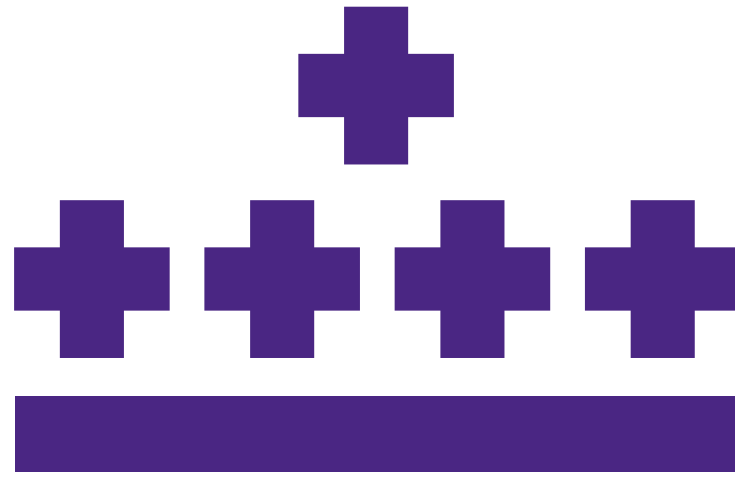




The
Queen's
Nursing
Institute



Annual Report and Accounts

Year to 31 December 2022



Charity registration number 213128



'It is with a huge sense of gratitude and respect that we remember the leadership and wisdom of Her Majesty, Queen Elizabeth II, the QNI's beloved Royal Patron from 2002 to 2022.

Queen's Nurses will continue to work in her name.'

Dr Crystal Oldman CBE, QNI Chief Executive



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

Patron Her Majesty Queen Elizabeth II (deceased on 19th September 2022)

Vice Presidents Michael Cooper (deceased on 8th September 2022)
Dr June Crown CBE
Professor Sir Sam Everington OBE
Zahir Fazal
Professor Dame Elizabeth Anionwu OM

The members of Council (Trustees) at the date of this report, and those who served during 2022, are as follows:

Chair of Council Professor John Unsworth OBE *
Nick Addyman # +
Dale Carrington

Honourary Treasurer Richard Fass # +
Dr Judith Graham BEM
Clare Hawkins # + (retired from Council March 2023)
Candace Imison (retired from Council March 2023)
Dr Katerina Kolyva
Rosalynde Lowe CBE *
Dr Angela McLernon OBE
Helen Mehra
Dr Jenni Middleton
Dr Joan Myers OBE (commenced December 2022)
Rebecca Myers # +

Vice Chair Christine O'Connell # +
Dr Neesha Oozageer Gunowa
William Rathbone OBE *# (deceased on 31st December 2022)
Jeremy Taylor OBE

* Council members nominated and appointed by the Patron

Members of the Finance Committee

+ Members of the Remuneration Committee



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

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

Charity Registration number 213128

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Foreword from the Chair



During 2022 we saw the return to something resembling normal life following the Covid-19 pandemic. A welcome return to face-to-face meetings, travel and events. Some of the changes the pandemic brought about will remain with us for some time, enhancing our efforts around sustainability and a better work-life balance.

The transition to the post pandemic world was achieved through a programme of mass vaccination delivered predominantly by community nurses in GP surgeries, health centres, church halls, prisons, and care homes.

Internationally, nurses faced many challenges from natural disasters and during war. The Queen's Nursing Institute were pleased to support the International Council of Nurses campaign 'Nurses for Peace' to call for an end to the war in Ukraine and for protection of patient, nurses and other healthcare workers. The war in Ukraine and the pandemic also caused international financial turbulence affecting the markets and therefore the income of charities like the QNI.

Despite this, 2022 has been a very successful year for the Queen's Nursing Institute with significant progress being made in influencing policy, supporting nurses and developing our networks and leaders of the future. During 2022 we celebrated our 135th anniversary and also saw a period of significant change in the organisation. The Institute said goodbye to several staff and saw new colleagues joining the organisation, as they have over the past 135 years. During 2022 Her Majesty Queen Elizabeth II celebrated her Platinum Jubilee and, having been Patron of the Institute for 20 years, was awarded the Gold Badge of the Institute (the Institute's highest honour). We were saddened by her death on the 8th of September 2022.

During 2022 we also lost Michael Cooper, QNI Vice-President, on the 19th of September 2022 and towards the end of the year William Rathbone X OBE, our longest serving Trustee and great, great grandson of the founder of district nursing on the 31st of December 2022. Both Michael and Bill were magnificent supporters of community nursing and the Institute. Bill was a trustee for 48 years and Michael for just under 20 years. Their wisdom, insight and drive are missed across the organisation each and every day. The loss of Michael and Bill reminds me of the poem by Robert Frost, Nothing Gold Can Stay –

*Nature's first green is gold,
Her hardest hue to hold.
Her early leaf's a flower;
But only so an hour.
Then leaf subsides to leaf.
So Eden sank to grief,
So dawn goes down to day.
Nothing gold can stay.*

The Institute is the stronger, bolder and more dynamic for Bill and Michael's long involvement and while nothing gold can stay, we know that they would wish to see the Institute grow and develop further into the future.

During 2022 the Nursing and Midwifery Council (NMC) finalised and published the new Standard for Specialist Community Practice. The QNI had campaigned for the retention of annotation of SPQ qualifications and for field specific standards. Just prior to publication of the NMC Standard, the QNI announced they would lead work to develop field specific standards for a wide range of community nursing specialisms. The first six of these sets of standards are due to be published imminently and the Institute is developing an endorsement process for programmes developed using these standards.

During the year we saw the first cohort of NGS Elsie Wagg Scholarships developing their innovative garden projects in communities and care homes across the country. These initial projects will grow into a wide



Above:
left: Michael Cooper;
right: William
Rathbone X OBE

range of projects culminating in a total of 25 NGS Elise Wagg Scholarships by 2027 (The NGS Centenary Year).

Our two flagship leadership programmes (Aspiring Leaders and Executive Nurse Leaders Programmes) continue to deliver transformational leadership development opportunities for participants. The Executive Nurse Leaders programme has seen several participants take up system wide leadership roles following the programme. We are grateful to our Fellows who provide mentoring and support for our leadership programmes.

Internationally, the QNI continues to be a member of the International Council of Nurses and has supported several National Nursing Associations with the development of community and primary care nursing to address Universal Health Coverage targets.

Our professional forums and networks now total 10 with thousands of members from across a wide range of organisations. Our newest forum is the Community Nursing Research Forum headed up by Dr Ben Bowers QN, with a growing membership offering a range of support to clinical academics and researchers from a range of organisations. All our networks continue to thrive and provide much needed support to clinical staff, as well as policy and other advice to the NHS and other organisations.

Professor Alison Leary MBE, QNI Director of the International Community Nursing Observatory (ICNO) completed a new study on nursing in the digital age. The report shared concerns about hardware and the increasing use of scheduling software and the moral insult this can cause to staff who feel they are unable to provide quality of care to patients. Alison and Dave Bushe (ICNO Data Analyst) are currently working on the community nursing population study, which aims for the first time to identify the total number of registered nurses working in community settings in the UK.

While the QNI employs an array of fantastic staff, our work is dependent on a large number of volunteers from nurses working as part of the Keep in Touch (KiT) project through to the Fellows and Queen's Nurses supporting our policy work. A particular mention should be made of our brilliant communications team, our project managers, events and networks team and our grants team. All of our success would not be possible without the leadership of the Institute and I am indebted to Dr Crystal Oldman CBE, the Chief Operating Officer and the Directors of Nursing Programmes for their leadership and vision. Finally, to the often unsung heroes of any organisation our brilliant finance team and Christine Widdowson, who had the unenviable task of running Crystal's diary and managing the office.

Finally, 2022 saw us pass the 2,000 mark for the number of Queen's Nurses. Queen's Nurses are the Institute's greatest asset and the QN title is highly sought after and rightly held in high regard. Queen's Nurses make an impact on patients' lives each and every day, but they also fulfil an important role in promoting community nursing. One of the most successful policy interventions we have developed is our Queen's Nurse shadowing programme. During 2022, the Secretary of State's special advisor spent time with a Queen's Nurse and experienced the hugely complex and skilled work of community nurses. In addition, the Shadow Secretary of State Wes Streeting MP spent a day with a Queen's Nurse and the experience was so profound that Labour went on to commit to increasing the number of training places for community nurses in a future Labour government.

Professor John Unsworth OBE
Chair of Council
May 2023



Report of the Council 31 December 2022

The Council presents its report together with the accounts of The Queen's Nursing Institute (QNI) for the year ended 31 December 2022.

The accounts have been prepared in accordance with the accounting policies set out on pages 47 to 52 of the attached accounts and comply with the charity's Royal Charter, applicable laws and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102).

Objectives and activities

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

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

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

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

Values

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

Public benefit

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

Strategic Plan 2021-25

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

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

Influence

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

Quality

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



Above: Merin Jolly, Community Sister

Voice

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

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

Outcomes

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

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

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

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

Context

During the third year of the global Covid-19 pandemic in 2022, the QNI focussed on strengthening its reach and impact as the leading professional organisation for community nurses. The QNI is highly valued and respected for its expertise in influencing policy, based on independent and objective data and evidence, the provision of valuable intelligence to the sector, supporting innovation, developing professional standards and supporting nurses and leaders in a wide variety of roles in every setting in the community.

Many areas of expertise within the QNI have been drawn on over the three years of the pandemic, and we have continued in 2022 to provide a rapid insight at a national level into the experiences of nurses leading, managing and delivering care in the community and to influence policy through the data collected during the year.

During the year, the QNI has developed our range of expertise in response to the demand for our skills. Our reach into all levels of the community nursing workforce, in health, social care and education has grown over the year. The QNI team has continued with a planned growth in the team in accordance with the expanding portfolio of commissioned projects.

The Council of the QNI has, throughout the year, provided the expert governance and leadership required to ensure the delivery of the ambitious strategic plan 2021-2025 and delivery of the annual business plan. The Council has supported the planned growth of the QNI team, thereby building a secure and positive future for the charity.

“ We have continued to champion the role of nurses working in the community, in primary care and social care, and worked to raise their profile with commissioners, policy makers, media and the public. We have growing evidence that our strategy is contributing to greater recognition of the indispensable role and impact of community nurses in every field of practice. Community nurses are vital if health services are to manage the increasingly complex needs of the communities served.

Dr Crystal Oldman CBE, QNI Chief Executive



Sadly, on 8th September 2022, Vice President Michael Cooper died. Michael was a patron appointed Trustee of the QNI for 18 years, from 2003 until 2021 and served as Vice-Chair until 2013. He became a Vice President of the QNI in 2019. Michael also served as a member of the QNI's Finance Committee for many years; he was also a grants advisor and the Chair of the 'Support for Nurses' annual review meeting throughout his time as a Trustee. Michael's contribution to the work of the QNI and to the advancement of nursing in the community was outstanding. The QNI remembers and celebrates Michael for his commitment to the QNI and giving so generously of his expertise through many years of membership, including two terms of office as Vice Chair of Council.

It was with deep sadness again later in the year that we learned of the death of William Rathbone OBE, Patron appointed Trustee who died on 31st December 2022. William was a longstanding Council member, serving for 48 years. As a great-great-grandson of the founder of District Nursing and the QNI in 1887, William Rathbone VI, he continued a long family tradition of philanthropy and public service of international renown. William Rathbone was Vice-Chair of Council for 24 years from 1974 and he served on the Finance Committee for many years. William attended almost every QNI Award Ceremony and QNI events during this time, and as such was a very visible connection with the proud history and tradition of community nursing in the UK to all Queen's Nurses. A memorial service took place for William Rathbone on 2nd May 2023 at Southwark Cathedral.

“ I would like to pay tribute to William Rathbone and the superb and enduring support he gave to the Queen's Nursing Institute throughout his life. His understanding and commitment to the mission and purpose the QNI was absolute, and his wisdom and sound judgement as a trustee of the organisation was of immense value to all of us.

Dr Crystal Oldman CBE, QNI Chief Executive

On 8th September 2022, our Patron, Queen Elizabeth II sadly died. As a Patron of the QNI for twenty years, it was with a sense of gratitude and respect that we remember the leadership and wisdom of the Queen in support of our charity. The QNI and Queen's Nurses have been inextricably linked to the Queen as royal Patron through the decades and they have worked in the name of Queen Elizabeth II since she approved the reintroduction of the title in 2007.

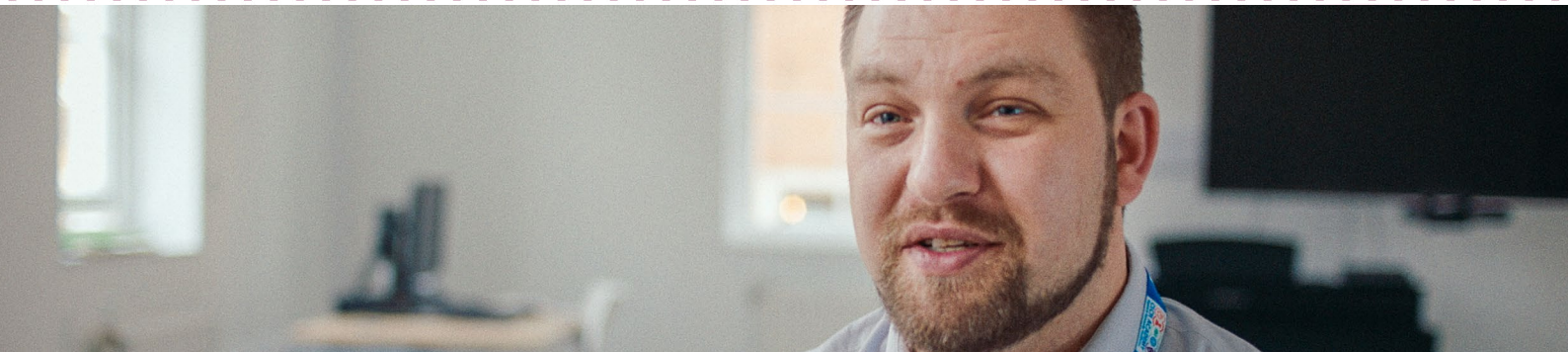
No members of Council retired during 2022, but two retired in March 2023, Candace Imison and Clare Hawkins. The QNI is very grateful for the time and expertise that they so generously gave during their term of office.

Covid19 – impact on the work of the QNI

At the time of writing this report, the country has been through three continuous years of a global pandemic. The rapid creation of Covid19 vaccines and the mass vaccination programmes have saved lives in 2022 that might otherwise have been added to the hundreds of thousands lost since the start of the pandemic. Lives have also been changed forever through the loss of family, friends and colleagues and there is an enduring impact of the pandemic for those with symptoms of Long Covid. The Office of National Statistics estimates that 1.5 million people in the UK have Long Covid and the application of research findings to support people with Long Covid is ongoing and reflexive, as the evidence of symptom control and management emerges.

During 2020, the work of the charity has continued to be impacted by the pandemic and its longer-term effects. The offices were closed on 17 March 2020 and remained closed until the summer of 2021 when the national and regional lockdowns were lifted and the vaccination programme was well established; After almost two years of working remotely, in March 2022, members of the QNI team returned to office working at least one day a fortnight. This flexible working has continued throughout the year, becoming established as a productive and collegiate work pattern for the team.

The majority of events and programmes had been delivered mainly online in 2021, so we were delighted to reinstate face-to-face delivery in 2022. The annual QNI Award Ceremony was also delivered in person in November 2022 for the first time in three years and was welcomed by all awardees and guests.



Above: Gustav Grib, Practice Educator for Nursing Apprentices

After the initial detrimental financial impact in relation to unrestricted income and the delay in the use of restricted funds in 2020 and 2021, the QNI has returned to a steady state with regard to the annual grants from the National Garden Scheme and investment income.

The activities undertaken by the QNI throughout 2022 to achieve the objectives of the second year of the QNI strategy (2021-2025) are set out in the section 'Achievements and Performance'.

Achievements and performance - Impact of the work in 2022

Goal One: Policy Influence and Development

In 2022, the QNI contributed expert nursing insight to more than 18 advisory groups of the arm's length bodies of the Department of Health and Social Care (including the Office for Health Improvement and Disparities; Health Education England and NHS England) and many other national and regional organisations.

Our networks of experienced nurses and our reach into networks provides intelligence and data which supports and contributes to policy development and influence. Throughout 2022, the QNI was frequently called upon to gather together groups of expert nurses for policy discussions and to provide the reflection on experience and the detailed analysis needed to understand the anticipated impact of new policies in health and social care. Our 2,000 Queen's Nurses continue to be called upon also represent the QNI in regional and national advisory groups, demonstrating the value of expert Queen's Nurses to the work of the charity.

The QNI has also contributed to All Party Parliamentary Groups wherever relevant and is a member of a group of professional bodies providing evidence for module three of the Covid19 Inquiry: [https://covid19.public-inquiry.uk/modules/ 'Impact of Covid-19 pandemic on healthcare systems in the 4 nations of the UK'](https://covid19.public-inquiry.uk/modules/Impact%20of%20Covid-19%20pandemic%20on%20healthcare%20systems%20in%20the%204%20nations%20of%20the%20UK). The QNI is able to utilise data and evidence collected during the pandemic to contribute to the inquiry from the perspective of the nurses working in the community, including in primary and social care settings.

The QNI delivered a highly successful online annual conference in October 2022. This was a five half-day event over a week, attended by more than 2,500 delegates from the UK, including nurses from more than 14 countries around the world.

Several very high-profile speakers and celebrities joined the QNI conference, with the theme of 'Inspired, Intrepid, Indispensable' <https://qni.org.uk/news-and-events/events/qni-annual-conference-2022/>.

The annual online conference has continued to be a gift to all nurses – the majority of whom have worked throughout the pandemic and continued to serve their communities in 2022. The approach is being maintained for the annual online conference in 2023 with sponsorship funding to support the cost of the organisation and delivery.

The QNI has been a key member of the NHSE National Board for the Community Nursing Plan 2021-2026 in England: <https://www.england.nhs.uk/nursingmidwifery/delivering-the-nhs-ltp/community-nursing/>

“ We work with nurses, educators, researchers and policy makers to ensure that high-quality nursing care in the community and primary care is available for everyone, where and when they need it.

Dr Crystal Oldman CBE, QNI Chief Executive



As part of this work, the QNI was commissioned to create an infographic to show the ways in which people’s lives are touched by community nurses, throughout the life course: <https://qni.org.uk/students/careers-in-the-community/> This now forms a part of the resources we are building to support student nurses and others to think about the potential of a nursing career in a community setting.

Community Nurses Touching People’s Lives across the Lifespan

Registered Nurses in the community have many different job titles. Many of them will join teams as community staff nurses with the opportunity to progress into numerous specialisms. Here are some of the community nurses that you or your family might meet at different times of life.

Life Stage	Specialisms
Pre-Conception	<ul style="list-style-type: none"> General Practice Nurse Sexual Health Nurse Homeless and Inclusion Health Nurse Community Clinical Nurse Specialist Nurse Educators / Researchers Immigration and Refugee Nurses
Pregnancy	<ul style="list-style-type: none"> Midwife Health Visitor General Practice Nurse Community Children's Nurse Homeless and Inclusion Health Nurse Family Nurse Partnership Nurse Community Clinical Nurse Specialist Immigration and Refugee Nurses Nurse Educators / Researchers
Baby	<ul style="list-style-type: none"> Health Visitor Midwife General Practice Nurse Community Children's Nurse Homeless and Inclusion Health Nurse Community Learning Disability Nurse Family Nurse Partnership Nurse Community Clinical Nurse Specialist Immigration and Refugee Nurses Nurse Educators / Researchers
Toddler	<ul style="list-style-type: none"> Health Visitor General Practice Nurse Community Children's Nurse Homeless and Inclusion Health Nurse Community Learning Disability Nurse Family Nurse Partnership Nurse Community Clinical Nurse Specialist Immigration and Refugee Nurses Nurse Educators / Researchers
School-Age Child	<ul style="list-style-type: none"> School Nurse General Practice Nurse Community Children's Nurse Health Visitor Community Learning Disability Nurse Homeless and Inclusion Health Nurse Child and Adolescent Mental Health Nurse Community Clinical Nurse Specialist Nurse Educators / Researchers Immigration and Refugee Nurses
Teenager	<ul style="list-style-type: none"> General Practice Nurse School Nurse Sexual Health Nurse Community Children's Nurse Child and Adolescent Mental Health Nurse Transition Nurse (Child to Adult Services in the Community) Homeless and Inclusion Health Nurse Community Clinical Nurse Specialist Community Learning Disability Nurse Paediatric Liaison Health Visitor Community Mental Health Nurse Nurse Educators / Researchers Immigration and Refugee Nurses
Adult	<ul style="list-style-type: none"> General Practice Nurse District Nurse Occupational Health Nurse Sexual Health Nurse Community Learning Disability Nurse Community Mental Health Nurse Public Health Nurse Homeless and Inclusion Health Nurse Community Clinical Nurse Specialist Transition Nurse (Child to Adult Services in the Community) Adult Social Care/Care Home Nurse Prison Nurse Custody Nurse Nurse Educators / Researchers Immigration and Refugee Nurses
Older Person	<ul style="list-style-type: none"> District Nurse General Practice Nurse Community Mental Health Nurse Homeless and Inclusion Health Nurse Adult Social Care/Care Home Nurse Community Clinical Nurse Specialist Community Learning Disability Nurse Immigration and Refugee Nurses Nurse Educators / Researchers End Of Life/Palliative Care Nurse Hospice Nurse

The QNI became a member of the International Council of Nurses (ICN) in November 2021, which provides a platform to influence policy nationally and globally in relation to the aims of the ICN – universal health coverage for all, a vision in which nurses play a critical part as the largest clinical professional in healthcare across the world.

There are opportunities to share and learn through the ICN and the QNI is contributing to the ICN biennial conference in Montreal in the summer of 2023. A short QNI film of nursing in the community has been accepted by the ICN conference committee for the event.

The QNI has actively supported the ‘Protect Nurse’ campaign in the UK. Currently, anyone in the UK can call themselves a nurse. This leads to confusion and misplaced confidence for individuals and families who may not understand that the person who calls themselves a nurse may be a healthcare support worker or a care assistant with a limited understanding of the patient’s condition and in a role that has no professional regulation. A change in the legislation is anticipated in the next 1-2 years.



Above: ICNO publications

Goal Two: Data and Evidence

The International Community Nursing Observatory

The QNI's International Community Nursing Observatory (ICNO) was launched in November 2019, just before the start of the pandemic. 2022 was the third year of operation of the ICNO under pandemic conditions, but this has not prevented the vital work, which is expertly led by Professor Alison Leary, from being delivered throughout the year.

The ICNO launched the QNI Workforce Standards for the District Nursing service in February 2022: <https://www.qni.org.uk/news-and-events/news/new-workforce-standards-for-district-nursing-launched/>.

The publication was exceptionally well received by provider services; many have implemented the standards across their organisation and one Integrated Care System in England has applied the standards to test for consistency of services across the footprint of the population served.

Directors of Nursing continue to advise the QNI that the standards have positively influenced staffing decisions at a board level. A further piece of research in 2023 will measure the impact of the standard across all District Nursing teams in the UK.

The ICNO work in 2022 also focussed on gathering data to understand the current challenges and opportunities with digital engagement in community nursing services. The results were published in *Nursing in the Digital Age (2023)* in February 2023. This is a refresh of the publication of the same name in 2018 and again has been received well. The findings include some areas of very little progress over the last 5 years, such as:

- In 2018, around 85% of respondents reported issues with mobile connectivity. In 2022 this figure was around 87%.
- In 2018, 32.7% reported problems with lack of compatibility between different computer systems. In 2022 the figure had risen to 43.1%.
- In 2018, 29.5% reported problems with device battery life, but in 2022 the figure was almost 53%.

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

In 2022, a piece of work was commenced in the ICNO named 'The Community Nursing Workforce Population study'. This research will provide a description of how many nurses work in roles in the community and in what environment of care (eg District Nursing, General Practice Nursing, Community Children's Nursing, Homeless and Inclusion Health Nursing, Community Learning Disability Nursing, Community Mental Health Nursing, Prison Nursing, Care Home Nursing, Health Visiting, School Nursing, Occupational Health Nursing etc).

“ All healthcare providers should have a nurse who is appropriately experienced and skilled to lead on the use of digital technology with the organisation.”

Recommendation from 'Nursing in the Digital Age 2023'



Currently, this information is not held anywhere but when completed, will be incredibly useful in influencing the narrative around community nursing, including its size, range of nurse led and other services provided as well as visibility as a career choice and its potential to impact on the health and wellbeing of the people served.

Community Nursing Research Forum

The Community Nursing Research Forum commenced in July 2022. Commissioned by NHS England (NHSE), the Forum has grown to over 600 members within months and includes nurses who have an interest in becoming a researcher, through to those who are active community nursing researchers.

Research masterclasses are held monthly with an attendance of more than 100 nurses and the feedback is excellent. A mentoring scheme has been launched, which is supporting the growth of new and aspiring nurse researchers and clinical academics who are now being mentored by the more experienced nurse researchers.

In 2022, the QNI published the ninth annual District Nurse education audit which details the numbers of District Nurses (DN) who have undertaken the Nursing and Midwifery Council (NMC) recordable Specialist Practice Qualification (SPQ) in the UK in the academic year 2020/21: <https://qni.org.uk/wp-content/uploads/2022/07/DN-Education-Report-2020-21.pdf>. The QNI audit has become an annual reference point nationally for tracking the trends of District Nurse education and the professional qualification of the leaders of District Nursing teams in order to influence education policy and funding to match demands within community services.

The 10th and final annual audit report will be published in 2023 (2021/22) and then reports will focus on the use and impact of the QNI filed specific standards for SPQ education and practice.

“ Thank you for an excellent session highlighting these underserved research topics. It’s definitely inspired me to undertake a research project and to also inspire my community nursing colleagues to as well.

Delegate feedback from CNRF masterclass

Goal Three: Innovation and Quality Improvement

Community Nurse Innovation Programme (CNIP)

The Burdett Trust for Nursing generously funded ten nurse led innovation projects focused on supporting people with Complex Needs in Primary Care. This cohort of project leaders commenced the programme online in January 2021 and completed in the spring of 2022. The range of innovations are impressive and the outcomes and impact can be seen in detail here: <https://qni.org.uk/wp-content/uploads/2022/11/Community-Nursing-Innovation-Programme-Complex-Needs-Summary-of-Final-Reports-and-case-studies.pdf>

In 2022, NHSE provided funding for five community nurses to undertake the Community Nurse Innovation Programme (CNIP) focusing their projects on Personalised Care. The cohort commenced in March 2022 and experienced a hybrid model of virtual and face-to-face delivery, completing in March 2023. The cohort joined the seven innovation project leads who were funded by the National Garden Scheme (NGS) to undertake the NGS/Elsie Wagg Scholarships focused on Gardens and Health: <https://www.qni.org.uk/news-and-events/news/qni-and-national-garden-scheme-announce-new-community-nursing-scholarship/>

The CNIP projects have been very successful with a number of project leads from the 2022 cohort nominated for national nursing awards in 2023, based on the measurable impact of their innovations.



Above: Amanda, Lead Outreach /In Reach for the Homeless and Health Inclusion Team with a client.

The successful model of supporting innovation projects at the QNI is based on more than 20 years of experience of teaching, learning and supporting nurse-led innovations in practice. The programme is now open for funding by individuals, employers and grants from foundations and the growing interest of a new business model has supported a new CNIP cohort which commenced in the summer of 2022. A new grant from the Burdett Trust for Nursing will support a number of nurses on another CNIP cohort in 2023.

Homeless and Inclusion Health Programme

Whilst the QNI has been unable to secure long-term funding for the Homeless and Inclusion Health (HIH) programme, funding was received in 2021 from NHS England and NHS Improvement (NHSE/I) and Public Health England (PHE) for discrete projects which were completed in April 2022. These included: Raising the Profile of Homeless and Inclusion Health Nursing; Transition to Homeless Health Nursing and Case Studies (Families Experiencing Homelessness). The very welcome funding enabled the QNI to continue to facilitate the learning and sharing of nurses delivering care to vulnerable groups during the pandemic, including people experiencing homelessness, people who are vulnerably housed, sex workers, Gypsy, Traveller, Roma, Boater and Showmen.

The learning and sharing within the participants of the groups has provided solutions and rapid learning which would not have been possible as isolated practitioners. The groups have also provided data and intelligence for policy makers in NHSE/I and the Department for Levelling Up, Housing & Communities in England, where a Queen's Nurse is currently the clinical advisor for the Rough Sleeping Initiative, to end rough sleeping by 2025: <https://www.gov.uk/government/news/government-continues-drive-to-end-rough-sleeping-building-on-success-of-everyone-in>

Further funding continues to be sought to maintain the programme and the thriving network of Homeless and Inclusion Health nurses and health visitors who have given excellent feedback on the value of the network and the programme to their practice. Until funding is secured, the QNI Council has agreed to continue to fund the network in a limited way from the growth in the value of the endowment.

A grant of £20K was agreed in 2022 from the Office of Health Improvement and Disparities (OHID) to fund the development of field specific standards for Inclusion Health Nursing as part of the QNI standards work. Members of the network and experts by experience have been included in the development of the standards.

Feedback on the impact of the Homeless and Inclusion Health Programme is captured by an annual survey, which also provides an opportunity for network members to shape the work in the year ahead. The QNI continues to seek longer term, sustainable funding for the programme of work which has proved to be a lifeline for practitioners over the last 16 years.

“ Participants spoke passionately of the benefits to them of Health and Inclusion Health Programme membership, rating it exceptionally highly, particularly in relation to access to resources, information, opportunities to share practice and support that they would find difficult to access otherwise.
Feedback from survey of network



Community Children's Nurse (CCN) Network

In 2021, the QNI welcomed the newly established network of Community Children's Nurses in its transfer to the QNI with endowment funding to enable its growth and development. The network had formed via social media during the pandemic, led by a Queen's Nurse who is now seconded to the QNI from her role as a Community Matron in London, on a part-time basis, to support the network.

The network has grown to over 500 members and has gained national recognition for this critical specialist nursing service for children and families in the community. The network members have been key to the development of the QNI Field Specific Standards for the Specialist Practitioner Qualification (SPQ) in Community Children's Nursing (see page 18).

The members have also supported the development of the digital learning resource 'Transition to Community Children's Nursing' for newly qualified nurses or those who are new to community children's nursing service. The resource will be launched in 2023 and adds to the library of resources for nurses new to community nursing services: <https://qni.org.uk/nursing-in-the-community/transition-community-nursing/>

“ I no longer feel like I'm working in a very small specialist area but CCN's now have a voice especially with NHSE, QNI and RCN colleagues joining us.
Community Children's Nurses network member

Long Covid Nurse Network (Community of Practice)

The QNI was commissioned by NHSE/I to create a 'Community of Practice' in 2021/22 for nurses who are supporting people with symptoms of Long Covid in the community and the QNI was successful in bidding for further funding for the network to continue in 2022/23.

The network has continued to be a valuable source of sharing practice and learning about the emerging research-based evidence. Online meetings have taken place over 2022 and have been very well attended and evaluated.

A revised Long Covid resource 'Living with Long Covid' was published in October 2022, an excellent and unique piece of work which continues to be updated on the website. The resource was launched at the QNI annual conference in October 2022: <https://qni.org.uk/wp-content/uploads/2022/11/Living-with-Long-Covid-2022.pdf>

Experts by Experience, including nurses with symptoms of Long Covid, participate in the group and provide the opportunity for reflection in relation to the access to services and nursing practice. The group feeds into NHSE strategic nursing advisory group for Long Covid, providing insight specifically in community nursing perspectives.

International Recruitment support programme (NHSE)

In 2021/22, the QNI was funded to deliver a support programme for NHSE/I focused on supporting six NHS community services pilot sites to recruit and support Internationally Educated Nurses (IENs) joining their organisations. The work included the provision of regular opportunities for engagement and learning, including seminars, a community of practice and a conference day in October 2022 for sharing and learning. The QNI website was developed to include pages which are specifically focussed on inspiring IENs with opportunities for working in the community and sharing the experiences of colleagues who have joined community services: <https://www.qni.org.uk/nursing-in-the-community/international-recruitment-to-the-community/> An International Community Nurse of the Year Award commenced in 2021 and continued in 2022 as one of the annual QNI Awards.

Internationally educated nurses have always been a significant part of the health and social care workforce in the UK and it has been a pleasure to meet and work with many of them in the delivery of this work.

Built on the huge success of the film 'Nursing in the Community', <https://www.youtube.com/watch?v=YcGKJSFWPHs> the QNI was commissioned by NHSE in 2022/23 to develop a film which



Above: Ananthu Ashok, Practice Development Nurse

focused on celebrating Internationally Educated Nurses working in community roles. The international recruitment film was launched in May 2023 and can be viewed at: <https://vimeo.com/825763074> .

Bespoke Innovation Learning Event

Lohmann-Rauscher (L&R) (Lohmann-Rauscher.co.uk), manufacturers of wound care and compression products, sponsored the QNI to deliver a wound care event, supporting sharing and learning around a new innovation, with the aim of releasing time for District Nursing services.

The event took place on 4th April 2022 and the QNI District Nurse Workforce Standards were presented by Professor Alison Leary as part of the event. The feedback was excellent and more events with L&R may be supported in 2023.

Goal Four: Standards

The QNI is recognised for its significant expertise in post-registration community nurse education. The nurses employed by the QNI have considerable experience of working in higher education, leading and managing programmes, and in practice at a senior level in community and primary care settings. This level of experience and capability provides an opportunity for the nurses to lead on work focused on the development of standards for education and practice.

QNI/QNIS Standards for Education and Practice

The QNI has for the last seven years, partnered with Queen's Nursing Institute Scotland (QNIS), to produce high quality voluntary standards for practice and education to support the development and delivery of specialist practice community nursing programmes, such as District Nursing (2015), General Practice Nursing (2017) and Community Children's Nursing (2018) and Community Learning Disability Nursing (2021):

<https://www.qni.org.uk/nursing-in-the-community/standards/>

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

Practice Teaching Standards

Throughout 2022, the QNI worked on the development of Practice Teaching standards, responding to the demand from employers in the community nursing services sector. The absence of any NMC standards for Practice Teacher has led to the closure of the majority of university-based Practice Teacher programmes in the UK, with no equivalent replacement.

Members of the advisory group have been enthusiastic in their support of the work and focus groups have been attended by more than 400 nurses, many of whom were supported in their learning by a Practice Teacher or were working as a Practice Teacher.

“ The development of the QNI standards for Community Practice Teaching has received overwhelming engagement, support and collaboration from diverse partners across practice and education. There was a consensus about the need for new standards supporting an advanced level of practice teaching, to support nurses undertaking an SPQ or SCPHN programme. These new standards will ensure there is a robust basis for contemporary and future education and practice development in place for registered nurses undertaking a SPQ or SCPHN programme.

Angie Hack QN, Standards Project Manager



The QNI UK wide standards were published January 2023 following extensive consultation and feedback: <https://qni.org.uk/wp-content/uploads/2023/01/QNI-Standards-for-Community-Practice-Teaching-Education-and-Practice-2023.pdf>

It is anticipated that the standards will be used to support the development of Practice Teacher programmes in universities, providing the opportunity for nurses learning to work at an advanced level of practice to be supported by a qualified Practice Teacher. An evaluation of the impact of the standards will be undertaken in 2023/24.

Participation in the Nursing and Midwifery Council review of post-registration community specialist practitioner standards

The QNI continued in 2022 to participate in the NMC steering group for the review of the regulated post-registration community specialist practitioner qualifications (SPQs) which commenced in the summer of 2019.

The QNI and many expert Queen's Nurses participated in working groups and the NMC published a single set of standards for SPQ in July 2022:

https://www.nmc.org.uk/globalassets/sitedocuments/standards/post-reg-standards/nmc_standards_of_proficiency_for_community_nursing_spqs.pdf

It is the expert view of the QNI, with overwhelming support from employers and higher education institutions that in the absence of field specific standards to support SPQ annotations, such as District Nursing, unwarranted variation in programmes of education will emerge. This will then lead to a loss of consistency in what a nurse with an SPQ qualification in any specific field of practice needs to know and be able to do.

The QNI, with explicit support from the NMC (who are a member of the QNI Advisory Board), commenced a programme of work to develop Field Specific Standards for Specialist Practice Qualifications.

A UK wide Advisory Group was established and standards for nine fields of practice were agreed to be developed in 2022/23:



“ Creating our future community nursing workforce requires a consistent approach to the development of excellent practice and clinical leadership. Our work on specific standards is designed to build upon the broad regulatory standards of the NMC to ensure that wherever a person lives, works or accesses services the care they receive is of the highest quality, based on evidence and tailored to their own individual needs.

Professor John Unsworth OBE, Chair of Council



Above: Practice Nurse Louise Ashwood with a patient

The nine sets of standards will be published in 2023. The QNI will commence an endorsement process for universities which choose to map their SPQ programmes to the QNI standards and there is every indication that the endorsement process is very much welcomed as a mark of programme quality.

In a mark of success, a growing demand for the development of the SPQ in Adult Social Care Nursing has been seen in England, with new SPQ programmes expected to be validated and approved by the NMC in 2023/24.

Association of Academic General Practice Nurse Educators (AAGPNE)

The Association of Academic General Practice Nurse Educators (AAGPNE) is now in its fourth year and continues to grow from strength to strength, with 74 Members and 20 Associate members from across the UK.

The network supports the ongoing development of standards on which universities would build programmes of education and training for General Practice Nurses throughout their careers and provides an opportunity to share, learn and influence nurse education policy as a collective voice for general practice nursing.

Meetings of AAGPNE members were quarterly online in 2022, providing an opportunity for professional debate, sharing of best practice, innovations, quality assurance processes, challenges and solutions in GPN education. AAGPNE is co-chaired by the lead for Primary Care at the QNI and a web-based resource continues to be developed – the General Practice Nurse Education Network (GPNEN). This is a repository of educational and practice resources for GPNs which is free to access.

The site has now been live for more than three years and requires just three clicks to access material: <https://gpnen.org.uk/> The feedback from AAGPNE members and those who have used the GPNEN resources has been extremely positive and demonstrates the impact of unique education network and resource in the support of General Practice Nurse education and practice.

Members of the AAGPNE have been instrumental in supporting the development of the QNI Field Specific Standards which will be published in May 2023.

“ Thank you also for raising our concerns as AAGPNE members in respect of the NMC review of post registration standards and for listening to our concerns. I do feel we as a group have the capacity to influence change and I very much value this opportunity as an academic member.

Feedback from AAGPNE member

Bournemouth University: Support for GPN programmes

From September 2020, the QNI has been providing support to Bournemouth University for the General Practice Nurse (GPN) Fellowship programme and the programme for GPNs new to General Practice. More than 80 GPN students are now being supported virtually by the Associate Director of Nursing Programmes, providing the QNI with an excellent insight into the experiences of nurses new to General Practice, which then informs our policy influencing work. The success of the support was demonstrated in the renewal of the contract in 2022 for two further years, to September 2024.



Nursing in the Community – inspiring the future generation

Health Education England provided funding for a project to inspire student nurses about the potential to learn on a clinical placement in the community and to understand the career opportunities in the community.

A survey was undertaken to capture the varied experiences of student nurses in relation to learning on community placements and to inform the project was published in 2022, along with examples of good practice: <https://qni.org.uk/wp-content/uploads/2022/08/Pre-registration-community-nursing-placements-survey-report-2021.pdf>

The myths of community as a first destination for newly qualified nurses have been broken through the blogs of nurses who have found community to be an excellent first destination for consolidating and growing their skills and knowledge.

The project has been a catalyst for the QNI in being more intentional in our engagement with student nurses as part of our strategic plan.

Goal Five: Role models and Leaders

Queen's Nurses

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

The applications resulted in 317 new Queen's Nurses being awarded the title, bringing the total to 2000 on the active register. The annual QNI Award Ceremonies took place in person for the first time in three years in November 2022, with a ceremony in the afternoon and the evening – with more than more than 650 awardees and guests.

The annual Queen's Nurse Day entitled 'Recovering, Revitalising, Restoring' took place in March 2022 and was very successful, with excellent feedback from the 436 participants: <https://www.qni.org.uk/wp-content/uploads/2022/03/Summary-Queens-Nurse-Annual-Meeting-28-March-2022.pdf>

Regional meetings have continued virtually and have given the QNI team and the Queen's Nurses the opportunity to participate in a way that might not have been possible with the travelling challenges and additional time commitment and cost associated with a face-to-face event.

The QNI continued to support Queen's Nurses to make a significant contribution to national work in England, including involvement in national consultations, advisory and focus groups. Examples include two Queen's Nurses appointed as the co-chairs of the NHSE advisory group for the national community nursing plan which commenced in 2020 and many QNs appointed as part of the team of 14 Community Nursing Fellows in NHSE to support the delivery of the Community Nursing Plan.

Recognition of the work of Queen's Nurses was also seen in the national honours awarded in the summer to five Queen's Nurses, including the Chair of the QNI, Professor John Unsworth OBE and the Director of Nursing Programmes (Leadership), Sharon Aldridge-Bent MBE.

“ Being awarded the title of Queen's Nurse is extremely humbling and a great honour. It will assist me in my passion for nursing palliative care patients in the community and to support the wellbeing of people in rural communities. Being a part of a historic institute is a great privilege and I look forward to networking with other Queen's Nurses and sharing our experiences to enhance the lives of our patients.

Andie Day, Queen's Nurse



Above: a cohort of Executive Nurse Leaders

Executive Leadership Programme

In 2017, in recognition of the 130th anniversary of its foundation and the NGS' 90th anniversary, the NGS awarded the QNI with a grant specifically to support the development of Queen's Nurses working at an executive level who wish to move to a more senior post in the future. The restricted grant each year has provided sufficient funds to support an annual cohort of QNs to undertake the Executive Leadership Programme.

The programme was placed on hold in 2020 but a third cohort of Executive Queen's Nurses completed their programme in February 2022. The QNI is very grateful to the NGS for supporting a fourth cohort of Executive Nurse Leaders who completed the programme in August 2022 and the fifth cohort will commence complete their programme in 2023.

The impact of the programme is profound, with participants' careers accelerated and enhanced as a direct result of the growth and development on the programme. We are delighted that NGS Chief Executive George Plumptre meets with every cohort and shares the NGS vision and aspiration for Queen's Nurses to be aiming for senior positions in the health and social care systems in the UK.

In 2023, we will be developing and formalising our alumni offer for the QN Executive Leaders, who provide considerable mentorship and support for those who are joining successive programmes.

“ The programme provides the head space for senior nurse leaders to focus on 'self', really understand what it means to be you in both your own organisation, as well as the system. It provides a set of tools/skills that enable nurses to hold their own at a strategic level and improve confidence, affirming that they are where they are because they have worked hard and deserve to be there! It is professionally life changing and I have met people that I know I will be friends with for life!
Executive Nurse Leader feedback

Aspiring Leaders Programme

Our very successful Aspiring Leaders programme is very well established and provides an opportunity for community nurses to participate with employer, grant or self-funded places: <https://www.qni.org.uk/explore-qni/leadership-programmes/aspiring-leaders/>

The feedback from participants has been overwhelmingly positive and at least 50% of the participants change roles to a more senior or more responsible job during the course of the yearlong programme. Two cohorts commence each year in June and November and complete the following year. The QNI has a track record of zero participant attrition on the programmes and the programme team provide support and visits to practice as part of the programme – a unique feature of all QNI Leadership programmes.

The participants on our two cohorts completing in May and October 2022 provided excellent feedback which was overwhelmingly positive. All suggestions for change are considered and utilised in building the programme for the next cohort.

“ I just couldn't have led our district and community nurse service through the last few years without the knowledge and skills I gained through completing this course with the QNI. Forever grateful. If you're considering applying don't hesitate!
Aspiring Nurse Leader feedback



Northern Ireland District Nurse Team Transformational Leadership Programme

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

Two of the four cohorts were fully delivered prior to the pandemic and another was partly delivered. The work was largely on hold during the pandemic except for a few online sessions and the revised programme was delivered over three days in September 2022 in Belfast, Northern Ireland in a participatory three day conference style event.

It has been a joy to work with colleagues in Northern Ireland and to participate in the development and implementation of the District Nursing Framework. The country is a trailblazer in relation to the strategic development of the District Nursing profession in support of the population of Northern Ireland.

Bespoke Professional Development Programmes

In 2022, the QNI was commissioned by Leeds Community Healthcare NHS Trust to deliver a bespoke professional development programme for community staff nurses and Allied Health Professionals (AHPs) in Leeds.

The programme was successfully delivered over a number of months, with face to face and online sessions. The feedback was excellent and led to a commission for a second cohort in 2023.

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

Community Nurse Executive Network – CNEN

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

Launched in 2016, CNEN is now established and known in the sector as a valuable network for sharing best practice, challenges and solutions, while supporting leadership and management practice in community services amongst peers.

The CNEN membership has gained further members throughout 2022, from 170 to 219 Meetings were held monthly throughout 2022 and were chaired by Helen Mehra, QNI Trustee and CNEN member from January 2022.

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

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

“ Thanks ever so much for these meetings, they are so useful and today's discussions and presentations are really interesting.
Member at CNEN meeting



Above: Queen's Nurse Sharel Cole with a patient

Care Home Nurse Network

The QNI is very grateful to the Royal College of Nursing (RCN) Foundation that has supported the ongoing development of the Care Home Nurse Network and associated activities under a contract from January 2020 to December 2022.

The purpose of the network is to offer an opportunity to share and learn; the network activity includes access to a closed Facebook page, online events, the development of a learning repository for Care Home Nurses and a quarterly newsletter: <https://qni.org.uk/nursing-in-the-community/care-home-nurses-network/>

The Care Home Nurse network has grown to a membership of 1,785 (from 1,467 in 2021). The themed events take place quarterly online, on priorities and topics identified by members, and attract around 150 delegates. We have excellent speakers and the network provides a forum for sharing and learning, as well as understanding the impact of new policy initiatives on the social care nursing sector.

The feedback from the participants and members of the Care Home Nurse Network has been outstanding. The three year funding contract with the RCN Foundation was completed in December 2022 and was underspent, principally due to converting face to face events to online meetings after the onset of the pandemic in 2020. The RCN Foundation has generously permitted the underspend to be used in supporting the network for a further year whilst an alternative source of funding is identified for 2024.

“ Thank you for the opportunity to reflect; it was a great discussion and enjoyable session. Looking forward to the next one.

Delegate at Care Homes Nurses network webinar

Infection Prevention and Control (IPC) Champions

A separate network of Infection Prevention and Control (IPC) Champions in adult social care settings was launched in November 2021 with 100 attendees, following funding from the Chief Nursing Officer for Adult Social Care in the Department of Health and Social Care: <https://qni.org.uk/nursing-in-the-community/infection-prevention-and-control-champions/>

Meetings were held online every two months throughout 2022, with topic determined by the members. The network is popular, growing from to 1,385 members within a year and attracting up to 300 members at events, clearly demonstrating the need for the network and the associated activities.

The feedback from network members, which include nurses and care staff in adult social care settings, is excellent and further funding will be sought to continue with the network in 2023/24.

One of the actions of the lead for the network is to identify other local and regional IPC networks and to consider the opportunity for a mapping of the networks, to identify any geographical gaps in the opportunities for practitioners to meet locally and regionally. This work will continue in 2023.

“ The speakers selected connected very well over Zoom, making topics interesting and relevant and it felt very much as though you were speaking to a colleague from another department rather than feeling like too formal. The topics selected are sometimes things we are already thinking about in the back of our minds, or present solutions to issues we currently face.

IPC Network Member



Goal Six: Support for Nurses

Financial hardship grants

Nurses have continued to be severely financially impacted by a loss of income because of the pandemic, including the impact of a Covid-19 infection, suffering symptoms of Long Covid and being unable to work.

In some cases we have seen registered nurses with limited access to employer sick pay, despite having a long service history with their employers and others are agency workers or have been self-employed, with access only to statutory sick pay. We have also seen cases where partners have been become unemployed and the family has suffered a significant loss of income.

Applications increased in 2022 as the cost of living exceeded pay rises and the fuel increases impacted on heating homes and in particular transport costs for nurses using their own cars for travelling to deliver care in patients' homes. In the summer of 2022, when fuel costs increased exponentially, the QNI offered one-off fuel grants (calculated at one car tank of fuel) to nurses for a short period of time, before becoming overwhelmed with applications.

The situation proved valuable for demonstrating the way in which a nurses may enter financial hardship, when paying up to £800 per month for travelling for work, between patients and not reimbursed for several weeks after their own salary has been used to fund the costs of travel. The QNI used the opportunity to share on the QNI website the range of initiatives taken by employers to mitigate the cost to the individual nurse of fuel for work purposes, to encourage others to do the same. The feedback we have received has demonstrated that this was a successful tactic in helping employers to see what others were doing and then responding positively by taking similar actions: <https://qni.org.uk/support-for-nurses/fuel-support/>

In addition to fuel grants and the Covid-19 related grants, the financial grants have continued as usual for nurses in financial difficulty and suffering financial hardship that was not directly created by the pandemic. Many of these beneficiaries were in extremely challenging and tragic circumstances in relation to themselves or family members, including domestic violence and life-limiting illnesses.

In 2022, 162 nurses were supported in this way (2021 - 95), of which 71 were awarded fuel grants. In addition, the number of nurses receiving regular grants in 2022 was 15 (2021- 17).

The difference that the QNI funding makes to the nurses who are experiencing often extremely complex and challenging situations in their lives is significant. The process is responsive and individualised and recipients often report directly to the Grants Manager that the QNI funding provided a lifeline and recognition of their needs when they were at their most vulnerable. We are grateful to the two very experienced QNI Fellows who provide a Grant Advisor function, confirming the amount to be given in financial assistance following a report by the Grants Manager.

The QNI is delighted also to be working with the Company of Nurses Charitable Trust in administering their financial hardship fund for community nurses to the value of £5,000 annually, an agreement which commenced in 2019. This has enabled even more nurses to be supported and the QNI is pleased that this continued in 2022 with the distribution of a further £5,000.

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*“ I honestly don't know what to say. My washing machine came today and I've done my first lot of washing for myself it is absolutely amazing. I'm still hunting a wardrobe with the first grant. I can't thank you enough for the kindness you have shown me, I'm so grateful, as is my daughter. This is a huge help, thank you for your kind words also it means a lot.
Financial assistance recipient*
.....



Above: Dora Roylance Memorial Prize winner, Grace Adegunwa-Peace, receiving her certificate from Deborah Sturdy CBE Chief Nurse for Adult Social Care in England

Education grants

The QNI awarded education grants in 2022 that have benefited 76 nurses (68 in 2020) in the completion of professional development programmes to advance their knowledge and skills in community and primary care nursing roles, including in adult social care settings.

The grants are awarded where there is partial or no recourse to funding from the applicant’s employer and where the immediate benefit to the people served by the nurse is clearly demonstrated, such as being educated in advanced clinical assessment skills and independent prescribing. In this way, the QNI is ensuring that improved access to highly skilled nurses continues to grow and be sustained.

Since 2019 the QNI has been supported by the Company of Nurses Charitable Trust, with the QNI Grants Department to administer their education grants specifically for nurses working with people experiencing homelessness, from the Chantry Robinson Fund: Donations and Funds - The Company of Nurses Two places for the Inclusion Health course at University College London (UCL) were successfully funded in 2019, 2020 and 2021. In 2022, the Inclusion Health Programme at UCL was unavailable but has opened for applications again in 2023.

In 2022, the Company of Nurses awarded the QNI grant funding for one place on the November 2022 Aspiring Leaders programme for a nurse working in Inclusion Health services. The Company of Nurses has also committed grant finding for two further Aspiring Leaders places, one in each of the two cohorts starting in 2023.

The outcomes and the impact for the nurses who undertook the UCL course have been closely followed by the QNI and the Company of Nurses. The independent evaluation of the outcomes of all education grants awarded by the QNI in recent years was undertaken in 2021 by QNI Fellow, Professor Ros Bryar and some evidence-based changes to the application and evaluation processes are now in place.

“ Thank you! I could not have done this without the education grant from the QNI. I feel so empowered to take my new skills and knowledge into my workplace and deliver a high-quality service on the Isle of Wight. I am thrilled to have completed my MSc in Advanced Nursing Practice.
Education grant recipient

Education Prizes

Philip Goodeve-Docker Memorial Prize

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

Dora Roylance Memorial Prize

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



Ellen Mary Memorial Prize

The Ellen Mary Fund was established in 2019 from a legacy received from the family of a Queen's Nurse, whose mother, Ellen Mary left a legacy of £5K to support an annual prize for General Practice Nurse (GPN) students undertaking their NMC approved GPN specialist practice qualification. The memorial prize is awarded for outstanding achievement in the General Practice Nursing SPQ at every university in England, Wales and Northern Ireland where the programme is offered. Ellen Mary's daughter is a QN, Gill Boast, and she spoke about the importance of GPN education at the annual award ceremony in November 2022.

Financial support

'Keep in Touch' programme

The 'Keep in Touch' programme provides an opportunity for retired Queen's Nurses and other socially isolated community nurses, to be supported by a volunteer Queen's Nurse via the telephone. The initiative was initially funded by a legacy from a retired Queen's Nurse and 2022 was the sixth year of this very successful befriending service.

33 volunteers (2021 – 34) have been 'matched' to a beneficiary of the service and they provide a telephone befriending service either weekly or fortnightly. In total there are currently 54 beneficiaries of the service, with 19 being supported by the 'Keep in Touch' programme manager and KIT team.

In 2022, the service proved to be a trusted lifeline as the people supported appear to have become increasingly isolated during the pandemic and a number moved to supported care during the year. The regular calls from Queen's Nurses who are working and in touch with practice was incredibly welcome throughout the year.

The Keep in Touch service has continued to be evaluated extremely positively in 2022, with excellent feedback from both the retired Queen's Nurses and the volunteers. The annual volunteer update days were held online on two Saturdays in November 2022, with 25 volunteers attending across the two days. The sharing of experiences and challenges during these two days provided truly moving and emotional accounts of the value of the service, to both the beneficiaries and the volunteers.

The QNI 'Keep in Touch' team and the Chief Executive attended and the feedback from the days will further enhance and build the support and guidance offered to the volunteers as part of the support programme.

“ I look forward to our calls – they are the highlight of my week.
Keep In Touch contact

TalkToUs

In 2022, the QNI was delighted to receive a grant from the Covid19 Healthcare Support Appeal (CHSA) to enable the service to continue throughout the year. Being able to signpost to the QNI and other charities that offer financial hardship grants has also been very helpful in supporting nurses in very complex and challenging personal circumstances.

The now established TalkToUs listening service provides support all nurses in need of emotional support from trained listeners. The lead for the Keep in Touch service who provided the initial training and support structure continued in 2022 to provide the supervision and annual professional updates for the nurses providing the listening service: <https://www.qni.org.uk/help-for-nurses/talktous/>

The service responds to every request for a call and there have been between 20 and 25 calls per month throughout the year. The service is anonymous and the feedback at the end of an hour long 1:1 call is consistently positive, with nurses saying that they feel more confident to manage the challenges facing them. Beneficiaries are also provided, wherever appropriate, with signposting to other support services, including psychological support services. For some, referral to the QN financial assistance service has been appropriate, in order to explore an additional source of support.

“ Thank you so much for being there when I need you.
TalkToUs feedback



Above: A few of the QNI's Keep in Touch Queen's Nurse volunteers

Organisational development

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

It provides an indication of the ways in which the QNI plans to deliver on its core purpose over the period of the strategy. It is set in the current national policy context of the community being the place where more care is organised, led, managed and delivered by expert nurses. Importantly, the strategy was developed against a backdrop of the importance of the work of the QNI during the first year of the pandemic, in articulating the critical expertise and value of the nurses working in all roles in the community, in health and in social care settings.

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

One of the successful actions has been an increase in the number of applications for the title of Queen's Nurse from a black, Asian and minority ethnic (BAME) heritage. Every application for the title included an assessment by a BAME assessor. However, there is much more to be done by the QNI to increase the representation of BAME Queen's Nurses, to reflect the 26% BAME Registered Nurses in the UK.

Early in 2023, the new Director of Nursing Programmes (Innovation and Policy) and the Chief Executive actively engaged with BAME Queen's Nurses and Fellows to create a detailed and revised action plan to attract more BAME applicants for the title of QN and to devise a sensitive and respectful way to capture the ethnicity of the existing QN network members.

In 2022, the QNI increased the team to deliver the next steps in the strategy and business plan. Six new positions were created and filled with four full time members of staff and two part time consultants. This has enabled support for the growth in the networks and the demand for the innovation, bespoke professional development and leadership programmes.

One of the new full-time posts is Chief Operating Officer, created to support the growth of the team, and management of a wide range of income sources and the diversity in the projects and operations.

The role and contribution of volunteers

The QNI is very grateful to the large number of volunteers we who support a range of areas of work within the charity. The QNI would like to thank most sincerely all our volunteers for their significant contribution to the work of the charity throughout 2022.

“ One of the actions I want to highlight is increasing the number of BAME global majority nurses in our QN network. We know that we don't reflect the percentage of BAME global majority. BAME colleagues number 26% in the NMC register, at a minimum that's what we should be. This is a call to action, the QN application process opens in next few days, what I'm asking is for you to identify a BAME colleague who you know would make a fantastic QN and encourage them to apply.

Dr Crystal Oldman CBE, QNI Chief Executive at the Queen's Nurse Annual Meeting



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

In 2022 Queen's Nurses also continued to contribute significantly to the policy work of the QNI as volunteers, attending QNI focus groups, Department of Health and Social Care advisory groups and round table discussions for national work and with arm's length bodies on behalf of the QNI. Queen's Nurses continued to contribute throughout the year to the national advisory groups that were set up at the start of the pandemic in 2020, many of which have been closed by the end of 2022.

Fellows of the QNI continued to contribute to and support the work of the QNI in 2022, providing ongoing mentorship during and after the Aspiring and Executive Leadership programmes, and several have provided personal advice and support to the Chief Executive.

Council members collectively gave more than 1,000 hours of their time attending meetings, chairing advisory groups and participating in QNI events, including the annual conference and the annual award ceremony. Several members of Council also participated in the selection process for the appointment of the new Chief Operating Officer in the early weeks of 2022.

During 2022, it is estimated that more than 160 individuals made contributions to the work of the QNI, totalling in excess of 3,000 hours of voluntary work.

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

Key financial policies of the QNI

Community Nursing Innovation Programme – direct funding of projects

The QNI makes awards to support individual projects run by community nurses. The projects are selected on a competitive basis; those selected demonstrate the greatest innovation and potential impact on the care of individuals, families, carers and communities. The projects run for a year and the scheme offers a professional development programme for the project leaders in addition to the grant to enable project delivery. The opportunity is often dependent on funding being received to support the programme and when available, details of the programme and the application process are set out on the QNI website at <https://www.qni.org.uk/explore-qni/nurse-led-projects/>. In 2022, the QNI also created the opportunity to apply for self and employer funded places on the CNIP, where the fee covers the financial assistance required for the delivery of the project and its administration back to support the project is managed by the QNI.

Grants

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

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

There have been three grants advisors in 2022: Nick Addyman (Trustee and Chair of the annual Support for Nurses review), Sally Hawksworth (QNI Fellow and Respiratory Nurse Specialist) and Sue Talbot (QNI



Above: right: Katrina Capito, Community Nurse with colleague

Fellow and service commissioner). Applications for grants are considered by one of the three Grants Advisors as part of the assessment process.

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

A system of random audits of a sample of the QNI's grants records forms part of the internal financial controls each year, to safeguard against fraudulent claims or administration of applications. The audit was conducted in the summer of 2022 by Sue Talbot, Grants Advisor, with a satisfactory outcome which was reported to Council.

Investment policy

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

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

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


The QNI investments are reviewed monthly by the Finance Manager and the Honorary Treasurer. In 2022, the performance of the investments was considered to be satisfactory both in terms of capital and investment and in accordance with the sudden change in the financial markets in the autumn of 2022, driven by economic initiatives proposed by the UK government which were later withdrawn.

It has been more than five years since there was a desk-top review of Rathbone as managers of the QNI investment portfolio. Council determined that the investment portfolio would be reviewed by an external consultancy in 2023 and Asset Risk Consultants (ARC) was appointed in April 2023 following a procurement process to undertake this work: <https://www.assetrisk.com/>

Given the developments regarding the importance of Environmental, Social, and Governance (ESG) as the three central factors in measuring the sustainability and societal impact of an investment in a company or business, Council has been in dialogue with the Rathbone investment manager on the approach to ESG and the emerging policy within Rathbone. This will continue to be discussed in 2023, with a view to formally assessing the ESG position of the QNI portfolio in due course.

Reserves Policy

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



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

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

1. The expendable endowment fund should be preserved at a level which ensures the generation of income sufficient to cover a level of core costs, such as the lease and service charge costs, and so enable the long-term viability of the QNI.
2. The proceeds from the disposal in 2013 of the QNI's freehold building in Albemarle Way, London of circa £1.2m were invested in the expendable endowment fund, to provide for the possibility that another building purchase may be required at the end of the current lease (2040), or at any of the five-year breaks commencing in 2020 in the QNI's current lease. In 2018, the value of the sale of the building reflected 17% of the value of the expendable endowment fund at the time. At 31 December 2022, it was noted that 17% of the current value of the expendable endowment would be £1,473,266.
3. The level at which the expendable endowment is to be preserved over and above the level required in 1. and 2. above will be determined by Council year on year. (See also note 21 for further details).
4. The expenditure of the restricted District Nurses 1965 Fund (welfare) will be reviewed annually in the context of the distribution of financial assistance currently being greater than the annual investment income.
5. Council will determine each year the levels of expendable endowment fund needing to be transferred to general funds, if any, to be used to support QNI activity.

Financial review

The financial year resulted in net expenditure (before investment gains) of £466,848 (2021 – £57,388). This comprised of net expenditure on unrestricted funds of £134,425 (2021 – (net expenditure of £90,280), net income on restricted funds of £332,423 (2021 – net income of £32,892) and net income on endowment funds of £nil (2020- £nil).

Income

Income for the year totalled £1,369,207 (2021 – £1,250,051), 10% higher than 2021. Income from donations and legacies was £342,523 (2021 – £116,470) an increase of 194% due to an increase of unrestricted giving from the National Garden Scheme with the resumption of their ability to open gardens once more with the relaxation of Covid-19 restrictions. Income from charitable activities was £701,516 (2021 – £855,631), a decrease of 18%.

Income of £672,825 (2021 – £861,069) on restricted funds includes funding for a number of projects which will continue into 2023.

Investment income and interest receivable was £325,168 (2021 – £277,950) for the year and this continues to provide an essential element of the QNI's core funding.

Expenditure

Expenditure for 2022 totalled £1,836,055 (2021 – £1,307,439), an increase of 40% on 2021.

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

Investments

The QNI's portfolio of investments and cash held for investment had a market value at 31 December 2022 of £11,185,126 (2021 - £12,504,231). Income from the portfolio for the year was £325,168 (2021



Above: Fundraising
bake sale organised
by Queen's Nurse
Helen Ballinger

– £277,950), and net investment losses on the revaluation and disposal of investments were £1,164,506 (2021 – net gains of £1,452,447).

Reserves

At the year-end, the charity held 'free reserves' of £825,760. This has been created, in part, through a conversion of £250,000 of the expendable endowment into income funds – further details are provided within note 21 to the accounts. These free reserves are now in excess of the six to nine months of projected unrestricted expenditure required by the QNI's reserves policy. For 2023 this requires the QNI to hold free reserves of between £520,500 and £780,750. The Council is content with this position and considers that it provides flexibility given the organisational development the and wider investment being made by the QNI as well as the war in Ukraine and current inflationary pressures (see earlier in this report).

Fundraising

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

Sponsorship opportunities for QNI activities are explored as appropriate and Hallam Medical is a regular sponsor of the Community Nurse Executive Network (CNEN) and in 2023, the Integrated Care Board Chief Nurse Network. In 2022, the annual online conference was sponsored by Hallam Medical, Teva UK, Allocate, Malinko and Emis. A separately sponsored learning event was funded by L&R (Lohmann-Rauscher.co.uk).

The QNI does not seek to raise funds from the public. A number of Queen's Nurses provide regular donations to the QNI, as do some members of Council.

From time-to-time, Queen's Nurses and others will undertake sponsored activities to raise funds for the QNI. This included in 2022, several events led by individuals with a direct or a family link to the QNI. The QNI has received no complaints about this or any other approach to fundraising.

Structure, governance and management

Governing document

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

Council members

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

There have been some significant membership changes in Council membership over the last year: two longstanding members sadly died in 2022 as reported in the introduction to the annual report: Michael Cooper and William Rathbone OBE.

In March 2023, two members retired after one term of office: Candace Imison and Clare Hawkins. Recruitment and appointment of Council members



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

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

Induction and training of Council members

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

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

Council resumed face-to-face meetings in June 2022 and plans to continue with three face to face meetings each year and one virtual meeting.

Staffing of the QNI and key management personnel

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

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

The Chief Executive has overall responsibility for day-to-day leadership and operational matters, and reports to Council on a regular basis. The Chief Executive is supported by the Chief Operating Officer, Director of Nursing Programmes (Innovation and Policy), Director of Nursing Programmes (Leadership and Standards), Head of Communications and Finance Manager in managing the work of the QNI.

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

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

Risk management

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



Above: Mayor of Bristol Marvin Rees shadowing Queen's Nurse Teresa Chinn for the day.

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

People

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

Controls: "Skills will be 'bought in' as necessary in the absence of permanent staff e.g. finance and communications. Staff will in some circumstances be expected to act both 'up and down' within the organisation. Finance, welfare and admin procedure manuals are available to help temporary staff. The QNI financial procedures handbook is updated by the QNI leadership team when any changes are made." This was tested in 2022 with the loss of two members of the nursing staff at short notice. Members of the team stepped in to cover for the work, providing continuity for participants in leadership programmes and increasing contracted hours of employment as required.

Business Continuity

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

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

Finance and Fundraising

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

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

Queen's Nurses

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

Controls: The QNI actively targets BAME nurses working in the community to encourage applications for the title of Queen's Nurse. Currently, the network of QNs does not reflect adequately the population of nurses working in the community. A review of the application and assessment process took place in 2022 and a revised application form is in place for 2023. Videos and testimonials from BAME QNs are being created to support more applications from BAME colleagues, following a meeting with BAME QNs in March 2023. All existing QNs have been asked to champion the application of a BAME colleague. All applicants for the title of Queen's Nurse are requested to complete an 'Equality & Diversity' form so that BAME heritage might be known (but not all applicants complete this). The diversity of the QN community is to be more closely assessed in 2023 and further actions taken as required.



The Council's responsibilities statement

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

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

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

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

Signed on behalf of the Council



Professor John Unsworth OBE
Chair of Council

Date: 21 June 2023



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

Opinion

We have audited the accounts of The Queen's Nursing Institute (the 'charity') for the year ended 31 December 2022 which comprise the statement of financial activities, the balance sheet, the statement of cash flows, the principal accounting policies and notes to the accounts. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the accounts:

- give a true and fair view of the state of the charity's affairs as at 31 December 2022 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

Basis for opinion

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

Conclusions relating to going concern


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

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

Other information

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

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



based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Matters on which we are required to report by exception

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

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

Responsibilities of members of Council

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

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


Auditor's responsibilities for the audit of the accounts

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

How the audit was considered capable of detecting irregularities including fraud

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

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

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

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

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

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

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

Use of this report

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

Buzzacott LLP
Statutory Auditor
130 Wood Street
London
EC2V 6DL

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

Statement of Financial Activities Year to 31 December 2022

	Notes	Unrestricted funds £	Restricted funds £	Endowment funds £	2022 Total funds £	2021 Total funds £
Income and endowments from:						
Donations and legacies	1	342,523	—	—	342,523	116,470
Investment income and interest receivable	2	292,413	32,755	—	325,168	277,950
Charitable activities	3	61,446	640,070	—	701,516	855,631
Total income		696,382	672,825	—	1,369,207	1,250,051
Expenditure on:						
Raising funds						
. Costs of generating grants and donations	4(a)	72,820	—	—	72,820	70,706
. Management of investments	4(b)	47,406	5,611	—	53,017	58,075
Total expenditure on raising funds		120,226	5,611	—	125,837	128,781
Charitable activities						
. Data, evidence and policy influence	5	101,883	223	—	102,106	84,331
. Standards	5	91,906	54,221	—	146,127	116,256
. Role models/leaders	5	233,124	328,777	—	561,901	288,491
. Innovation	5	49,665	344,110	—	393,775	316,635
. Providing support for nurses – Support	5	—	218,271	—	218,271	244,160
. Providing support for nurses – Education	5	—	24,711	—	24,711	43,820
. Providing support for nurses – Keep in Touch	5	—	29,324	—	29,324	27,882
. Council approved funds		234,003	—	—	234,003	57,083
Total expenditure on charitable activities		710,581	999,637	—	1,710,218	1,178,658
Total expenditure		830,807	1,005,248	—	1,836,055	1,307,439
Net expenditure before investment gains		(134,425)	(332,423)	—	(466,848)	(57,388)
Net (losses) gains on investment assets		(162,898)	(64,017)	(937,591)	(1,164,506)	1,452,447
Net (expenditure) income	8	(297,323)	(396,440)	(937,591)	(1,631,354)	1,395,059
Gross transfers between funds	21	250,000	—	(250,000)	—	—
Net movement in funds		(47,323)	(396,440)	(1,187,591)	(1,631,354)	1,395,059
Reconciliation of funds:						
Funds brought forward at 1 January 2022		1,044,728	1,254,776	10,603,860	12,903,364	11,508,305
Funds carried forward at 31 December 2022		997,405	858,336	9,416,269	11,272,010	12,903,364

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

*A full comparative statement of financial activities for the year to 31 December 2021 is given on page 2.

Comparative Statement of Financial Activities Year to 31 December 2021

	Notes	Unrestricted funds £	Restricted funds £	Endowment funds £	2021 Total funds £
Income and endowments from:					
Donations and legacies	1	116,360	110	—	116,470
Investment income and interest receivable	2	239,414	38,536	—	277,950
Charitable activities	3	33,208	822,423	—	855,631
Total income		388,982	861,069	—	1,250,051
Expenditure on:					
Raising funds					
. Costs of generating grants and donations	4(a)	70,706	—	—	70,706
. Management of investments	4(b)	51,307	6,768	—	58,075
Total expenditure on raising funds		122,013	6,768	—	128,781
Charitable activities					
. Data, evidence and policy influence	5	80,659	3,672	—	84,331
. Standards	5	18,957	97,299	—	116,256
. Role models/leaders	5	147,097	141,394	—	288,491
. Innovation	5	53,453	263,182	—	316,635
. Providing support for nurses – Covid	5	—	—	—	—
. Providing support for nurses – Support	5	—	244,160	—	244,160
. Providing support for nurses – Education	5	—	43,820	—	43,820
. Providing support for nurses – Keep in Touch	5	—	27,882	—	27,882
. Council approved funds		57,083	—	—	57,083
Total expenditure on charitable activities		357,249	821,409	—	1,178,658
Total expenditure		479,262	828,177	—	1,307,439
Net (expenditure) income before investment gains		(90,280)	32,892	—	(57,388)
Net gains on investment assets		160,284	87,175	1,204,988	1,452,447
Net income and net movement in funds	8	70,004	120,067	1,204,988	1,395,059
Reconciliation of funds:					
Funds brought forward at 1 January 2021		974,724	1,134,709	9,398,872	11,508,305
Funds carried forward at 31 December 2021		1,044,728	1,254,776	10,603,860	12,903,364

Balance Sheet 31 December 2022

	Notes	2022 £	2022 £	2021 £	2021 £
Fixed assets					
Tangible assets	13		14,485		16,955
Heritage assets	14		70,000		70,000
Investments	15		11,185,126		12,504,231
Total fixed assets			11,269,611		12,591,186
Current assets					
Debtors	16	73,013		85,986	
Cash at bank and in hand		340,724		727,602	
		413,737		813,588	
Creditors: Amounts falling due within one year	17	(411,338)		(501,410)	
Net current assets			2,399		312,178
Total net assets			11,272,010		12,903,364
The funds of the charity					
Unrestricted funds					
. General funds			825,760		617,613
. Tangible and heritage asset fund	18		84,485		86,955
. Designated funds	19		87,160		340,160
			997,405		1,044,728
Restricted funds					
Endowment funds	20		858,336		1,254,776
	21		9,416,269		10,603,860
			11,272,010		12,903,364

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



Professor John Unsworth OBE
Chair of Council

Approved on: 21 June 2023

Statement of cash flows Year to 31 December 2022

	Notes	2022 £	2021 £
Cash flows from operating activities:			
Net cash used in operating activities	A	(860,083)	(279,388)
Cash flows from investing activities:			
Payments to acquire tangible fixed assets		(6,563)	(8,063)
Payments to acquire investments		(1,482,650)	(1,533,370)
Receipts from disposals of investments		1,297,751	1,818,582
Investment income and interest received		325,168	277,950
Net cash provided by investing activities		133,706	555,099
Change in cash and cash equivalents in the year		(726,377)	275,711
Cash and cash equivalents at 1 January 2022	B	1,403,064	1,127,353
Cash and cash equivalents at 31 December 2022	B	676,687	1,403,064

Notes to the statement of cash flows for the year to 31 December 2022.

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

	2022 £	2021 £
Net (expenditure) income (as per the statement of financial activities)	(1,631,354)	1,395,059
Adjustments for:		
Depreciation charge	9,033	9,283
Net losses (gains) on investments	1,164,506	(1,452,447)
Investment income and interest receivable	(325,168)	(277,950)
Decrease in debtors	12,973	4,526
(Decrease) increase in creditors	(90,072)	42,141
Net cash used in operating activities	(860,082)	(279,388)

B Analysis of cash and cash equivalents

	2022 £	2021 £
Cash at bank and in hand	340,724	727,602
Cash held by investment managers	335,963	675,462
Total cash and cash equivalents	676,687	1,403,064

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



Principal accounting policies 31 December 2022

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

Basis of accounting

These accounts have been prepared for the year to 31 December 2022 with comparative information given in respect to the year ended 31 December 2021.

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

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

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

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

Critical accounting estimates and areas of judgement

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

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

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

Assessment of going concern

The members of Council have assessed whether the use of the going concern assumption is appropriate in preparing these accounts. The members of Council have made this assessment in respect to a period of at least one year from the date of approval of these accounts. The members of Council consider that the war in Ukraine, now in a second year, the long term impact of the Covid-19 pandemic and the significantly increased economic pressures both in the UK and globally will impact on the economy in the year ahead.

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

Income recognition

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



Principal accounting policies 31 December 2022

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

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

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

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

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

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

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

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

Expenditure recognition

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

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

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



Principal accounting policies 31 December 2022

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

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

Allocation of support and governance costs

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

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

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

Tangible fixed assets

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

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

Heritage assets

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

Investments

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

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

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

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



Principal accounting policies 31 December 2022

are combined in the statement of financial activities and are credited (or debited) in the year in which they arise.

Debtors

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

Cash at bank and in hand

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

Creditors and provisions

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

Fund structure

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

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

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

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

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

Pension costs

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

Leased assets

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

Notes to the accounts Year to 31 December 2022

1 Donations and legacies

	Unrestricted funds £	Restricted funds £	Endowment funds £	2022 Total funds £
National Garden Scheme donation	300,000	—	—	300,000
Other donations	42,523	—	—	42,523
2022 total funds	342,523	—	—	342,523
	Unrestricted funds £	Restricted funds £	Endowment funds £	2021 Total funds £
National Garden Scheme donation	100,000	—	—	100,000
Other donations	16,360	110	—	16,470
2021 total funds	116,360	110	—	116,470

2 Investment income and interest receivable

	Unrestricted funds £	Restricted funds £	Endowment funds £	2022 Total funds £
Income from investments listed on a recognised stock exchange within the UK	290,633	32,732	—	323,365
Bank and deposit interest	1,780	23	—	1,803
2022 total funds	292,413	32,755	—	325,168
	Unrestricted funds £	Restricted funds £	Endowment funds £	2021 Total funds £
Income from investments listed on a recognised stock exchange within the UK	239,396	38,536	—	277,932
Bank and deposit interest	18	—	—	18
2021 total funds	239,414	38,536	—	277,950

Notes to the accounts Year to 31 December 2022

3 Income from charitable activities

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

Notes to the accounts Year to 31 December 2022

3 Income from charitable activities (continued)

	Unrestricted funds £	Restricted funds £	Endowment funds £	2021 Total funds £
Improving nursing care in the community				
Burdett Innovation – Learning Disabilities	—	85,484	—	85,484
Burdett Innovation – Complex Needs	—	102,124	—	102,124
NGS – Support for QN Leadership programme	—	66,454	—	66,454
NI Neighbourhood DN Teams	—	30,000	—	30,000
Care Homes Network – RCN	—	20,000	—	20,000
Bournemouth University Outsource	—	38,750	—	38,750
Long COVID – Community of Practice	—	10,000	—	10,000
Prioritising Community Services – Best Practice Services	—	10,000	—	10,000
Case Studies (Families experiencing homelessness)	—	9,500	—	9,500
Nursing in the Community-Inspiring the Future Generation	—	19,940	—	19,940
Demonstrate Value Economic Health Assess Study Days	—	5,250	—	5,250
Inspiring Student Nurses	—	9,999	—	9,999
Transition to HH Nursing	—	9,999	—	9,999
Aspiring Leaders places	—	124,499	—	124,499
Raising Profile of Homeless and Inclusion Health	—	9,999	—	9,999
CHSA – Financial Hardship Fund	—	86,000	—	86,000
International Recruitment Support	—	104,500	—	104,500
1 st Digital Event Nov 2021	—	4,000	—	4,000
2 nd Digital Event Nov 2021	—	4,000	—	4,000
NHSE/I Personalised Care	—	25,000	—	25,000
CNEN Income	—	40,000	—	40,000
Guild of Nurses – Welfare Non Ed	—	6,500	—	6,500
Annual QNI Conference	19,000	—	—	19,000
Sales of Resources	783	425	—	1,208
Fees, publications and sundry service	13,425	—	—	13,425
2021 total funds	33,208	822,423	—	855,631

Notes to the accounts Year to 31 December 2022

4 Expenditure on raising funds

(a) Cost of generating grants and donations

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

	Unrestricted funds £	Restricted funds £	Endowment funds £	2022 Total funds
Direct costs	1,586	—	—	1,586
Support costs (note 7)	71,234	—	—	71,234
2022 total funds	72,820	—	—	72,820
	Unrestricted funds £	Restricted funds £	Endowment funds £	2021 Total funds
Direct costs	437	—	—	437
Support costs (note 7)	70,269	—	—	70,269
2021 total funds	70,706	—	—	70,706

(b) Management of investments

	Unrestricted funds £	Restricted funds £	Endowment funds £	2022 Total funds £
2022 total funds	47,406	5,611	—	53,017
	Unrestricted funds £	Restricted funds £	Endowment funds £	2021 Total funds £
2021 total funds	51,307	6,768	—	58,075

Notes to the accounts Year to 31 December 2022

5 Charitable activities

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

	Direct costs £	Grant funding of activities (note 6) £	Support costs (note 7) £	2021 Total funds £
Data, evidence and policy influence	69,529	—	14,802	84,331
Standards	95,851	—	20,405	116,256
Role models/leaders	237,855	—	50,636	288,491
Innovation	234,275	26,784	55,576	316,635
Providing welfare support	92,097	108,290	43,773	244,160
Providing educational support	—	35,964	7,856	43,820
Keep In Touch	22,883	—	4,999	27,882
Council approved funds	47,064	—	10,019	57,083
2021 Total	799,554	171,038	208,066	1,178,658

Notes to the accounts Year to 31 December 2022

6 Grant making

Innovation – grants payable to institutions

Fund for innovation	2022	2021
	£	£
Frailty pathway – Learning Disability	—	52
Tai Chi Increased Wellbeing	—	52
Burdett Reducing Anxiety Improving Appointments – LD	1,102	—
Burdett Dementia Handbook Project – LD	675	—
BEAT Diabetes – CN	3,788	—
Promoting oral health in care homes – CN	6,437	—
Single point of contact – CN	5,150	—
Hospital admission avoidance – CN	4,321	—
Digitalising Clinical Care – CN	6,000	—
Sleep Workshops: Better Sleep – LD	433	4,572
Improving Health Outcomes for Children – LD	1,550	2,342
Healthy Eating & Weight Management for Children – LD	2,681	1,040
Better Access to Health Care – LD	—	1,250
How to Manage Unsafe Swallow – LD	1,130	4,730
Safety Pack for Parents with a LD – LD	3,060	808
Digital diabetes lifestyle modification – CN	—	3,264
Flex, Connect and Share – CN	200	200
Recognition of good respiratory health – CN	925	651
Well-come homect – CN	(602)	3,613
Reducing inconsistencies in respiratory care – CN	810	4,210
Total value	37,660	26,784
Number of grants made	16	9

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

LD = Learning Disability

CN = Complex Needs

Providing welfare support – grants made directly to individuals

	2022	2021
	£	£
Total value	103,865	108,291
Number of grants made	392	336

Providing educational support – grants made directly to individuals

	2022	2021
	£	£
Total value	18,061	35,964
Number of grants made	23	25

Grant commitments

As at 31 December 2022, the charity had annual welfare grant commitments of £22,867 (2021 – £23,080).

Notes to the accounts Year to 31 December 2022

7 Support costs

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

	2022 £	2021 £
Data evidence and policy influence	15,874	14,802
Standards	22,717	20,405
Role Models / Leaders	87,355	50,636
Innovation	61,217	55,576
Council approved	36,379	10,019
Providing welfare support	35,936	44,100
Providing educational support	3,325	7,656
Keeping in Touch	3,945	4,872
Organisation costs	71,234	70,269
	337,982	278,335

8 Net (expenditure) income and net movement in funds

This is stated after charging:

	2022 £	2021 £
Staff costs (note 9)	937,734	714,465
Depreciation	9,033	9,283
Operating lease rentals – land and buildings	55,666	55,666
Amounts payable to the auditor in respect of:		
. External audit – current year	8,871	8,342
. External audit – prior year	2,518	2,348

9 Staff costs and remuneration of key management personnel

Staff costs during the year were as follows:

	2022 £	2021 £
Gross wages and salaries	781,906	597,891
Employer's national insurance contributions	83,157	59,979
Employer's pension costs	72,671	56,595
	937,734	714,465

One member of staff received emoluments (including taxable benefits but excluding employer's national insurance and pension contributions) in the range of £90,001 - £100,000 (2021 – one in the range of £90,001 - £100,000). Contributions in the year to defined contribution pension schemes in respect of this employee totalled £9,980 (2021 – £9,690).

The average headcount of employees in 2022 was 19 (2021 – 16).

The average number of full-time equivalent employees in 2022 was 19 (2021 – 13).



Notes to the accounts Year to 31 December 2022

The key management personnel of the charity in charge of directing and controlling, running and operating the charity on a day to day basis comprise the members of Council together with the Chief Executive, Chief Operating Officer (from May 2022), Head of Communications, Director of Nursing Programmes (Innovation) and the Finance Manager. The total remuneration payable to key management personnel during the year was £318,740 (2021 – £240,496).

10 Council members

No member of the Council received any remuneration in respect of their services as a member of the Council during the year (2021 – none).

There was one Council member who had expenses reimbursed during the year in respect of travel totalling £715 (2021 – £nil) which reflects the reinstatement of face-to-face meetings.

During the year members of the Council donated a total of £1,150 to the charity (2021 – £1,120). The charity has purchased insurance to protect it from loss arising from certain wrongful acts of any member of the Council and to indemnify any member of Council against the consequences of such acts on their part. The total cover provided by such insurance is £500,000 (2021 – £500,000) and the total premium paid in respect of such insurance in the year was £325 (2021 – £325).

11 Related party and connected person transactions

Other than as disclosed in note 10 above, there were no transactions to related parties or connected persons during the year £nil (2022 - £300).

12 Taxation

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

Notes to the accounts Year to 31 December 2022

13 Tangible fixed assets

	Leasehold improvements £	Fixtures, fittings, furniture and equipment £	Total £
Cost or valuation			
At 1 January 2022	50,931	83,014	133,945
Additions	—	6,563	6,563
At 31 December 2022	<u>50,931</u>	<u>89,577</u>	<u>140,508</u>
Depreciation			
At 1 January 2022	50,931	66,059	116,990
Charge for the year	—	9,033	9,033
At 31 December 2022	<u>50,931</u>	<u>75,092</u>	<u>126,023</u>
Net book values			
At 31 December 2022	—	14,485	14,485
At 31 December 2021	—	16,955	16,955

14 Heritage assets

	£
At deemed cost	
At 1 January 2022 and at 31 December 2022	<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 was initially recognised on the balance sheet based on its estimated market value of £70,000 as at 31 December 2018 as determined by The Bowman Gallery, a specialist art valuer. This has been taken to be equal to its deemed cost for accounting purposes. No depreciation is charged against the asset, but the asset is reviewed annually for impairment. There have been no indications of impairment as at 31 December 2022 (and since the initial recognition of the asset).

15 Investments

	2022 £	2021 £
Investments listed on a recognised stock exchange		
Market value at 1 January 2022	11,828,770	10,661,537
Add: Additions at cost	1,482,650	1,533,370
Less: Disposals (proceeds: £1,297,751; realised losses: £174,333)	(1,472,084)	(1,765,753)
Unrealised investment (losses) gains	(90,171)	1,399,616
Market value at 31 December 2022	<u>10,849,165</u>	<u>11,828,770</u>
Cash and settlements pending, held as part of the investment portfolio	335,963	675,461
Total investments held	<u>11,185,128</u>	<u>12,504,231</u>
Listed investments at cost	<u>8,442,498</u>	<u>7,750,475</u>

Notes to the accounts Year to 31 December 2022

15 Investments (continued)

At 31 December 2022, the listed investments comprised the following:

	2022 £	2021 £
Fixed interest	1,321,133	1,042,550
UK equities	4,347,069	5,109,867
Overseas equities	3,355,396	4,302,428
Alternatives	1,825,567	1,373,925
	10,849,165	11,828,770

At 31 December 2022, no holdings were material in the context of the entire portfolio value (2021 – none).

16 Debtors

	2022 £	2021 £
Prepayments	11,040	21,558
Accrued income	11,000	—
Other debtors	50,973	64,428
	73,013	85,986

17 Creditors: Amounts falling due within one year

	2022 £	2021 £
Expense creditors	26,318	30,679
Accruals	35,020	32,156
Deferred income (see below)	350,000	438,575
	411,338	501,410
Deferred income		
Balance brought forward	438,575	384,062
Released in year	(438,575)	(384,062)
Deferred in year	350,000	438,575
Balance carried forward	350,000	438,575

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

18 Tangible and heritage assets fund

	2022 £	2021 £
At 1 January 2022	86,955	88,175
Other movements in year	(2,470)	(1,220)
At 31 December 2022	84,485	86,955

Notes to the accounts Year to 31 December 2022

18 Tangible and heritage assets fund (continued)

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

19 Designated funds

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

	At 1 January 2022 £	New designation £	Utilised £	At 31 December 2022 £
Leadership and Innovation fund	250,000	—	(250,000)	—
Philip Goodeve-Docker fund	60,485	—	(3,000)	57,485
Heyes legacy fund	29,675	—	—	29,675
	340,160	—	(253,000)	87,160

	At 1 January 2021 £	New designation £	Utilised £	At 31 December 2021 £
Leadership and Innovation fund	250,000	—	—	250,000
Philip Goodeve-Docker fund	62,985	—	(2,500)	60,485
Heyes legacy fund	29,675	—	—	29,675
	342,660	—	(2,500)	340,160

The Leadership and Innovation fund represented funds that were set aside by Council in 2020 to help increase the team size at QNI in support of the delivery of a new strategy and business plan. The amounts designated in 2020 have since been utilised in full.

The Philip Goodeve-Docker fund represents monies given as 'donations in memory' which the Council has set aside in the memory of Philip Goodeve-Docker who sadly passed away in 2013 during a fundraising trek across Greenland. The amount of funding raised, and on occasion added to be sponsorship activities of family and friends, means that under the current criteria for the award of the prizes, this fund will last in perpetuity.

The Heyes legacy fund comprises a legacy received during 2018 which has been designated towards enabling an increase in the number of funded places made available for the annual Queen's Nurse Conference. At the time, it was considered that the fund would last approximately 5 years. However, the cost of the annual Queen's Nurse meetings has been significantly reduced as they have been held remotely in 2021 and 2022. This approach is under review for 2023, when face-to-face conferences may resume.

Notes to the accounts Year to 31 December 2022

20 Restricted funds

	At 1 January 2022 £	Income £	Expenditure £	Gains, losses and transfers £	At 31 December 2022 £
District Nurses 1965 Fund	879,248	37,755	(220,260)	(64,017)	632,726
TalktoUs Service	26,465	43,575	(14,452)	—	55,588
Fund for Innovation and Leadership - Complex Needs	34,196	—	(34,196)	—	—
Fund for Innovation and Leadership - Learning Disabilities	61,910	—	(61,910)	—	—
Standards	9,568	—	(3,815)	—	5,753
Executive Nurse Leadership programme (QNs)	7,381	70,000	(76,335)	—	1,046
AAGPNE	2,121	—	(2,121)	—	—
Dora Roylance Fund	15,963	—	(2,100)	—	13,863
NI Neighbourhood DN Teams	45,108	—	(45,108)	—	—
Care Homes Foundation Standards	12,870	—	(12,870)	—	—
Ellen Mary Legacy	4,283	—	(200)	—	4,083
CNEN	8,362	20,000	(28,362)	—	—
Care Home Nurse Network	6,416	20,000	(24,686)	—	1,730
Bournemouth University	8,368	—	(8,368)	—	—
Long-COVID - Community of Practice	—	49,998	(37,834)	—	12,164
Prioritising Community Services Best Practice Report	6,328	—	(6,328)	—	—
Case Studies (Families experiencing homelessness)	1,838	—	(1,838)	—	—
Nursing in Community-Inspiring the Future Generation	9,222	—	(9,222)	—	—
Demonstrating Value Study Days	—	6,800	(6,800)	—	—
Aspiring Leaders programme	57,976	126,000	(129,040)	—	54,936
Internationally Educated Nurses	36,483	55,000	(46,370)	—	45,113
1st Digital Event Nov 2021	304	—	(304)	—	—
2nd Digital Event Dec 2021	512	—	(512)	—	—
Personalised Care	19,429	25,000	(44,429)	—	—
Innovation Programme (Elsie Wagg)	—	25,000	(16,387)	—	8,613
Executive Leadership Programme	—	12,000	(4,774)	—	7,226
IPC Champions Network	—	61,000	(60,466)	—	534
Wound care service models in community nursing	—	4,000	(4,000)	—	—
Convening Special Interest Groups – Homeless & Inclusion Health	—	9,999	(7,514)	—	2,485
Infographic Life course - Nurses in the Community	—	6,500	(6,500)	—	—
Homeless and Inclusion Health Programme	—	9,999	(750)	—	9,249
Community Nurse Innovation Programme	—	39,999	(39,999)	—	—
Leeds Continuing Professional Development Programme	—	30,000	(30,000)	—	—
CNIP Open Programme	—	10,000	(10,000)	—	—
Community Nursing Research Forum	—	5,200	(4,743)	—	457
Standards for Inclusion Health	—	5,000	(2,230)	—	2,770
Other Restricted Funds	425	—	(425)	—	—
	1,254,776	672,825	(1,005,248)	(64,017)	858,336

Notes to the accounts Year to 31 December 2022

20 Restricted funds (continued)

	At 1 January 2021 £	Income £	Expenditure £	Gains, losses and transfers £	At 31 December 2021 £
District Nurses 1965 Fund	954,370	131,146	(293,443)	87,175	879,248
TalktoUs Service	48,825	—	(22,360)	—	26,465
Listening Service	2,747	—	(2,747)	—	—
Other COVID19 Projects	4,080	—	(4,080)	—	—
Fund for Innovation and Leadership - Frailty	5,155	—	(5,155)	—	—
Fund for Innovation and Leadership - Complex Needs	—	85,484	(51,288)	—	34,196
Fund for Innovation and Leadership - Learning Disabilities	—	102,124	(40,214)	—	61,910
Burdett (Transition for Care)	1,162	—	(1,162)	—	—
Homeless Health	12,818	—	(12,818)	—	—
Standards	10,392	—	(824)	—	9,568
Executive Nurse Leadership programme (QNs)	—	66,454	(59,073)	—	7,381
AAGPNE	19,836	—	(17,715)	—	2,121
Dora Roylance Fund	17,563	—	(1,600)	—	15,963
NI Neighbourhood DN Teams	17,558	30,000	(2,450)	—	45,108
Care Homes Foundation Standards	12,870	—	—	—	12,870
Ellen Mary Legacy	4,683	—	(400)	—	4,283
CNEN	—	40,000	(31,638)	—	8,362
Care Homes Network - NHSE	17,510	—	(17,510)	—	—
Care Home Nurse Network	5,140	20,000	(18,724)	—	6,416
Bournemouth University	—	38,750	(30,382)	—	8,368
Long-COVID - Community of Practice	—	10,000	(10,000)	—	—
Prioritising Community Services Best Practice Report	—	10,000	(3,672)	—	6,328
Case Studies (Families experiencing homelessness)	—	9,500	(7,662)	—	1,838
Nursing in Community-Inspiring the Future Generation	—	19,940	(10,718)	—	9,222
Demonstrate Value Economic Health Assess Study Days	—	5,250	(5,250)	—	—
Inspiring Student Nurses	—	9,999	(9,999)	—	—
Transition to HH Nursing	—	9,999	(9,999)	—	—
Aspiring Leaders programme	—	124,499	(66,523)	—	57,976
Raising Profile of Homeless and Inclusion Health	—	9,999	(9,999)	—	—
Internationally Educated Nurses	—	104,500	(68,017)	—	36,483
1st Digital Event Nov 2021	—	4,000	(3,696)	—	304
2nd Digital Event Dec 2021	—	4,000	(3,488)	—	512
Personalised Care	—	25,000	(5,571)	—	19,429
Other Restricted Funds	—	425	—	—	425
	<u>1,134,709</u>	<u>861,069</u>	<u>(828,177)</u>	<u>87,175</u>	<u>1,254,776</u>



Notes to the accounts Year to 31 December 2022

District Nurses 1965 Fund (Welfare Fund)

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

TalkToUs Service

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

Fund for Innovation and Leadership

Ten nurse led innovation projects, funded by Burdett Trust for Nursing focussed on supporting people with Learning Disability and ten nurse led innovation projects focussed on supporting people with Complex Needs in Primary Care were recruited in the autumn of 2020 and January 2021, respectively. Due to the pandemic, there was a suspension in delivery, with the project delivery and support programme extending into 2022 for both cohorts. All projects completed within the year.

Standards

The QNI partnered with QNI Scotland (QNIS) to develop QNI/QNIS voluntary standards for Community Learning Disability Nurse education and practice. The standards were published in 2021 and the ongoing expenditure in 2022 reflects the work in disseminating and sharing the standards.

Executive Nurse Leadership Programme (QNs)

The National Garden Scheme (NGS) provided a restricted grant for a fourth cohort of the Queen's Nurse Executive Nurse Leadership programme. The programme was delivered in 2022 and follow up of the cohort continues as we develop an alumnus.

Association of Academic General Practice Nurse Educators (AAGPNE)

The QNI was awarded a grant from NHS England as part of the NHSE GPN 10 point plan to develop an Association of Academic General Practice Nurse Educators (AAGPNE) and the standards on which universities would build a programme of education and training for nurses new to General Practice Nursing. The funding has now been expended.

Dora Roylance Fund

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

Northern Ireland Neighbourhood District Nursing (DN) Teams

In 2019 the QNI was commissioned by the Public Health Agency of Northern Ireland, in partnership with the Chief Nursing Officer of Northern Ireland in the Department of Health, to develop and deliver a District Nurse Team Transformational Leadership programme. This work was completed in 2022.

Care Homes Foundation Standards

In 2019, the QNI was commissioned by NHS England and NHS Improvement to develop Standards of Education and Practice for Nurses new to Care Home Nursing Practice and these were completed and published in 2020. In 2022, the QNI commenced the development of field specific standards for education and practice in Adult Social Care Nursing for the NMC regulated specialist practitioner qualification (SPQ), building on these standards.



Notes to the accounts Year to 31 December 2022

Ellen Mary Legacy

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

Community Nurse Executive Network – CNEN

Hallam Medical has continued to sponsor CNEN. The QNI is very grateful to Hallam Medical for their continued commitment to the network and the work of the QNI.

Care Home Nurse Network

The QNI was funded by the RCN Foundation to support the ongoing development and associated activities of the Care Home Nurse Network for three years, commencing January 2020 to January 2023.

Bournemouth University

In September 2020, the QNI was contracted to provide teaching services to Bournemouth University for two years (2020 to 2022) in support of the General Practice Nurse (GPN) Fellowship programme and the programme for GPNs new to General Practice. The contract was renewed in September 2022 for a further 2 years to 2024.

Long-COVID - Community of Practice

In 2021, NHSE/I seed funded the QNI to create a Community of Practice for nurses supporting people with Long Covid in the Community. Additional funding was received in 2022, enabled the network activity to continue, including the revision of the QNI Long Covid learning resource, published in October 2022. Prioritising Community Services Best Practice Report

NHSE funded the QNI to undertake a scope of best practice in community services during the pandemic.

Case Studies (Families experiencing homelessness)

NHSE provided a grant to support the collection and publication of case studies to exemplify the work that nurses and Health Visitors have undertaken with children and families during the pandemic.

Nursing in Community-Inspiring the Future Generation

Health Education England funded the delivery of a project focused on encouraging students to share their experiences of excellent placements in community settings and to consider community as a first destination after qualifying as a nurse.

Demonstrating Value Study Days

The QNI was commissioned by NHSE to deliver Demonstrating Value Economic Health Assessment Study Days for community nurses in England.

Aspiring Leaders Programme

The successful Aspiring Leaders programme is now an open programme for all community nurses to be able to apply for the place through grant funding from employers, NHSE and the Company of Nurses.

Internationally Educated Nurses

The QNI was funded by NHSE to deliver a number of activities focused on supporting Internationally Educated Nurses (IENs) joining the NHS in a community service setting.

1st and 2nd Digital Events Nov 2021

The QNI was sponsored by Allocate and Teva to deliver two digital events remotely.

Personalised Care Innovation Programme

NHSE Personalised Care Directorate sponsored five places on the Community Nurse Innovation



Notes to the accounts Year to 31 December 2022

Programme, which commenced in March 2022 and completed in Q1 of 2023.

Executive Leadership Programme

NHSE funded two places for a QNI Executive Leadership Programme.

IPC Champions Network

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

Wound Care Service Models in the Community

L&R (Lohmann & Rauscher) provided sponsorship funding for the delivery of a professional webinar focused on innovations in wound care.

Convening Special Interest Groups – Homeless and Inclusion Health

NHSE provided funding to support specialist interest sub-groups of the QNI Homeless and Inclusion Health network, providing an opportunity for sharing, learning and peer support.

Infographic Life Course – Nurses in the Community

NHSE commissioned the QNI to create an infographic to illustrate the support of nurses in the community throughout a person's life course.

Homeless and Inclusion Health programme

NHSE supported the delivery of the homeless and inclusion health programme, enabling more nurses to be engaged with the network learning.

Community Nursing Innovation Programme (CNIP)

The National Garden Scheme (NGS) provided funding to support innovation programmes focussed on gardens and health, matched by funding from the QNI.

Leeds Continuing Professional Development (CPD) Programme

The QNI were commissioned by Leeds Community Healthcare Trust to deliver a bespoke CPD programme for community staff nurses and AHPs in Leeds.

CNIP Open Programme

The CNIP is now open for employers to fund staff to be supported by the QNI in the delivery of their innovation project.

Community Nursing Research Forum

The Forum was funded by NHSE in 2022/23 in support of the delivery of the NHSE Community Nursing Plan.

Standards for Inclusion Health

Funding was received from The Office of Health Improvement and Disparities (OHID) to support the development of the Inclusion Health Nursing field specific standards for the Specialist Practitioner Qualification in 2022/23.

Notes to the accounts Year to 31 December 2022

21 Expendable endowment fund

The fund was established originally following the disposal of the QNI's freehold property in Belgravia, London. Movements on the endowment fund during the year to 31 December 2022 are as shown below:

	2022 £	2021 £
Fund value at 1 January	10,603,860	9,398,872
Net investment (losses) gains	(937,591)	1,204,988
Transfer to unrestricted general funds (see below)	(250,000)	—
Fund value at 31 December	9,416,269	10,603,860

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

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

In light of the decrease in the charity's unrestricted general funds, Council have elected that £250,000 of the endowment capital is converted into unrestricted income funds during the year ended 31 December 2022.

Notes to the accounts Year to 31 December 2022

22 Analysis of net assets between funds

	General funds £	Tangible and heritage assets fund £	Designated funds £	Restricted funds £	Endowment funds £	Total 2022 £
Fund balances at 31 December 2022 are represented by:						
Tangible fixed assets	—	84,485	—	—	—	84,485
Investments	1,169,399	—	—	599,458	9,416,269	11,185,126
Net current (liabilities) assets	(343,639)	—	87,160	258,878	—	2,399
	825,760	84,485	87,160	858,336	9,416,269	11,272,010

	General funds £	Tangible and heritage assets fund £	Designated funds £	Restricted funds £	Endowment funds £	Total 2021 £
Fund balances at 31 December 2021 are represented by:						
Tangible fixed assets	—	86,955	—	—	—	86,955
Investments	1,081,668	—	250,000	1,215,281	9,957,283	12,504,232
Net current (liabilities) assets	(464,057)	—	90,162	39,495	646,577	312,177
	617,611	86,955	340,162	1,254,776	10,603,860	12,903,364

The total unrealised (losses) gains as at 31 December 2022 constitute movements on the revaluation of listed investments and are as follows:

	2022 £	2021 £
Cumulative unrealised gains within note 15		
On listed investments	2,406,665	4,078,295
Total unrealised gains at 31 December	2,406,665	4,078,295
Reconciliation of movements in unrealised gains (losses)		
Unrealised gains at 1 January	4,078,295	3,115,003
Less: in respect of disposals in the year	(681,457)	(436,324)
Net gains arising on revaluation in the year	(990,173)	1,399,616
Unrealised gains at 31 December	2,406,665	4,078,295

23 Operating leases

At 31 December 2022 the charity had annual commitments under non-cancellable operating leases as follows:

	Land and buildings	
	2022 £	2021 £
Due within:		
. One year	76,281	70,226
. Two to five years	209,774	193,122
	286,055	263,348



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Charity no: 213128
Founded 1887

