

# 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

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**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  
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**Bankers** CAF Bank Limited  
25 Kings Hill Avenue  
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**Solicitors** Russell Cooke LLP  
2 Putney Hill  
London  
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## 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.



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“ 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

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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

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#### 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.

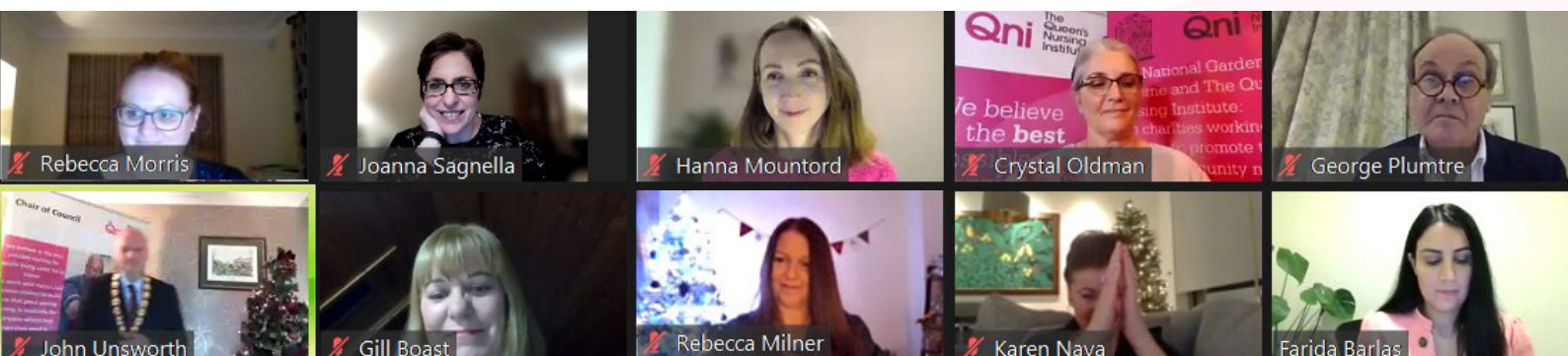
Whilst disappointing in relation to patient safety, this does provide an opportunity for the QNI to take the lead in developing field specific standards in the future, continuing the work we have undertaken very successfully in the last eight years.

**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.

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“ Feeling honoured and humbled and proud and thankful to be receiving my QN title this evening.  
New Queen's Nurse at the Award Ceremony

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#### 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.

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“ 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

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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

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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](http://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* £
<b>Income and endowments from:</b>						
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
<b>Total income</b>		<b>388,982</b>	<b>861,069</b>	<b>—</b>	<b>1,250,051</b>	<b>992,535</b>
<b>Expenditure on:</b>						
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
<b>Total expenditure on raising funds</b>		<b>122,013</b>	<b>6,768</b>	<b>—</b>	<b>128,781</b>	<b>134,648</b>
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	—
<b>Total expenditure on charitable activities</b>		<b>357,249</b>	<b>821,409</b>	<b>—</b>	<b>1,178,658</b>	<b>960,224</b>
<b>Total expenditure</b>		<b>479,262</b>	<b>828,177</b>	<b>—</b>	<b>1,307,439</b>	<b>1,094,872</b>
<b>Net (expenditure) income before investment gains</b>		<b>(90,280)</b>	<b>32,892</b>	<b>—</b>	<b>(57,388)</b>	<b>(102,337)</b>
Net gains on investment assets		160,284	87,175	1,204,988	1,452,447	130,269
<b>Net income and net movement in funds</b>	8	<b>70,004</b>	<b>120,067</b>	<b>1,204,988</b>	<b>1,395,059</b>	<b>27,932</b>
<b>Reconciliation of funds:</b>						
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 £
<b>Income and endowments from:</b>					
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
<b>Total income</b>		<b>525,416</b>	<b>467,119</b>	<b>—</b>	<b>992,535</b>
<b>Expenditure on:</b>					
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
<b>Total expenditure</b>		<b>425,300</b>	<b>669,572</b>	<b>—</b>	<b>1,094,872</b>
<b>Net income (expenditure) before investment gains (losses) and transfers</b>		<b>100,116</b>	<b>(202,453)</b>	<b>—</b>	<b>(102,337)</b>
Net gains (losses) on investment assets		135,764	(32,296)	26,801	130,269
<b>Net income (expenditure) before transfers</b>		<b>235,880</b>	<b>(234,749)</b>	<b>26,801</b>	<b>27,932</b>
Transfer between funds	20	(12,932)	12,932	—	—
<b>Net movement in funds</b>	<b>8</b>	<b>222,948</b>	<b>(221,817)</b>	<b>26,801</b>	<b>27,932</b>
<b>Reconciliation of funds:</b>					
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 £
<b>Fixed assets</b>					
Tangible assets	13		<b>16,955</b>		18,175
Heritage assets	14		<b>70,000</b>		70,000
Investments	15		<b>12,504,231</b>		11,198,832
<b>Total fixed assets</b>			<b>12,591,186</b>		11,287,007
<b>Current assets</b>					
Debtors	16	<b>85,986</b>		90,512	
Cash at bank and in hand		<b>727,602</b>		590,055	
		<b>813,588</b>		680,567	
<b>Creditors:</b> Amounts falling due within one year	17	<b>(501,410)</b>		(459,269)	
<b>Net current assets</b>			<b>312,178</b>		221,298
<b>Total net assets</b>			<b>12,903,364</b>		11,508,305
<b>The funds of the charity</b>					
Unrestricted funds					
. General funds			<b>617,613</b>		543,889
. Tangible and heritage asset fund	18		<b>86,955</b>		88,175
. Designated funds	19		<b>340,160</b>		342,660
			<b>1,044,728</b>		974,724
Restricted funds	20		<b>1,254,776</b>		1,134,709
Endowment funds	21		<b>10,603,860</b>		9,398,872
			<b>12,903,364</b>		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 £
<b>Cash flows from operating activities:</b>			
Net cash used in operating activities	A	(279,388)	(244,887)
<b>Cash flows from investing activities:</b>			
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
<b>Net cash provided by investing activities</b>		<b>555,099</b>	<b>506,320</b>
<b>Change in cash and cash equivalents in the year</b>		<b>275,711</b>	<b>261,433</b>
<b>Cash and cash equivalents at 1 January 2021</b>	B	<b>1,127,353</b>	<b>865,920</b>
<b>Cash and cash equivalents at 31 December 2021</b>	B	<b>1,403,064</b>	<b>1,127,353</b>

### 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 £
<b>Net income (as per the statement of financial activities)</b>	<b>1,395,059</b>	<b>27,932</b>
<b>Adjustments for:</b>		
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
<b>Net cash used in operating activities</b>	<b>(279,388)</b>	<b>(244,887)</b>

#### 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
<b>Total cash and cash equivalents</b>	<b>1,403,064</b>	<b>1,127,353</b>

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	—	—	—
<b>2021 total funds</b>	<b>116,360</b>	<b>110</b>	<b>116,470</b>

	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
<b>2020 total funds</b>	<b>246,433</b>	<b>11,082</b>	<b>257,515</b>

### 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
<b>2021 total funds</b>	<b>239,414</b>	<b>38,536</b>	<b>—</b>	<b>277,950</b>

	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
<b>2020 total funds</b>	<b>229,262</b>	<b>38,592</b>	<b>—</b>	<b>267,854</b>

### 3 Income from charitable activities

	Unrestricted funds £	Restricted funds £	2021 Total funds £
<b>Improving nursing care in the community</b>			
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
<b>2021 total funds</b>	<b>33,208</b>	<b>822,423</b>	<b>855,631</b>

### 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
<b>2021 total funds</b>	<b>70,706</b>	<b>—</b>	<b>—</b>	<b>70,706</b>

	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 £
<b>2021 total funds</b>	<b>51,307</b>	<b>6,768</b>	<b>—</b>	<b>58,075</b>

#### 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
<b>2021 Total</b>	<b>799,554</b>	<b>171,038</b>	<b>208,066</b>	<b>1,178,658</b>

	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*

<b>Fund for innovation</b>	<b>2021 £</b>	<b>2020 £</b>
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	—
<b>Total value</b>	<b>26,784</b>	<b>21,316</b>
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*

	<b>2021 £</b>	<b>2020 £</b>
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	<b>35,964</b>	12,537
Number of grants made	<b>25</b>	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	<b>14,325</b>	6,825
Data and Evidence	<b>477</b>	8,172
Standards	<b>20,405</b>	19,093
Role Models / Leaders	<b>50,636</b>	40,439
Innovation	<b>55,576</b>	25,293
Council Approved	<b>10,019</b>	—
Providing welfare support	<b>44,100</b>	41,471
Providing educational support	<b>7,656</b>	34,518
Keeping in Touch	<b>4,872</b>	—
Organisation Costs	<b>70,269</b>	64,909
	<b>278,335</b>	240,720

## 8 Net movement in funds

This is stated after charging:

	2021 £	2020 £
Staff costs (note 9)	<b>714,465</b>	556,721
Depreciation	<b>9,283</b>	14,587
Operating lease rentals – land and buildings	<b>55,666</b>	49,720
Amounts payable to the auditor in respect of:		
. External audit – current year	<b>8,342</b>	8,122
. External audit – prior year	<b>2,348</b>	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
	<b>714,465</b>	<b>556,721</b>

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 £
<b>Cost or valuation</b>			
At 1 January 2021	50,931	74,951	<b>125,882</b>
Additions	—	8,063	<b>8,063</b>
At 31 December 2021	<b>50,931</b>	<b>83,014</b>	<b>133,945</b>
<b>Depreciation</b>			
At 1 January 2021	50,931	56,776	<b>107,707</b>
Charge for the year	—	9,283	<b>9,283</b>
At 31 December 2021	<b>50,931</b>	<b>61,917</b>	<b>116,990</b>
<b>Net book values</b>			
At 31 December 2021	—	16,955	<b>16,955</b>
At 31 December 2020	—	18,175	<b>18,175</b>

### 14 Heritage assets

	£
<b>At deemed cost</b>	
At 1 January 2021 and at 31 December 2021	<b>70,000</b>

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 £
<b>Investments listed on a recognised stock exchange</b>		
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
<b>Total investments held</b>	<b>12,504,231</b>	<b>11,198,832</b>
<b>Listed investments at cost</b>	<b>7,750,475</b>	<b>7,546,531</b>

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
	<b>11,828,770</b>	<b>10,661,534</b>

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
	<b>85,986</b>	<b>90,512</b>

## 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
	<b>501,410</b>	<b>459,269</b>
<b>Deferred income</b>		
Balance brought forward	384,062	203,662
Released in year	(384,062)	(203,662)
Deferred in year	438,575	384,062
<b>Balance carried forward</b>	<b>438,575</b>	<b>384,062</b>

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	<b>86,955</b>	<b>88,175</b>

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
	<b>342,660</b>	<b>—</b>	<b>(2,500)</b>	<b>340,160</b>

## 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
	<b>1,134,709</b>	<b>861,069</b>	<b>(828,177)</b>	<b>87,175</b>	<b>1,254,776</b>



## 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 £
<b>Fund balances at 31 December 2021 are represented by:</b>						
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 £
<b>Fund balances at 31 December 2020 are represented by:</b>						
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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Charity no: 213128  
Founded 1887  
Patron HM The Queen

