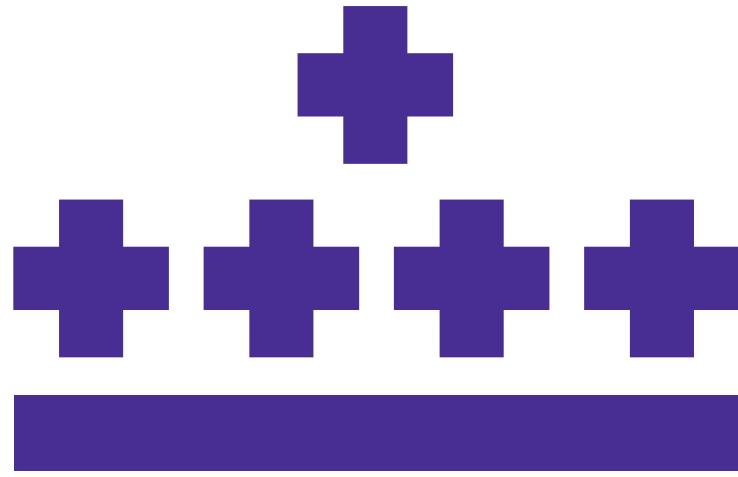




The Queen's
Nursing
Institute



Annual Report and Accounts

Year to 31 December 2020



Charity registration number 213128

*'Someone I loved once gave me
a box full of darkness.
It took me years to understand
that this, too, was a gift.'*

Mary Oliver

In memory of the tens of thousands of people from our communities who have lost their lives during the pandemic. Amongst them hundreds of nurses and health workers who paid the ultimate price for their selfless compassion and commitment.






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Reference and Administrative Information about the Charity, its Members of Council and Advisers

Patron Her Majesty The Queen

Vice Presidents The Lord Ashburton KG KCVO (deceased October 2020)

Dr June Crown CBE

Sir Sam Everington OBE

The members of Council (Trustees) at the date of this report, and those who served during 2020, are as follows:

Chair of Council Professor John Unsworth #1+

Nick Addyman #

Dr Bob Brown (retired June 2020)

Dale Carrington (appointed December 2020)

Michael Cooper *#1

Professor Ami David MBE

Zahir Fazal *#+

Dr David Foster OBE (retired November 2020)

Dr Judith Graham BEM (appointed December 2020)

Clare Hawkins (appointed December 2020) #2

Candace Imison

Dr Katerina Kolyva

Rosalynde Lowe CBE *+

Dr Angela McLernon OBE (appointed December 2020)

Helen Mehra (appointed December 2020)

Dr Jenni Middleton

Rebecca Myers #2

Vice Chair Christine O'Connell #+

Neesha Oozageer Gunowa (appointed December 2020)


William Rathbone OBE *#1+

Jeremy Taylor OBE

* Council members nominated and appointed by the Patron

Members of the Finance Committee during 2020 (#1 stood down from Finance committee February 2021) (#2 joined Finance committee February 2021)

+ Members of the Remuneration Committee



Reference and Administrative Information about the Charity, its Members of Council and Advisers

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

Charity registration number 213128

Principal office 1A Henrietta Place
London W1G 0LZ

Telephone 020 7549 1400

Email mail@qni.org.uk

Website www.qni.org.uk

Twitter @TheQNI

Facebook The Queen's Nursing Institute

Auditor Buzzacott LLP
130 Wood Street
London EC2V 6DL

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

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

Solicitors Russell Cooke LLP
2 Putney Hill
London
SW15 6AB

Foreword from the Chair



As I write this the UK is slowly emerging from the third lockdown since the pandemic began. With more than half of the adult population now vaccinated there is light at the end of the tunnel. We started 2020 with some awareness of a newly emerged respiratory virus in Wuhan in China. Little did we know that it now appears that SARS CoV-2 Coronavirus (Covid-19) was already spreading within communities in Europe. When community transmission became commonplace in March 2020 the UK went into the first national lockdown. The QNI team started to work from home, our events were cancelled and markets across the globe tumbled.

The QNI is highly dependent on two primary sources of income. This comes from our investment portfolio and from our annual donation from the National Garden Scheme (NGS). The National Garden Scheme had to close all its gardens and faced an uncertain period. Even during World War 2, NGS had maintained some garden visits but now everything was closed.

The Institute spent an uncertain period reviewing budgets, cutting costs and producing various forecasts. Thankfully, markets improved and the National Garden Scheme provided a generous donation allowing us to continue our work. We remain grateful for the support of the National Garden Scheme for their support during what has been a very testing period for both organisations.

The Institute was guided during the turbulent period by our acting Honorary Treasurer, our Chief Executive and our Finance Manager. I am grateful to them all for their stewardship during this difficult period. Our staff and trustees have been outstanding during the last year. Two trustees ended their term of office and we were joined by a number of new trustees who will continue to guide the Institute as their predecessors have done for more than 134 years.

On May 25, 2020, George Floyd, a 46-year-old black man, was killed in Minneapolis, Minnesota, United States, while being arrested on suspicion of using a counterfeit dollar bill. This shocking event and other earlier deaths of black Americans including Trayvon Martin, Michael Brown and Eric Garner led to the formation of the Black Lives Matter (BLM) movement. BLM protests rightly crossed the globe.

Organisations were challenged to call out and address racism in all its forms. While many organisations put out statements in support of BLM, the Institute felt that it was time to take a robust and no holds barred look at itself. In doing so the Institute was minded of the words of Ida B. Wells, African American journalist, Feminist and abolitionist: "The way to right wrongs is to turn the light of truth upon them." The Institute commenced a race, equality and inclusivity review of all of its activities and work. Led by Professor Ami David, one of the Institute's Trustees, the review made uncomfortable reading. However, we resolutely set about addressing the issues through an ambitious action plan. One of the most significant early events was a presentation to the Community Nurse Executive Network (CNEN) given by Professor Ami David and Michelle Mello, a QNI Fellow. Ami and Michelle talked about the barriers which exist for nurses from different ethnic backgrounds and how mentoring and allyship can help overcome barriers enabling people to achieve their potential. This highly practical advice to Nurse Directors shone a spotlight on the part all leaders can play in overcoming racism and barriers to the progression of staff. Delivery of our own action plan will continue during 2021-22 and I look forward to recording positive progress in future reports.

Having suspended many activities by the Summer of 2020, the Institute had brought forward plans to provide our programmes online, including a hugely successful international annual conference, delivered over 5 days with delegates from across the world amongst the 1,500 attendees. In addition, we managed the successful delivery of an online award ceremony and commenced our yearlong innovation programme



Above: SARS-CoV-2

with remote delivery. Our highly successful leadership programmes are now converted for a blended delivery starting in the spring of 2021.

The Institute's team have worked exceptionally hard to deliver this dynamic programme and I was struck by the feedback from one delegate at the annual conference who said, 'the QNI have set the bar for online events'. Many organisations attended our events and enquired about the planning process. Behind each event is meticulous planning, numerous rehearsals and a whole team effort to make them as successful as they are.

It goes without saying that the pandemic has brought untold hardship and the loss of countless lives. Amongst the tens of thousands who have died as a result of Covid-19 are a number of nurses and other health professionals. Their loss is immeasurable to their loved ones, families, friends and colleagues.

At the same time, staff across health and social care have provided care in our communities and in hospitals. This is taken its toll on staff as they faced shortages of Personal Protective Equipment (PPE), dealt with thousands of people with Long Covid and cared for increasing numbers of patients, many requiring end of life care. During the year, the QNI have influenced policy, meeting regularly with Ministers and providing advice and intelligence to government departments. Our incredible Grants Team have supported individual nurses to access financial hardship grants, with many applicants impacted financially by the pandemic. Retired community nurses have also been supported through the Keep In Touch (KIT) programme, which has become an even greater lifeline with the isolation measures of the pandemic. The team also supported the rapid establishment of TalkToUs listening service, which offers confidential listening and emotional support to front line staff. This service provides support to staff who feel isolated and often traumatised by their experiences during the pandemic. The service has been accessed by community nurses working in a range of settings, including care homes and also by staff working in the critical care units of hospitals. The foundation of TalkToUs was only possible through the fantastic fundraising from our Chief Executive, who completed an isolation version of the London Marathon in her garden one sunny April day.

As we progress into Spring of 2021, the pandemic across the world is still surging in many countries. In the UK, the NHS has delivered the biggest mass vaccination programme in its history. We are just over half-way through immunising all adults. Alongside many thousands of community nurses I am proud to be playing my part in this programme. Hopefully, it will lead to reduced rates of Coronavirus infection, less severe illness and reduced mortality. We can then start to rebuild a very different world, as the pandemic has taught us a great deal about what is possible for the QNI and for community nursing services. The future will hopefully be bright and we can work to address the inequalities on which the pandemic has shone a spotlight over the last year.

Professor John Unsworth
Chair, QNI Council



Report of the Council 31 December 2020

The Council presents its report together with the accounts of The Queen's Nursing Institute (QNI) for the year ended 31 December 2020.

The accounts have been prepared in accordance with the accounting policies set out on pages 40 to 44 of the attached accounts and comply with the charity's Royal Charter, applicable laws and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102).

Objectives and activities

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

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

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

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

Values

- ✦ **Excellence:** in nursing, supported by innovation and evidence.
- ✦ **Inclusivity:** promoting and valuing equality and diversity in all that we do.
- ✦ **Partnership:** with people, organisations and policy makers, ensuring individuals, families, carers and communities are at the heart of all we do.
- ✦ **Independence:** using data and intelligence to provide an independent voice.
- ✦ **Advocacy:** championing the unique contribution of all community nurses.
- ✦ **Legacy:** cherishing our history whilst supporting innovation and new ways of working.
- ✦ **Integrity:** living our values and challenging inequalities.

Public benefit

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

Strategic plan 2017-2020

The goals for the year 2020 reflect the 2017-2020 strategic plan, comprising six goals, and highlighting our ambitions as a national nursing charity: <https://www.qni.org.uk/wp-content/uploads/2017/01/QNI-Strategic-Plan-2017-2020.pdf>

Goal 1: Policy Influence and Development: To improve the health and wellbeing of patients, families, carers and communities by influencing policy at local and national levels.

Goal 2: Data and Evidence: To provide independent intelligence about nursing in the community and primary care in a timely and responsive manner.

Goal 3: Standards: To act as a recognised authority in setting national standards for community nurse education and practice that are accepted within the profession and by service providers.

Goal 4: Role models/leaders: To develop, promote and support excellent nurse leaders and role models in



Above: Queen's Nurse
Carol Webley-Brown

the community who can improve services for communities at system and practice levels.

Goal 5: Innovation: To improve nursing practice in the community through developing, testing and evaluating innovation with a focus on technology.

Goal 6: Support for Nurses: To provide dedicated support for the wellbeing of community nurses when facing a personal crisis in their lives.

Strategic Plan 2021-25

The strategic priorities and goals were reviewed during 2020 and a new plan developed by Council: <https://www.qni.org.uk/wp-content/uploads/2021/02/Strategic-Plan-2021-2025-1.pdf>

The new goals reflect the development and progression of the QNI and its standing as a national charity focussed on excellent nursing care for all people in the community.

Influence

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

Quality

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

Voice

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

Outcomes

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

Influence

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

Quality

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



Voice

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

Organisational Development

During the most challenging of years in 2020, the QNI continued to strengthen its reputation as a leading community nursing charity that is valued and respected for its expertise in influencing policy based on objective data and evidence, providing valuable intelligence to the sector, supporting innovation, developing professional standards and supporting nurses and leaders.

Many of these areas of expertise were called upon during the pandemic, where the QNI was, for example, able to provide a rapid insight at a national level into the experiences of nurses leading, managing and delivering care in the community and to influence policy through the data collected in two surveys during the year.

During the year, the QNI has also needed to be flexible in managing the financial and human resources to enable the charity to continue to work productively and effectively, looking to build a sustainable future in the context of much instability.

The Council of the QNI has provided the expert governance and leadership required throughout the year to ensure the delivery of the strategic plan, robust business continuity and a positive future for the work of the charity.

Two members of Council retired during the year, Dr Bob Brown and Dr David Foster. The QNI is grateful for their time and expertise in supporting the QNI over the period of their tenure with the Council. Dr Bob Brown continues as the Chair of the Community Nurse Executive Network (CNEN) as a CNEN member and Director of Nursing in Northern Ireland. Six new members of Council were appointed in December 2020.

The activities undertaken by the QNI throughout 2020 in order to achieve the objectives of completing the final year of the QNI strategy (2017-2020) are set out in the section 'Achievements and Performance'.

Covid19 – impact on the work of the QNI

At the time of writing this report, the country is nearing the end of the third period of 'lockdown', and tragically, close to 130 thousand lives have been lost to the virus in the UK and families have been devastated by their losses. Hundreds of thousands more have been impacted by the long term impact of Covid19 – with symptoms of 'Long Covid', for which the evidence and understanding is still emerging.

Along with thousands of other business and charities, the planned work of the QNI in 2020 was impacted considerably by Covid19. However, the charity has worked tirelessly to respond to the pandemic and stay true to our mission and values, whilst utilising our expertise and our networks to help in the national effort to manage the pandemic and mitigate its impact.

Impact in working practices

- The QNI offices were closed on 17 March 2020 and have remained largely closed throughout the rest of the year. They remain closed at the time of writing this report;
- All team members have worked remotely from their homes;
- All face-to-face events were cancelled at the start of the pandemic, but many were later converted to online events;
- One project was deferred to 2021 in agreement with the commissioning organisation, but all others were reconfigured to be delivered remotely after a period of abeyance during the first few months of the pandemic;



Above: District Nurse Sarah Smith

- The QNI was commissioned by Health Education England, NHS England and NHS Improvement and NHS Professionals to create learning resources to support nurses moving to work in the community and primary care settings during the pandemic;
- The QNI opened a Listening Service, 'TalkToUs', in April 2020 to provide emotional support from trained listeners, to support nurses working in the community and primary care during the pandemic; and
- Financial assistance has been extended to support community nurses whose financial situation was impacted by Covid19, through illness or loss of household income due to the virus.

Financial impact

- The planned income for 2020 was initially impacted negatively and estimated at approximately £500K, representing around 55% of the budgeted income.
- As projects could not be delivered as planned, measures were taken to reduce costs. This included furloughing two members of the team, terminating the contract of a part-time self-employed project leader, reducing the contracted hours of the Director of Nursing Programmes and the Queen's Nurse Network and Events Manager, and reducing the salary of the Chief Executive. One part-time administrative post was deleted prior to recruitment, and another part-time administrative post was made redundant when no further funding was available to support the continued programme of work.
- Due in part to the recovery of the investment markets, after an initial decline at the start of the pandemic, there has been less financial impact than originally anticipated.
- The Oak Foundation permitted all underspend to be utilised to continue the Homeless Health network support activity during 2020.
- The anticipated annual grant from the National Garden Scheme (NGS) was initially reduced as many gardens were unable to open as planned throughout the majority of 2020; however, later in 2020, the NGS provided both a substantial unrestricted and a restricted grant which has enabled our work in supporting Queen's Nurses to continue.
- Project income received for 2020 delivery was later deferred only in part to 2021 as programmes were delayed for a few months whilst being converted to be delivered remotely, rather than waiting for lockdown to lift on a permanent basis.
- The QNI was awarded several grants to undertake Covid19 related projects, resulting in an improved financial position by the end of 2020.

Achievements and performance - Impact of work in 2020

Goal One: Policy Influence and Development

In 2020, the QNI contributed to 19 advisory groups of the arm's length bodies of the Department of Health and Social Care (including Public Health England, Health Education England and NHS England and NHS Improvement) and many other national and regional organisations. Throughout the pandemic, the QNI continued to be an organisation that is called upon for advice and guidance on national policy, including contributing to a number of regular advisory groups specifically focussed on the impact of Covid19 in the community and much of this work was informed by the members of active and engaged QNI networks.

Where appropriate, Queen's Nurses are also called upon to represent the QNI in national advisory groups, demonstrating the value of the expert Queen's Nurse to the work of the charity. In addition, the members of other QNI networks, such as the Care Home Nurse network and the Homeless and Inclusion Health



Network have been instrumental in highlighting challenges and providing solutions in the management of the pandemic for vulnerable and marginalised groups.

The QNI delivered a highly successful online annual conference in October 2020. This was a five-day event, attended by more than 1,500 delegates from the UK, including nurses from more than 14 other countries around the world. This represents three times more delegates than we would have been able to accommodate in the usual annual two-day face-to-face event in London and the feedback from the conference was outstanding.

The conference was a gift to all nurses who had been managing the pandemic and the same approach is being maintained for the annual online conference in 2021, for which several high-profile international speakers have been secured.

“ Huge thank you to the QNI for organising and delivering such an inspirational, quality conference during the Covid 19 pandemic- huge achievement during such difficult times. Thank you also for gifting the event to all, this was an extremely kind and generous act.

Delegate feedback from 2020 QNI Conference

In 2019, the QNI created a film with Mother London, a creative agency, to showcase the work of nurses in the community and influence the perceptions held by both the public and other healthcare professionals of nursing in the community. Partially funded by Health Education England, Mother London subsidised the production of the film and worked with the QNI and our Queen’s Nurse networks to produce a superbly moving and informative film: ‘Nursing in the Community’: <https://www.youtube.com/watch?v=YcGKJSFWPHs>

The film was entered for the World Health Organisation (WHO) film competition as part of their 2020 Health for All Film Festival (Nursing and Midwifery category). The film was shortlisted from 1,300 entries from around the world, making it into the selection of 15 finalists in the category. The WHO award ceremony took place as a livestream event from Geneva on 12 May 2020, and the QNI film was the only shortlisted film in the category to be given a ‘special mention’ by the panel, including from Dr Tedros Adhamon Ghebreyesus, WHO Director-General and Elizabeth Iro, WHO Chief Nurse.

Whilst the film did not win, being given such attention and recognition at the ceremony was considered a significant accolade for the film-maker, Charlie Inman from Mother London, and a welcome recognition of the patients and nurses who contributed to the success of the film: <https://www.qni.org.uk/news-and-events/news/nursing-in-the-community-film-praised-by-who-on-international-day-of-the-nurse-and-midwife/>

Goal Two: Data and Evidence

The QNI’s International Community Nursing Observatory (ICNO) was launched in November 2019, so 2020 was the first year of operation. The planned work of the ICNO to explore the workload of the district nursing service was understandably delayed by the pandemic. However, more than 23 community service provider organisations are now participating in the research and the report will be published in the summer of 2021. The report will be helpful in modelling the district nursing service workforce required to meet the needs of people both now and into the future and builds on the QNI reports in January 2019 ‘Outstanding Models of the District Nursing Service’ and the findings of the report published on the launch of the ICNO in November 2019 ‘District Nursing Today: The View of District Nurse Team Leaders in the UK’ <https://www.qni.org.uk/resources/district-nursing-today-the-view-of-district-nurse-team-leaders-in-the-uk/>

There have been three pieces of ICNO work undertaken in 2020 which have resulted in publications:

1. **Care Home Nursing (August 2020):** <https://www.qni.org.uk/wp-content/uploads/2020/08/The-Experience-of-Care-Home-Staff-During-Covid-19-2.pdf> Following grave concerns about the safety of the workforce, care home residents and the gaps in provision that the sector was facing, in May and June



Above: The Annual Conference on Zoom - saying thank you to speakers courtesy of British Sign Language

of 2020, a survey of the members of the QNI's Care Home Nurses Network was carried out. The survey was launched in the early weeks of the pandemic and the responses confirmed that for the majority of respondents, the pandemic was a very challenging experience. Providing evidence for policy makers, those who responded raised serious ethical and professional concerns, for example GPs, Clinical Commissioning Groups and hospital trusts making resuscitation decisions without first speaking to residents, families and care home staff or trying to enact 'blanket' 'do not attempt resuscitate' (DNAR) decisions for whole groups of people. The evidence within the report has since been cited as part of a larger piece of work undertaken by the Care Quality Commission in England and has contributed to work being undertaken by Amnesty International on the potential breach of human rights in the use of blanket DNARs. Professor Alison Leary has spoken on many professional virtual conference platforms about the findings of the report and also on two radio programmes (BBC and Al Jazeera).

2. A thematic analysis of the prevention of future deaths reports in healthcare from HM coroners in England and Wales 2016–2019: <https://journals.sagepub.com/doi/full/10.1177/2516043521992651>

The analysis of Coroners' 'Prevention of Future Deaths' (PFD) reports from hospital, care home and community settings, demonstrated that there is a potential for Coroners' reports to be systematically reviewed to inform patient safety, workforce development and organisational policy. It was also concluded that improved data quality within the reporting system would allow for possible automation of analysis and faster feedback into practice. The article was published in the Journal of Patient Safety and Risk Management in March 2021 and Professor Alison Leary has spoken about the report at the Health Service Journal Patient Safety Congress in March 2021.

3. General Practice Nursing (GPN): <https://www.qni.org.uk/wp-content/uploads/2021/01/GPN-Survey-Report.pdf>

The QNI was commissioned by NHS England and NHS Improvement to undertake a survey of nurses working in General Practice during the first wave of the pandemic in 2020. There were 3,177 respondents to the survey and the findings highlighted that the pandemic had magnified existing and enduring challenges for General Practice Nurses. These included perceiving that their knowledge and skills were undervalued, and experiencing poorer terms and conditions and lower salaries in comparison to colleagues working at a similar level in NHS provide organisations. The report was published in January 2021 and the QNI arranged for a GPN symposium in March 2021 to discuss the findings with leading General Practitioners and Primary Care policy makers in England, where every participant committed to take an action to address the issues raised in the report. The discussion and actions will be followed up with a second meeting of the group in September 2021. In 2020, the QNI published the seventh annual District Nurse education audit which details the numbers of District Nurses (DN) who have undertaken the NMC recordable Specialist Practice Qualification (SPQ). The QNI audit has become an annual reference point nationally for tracking the trends of District Nurse education and the professional qualification of the leaders of the District Nursing service. The report highlighted an increase of 5% in the number of District Nurses trained in 2018/19 compared to the previous year, continuing the overall trend of growth in recent years: <https://www.qni.org.uk/wp-content/uploads/2020/10/DN-Education-Report-2018-19.pdf>



Goal Three: Standards

The QNI is recognised for its expertise in post-registration community nurse education. The nurses employed by the QNI have considerable experience of working in higher education at a senior level and they have significant practice experience in community and primary care settings.

The QNI has built up this level of expertise to an extent that we are now able to respond to externally commissioned education work, including in the development of standards of education and practice. In 2020 and 2021 the QNI published two commissioned publications supporting the education and practice of nurses working in a community setting:

- Standards for Education and Practice for nurses new to General Practice Nursing, funded by NHS England and NHS Improvement (2020): <https://www.qni.org.uk/wp-content/uploads/2020/05/Standards-of-Education-and-Practice-for-Nurses-New-to-General-Practice-Nursing-1.pdf>
- Standards for Education and Practice for nurses new to Care Home Nursing, funded by NHS England and NHS Improvement (2021): <https://www.qni.org.uk/wp-content/uploads/2021/01/Standards-of-Education-and-Practice-for-Nurses-New-to-Care-Home-Nursing-2021.pdf>

These commissions demonstrate the need for nurses new to working in community settings to have a consistent professional development experience, with programmes of education and practice, created and delivered by universities in partnership with practice, which are based on these national standards.

In addition to the standards for nurses new to General Practice, the QNI was awarded a grant from NHS England as part of the NHSE GPN 10 point plan to develop an Association of Academic General Practice Nurse Educators (AAGPNE) to support the ongoing development of standards on which universities would build programmes of education and training for General Practice Nurses throughout their careers. The work commenced in 2018 and continued throughout 2019 and 2020, building a membership of 74 Members and 10 Associate members from across the UK, with a further 50 applications received in 2021 to join as Associate members.

After a face-to-face meeting in January 2020, further meetings of the AAGPNE members were held quarterly and online, providing an opportunity for professional debate, sharing of best practice, innovations, quality assurance processes, challenges and solutions in GPN education. The members have developed peer reviewed publications and collaborated on a textbook for GPNs which was published in July 2020. The AAGPNE is co-chaired by the programme leader at the QNI, who attended all the regional GPN development boards in England and shared innovations and best practice with members throughout the year.

In addition to the AAGPNE, a web-based resource has been developed – the General Practice Nurse Education Network (GPNEN). This is a repository of educational and practice resources for GPNs which is free to access. The site has now been live for 18 months and requires just three clicks to access material: <https://gpnen.org.uk/> The feedback has been extremely positive and many people who have accessed the site have chosen to leave a comment, an action that few people normally take the time to do on similar websites.

“ I think this website is great. It’s made it to our university ‘WhatsApp’ group chat, so people are now using it. The consensus being ‘I wish we had seen this months ago!’ The topics are relevant and really helpful. I have directed student nurses to it too to encourage them to become General Practice Nurses! AAGPNE member

“ ‘Thank you for a fantastic meeting as always! Great discussions and great to share challenges with programme issues’ AAGPNE member



Above: Queen's Nurse
Parveen Akhtar

The QNI has also, for the last six years, partnered with Queen's Nursing Institute Scotland (QNIS), to produce high quality voluntary standards for practice and education to support the development and delivery of specialist practice community nursing programmes, such as District Nursing (2015), General Practice Nursing (2017) and Community Children's Nursing (2018): <https://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-specialist-education-and-practice/>

The feedback from universities and practice on the voluntary standards is excellent and most education providers map their programmes to the QNI/QNIS standards. This provides a consistency of education across the UK, reflecting the expectations of the modern-day specialist community nursing practitioner.

Throughout 2020, the QNI and QNIS continued the work to develop voluntary standards for Community Learning Disability Nursing (CLDN) Education and Practice. UK wide practice visits and focus groups with expert practitioners took place prior to the national lockdown in March 2020. The work has been fully supported by all stakeholders, including the continuation of virtual meetings of the advisory group for this work and the standards are due to be published in April 2021.

“ The consultation was thorough and appropriate; the ethos, content and structure is excellent.
Chief Executive, Community NHS services

“ We believe this is valuable work, done in co-production and with the right people on board including the consultant LD nurse group.
Learning Disability Forum Chair, RCN

“ They [standards] provide a good benchmark both for individual practitioners and managers. The standards can only improve greater consistency across the workforce in Learning Disability nursing. Thank you, you have done an amazing job of pulling the standards together!
Feedback received on the Standards

The QNI is participating in the NMC steering group for the review of the regulated community specialist post-registration qualifications which commenced in the summer of 2019 with an eighteen-month overall project plan. The specialist areas of community practice and education which are being reviewed include Health Visiting, School Nursing, Occupational Health Nursing, District Nursing, Community Children's Nursing, General Practice Nursing, Community Learning Disability Nursing and Community Mental Health Nursing. The experience and the methodology of developing QNI/QNIS voluntary standards was shared with the NMC as part of the steering group engagement process.

Due to the pandemic, the work on the standards was delayed, with the engagement phase continuing throughout many months of 2020. The QNI, many Queen's Nurses and other organisations with expert experience, knowledge and skills in community nursing have participated in the engagement phase. The draft standards were released for consultation in April 2021 and the QNI has informed the NMC that the



absence of specific standards to support annotations – such as District Nursing – will lead to unwarranted variation in programmes of education and will present a risk to patient safety.

The QNI and another nine organisations and groups with expertise in community nursing across the UK have expressed our significant concerns to the NMC about the risks to patient safety where there are no specific standards of proficiency (alongside the core standards of proficiency) to support the annotated Specialist Practice Qualifications (SPQ). The unwarranted variation which will result from locally agreed standards for each SPQ annotation risks undermining the consistency of education and preparation for all of these highly responsible, autonomous leadership roles in the community.

The QNI will be supporting all members of our networks and wider stakeholder groups to understand the risk to patient safety of the current draft standards and to engage with the consultation to help the NMC in their endeavour to produce a future focussed, safe and robust set of post-registration standards.

“ There is an opportunity now for the nursing voice of those in all roles in the community to be heard, through responding to the consultation.

Dr Crystal Oldman CBE, Chief Executive, The QNI

Goal Four: Role models/leaders

Queen’s Nurses

The QNI benefited in 2020 from a generous grant from the National Garden Scheme (NGS) to continue the work of the QNI in developing and supporting an increased number of Queen’s Nurses (QN). Whilst there was a good deal of uncertainty at the start of the pandemic about whether the NGS would be able to distribute any grants at all to beneficiaries in 2020, the QNI was delighted with the decision to award the grants in the summer months, which enabled the Queen’s Nurse programme to continue, albeit with a single opportunity to apply to become a Queen’s Nurse in 2020, rather than the two opportunities and two award ceremonies planned for the year.

The grant supported an increase in the number of nurses awarded the title of Queen’s Nurse by 123 to 1,400 on the active QN register. The QNI provides Queen’s Nurses with opportunities for continuing professional development, access to updating and enhancement of their skills and knowledge and the opportunity to participate in the development of national policy.

Unfortunately, the annual ‘All Queen’s Nurse Meeting’ had to be cancelled at very short notice as it was due to take place in London at the end of March 2020, just two weeks into lockdown. However, the pandemic presented the opportunity for members of the team to meet and engage with the Regional QN Chairs and to attend their regional online meetings in a way which would never have been possible with face-to-face meetings. This is a practice which is likely to continue into 2021 and beyond. For example, the 2021 All QN Meeting will take place in May 2021 as a virtual meeting. At the time of writing this report, more than 550 QNs have registered for the event, almost double the number that would have been accommodated in a face-to-face event.

Throughout the pandemic in 2020, the QNI continued to support Queen’s Nurses to make a significant contribution to national work in England, including involvement in national consultations, advisory and focus groups. For example, two Queen’s Nurses are the co-chairs of the NHSE and NHSI advisory group for the national community nursing plan which commenced in 2020, and another QN has a six-month fellowship within the Chief Nursing Officer’s team, supporting the ‘Home First, Act Now’ initiative.

All shadowing opportunities by senior policy and decision makers were placed on hold for 2020 and the annual gathering of Queen’s Nurses at Frogmore Gardens in Windsor was cancelled due to the restrictions of the pandemic. In 2020, the QNI gave our Patron, HM The Queen, a gift of a Foxglove Tree (Paulownia



Above: Delegates at the Online Awards Ceremony in 2020

Tomentosa), for Frogmore Gardens, in thanks of her patronage in the Year of the Nurse and the Midwife. It is hoped that the Queen’s Nurses can gather in 2022 to see the tree and its plaque.

The QNI online award ceremony took place in November 2020 and more than 500 people logged in to watch and to participate. Attended by the Chief Nursing Officers of England, Northern Ireland and Wales, the feedback from the ceremony was excellent and provided some much-needed celebration for the nurses and their families. The QNI is planning a face-to-face award ceremony in December 2021, with contingency for an online ceremony again, in case of further restrictions.

“ Thank you to everyone involved in this amazing awards ceremony it’s been fabulous. It’s certainly one I will remember.
Queen’s Nurse at the Online Awards Ceremony

In 2020, the NGS provided the QNI with the second half of the restricted grant to support a further cohort of QN Executive Nurses to undertake a bespoke QNI Executive Nurse Leadership programme. In 2017, in recognition of the 130th anniversary of its foundation and the NGS’ 90th anniversary, the NGS awarded the QNI with a grant specifically to support the development of Queen’s Nurses working at an executive level who wish to move to a more senior post in the future. The restricted grant provided sufficient funds to support two cohorts of the leadership programme in 2018 and 2019. The 30 Queen’s Nurses who have participated in the programme continue to go from strength to strength in their careers and have formed a strong and supportive group of alumni.

The third cohort of the programme will be delivered in 2021, supported by the NGS. The previous partnership with the Leadership Trust in the delivery of the programme was very successful but has become unsustainable due to rising costs. The 2021 programme will be led by the QNI with co-facilitation by a very experienced Chief Nurse and support from a range of visiting speakers. The QNI offers mentorship by QNI Fellows or QNI Council members throughout the programme and many continue the supportive relationship beyond the length of the programme.

“ I just wanted to express my gratitude personally for the privilege of being part of the Executive Nurse Leadership Programme. It has already reaped positive results and I am now going to have a greater ‘voice at the table’ in my organisation. Yesterday I was offered the post of Clinical Director for Adult Physical Health. My participation in the course was certainly a huge influencer to my success.
Queen’s Nurse who completed the programme in 2019

Community Nurse Executive Network

In support of executive level nurses in community provider organisations, large care home and hospice providers, the QNI continued to support the Community Nursing Executive Network (CNEN) throughout 2020. The network, launched in 2016, is now established as a valuable way to facilitate sharing best practice, challenges and solutions, while supporting leadership and management practice in community services amongst peers.



The CNEN membership has gained further members throughout 2020, from 153 to 160. Prior to the pandemic, the CNEN would meet twice a year in London. During 2020, the meetings were stepped up to monthly online 2.5 hours meetings with high profile speakers, such as the Chief Nurse for England and the new Chief Nurse for Social Care at the Department of Health and Social Care (DHSC). The members inform policy work regarding nursing in the community, with information being sent every fortnight from CNEN members to the Minister for Primary Care, Public Health and Prevent – and her team at the DHSC - during the height of the first wave of the pandemic, focussed on the emerging issues and solutions.

The feedback on the impact of CNEN membership continues to be positive, with around 40 network members joining for the monthly meetings actively participating in the dialogue with senior level presenters. Members are also provided with a monthly update from the QNI and have continued to be alerted to policy engagement opportunities for themselves and their organisations outside of the formal meetings.

During 2020, the QNI was delighted to have continued the commercial sponsorship of the network by Hallam Medical. This has provided a sustainable alternative to introducing a membership fee, which would inevitably increase administration costs and potentially deter members from continuing their membership.

“ The meetings allow networking opportunities as well as time to reflect and think.

CNEN member

In the autumn of 2019, the Chief Nursing Officer (CNO) for England announced that she would be funding the QNI to develop a new Care Home Nurses’ Network. The purpose of the network is to learn about good practice, and to discuss challenges and solutions. The QNI had presented this idea to funding bodies for some years, based on the success of the Homeless Health Practitioner Network and the similarity in the potential for professional isolation in the roles.

The funding required the QNI to deliver seven regional events for Care Home Nurses in 2020, to include learning on ‘end of life care’ and ‘wound care’. The inaugural event was delivered in London in February 2020 at which the CNO attended to welcome 70 care home nurses. The event took place just weeks before the Covid19 lockdown in mid-March and all further regional events in 2020 were cancelled.

The funding was ‘repurposed’ with agreement from the CNO, and a dedicated and closed Facebook page for all Care Home Nurses was created, to enable nurses to share and learn about practice during the pandemic. The Facebook page proved to be a very welcome initiative and has been highly successful in connecting Care Home Nurses, updating and sharing good practice throughout the pandemic. Online events replaced the planned regional events and have been exceptionally well attended, attracting more than 150 nurses at each event.

The CNO funding to support the network completes in April 2021, but the online events will continue quarterly as the QNI Care Home Nurse Network has also been funded by the Royal College of Nursing Foundation (RCNF) from January 2020 to December 2022. The RCNF grant includes the development of a learning repository for Care Home Nurses and a periodic newsletter. The Care Home Nurse network has grown to a membership of 835 at the time of writing this report.

The plans for the development of the Care Home Nurse Network include the development of a Community of Practice for Infection Prevention and Control (IPC), following the events of the pandemic. This would provide an excellent clinical focus for the network members for nurses who take a lead role in their organisations for IPC and the potential for research to be undertaken in the future with this group.



Above: Frontline Innovation project: Tai Chi for Increased Wellbeing in action

Goal 5: Innovation:

Northern Ireland District Nurse Team Transformational Leadership Programme

In 2019 the QNI was commissioned by the Public Health Agency of Northern Ireland, in partnership with the Chief Nursing Officer of Northern Ireland in the Department of Health, to develop and deliver a District Nurse Team Transformational Leadership programme. The QNI is delighted to be working with the senior nurses in Northern Ireland and actively supporting the District Nursing teams to take a more population-based approach to their expert, autonomous, nurse-led services – and thereby improving the health of the populations they serve in a sustainable way. The programmes in 2019 were delivered in Northern Ireland and were evaluated extremely favourably.

A further two cohorts were commissioned to be delivered in 2019/20 and 2020 but these were both placed on hold after modules were delivered as planned in early 2020 before lockdown. Covid19 has continued to impact on the delivery of the remaining modules throughout the rest of 2020, but it is anticipated that these will recommence when gatherings are permitted, perhaps in the summer of 2021.

Frontline Innovation projects: Frailty

In 2019 the QNI secured funding from the Burdett Trust for Nursing for 10 innovation projects themed around 'Frailty'. The projects commenced in April 2019 and were due to complete in April 2020. However, completion was delayed to July 2020 due to the pandemic and all ten projects, led by frontline community and primary care nurses, were successfully completed: <https://www.qni.org.uk/explore-qni/nurse-led-projects/frailty/>

The results of the innovation projects have been profound and lives are changed through these projects. One example is Tai Chi for increased wellbeing which was delivered in two care homes in Wiltshire through group-based activities. The project developed due to observations made at the homes that some residents were feeling low and seeming to require additional help with their activities of daily living, with their independence diminishing. They still enjoyed and wanted social interaction but were not enjoying what was being offered.

The project lead implemented weekly Tai Chi classes over 10 months in the two care homes aiming to reduce falls, improve balance, improve motivation and energy and unsupported standing times.

The data showed that these had all improved, that there had been no falls during the time of the project and above all the residents involved felt more energy, felt included, enjoyed the weekly group and made new friends whereas before they stayed in their rooms. Some participant quotes: 'Life is good', 'it has given me a better outlook', 'it has made me more active', 'it has helped me relax', 'it makes me feel better'.

Both homes are now continuing to fund the weekly classes and other care homes in the local area have initiated their own Tai Chi classes.

“ It has given me a better outlook.

Client feedback on Tai Chai for Increased Wellbeing project



Frontline Innovation projects: Learning Disability

The QNI was awarded a grant in 2019 to support innovation projects in 2020, to be led by frontline practitioners and focussed on improving the care of people with a learning disability.

The projects were due to commence in April 2020, just as the pandemic struck. The start of the programme was paused and the whole programme underwent a redesign to enable the project management and support to be delivered online, with the use of an online learning platform. Ten project leaders commenced in September 2020, with an extended length of programme to December 2021, to accommodate the pressures of the pandemic in practice. It is recognised that for some, the programme of support may need to be extended further.

Homeless and Inclusion Health Programme

Grant funding from the Oak Foundation (May 2017 to April 2020), matched by funding from the QNI expendable endowment, enabled the QNI to continue to support practitioners working with people who are homeless to deliver excellent nursing care and for the QNI to contribute to related policy development in England at a national level.

At the start of the pandemic, the Oak Foundation generously agreed to allow the QNI to use a small underspend of the grant to continue the homeless and inclusion health work after April 2020. This enabled the QNI to provide ongoing support and guidance for nurses who were providing healthcare services as part of the 'Everyone In' programme in England and the equivalent programmes in Wales and Northern Ireland.

The lead for the QNI Homeless and Inclusion Health programme returned to practice to support the 'Everyone In' programme in London for three months from the start of the pandemic, which also assisted with the policy work at the QNI as examples of challenges and solutions from the frontline of practice could be communicated directly to ministers.

The QNI also set up online facilitated groups for nurses and health visitors supporting people who are experiencing homelessness or who are vulnerably housed, responding to the needs as they arose. These have now become highly valued, regular groups and include a group for health visitors and school nurses supporting families in temporary accommodation, a group for health visitors and school nurses supporting Gypsy, Traveller, Roma and Boater families and another for nurses working in Street Outreach services. The learning and sharing within the participants of the groups has provided solutions and rapid learning which would not have been possible as single practitioners.

The QNI has continued to support the work of the Ministry of Housing, Communities and Local Government in England, where a Queen's Nurse is currently the clinical lead for this work: <https://www.gov.uk/housing-local-and-community/homelessness-rough-sleeping>.

The very popular learning resources for nurses working in homeless and inclusion health services have been updated throughout 2020 and will continue to be reviewed and revised in relation to learning from the pandemic. Regular communication with the network whose membership now stands at 1,400, has continued throughout the pandemic; the updates keep the network informed of policies related to their practice and the programme lead has also provided individual support for practitioners throughout the year. The QNI Homeless and Inclusion Health page was visited thousands of times in 2020 and the feedback from network members continues to be overwhelmingly positive.

Engagement with senior leaders regarding the role of nurses and health visitors in supporting individuals and families who are homeless has continued throughout the year. Recognition of the importance of this critical work by the QNI has resulted in some very welcome funding from NHS England and NHS Improvement in 2021 to enable the work to continue.



Above: Inclusion and Homeless Health Nurse and Queen's Nurse, Kendra Schneller

An independent evaluation of the Oak funded programme (2017-2020) was commissioned in 2020 and will be reporting in May 2021. Following this, the QNI will have robust evidence of outcomes which will support further applications for grant funding to enable this exceptional programme of work in support of people who experience homelessness to continue.

Financial hardship grants

As the pandemic struck in March 2020, it quickly became apparent that there were nurses who were severely financially impacted by a loss of income. This might have been from a partner losing their income, through the loss of regular agency shifts which were no longer required as services reconfigured delivery or in some cases, having access to only statutory sick pay when suffering from Covid19 or shielding.

The trustees agreed that under such circumstances a rapid process of application for immediate financial assistance of £300 could be implemented – a process which has been used in previous years when nurses were impacted due to floods in the north east of England. This was put in place by the team and the funding supported 25 nurses through this scheme in 2020, in addition to larger grants for ongoing issues related to the impact of Covid19.

The financial grants also continued as usual for nurses in financial difficulty and suffering financial hardship, many of whom were in extremely challenging and tragic circumstances in relation to terminal illnesses. In 2020, 98 nurses were supported in this way (2019 - 98).

The number of nurses receiving regular grants has reduced from 20 to 19, following, sadly, the death of one beneficiary.

The difference that the QNI funding makes to the nurses who are experiencing often extremely complex and challenging situations in their lives is significant. The process is responsive and individualised and recipients often report directly to the Grants Manager that the QNI funding provided a lifeline and recognition of their needs when they were at their most vulnerable.

The QNI is delighted to be working with the Guild of Nurses in administering their financial hardship fund for nurses to the value of £5,000, an agreement which commenced in 2019. This has enabled even more nurses to be supported and the QNI is delighted that this continued in 2020 with the distribution of a further £5,000. The QNI is pleased to be working with the Guild of Nurses Charitable Trust, the aim of which resonates with the QNI purpose: The over-riding aim of the Trust is to benefit the public at large by helping to raise standards of nursing care, encourage health and wellbeing, and save lives. <https://guildofnurses.co.uk/nurses-charitable-trust/>

“ Facing every day was difficult living in this empty shell, and then I learned about you and other charities which help nurses and applied. Your response, with the help of others, has enabled me to turn my life around and begin to live a life that is once again worth living.
Financial Help recipient



Education grants

The QNI awarded education grants in 2020 that have benefited 23 nurses (26 in 2019) in the completion of development programmes to advance their knowledge and skills in community and primary care nursing roles.

The grants are awarded where there is no recourse to funding from the applicant's employer and where the immediate benefit to the people served by the nurse is clearly demonstrated, such as being educated to become an independent prescriber. In this way, the QNI is ensuring that improved access to highly skilled nurses continues to grow and be sustained. In 2020, it became clear that a number of education programmes were placed on hold by the universities as face-to-face delivery was impossible to maintain. The QNI team kept in touch with the nurses who had been awarded educational grants and will defer these if required until the programmes are delivered again.

In 2019 the QNI was approached by the Guild of Nurses and an agreement reached for the QNI Grants Department to administer their education grants specifically for nurses working with people experiencing homelessness, from the Chantry Robinson Fund: <https://guildofnurses.co.uk/nurses-charitable-trust/chantry-robinson-fund/> Two places for the Inclusion Health course at University College London were successfully funded in 2019 and again in 2020.

The outcomes and the impact for the nurses who undertook the course are being closely followed by the QNI and the Guild of Nurses. An independent evaluation of the outcomes of the education grants awarded by the QNI in recent years was due to be commissioned in 2020 but was paused due to the pandemic; it will now be undertaken in 2021 by QNI Fellow, Professor Ros Bryar.

In 2020, the QNI was approached by the Hertfordshire Community Nursing Charity to explore the potential for the QNI to administer funds for their educational grants. This new agreement which is in the early stages of delivery and the grants are restricted to nurses who work in the county of Hertfordshire only.

“ I feel I have really grown as a Nurse Practitioner through this course, and completing my dissertation is the final puzzle piece. I am really grateful for the funding as it has given me the opportunity to complete the course and become a fully-fledged Advanced Nurse Practitioner.”

Education Grant beneficiary

Keep in Touch' programme

In 2020, the QNI operated its fourth year of the service to combat loneliness and social isolation in older, retired Queen's Nurses, many of whom are known to the QNI through the Grants programme. Named the 'Keep in Touch' programme, this initiative is funded by a legacy from a retired Queen's Nurse.

33 volunteers who are all Queen's Nurses are 'matched' to a beneficiary of the service and they provide a telephone befriending service either weekly or fortnightly. In total there are 54 beneficiaries of the service, with 16 supported by the 'Keep in Touch' programme manager.

The service proved to be even more of a lifeline as the people supported became increasingly isolated during the pandemic, with many not able to leave their homes and visits to their homes from friends and family had to be stopped completely. Five beneficiaries sadly lost their lives during the pandemic, including Queen's Nurse Win Brothwood, who died on 21 October 2020 aged 98. Win had been instrumental in changing the future of nurse education and training in her contribution to 'The Briggs Committee Report on Nursing' which was published in 1972 and she leaves a legacy of nurse education which is now firmly positioned at degree level in higher education. The Keep in Touch programme lead and the QNI chief executive were privileged to attend Win Brothwood's funeral in November 2020.

“ I don't know what I would do if I didn't have this contact every week. The QNI were wonderful to match me to my volunteer – I really enjoy our conversations.”

KIT member



Above: Queen's Nurse and KIT volunteer, Claire Green

The Keep in Touch service has continued to be evaluated extremely positively, with excellent feedback from both the retired Queen's Nurses and the volunteer befrienders. The annual volunteer update days were held online on two Saturdays in November 2020, with more than 31 volunteers across the two days. The sharing of experiences and challenges from the days provided the QNI 'Keep in Touch' team and the Chief Executive with feedback to further enhance and build the support and guidance offered to the volunteers as part of the support programme. One of the areas focussed on for the 2020 annual updates was supporting the beneficiaries through the pandemic and their increased isolation and loss of contact with friends and family.

“ I feel I gain more from these calls as, whenever the call is over, I feel quite joyful. We have not changed the world, but we have shared out histories and I have been privileged to listen to her own, her family's and stories around her nursing.
KIT volunteer

TalkToUs

In the early stages of the pandemic in 2020, it was recognised that nurses in our networks were under extreme pressure in their workplaces in the community. Many were calling to speak to members of the team to tell their stories and were provided with emotional support.

The QNI responded, with agreement from the Council, to set up a new listening service to support all nurses in need of emotional support. The lead for the Keep in Touch service provided the training, supervision and the support structure required to launch the service in May 2020, staffed by four Queen's Nurses in the QNI team who became trained listeners: <https://www.qni.org.uk/help-for-nurses/talktous/>

The TalkToUs service was initially funded through donations to the QNI from sponsorship of the Chief Executive and two Queen's Nurses who undertook activities to raise funds. The service is now very well established and has supported more than 60 calls with nurses in the community and also in hospital settings – we will not turn anyone away. The service is totally anonymous and the feedback at the end of the hour long 1:1 calls is consistently positive, with nurses saying that they feel confident to face work the following day and they feel stronger emotionally to deal with their work challenges. Beneficiaries are also provided, wherever appropriate, with signposting to other support services, including psychological support services.

In December 2020, the QNI was delighted to receive a grant from the Covid19 Healthcare Support Appeal (CHSA) to enable the service to continue in 2021. Being able to signpost to the QNI and other charities that offer financial hardship grants has also been very helpful in supporting nurses in very complex and challenging personal circumstances.

“ Thank you for listening to me - I know I will be able to go work tomorrow and cope.
TalkToUs beneficiary



Organisational Development

The QNI underwent significant restructuring at the start of the pandemic, as detailed on page 10. By September 2020 however, the financial position of the QNI was secure and the majority of the projects were restarted, having been reviewed, revised and transferred to online delivery.

The pandemic demonstrated the importance of the work of the QNI in raising the voice and value of the nurses working in all roles in the community, in health and in social care settings and it is with this in mind that the new strategy was developed.

The QNI strategy 2021-2025 was developed in partnership with the QNI Council and the QNI team and launched in February 2021: <https://www.qni.org.uk/wp-content/uploads/2021/02/Strategic-Plan-2021-2025-1.pdf>

It provides an indication of the ways in which the QNI will be developing its work over the next five years and is set in the context of the community becoming a place where more care is organised, led, managed and delivered by expert nurses.

Prior to developing the strategy, an independent Race, Equality & Inclusivity Review was undertaken, in response to the disproportionate impact of Covid19 to black, Asian and ethnic minority citizens in the UK and in the context of the Black Lives Matter campaign. The review, undertaken by QNI Council member Professor Ami David MBE, identified areas of good practice and those which required improvement. It was very well received both within the QNI and externally and is the first of its kind within the national nursing charity sector. The Council and staff together developed an action plan, with key performance indicators, which is now reported on quarterly at Council meetings: <https://www.qni.org.uk/news-and-events/news/qni-publishes-race-equality-and-inclusivity-action-plan/>

“ The QNI embraces a culture of inclusion and are fully committed to promoting and achieving diversity and equity in all of our professional networks and in our interactions as a charity, both internally and externally. Championing diversity is an issue that matters deeply to us and as a team we are dedicated to living these organisational values and challenging prejudice and racism.

It is of huge importance that all QNI programmes reflect the diversity of the nursing workforce in the UK, in the interests of social justice, the principle of equality of access, and to enable us to fulfil our goals and mission as a charity. This is an ongoing process and we look forward to working with nurses and partner organisations to achieve the ambitions in the Action Plan.

Dr Crystal Oldman CBE, QNI Chief Executive

In 2021, the QNI will be increasing the team to deliver the new strategy and business plan. This will include increasing the nursing and the administration team to strengthen the offer of leadership and innovation programmes and to assist in the delivery of newly commissioned work. The demand for the QNI leadership and innovation programmes currently exceeds the capacity to deliver and this investment will enable a managed growth of both programmes in 2021 and beyond. The members of Council agreed to the designation of £250K from unrestricted endowment funding to enable this growth and development as part of the new strategic plan to be supported.

All QNI work will continue to be delivered remotely until the restrictions of travel and social distancing are removed. When the offices do open, it is likely that the working patterns will continue to include a blended approach to include a significant amount of time working from home.

The role and contribution of volunteers

In delivering our achievements in 2020, the QNI has been supported by a range of volunteers, a group which grows in number each year and supports several strands of our work. The QNI would like to thank



Above: Cover of 'Race, Equality & Inclusivity Review'

all our volunteers for their significant and enduring contribution to the work of the charity throughout 2020. QNI volunteers include all members of Council, project advisory groups, panels which review awards and grant applications, befrienders supporting the 'Keep in Touch' programme, and those who support policy consultation work.

In 2020 Queen's Nurses also continued to contribute significantly to the policy work of the QNI as volunteers, attending QNI focus groups, Department of Health and Social Care advisory groups and round table discussions for national work and arm's length bodies on behalf of the QNI. Queen's Nurses have also been contributing to the national advisory groups set up at the start of the pandemic and which remain ongoing.

Fellows of the QNI continued to contribute to and support the work of the QNI in 2020, providing ongoing mentorship for those who have completed the Aspiring and Executive Leadership programmes and several provided personal support to the Chief Executive.

Council members collectively gave more than 800 hours of their time attending meetings, chairing advisory groups and participating in QNI events, including the annual conference and the annual award ceremony. Several members of Council participated in the selection process for the six new members of Council at the end of 2020 and considerably more hours were given in preparing for and taking actions outside Council and Committee meetings.

During 2020, it is estimated that more than 140 individuals made contributions to the work of the QNI, totalling in excess of 3,000 hours of voluntary work.

The QNI is indebted to all its volunteers, including Queen's Nurses, QNI Fellows, 'Keep in Touch' befrienders, grants advisors and other stakeholders for their expertise and commitment to the work of the QNI and giving their time so generously.

Key financial policies of the QNI


Innovation funding programme

The QNI makes awards to support individual projects run by community nurses. The projects are selected on a competitive basis; those selected demonstrate the greatest innovation and potential impact on patient care in the community. The projects run for a year and the scheme offers a professional development programme for the project leaders in addition to the financial assistance to enable project delivery. The opportunity is dependent on funding being received to support the programme and when available, details of the programme and the application process are set out on the QNI website at www.qni.org.uk.

Grants

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

The majority of the beneficiaries are nurses who are no longer able to work because of illness, age or disability. Applications are accepted from nurses, their friends, family or professionals and voluntary



organisations supporting them (with the applicant's consent). An application form detailing eligibility, health and housing status, income, savings and expenditure must be completed, together with a description of what is being sought. This information is checked by staff before being presented to the welfare advisors for consideration. Information on other relevant charities that may be able to assist in their case is also supplied to successful and unsuccessful applicants.

There have been three grants advisors in 2020: Michael Cooper (Patron appointed member of Council), Sally Hawksworth (QNI Fellow and Respiratory Nurse Specialist) and Sue Talbot (QNI Fellow and service commissioner). Applications for grants are considered by the three Grants Advisors.

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

A system of random audits of a sample of the QNI's grants records forms part of the internal financial controls each year to safeguard against fraudulent claims or administration of applications. The audit was conducted in the summer of 2020 by Sue Talbot, Grants Advisor, with a satisfactory outcome which was reported to Council.

Investment policy

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

In addition, the Council members may, from time to time, wish to impose constraints of an ethical nature on the investment managers although it is recognised that the more restrictive these are, the less likely it is that the performance will be satisfactory. Currently, the only ethical constraint is that the fund should not invest in any companies which derive a significant part of their revenue directly from the manufacture or sale of tobacco-related products.

Given the developments regarding the importance of Environmental, Social, and Governance (ESG) as the three central factors in measuring the sustainability and societal impact of an investment in a company or business, Council intends to review this in relation to the QI investment policy in the next 12 months.

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

The QNI investments are reviewed monthly by the Finance Manager and the Honorary Treasurer. In 2020, the performance of the investments was considered to be satisfactory both in terms of capital and investment.

Reserves policy

Members of Council have carried out their annual assessment of the level of the QNI's reserves, taking into consideration the QNI's working capital requirements and liquidity needs, the future expansion of its work (see note 21 for full details), and a contingency provision. They are also mindful of the QNI's responsibility to honour the investment made by partners and award winners in award schemes and other professional development initiatives that extend for more than one year.

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



Above: Queen's Nurse
Sharel Cole

The principles upon which the financial strategy is based include:

1. The expendable endowment fund should be preserved at a level which ensures the generation of income sufficient to cover a level of core costs, such as the lease and service charge costs, and so enable the long-term viability of the QNI.
2. The proceeds from the disposal in 2013 of the QNI's freehold building in Albemarle Way, London will be retained within the expendable endowment fund to provide for the possibility that another building purchase may be required at the end of the current lease (2040), or at any of the five-year breaks commencing in 2020 in the QNI's current lease. In 2018, it was agreed that the amount to be so retained would be calculated to be equal to 17% of the current value of the expendable endowment fund.
3. The level at which the expendable endowment is to be preserved over and above the level required in 1. and 2. above will be determined by Council year on year.
4. The expenditure of the restricted District Nurses 1965 Fund (welfare) will be reviewed annually in the context of the distribution of financial assistance currently being greater than the annual investment income.
5. Council will determine each year the levels of expendable endowment fund needing to be transferred to general funds, if any, to be used to support QNI activity.

Net position before transfers and investment gains/losses

The financial year resulted in net expenditure of £102,337 (2019 – £148,143). This comprised of net income from unrestricted funds of £100,116 (2019 – (£42,380)), net expenditure on restricted funds of £202,453 (2019 – £105,763) and net income on endowment funds of £nil (2019- £nil).

Income

Income for the year totalled £992,535 (2019 – £1,318,693), 25% lower than 2019. Income from donations and legacies was £257,515 (2019 – £303,050) a decrease of 15%, and income from charitable activities was £454,234 (2019 – £672,953), a decrease of 33%.

Income of £467,119 (2019 – £606,777) on restricted funds includes funding for a number of projects which will continue into 2021.

Investment income and interest receivable was £267,854 (2019 – £342,690) for the year and this continues to provide an essential element of the QNI's core funding.

Expenditure

Expenditure for 2020 totalled £1,094,872 (2019 – £1,466,836), a decrease of 25% on 2019. The increased expenditure reflects the delivery of projects funded by restricted funds.

Investments

The QNI's portfolio of investments and cash held for investment had a market value at 31 December 2020 of £11,198,832 (2019 - £11,309,022). Income from the portfolio for the year was £267,878 (2019 – £342,690), and net investment gains were £130,269 (2019 – gains were £1,460,963).



Reserves

At the year end, the charity held 'free reserves' of £543,889. These reserves equate to ten months of projected unrestricted expenditure for 2021 and hence exceed the limits required by the policy. Council is content with this position and it provides flexibility and protection in meeting the challenges presented by the pandemic (see earlier in this report).

Structure, governance and management

Governing document

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

Council members

There are 19 members of Council, some with clinical backgrounds and others with expertise in communications, law, business, finance and the management of national charities of varying sizes.

There have been some changes in Council membership over the last year, reflecting Council's strategy to increase the number of Council members who are responsible for supporting the development of nursing in the community and the leadership, management, delivery and teaching of nursing care in community settings.

In December 2020:

- Dale Carrington commenced as a member of Council.
- Dr Judith Graham BEM commenced as a member of Council.
- Clare Hawkins commenced as a member of Council and also joined the finance committee.
- Dr Angela McLernon OBE commenced as a member of Council.
- Helen Mehra commenced as a member of Council.
- Neesha Oozageer Gunowa commenced as a member of Council.

In June 2020, Dr Bob Brown completed nine years as a member of Council – the maximum term of office permitted. The QNI is grateful to Dr Bob Brown for his time and commitment to the work of the QNI and his expert advice as a Director of Nursing. The QNI is delighted that he is continuing to chair the Community Nurse Executive Network (CNEN) as he has since its inception four years ago, as a CNEN member and Director Nursing of the Western Trust in Northern Ireland.

In November 2020, Dr David Foster, member of Council, retired from Council, having served four years. The QNI is grateful to Dr David Foster for his time and commitment to the work of the Council and the expert advice provided over the last four years.

Sadly, Vice President of the QNI, Lord Ashburton KG KCVO, died on 6 October 2020. The QNI is thankful to Lord Ashburton for his support of the QNI and our thoughts are with his widow and family.

Recruitment and appointment of Council members

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

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



Above: New trustees:
 L-r: Dale Carrington;
 Dr Judith Graham
 BEM; Clare Hawkins;
 Dr Angela McLernon
 OBE; Helen Mehra;
 Neesha Oozageer.

Induction and training of Council members

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

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

Wherever possible, members of Council also have an opportunity to meet with employees of the QNI before and after meetings of the Finance Committee and Council. As the QNI offices were closed throughout the pandemic, this has not been possible in 2020.

The QNI Race, Equality and Inclusivity report highlighted that there was a missed opportunity for the staff and members of Council to get to know each other and the pandemic had magnified this as the offices have been closed for most of the year. To address this, members of the team are now formally sharing their work and responsibilities with members of Council in March and June 2021 in the hour prior to the online Council meeting. When the QNI offices open again, the opportunity for staff and members of Council to meet informally prior to Council meetings will resume.

Key management personnel


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

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

Staffing of the QNI

The Chief Executive has overall responsibility for day-to-day leadership and operational matters, and reports to Council on a regular basis. The QNI leadership team, comprising the Director of Nursing Programmes (Innovation), Director of Nursing Programmes (Leadership), Head of Communications and Finance Manager supports the Chief Executive in managing the QNI.

All staff have six monthly performance appraisals against objectives linked to the business plan for the year. The QNI Staff Handbook provides information on internal policies and ways of working to all staff. The Handbook was revised in 2016, in line with new employment legislation, with support from the QNI solicitors, Russell-Cooke and is updated annually in accordance with any changes of legislation and examples from the charitable sector of best practice in people management. The Handbook will be reviewed and revised again in 2021.



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

Fundraising

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

Sponsorship opportunities for QNI activities are explored as appropriate and Hallam Medical is a regular sponsor of the Community Nurse Executive Network (CNEN). In 2020, the annual online conference was sponsored by Hallam Medical and Teva UK.

The QNI does not seek to raise funds from the public. A number of Queen's Nurses provide regular donations to the QNI, as do some members of Council, both of which amount to £2,800 per year (£1,120 donated by members of Council and £1,725 donated by Queen's Nurses).

From time-to-time, Queen's Nurses and others will undertake sponsored activities to raise funds for the QNI. This included in 2020, the Chief Executive and other Queen's Nurses undertaking sponsored activities to raise funds for the 'TalkToUs' service.

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

Risk management

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

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

People

Risk: "Charity loses its Chief Executive"

Controls: "The Chief Executive has two deputies in place and key leadership personnel who can deputise for elements of the Chief Executive role on an interim basis. The notice period for the Chief Executive is 6 months."

Business Continuity

Risk: "The QNI activity is compromised and staff required to operate remotely from home for an extended period (e.g. in the event of a pandemic)"

Controls: "Equipment provided to enable team members to set up rapidly and work efficiently from home (e.g., QNI laptops and appropriate chairs). Access to appropriate software for meetings and remote programme delivery in place. Events to be cancelled by the event venue in the case of a pandemic to maximise refunds."

December 2020 Covid-19 update: QNI offices closed at short notice in March 2020 and systems in place for remote working for the foreseeable future into 2021 when it is anticipated that a national vaccination programme will be implemented. Occasional visits to office by Chief Executive since March 2020. All event venues refunded deposits for 2020 events."



Above: QNI Fundraisers in 2020: I-r: Gabi Holland's Ironman Challenge; QN Helen Crowther's marathon in her farmland; QN Jane Collins' family walking challenge; QN Mark Millar and sons' 400km bike challenge; Dr Crystal Oldman CBE's marathon in her garden.

Business Continuity: Data Protection and Information Governance

Risk: "The QNI IT system is compromised by viral attacks. Day-to-day business is compromised"
Controls: "Anti-virus software is updated regularly by QNI contracted IT company. Quarterly 'housekeeping' visits to QNI offices by a named individual from QNI contracted IT maintenance company and helpline available in office hours."

In 2020 the QNI commenced the process of moving all files to the cloud to reduce the chances of the QNI file server being compromised by a viral attack. The emails are already held in the cloud.

Finance and Fundraising

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

Queen's Nurses

Risk: "The QN community does not adequately reflect the diversity of the population of nurses in the community."
Controls: The QNI actively targets BAME nurses working in the community to encourage applications for the title of Queen's Nurse. Currently, the network of QNs does not reflect adequately the population of nurses working in the community. A review of the application and assessment process took place in 2020 and workshops for potential BAME applicants offered by a BAME member of the QNI team who is also a QN. All applicants for the title of Queen's Nurse are requested to complete an 'Equality & Diversity' form so that BAME might be known (not all applicants complete this form). The diversity of the QN community is monitored and actions taken as required."

The QNI is actively taking steps to address this issue through the QNI Race, Equality and Inclusivity Action plan. As part of the action plan, two exploratory online meetings with BAME QNs took place early in 2021 to seek the views of QNs in seeking ways to more accurately reflect BAME colleagues in the QN community.



The Council's responsibilities statement

The Council is responsible for preparing the Report of the Council and accounts in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice) Charity law and the QNI's Royal Charter require the Council to prepare the accounts of the QNI for each financial year which give a true and fair view of the state of affairs of the QNI and of its income and expenditure for that period. In preparing accounts giving a true and fair view, the Council should:

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

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

Signed on behalf of the Council

Chair of Council:

Professor John Unsworth

Date: 23 June 2021



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

Opinion

We have audited the accounts of The Queen's Nursing Institute (the 'charity') for the year ended 31 December 2020 which comprise the statement of financial activities, the balance sheet, the statement of cash flows, the principal accounting policies and notes to the accounts. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the accounts:

- give a true and fair view of the state of the charity's affairs as at 31 December 2020 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

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

Conclusions relating to going concern

In auditing the accounts, we have concluded that the members of Council's use of the going concern basis of accounting in the preparation of the accounts is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the accounts are authorised for issue. Our responsibilities and the responsibilities of the members of Council with respect to going concern are described in the relevant sections of this report

Other information

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



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

We have nothing to report in this regard.

Matters on which we are required to report by exception

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

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

Responsibilities of members of Council

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

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


Auditor's responsibilities for the audit of the accounts

Our objectives are to obtain reasonable assurance about whether the accounts as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these accounts. Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect to irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below.

How the audit was considered capable of detecting irregularities including fraud

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

- The engagement partner ensured that the engagement team collectively had the appropriate competence, capabilities and skills to identify or recognise non-compliance with applicable laws and regulations;
- We identified the laws and regulations applicable to the charity through discussions with management and trustees and from our knowledge and experience of the charity sector;
- We focused on specific laws and regulations which we considered may have a direct material effect



on the accounts or the activities of the charity. These included but were not limited to the Charities Act 2011; Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable to the United Kingdom and Republic of Ireland (FRS 102) (effective 1 January 2019) and The Code of Fundraising Practice; and

- We assessed the extent of compliance with the laws and regulations identified above through making enquiries of management and those charged with governance and review of minutes of Council meetings.

We assessed the susceptibility of the charity's accounts to material misstatement, including how fraud might occur. Audit procedures performed by the engagement team included:

- Making enquiries of management and those charged with governance as to where they considered there was susceptibility to fraud, their knowledge of actual, suspected and alleged fraud; and
- Considering the internal controls in place to mitigate risks of fraud and non-compliance with laws and regulations.

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

- Performed analytical procedures to identify any unusual or unexpected relationships;
- Tested and reviewed journal entries to identify unusual transactions;
- Assessed controls over the opening of post;
- Tested the authorisation of expenditure;
- Assessed whether judgements and assumptions made in determining the accounting estimates were indicative of potential bias; and
- Investigated the rationale behind significant or unusual transactions.

In response to the risk of irregularities and non-compliance with laws and regulations, we designed procedures which included, but were not limited to:

- Agreeing financial statement disclosures to underlying supporting documentation;
- Reading the minutes of Council meetings; and
- Enquiring of as to actual and potential litigation and claims.

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

Material misstatements that arise due to fraud can be harder to detect than those that arise from error as they may involve deliberate concealment or collusion. We did not identify any irregularities, including fraud. A further description of our responsibilities for the audit of the accounts is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of this report

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

Buzzacott LLP, Statutory Auditor
130 Wood Street, London EC2V 6DL

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

Signed: Buzzacott LLP
Date: 15 July 2021

Statement of Financial Activities Year to 31 December 2020

	Notes	Unrestricted funds £	Restricted funds £	Endowment funds £	2020 Total funds £	2019 Total funds* £
Income and endowments from:						
Donations and legacies	1	246,433	11,082	—	257,515	303,050
Investment income and interest receivable	2	229,262	38,592	—	267,854	342,690
Charitable activities	3	36,789	417,445	—	454,234	672,953
Other sources						
. Coronavirus Job Retention Scheme Grants		12,932	—	—	12,932	—
Total income		525,416	467,119	—	992,535	1,318,693
Expenditure on:						
Raising funds						
. Costs of generating grants and donations	4(a)	80,595	3,487	—	84,082	92,777
. Management of investments	4(b)	44,779	5,787	—	50,566	53,157
Total expenditure on raising funds		125,374	9,274	—	134,648	145,934
Charitable activities						
. Policy influence and development	5	37,132	367	—	37,499	253,928
. Data and evidence	5	44,465	439	—	44,904	57,732
. Standards	5	40,503	64,406	—	104,909	129,505
. Role models/leaders	5	114,350	107,846	—	222,196	469,893
. Innovation	5	24,233	114,742	—	138,975	208,362
. Providing support for nurses – Covid	5	39,243	157,373	—	196,616	—
. Providing support for nurses – financial	5	—	178,095	—	178,095	148,715
. Providing support for nurses – education	5	—	12,537	—	12,537	16,509
. Providing support for nurses – Keep in Touch	5	—	24,493	—	24,493	36,258
Total expenditure on charitable activities		299,926	660,298	—	960,224	1,320,902
Total expenditure		425,300	669,572	—	1,094,872	1,466,836
Net income (expenditure) before investment gains (losses) and transfers		100,116	(202,453)	—	(102,337)	(148,143)
Net gains (losses) on investment assets		135,764	(32,296)	26,801	130,269	1,460,963
Net income (expenditure) before transfers		235,880	(234,749)	26,801	27,932	1,312,820
Transfer between funds	20	(12,932)	12,932	—	—	—
Net movement in funds	8	222,948	(221,817)	26,801	27,932	1,312,820
Reconciliation of funds:						
Funds brought forward at 1 January 2020		751,776	1,356,526	9,372,071	11,480,373	10,167,553
Funds carried forward at 31 December 2020		974,724	1,134,709	9,398,872	11,508,305	11,480,373

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

*A full comparative statement of financial activities for the year to 31 December 2019 is given on page 37

Statement of Financial Activities Year to 31 December 2019

	Notes	Unrestricted funds £	Restricted funds £	Endowment funds £	2019 Total funds £
Income and endowments from:					
Donations and legacies	1	290,386	12,664	—	303,050
Investment income and interest receivable	2	294,331	48,359	—	342,690
Charitable activities	3	127,199	545,754	—	672,953
Total income		711,916	606,777	—	1,318,693
Expenditure on:					
Raising funds					
. Costs of generating grants and donations	4(a)	92,777	—	—	92,777
. Management of investments	4(b)	46,556	6,601	—	53,157
Total expenditure on raising funds		139,333	6,601	—	145,934
Charitable activities					
. Policy influence and development	5	223,928	30,000	—	253,928
. Data and evidence	5	37,732	20,000	—	57,732
. Standards	5	28,521	100,984	—	129,505
. Role models/leaders	5	243,517	226,376	—	469,893
. Innovation	5	81,265	127,097	—	208,362
. Providing support for nurses - financial	5	—	148,715	—	148,715
. Providing support for nurses - education	5	—	16,509	—	16,509
. Providing support for nurses – Keep in Touch	5	—	36,258	—	36,258
Total expenditure on charitable activities		614,963	705,939	—	1,320,902
Total expenditure		754,296	712,540	—	1,466,836
Net expenditure before investment gains (losses)		(42,380)	(105,763)	—	(148,143)
Net gains on investment assets		200,545	159,659	1,100,759	1,460,963
Net income		158,166	53,896	1,100,759	1,312,820
Net movement in funds	8	158,165	53,896	1,100,759	1,312,820
Reconciliation of funds:					
Funds brought forward at 1 January 2019		593,611	1,302,630	8,271,312	10,167,553
Funds carried forward at 31 December 2019		751,776	1,356,526	9,372,071	11,480,373

Balance Sheet 31 December 2020

	Notes	2020 £	2020 £	2019 £	2019 £
Fixed assets					
Tangible assets	13		18,175		27,087
Heritage assets	14		70,000		70,000
Investments	15		11,198,832		11,309,022
Total fixed assets			11,287,007		11,406,109
Current assets					
Debtors	16	90,512		56,308	
Cash at bank and in hand		590,055		332,304	
		680,567		388,613	
Creditors: Amounts falling due within one year	17	(459,269)		(314,348)	
Net current assets			221,298		76,264
Total net assets			11,508,305		11,480,373
The funds of the charity					
Unrestricted funds					
. General funds			543,889		559,754
. Tangible and heritage asset fund	18		88,175		97,087
. Designated funds	19		342,660		94,935
			974,724		751,776
Restricted funds					
Endowment funds	20		1,134,709		1,356,526
	21		9,398,872		9,372,071
			11,508,305		11,480,373

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

Professor John Unsworth

Chair of Council

Approved on:

23 June 2021

Statement of cash flows Year to 31 December 2020

	Notes	2020 £	2019 £
Cash flows from operating activities:			
Net cash used in operating activities	A	(244,887)	(349,454)
Cash flows from investing activities:			
Payments to acquire tangible fixed assets		(5,675)	(21,047)
Payments to acquire investments		(1,253,700)	(900,703)
Receipts from disposals of investments		1,497,841	1,381,404
Investment income and interest received		267,854	342,690
Net cash provided by investing activities		506,320	802,344
Change in cash and cash equivalents in the year		261,433	452,890
Cash and cash equivalents at 1 January 2020	B	865,920	413,030
Cash and cash equivalents at 31 December 2020	B	1,127,353	865,920

Notes to the statement of cash flows for the year to 31 December 2020.

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

	2020 £	2019 £
Net movement in funds (as per the statement of financial activities)	27,932	1,312,820
Adjustments for:		
Depreciation charge	14,587	20,040
Net gains on investments	(130,269)	(1,457,372)
Investment income and interest receivable	(267,854)	(342,690)
(Increase) decrease in debtors	(34,204)	72,822
Increase in creditors	144,921	44,926
Net cash used in operating activities	(244,887)	(354,249)

B Analysis of cash and cash equivalents

	2020 £	2019 £
Cash at bank and in hand	590,055	332,304
Cash held by investment managers	537,298	533,616
Total cash and cash equivalents	1,127,353	865,920



Principle accounting policies 31 December 2020

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

Basis of accounting

These accounts have been prepared for the year to 31 December 2020 with comparative information given in respect to the year ended 31 December 2019.

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

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

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

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

Critical accounting estimates and areas of judgement

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

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

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

Assessment of going concern

The members of Council have assessed whether the use of the going concern assumption is appropriate in preparing these accounts. The members of Council have made this assessment in respect to a period of one year from the date of approval of these accounts.

The full impact on the charity's income and expenditure and financial position following the global Covid-19 pandemic is still unclear. Along with thousands of other business and charities, the planned work of the QNI in 2020 was impacted considerably by Covid19. However, the charity has worked tirelessly to respond to the pandemic and stay true to its mission and values, whilst utilising its expertise and its networks to help in the national effort to manage the pandemic and mitigate its impact.

Undoubtedly there will be challenges ahead but the members of Council do not expect material concerns to arise over the charity's financial position or going concern. The members of Council have concluded that the charity will have sufficient resources to meet its liabilities as they fall due.



Income recognition

Income is recognised in the period in which the charity has entitlement to the income and the amount can be measured reliably and it is probable that the income will be received. Income is deferred only when the charity has to fulfil conditions before becoming entitled to it or where the donor or funder has specified that the income is to be expended in a future accounting period.

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

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

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

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

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

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

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

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

Income from the Government's Job Retention Scheme in respect to the Covid-19 pandemic is accounted for when the charity has entitlement to the income, the amount of income can be measured reliably and it is probable that the income will be received.



Expenditure recognition

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to make a payment to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably.

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

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

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

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

Allocation of support and governance costs

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

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

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

Tangible fixed assets

All assets costing more than £500 and with an expected useful life exceeding one year are capitalised. Expenditure on the purchase and replacement of furniture and equipment is capitalised and depreciated on a straight line basis over the following periods:

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

Heritage assets

During 2018, QNI discovered a piece of original artwork by Florence Nightingale, which had been given to it many years ago. Following further investigation, the value of the artwork was determined and is recognised in these accounts as a heritage asset. The asset is included on the balance sheet at trustees' valuation, which is based on a valuation determined by a specialist art valuer as at 31 December 2018 based on estimated market value as at that date. No depreciation has been charged against the asset.



Investments

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

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

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

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

Debtors

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

Cash at bank and in hand

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

Creditors and provisions

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

Fund structure

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

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

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



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

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

Pension costs

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

Leased assets

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

Notes to the Accounts Year to 31 December 2020

1 Donations and legacies

	Unrestricted funds £	Restricted funds £	2020 Total funds £
National Garden Scheme donation	200,000	—	200,000
Donations in memory of Phillip Goodeve-Docker (note 19)	24	—	24
Other donations	35,758	11,082	46,864
Legacies	10,627	—	10,627
2020 total funds	246,433	11,082	257,515
	Unrestricted funds £	Restricted funds £	2019 Total funds £
National Garden Scheme donation	250,000	—	250,000
Donations in memory of Phillip Goodeve-Docker (note 19)	6,040	—	6,040
Other donations	20,064	12,664	32,728
Legacies	14,282	—	14,282
2019 total funds	290,386	12,664	303,050

2 Investment income and interest receivable

	Unrestricted funds £	Restricted funds £	Endowment funds £	2020 Total funds £
Income from investments listed on a recognised stock exchange within the UK	228,983	38,592	—	267,575
Bank and deposit interest	279	—	—	279
2020 total funds	229,286	38,592	—	267,854
	Unrestricted funds £	Restricted funds £	Endowment funds £	2019 Total funds £
Income from investments listed on a recognised stock exchange within the UK	293,132	48,359	—	341,491
Bank and deposit interest	1,199	—	—	1,199
2019 total funds	294,331	48,359	—	342,690

3 Income from charitable activities

	Unrestricted funds £	Restricted funds £	2020 Total funds £
Improving nursing care in the community			
Burdett Innovation – Learning Disabilities	—	17,178	17,178
Burdett Innovation – Complex Needs	—	538	538
National Garden Scheme – Support for QN Leadership programme	—	3,546	3,546
Association of General Practice Nurse Educators – 4 General Practice Nursing Delivery Boards	—	49,998	49,998
NI Neighbourhood DN Teams	—	50,000	50,000
Care Homes Network – NHS England	—	43,000	43,000
Care Homes Network – Royal College of Nursing	—	30,000	30,000
TalktoUS- Covid19 Healthcare Support Appeal	—	48,825	48,825
Listening Service	—	11,696	11,696
Covid Projects	—	150,277	150,277
Bournemouth University outsource	—	8,500	8,500
Community Nurse Executive Network income	—	3,887	3,887
ICNO	20,000	—	20,000
Annual QNI Conference	10,000	—	10,000
Sales of resources	1,339	—	1,339
Fees, publications and sundry service	5,450	—	5,450
2020 total funds	36,789	417,445	454,234
	Unrestricted funds £	Restricted funds £	2019 Total funds £
Improving nursing care in the community			
Innovation Fund (Burdett Trust for Nursing)	—	102,662	102,662
Executive Nurse Leadership Programme (National Garden Scheme)	—	35,895	35,895
Aspiring Leadership	420	—	420
Homeless Health (Oak Foundation)	—	48,297	48,297
Standards (QNI Scotland)	—	10,000	10,000
Northern Ireland Neighbourhood DN Team	—	106,000	106,000
QNI Tour	—	15,000	15,000
DN Outstanding Models/RCN	4,950	—	4,950
Community Nurse Executive Network Income	—	20,500	20,500
Association of General Practice Nurse Educators – four General Practice Nursing Delivery Boards – NHS England	—	70,000	70,000
General Practice Nursing Induction Template - NHS England	—	12,400	12,400
Perceptions of Nursing in the Community	—	30,000	30,000
QNI on Extended Tour	—	40,000	40,000
Care Homes Foundation Standards Income	—	35,000	35,000
Evidence School Nurse Impact	—	20,000	20,000
ICNO	2,000	—	2,000
Annual QNI Conference	94,984	—	94,984
Sales of resources	8,559	—	8,559
Fees, publications and sundry service	16,286	—	16,286
2019 total funds	127,199	545,754	672,953

4 Expenditure on raising funds

(a) Cost of generating grants and donations

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

	Unrestricted funds £	Restricted funds £	Endowment funds £	2020 Total funds £
Direct costs	19,173	—	—	19,173
Support costs (note 7)	61,422	3,487	—	64,909
2020 total funds	80,595	3,487	—	84,082
	Unrestricted funds £	Restricted funds £	Endowment funds £	2019 Total funds £
Direct costs	8,928	—	—	8,928
Support costs (note 7)	83,849	—	—	83,849
2019 total funds	92,777	—	—	92,777

(b) Management of investments

	Unrestricted funds £	Restricted funds £	Endowment funds £	2020 Total funds £
2020 total funds	44,779	5,787	—	50,566
	Unrestricted funds £	Restricted funds £	Endowment funds £	2019 Total funds £
2019 total funds	45,556	6,601	—	53,157

5 Charitable activities

	Direct costs £	Grant funding of activities (note 6) £	Support costs (note 7) £	2020 Total funds £
Policy influence and development	30,674	—	6,825	37,499
Data and evidence	36,732	—	8,172	44,904
Standards	85,816	—	19,093	104,909
Role models/leaders	181,757	—	40,439	222,196
Innovation	92,366	21,316	25,293	138,975
Providing support nurses – Covid	155,145	—	41,471	196,616
Providing welfare support	51,013	92,564	34,518	178,095
Providing educational support	—	12,537	—	12,537
Keep In Touch	24,493	—	—	24,493
2020 Total	657,994	126,417	175,811	960,224

5 Charitable activities (continued)

	Direct costs £	Grant funding of activities (note 6) £	Support costs (note 7) £	2019 Total funds £
Policy influence and development	207,488	—	46,440	253,928
Data and evidence	47,412	—	10,320	57,732
Standards	105,640	—	23,865	129,505
Role models/leaders	386,044	—	83,849	469,893
Innovation	137,791	31,871	38,700	208,362
Providing welfare support	50,790	72,125	25,800	148,715
Providing educational support	—	13,284	3,225	16,509
Keep In Touch	29,808	—	6,450	36,258
2019 Total	964,973	117,280	238,649	1,320,902

6 Grant making

Innovation – grants payable to institutions

Fund for innovation	2020 £	2019 £
Design Delivery Older Persons Quality Champions	4,998	—
Improving Nutrition and Hydration Care Homes	1,193	4,385
Nurse Led Case Management – Frailty Multi-Morbidity	500	4,436
Darwen Healthcare Frailsafe	2,362	2,171
Frailty Pathway – Learning Disability	182	741
Tai Chi Increased Wellbeing	500	4,526
RVS Health and Wellbeing	1,848	3,750
Identification of Frailty in Informal Carers Relocating	2,877	132
Wound & Pressure Ulcer Prevention & Management	2,550	2,450
SCARF	806	4,194
Reaching out to the Hard to Reach	3,500	1,500
Total value	21,316	28,285
Number of grants made	11	10

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

Homeless Health Fund	2020 £	2019 £
Latent TB screening/awareness at HMP Birmingham	—	1,164
Improving skin conditions and respiratory health for rough sleepers	—	925
Health Champions for the Homeless	—	1,497
Total value	—	3,586
Number of grants made	—	3

These grants were awarded to support the innovative homeless and inclusion health projects led by community nurses. The nurses were selected following a grant application, external review and interview process.

6 Grant making (continued)

Providing welfare support – grants made directly to individuals

	2020 £	2019 £
Total value	92,564	72,125
Number of grants made	226	241

Providing educational support – grants made to individuals

	2020 £	2019 £
Total value	12,537	13,284
Number of grants made	23	26

Grant commitments

As at 31 December 2020, the charity had annual welfare grant commitments of £28,900 (2019 - £28,350).

7 Support costs

Support costs, where permitted by the funder, are allocated to generation of funds and each area of charitable activity in proportion to the cost of direct staff time expended on those areas.

	2020 £	2019 £
Policy Influence and Development	6,825	46,440
Data and Evidence	8,172	10,321
Standards	19,093	23,865
Role Models / Leaders	40,439	83,849
Innovation	25,293	38,700
Providing welfare support	41,471	25,800
Providing educational support	34,518	3,225
Keeping in Touch	—	6,450
Organisation Costs	64,909	83,849
	240,720	322,498

8 Net movement in funds

This is stated after charging:

	2020 £	2019 £
Staff costs (note 9)	556,721	515,978
Depreciation	14,587	20,040
Operating lease rentals – land and buildings	49,720	49,720
Amounts payable to the auditor in respect of:		
. External audit – current year	8,122	10,528
. External audit – prior year	1,878	—

9 Staff costs and remuneration of key management personnel

Staff costs during the year were as follows:

	2020 £	2019 £
Gross wages and salaries	466,212	430,575
Employer's national insurance contributions	45,148	45,610
Employer's pension costs	45,361	39,793
	556,721	515,978

One member of staff received emoluments (including taxable benefits but excluding employer's national insurance and pension contributions) in the range of £100,001 - £110,000 (2019 – one in the range of £80,001 - £90,000). Contributions in the year to defined contribution pension schemes in respect of this employee totalled £9,500 (2019 - £8,805).

The average headcount of employees in 2020 was 12 (2019 - 11).

The average number of full time equivalent employees in 2020 was 10 (2019 - 10).

The key management personnel of the charity in charge of directing and controlling, running and operating the charity on a day to day basis comprise the members of Council together with the Chief Executive, Head of Communications and the Finance Manager. The total remuneration payable to key management personnel during the year was £235,743 (2019 - £223,669).

In addition to the staff costs shown above, during the year, the charity incurred expenditure in respect to an individual seconded from another employer to fill the role of Director of Nurses Programmes, to a total of £63,868 (2019 - £139,710). These costs are include within expenditure on charitable activities in the statement of financial activities.

10 Council members

No member of the Council received any remuneration in respect of their services as a member of the Council during the year (2019 - none).

Expenses reimbursed to one (2019 – four) member of the Council during the year in respect of travel totalled £333 (2019 - £4,367).

During the year members of the Council donated a total of £1,120 to the charity (2019 - £1,120).

The charity has purchased insurance to protect it from loss arising from certain wrongful acts of any member of the Council and to indemnify any member of Council against the consequences of such acts on their part. The total cover provided by such insurance is £500,000 (2019 - £500,000) and the total premium paid in respect of such insurance in the year was £692 (2019 - £255).

11 Related party and connected person transactions

Other than as disclosed in note 10 above, there were no transactions with related parties or connected persons during the year (2019 - none).

12 Taxation

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

13 Tangible fixed assets

	Leasehold improvements £	Fixtures, fittings, furniture and equipment £	Total £
Cost or valuation			
At 1 January 2020	50,931	69,276	120,207
Additions	—	5,675	5,675
At 31 December 2020	<u>50,931</u>	<u>74,951</u>	<u>125,882</u>
Depreciation			
At 1 January 2020	46,449	46,671	93,120
Charge for the year	4,482	10,105	14,587
At 31 December 2020	<u>50,931</u>	<u>56,776</u>	<u>107,707</u>
Net book values			
At 31 December 2020	—	18,175	18,175
At 31 December 2019	<u>4,482</u>	<u>22,605</u>	<u>27,087</u>

14 Heritage assets

	£
At valuation	
At 1 January 2020 and at 31 December 2020	<u>70,000</u>

During 2018, QNI discovered a piece of original artwork by Florence Nightingale, which had been given to it many years ago. Following further investigation, the value of the artwork was determined and is recognised in these accounts as a heritage asset. The asset is included at Council's valuation, based on a valuation determined by The Bowman Gallery, a specialist art valuer, as at 31 December 2018 based on estimated market value as at that date.

15 Investments

	2020 £	2019 £
Investments listed on a recognised stock exchange		
Market value at 1 January 2020	10,775,406	9,798,735
Add: Additions at cost	1,253,701	900,703
Disposals (proceeds: £1,630,368; realised losses: £132,527)	(1,497,841)	(1,248,200)
Unrealised investment gains	262,796	1,324,168
Market value at 31 December 2020	<u>10,661,534</u>	<u>10,775,406</u>
Cash and settlements pending, held as part of the investment portfolio	537,298	533,616
Total investments held	<u>11,198,832</u>	<u>11,309,022</u>
Listed investments at cost	<u>7,546,531</u>	<u>8,201,971</u>

At 31 December 2020, the listed investments comprised the following:

	2020 £	2019 £
Fixed interest	1,087,724	1,338,133
UK equities	4,171,391	4,629,412
Overseas equities	4,267,819	3,517,994
Alternatives	1,134,600	1,289,868
	<u>10,661,534</u>	<u>10,775,407</u>

At 31 December 2020, no holdings were material in the context of the entire portfolio value (2019 – none).

16 Debtors

	Unrestricted funds £	Restricted funds £	2020 £	Unrestricted funds £	Restricted funds £	2019 £
Sundry debtors	50	8,910	8,960	11,615	400	12,015
Prepayments	24,040	—	24,040	41,706	2,587	44,293
Accrued income	4,800	52,712	57,512	—	—	—
	<u>28,890</u>	<u>61,622</u>	<u>90,512</u>	<u>53,321</u>	<u>2,987</u>	<u>56,308</u>

17 Creditors: Amounts falling due within one year

	Unrestricted funds £	Restricted funds £	2020 £	Unrestricted funds £	Restricted funds £	2019 £
Expense creditors	21,590	4,371	25,961	8,076	7,239	15,315
Accruals	43,841	5,405	49,246	35,516	59,855	95,371
Deferred income (see below)	100,000	284,062	384,062	1,000	202,662	203,662
	<u>165,430</u>	<u>293,838</u>	<u>459,269</u>	<u>44,592</u>	<u>269,756</u>	<u>314,348</u>
Deferred income						
Balance brought forward	1,000	202,662	203,662	575	138,557	139,132
Released in year	(1,000)	(202,662)	(203,662)	(575)	(138,557)	(139,132)
Deferred in year	100,000	284,062	384,062	1,000	202,662	203,662
Balance carried forward	<u>100,000</u>	<u>284,062</u>	<u>384,062</u>	<u>1,000</u>	<u>202,662</u>	<u>203,662</u>

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

18 Tangible and heritage assets fund

	£
At 1 January 2020	97,087
Other movements in year	(8,912)
At 31 December 2020	88,175

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

19 Designated funds

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

	At 1 January 2020 £	New designation £	Utilised £	At 31 December 2020 £
Leadership and Innovation fund	—	250,000	—	250,000
Phillip Goodeve-Docker fund	64,961	24	(2,000)	62,985
Heyes legacy fund	29,974	—	(299)	29,675
	94,935	250,024	(2,299)	342,660

	At 1 January 2019 £	New designation £	Utilised £	At 31 December 2019 £
Phillip Goodeve-Docker fund	58,921	6,040	—	64,961
Heyes legacy fund	29,974	—	—	29,974
	88,895	6,040	—	94,935

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

The Phillip Goodeve-Docker fund represents monies given as 'donations in memory' which the Council has set aside in the memory of Phillip Goodeve-Docker who sadly passed away in 2013 during a fundraising trek across Greenland.

The Heyes legacy fund comprises a legacy received during 2018 which has been designated towards enabling an increase in the number of funded places made available for the annual Queen's Nurse Conference.

20 Restricted funds

	At 1 January 2020 £	Income £	Expenditure £	Gains, losses and transfers £	At 31 December 2020 £
District Nurses 1965 Fund	1,156,050	49,674	(219,058)	(32,296)	954,370
Fund for Innovation and Leadership – Frailty	35,476	—	(30,321)	—	5,155
Fund for Innovation and Leadership – Complex Needs	—	17,178	(17,178)	—	—
Fund for Innovation and Leadership – Learning Disabilities	—	538	(538)	—	—
Burdett (Transition for Care)	19,038	—	(17,876)	—	1,162
Homeless Health	60,288	—	(47,470)	—	12,818
Standards	15,446	—	(5,054)	—	10,392
Executive Nurse Leadership Programme	—	3,546	(3,546)	—	—
AAGPNE	19,664	49,998	(49,826)	—	19,836
Dora Roylance Fund	18,463	—	(900)	—	17,563
NI Neighbourhood DN Teams	—	50,000	(32,442)	—	17,558
Care Homes Foundation Standards	23,175	—	(10,305)	—	12,870
Ellen Mary Legacy	4,833	—	(150)	—	4,683
CNEN	4,093	3,887	(7,980)	—	—
Care Homes Network – NHSE/I	—	43,000	(25,490)	—	17,510
Care Homes Network – RCN	—	30,000	(24,860)	—	5,140
CHSA- TalktoUs	—	48,825	—	—	48,825
Coronavirus Job Retention Scheme Grants	—	—	(12,932)	12,932	—
Listening Service	—	11,696	(8,949)	—	2,747
Other Covid19 Projects	—	150,277	(146,197)	—	4,080
Bournemouth University Outsource	—	8,500	(8,500)	—	—
	1,356,526	467,119	(669,572)	(19,364)	1,134,709

	At 1 January 2019 £	Income £	Expenditure £	Gains, losses and transfers £	At 31 December 2019 £
District Nurses 1965 Fund	1,148,450	56,023	(208,082)	159,659	1,156,050
Fund for Innovation and Leadership	9,130	102,662	(76,316)	—	35,476
Transition of Care	24,992	—	(5,954)	—	19,038
Homeless Health	56,651	48,297	(44,660)	—	60,288
Standards	8,373	10,000	(2,927)	—	15,446
Executive Nurse Leadership Programme	—	35,895	(35,895)	—	—
AAGPNE	26,087	70,000	(76,423)	—	19,664
GPN Induction	9,234	12,400	(21,634)	—	—
Dora Roylance Fund	19,713	—	(1,250)	—	18,463
NI Neighbourhood DN Teams	—	106,000	(106,000)	—	—
QNI on Tour	—	15,000	(15,000)	—	—
QNI on Extended Tour	—	40,000	(40,000)	—	—
Perceptions of Nursing in the Community	—	30,000	(30,000)	—	—
Care Homes Foundation Standards Income	—	35,000	(11,825)	—	23,175
Evidence School Nurse Impact	—	20,000	(20,000)	—	—
Ellen Mary Legacy	—	5,000	(167)	—	4,833
CNEN	—	20,500	(16,407)	—	4,093
	1,302,630	606,777	(712,540)	159,659	1,356,526



20 Restricted funds (continued)

District Nurses 1965 Fund (Welfare Fund)

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

Fund for Innovation

The Burdett Trust for Nursing provided funding for 10 frontline innovation projects focussed on 'Frailty'. The projects commenced in April 2019 and completed in July 2020.

Ten nurse led innovation projects, funded by Burdett Trust for Nursing and focussed on supporting people with Learning Disability were recruited to start in April 2020, but the programmes was placed on hold due to the pandemic and commenced in September 2020.

The leads for ten nurse led innovation projects funded by the Burdett Trust for Nursing and focussed on supporting people with Complex Needs in Primary Care were recruited in the autumn of 2020 and commenced the programme in January 2021.

Transition for Care

The Burdett Trust for Nursing awarded the QNI a grant for a two-year project which completed in December 2017. The resulting online learning resource supports nurses to provide excellent care for young people with long term health conditions to transition to adult services and is accessible via the QNI website. The project overall finished in 2018 and the evaluation of the use of the learning resource was undertaken in 2020, utilising the majority of the remaining funds.

Homeless Health (Oak Foundation)

The Oak Foundation agreed to fund the Homeless Health Programme for three years (May 2017 – April 2020) with matched funding from the QNI. As detailed in the report, the Oak Foundation generously agreed to allowing the underspend to be used to continue the work throughout the remainder of 2020 and after the end of the contract period, given that no funding had been secured at the time to continue the work.

An evaluation of the three years of the programme commenced in 2020 and will report in 2021.

Standards

The QNI partnered with QNI Scotland (QNIS) to develop QNI/QNIS voluntary standards for Community Learning Disability Nurse education and practice. This joint project started in September 2019 and will complete the second quarter of 2021. The QNIS contributed £10,000 towards the cost of the project in 2019. The remainder has been allocated from the QNI growth in endowment. The expenditure reflects the amount spent from the QNIS contribution for delivery of the project in 2020.

Executive Nurse Leadership Programme

The National Garden Scheme (NGS) provided a restricted grant in 2020 for a third cohort of the Queen's Nurse Executive Nurse Leadership programme. The revised programme commenced development in 2020 and applications, selection and delivery will take place in 2021.



20 Restricted funds (continued)

Association of Academic General Practice Nurse Educators (AAGPNE)

The QNI was awarded a grant from NHS England as part of the NHSE GPN 10 point plan to develop an Association of Academic General Practice Nurse Educators (AAGPNE) and the standards on which universities would build a programme of education and training for nurses new to General Practice Nursing. The project funding commenced in 2018 and the work continued throughout 2019, and 2020. The funding for this work completes in April 2021.

GPN Induction Resource

The QNI was also awarded a grant from NHS England and NHS Improvement as part of the NHSE GPN 10 point plan to develop an Induction Resource for nurses new to General Practice. The total award was £25K and the work commenced in 2018 and completed in March 2019. The QNI has continued to promote the Induction Resource in 2020.

Dora Roylance Fund

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

Northern Ireland District Nurse Team Transformational Leadership Programme

In 2019 the QNI was commissioned by the Public Health Agency of Northern Ireland, in partnership with the Chief Nursing Officer of Northern Ireland in the Department of Health, to develop and deliver a District Nurse Team Transformational Leadership programme.

A further two cohorts were commissioned for delivery in 2020 but delivery was interrupted by the Covid19 pandemic. It is anticipated that the third and fourth cohorts of the programmes will recommence when gatherings are permitted in 2021.

Care Homes Foundation Nurse Standards

In 2019, the QNI was commissioned by NHS England and NHS Improvement to develop Standards of Education and Practice for Nurses new to Care Home Nursing Practice and these were completed and published in 2020. These standards provide a nationally agreed set of education standards for England on which to base the development of university programmes for nurses new to working in the Care Home setting.



20 Restricted funds (continued)

Ellen Mary Legacy

The Ellen Mary Fund was established in 2019 from a legacy received from the family of a Queen's Nurse, whose mother, Ellen Mary left a legacy of £5K to support an annual prize for General Practice Nurse (GPN) students undertaking their NMC approved GPN Specialist Practice Qualification.

Community Nurse Executive Network – CNEN

In June 2019, the QNI secured commercial sponsorship of CNEN by Hallam Medical for one year. Hallam Medical provided sponsorship again in 2020, in addition to the sponsorship for the online annual QNI conference.

Care Home Nurse Network (NHSE/I)

The QNI was awarded a grant in 2019 from NHS England and NHS Improvement to develop a national Care Home Nurse Network. This work continued throughout 2020, with repurposing of the funding for regional events after the pandemic started, to the creation and management of a closed Facebook page for network members and quarterly online events. The funding completes in April 2021.

Care Home Nurse Network (RCN Foundation)

The QNI has been funded by the RCN Foundation to support the ongoing development of the Care Home Nurse Network and associated activities from January 2020 to December 2022.

TalkToUs Listening Service (CHSA)

In December 2020, the Covid19 Healthcare Support Appeal (CHSA) agreed to award a grant to the QNI to support the delivery of the TalkToUs service. The grant was received in January 2021.

TalkToUs Listening Service

Donations were received to enable the QNI to start the TalkToUS listening service in May 2020. This included sponsored activities by Queen's Nurses.

Coronavirus Job Retention Scheme Grants

During the year, certain of the funds received from the Government's Job Retention Scheme were transferred from unrestricted funds to finance salaries charged to restricted funds as part of the overall support cost allocation.

Covid19 Projects

The QNI was awarded grants from NHS England and NHS Improvement, Health Education England and NHS Professionals to specifically support nurses working in a variety of roles during the pandemic. The work included the development of resources for nurses moving to a new context of practice through redeployment or return to practice, and contributing to the Covid19 response in relation to policy development at all stages of the pandemic, through the use of intelligence and data from QNI networks.

20 Restricted funds (continued)

Bournemouth University Outsource

In September 2020, the QNI was contracted to provide teaching services to Bournemouth University for two years (2020 to 2022) in support of the General Practice Nurse (GPN) Fellowship programme and the programme for GPNs new to General Practice.

21 Expendable endowment fund

The fund was established originally following the disposal of the QNI's freehold property in Belgravia, London.

Movements on the endowment fund during the year to 31 December 2020 are as shown below:

	2020 £	2019 £
Fund value at 1 January	9,372,071	8,271,312
Net investment gains	26,801	1,100,759
Fund value at 31 December	9,398,872	9,372,071

Whilst the expendable endowment fund is held as capital, income generated by the underlying investments is regarded as unrestricted. The capital may be expended by the charity at the discretion of Council in accordance with self-imposed conditions consistent with the achievement of the charity's overall strategic plan.

22 Analysis of net assets between funds

	General funds £	Tangible and heritage assets fund £	Designated funds £	Restricted funds £	Endowment funds £	Total 2020 £
Fund balances at 31 December 2020 are represented by:						
Tangible fixed assets	—	88,175	—	—	—	88,175
Investments	921,382	—	250,000	1,218,102	8,809,348	11,198,832
Net current assets	(377,493)	—	92,660	(83,393)	589,524	221,298
	543,889	88,175	342,660	1,134,709	9,398,872	11,508,305
	General funds £	Tangible and heritage assets fund £	Designated funds £	Restricted funds £	Endowment funds £	Total 2019 £
Fund balances at 31 December 2019 are represented by:						
Tangible fixed assets	—	97,087	—	—	—	97,087
Investments	1,035,620	—	—	1,390,398	8,883,003	11,309,021
Net current assets	(475,866)	—	94,935	(33,872)	489,068	74,265
	559,754	97,087	94,935	1,356,526	9,372,071	11,480,373

23 Operating leases

At 31 December 2020 the charity had annual commitments under non-cancellable operating leases as follows:

	Land and buildings	
	2020	2019
	£	£
Due within:		
. One year	70,226	52,494
. Two to five years	263,348	—
	333,574	52,494

Since the year end the rent review in respect of Henrietta Place has completed. From 1 September 2020 an increase of 12.5% applies.



1A Henrietta Place
London W1G 0LZ

020 7549 1400

www.qni.org.uk

