

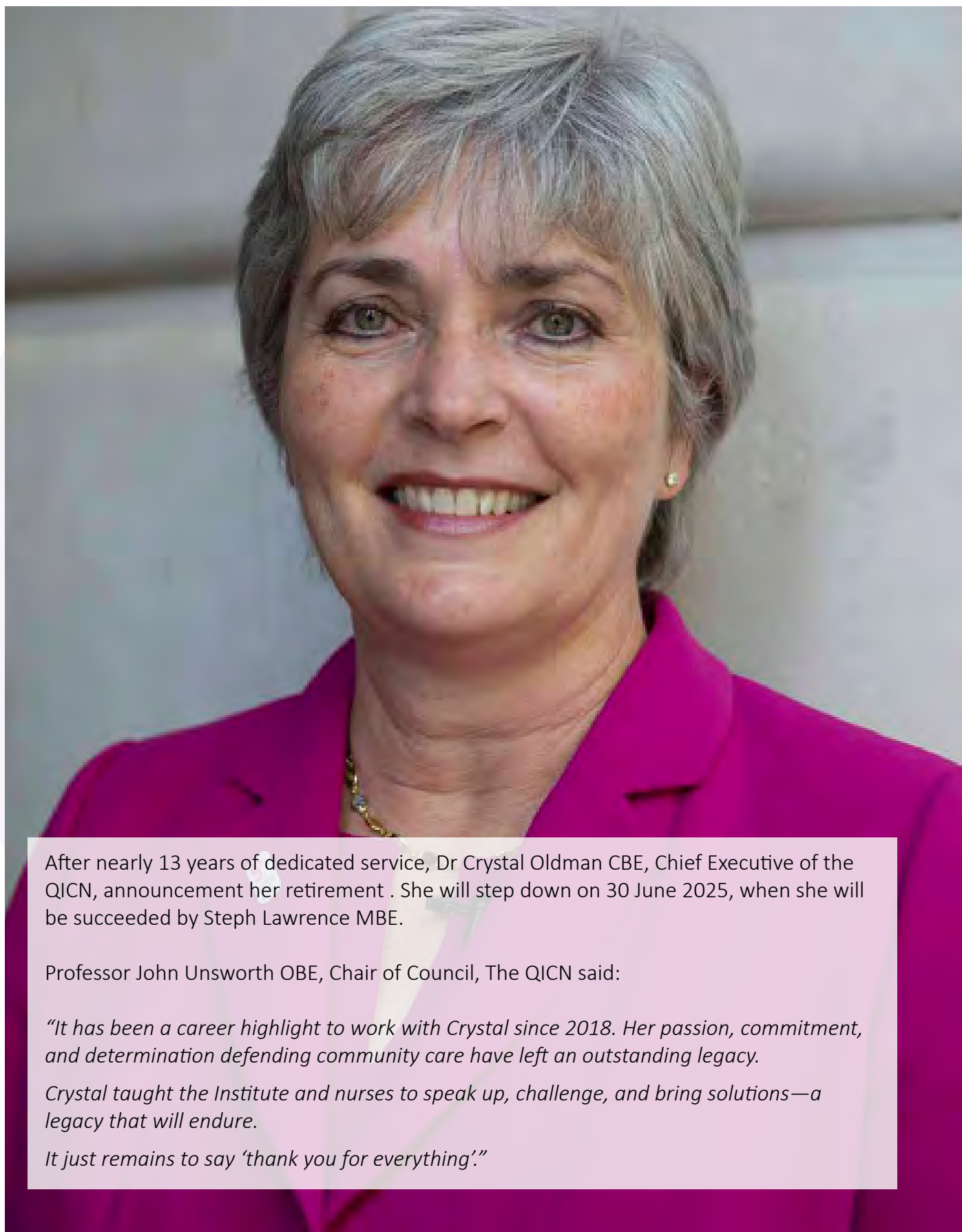
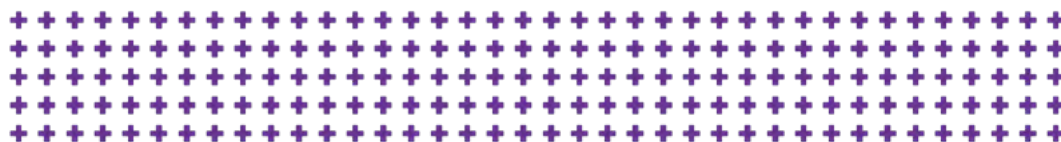


The Queen's
Institute of
Community
Nursing

Annual Report and Accounts

Year to 31 December 2024





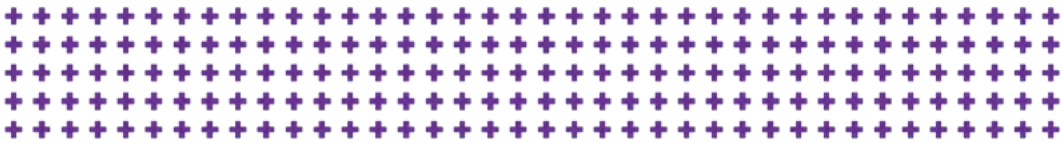
After nearly 13 years of dedicated service, Dr Crystal Oldman CBE, Chief Executive of the QICN, announcement her retirement . She will step down on 30 June 2025, when she will be succeeded by Steph Lawrence MBE.

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

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

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

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



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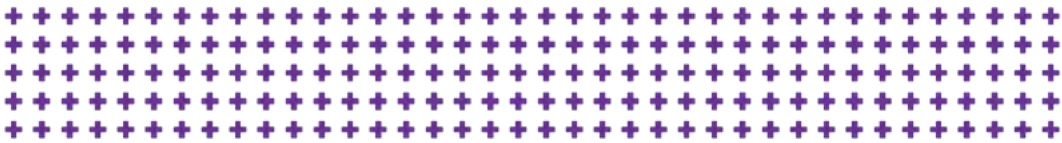
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Reference and administrative information about The Queen’s Institute of Community Nursing (formerly The Queen’s Nursing Institute), its members of Council and advisers

Patron Her Majesty Queen Camilla (May 2024)

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

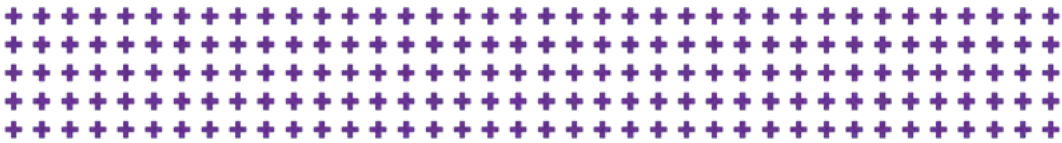
The members of Council (Trustees) at the date of this report, and those who served during 2024, are as follows:

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

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

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

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



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

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

Charity registration number 213128

Principal office 30 Euston Square
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NW1 2FB

Telephone 020 7549 1400

Email mail@qicn.org.uk

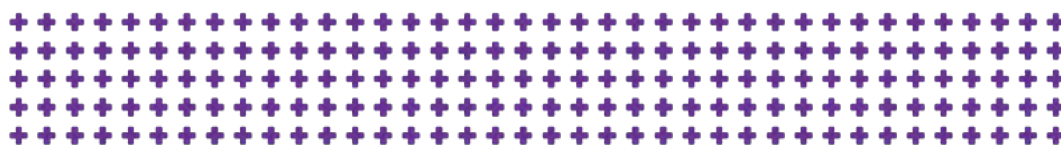
Website www.qicn.org.uk

Auditor Sayer Vincent LLP
110 Golden Lane
London
EC1Y 0TG

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

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

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



Above:

Professor John
Unsworth OBE,
Chair of Council,
The QICN

Foreword from the Chair

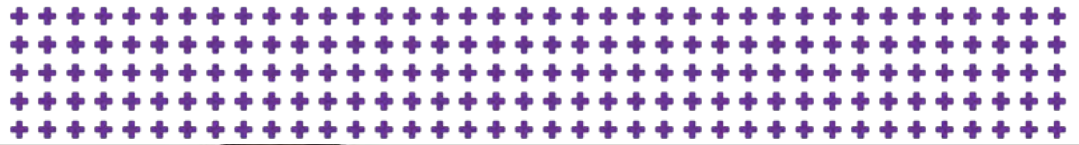
We started 2024 with a National Health Service in poor shape, still struggling to address waiting lists and ensure timely emergency care. Since 2012, community services have faced significant under-investment and cuts, with district nurse numbers falling by over 42%, health visitors by 30%, school nurses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

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

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

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

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



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

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

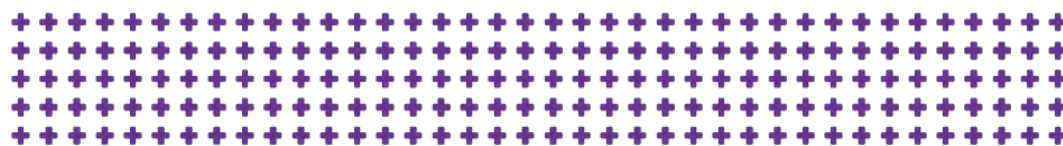
2024 saw QICN diversify income streams as anticipated government grants did not materialise. Our major funder, the National Garden Scheme (NGS), supported four professional networks, a vital lifeline we deeply appreciate. We launched organisational membership, rapidly growing it to provide benefits across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

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

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

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

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



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

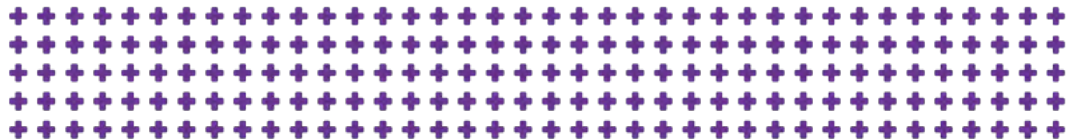
We remain impressed by Elsie Wagg Scholars and their community gardens, building a brilliant community ahead of the NGS centenary in 2027. QICN's sustainability work in healthcare, commissioned by NHS England, explored nurses' understanding and shared good practice.

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

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

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

Professor John Unsworth OBE
Chair of Council



Above:
Queen’s Nurse
Vicky Johnson on
her rounds

Report of the Council 31 December 2024

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

The accounts have been prepared in accordance with the accounting policies set out on pages 55 to 61 of the attached accounts and comply with the charity’s Royal Charter, applicable laws and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102).

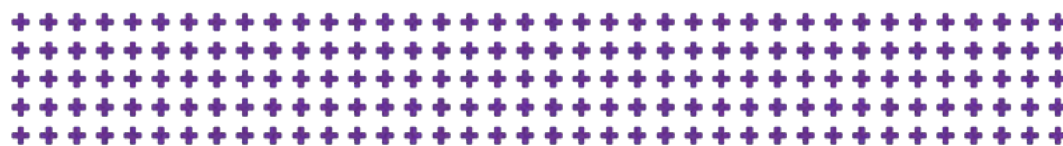
Objectives and activities

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

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

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

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



Values

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

Public benefit

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

Strategic Plan 2021-25

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

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

Influence

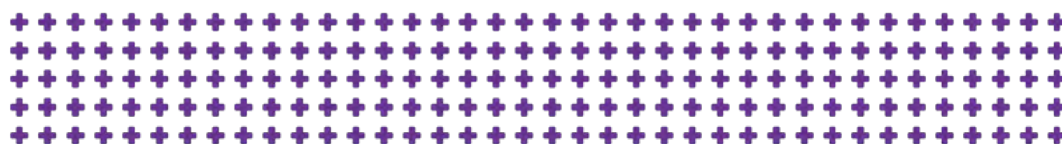
- 1. Policy Influence and Development:** to improve the health and wellbeing of individuals, carers, families and communities by local, national and international policy, including through the use of the nurse's voice.
- 2. Data and Evidence:** to provide independent intelligence about nursing in the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

Quality

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

Voice

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



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

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

Outcomes

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

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

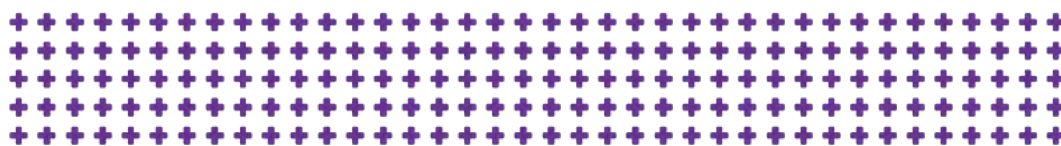
Quality: Evidence from the QICN regarding quality improvement and standards is used to inform policy, research, practice and education and is recognised at all levels in the system.

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

Context

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

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



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

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

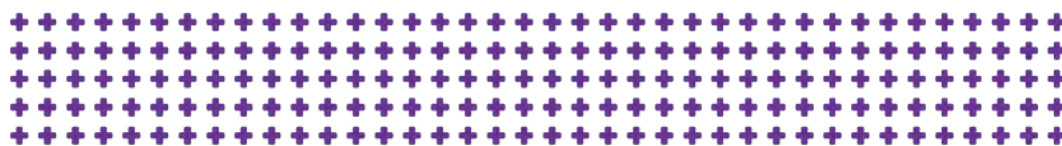
Early in 2025, a new Chief Executive of the NHS and new Chair of NHS England (NHSE) were appointed. NHSE will be dissolved by October 2026 and functions will come into the Department of Health and Social Care (DHSC) by this date, thereby addressing any duplication in both organisations' work. It is a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

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

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

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

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

**Above:**

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

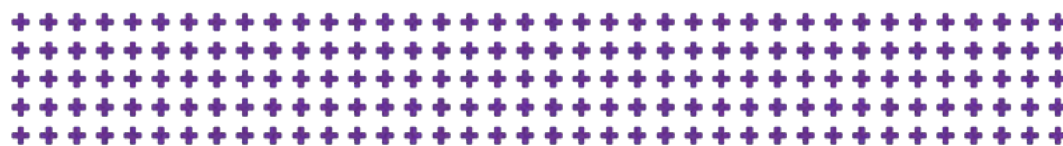
‘The Dame Elizabeth Anionwu Centre for Professional Development’ on 30th April 2025 at an event with trustees. This is in recognition of the work of our Vice President, Professor Dame Elizabeth Anionwu OM, health visitor and community nursing pioneer in the management of sickle cell disease.

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

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

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

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



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

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

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

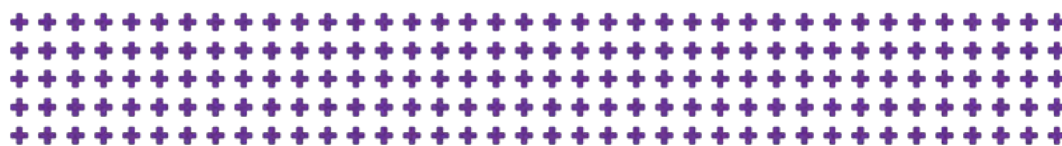
The QICN team works flexibly and our programmes and the annual Award Ceremony are now routinely delivered face-to-face. The QICN annual conference and the annual Queen's Nurse conference continue to be delivered online, which enables more people to participate and reduces our costs and carbon footprint.

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

Achievements and performance - Impact of the work in 2024

Goal One: Policy Influence and Development

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



Above:

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

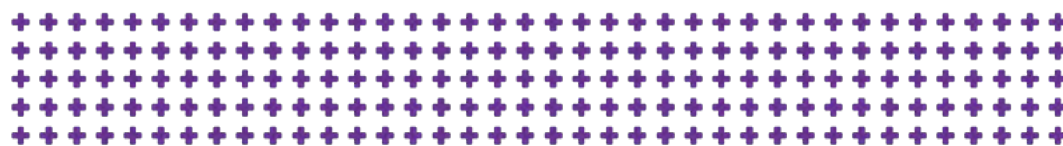
the community, reducing unplanned hospital admissions and enabling earlier discharges from hospital. This work is now coming to fruition with the QICN work being held up as central evidence for NHSE's work in creating a policy document 'A Vision for Nursing in the Community' in 2025.

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

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

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

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



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

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

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

Goal Two: Data and Evidence

✚ The International Community Nursing Observatory

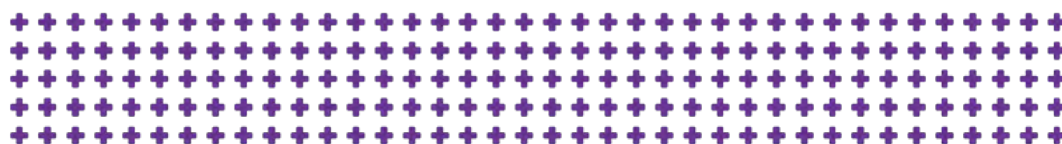
The QICN's [International Community Nursing Observatory \(ICNO\)](#), expertly led by Professor Alison Leary MBE, has had another very productive year. To date, the ICNO has published 10 reports since its creation in 2019.

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

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

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

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



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

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

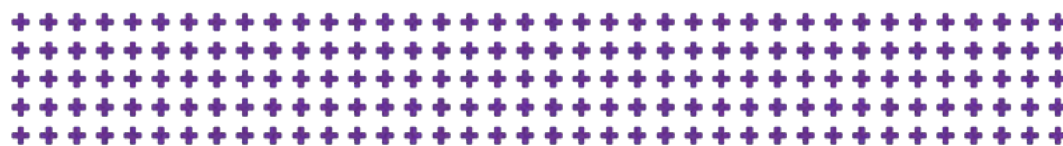
A clear indicator of the increased pressure on the services was unpaid overtime, with 43% of respondents carrying out 4 to 7 hours unpaid overtime per week, 33.3% 1 to 3 hours, 15% 7 to 10 hours and 8.7% more than 10 hours. This is unsustainable. Another shocking finding was the deferral of end-of-life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

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

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

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

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



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

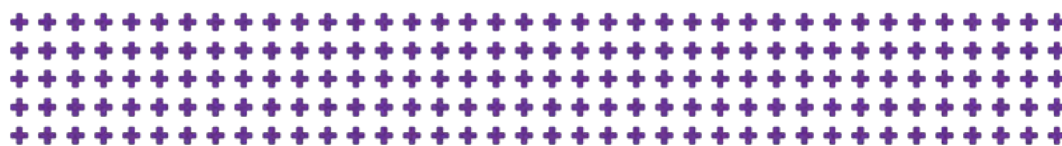
The findings and recommendations of all our publications are shared in all our networks, at conferences and events and with Directors of Nursing in community providers and senior leaders in the NHS. The QICN will continue to utilise our unique data and insights to influence policy in this way. It is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

+ [Community Nursing Research Forum](#)

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

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

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

**Above:**

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

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

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

Goal Three: Innovation and Quality Improvement

✚ Community Nurse Innovation Programme (CNIP)

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

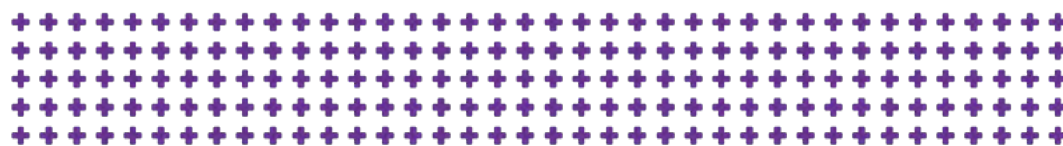
The Burdett Trust for Nursing awarded a grant to support seven nurses to deliver innovation projects focussed on the care of people with Diabetes. A cohort of five Burdett scholars and five nurses funded by the National Garden Scheme and the QICN as Elsie Wagg Scholars commenced their programme in March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

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

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

✚ Sustainability and Community Nursing practice

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



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

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

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

Goal Four: Standards

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

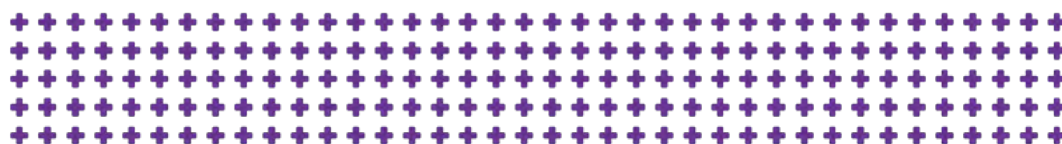
This level of experience and capability within a professional organisation provides a strong foundation for the development of QICN standards for education and practice.

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

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

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

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



Above:
District Nurses at a
patient's house

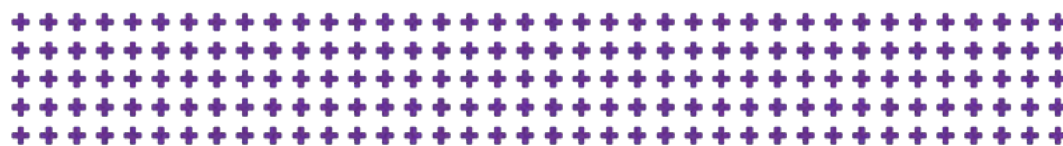
- + Community Mental Health Nursing
- + Community Palliative and End of Life Care Nursing
- + District Nursing
- + General Practice Nursing
- + Health and Justice Nursing
- + Inclusion Health Nursing

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

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

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

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



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

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

✚ Bournemouth University: Support for GPN programmes

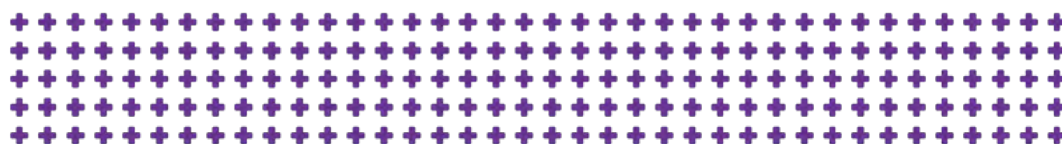
The QICN has continued to support Bournemouth University's General Practice Nurse (GPN) Fellowship programme and the programme for GPNs new to General Practice. Over the last five years hundreds of GPN students have been supported virtually by the Assistant Director of Nursing Programmes, providing the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

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

✚ Community Nurse Consultant Handbook

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

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



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

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

Goal Five: Role models and Leaders

+ Queen's Nurses

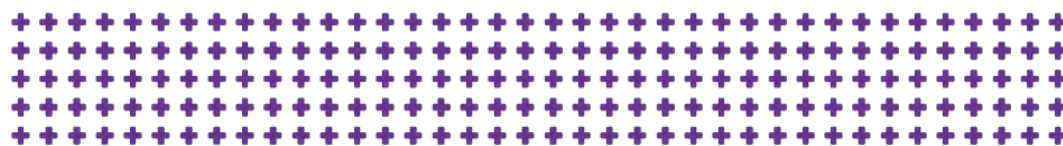
The QICN benefited from a substantial grant from the National Garden Scheme (NGS) to continue the work of the QICN in developing and supporting an increased number of **Queen's Nurses** (QN) in 2023.

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

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

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

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



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

✚ Leading Strategically

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

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

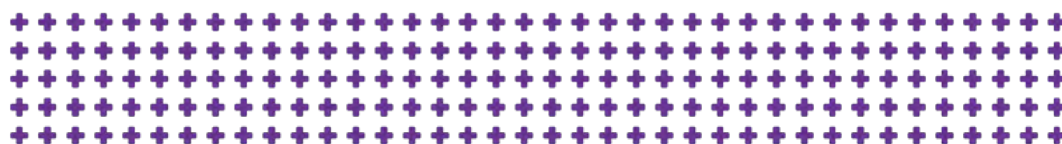
NGS Chief Executive, George Plumptre, meets every cohort and shares the NGS vision and aspiration for Queen's Nurses to be aim for senior strategic positions in the health and social care systems in the UK. There is a measurable impact now, with the nurses who have undertaken the programme appointed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

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

✚ Ambition to Lead Programme

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

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



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

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

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

✚ Bespoke Professional Development Programmes

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

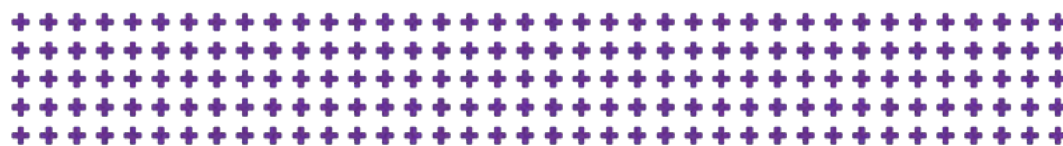
A bespoke professional development programme for nurses and AHPs was also commissioned for staff at Sutton Health and Care NHS Trust and was so successful that two further programmes were commissioned for 2025.

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

✚ Community Nurse Executive Network – CNEN

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

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



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

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

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

✚ Integrated Care Board Chief Nurse Network (ICBCNN)

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

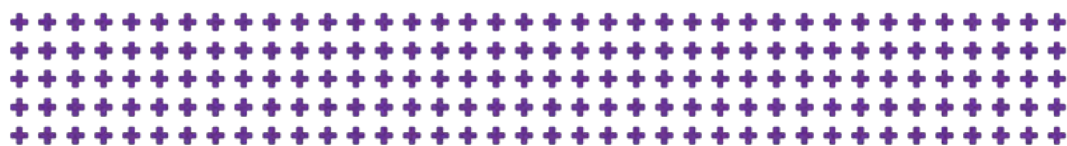
The QICN had an exhibition space at NHS Expo in June 2024 in Manchester, giving the ICBCNN and CNEN members the opportunity to meet face-to-face with the QICN team and Hallam Medical Chief Nurse. This opportunity was very successful for meeting and networking and will be repeated again in June 2025.

✚ Care Home Nurse Network

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

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

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



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

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

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

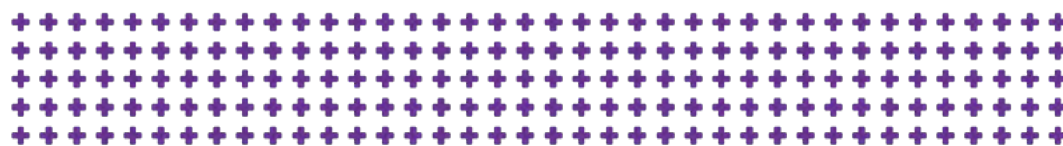
✚ Infection Prevention and Control (IPC) Champions

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

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

✚ Homeless and Inclusion Health Programme

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



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

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

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

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

✚ Community Children’s Nurse (CCN) Network

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

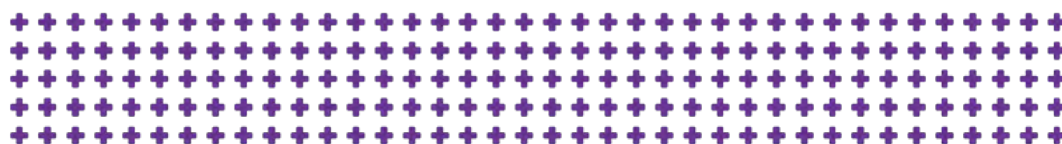
The network is nationally recognised for this small but critically important specialist field of community nursing practice, focussed on babies, children, young people and families in the community. The group is a source of expert advice for policy makers and those nurses working at a strategic level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

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

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

✚ Long Covid Nurse Network

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



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

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

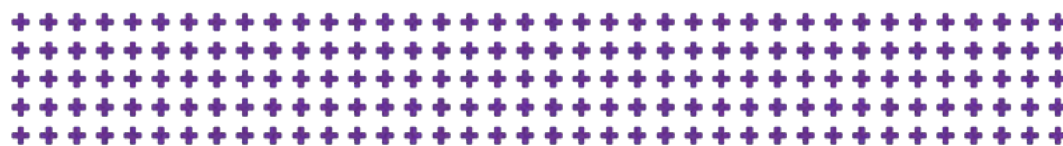
The network has embraced nurses who are living with symptoms of Long Covid, and they have been invaluable in shaping the agenda for our work. Experts by Experience, including nurses with symptoms of Long Covid, participate in the network events and case studies are documented and collated. The resources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

✚ General Practice Nurse Network

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

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

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



✚ Organisational Membership

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

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

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

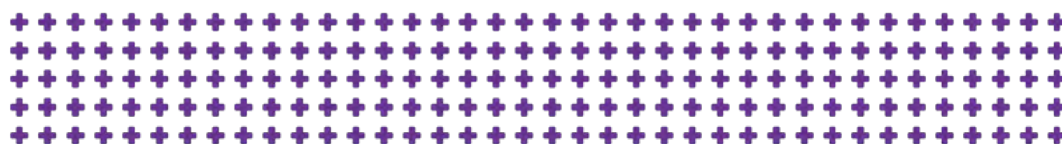
✚ Education Prizes

Philip Goodeve-Docker Memorial Prize

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

Dora Roylance Memorial Prize

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



Above:

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

Ellen Mary Memorial Prize

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

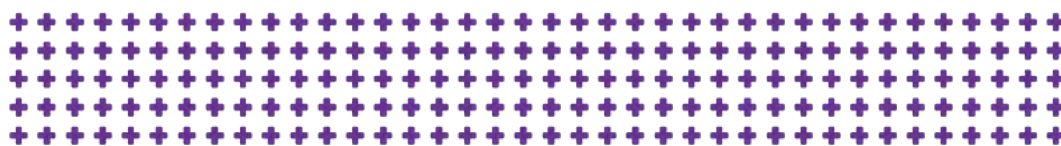
Dame Elizabeth Fradd Memorial Prize

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

William Rathbone X Annual Award

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

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



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

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

Goal Six: Support for Nurses

+ Financial hardship grants

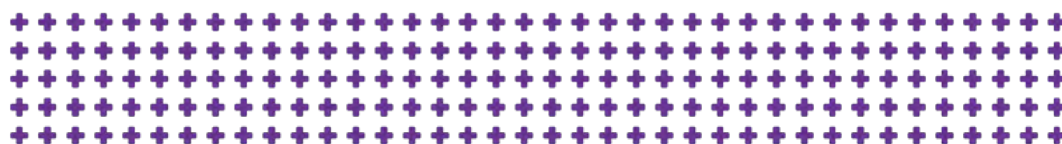
Grant applications reduced slightly overall in 2024, with a total of 233 awarded in the year in comparison to 282 in 2023. This is a pattern experienced by other charities that award financial assistance to nurses.

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

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

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

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



Above:

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

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

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

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

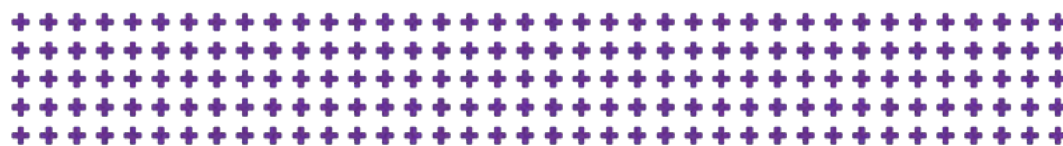
+ Education grants

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

+ 'Keep in Touch' programme

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

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



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

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

TalkToUs

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

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

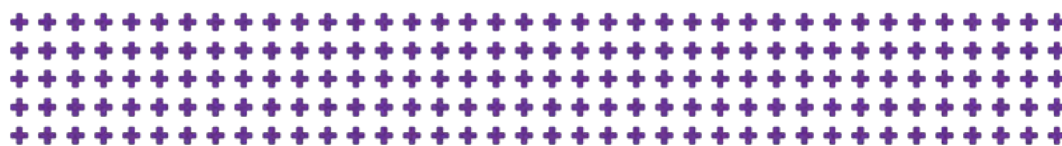
In 2024, the number of calls diminished significantly, with the majority unrelated to the impact of Covid-19. The original purpose of the grant was to support nurses impacted by the pandemic and it is considered that many employers provide a range of support services for employees, which has decreased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

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

Organisational development

The role and contribution of volunteers

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



Above:

The Keep in Touch
volunteers annual
meeting in 2025.

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

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

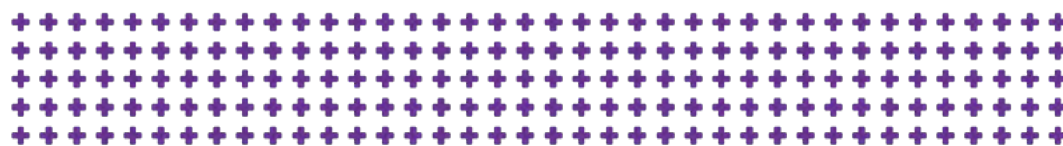
Fellows of the QICN continued to contribute to and support the work of the QICN in 2024, providing ongoing mentorship during and after the Ambition to Lead and Leading Strategically programmes. Several have provided personal advice and support to the Chief Executive.

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

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

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

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



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

Key financial policies of the QICN

Community Nursing Innovation Programme – direct funding of projects

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

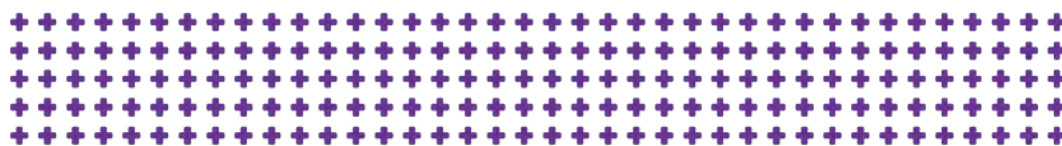
Grants

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

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

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

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



Above:

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

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

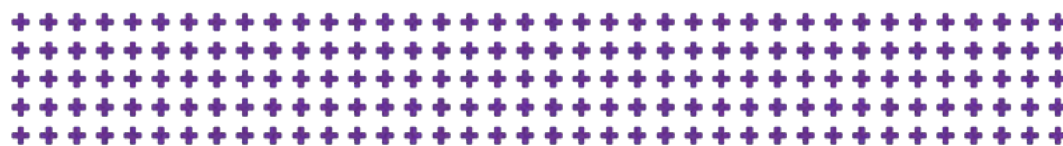
Investment policy

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

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

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

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



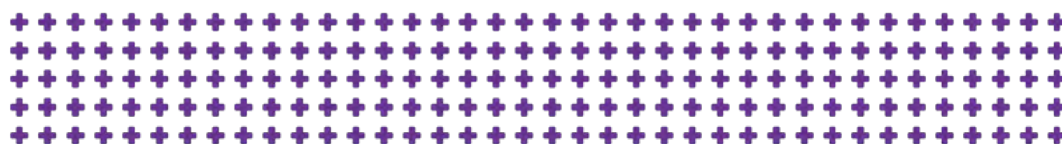
The QICN investments are reviewed monthly (or more frequently, depending on the market conditions) by the Head of Finance and the Honorary Treasurer. In 2024, the performance of the investments was considered to be satisfactory both in terms of capital and investment. Since the US President Trump's 'Liberation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

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

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

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

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



Above:

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

Financial review

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

+ Income

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

+ Expenditure

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

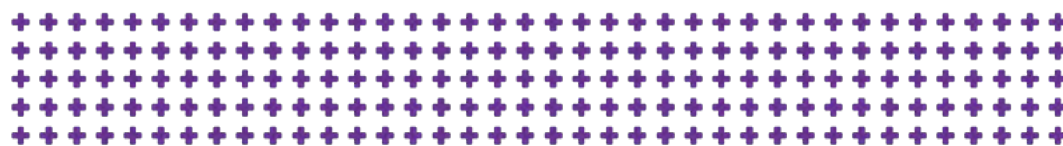
This expenditure represents significant investment the QICN is currently making in launching Field Specific Standards for Specialisms in Community Nursing, other organisational development, an increase in Queen's Nurse numbers and the growth of wider networks.

+ Investments

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

+ Reserves

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



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

+ Fundraising

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

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

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

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

Structure, governance and management

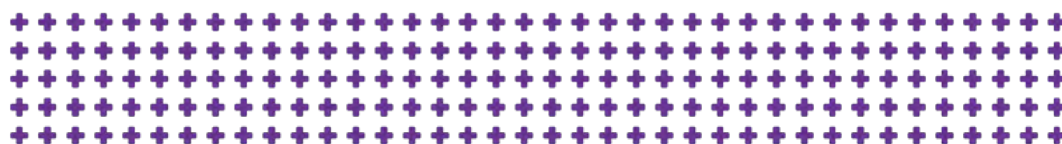
Governing document

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

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

Council members

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



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

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

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

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

Recruitment and appointment of Council members

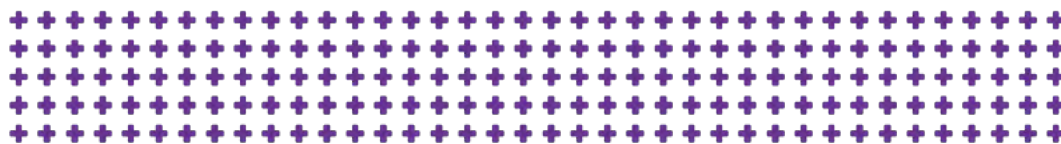
Under the constitution of the QICN, the Patron may nominate and appoint up to four people who act as ex-officio members of the Council. All other members of Council are nominated by existing Council members or recruited through agreed procedures before being approved by the Patron.

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

Induction and training of Council members

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

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



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

Staffing of the QICN and key management personnel

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

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

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

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

Risk management

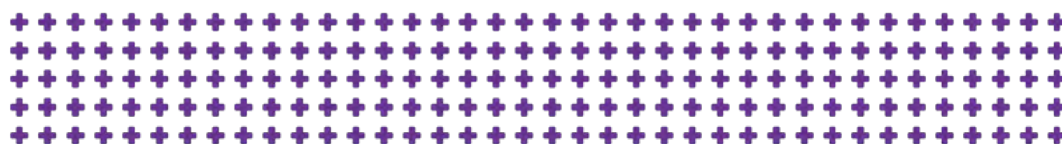
Major risks to which the QICN is exposed, arising from its own work and from external contingencies, are reviewed regularly by the Finance Committee and Council, and systems or procedures are in place to manage, and where possible mitigate, those risks.

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

People

Risk: "Charity loses its Chief Executive"

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



Above:

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

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

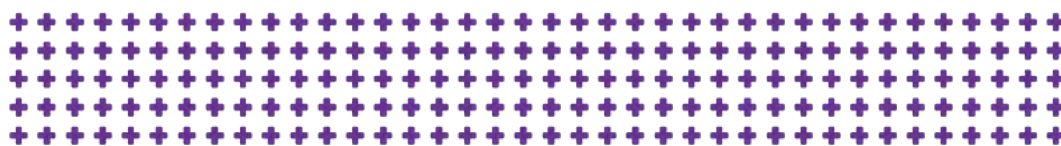
This was tested in 2024 when the Chief Executive indicated to Council that she was preparing to plan for her retirement from full time work. The notice period of 6 months, which commenced on 1st January 2025 has allowed for the advertising and notification of appointment of a new Chief Executive in March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

Business Continuity

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

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

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



Finance and Fundraising

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

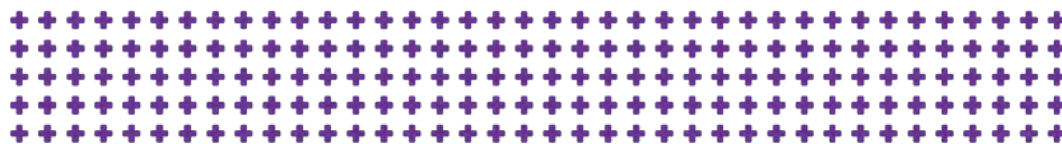
Controls: Use professional investment managers with delegated powers. Investment manager appointment is reviewed every three years. The charity has a written investment policy which is agreed by the Council and communicated to the investment managers. It is reviewed by the Finance Committee annually.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

The Council’s responsibilities statement

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

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

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS102);
- make judgements and estimates that are reasonable and prudent;
- state whether applicable United Kingdom Accounting Standards have been followed, subject to any material departures disclosed and explained in the accounts; and



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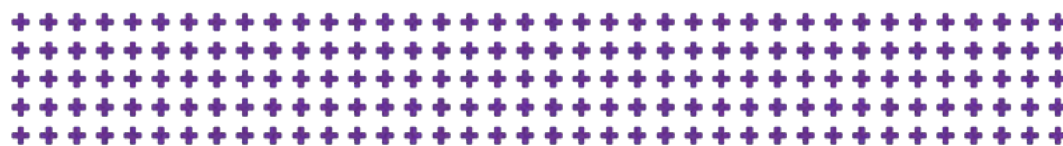
Staff and Trustees
at the 2024 Awards
Ceremony.

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

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

Signed on behalf of the Council

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



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

Opinion

We have audited the financial statements of The Queen's Institute of Community Nursing (the 'charity') for the year ended 31 December 2024 which comprise the statement of financial activities, balance sheet, statement of cash flows and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice). In our opinion, the financial statements:

- Give a true and fair view of the state of the charity's affairs as at 31 December 2024 and of its incoming resources and application of resources, for the year then ended
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice
- Have been prepared in accordance with the requirements of the Charities Act 2011

Basis for opinion

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

Conclusions relating to going concern

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

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on The Queen's Institute of Community Nursing's ability to continue as a going concern for a period of at least twelve months



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

from when the financial statements are authorised for issue.

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

Other Information

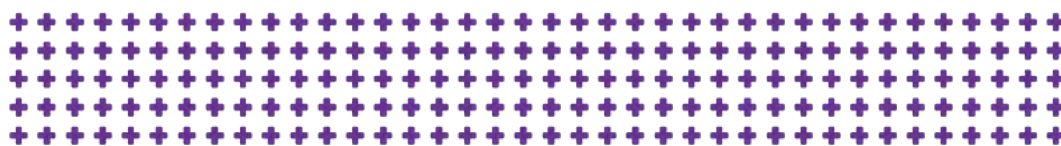
The other information comprises the information included in the trustees' annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Matters on which we are required to report by exception

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

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



Responsibilities of trustees

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

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

Auditor's responsibilities for the audit of the financial statements

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

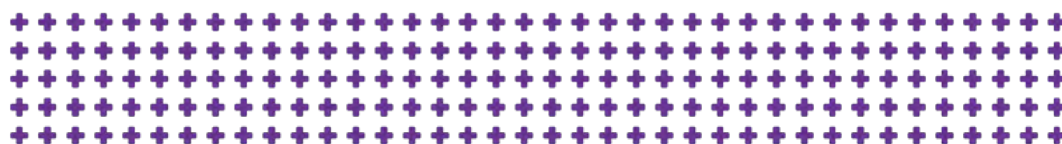
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee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

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

Capability of the audit in detecting irregularities

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

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

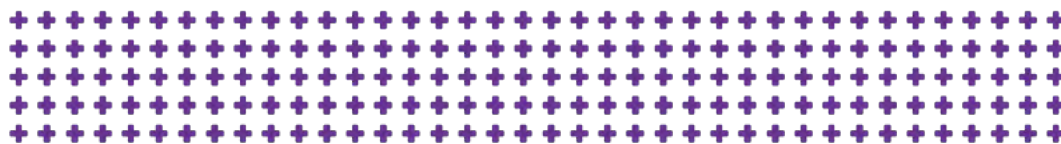


relating to:

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

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

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



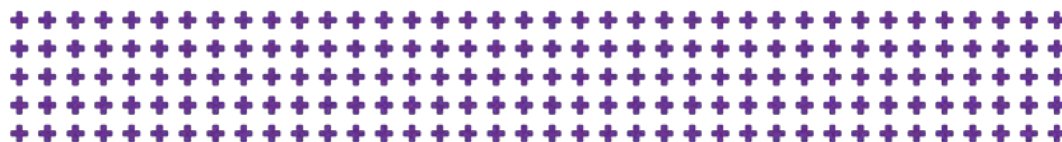
Use of our report

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

24 July 2025

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

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

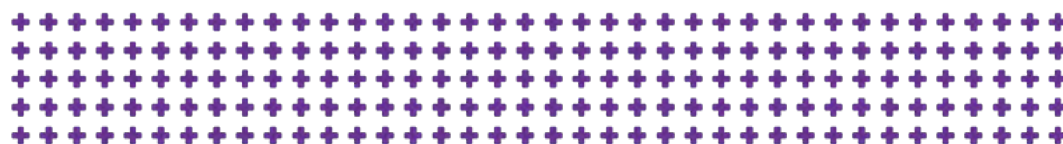


Statement of financial activities Year to 31 December 2024

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

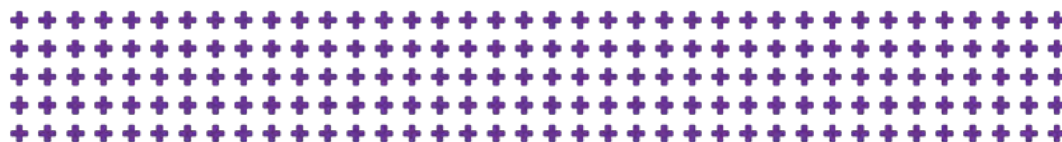
All the financial activities of the QICN during the above two financial years derived from continuing operations.

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



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

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

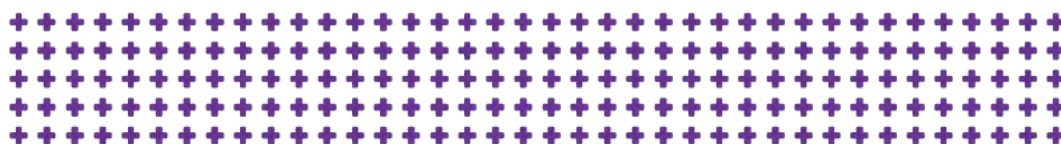


Balance sheet 31 December 2024

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

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

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



Statement of cash flows Year to 31 December 2024

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

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

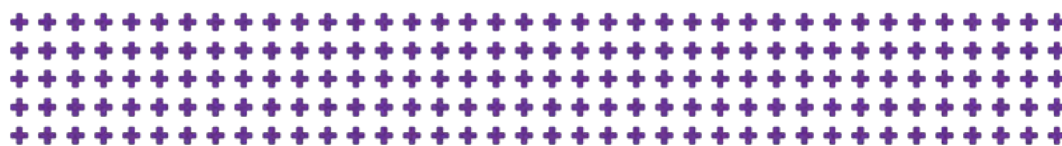
A Reconciliation of net movement in funds to net cash used in operating activities

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

B Analysis of cash and cash equivalents

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

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



Principal accounting policies 31 December 2024

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

Basis of accounting

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

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

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

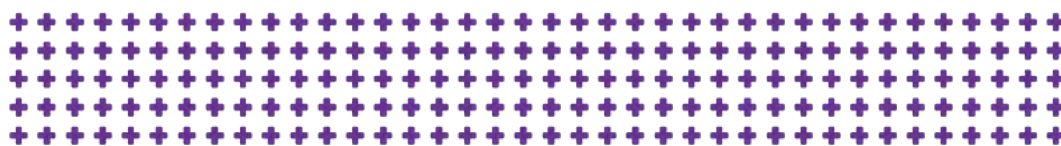
The charity constitutes a public benefit entity as defined by FRS 102. The accounts are presented in sterling and are rounded to the nearest pound.

Critical accounting estimates and areas of judgement

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

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

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



Assessment of going concern

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

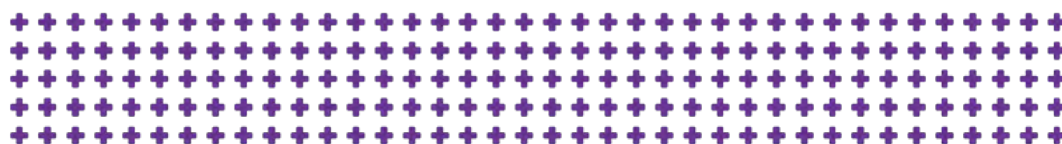
UK inflation was high in 2023 and more settled in 2024. However, given the availability of reserves, the members of Council have concluded that there are no material uncertainties related to events or conditions that may cast significant doubt on the ability of the charity to continue as a going concern.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

Income recognition

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

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

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



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

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

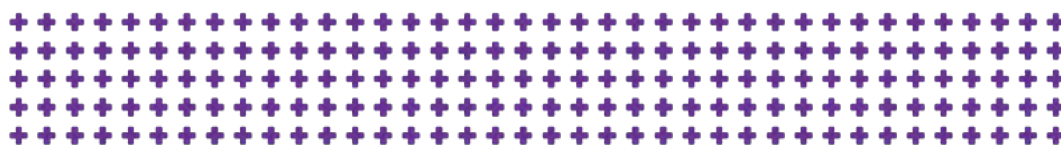
Where legacies have been notified to the charity, or the charity is aware of the granting of probate, but the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material. In the event that the gift is in the form of an asset other than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

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

Expenditure recognition

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to make a payment to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. All expenditure is accounted for on an accruals basis. Expenditure comprises direct costs and support costs. All expenses, including support costs, are allocated or apportioned to the applicable expenditure headings. The classification between activities is as follows:

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



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

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

Allocation of support and governance costs

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

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

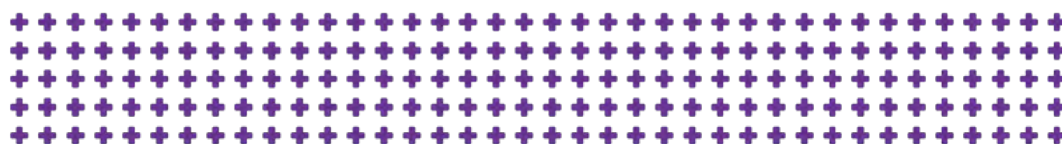
Support costs and governance costs are apportioned using percentages based on the time spent on the relevant activities by the employees of the charity.

Tangible fixed assets

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

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

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



Intangible fixed assets

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

- Software: 10 years

Heritage assets

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

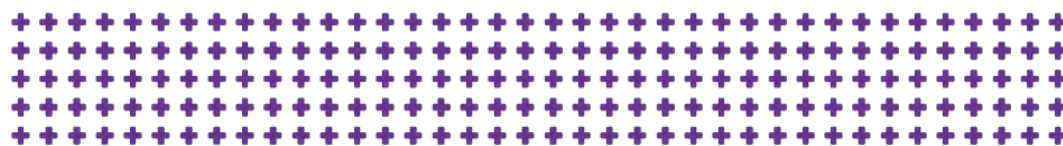
Investments

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

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

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

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



Debtors

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

Cash at bank and in hand

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

Creditors and provisions

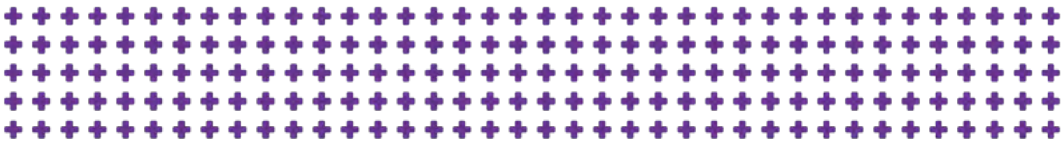
Creditors and provisions are recognised when there is an obligation at the balance sheet date as a result of a past event, it is probable that a transfer of economic benefit will be required in settlement, and the amount of the settlement can be estimated reliably. Creditors and provisions are recognised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

Fund structure

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

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

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



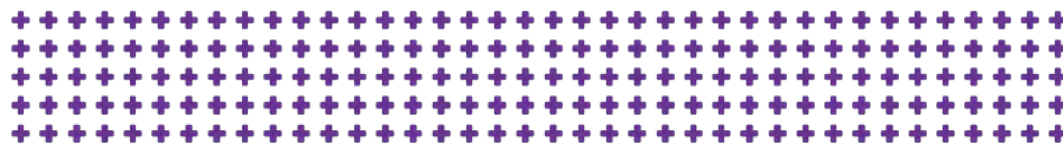
case of restricted income funds for welfare purposes, transfers are made to the general fund to reflect an agreed quarterly charging structure for staff time and office services attributable to providing welfare support from those funds. The expendable endowment funds represent amounts held as capital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

Pension costs

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

Leased assets

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



Notes to the accounts Year to 31 December 2024

1 Donations and legacies

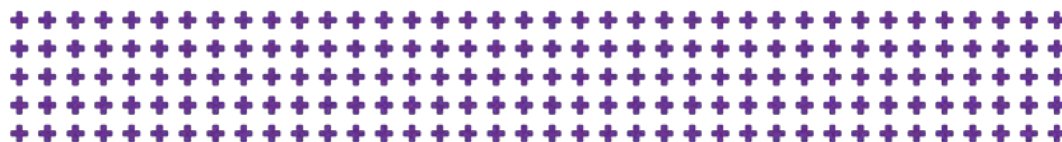
	Unrestricted funds £	Restricted funds £	Endowment funds £	2024 Total funds £
National Garden Scheme donation	305,000	—	—	305,000
Other donations	17,551	19,224	—	36,776
Legacies	10,899	—	—	10,899
2024 total funds	333,451	19,224	—	352,675

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

2 Investment income and interest receivable

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

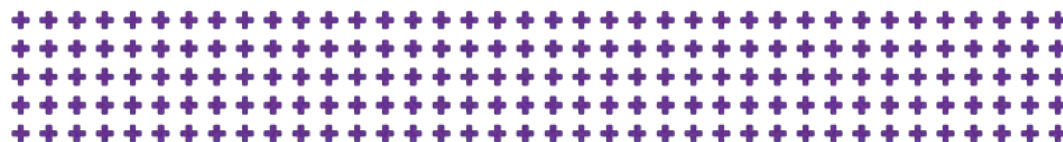
	Unrestricted funds £	Restricted funds £	Endowment funds £	2023 Total funds £
<i>Income from investments listed on a recognised stock exchange within the UK</i>	<i>297,940</i>	<i>34,917</i>	<i>—</i>	<i>332,857</i>
<i>Bank and deposit interest</i>	<i>2,063</i>	<i>43</i>	<i>—</i>	<i>2,106</i>
2023 total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



Notes to the accounts Year to 31 December 2024

3 Income from charitable activities

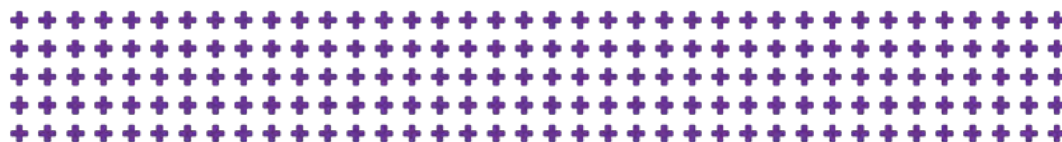
	Unrestricted funds £	Restricted funds £	Endowment funds £	2024 Total funds £
Improving nursing care in the community				
Care Home Nurse Network	—	34,613	—	34,613
IPC Champions Network	—	33,929	—	33,929
NGS – Support for QN Leadership programme	70,000	—	—	70,000
NGS – Support for Innovation programme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



Notes to the accounts Year to 31 December 2024

3 Income from charitable activities (continued)

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



Notes to the accounts Year to 31 December 2024

4 Expenditure on raising funds

(a) Cost of generating grants and donations

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

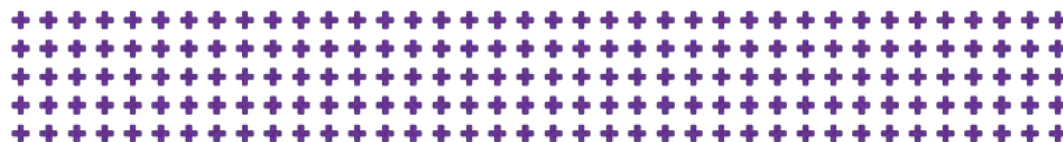
	Unrestricted funds £	Restricted funds £	Endowment funds £	2024 Total funds
Direct costs	11,436	—	—	11,436
Support costs (note 7)	9,962	—	—	9,962
2024 total funds	21,398	—	—	21,398
	Unrestricted funds £	Restricted funds £	Endowment funds £	2023 Total funds
Direct costs	24,353	—	—	24,353
Support costs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

(b) Management of investments

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

5 Expenditure on charitable activities

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



Notes to the accounts Year to 31 December 2024

5. Expenditure on charitable activities (continued)

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

6 Grant making

Innovation – grants payable to institutions

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

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

Providing welfare support – grants made directly to individuals

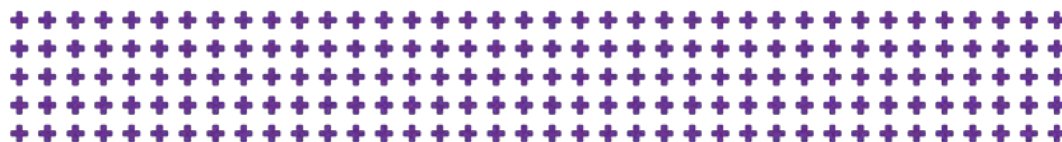
	2024 £	2023 £
Total value	81,891	110,220

Providing educational support – grants made directly to individuals

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

Grant commitments

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



Notes to the accounts Year to 31 December 2024

7 Support costs

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

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

8 Net expenditure and net movement in funds

This is stated after charging:

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

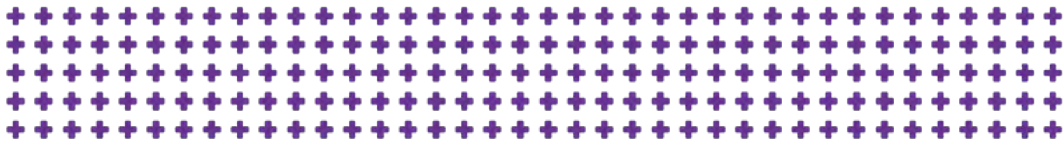
9 Staff costs and remuneration of key management personnel

Staff costs during the year were as follows:

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

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

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



Notes to the accounts Year to 31 December 2024

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

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

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

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

10 Council members

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

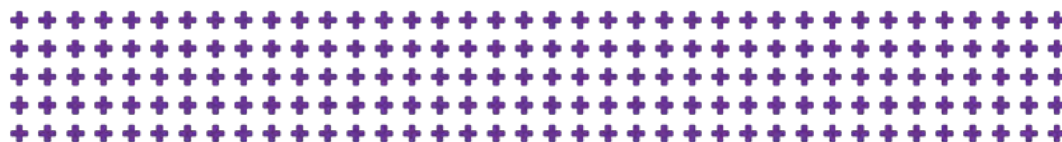
There was one Council member who had expenses reimbursed during the year in respect of travel totalling £1,544 (2023 one Council member – £4,093). During the year members of the Council donated a total of £10,189 to the charity (2023 – £25,302). Included in this total is £10,069 restricted for the William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

11 Related party and connected person transactions

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

12 Taxation

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



Notes to the accounts Year to 31 December 2024

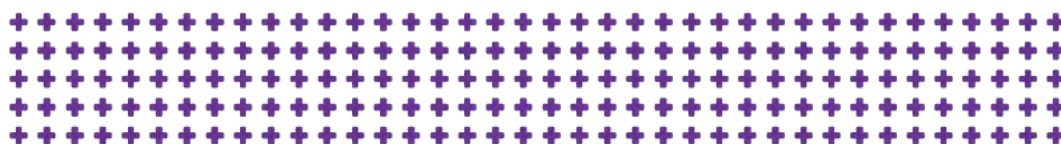
13 Tangible fixed assets

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

14 Intangible fixed assets

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

All of the above assets are used for charitable purposes.



Notes to the accounts Year to 31 December 2024

15 Heritage assets

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

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

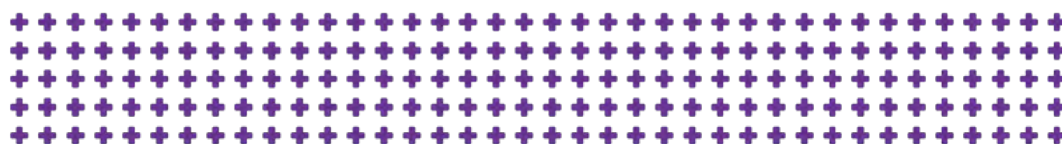
16 Investments

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

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

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

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



Notes to the accounts Year to 31 December 2024

17 Debtors

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

18 Creditors: Amounts falling due within one year

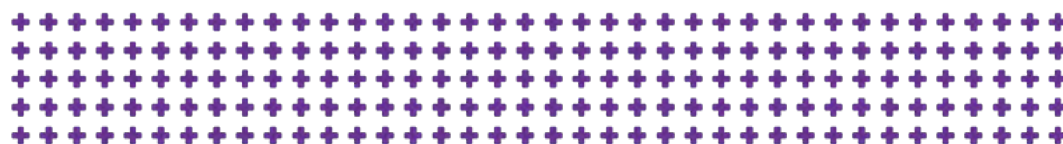
	2024 £	2023 £
Expense creditors	46,376	76,047
Accruals	81,988	80,587
Other creditors	26,541	25,555
Deferred income (see below)	572,886	503,498
	727,790	685,687
Deferred income		
Balance brought forward	503,498	350,000
Released in year	(503,498)	(350,000)
Deferred in year	572,886	503,498
Balance carried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

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

19 Tangible assets fund

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

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



Notes to the accounts Year to 31 December 2024

20 Designated funds

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

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

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

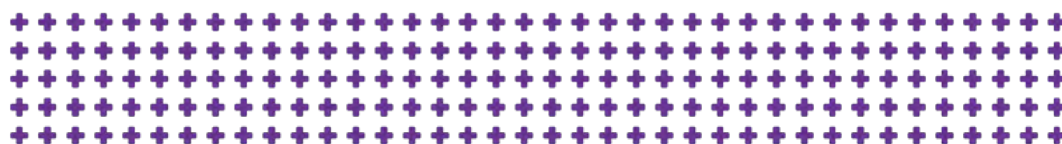
The Leadership and Innovation fund represents funds set aside by Council to increase the team. This will strengthen the offer of leadership and innovation programmes and assist in the delivery of newly commissioned work.

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

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

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

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



Notes to the accounts Year to 31 December 2024

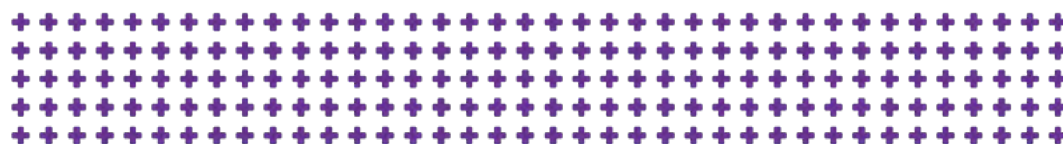
21 Restricted funds

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

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

District Nurses 1965 Fund (Welfare Fund)

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



Notes to the accounts Year to 31 December 2024

21 Restricted funds (continued)

TalkToUs Service

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

Burdett – Innovation projects

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

Company of Nurses – financial assistance grants

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

William Rathbone X annual award

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

Dora Roylance Fund

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

Care Home Nurse Network

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

Innovation Programme

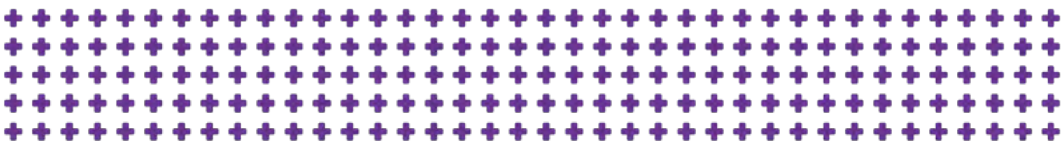
The QICN Innovation Programme holds funds for the community nurses participating to complete their projects.

IPC Champions Network

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

National Garden Scheme Networks

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



Notes to the accounts Year to 31 December 2024

21 Restricted funds (continued)

Homeless & Inclusion Health - DHSC

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

Community Nursing Research Forum

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

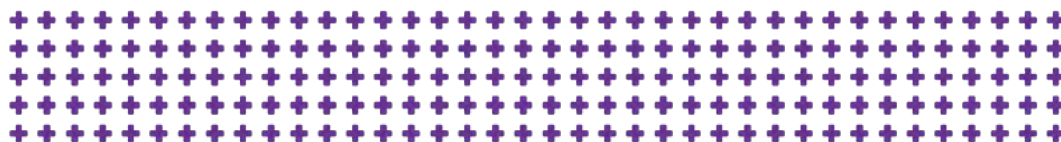
22 Expendable endowment fund

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

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

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

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



Notes to the accounts Year to 31 December 2024

23 Analysis of net assets between funds

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

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

24 Operating leases

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

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



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