses to share and learn about practice during the pandemic. The Facebook page proved to be a very welcome initiative and has been highly successful in connecting Care Home Nurses, updating and sharing good practice throughout the pandemic. Online events replaced the planned regional events and have been exceptionally well attended, attracting more than 150 nurses at each event.

The CNO funding to support the network completes in April 2021, but the online events will continue quarterly as the QNI Care Home Nurse Network has also been funded by the Royal College of Nursing Foundation (RCNF) from January 2020 to December 2022. The RCNF grant includes the development of a learning repository for Care Home Nurses and a periodic newsletter. The Care Home Nurse network has grown to a membership of 835 at the time of writing this report.

The plans for the development of the Care Home Nurse Network include the development of a Community of Practice for Infection Prevention and Control (IPC), following the events of the pandemic. This would provide an excellent clinical focus for the network members for nurses who take a lead role in their organisations for IPC and the potential for research to be undertaken in the future with this group.



Goal 5: Innovation:

Northern Ireland District Nurse Team Transformational Leadership Programme

In 2019 the QNI was commissioned by the Public Health Agency of Northern Ireland, in partnership with the Chief Nursing Officer of Northern Ireland in the Department of Health, to develop and deliver a District Nurse Team Transformational Leadership programme. The QNI is delighted to be working with the senior nurses in Northern Ireland and actively supporting the District Nursing teams to take a more population-based approach to their expert, autonomous, nurse-led services – and thereby improving the health of the populations they serve in a sustainable way. The programmes in 2019 were delivered in Northern Ireland and were evaluated extremely favourably.

A further two cohorts were commissioned to be delivered in 2019/20 and 2020 but these were both placed on hold after modules were delivered as planned in early 2020 before lockdown. Covid19 has continued to impact on the delivery of the remaining modules throughout the rest of 2020, but it is anticipated that these will recommence when gatherings are permitted, perhaps in the summer of 2021.

Frontline Innovation projects: Frailty

In 2019 the QNI secured funding from the Burdett Trust for Nursing for 10 innovation projects themed around 'Frailty'. The projects commenced in April 2019 and were due to complete in April 2020. However, completion was delayed to July 2020 due to the pandemic and all ten projects, led by frontline community and primary care nurses, were successfully completed: <https://www.qni.org.uk/explore-qni/nurse-led-projects/frailty/>

The results of the innovation projects have been profound and lives are changed through these projects. One example is Tai Chi for increased wellbeing which was delivered in two care homes in Wiltshire through group-based activities. The project developed due to observations made at the homes that some residents were feeling low and seeming to require additional help with their activities of daily living, with their independence diminishing. They still enjoyed and wanted social interaction but were not enjoying what was being offered.

The project lead implemented weekly Tai Chi classes over 10 months in the two care homes aiming to reduce falls, improve balance, improve motivation and energy and unsupported standing times.

The data showed that these had all improved, that there had been no falls during the time of the project and above all the residents involved felt more energy, felt included, enjoyed the weekly group and made new friends whereas before they stayed in their rooms. Some participant quotes: 'Life is good', 'it has given me a better outlook', 'it has made me more active', 'it has helped me relax', 'it makes me feel better'.

Both homes are now continuing to fund the weekly classes and other care homes in the local area have initiated their own Tai Chi classes.

“ It has given me a better outlook.

Client feedback on Tai Chi for Increased Wellbeing project



Frontline Innovation projects: Learning Disability

The QNI was awarded a grant in 2019 to support innovation projects in 2020, to be led by frontline practitioners and focussed on improving the care of people with a learning disability.

The projects were due to commence in April 2020, just as the pandemic struck. The start of the programme was paused and the whole programme underwent a redesign to enable the project management and support to be delivered online, with the use of an online learning platform. Ten project leaders commenced in September 2020, with an extended length of programme to December 2021, to accommodate the pressures of the pandemic in practice. It is recognised that for some, the programme of support may need to be extended further.

Homeless and Inclusion Health Programme

Grant funding from the Oak Foundation (May 2017 to April 2020), matched by funding from the QNI expendable endowment, enabled the QNI to continue to support practitioners working with people who are homeless to deliver excellent nursing care and for the QNI to contribute to related policy development in England at a national level.

At the start of the pandemic, the Oak Foundation generously agreed to allow the QNI to use a small underspend of the grant to continue the homeless and inclusion health work after April 2020. This enabled the QNI to provide ongoing support and guidance for nurses who were providing healthcare services as part of the 'Everyone In' programme in England and the equivalent programmes in Wales and Northern Ireland.

The lead for the QNI Homeless and Inclusion Health programme returned to practice to support the 'Everyone In' programme in London for three months from the start of the pandemic, which also assisted with the policy work at the QNI as examples of challenges and solutions from the frontline of practice could be communicated directly to ministers.

The QNI also set up online facilitated groups for nurses and health visitors supporting people who are experiencing homelessness or who are vulnerably housed, responding to the needs as they arose. These have now become highly valued, regular groups and include a group for health visitors and school nurses supporting families in temporary accommodation, a group for health visitors and school nurses supporting Gypsy, Traveller, Roma and Boater families and another for nurses working in Street Outreach services. The learning and sharing within the participants of the groups has provided solutions and rapid learning which would not have been possible as single practitioners.

The QNI has continued to support the work of the Ministry of Housing, Communities and Local Government in England, where a Queen's Nurse is currently the clinical lead for this work: <https://www.gov.uk/housing-local-and-community/homelessness-rough-sleeping>.

The very popular learning resources for nurses working in homeless and inclusion health services have been updated throughout 2020 and will continue to be reviewed and revised in relation to learning from the pandemic. Regular communication with the network whose membership now stands at 1,400, has continued throughout the pandemic; the updates keep the network informed of policies related to their practice and the programme lead has also provided individual support for practitioners throughout the year. The QNI Homeless and Inclusion Health page was visited thousands of times in 2020 and the feedback from network members continues to be overwhelmingly positive.

Engagement with senior leaders regarding the role of nurses and health visitors in supporting individuals and families who are homeless has continued throughout the year. Recognition of the importance of this critical work by the QNI has resulted in some very welcome funding from NHS England and NHS Improvement in 2021 to enable the work to continue.



Above: Inclusion and Homeless Health Nurse and Queen's Nurse, Kendra Schneller

An independent evaluation of the Oak funded programme (2017-2020) was commissioned in 2020 and will be reporting in May 2021. Following this, the QNI will have robust evidence of outcomes which will support further applications for grant funding to enable this exceptional programme of work in support of people who experience homelessness to continue.

Financial hardship grants

As the pandemic struck in March 2020, it quickly became apparent that there were nurses who were severely financially impacted by a loss of income. This might have been from a partner losing their income, through the loss of regular agency shifts which were no longer required as services reconfigured delivery or in some cases, having access to only statutory sick pay when suffering from Covid19 or shielding.

The trustees agreed that under such circumstances a rapid process of application for immediate financial assistance of £300 could be implemented – a process which has been used in previous years when nurses were impacted due to floods in the north east of England. This was put in place by the team and the funding supported 25 nurses through this scheme in 2020, in addition to larger grants for ongoing issues related to the impact of Covid19.

The financial grants also continued as usual for nurses in financial difficulty and suffering financial hardship, many of whom were in extremely challenging and tragic circumstances in relation to terminal illnesses. In 2020, 98 nurses were supported in this way (2019 - 98).

The number of nurses receiving regular grants has reduced from 20 to 19, following, sadly, the death of one beneficiary.

The difference that the QNI funding makes to the nurses who are experiencing often extremely complex and challenging situations in their lives is significant. The process is responsive and individualised and recipients often report directly to the Grants Manager that the QNI funding provided a lifeline and recognition of their needs when they were at their most vulnerable.

The QNI is delighted to be working with the Guild of Nurses in administering their financial hardship fund for nurses to the value of £5,000, an agreement which commenced in 2019. This has enabled even more nurses to be supported and the QNI is delighted that this continued in 2020 with the distribution of a further £5,000. The QNI is pleased to be working with the Guild of Nurses Charitable Trust, the aim of which resonates with the QNI purpose: The over-riding aim of the Trust is to benefit the public at large by helping to raise standards of nursing care, encourage health and wellbeing, and save lives. <https://guildofnurses.co.uk/nurses-charitable-trust/>

“Facing every day was difficult living in this empty shell, and then I learned about you and other charities which help nurses and applied. Your response, with the help of others, has enabled me to turn my life around and begin to live a life that is once again worth living.
Financial Help recipient

Education grants

The QNI awarded education grants in 2020 that have benefited 23 nurses (26 in 2019) in the completion of development programmes to advance their knowledge and skills in community and primary care nursing roles.

The grants are awarded where there is no recourse to funding from the applicant's employer and where the immediate benefit to the people served by the nurse is clearly demonstrated, such as being educated to become an independent prescriber. In this way, the QNI is ensuring that improved access to highly skilled nurses continues to grow and be sustained. In 2020, it became clear that a number of education programmes were placed on hold by the universities as face-to-face delivery was impossible to maintain. The QNI team kept in touch with the nurses who had been awarded educational grants and will defer these if required until the programmes are delivered again.

In 2019 the QNI was approached by the Guild of Nurses and an agreement reached for the QNI Grants Department to administer their education grants specifically for nurses working with people experiencing homelessness, from the Chantry Robinson Fund: <https://guildofnurses.co.uk/nurses-charitable-trust/chantry-robinson-fund/> Two places for the Inclusion Health course at University College London were successfully funded in 2019 and again in 2020.

The outcomes and the impact for the nurses who undertook the course are being closely followed by the QNI and the Guild of Nurses. An independent evaluation of the outcomes of the education grants awarded by the QNI in recent years was due to be commissioned in 2020 but was paused due to the pandemic; it will now be undertaken in 2021 by QNI Fellow, Professor Ros Bryar.

In 2020, the QNI was approached by the Hertfordshire Community Nursing Charity to explore the potential for the QNI to administer funds for their educational grants. This new agreement which is in the early stages of delivery and the grants are restricted to nurses who work in the county of Hertfordshire only.

“ I feel I have really grown as a Nurse Practitioner through this course, and completing my dissertation is the final puzzle piece. I am really grateful for the funding as it has given me the opportunity to complete the course and become a fully-fledged Advanced Nurse Practitioner.”

Education Grant beneficiary

Keep in Touch' programme

In 2020, the QNI operated its fourth year of the service to combat loneliness and social isolation in older, retired Queen's Nurses, many of whom are known to the QNI through the Grants programme. Named the 'Keep in Touch' programme, this initiative is funded by a legacy from a retired Queen's Nurse.

33 volunteers who are all Queen's Nurses are 'matched' to a beneficiary of the service and they provide a telephone befriending service either weekly or fortnightly. In total there are 54 beneficiaries of the service, with 16 supported by the 'Keep in Touch' programme manager.

The service proved to be even more of a lifeline as the people supported became increasingly isolated during the pandemic, with many not able to leave their homes and visits to their homes from friends and family had to be stopped completely. Five beneficiaries sadly lost their lives during the pandemic, including Queen's Nurse Win Brothwood, who died on 21 October 2020 aged 98. Win had been instrumental in changing the future of nurse education and training in her contribution to 'The Briggs Committee Report on Nursing' which was published in 1972 and she leaves a legacy of nurse education which is now firmly positioned at degree level in higher education. The Keep in Touch programme lead and the QNI chief executive were privileged to attend Win Brothwood's funeral in November 2020.

“ I don't know what I would do if I didn't have this contact every week. The QNI were wonderful to match me to my volunteer – I really enjoy our conversations.”

KIT member



Above: Queen's Nurse and KIT volunteer, Claire Green

The Keep in Touch service has continued to be evaluated extremely positively, with excellent feedback from both the retired Queen's Nurses and the volunteer befrienders. The annual volunteer update days were held online on two Saturdays in November 2020, with more than 31 volunteers across the two days. The sharing of experiences and challenges from the days provided the QNI 'Keep in Touch' team and the Chief Executive with feedback to further enhance and build the support and guidance offered to the volunteers as part of the support programme. One of the areas focussed on for the 2020 annual updates was supporting the beneficiaries through the pandemic and their increased isolation and loss of contact with friends and family.

“ I feel I gain more from these calls as, whenever the call is over, I feel quite joyful. We have not changed the world, but we have shared out histories and I have been privileged to listen to her own, her family's and stories around her nursing.

KIT volunteer

TalkToUs

In the early stages of the pandemic in 2020, it was recognised that nurses in our networks were under extreme pressure in their workplaces in the community. Many were calling to speak to members of the team to tell their stories and were provided with emotional support.

The QNI responded, with agreement from the Council, to set up a new listening service to support all nurses in need of emotional support. The lead for the Keep in Touch service provided the training, supervision and the support structure required to launch the service in May 2020, staffed by four Queen's Nurses in the QNI team who became trained listeners: <https://www.qni.org.uk/help-for-nurses/talktous/>

The TalkToUs service was initially funded through donations to the QNI from sponsorship of the Chief Executive and two Queen's Nurses who undertook activities to raise funds. The service is now very well established and has supported more than 60 calls with nurses in the community and also in hospital settings – we will not turn anyone away. The service is totally anonymous and the feedback at the end of the hour long 1:1 calls is consistently positive, with nurses saying that they feel confident to face work the following day and they feel stronger emotionally to deal with their work challenges. Beneficiaries are also provided, wherever appropriate, with signposting to other support services, including psychological support services.

In December 2020, the QNI was delighted to receive a grant from the Covid19 Healthcare Support Appeal (CHSA) to enable the service to continue in 2021. Being able to signpost to the QNI and other charities that offer financial hardship grants has also been very helpful in supporting nurses in very complex and challenging personal circumstances.

“ Thank you for listening to me - I know I will be able to go work tomorrow and cope.

TalkToUs beneficiary

Organisational Development

The QNI underwent significant restructuring at the start of the pandemic, as detailed on page 10. By September 2020 however, the financial position of the QNI was secure and the majority of the projects were restarted, having been reviewed, revised and transferred to online delivery.

The pandemic demonstrated the importance of the work of the QNI in raising the voice and value of the nurses working in all roles in the community, in health and in social care settings and it is with this in mind that the new strategy was developed.

The QNI strategy 2021-2025 was developed in partnership with the QNI Council and the QNI team and launched in February 2021: <https://www.qni.org.uk/wp-content/uploads/2021/02/Strategic-Plan-2021-2025-1.pdf>

It provides an indication of the ways in which the QNI will be developing its work over the next five years and is set in the context of the community becoming a place where more care is organised, led, managed and delivered by expert nurses.

Prior to developing the strategy, an independent Race, Equality & Inclusivity Review was undertaken, in response to the disproportionate impact of Covid19 to black, Asian and ethnic minority citizens in the UK and in the context of the Black Lives Matter campaign. The review, undertaken by QNI Council member Professor Ami David MBE, identified areas of good practice and those which required improvement. It was very well received both within the QNI and externally and is the first of its kind within the national nursing charity sector. The Council and staff together developed an action plan, with key performance indicators, which is now reported on quarterly at Council meetings: <https://www.qni.org.uk/news-and-events/news/qni-publishes-race-equality-and-inclusivity-action-plan/>

“ The QNI embraces a culture of inclusion and are fully committed to promoting and achieving diversity and equity in all of our professional networks and in our interactions as a charity, both internally and externally. Championing diversity is an issue that matters deeply to us and as a team we are dedicated to living these organisational values and challenging prejudice and racism.

It is of huge importance that all QNI programmes reflect the diversity of the nursing workforce in the UK, in the interests of social justice, the principle of equality of access, and to enable us to fulfil our goals and mission as a charity. This is an ongoing process and we look forward to working with nurses and partner organisations to achieve the ambitions in the Action Plan.

Dr Crystal Oldman CBE, QNI Chief Executive

In 2021, the QNI will be increasing the team to deliver the new strategy and business plan. This will include increasing the nursing and the administration team to strengthen the offer of leadership and innovation programmes and to assist in the delivery of newly commissioned work. The demand for the QNI leadership and innovation programmes currently exceeds the capacity to deliver and this investment will enable a managed growth of both programmes in 2021 and beyond. The members of Council agreed to the designation of £250K from unrestricted endowment funding to enable this growth and development as part of the new strategic plan to be supported.

All QNI work will continue to be delivered remotely until the restrictions of travel and social distancing are removed. When the offices do open, it is likely that the working patterns will continue to include a blended approach to include a significant amount of time working from home.

The role and contribution of volunteers

In delivering our achievements in 2020, the QNI has been supported by a range of volunteers, a group which grows in number each year and supports several strands of our work. The QNI would like to thank



Above: Cover of
'Race, Equality &
Inclusivity Review'

all our volunteers for their significant and enduring contribution to the work of the charity throughout 2020. QNI volunteers include all members of Council, project advisory groups, panels which review awards and grant applications, befrienders supporting the 'Keep in Touch' programme, and those who support policy consultation work.

In 2020 Queen's Nurses also continued to contribute significantly to the policy work of the QNI as volunteers, attending QNI focus groups, Department of Health and Social Care advisory groups and round table discussions for national work and arm's length bodies on behalf of the QNI. Queen's Nurses have also been contributing to the national advisory groups set up at the start of the pandemic and which remain ongoing.

Fellows of the QNI continued to contribute to and support the work of the QNI in 2020, providing ongoing mentorship for those who have completed the Aspiring and Executive Leadership programmes and several provided personal support to the Chief Executive.

Council members collectively gave more than 800 hours of their time attending meetings, chairing advisory groups and participating in QNI events, including the annual conference and the annual award ceremony. Several members of Council participated in the selection process for the six new members of Council at the end of 2020 and considerably more hours were given in preparing for and taking actions outside Council and Committee meetings.

During 2020, it is estimated that more than 140 individuals made contributions to the work of the QNI, totalling in excess of 3,000 hours of voluntary work.

The QNI is indebted to all its volunteers, including Queen's Nurses, QNI Fellows, 'Keep in Touch' befrienders, grants advisors and other stakeholders for their expertise and commitment to the work of the QNI and giving their time so generously.

Key financial policies of the QNI

Innovation funding programme

The QNI makes awards to support individual projects run by community nurses. The projects are selected on a competitive basis; those selected demonstrate the greatest innovation and potential impact on patient care in the community. The projects run for a year and the scheme offers a professional development programme for the project leaders in addition to the financial assistance to enable project delivery. The opportunity is dependent on funding being received to support the programme and when available, details of the programme and the application process are set out on the QNI website at www.qni.org.uk.

Grants

The QNI provides financial assistance to Queen's Nurses (nurses working in the community who were trained by the QNI between 1887 and 1967) and nurses who have worked or who are currently working in the community or primary care environment.

The majority of the beneficiaries are nurses who are no longer able to work because of illness, age or disability. Applications are accepted from nurses, their friends, family or professionals and voluntary



organisations supporting them (with the applicant’s consent). An application form detailing eligibility, health and housing status, income, savings and expenditure must be completed, together with a description of what is being sought. This information is checked by staff before being presented to the welfare advisors for consideration. Information on other relevant charities that may be able to assist in their case is also supplied to successful and unsuccessful applicants.

There have been three grants advisors in 2020: Michael Cooper (Patron appointed member of Council), Sally Hawksworth (QNI Fellow and Respiratory Nurse Specialist) and Sue Talbot (QNI Fellow and service commissioner). Applications for grants are considered by the three Grants Advisors.

The QNI will consider all types of applications for single grants. In some cases assistance is provided in the form of regular grants and on-going gifts from year to year. The gifts are dependent on the availability of funds and are not regarded as a regular commitment.

A system of random audits of a sample of the QNI’s grants records forms part of the internal financial controls each year to safeguard against fraudulent claims or administration of applications. The audit was conducted in the summer of 2020 by Sue Talbot, Grants Advisor, with a satisfactory outcome which was reported to Council.

Investment policy

In keeping with charity law, the QNI’s investment strategy aims to maximise income and capital, within acceptable levels of risk.

In addition, the Council members may, from time to time, wish to impose constraints of an ethical nature on the investment managers although it is recognised that the more restrictive these are, the less likely it is that the performance will be satisfactory. Currently, the only ethical constraint is that the fund should not invest in any companies which derive a significant part of their revenue directly from the manufacture or sale of tobacco-related products.

Given the developments regarding the importance of Environmental, Social, and Governance (ESG) as the three central factors in measuring the sustainability and societal impact of an investment in a company or business, Council intends to review this in relation to the QI investment policy in the next 12 months.

The QNI’s investments are managed by Rathbone Investment Management Limited, which operates within guidelines set by the Council and the fund manager meets with the Finance Committee twice a year.

The QNI investments are reviewed monthly by the Finance Manager and the Honorary Treasurer. In 2020, the performance of the investments was considered to be satisfactory both in terms of capital and investment.

Reserves policy

Members of Council have carried out their annual assessment of the level of the QNI’s reserves, taking into consideration the QNI’s working capital requirements and liquidity needs, the future expansion of its work (see note 21 for full details), and a contingency provision. They are also mindful of the QNI’s responsibility to honour the investment made by partners and award winners in award schemes and other professional development initiatives that extend for more than one year.

In 2015, it was agreed that the recommendations made by the Finance Committee, and agreed by Council, regarding the reserves policy and the use of expendable endowment should be ‘codified’ in a financial strategy to align with the QNI strategy (2017-2020).



Above: Queen's Nurse
Sharel Cole

The principles upon which the financial strategy is based include:

1. The expendable endowment fund should be preserved at a level which ensures the generation of income sufficient to cover a level of core costs, such as the lease and service charge costs, and so enable the long-term viability of the QNI.
2. The proceeds from the disposal in 2013 of the QNI's freehold building in Albemarle Way, London will be retained within the expendable endowment fund to provide for the possibility that another building purchase may be required at the end of the current lease (2040), or at any of the five-year breaks commencing in 2020 in the QNI's current lease. In 2018, it was agreed that the amount to be so retained would be calculated to be equal to 17% of the current value of the expendable endowment fund.
3. The level at which the expendable endowment is to be preserved over and above the level required in 1. and 2. above will be determined by Council year on year.
4. The expenditure of the restricted District Nurses 1965 Fund (welfare) will be reviewed annually in the context of the distribution of financial assistance currently being greater than the annual investment income.
5. Council will determine each year the levels of expendable endowment fund needing to be transferred to general funds, if any, to be used to support QNI activity.

Net position before transfers and investment gains/losses

The financial year resulted in net expenditure of £102,337 (2019 – £148,143). This comprised of net income from unrestricted funds of £100,116 (2019 – (£42,380)), net expenditure on restricted funds of £202,453 (2019 – £105,763) and net income on endowment funds of £nil (2019- £nil).

Income

Income for the year totalled £992,535 (2019 – £1,318,693), 25% lower than 2019. Income from donations and legacies was £257,515 (2019 – £303,050) a decrease of 15%, and income from charitable activities was £454,234 (2019 – £672,953), a decrease of 33%.

Income of £467,119 (2019 – £606,777) on restricted funds includes funding for a number of projects which will continue into 2021.

Investment income and interest receivable was £267,854 (2019 – £342,690) for the year and this continues to provide an essential element of the QNI's core funding.

Expenditure

Expenditure for 2020 totalled £1,094,872 (2019 – £1,466,836), a decrease of 25% on 2019. The increased expenditure reflects the delivery of projects funded by restricted funds.

Investments

The QNI's portfolio of investments and cash held for investment had a market value at 31 December 2020 of £11,198,832 (2019 - £11,309,022). Income from the portfolio for the year was £267,878 (2019 – £342,690), and net investment gains were £130,269 (2019 – gains were £1,460,963).



Reserves

At the year end, the charity held 'free reserves' of £543,889. These reserves equate to ten months of projected unrestricted expenditure for 2021 and hence exceed the limits required by the policy. Council is content with this position and it provides flexibility and protection in meeting the challenges presented by the pandemic (see earlier in this report).

Structure, governance and management

Governing document

The QNI is registered as a charity under the Charities Act 2011 and operates in England, Wales and Northern Ireland. It was founded in 1887 and was granted its Royal Charter in 1889. Supplemental Charters have been granted in 1904, 1928, 1958, 1973 and 2008. Under the Charters, the members of Council (i.e. the Trustees) are incorporated as a body.

Council members

There are 19 members of Council, some with clinical backgrounds and others with expertise in communications, law, business, finance and the management of national charities of varying sizes.

There have been some changes in Council membership over the last year, reflecting Council's strategy to increase the number of Council members who are responsible for supporting the development of nursing in the community and the leadership, management, delivery and teaching of nursing care in community settings.

In December 2020:

- Dale Carrington commenced as a member of Council.
- Dr Judith Graham BEM commenced as a member of Council.
- Clare Hawkins commenced as a member of Council and also joined the finance committee.
- Dr Angela McLernon OBE commenced as a member of Council.
- Helen Mehra commenced as a member of Council.
- Neesha Oozageer Gunowa commenced as a member of Council.

In June 2020, Dr Bob Brown completed nine years as a member of Council – the maximum term of office permitted. The QNI is grateful to Dr Bob Brown for his time and commitment to the work of the QNI and his expert advice as a Director of Nursing. The QNI is delighted that he is continuing to chair the Community Nurse Executive Network (CNEN) as he has since its inception four years ago, as a CNEN member and Director Nursing of the Western Trust in Northern Ireland.

In November 2020, Dr David Foster, member of Council, retired from Council, having served four years. The QNI is grateful to Dr David Foster for his time and commitment to the work of the Council and the expert advice provided over the last four years.

Sadly, Vice President of the QNI, Lord Ashburton KG KCVO, died on 6 October 2020. The QNI is thankful to Lord Ashburton for his support of the QNI and our thoughts are with his widow and family.

Recruitment and appointment of Council members

Under the constitution of the QNI, the Patron may nominate and appoint up to four people who act as ex-officio members of the Council. All other members of Council are nominated by existing Council members or recruited through agreed procedures before being approved by the Patron.

Each year, the QNI Chair undertakes 1:1 interviews with each of the members of Council and discusses their individual contribution to Council and any feedback they have on the development and the governance of the QNI. This is also an opportunity to review gaps in the skills and expertise of Council in relation to the ongoing development needs.



Induction and training of Council members

All new Council members are supplied with the Council members' handbook as well as relevant papers, policies and publications from the QNI.

New members of Council are invited to meet the Chair and Chief Executive for a 1:1 induction soon after appointment. The new trustees are also invited to meet with key QNI staff informally. A few months after their appointment, the Chair meets with them again to seek their views on the QNI in general and Council in particular. New members of Council are also encouraged to visit the QNI's offices, as appropriate, to meet individual staff members and find out more about specific areas of work.

Wherever possible, members of Council also have an opportunity to meet with employees of the QNI before and after meetings of the Finance Committee and Council. As the QNI offices were closed throughout the pandemic, this has not been possible in 2020.

The QNI Race, Equality and Inclusivity report highlighted that there was a missed opportunity for the staff and members of Council to get to know each other and the pandemic had magnified this as the offices have been closed for most of the year. To address this, members of the team are now formally sharing their work and responsibilities with members of Council in March and June 2021 in the hour prior to the online Council meeting. When the QNI offices open again, the opportunity for staff and members of Council to meet informally prior to Council meetings will resume.

Key management personnel

The key management personnel of the QNI, responsible for directing and controlling, running and operating the charity on a day-to-day basis, comprise members of Council together with the Chief Executive, Director of Nursing Programmes (Innovation), Director of Nursing Programmes (Leadership), Head of Communications and Finance Manager.

Members of Council do not receive remuneration in respect to their services to the QNI. They are provided with the opportunity to apply for reimbursement for travel expenses when attending trustee meetings.

Staffing of the QNI

The Chief Executive has overall responsibility for day-to-day leadership and operational matters, and reports to Council on a regular basis. The QNI leadership team, comprising the Director of Nursing Programmes (Innovation), Director of Nursing Programmes (Leadership), Head of Communications and Finance Manager supports the Chief Executive in managing the QNI.

All staff have six monthly performance appraisals against objectives linked to the business plan for the year. The QNI Staff Handbook provides information on internal policies and ways of working to all staff. The Handbook was revised in 2016, in line with new employment legislation, with support from the QNI solicitors, Russell-Cooke and is updated annually in accordance with any changes of legislation and examples from the charitable sector of best practice in people management. The Handbook will be reviewed and revised again in 2021.



When advertised, the salaries of all staff, including key management posts, are determined by the scope of responsibilities of the various levels of post, such as administrator, project manager and the leadership team.

Fundraising

The QNI does not employ a professional fundraiser. Bids or project grants are developed and submitted by the Chief Executive with support from key members of the team including the Finance Manager, the Directors of Nursing Programmes and the Programme Manager.

Sponsorship opportunities for QNI activities are explored as appropriate and Hallam Medical is a regular sponsor of the Community Nurse Executive Network (CNEN). In 2020, the annual online conference was sponsored by Hallam Medical and Teva UK.

The QNI does not seek to raise funds from the public. A number of Queen’s Nurses provide regular donations to the QNI, as do some members of Council, both of which amount to £2,800 per year (£1,120 donated by members of Council and £1,725 donated by Queen’s Nurses).

From time-to-time, Queen’s Nurses and others will undertake sponsored activities to raise funds for the QNI. This included in 2020, the Chief Executive and other Queen’s Nurses undertaking sponsored activities to raise funds for the ‘TalkToUs’ service.

The QNI has received no complaints about this or any other approach to fundraising.

Risk management

Major risks to which the QNI is exposed, arising from its own work and from external contingencies, are reviewed regularly by the Finance Committee and Council, and systems or procedures are in place to manage, and where possible mitigate, those risks.

The QNI’s risk register is maintained by the Chief Executive and Office Manager and is reviewed by Council at every meeting. The QNI has recently introduced the concept of risk tolerance and the following examples are those which are still considered major risks, with controls in place.

People

Risk: “Charity loses its Chief Executive”

Controls: “The Chief Executive has two deputies in place and key leadership personnel who can deputise for elements of the Chief Executive role on an interim basis. The notice period for the Chief Executive is 6 months.”

Business Continuity

Risk: “The QNI activity is compromised and staff required to operate remotely from home for an extended period (e.g. in the event of a pandemic)”

Controls: “Equipment provided to enable team members to set up rapidly and work efficiently from home (e.g., QNI laptops and appropriate chairs). Access to appropriate software for meetings and remote programme delivery in place. Events to be cancelled by the event venue in the case of a pandemic to maximise refunds.

December 2020 Covid-19 update: QNI offices closed at short notice in March 2020 and systems in place for remote working for the foreseeable future into 2021 when it is anticipated that a national vaccination programme will be implemented. Occasional visits to office by Chief Executive since March 2020. All event venues refunded deposits for 2020 events.”



Above: QNI Fundraisers in 2020:
l-r: Gabi Holland's Ironman Challenge; QN Helen Crowther's marathon in her farmland; QN Jane Collins' family walking challenge; QN Mark Millar and sons' 400km bike challenge; Dr Crystal Oldman CBE's marathon in her garden.

Business Continuity: Data Protection and Information Governance

Risk: "The QNI IT system is compromised by viral attacks. Day-to-day business is compromised"

Controls: "Anti-virus software is updated regularly by QNI contracted IT company. Quarterly 'housekeeping' visits to QNI offices by a named individual from QNI contracted IT maintenance company and helpline available in office hours."

In 2020 the QNI commenced the process of moving all files to the cloud to reduce the chances of the QNI file server being compromised by a viral attack. The emails are already held in the cloud.

Finance and Fundraising

Risk: "The charity's investments fall significantly in value"

Controls: "Use of professional investment managers with delegated powers. Investment manager appointment is reviewed every three years. The charity has a written investment policy which is agreed by the Council and communicated to the investment managers. It is reviewed by the Finance Committee annually. Hold regular meetings with the investment managers at which investment performance is monitored against the investment policy and against market averages. Diversify income streams so that fundraising can compensate for investment income shortfalls. Maintain sufficient reserves which are regularly reviewed by the Finance Committee. Each quarter the Finance Committee compares actual returns with a) the income target set by Council and b) the WM/R Index and c) QNI tailor-made benchmark. Investment Manager attends the Finance Committee meeting twice yearly. Benchmarks reviewed annually at the Finance Committee with the investment manager and with the Finance Committee"

Queen's Nurses

Risk: "The QN community does not adequately reflect the diversity of the population of nurses in the community."

Controls: The QNI actively targets BAME nurses working in the community to encourage applications for the title of Queen's Nurse. Currently, the network of QNs does not reflect adequately the population of nurses working in the community. A review of the application and assessment process took place in 2020 and workshops for potential BAME applicants offered by a BAME member of the QNI team who is also a QN. All applicants for the title of Queen's Nurse are requested to complete an 'Equality & Diversity' form so that BAME might be known (not all applicants complete this form). The diversity of the QN community is monitored and actions taken as required."

The QNI is actively taking steps to address this issue through the QNI Race, Equality and Inclusivity Action plan. As part of the action plan, two exploratory online meetings with BAME QNs took place early in 2021 to seek the views of QNs in seeking ways to more accurately reflect BAME colleagues in the QN community.



The Council's responsibilities statement

The Council is responsible for preparing the Report of the Council and accounts in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice) Charity law and the QNI's Royal Charter require the Council to prepare the accounts of the QNI for each financial year which give a true and fair view of the state of affairs of the QNI and of its income and expenditure for that period. In preparing accounts giving a true and fair view, the Council should:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the 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 United Kingdom and Republic of Ireland (FRS102);
- make judgements and estimates that are reasonable and prudent;
- state whether applicable United Kingdom Accounting Standards have been followed, subject to any material departures disclosed and explained in the accounts; and
- prepare the accounts on the going concern basis unless it is inappropriate to presume that the QNI will continue in operation.

The members of the Council are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the charity and to enable them to ensure that the financial statements comply with the Charities Act 2011, applicable Charity (Accounts and Reports) Regulations and the provisions of the charity's governing document. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Signed on behalf of the Council

Chair of Council:

Professor John Unsworth

Date: 23 June 2021



Independent auditor's report to the members of the Council of The Queen's Nursing Institute

Opinion

We have audited the accounts of The Queen's Nursing Institute (the 'charity') for the year ended 31 December 2020 which comprise the statement of financial activities, the balance sheet, the statement of cash flows, the principal accounting policies and notes to the accounts. 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 accounts:

- give a true and fair view of the state of the charity's affairs as at 31 December 2020 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the accounts section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the accounts 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

In auditing the accounts, we have concluded that the members of Council's use of the going concern basis of accounting in the preparation of the accounts 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 charity's ability to continue as a going concern for a period of at least twelve months from when the accounts are authorised for issue. Our responsibilities and the responsibilities of the members of Council with respect to going concern are described in the relevant sections of this report

Other information

The members of Council are responsible for the other information. The other information comprises the information included in the Annual Report and Accounts, other than the accounts and our auditor's report thereon. Our opinion on the accounts does not cover the other information and we do not express any form of assurance conclusion thereon.



In connection with our audit of the accounts, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the accounts 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 accounts or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters in relation to which the Charities Act 2011 requires us to report to you if, in our opinion:

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

Responsibilities of members of Council

As explained more fully in the Council’s responsibilities statement, the members of Council are responsible for the preparation of the accounts and for being satisfied that they give a true and fair view, and for such internal control as the members of Council determine is necessary to enable the preparation of accounts that are free from material misstatement, whether due to fraud or error.

In preparing the accounts, the members of Council are responsible for assessing the charity’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 members of Council either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

Auditor’s responsibilities for the audit of the accounts

Our objectives are to obtain reasonable assurance about whether the accounts 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 accounts. 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 to irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below.

How the audit was considered capable of detecting irregularities including fraud

Our approach to identifying and assessing the risks of material misstatement in respect of irregularities, including fraud and non-compliance with laws and regulations, was as follows:

- The engagement partner ensured that the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with applicable laws and regulations;
- We identified the laws and regulations applicable to the charity through discussions with management and trustees and from our knowledge and experience of the charity sector;
- We focused on specific laws and regulations which we considered may have a direct material effect

on the accounts or the activities of the charity. These included but were not limited to the Charities Act 2011; Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable to the United Kingdom and Republic of Ireland (FRS 102) (effective 1 January 2019) and The Code of Fundraising Practice; and

- We assessed the extent of compliance with the laws and regulations identified above through making enquiries of management and those charged with governance and review of minutes of Council meetings.

We assessed the susceptibility of the charity's accounts to material misstatement, including how fraud might occur. Audit procedures performed by the engagement team included:

- Making enquiries of management and those charged with governance as to where they considered there was susceptibility to fraud, their knowledge of actual, suspected and alleged fraud; and
- Considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations.

To address the risk of fraud through management bias and override of controls, we:

- Performed analytical procedures to identify any unusual or unexpected relationships;
- Tested and reviewed journal entries to identify unusual transactions;
- Assessed controls over the opening of post;
- Tested the authorisation of expenditure;
- Assessed whether judgements and assumptions made in determining the accounting estimates were indicative of potential bias; and
- Investigated the rationale behind significant or unusual transactions.

In response to the risk of irregularities and non-compliance with laws and regulations, we designed procedures which included, but were not limited to:

- Agreeing financial statement disclosures to underlying supporting documentation;
- Reading the minutes of Council meetings; and
- Enquiring of as to actual and potential litigation and claims.

There are inherent limitations in our audit procedures described above. The more removed that laws and regulations are from financial transactions, the less likely it is that we would become aware of non-compliance. Auditing standards also limit the audit procedures required to identify non-compliance with laws and regulations to enquiry of the trustees and other management and the inspection of regulatory and legal correspondence, if any.

Material misstatements that arise due to fraud can be harder to detect than those that arise from error as they may involve deliberate concealment or collusion. We did not identify any irregularities, including fraud. A further description of our responsibilities for the audit of the accounts is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of this report

This report is made solely to the charity's members of Council, as a body, in accordance with section 144 of the Charities Act 2011 and with regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's members of Council 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 charity and the charity's members of Council as a body, for our audit work, for this report, or for the opinions we have formed.

Buzzacott LLP, Statutory Auditor
130 Wood Street, London EC2V 6DL

Buzzacott LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

Signed: Buzzacott LLP
Date: 15 July 2021

Statement of Financial Activities Year to 31 December 2020

	Notes	Unrestricted funds £	Restricted funds £	Endowment funds £	2020 Total funds £	2019 Total funds* £
Income and endowments from:						
Donations and legacies	1	246,433	11,082	—	257,515	303,050
Investment income and interest receivable	2	229,262	38,592	—	267,854	342,690
Charitable activities	3	36,789	417,445	—	454,234	672,953
Other sources						
. Coronavirus Job Retention Scheme Grants		12,932	—	—	12,932	—
Total income		525,416	467,119	—	992,535	1,318,693
Expenditure on:						
Raising funds						
. Costs of generating grants and donations	4(a)	80,595	3,487	—	84,082	92,777
. Management of investments	4(b)	44,779	5,787	—	50,566	53,157
Total expenditure on raising funds		125,374	9,274	—	134,648	145,934
Charitable activities						
. Policy influence and development	5	37,132	367	—	37,499	253,928
. Data and evidence	5	44,465	439	—	44,904	57,732
. Standards	5	40,503	64,406	—	104,909	129,505
. Role models/leaders	5	114,350	107,846	—	222,196	469,893
. Innovation	5	24,233	114,742	—	138,975	208,362
. Providing support for nurses – Covid	5	39,243	157,373	—	196,616	—
. Providing support for nurses – financial	5	—	178,095	—	178,095	148,715
. Providing support for nurses – education	5	—	12,537	—	12,537	16,509
. Providing support for nurses – Keep in Touch	5	—	24,493	—	24,493	36,258
Total expenditure on charitable activities		299,926	660,298	—	960,224	1,320,902
Total expenditure		425,300	669,572	—	1,094,872	1,466,836
Net income (expenditure) before investment gains (losses) and transfers		100,116	(202,453)	—	(102,337)	(148,143)
Net gains (losses) on investment assets		135,764	(32,296)	26,801	130,269	1,460,963
Net income (expenditure) before transfers		235,880	(234,749)	26,801	27,932	1,312,820
Transfer between funds	20	(12,932)	12,932	—	—	—
Net movement in funds	8	222,948	(221,817)	26,801	27,932	1,312,820
Reconciliation of funds:						
Funds brought forward at 1 January 2020		751,776	1,356,526	9,372,071	11,480,373	10,167,553
Funds carried forward at 31 December 2020		974,724	1,134,709	9,398,872	11,508,305	11,480,373

All of the financial activities of the QNI during the above two financial years derived from continuing operations.

*A full comparative statement of financial activities for the year to 31 December 2019 is given on page 37

Statement of Financial Activities Year to 31 December 2019

	Notes	Unrestricted funds £	Restricted funds £	Endowment funds £	2019 Total funds £
Income and endowments from:					
Donations and legacies	1	290,386	12,664	—	303,050
Investment income and interest receivable	2	294,331	48,359	—	342,690
Charitable activities	3	127,199	545,754	—	672,953
Total income		711,916	606,777	—	1,318,693
Expenditure on:					
Raising funds					
. Costs of generating grants and donations	4(a)	92,777	—	—	92,777
. Management of investments	4(b)	46,556	6,601	—	53,157
Total expenditure on raising funds		139,333	6,601	—	145,934
Charitable activities					
. Policy influence and development	5	223,928	30,000	—	253,928
. Data and evidence	5	37,732	20,000	—	57,732
. Standards	5	28,521	100,984	—	129,505
. Role models/leaders	5	243,517	226,376	—	469,893
. Innovation	5	81,265	127,097	—	208,362
. Providing support for nurses - financial	5	—	148,715	—	148,715
. Providing support for nurses - education	5	—	16,509	—	16,509
. Providing support for nurses – Keep in Touch	5	—	36,258	—	36,258
Total expenditure on charitable activities		614,963	705,939	—	1,320,902
Total expenditure		754,296	712,540	—	1,466,836
Net expenditure before investment gains (losses)		(42,380)	(105,763)	—	(148,143)
Net gains on investment assets		200,545	159,659	1,100,759	1,460,963
Net income		158,166	53,896	1,100,759	1,312,820
Net movement in funds	8	158,165	53,896	1,100,759	1,312,820
Reconciliation of funds:					
Funds brought forward at 1 January 2019		593,611	1,302,630	8,271,312	10,167,553
Funds carried forward at 31 December 2019		751,776	1,356,526	9,372,071	11,480,373

Balance Sheet 31 December 2020

	Notes	2020 £	2020 £	2019 £	2019 £
Fixed assets					
Tangible assets	13		18,175		27,087
Heritage assets	14		70,000		70,000
Investments	15		11,198,832		11,309,022
Total fixed assets			11,287,007		11,406,109
Current assets					
Debtors	16	90,512		56,308	
Cash at bank and in hand		590,055		332,304	
		680,567		388,613	
Creditors: Amounts falling due within one year	17	(459,269)		(314,348)	
Net current assets			221,298		76,264
Total net assets			11,508,305		11,480,373
The funds of the charity					
Unrestricted funds					
. General funds			543,889		559,754
. Tangible and heritage asset fund	18		88,175		97,087
. Designated funds	19		342,660		94,935
			974,724		751,776
Restricted funds	20		1,134,709		1,356,526
Endowment funds	21		9,398,872		9,372,071
			11,508,305		11,480,373

Approved by the members of Council and signed on their behalf by:

Professor John Unsworth

Chair of Council

Approved on:

23 June 2021

Statement of cash flows Year to 31 December 2020

	Notes	2020 £	2019 £
Cash flows from operating activities:			
Net cash used in operating activities	A	(244,887)	(349,454)
Cash flows from investing activities:			
Payments to acquire tangible fixed assets		(5,675)	(21,047)
Payments to acquire investments		(1,253,700)	(900,703)
Receipts from disposals of investments		1,497,841	1,381,404
Investment income and interest received		267,854	342,690
Net cash provided by investing activities		506,320	802,344
Change in cash and cash equivalents in the year		261,433	452,890
Cash and cash equivalents at 1 January 2020	B	865,920	413,030
Cash and cash equivalents at 31 December 2020	B	1,127,353	865,920

Notes to the statement of cash flows for the year to 31 December 2020.

A Reconciliation of net movement in funds to net cash used in operating activities

	2020 £	2019 £
Net movement in funds (as per the statement of financial activities)	27,932	1,312,820
Adjustments for:		
Depreciation charge	14,587	20,040
Net gains on investments	(130,269)	(1,457,372)
Investment income and interest receivable	(267,854)	(342,690)
(Increase) decrease in debtors	(34,204)	72,822
Increase in creditors	144,921	44,926
Net cash used in operating activities	(244,887)	(354,249)

B Analysis of cash and cash equivalents

	2020 £	2019 £
Cash at bank and in hand	590,055	332,304
Cash held by investment managers	537,298	533,616
Total cash and cash equivalents	1,127,353	865,920



Principle accounting policies 31 December 2020

The principal accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the accounts are laid out below.

Basis of accounting

These accounts have been prepared for the year to 31 December 2020 with comparative information given in respect to the year ended 31 December 2019.

The accounts have been prepared under the historical cost convention with items initially recognised at cost or transaction value unless otherwise stated in the relevant accounting policies below or the notes to the accounts.

The accounts have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (Charities FRS 102 SORP 2015), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Charities Act 2011.

The charity constitutes a public benefit entity as defined by FRS 102.

The accounts are presented in sterling and are rounded to the nearest pound.

Critical accounting estimates and areas of judgement

Preparation of the accounts requires the members of Council and management to make significant judgements and estimates.

The items in the accounts where these judgements and estimates have been made include:

- assessing the probability of receiving legacies where the charity has been notified of its entitlement;
- estimating the useful economic life of tangible fixed assets for the purpose of determining the annual depreciation charge;
- determining the basis for allocating support costs across expenditure classifications;
- determining the fair value of artwork classified as heritage assets; and
- estimating future income and expenditure flows for the purpose of assessing going concern (see below).

Assessment of going concern

The members of Council have assessed whether the use of the going concern assumption is appropriate in preparing these accounts. The members of Council have made this assessment in respect to a period of one year from the date of approval of these accounts.

The full impact on the charity's income and expenditure and financial position following the global Covid-19 pandemic is still unclear. Along with thousands of other business and charities, the planned work of the QNI in 2020 was impacted considerably by Covid19. However, the charity has worked tirelessly to respond to the pandemic and stay true to its mission and values, whilst utilising its expertise and its networks to help in the national effort to manage the pandemic and mitigate its impact.

Undoubtedly there will be challenges ahead but the members of Council do not expect material concerns to arise over the charity's financial position or going concern. The members of Council have concluded that the charity will have sufficient resources to meet its liabilities as they fall due.



Income recognition

Income is recognised in the period in which the charity has entitlement to the income and the amount can be measured reliably and it is probable that the income will be received. Income is deferred only when the charity has to fulfil conditions before becoming entitled to it or where the donor or funder has specified that the income is to be expended in a future accounting period.

Income comprises donations, legacies, investment income, interest receivable and grants in respect to charitable activities.

Grants and donations from government and other agencies and charitable foundations are included as income from activities in furtherance of the charity's objectives where these relate to a specific project or activity or take the form of a contract for services. Where the money is given in response to an appeal or with greater freedom of use, for example monies for core funding, then the income is classified as a donation.

Donations and grants in respect to charitable activities are recognised when the charity has confirmation of both the amount and settlement date. In the event of amounts pledged but not received, the amount is accrued for where the receipt is considered probable. In the event that a donation or grant is subject to conditions that require a level of performance before the charity is entitled to the funds, the income is deferred and not recognised until either those conditions are fully met, or the fulfilment of those conditions is wholly within the control of the charity and it is probable that those conditions will be fulfilled in the reporting period.

Legacies are included in the statement of financial activities when the charity is entitled to the legacy, the executors have established that there are sufficient surplus assets in the estate to pay the legacy, and any conditions attached to the legacy are within the control of the charity.

Entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor to the charity that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution.

Where legacies have been notified to the charity, or the charity is aware of the granting of probate, but the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material. In the event that the gift is in the form of an asset other than cash or a financial asset traded on a recognised stock exchange, recognition is subject to the value of the gift being reliably measurable with a degree of reasonable accuracy and the title of the asset having being transferred to the charity.

Investment income is recognised once the dividend or interest has been declared and notification has been received of the amount due.

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid of payable by the bank.

Income from the Government's Job Retention Scheme in respect to the Covid-19 pandemic is accounted for when the charity has entitlement to the income, the amount of income can be measured reliably and it is probable that the income will be received.



Expenditure recognition

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to make a payment 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.

All expenditure is accounted for on an accruals basis. Expenditure comprises direct costs and support costs. All expenses, including support costs, are allocated or apportioned to the applicable expenditure headings. The classification between activities is as follows:

- Expenditure on raising funds include the salaries, direct costs and support costs associated with generating donated income, together with the fees paid to investment managers in connection with the management of the charity’s listed investments; and
- Expenditure on charitable activities includes all costs associated with furthering the charitable purposes of the charity through the provision of its charitable activities. Such costs include charitable grants and donations, direct and support costs including governance costs.

Welfare grants are made where the members of Council consider there is real need following a review of the details of each particular case and comprise single year payments rather than multi-year grants. Welfare grants are included in the statement of financial activities when approved for payment. Provision is made for grants and donations approved but unpaid at the period end where relevant.

Grants of award funding to institutions are included in full in the statement of financial activities when the award agreement has been returned, completed and signed, by the recipient. Small final instalments of some award grant payments are subject to receipt of a satisfactory final report on the award project.

Allocation of support and governance costs

Support costs represent indirect charitable expenditure. In order to carry out the primary purposes of the charity it is necessary to provide support in the form of personnel development, financial procedures, provision of office services and equipment and a suitable working environment.

Governance costs comprise the costs involving the public accountability of the charity (including audit costs) and costs in respect to its compliance with regulation and good practice.

Support costs and governance costs are apportioned using percentages based on the time spent on the relevant activities by the employees of the charity.

Tangible fixed assets

All assets costing more than £500 and with an expected useful life exceeding one year are capitalised. Expenditure on the purchase and replacement of furniture and equipment is capitalised and depreciated on a straight line basis over the following periods:

• Leasehold improvements:	4 years
• General office equipment, fixtures, fittings and furniture:	4 years
• Computer equipment:	3 years

Heritage assets

During 2018, QNI discovered a piece of original artwork by Florence Nightingale, which had been given to it many years ago. Following further investigation, the value of the artwork was determined and is recognised in these accounts as a heritage asset. The asset is included on the balance sheet at trustees’ valuation, which is based on a valuation determined by a specialist art valuer as at 31 December 2018 based on estimated market value as at that date. No depreciation has been charged against the asset.



Investments

Listed investments are a form of basic financial instrument and are initially recognised at their transaction value and subsequently measured at their fair value as at the balance sheet date using the closing quoted market price. Realised and unrealised gains (or losses) are credited (or debited) to the statement of financial activities in the year in which they arise.

The charity does not acquire put options, derivatives or other complex financial instruments.

As noted above, the main form of financial risk faced by the charity is that of volatility in equity markets and investment markets due to wider economic conditions, the attitude of investors to investment risk, and changes in sentiment concerning equities and within particular sectors or sub sectors.

Realised gains (or losses) on investment assets are calculated as the difference between disposal proceeds and their opening carrying value or their purchase value is acquired subsequent to the first day of the financial year. Unrealised gains and losses are calculated as the difference between the fair value at the year-end and their carrying value at that date. Realised and unrealised investment gains (or losses) are combined in the statement of financial activities and are credited (or debited) in the year in which they arise.

Debtors

Debtors are recognised at their settlement amount, less any provision for non-recoverability. Prepayments are valued at the amount prepaid. Debtors have been discounted to the present value of the future cash receipt where such discounting is material.

Cash at bank and in hand

Cash at bank and in hand represents such accounts and instruments that are available on demand or have a maturity of less than three months from the date of acquisition. Deposits for more than three months but less than one year have been disclosed as short term deposits. Cash placed on deposit for more than one year is disclosed as a fixed asset investment.

Creditors and provisions

Creditors and provisions 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. Creditors and provisions are recognised at the amount the charity anticipates it will pay to settle the debt. They have been discounted to the present value of the future cash payment where such discounting is material.

Fund structure

The general fund comprises those monies, which may be used towards meeting the charitable objectives of the QNI at the discretion of the Council.

The tangible and heritage assets fund represents the aggregate net book value of tangible and heritage assets at the balance sheet date. The value of such assets has been reflected on the balance sheet as a separate fund in order to emphasise the fact that the value of such assets should not be regarded as available to meet day-to-day expenditure. The assets are held for functional purposes in the case of tangible fixed assets or are retained as part of the charity's archives in the case of heritage assets.

The designated funds are monies set aside out of the general fund and designated for specific purposes by the Council.



The restricted income funds are monies raised for, and their use restricted to, a specific purpose, or donations subject to donor-imposed conditions. In the case of restricted income funds for welfare purposes, transfers are made to the general fund to reflect an agreed quarterly charging structure for staff time and office services attributable to providing welfare support from those funds.

The expendable endowment funds represent amounts held as capital until such time as members of Council decide to expend them subject to self-imposed conditions. Whilst held as capital, the funds generate income which is regarded as unrestricted.

Pension costs

Contributions in respect of the charity’s defined contribution pension schemes are charged to the statement of financial activities when they are payable to the relevant scheme. The charity’s contributions are restricted to the contributions disclosed in note 9. There were no outstanding contributions at the year end. The charity has no liability beyond making its contributions and paying across the deductions for the employees’ contributions.

Leased assets

Rentals applicable to operating leases where substantially all of the benefits and risks of ownership remain with the lessor are charged to the statement of financial activities on a straight-line basis over the lease term.

Notes to the Accounts Year to 31 December 2020

1 Donations and legacies

	Unrestricted funds £	Restricted funds £	2020 Total funds £
National Garden Scheme donation	200,000	—	200,000
Donations in memory of Phillip Goodeve-Docker (note 19)	24	—	24
Other donations	35,758	11,082	46,864
Legacies	10,627	—	10,627
2020 total funds	246,433	11,082	257,515
	Unrestricted funds £	Restricted funds £	2019 Total funds £
National Garden Scheme donation	250,000	—	250,000
Donations in memory of Phillip Goodeve-Docker (note 19)	6,040	—	6,040
Other donations	20,064	12,664	32,728
Legacies	14,282	—	14,282
2019 total funds	290,386	12,664	303,050

2 Investment income and interest receivable

	Unrestricted funds £	Restricted funds £	Endowment funds £	2020 Total funds £
Income from investments listed on a recognised stock exchange within the UK	228,983	38,592	—	267,575
Bank and deposit interest	279	—	—	279
2020 total funds	229,286	38,592	—	267,854
	Unrestricted funds £	Restricted funds £	Endowment funds £	2019 Total funds £
Income from investments listed on a recognised stock exchange within the UK	293,132	48,359	—	341,491
Bank and deposit interest	1,199	—	—	1,199
2019 total funds	294,331	48,359	—	342,690

3 Income from charitable activities

	Unrestricted funds £	Restricted funds £	2020 Total funds £
Improving nursing care in the community			
Burdett Innovation – Learning Disabilities	—	17,178	17,178
Burdett Innovation – Complex Needs	—	538	538
National Garden Scheme – Support for QN Leadership programme	—	3,546	3,546
Association of General Practice Nurse Educators – 4 General Practice Nursing Delivery Boards	—	49,998	49,998
NI Neighbourhood DN Teams	—	50,000	50,000
Care Homes Network – NHS England	—	43,000	43,000
Care Homes Network – Royal College of Nursing	—	30,000	30,000
TalktoUS- Covid19 Healthcare Support Appeal	—	48,825	48,825
Listening Service	—	11,696	11,696
Covid Projects	—	150,277	150,277
Bournemouth University outsource	—	8,500	8,500
Community Nurse Executive Network income	—	3,887	3,887
ICNO	20,000	—	20,000
Annual QNI Conference	10,000	—	10,000
Sales of resources	1,339	—	1,339
Fees, publications and sundry service	5,450	—	5,450
2020 total funds	36,789	417,445	454,234
	Unrestricted funds £	Restricted funds £	2019 Total funds £
Improving nursing care in the community			
Innovation Fund (Burdett Trust for Nursing)	—	102,662	102,662
Executive Nurse Leadership Programme (National Garden Scheme)	—	35,895	35,895
Aspiring Leadership	420	—	420
Homeless Health (Oak Foundation)	—	48,297	48,297
Standards (QNI Scotland)	—	10,000	10,000
Northern Ireland Neighbourhood DN Team	—	106,000	106,000
QNI Tour	—	15,000	15,000
DN Outstanding Models/RCN	4,950	—	4,950
Community Nurse Executive Network Income	—	20,500	20,500
Association of General Practice Nurse Educators – four General Practice Nursing Delivery Boards – NHS England	—	70,000	70,000
General Practice Nursing Induction Template - NHS England	—	12,400	12,400
Perceptions of Nursing in the Community	—	30,000	30,000
QNI on Extended Tour	—	40,000	40,000
Care Homes Foundation Standards Income	—	35,000	35,000
Evidence School Nurse Impact	—	20,000	20,000
ICNO	2,000	—	2,000
Annual QNI Conference	94,984	—	94,984
Sales of resources	8,559	—	8,559
Fees, publications and sundry service	16,286	—	16,286
2019 total funds	127,199	545,754	672,953

4 Expenditure on raising funds

(a) Cost of generating grants and donations

Costs were incurred primarily in researching and developing relationships with grant making trusts.

	Unrestricted funds £	Restricted funds £	Endowment funds £	2020 Total funds £
Direct costs	19,173	—	—	19,173
Support costs (note 7)	61,422	3,487	—	64,909
2020 total funds	80,595	3,487	—	84,082
	Unrestricted funds £	Restricted funds £	Endowment funds £	2019 Total funds £
Direct costs	8,928	—	—	8,928
Support costs (note 7)	83,849	—	—	83,849
2019 total funds	92,777	—	—	92,777

(b) Management of investments

	Unrestricted funds £	Restricted funds £	Endowment funds £	2020 Total funds £
2020 total funds	44,779	5,787	—	50,566
	Unrestricted funds £	Restricted funds £	Endowment funds £	2019 Total funds £
2019 total funds	45,556	6,601	—	53,157

5 Charitable activities

	Direct costs £	Grant funding of activities (note 6) £	Support costs (note 7) £	2020 Total funds £
Policy influence and development	30,674	—	6,825	37,499
Data and evidence	36,732	—	8,172	44,904
Standards	85,816	—	19,093	104,909
Role models/leaders	181,757	—	40,439	222,196
Innovation	92,366	21,316	25,293	138,975
Providing support nurses – Covid	155,145	—	41,471	196,616
Providing welfare support	51,013	92,564	34,518	178,095
Providing educational support	—	12,537	—	12,537
Keep In Touch	24,493	—	—	24,493
2020 Total	657,994	126,417	175,811	960,224

5 Charitable activities (continued)

	Direct costs £	Grant funding of activities (note 6) £	Support costs (note 7) £	2019 Total funds £
Policy influence and development	207,488	—	46,440	253,928
Data and evidence	47,412	—	10,320	57,732
Standards	105,640	—	23,865	129,505
Role models/leaders	386,044	—	83,849	469,893
Innovation	137,791	31,871	38,700	208,362
Providing welfare support	50,790	72,125	25,800	148,715
Providing educational support	—	13,284	3,225	16,509
Keep In Touch	29,808	—	6,450	36,258
2019 Total	964,973	117,280	238,649	1,320,902

6 Grant making

Innovation – grants payable to institutions

Fund for innovation	2020 £	2019 £
Design Delivery Older Persons Quality Champions	4,998	—
Improving Nutrition and Hydration Care Homes	1,193	4,385
Nurse Led Case Management – Frailty Multi-Morbidity	500	4,436
Darwen Healthcare Frailsafe	2,362	2,171
Frailty Pathway – Learning Disability	182	741
Tai Chi Increased Wellbeing	500	4,526
RVS Health and Wellbeing	1,848	3,750
Identification of Frailty in Informal Carers Relocating	2,877	132
Wound & Pressure Ulcer Prevention & Management	2,550	2,450
SCARF	806	4,194
Reaching out to the Hard to Reach	3,500	1,500
Total value	21,316	28,285
Number of grants made	11	10

These grants were awarded to support innovative community nursing projects or research and development projects conducted by named nurses. They were given in conjunction with professional development programmes delivered by the QNI.

Homeless Health Fund	2020 £	2019 £
Latent TB screening/awareness at HMP Birmingham	—	1,164
Improving skin conditions and respiratory health for rough sleepers	—	925
Health Champions for the Homeless	—	1,497
Total value	—	3,586
Number of grants made	—	3

These grants were awarded to support the innovative homeless and inclusion health projects led by community nurses. The nurses were selected following a grant application, external review and interview process.

6 Grant making (continued)

Providing welfare support – grants made directly to individuals

	2020 £	2019 £
Total value	92,564	72,125
Number of grants made	226	241

Providing educational support – grants made to individuals

	2020 £	2019 £
Total value	12,537	13,284
Number of grants made	23	26

Grant commitments

As at 31 December 2020, the charity had annual welfare grant commitments of £28,900 (2019 - £28,350).

7 Support costs

Support costs, where permitted by the funder, are allocated to generation of funds and each area of charitable activity in proportion to the cost of direct staff time expended on those areas.

	2020 £	2019 £
Policy Influence and Development	6,825	46,440
Data and Evidence	8,172	10,321
Standards	19,093	23,865
Role Models / Leaders	40,439	83,849
Innovation	25,293	38,700
Providing welfare support	41,471	25,800
Providing educational support	34,518	3,225
Keeping in Touch	—	6,450
Organisation Costs	64,909	83,849
	240,720	322,498

8 Net movement in funds

This is stated after charging:

	2020 £	2019 £
Staff costs (note 9)	556,721	515,978
Depreciation	14,587	20,040
Operating lease rentals – land and buildings	49,720	49,720
Amounts payable to the auditor in respect of:		
· External audit – current year	8,122	10,528
· External audit – prior year	1,878	—

9 Staff costs and remuneration of key management personnel

Staff costs during the year were as follows:

	2020 £	2019 £
Gross wages and salaries	466,212	430,575
Employer's national insurance contributions	45,148	45,610
Employer's pension costs	45,361	39,793
	556,721	515,978

One member of staff received emoluments (including taxable benefits but excluding employer's national insurance and pension contributions) in the range of £100,001 - £110,000 (2019 – one in the range of £80,001 - £90,000). Contributions in the year to defined contribution pension schemes in respect of this employee totalled £9,500 (2019 - £8,805).

The average headcount of employees in 2020 was 12 (2019 - 11).

The average number of full time equivalent employees in 2020 was 10 (2019 - 10).

The key management personnel of the charity in charge of directing and controlling, running and operating the charity on a day to day basis comprise the members of Council together with the Chief Executive, Head of Communications and the Finance Manager. The total remuneration payable to key management personnel during the year was £235,743 (2019 - £223,669).

In addition to the staff costs shown above, during the year, the charity incurred expenditure in respect to an individual seconded from another employer to fill the role of Director of Nurses Programmes, to a total of £63,868 (2019 - £139,710). These costs are include within expenditure on charitable activities in the statement of financial activities.

10 Council members

No member of the Council received any remuneration in respect of their services as a member of the Council during the year (2019 - none).

Expenses reimbursed to one (2019 – four) member of the Council during the year in respect of travel totalled £333 (2019 - £4,367).

During the year members of the Council donated a total of £1,120 to the charity (2019 - £1,120).

The charity has purchased insurance to protect it from loss arising from certain wrongful acts of any member of the Council and to indemnify any member of Council against the consequences of such acts on their part. The total cover provided by such insurance is £500,000 (2019 - £500,000) and the total premium paid in respect of such insurance in the year was £692 (2019 - £255).

11 Related party and connected person transactions

Other than as disclosed in note 10 above, there were no transactions with related parties or connected persons during the year (2019 - none).

12 Taxation

The Queen's Nursing Institute is a registered charity and, therefore, is not liable to income tax or capital gains tax on income derived from its charitable activities, as it falls within the various exemptions available to registered charities.

13 Tangible fixed assets

	Leasehold improvements £	Fixtures, fittings, furniture and equipment £	Total £
Cost or valuation			
At 1 January 2020	50,931	69,276	120,207
Additions	—	5,675	5,675
At 31 December 2020	<u>50,931</u>	<u>74,951</u>	<u>125,882</u>
Depreciation			
At 1 January 2020	46,449	46,671	93,120
Charge for the year	4,482	10,105	14,587
At 31 December 2020	<u>50,931</u>	<u>56,776</u>	<u>107,707</u>
Net book values			
At 31 December 2020	—	18,175	18,175
At 31 December 2019	<u>4,482</u>	<u>22,605</u>	<u>27,087</u>

14 Heritage assets

	£
At valuation	
At 1 January 2020 and at 31 December 2020	<u>70,000</u>

During 2018, QNI discovered a piece of original artwork by Florence Nightingale, which had been given to it many years ago. Following further investigation, the value of the artwork was determined and is recognised in these accounts as a heritage asset. The asset is included at Council's valuation, based on a valuation determined by The Bowman Gallery, a specialist art valuer, as at 31 December 2018 based on estimated market value as at that date.

15 Investments

	2020 £	2019 £
Investments listed on a recognised stock exchange		
Market value at 1 January 2020	10,775,406	9,798,735
Add: Additions at cost	1,253,701	900,703
Disposals (proceeds: £1,630,368; realised losses: £132,527)	(1,497,841)	(1,248,200)
Unrealised investment gains	262,796	1,324,168
Market value at 31 December 2020	10,661,534	10,775,406
Cash and settlements pending, held as part of the investment portfolio	537,298	533,616
Total investments held	11,198,832	11,309,022
Listed investments at cost	7,546,531	8,201,971

At 31 December 2020, the listed investments comprised the following:

	2020 £	2019 £
Fixed interest	1,087,724	1,338,133
UK equities	4,171,391	4,629,412
Overseas equities	4,267,819	3,517,994
Alternatives	1,134,600	1,289,868
	10,661,534	10,775,407

At 31 December 2020, no holdings were material in the context of the entire portfolio value (2019 – none).

16 Debtors

	Unrestricted funds £	Restricted funds £	2020 £	Unrestricted funds £	Restricted funds £	2019 £
Sundry debtors	50	8,910	8,960	11,615	400	12,015
Prepayments	24,040	—	24,040	41,706	2,587	44,293
Accrued income	4,800	52,712	57,512	—	—	—
	28,890	61,622	90,512	53,321	2,987	56,308

17 Creditors: Amounts falling due within one year

	Unrestricted funds £	Restricted funds £	2020 £	Unrestricted funds £	Restricted funds £	2019 £
Expense creditors	21,590	4,371	25,961	8,076	7,239	15,315
Accruals	43,841	5,405	49,246	35,516	59,855	95,371
Deferred income (see below)	100,000	284,062	384,062	1,000	202,662	203,662
	165,430	293,838	459,269	44,592	269,756	314,348
Deferred income						
Balance brought forward	1,000	202,662	203,662	575	138,557	139,132
Released in year	(1,000)	(202,662)	(203,662)	(575)	(138,557)	(139,132)
Deferred in year	100,000	284,062	384,062	1,000	202,662	203,662
Balance carried forward	100,000	284,062	384,062	1,000	202,662	203,662

Deferred income consists of project funding received by the year end but which relates specifically to project work to be performed in future accounting periods.

18 Tangible and heritage assets fund

	£
At 1 January 2020	97,087
Other movements in year	(8,912)
At 31 December 2020	88,175

The tangible and heritage assets fund represents the aggregate net book value of tangible and heritage assets at the balance sheet date. The value of such assets has been reflected on the balance sheet as a separate fund in order to emphasise the fact that the value of such assets should not be regarded as available to meet day-to-day expenditure. The assets are held for functional purposes in the case of tangible fixed assets or are retained as part of the charity's archives in the case of heritage assets.

19 Designated funds

The funds of the charity include the following designated fund which has been set aside out of unrestricted funds by the members of the Council for specific purposes.

	At 1 January 2020 £	New designation £	Utilised £	At 31 December 2020 £
Leadership and Innovation fund	—	250,000	—	250,000
Phillip Goodeve-Docker fund	64,961	24	(2,000)	62,985
Heyes legacy fund	29,974	—	(299)	29,675
	94,935	250,024	(2,299)	342,660

	At 1 January 2019 £	New designation £	Utilised £	At 31 December 2019 £
Phillip Goodeve-Docker fund	58,921	6,040	—	64,961
Heyes legacy fund	29,974	—	—	29,974
	88,895	6,040	—	94,935

The Leadership and Innovation fund represents funds set aside by Council to increase the team to deliver the new strategy and business plan. This will strengthen the offer of leadership and innovation programmes and assist in the delivery of newly commissioned work.

The Phillip Goodeve-Docker fund represents monies given as 'donations in memory' which the Council has set aside in the memory of Phillip Goodeve-Docker who sadly passed away in 2013 during a fundraising trek across Greenland.

The Heyes legacy fund comprises a legacy received during 2018 which has been designated towards enabling an increase in the number of funded places made available for the annual Queen's Nurse Conference.

20 Restricted funds

	At 1 January 2020 £	Income £	Expenditure £	Gains, losses and transfers £	At 31 December 2020 £
District Nurses 1965 Fund	1,156,050	49,674	(219,058)	(32,296)	954,370
Fund for Innovation and Leadership – Frailty	35,476	—	(30,321)	—	5,155
Fund for Innovation and Leadership – Complex Needs	—	17,178	(17,178)	—	—
Fund for Innovation and Leadership – Learning Disabilities	—	538	(538)	—	—
Burdett (Transition for Care)	19,038	—	(17,876)	—	1,162
Homeless Health	60,288	—	(47,470)	—	12,818
Standards	15,446	—	(5,054)	—	10,392
Executive Nurse Leadership Programme	—	3,546	(3,546)	—	—
AAGPNE	19,664	49,998	(49,826)	—	19,836
Dora Roylance Fund	18,463	—	(900)	—	17,563
NI Neighbourhood DN Teams	—	50,000	(32,442)	—	17,558
Care Homes Foundation Standards	23,175	—	(10,305)	—	12,870
Ellen Mary Legacy	4,833	—	(150)	—	4,683
CNEN	4,093	3,887	(7,980)	—	—
Care Homes Network – NHSE/I	—	43,000	(25,490)	—	17,510
Care Homes Network – RCN	—	30,000	(24,860)	—	5,140
CHSA- TalktoUs	—	48,825	—	—	48,825
Coronavirus Job Retention Scheme Grants	—	—	(12,932)	12,932	—
Listening Service	—	11,696	(8,949)	—	2,747
Other Covid19 Projects	—	150,277	(146,197)	—	4,080
Bournemouth University Outsource	—	8,500	(8,500)	—	—
	1,356,526	467,119	(669,572)	(19,364)	1,134,709

	At 1 January 2019 £	Income £	Expenditure £	Gains, losses and transfers £	At 31 December 2019 £
District Nurses 1965 Fund	1,148,450	56,023	(208,082)	159,659	1,156,050
Fund for Innovation and Leadership	9,130	102,662	(76,316)	—	35,476
Transition of Care	24,992	—	(5,954)	—	19,038
Homeless Health	56,651	48,297	(44,660)	—	60,288
Standards	8,373	10,000	(2,927)	—	15,446
Executive Nurse Leadership Programme	—	35,895	(35,895)	—	—
AAGPNE	26,087	70,000	(76,423)	—	19,664
GPN Induction	9,234	12,400	(21,634)	—	—
Dora Roylance Fund	19,713	—	(1,250)	—	18,463
NI Neighbourhood DN Teams	—	106,000	(106,000)	—	—
QNI on Tour	—	15,000	(15,000)	—	—
QNI on Extended Tour	—	40,000	(40,000)	—	—
Perceptions of Nursing in the Community	—	30,000	(30,000)	—	—
Care Homes Foundation Standards Income	—	35,000	(11,825)	—	23,175
Evidence School Nurse Impact	—	20,000	(20,000)	—	—
Ellen Mary Legacy	—	5,000	(167)	—	4,833
CNEN	—	20,500	(16,407)	—	4,093
	1,302,630	606,777	(712,540)	159,659	1,356,526

20 Restricted funds (continued)

District Nurses 1965 Fund (Welfare Fund)

This fund is a separate charitable trust administered by the Queen's Nursing Institute and is known internally as the Welfare Fund. The fund must be used specifically for making grants to nurses who are, or who have been, associated with district and community nursing services and who are in financial hardship. As local District Nursing Associations in England closed over the years, additional funds have been transferred from the Associations to the 1965 Fund, with a specification that the funds should be used to support education grants for community nurses as well grants for those in financial hardship.

Fund for Innovation

The Burdett Trust for Nursing provided funding for 10 frontline innovation projects focussed on 'Frailty'. The projects commenced in April 2019 and completed in July 2020.

Ten nurse led innovation projects, funded by Burdett Trust for Nursing and focussed on supporting people with Learning Disability were recruited to start in April 2020, but the programmes was placed on hold due to the pandemic and commenced in September 2020.

The leads for ten nurse led innovation projects funded by the Burdett Trust for Nursing and focussed on supporting people with Complex Needs in Primary Care were recruited in the autumn of 2020 and commenced the programme in January 2021.

Transition for Care

The Burdett Trust for Nursing awarded the QNI a grant for a two-year project which completed in December 2017. The resulting online learning resource supports nurses to provide excellent care for young people with long term health conditions to transition to adult services and is accessible via the QNI website. The project overall finished in 2018 and the evaluation of the use of the learning resource was undertaken in 2020, utilising the majority of the remaining funds.

Homeless Health (Oak Foundation)

The Oak Foundation agreed to fund the Homeless Health Programme for three years (May 2017 – April 2020) with matched funding from the QNI. As detailed in the report, the Oak Foundation generously agreed to allowing the underspend to be used to continue the work throughout the remainder of 2020 and after the end of the contract period, given that no funding had been secured at the time to continue the work.

An evaluation of the three years of the programme commenced in 2020 and will report in 2021.

Standards

The QNI partnered with QNI Scotland (QNIS) to develop QNI/QNIS voluntary standards for Community Learning Disability Nurse education and practice. This joint project started in September 2019 and will complete the second quarter of 2021. The QNIS contributed £10,000 towards the cost of the project in 2019. The remainder has been allocated from the QNI growth in endowment. The expenditure reflects the amount spent from the QNIS contribution for delivery of the project in 2020.

Executive Nurse Leadership Programme

The National Garden Scheme (NGS) provided a restricted grant in 2020 for a third cohort of the Queen's Nurse Executive Nurse Leadership programme. The revised programme commenced development in 2020 and applications, selection and delivery will take place in 2021.



20 Restricted funds (continued)

Association of Academic General Practice Nurse Educators (AAGPNE)

The QNI was awarded a grant from NHS England as part of the NHSE GPN 10 point plan to develop an Association of Academic General Practice Nurse Educators (AAGPNE) and the standards on which universities would build a programme of education and training for nurses new to General Practice Nursing. The project funding commenced in 2018 and the work continued throughout 2019, and 2020. The funding for this work completes in April 2021.

GPN Induction Resource

The QNI was also awarded a grant from NHS England and NHS Improvement as part of the NHSE GPN 10 point plan to develop an Induction Resource for nurses new to General Practice. The total award was £25K and the work commenced in 2018 and completed in March 2019. The QNI has continued to promote the Induction Resource in 2020.

Dora Roylance Fund

The QNI received a legacy of £21,792 from a retired QN who died in 2015. The specification was that it was to be used for the support of Health Visitor education. A Dora Roylance Memorial Award has been created which is similar to the Philip Goodeve-Docker Memorial Award; it is for the most outstanding achievement for every student Health Visitor in every university offering the Health Visitor programme in England, Wales and Northern Ireland. Taking into consideration the number of universities offering the Health Visitor programme and the total of the fund, the award is likely to last approximately 15 years.

Northern Ireland District Nurse Team Transformational Leadership Programme

In 2019 the QNI was commissioned by the Public Health Agency of Northern Ireland, in partnership with the Chief Nursing Officer of Northern Ireland in the Department of Health, to develop and deliver a District Nurse Team Transformational Leadership programme.

A further two cohorts were commissioned for delivery in 2020 but delivery was interrupted by the Covid19 pandemic. It is anticipated that the third and fourth cohorts of the programmes will recommence when gatherings are permitted in 2021.

Care Homes Foundation Nurse Standards

In 2019, the QNI was commissioned by NHS England and NHS Improvement to develop Standards of Education and Practice for Nurses new to Care Home Nursing Practice and these were completed and published in 2020. These standards provide a nationally agreed set of education standards for England on which to base the development of university programmes for nurses new to working in the Care Home setting.

20 Restricted funds (continued)

Ellen Mary Legacy

The Ellen Mary Fund was established in 2019 from a legacy received from the family of a Queen's Nurse, whose mother, Ellen Mary left a legacy of £5K to support an annual prize for General Practice Nurse (GPN) students undertaking their NMC approved GPN Specialist Practice Qualification.

Community Nurse Executive Network – CNEN

In June 2019, the QNI secured commercial sponsorship of CNEN by Hallam Medical for one year. Hallam Medical provided sponsorship again in 2020, in addition to the sponsorship for the online annual QNI conference.

Care Home Nurse Network (NHSE/I)

The QNI was awarded a grant in 2019 from NHS England and NHS Improvement to develop a national Care Home Nurse Network. This work continued throughout 2020, with repurposing of the funding for regional events after the pandemic started, to the creation and management of a closed Facebook page for network members and quarterly online events. The funding completes in April 2021.

Care Home Nurse Network (RCN Foundation)

The QNI has been funded by the RCN Foundation to support the ongoing development of the Care Home Nurse Network and associated activities from January 2020 to December 2022.

TalkToUs Listening Service (CHSA)

In December 2020, the Covid19 Healthcare Support Appeal (CHSA) agreed to award a grant to the QNI to support the delivery of the TalkToUs service. The grant was received in January 2021.

TalkToUs Listening Service

Donations were received to enable the QNI to start the TalkToUS listening service in May 2020. This included sponsored activities by Queen's Nurses.

Coronavirus Job Retention Scheme Grants

During the year, certain of the funds received from the Government's Job Retention Scheme were transferred from unrestricted funds to finance salaries charged to restricted funds as part of the overall support cost allocation.

Covid19 Projects

The QNI was awarded grants from NHS England and NHS Improvement, Health Education England and NHS Professionals to specifically support nurses working in a variety of roles during the pandemic. The work included the development of resources for nurses moving to a new context of practice through redeployment or return to practice, and contributing to the Covid19 response in relation to policy development at all stages of the pandemic, through the use of intelligence and data from QNI networks.

20 Restricted funds (continued)

Bournemouth University Outsource

In September 2020, the QNI was contracted to provide teaching services to Bournemouth University for two years (2020 to 2022) in support of the General Practice Nurse (GPN) Fellowship programme and the programme for GPNs new to General Practice.

21 Expendable endowment fund

The fund was established originally following the disposal of the QNI's freehold property in Belgravia, London.

Movements on the endowment fund during the year to 31 December 2020 are as shown below:

	2020 £	2019 £
Fund value at 1 January	9,372,071	8,271,312
Net investment gains	26,801	1,100,759
Fund value at 31 December	9,398,872	9,372,071

Whilst the expendable endowment fund is held as capital, income generated by the underlying investments is regarded as unrestricted. The capital may be expended by the charity at the discretion of Council in accordance with self-imposed conditions consistent with the achievement of the charity's overall strategic plan.

22 Analysis of net assets between funds

	General funds £	Tangible and heritage assets fund £	Designated funds £	Restricted funds £	Endowment funds £	Total 2020 £
Fund balances at 31 December 2020 are represented by:						
Tangible fixed assets	—	88,175	—	—	—	88,175
Investments	921,382	—	250,000	1,218,102	8,809,348	11,198,832
Net current assets	(377,493)	—	92,660	(83,393)	589,524	221,298
	543,889	88,175	342,660	1,134,709	9,398,872	11,508,305
	General funds £	Tangible and heritage assets fund £	Designated funds £	Restricted funds £	Endowment funds £	Total 2019 £
Fund balances at 31 December 2019 are represented by:						
Tangible fixed assets	—	97,087	—	—	—	97,087
Investments	1,035,620	—	—	1,390,398	8,883,003	11,309,021
Net current assets	(475,866)	—	94,935	(33,872)	489,068	74,265
	559,754	97,087	94,935	1,356,526	9,372,071	11,480,373

23 Operating leases

At 31 December 2020 the charity had annual commitments under non-cancellable operating leases as follows:

	Land and buildings	
	2020 £	2019 £
Due within:		
. One year	70,226	52,494
. Two to five years	263,348	—
	333,574	52,494

Since the year end the rent review in respect of Henrietta Place has completed. From 1 September 2020 an increase of 12.5% applies.



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