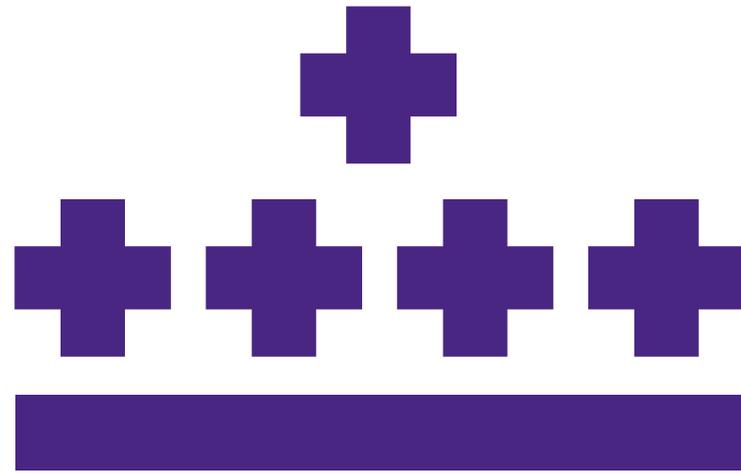




The
Queen's
Nursing
Institute



Annual Report and Accounts

Year to 31 December 2019



Charity registration number 213128



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

Patron	Her Majesty The Queen
Vice Presidents	The Lord Ashburton KG KCVO Dr June Crown CBE Sir Sam Everington OBE

The members of Council (Trustees) at the date of this report, and those who served during 2019, are as follows:

Chair of Council	Dr John Unsworth #+ Nick Addyman # Dr Bob Brown
Completed term of office September 2019	Dr David Colin-Thomé OBE Michael Cooper *#
Appointed December 2019	Professor Ami David MBE
Honorary Treasurer from August 2019	Zahir Fazal *#+ Dr David Foster OBE
Vice-Chair to June 2019 - term of office completed	Nicky Goulder #+
Appointed December 2019	Candace Imison
Appointed December 2019	Katerina Kolyva Rosalynde Lowe CBE *+ Dr Jenni Middleton
Appointed December 2019	Rebecca Myers
Vice Chair from June 2019	Christine O'Connell #+
Honorary Treasurer to August 2019 - resigned	Mike Patterson #+
Appointed December 2019	Jeremy Taylor OBE William Rathbone OBE *#+

* Council members nominated and appointed by the Patron
Members of the Finance Committee during 2019
+ Members of the Remuneration Committee

Chief Executive	Dr Crystal Oldman CBE, EdD, MSc, MA, PGDip, PGCEA, RGN, RHV, RNT
Charity registration number	213128



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

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Investment Managers	Rathbone Investment Management Limited Port of Liverpool Building Pier Head Liverpool L3 1NW
Bankers	CAF Bank Limited 25 Kings Hill Avenue Kings Hill West Malling Kent ME19 4JQ
Solicitors	Russell Cooke LLP 2 Putney Hill London SW15 6AB



Foreword from the Chair



During my second year as Chair of Council I have found myself reflecting on how much the Institute has changed in the twenty years I have been associated with it. From a relatively small organisation offering support through grants and innovation funding in the late 1990s to the dynamic and influential organisation it has become in 2019. While some things have stayed the same, much has changed in that time. Our friends at the National Garden Scheme, an organisation the QNI founded in 1927, continue as our largest and longest standing supporter. Their support remains invaluable in developing our ever growing network of Queen's Nurses across England, Wales and Northern Ireland. We continue to offer grants to community nurses, either as support when they are facing difficult circumstances or as grants to support their education and development. The significant changes for the Institute include our growing portfolio of work in Leadership Development. During 2019, we have delivered commissioned programmes in Northern Ireland focused on Team Transformational Leadership, funded by the Public Health Agency in partnership with the Chief Nursing Officer of Northern Ireland. We continue to offer innovation awards and thanks to the generous support of the Burdett Trust for Nursing we have been able to award funding for 10 nurse-led projects focused on improving care for people living with frailty.

Our grants work has not stood still: we have gone on to create the Keep in Touch project, which provides support and befriending to retired community nurses through the support of a growing number of volunteers. The most significant change in the past twenty years has without doubt been the Institute's influence and standing. The QNI is now seen as the 'go to' organisation for advice about community nursing by both Ministers, Health Departments and national organisations. During 2019, the Institute was influential in securing new funding for the training of district nurses in England as well as securing a commitment to the development of a national strategy designed to halt the decline in district nursing services. At the same time the QNI, through its work to produce Voluntary Standards for Education and Practice, in collaboration with the QNIS in Scotland, has resulted in the start of a review by the regulator into Specialist Practice Qualifications.

Our policy influence entered a new phase in 2019 with the launch of the International Community Nursing Observatory (ICNO) in November 2019. The ICNO provides unique opportunities for the Institute to move beyond descriptive analytics in workforce intelligence towards both predictive and prescriptive analytics, which suggest what will happen and how we can make things happen. The Institute was delighted that Professor Alison Leary MBE agreed to become the Director of the Institute. Alison is hugely respected in the UK and internationally and brings with her extensive experience of workforce modelling. The ICNO launched with its first report District Nursing Today – the View of District Nurse Team Leaders in the UK, which highlighted concerns around high demand and low capacity to respond to additional demand within district nursing services.

2019 also marked the launch of the QNI Care Home Nurses Network, generously supported by the Chief Nursing Officer for England and the RCN Foundation. This new network provides support for an often forgotten group of nurses providing care for the elderly and disabled in our communities. The network launched with professional events and there are plans to develop this with a journal, networking opportunities and a new opportunity to raise the profile of care home nursing.

The QNI never stands still and as an organisation; it is constantly evolving. During 2019 we said goodbye to a number of Trustees including Nicky Goulder who had served as Vice-Chair and Mike Patterson the Honorary Treasurer, as well as Dr David Colin-Thome OBE who had reached the end of his three terms of office. David continues to act as an advisor in his role as a Fellow, allowing us to tap into his vast knowledge of primary and community care. Towards the end of 2019 we welcomed a number of new Trustees, who bring with them wide experience of a range of areas, from clinical practice to health policy and charity governance.



Above: SARS-CoV-2

I am of course indebted to the Institute's Chief Executive, Dr Crystal Oldman CBE and our excellent team of staff who have worked tirelessly during 2019 to manage our growing programme of work. Thanks are also due to my fellow Trustees for their continued commitment to the development of the QNI.

During 2019 we underwent a major review of our governance processes, Council functioning and our sub-committees. This review has enabled us to identify the areas we wish to strengthen and has reaffirmed some of our processes. As a result of the review we have drafted new Terms of Reference, Standing Orders and a Scheme of Delegation, as well as a new Remuneration Policy and terms of reference for sub-committees of Council.

As we approached the end of 2019 a new emergent infection was identified in Wuhan in China. At the time no one had any idea that this would become the most significant pandemic in more than 100 years. The impact on healthcare and daily life across the world has been unprecedented, with nurses and other health workers across the world being on the frontline in the fight to save the lives of patients affected by the virus. Many nurses and other key workers have lost their lives, and the moral insult and psychological trauma of caring for patients who are isolated from their families at the end of their lives has taken its toll. The stories of nurses being close to someone and holding their hand as they die have provided some comfort to families everywhere. Never has society needed nurses more than they do now. What would have been the International Year of the Nurse and the Midwife has placed nurses centre stage in circumstances none of us would have wished for.

On behalf of the Institute I would like to express my deepest condolences to the families, friends and colleagues of all those nurses and healthcare workers, across the world, who have lost their lives during the pandemic.

Nurses need organisations like the QNI more than ever for support, advice and to act as a voice on their behalf. The Institute has risen to this challenge.

At the same time the economic effects of lockdown, coupled with falls in global markets and the curtailing of events which would have provided much needed income to charities have resulted in financial challenges for the QNI and many other organisations. As we progress through 2020 we will face many challenges but I am confident that the Institute will continue in its work to promote the best possible care for patients at home and in our communities.

Dr John Unsworth
Chair of Council



Report of the Council 31 December 2019

The Council presents its report together with the accounts of The Queen's Nursing Institute (QNI) for the year ended 31 December 2019.

The accounts have been prepared in accordance with the accounting policies set out on pages 42 to 47 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 2017-2020

The goals of the QNI were reviewed in 2016 and a new strategic plan developed comprising six goals, highlighting our plans for future periods: <https://www.qni.org.uk/wp-content/uploads/2017/01/QNI-Strategic-Plan-2017-2020.pdf>

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

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

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

Goal 4: Role models/leaders: To develop, promote and support excellent nurse leaders and role models in the community who can improve services for communities at system and practice levels.



Above: Queen's Nurse
Claire Green

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

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

Organisational Development

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

In order to deliver this strategic plan, the QNI has continued to develop as an agile organisation and continues to seek additional funding to support activities to meet the goals. The QNI recognises the critical importance of existing funders as well as the need to identify and develop new and sustainable sources of funding as the work of the charity expands.

The Council of the QNI provides expert governance and leadership to ensure the delivery of the strategic plan. Two members of Council, including the Vice Chair, completed their maximum terms of office in 2019, and the Honorary Treasurer resigned, and the QNI took this opportunity to review the skills gaps and five new members of Council were appointed in December 2019.

The activities undertaken by the QNI throughout 2019 in order to achieve the objectives of completing the QNI strategy (2017-2020) are set out in the section 'Achievements and Performance'.

Covid19 – impact on the work of the QNI

At the time of drafting the report, the Covid19 pandemic was developing in China. By the time this report was near completion, the country was in full 'lockdown', and desperately sadly, more than thirty thousand lives have been lost to the virus thus far in the UK.

Along with thousands of other business and charities, the prospects and work of the QNI have been hugely impacted by an invisible enemy that is out of our control.

It is important to acknowledge that the work and the financial position of the QNI has changed in response to the pandemic in the following ways:

Impact in working practices

- The QNI offices were closed on 17th March and are likely to remain closed for an extended period, possibly until the autumn.
- Team members are working remotely from their homes;
- All events have been cancelled, including the annual conference in September 2020;
- Projects have been deferred to 2021 as they have become undeliverable without the ability to meet in groups;
- The Chief Executive has met with all funders to discuss deferral of projects where these must be paused for delivery in 2021;
- The QNI has been commissioned by NHS England and NHS Improvement to create learning resources

to support nurses moving to work in the community and primary care settings during the pandemic; and

- The QNI has opened a Listening Service, 'TalkToUs', to provide emotional support from trained listeners, to support nurses working in the community and primary care during the pandemic.
- Financial assistance was extended to support community nurses whose financial situation was impacted by Covid19, through illness or loss of household income due to the virus.

Financial impact

- The planned income for 2020 is impacted negatively, estimated at approximately £500K, representing around 55% of the budgeted income.
- Investment income will reduce as the markets have fallen considerably;
- The annual grant from the National Garden Scheme (NGS) is reduced as no gardens can open in the spring and possibly the summer too of 2020;
- Project income received for 2020 delivery has been deferred to 2021 delivery; and
- The annual conference has been cancelled, with a loss of income.

Budget review

- Measures taken to reduce costs include furloughing two members of the team, terminating the contract of a part-time self-employed project leader, reducing the contracted hours of the Director of Nursing Programmes and the Queen's Nurse Network and Events Manager, and reducing the salary of the Chief Executive;
- Additional funding is being sought for the work of QNI staff supporting the NHS England and NHS Improvement and Health Education England work in providing learning resources for nurses moving to work in the community setting for the first time;
- Additional funding is being sought for access to expert advice and guidance from the QNI Networks;
- The Oak Foundation has permitted all underspend to be spent on continuing on with the Homeless Health network support activity during 2020;
- The Listening Service is being funded initially by fundraising; more than £11k was raised by the Chief Executive's Marathon garden walk on 25 April 2020. Grant funding will be sought thereafter and the 1965 Welfare fund accessed if necessary. Discussions with potential funders of the Listening Service have been undertaken;
- Cash reserves will be utilised and Council has approved up to £250K of expendable endowment drawn down from investments over the next two years, in order to keep the QNI working and delivering the core business.

With this action in addition to measures to reduce costs, the QNI Council is confident that the expenditure of the QNI can be met without jeopardising the future of the QNI.

Achievements and performance - Impact of work in 2019

Goal One: Policy Influence and Development

In 2019, the QNI contributed to 15 advisory groups of the arm's length bodies of the Department of Health and Social Care (including Public Health England, Health Education England and NHS England and NHS Improvement) and many other national and regional organisations. This QNI continues to be an organisation that is called upon for advice and guidance on national policy and much of this is informed by the active and engaged QNI networks.

The QNI receives no dedicated income for this work and as the QNI continues to grow in size and influence, the capacity and resource to provide expert advice is becoming increasingly challenging. Where appropriate, Queen's Nurses are called upon to represent the QNI in national advisory groups, demonstrating the value of the expert Queen's Nurse to the work of the charity.

The QNI delivered another successful two-day annual conference in September 2019; this was attended by 300 delegates on each day of the conference, with 258 attending both days. The conference is well regarded by senior nurses and three Chief Nursing Officers of the countries covered by the QNI presented during the conference. In addition, on the first day of the conference, the England Health Minister, Jo Churchill



Above: the panel at the Annual Conference 2019: I-r: Jenni Middleton, QNI Trustee, Baroness Julia Cumberlege CBE, Baroness Helen Newlove, Professor Dame Donna Kinnair DBE, Andrea Sutcliffe CBE, Jo Churchill MP

joined the opening panel which included Dame Donna Kinnair (RCN Secretary and Chief Executive), Andrea Sutcliffe (Chief Executive of the Nursing and Midwifery Council), Baroness Helen Newlove and Baroness Julia Cumberlege.

“ As always an inspiring event. It’s great to know that everything I am doing in my practice is along the right lines and always inspired by the QNI events that I attend.
Delegate feedback from 2019 QNI Conference

The QNI annual conference is now established in the sector and continues to be well attended by nurses, policy makers, leaders and journalists. Each year there is a waiting list for conference tickets and delegates frequently book a place before the conference programme is published because of the reputation for experiencing high quality speakers, facilitated debate, access to innovations in practice and sector networking.

The Chief Executive of the QNI, Dr Crystal Oldman, was awarded a Winston Churchill Memorial Trust (WCMT) Fellowship in 2017. For personal reasons, it was not possible to undertake the Fellowship until March/April 2019. The Chief Executive travelled to Australia and New Zealand to explore the organisation and delivery of the District Nursing service in remote and rural communities (Australia) and in integrated systems (New Zealand). The report is available on the WCMT website: <https://www.wcmt.org.uk/fellows/reports/district-nursing-service-learning-australia-and-new-zealand-2019>

The learning and the connections made with international colleagues will continue to impact on the policy influencing work of the QNI and as detailed in the report.

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

The film was entered for the World Health Organisation (WHO) film competition as part of their 2020 Health for All Film Festival (Nursing and Midwifery category). The film was shortlisted from 1,300 entries from around the world, making it into the selection of 15 finalists in the category. The WHO award ceremony took place as a livestream event from Geneva on 12 May 2020, and the QNI film was the only shortlisted film in the category to be given a ‘special mention’ by the panel, including from Dr Tedros Adhamon, WHO Director General and Dr Elizabeth Iro, WHO Chief Nurse. Whilst the film did not win, being given such attention and recognition at the ceremony was considered a significant accolade for the film-maker, Charlie Inman from Mother, and a welcome recognition of the patients and nurses who contributed to the success of the film: <https://www.qni.org.uk/news-and-events/news/nursing-in-the-community-film-praised-by-who-on-international-day-of-the-nurse-and-midwife/>

“ [The film was] very well produced and scripted, with powerful images and narrative between nurses and patients...very emotional but well blended to highlight why community nursing is such an exciting career option.
Elizabeth Iro, Chief Nursing Officer at the WHO



The QNI has also worked with Suzanne Gordon, International speaker and journalist who was made a Fellow of the QNI in 2019. A learning resource has been created with Suzanne to support nurses in articulating their value. This includes a film of Suzanne sharing her expertise in supporting this learning and a number of nurses' stories will be added in 2020: <https://www.qni.org.uk/voice-and-value/>

Goal 2: Data and Evidence

The QNI was funded by Public Health England (PHE) to undertake a project focussed on the evidence of the impact on children and young people of the School Nursing service. The project included supporting Suzanne Gordon to work with School Nurses to help them to tell their story as evidence of their impact on the children and young people served. The stories are hugely impactful in relation to the health and wellbeing of children and young people and include a significant number of stories relating to improving mental health. The report, which includes a literature review, will be published in 2020.

In 2018 and 2019, the QNI partnered with the Royal College of Nursing (RCN) to gather evidence on the elements of the District Nursing service which make up outstanding models of practice in England. The partnership was very successful and resulted in the production of a comprehensive report: <https://www.qni.org.uk/wp-content/uploads/2019/05/Outstanding-Models-of-District-Nursing-Report-web.pdf>

The comprehensively researched report 'Outstanding Models of District Nursing' was published in May 2019 and its content has been used to inform national and regional policy on the development of the District Nursing service. The recommendations are also supporting the development of the District Nursing 10 Point Plan which is due to be published by NHS England and NHSE Improvement in 2020.

In 2019, the QNI published the sixth annual District Nurse education audit which details the numbers of District Nurses (DN) who have undertaken the Specialist Practice Qualification (SPQ). This audit has become an annual reference point nationally for tracking the trends of District Nurse education and the development of the leaders of the District Nursing service. The report highlighted a growth of 20% in the number of District Nurses trained in 2017/18, reflecting the growing recognition of the role and the success of the QNI campaign to provide evidence of the critical nature of this role and the impact on patient care in the community: <https://www.qni.org.uk/resources/district-nurse-education-report-2017-18/>

For the last two years, the QNI has been developing a plan to build on our existing work and to strengthen our capability and capacity in developing data and evidence to inform policies related to nursing in the community. During 2019, the QNI developed further the work that had been undertaken throughout 2017 with the Pilotlight project manager and a team of six senior professionals at Barclays Bank as part of its 'Unlocking Insights' programme: <https://www.pilotlight.org.uk/news/2019/celebrating-the-launch-of-the-qnis-new-nursing-observatory>

This work involved the development of a function to more systematically produce data and evidence to support the policy function of the QNI and resulted in the launch of the 'International Community Nursing Observatory' in November 2019. It is a testament to the commitment of the Pilotlight and Barclays' teams that the launch was attended by the Chief Executive of Pilotlight, the Pilotlight project leader and two members of the Barclays 'Unlocking Insights' team.

In 2019, Council agreed to allocate up to £300K from the Expendable Endowment to support the development of the QNI 'International Community Nursing Observatory' (ICNO) over the next three years (2019-2022). Launched on 18 November 2019 with an audience of 80 high profile guests, the ICNO is led in a part time capacity by Professor Alison Leary, Chair of Healthcare and Workforce Modelling at London South Bank University. The ICNO has responsibility for analysing data and trends in community and primary care nursing workforce data, which will then be used to inform policy. The ICNO will also seek commissions designed to support data gathering and analysis that will provide evidence to enhance service planning and delivery in health and social care settings.

The idea behind the foundation of the ICNO originated from an independent strategic review conducted in 2018 by executives at Barclays Bank plc, through the 'Unlocking Insights' programme which is led and



Above: guests at the launch of the ICNO

managed by the charity Pilotlight. The 'Pilotlighters' at Barclays highlighted that data relating to the workforce of community nursing services are often incomplete and this leads to barriers that prevent the progression of policy development, service enhancement and improvements to the care of individuals, families, carers and communities.

A survey of District Nurse team leaders was published alongside the launch of the ICNO. Based on data provided by almost 3000 District Nurse Team Leaders, this report gives a clear picture of the capacity challenges within the current workforce and the recommendations to address these. The headline findings included 22% of the District Nurse team leaders undertaking at least one day a week of unpaid overtime in order to meet the workload needs. The report provides a stark picture of the issues and recommendations for action at a national level and again highlights the importance of the QNI in providing national data and intelligence to inform national policies to improve care in the community:

<https://www.qni.org.uk/resources/district-nursing-today-the-view-of-district-nurse-team-leaders-in-the-uk/>

“ Workload puts a strain on the resource, I am proud to say that the teams I manage are not task orientated but treat the patient holistically. I am keen to maintain this level of excellent care. District Nurse quote from 'District Nursing Today' report launched at the ICNO.

Goal 3: Standards

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

The QNI has built up this level of expertise to an extent that we are now able to respond to externally commissioned education work, including in the development of standards of education and practice.

In 2019 the QNI produced two commissioned publications supporting the education and practice of nurses working in primary care settings.

- An induction template for nurses new to General Practice, funded by NHS England and NHS Improvement: <https://www.qni.org.uk/resources/gpn-induction-template/>
- Standards for Education and Practice for nurses new to General Practice Nursing funded by NHS England and NHS Improvement (completed October 2019 and awaiting publication).

In addition to the standards for nurses new to General Practice, the QNI was awarded a grant from NHS England as part of the NHSE GPN 10 point plan to develop an Association of Academic General Practice Nurse Educators (AAGPNE) to support the ongoing development of standards on which universities would build programmes of education and training for General Practice Nurses throughout their careers. The work commenced in 2018 and continued throughout 2019, building a membership of 72 AAGPNE members from across the UK and including regional leads for GPN education.



Meetings of the AAGPNE are held twice a year and provide the opportunity for professional debate, sharing of best practice, innovations, quality assurance processes, challenges and solutions in GPN education. The members have developed peer reviewed publications and collaborated on a textbook for GPNs which is due to be published in July 2020. The AAGPNE is chaired by the programme leader at the QNI, who attends all the regional GPN development boards in England and can share innovations and best practice throughout the year.

“ This is exactly what we need in our everyday work, information at our fingertips that is easy to access and clear. Feedback of the AAGPNE from a General Practice Nurse

In addition to the AAGPNE, a web based resource has been developed – the General Practice Nurse Education Network (GPNEN). This is a repository of educational and practice resources for GPNs which is free to access. The site went live in June 2019 and requires just 3 clicks to access material: <https://gpnen.org.uk/> The feedback has been extremely positive and over 130 people who have access the site have chosen to leave a comment, an action that few people normally take the time to do on websites.

In 2019, the QNI was also commissioned by NHS England and NHS Improvement to develop Standards of Education and Practice for Nurses new to Care Home Nursing Practice and this publication is due to be released in 2020. Such standards provide a nationally agreed set of education standards on which to base the development of university programmes, in the absence of standards published by a Royal College or the professional regulatory body, the Nursing and Midwifery Council (NMC).

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

The feedback from universities and practice on the voluntary standards is excellent and the majority of 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.

In 2019, the QNI and QNIS commenced work to develop voluntary standards for Community Learning Disability Nursing (CLDN) Education and Practice. UK wide practice visits and focus groups have taken place with practitioners and the advisory group is actively ensuring that all aspects of CLDN is considered in the standards. The work has been fully supported by stakeholders and the standards are due to be published in September 2020.

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



Above: Queen's Nurses attending the opening of HM The Queen's Frogmore garden for the National Garden Scheme

It is anticipated that the work on CLDN standards will complement the work of the NMC in 2020 and inform the development of the CLDN NMC standards.

“ This is a fabulous piece of work and thank you so much for the opportunity to review. I shall be using and sharing this widely.

Feedback from a lecturer in Primary Care Nursing on the induction template

Goal 4: Role models/leaders

The QNI benefited in 2019 from a generous grant from the National Garden Scheme (NGS) to continue the work of the QNI in developing and supporting an increased number of Queen's Nurses (QN).

The grant enabled an increase in the number of nurses awarded the title of Queen's Nurse by 175 to 1,313 on the active QN register. The grant enables Queen's Nurses to be supported by the QNI to deliver best practice for patients, families, carers and communities. The QNI provides Queen's Nurses with opportunities for continuing professional development, access to updating and enhancement of their skills and knowledge and the opportunity to participate in the development of national policy.

The continuing professional development opportunities in 2019 included an annual QN conference at RCGP for 200 QNs in March 2019, a discounted place at the annual QNI conference in September 2019, an opportunity to network at the annual opening of Frogmore Gardens for the NGS in May 2019 and regional QN meetings throughout the year. In addition, the QNs are provided with a monthly newsletter which includes information about free professional development opportunities offered by other organisations such as NHSE/I.

“ The conversation at an advisory group is always more informed when a Queen's Nurse is around the table. Feedback from a member of an advisory group.

In 2019 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 and facilitating shadowing opportunities by senior policy and decision makers.

In April 2019, a second cohort of the 'Queen's Nurse aspiring leadership development programme' completed their course. Following the success of cohort one in 2017/18 and supported by releasing funds from the growth in the expendable endowment, a selected group of 16 Queen's Nurses underwent the year-long development programme.

The QNs, with a wide variety of specialist backgrounds in England and Wales were supported 1:1 by mentors who are Fellows or Council members of the QNI. Of the 16 who completed in April 2019, eleven QNs moved jobs and roles as a result of the learning on the programme: four moved to a more senior and more responsible role, five moved to another role of a similar level, one started their own business and another moved to commence chaplaincy training. The Aspiring Leaders programme has been a success in terms of being a catalyst for change – including a change in a professional role and taking on a new challenge.



The QNI captured on film the QN Aspiring Leaders' powerful stories on the impact of their Leadership Programme: <https://www.qni.org.uk/nursing-in-the-community/queens-nurses/leadership-programmes/queens-nurse-leadership-programme/>

The QNI plans to explore a model of fee paying for this leadership development programme, to enable the success to be continued with future cohorts of aspiring leaders in the community.

.....

“ This course gave me the time and space to reflect, to listen, and to think of myself, gaining so much confidence on the way and also expanding my peer group with such inspirational Queen's Nurses who started as colleagues and whom now I call friends. Queen's Nurse feedback from the programme.

.....

In 2017, the NGS provided the QNI with a restricted grant, in recognition of the 130th anniversary of its foundation and the NGS' 90th anniversary. The grant of £125K was provided 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. There is a vision which the QNI shares with the NGS that future Chief Nurses at regional and national levels will be Queen's Nurses, with a deep level of understanding of nursing in the community and excellent strategic leadership skills. The restricted grant provided sufficient funds to support two cohorts of the leadership programme and the second cohort completed in February 2019.

The QNI partnered for both cohorts with the Leadership Trust to develop a bespoke programme which was co-delivered as a residential programme over an 11-month period for cohort one (2017/18) and, following feedback, a five-month period for cohort two (2018/19). Sixteen executive level Queen's Nurses from a wide variety community roles completed the programme in March 2019 and the feedback has been continued to be excellent, with all identifying the leadership programme as a profound experience which has enabled them to change their practice and in some cases, move to a more senior or more responsible role. All 16 were mentored by Fellows or Trustees throughout the programme.

A third cohort of the programme will be delivered in 2021, supported by the NGS. The partnership with the Leadership Trust was highly successful but has become unsustainable due to rising costs. The 2021 programme will be led by the QNI with support from appropriate visiting speakers and co-facilitators.

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

.....

“ Overall an excellent day, really thought provoking, relevant and great speakers. I have taken so much away, I won't know where to start!
Feedback from CNEN member from June 2019 CNEN event

.....

The CNEN membership has gained further members throughout 2019, from 138 to 153 and provides an opportunity for members to meet twice a year when there is an excellent opportunity to engage with senior leaders in a relatively small group and to influence policy development and implementation.

In 2019, the meetings of CNEN members focussed on 'Workforce, Recruitment and Retention' and 'Leadership, Change and Innovation' – topics identified by the members as the most relevant for the current challenges in their leadership positions. The feedback on the impact of membership continues to



Above: Delegates attending a 'QNI on Tour' event, London

be positive, with increasing numbers of executive nurses and their deputies choosing to join the network, attend meetings and actively participate in the dialogue with senior level presenters.

Members are also provided with a monthly update from the QNI and are frequently alerted to policy engagement opportunities outside of the formal meetings.

During 2019, the QNI was successful in securing commercial sponsorship of the network by Hallam Medical, which has provided an alternative to introducing a membership fee, increasing administration costs and potentially reducing members.

**Goal 5: Innovation:
QNI on Tour – Personalised Care**

In 2019, the QNI was funded by the Personalised Care Directorate of NHS England and Improvement (NHSE/I) to deliver a series of regional events, primarily for Queen’s Nurses and their students and colleagues, focussed on Personalised Care. The QNI partnered the Nurse Director of the Personalised Care Directorate to deliver the events at five venues in England. The events included a total of approximately 350 delegates over the five day-long events and provided an excellent opportunity for nurses to understand more about the Personalised Care approach in relation to changing their practice: <https://www.qni.org.uk/nursing-in-the-community/personalised-care/>

The impact of this series of engagement and learning events has been followed up after six months to determine the changes made following ‘pledges’ made at the events and the positive outcomes of the pledges have led to Queen’s Nurses independently developing further work with NHSE/I and sharing the Personalised Care approach to colleagues in practice.

“ I absolutely loved the energy and positivity in the room and the willingness of people to share their experience, knowledge and any tools they may have developed.

Feedback from a delegate about the QNI on Tour

QNI on Extended Tour - #ActNowHomeFirst

Based on the success of the regional Personalised Care events, the Nursing Directorate of NHSE/I commissioned the QNI to deliver a series of five regional events to support the sharing of best practice about supporting people to stay at home for their care and to avoid unplanned hospital admissions, with the support of community nurses and Allied Health Professionals. Aimed primarily at Queen’s Nurses, their students and colleagues, the events were chaired by the deputy Chief Nursing Officer for England. They were evaluated very positively and included initiatives created and showcased by Queen’s Nurses, such as the ‘Okay to Stay’ programme in Sheffield which has gained national recognition: https://www.england.nhs.uk/atlas_case_study/the-okay-to-stay-programme/

Northern Ireland District Nurse Team Transformational Leadership Programme

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



After the successful delivery of two cohorts in 2019, a further cohort was commissioned. All programmes are delivered in Northern Ireland and have been evaluated extremely favourably. The QNI is delighted to be working with the senior nurses in Northern Ireland and actively supporting the District Nursing teams to take a more population based approach to their expert, autonomous, nurse-led services – and thereby improving the health of the populations they serve in a sustainable way.

Covid19 has impacted on the delivery of the programmes in 2020, but it is anticipated that the third cohort of the programmes will recommence when gatherings are permitted, perhaps in the winter of 2020.

Frontline Innovation projects

In 2019 the QNI secured funding from the Burdett Trust for Nursing for 10 innovation projects themed around 'Frailty'. The projects commenced in April 2019, with the final completion of the programme in April 2020. All ten projects have been led by frontline community and primary care nurses and the programme of learning around project management has been supported by the QNI Director of Nursing Programmes. The results of the innovation projects have been profound and lives are changed through these projects. One example is Tai Chi for increased wellbeing which was delivered in two care homes in Wiltshire through group based activities. The project developed due to observations made at the homes that some residents were feeling low and seeming to require additional help with their activities of daily living, with their independence diminishing. They still enjoyed and wanted social interaction but were not enjoying what was being offered.

The project lead implemented weekly Tai Chi classes over 10 months in the two care homes aiming to reduce falls, improve balance, improve motivation and energy and unsupported standing times. The data showed that these had all improved, that there had been no falls during the time of the project and above all the residents involved felt more energy, felt included, enjoyed the weekly group and made new friends whereas before they stayed in their rooms. Some participant quotes: 'Life is good', 'it has given me a better outlook', 'it has made me more active', 'it has helped me relax', 'it makes me feel better'. Both homes are now continuing to fund the weekly classes and other care homes in the local area have initiated their own Tai Chi classes.

“ It has given me a better outlook.

Service user feedback from 'Tai Chi for Increased Wellbeing' project

Homeless Health Programme

Grant funding from the Oak Foundation (May 2017 to April 2020), matched by funding from the QNI expendable endowment, enabled the QNI to continue to support practitioners working with people who are homeless to deliver excellent nursing care and for the QNI to contribute to the related policy development, in particular with the Rough Sleeper initiative of the Ministry of Housing, Communities and Local Government: <https://www.gov.uk/housing-local-and-community/homelessness-rough-sleeping>

In 2019, the Homeless Health programme leader moved to another organisation and the QNI took the opportunity to second into this position a nurse from the London based charity 'Pathway', with considerable experience in the delivery of nurse-led services for people experiencing homelessness, The new lead for the programme is currently reviewing and revising all the learning resources associated with the programme in order to launch these in 2020 in addition to keeping the network informed of policies related to their practice and continuing to be engaged with the senior leaders regarding health services for people who are homeless.

The QNI is highly regarded for being in touch with practice and supporting a network of informed and motivated practitioners. As such the QNI is frequently called upon to test proposals for policy change and to inform the development of policies related to people experiencing homelessness, including individuals, children and families.



Above: Queen's Nurse Sharel Cole with a patient

In May 2019, the QNI commenced delivery of the third and final year of the three-year Oak Foundation match funded work to support Homeless Health practitioners. The Oak Foundation funding has been matched by QNI funding from the growth in the Endowment.

In 2019, the Homeless Health programme provided two learning events, attended by 158 delegates in total: 'Better health for all women' in Birmingham and 'Overcoming psychological trauma' in Newcastle. Presentations from the events are always made available on the QNI website in order to reach and influence the learning and practice of a wider audience: www.qni.org.uk/explore-qni/homeless-health-programme

The QNI supported the development of a film to capture the learning at events and the experience of nurses and Health Visitors working with individuals and families experiencing homelessness. This has proved to be an informative and engaging medium to share knowledge and inspiring for others considering a career in this specialist area of practice. <https://www.qni.org.uk/nursing-in-the-community/homeless-health-programme/homeless-health-films/>

“ It’s really difficult for families. It’s been stressful on the build up to becoming homeless - it’s not just that you’ve become homeless, it’s a whole series of events that’s led to it and we know from research that that series starts about 8 years before you become expressed as homeless. So there’s been calamity after calamity after calamity.

QN Maxine Jenkins on working with homeless families

The online learning resources for homeless health nurses continue to be accessed by individuals. The main QNI page for Homeless Health has been visited 6276 times in 2019, with 2668 unique views. The 'Transition to Homeless Health Nursing' resource has been viewed 1074 times and the Homeless Health Assessment Tool has been accessed on 2196 occasions. Feedback on resources is consistently positive and the Homeless Health network has 1200 members, a growth of 138 over the last year.

Membership of the network is free and members are provided with newsletters containing policy, research and practice updates each month and more often alerts are provided to the network if there is a significant event or change of policy impacting on people experiencing homelessness.

Care Home Nurses' Network

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

The funding requires the QNI to deliver seven regional events for Care Home Nurses in 2020, to include learning on 'end of life care' and 'wound care'. The inaugural event was delivered in London in February 2020 at which the CNO attended to welcome 70 care home nurses. The event took place just weeks before the Covid19 lockdown in mid-March and all further regional events in 2020 have been cancelled. The funding was 'repurposed' to create a dedicated and closed Facebook page for all Care Home Nurses, to enable nurses to share and learn about practice in the pandemic.



The Royal College of Nursing Foundation (RCNF) has also funded work focussed in supporting the Care Home Nurses Network, which includes the development of two learning resources in 2020 and a periodic newsletter. The RCNF has ensured the sustainability of the Care Home Nurses' Network, with a guarantee of three years of annual funding – from January 2020 - to December 2022.

Goal 6: Support for Nurses:

Financial support

The QNI awarded education grants in 2019 that have benefited 29 nurses in the completion of development programmes to advance their knowledge and skills in community and primary care nursing roles. The grants are awarded where there is no recourse to funding from the applicant's employer and where the immediate benefit to the people served by the nurse is clearly demonstrated, such as being educated to become an independent prescriber. In this way, the QNI is ensuring that improved access to highly skilled nurses continues to grow and be sustained.

“ The course has inspired me to continue to be passionate about my role working with the Homeless people in H&F; knowing that I can make a difference! It has given me new confidence to use in my role as Team Leader... it was a fantastic course. I am planning on being able to use the information to develop different clinics, tackling issues I did not have the confidence to tackle in the past, knowing that I have a sound knowledge to back it up.

Feedback from Justine Bohan, the community nurse who took the Inclusion Health course.

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

The outcomes and the impact for the nurses who undertook the course are being closely followed by the QNI and the Guild of Nurses. The outcomes of the education grants awarded by the QNI in recent years has been commissioned and will be undertaken in 2020 by QNI Fellow, Professor Ros Bryar.

The QNI awarded a financial grant to 98 nurses (2018 - 96) in financial difficulty and suffering financial hardship, many of whom were in extremely challenging circumstances in relation to terminal illnesses. The number of nurses receiving regular grants has reduced from 26 to 20, following changes of financial circumstance and, sadly, the death of some beneficiaries.

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

The QNI is delighted to be working with the Guild of Nurses in administering their financial assistance fund for nurses to the value of £5,000 in 2019. This has enabled even more nurses to be supported and the QNI is delighted that this will continue in 2020 with the distribution of a further £5000. The QNI is delighted to be working with the Guild of Nurses Charitable Trust, the aim of which resonates with the QNI purpose: The over-riding aim of the Trust is to benefit the public at large by helping to raise standards of nursing care, encourage health and wellbeing, and save lives. <https://guildofnurses.co.uk/nurses-charitable-trust/>



Above: KIT volunteers and QNI staff

'Keep in Touch' programme

In 2019, the QNI operated its third year of a new service to combat loneliness and social isolation in older, retired Queen's Nurses, many of whom are known to the QNI through the Grants programme. Named the 'Keep in Touch' programme, this initiative is funded by a legacy from a retired Queen's Nurse.

31 volunteers who are all Queen's Nurses are 'matched' to a beneficiary of the service and they provide a telephone befriending service either weekly or fortnightly. In total there are 44 beneficiaries of the service, with 12 supported by the 'Keep in Touch' programme manager.

The service continues to be evaluated extremely positively, with excellent feedback from both the retired Queen's Nurses and the volunteer befrienders. Annual volunteer update days were held on two Saturdays in November 2019, with more than 25 attendees across the two days. The sharing of experiences and challenges from the days provided the QNI 'Keep in Touch' team and the Chief Executive with feedback to further enhance and build the support and guidance offered to the volunteers as part of the support programme. One of the areas focussed on for the 2019 annual updates was managing the loss of a person who had been supported by a volunteer.

“ My volunteer is so special to me – it means so much that she cares about me. Our calls always end in laughter!

KIT beneficiary

Organisational development

Governance Review

In 2019 the QNI commissioned a review of its governance processes. This included a review of the way in which Council and all Council sub-committees function. Revised Terms of Reference, Standing Orders and a Scheme of Delegation for Council have been developed. A new Remuneration Policy and terms of reference for sub-committees of Council have been agreed, providing clarity in the governance of the charity in the light of the significantly increased complexity of the work.

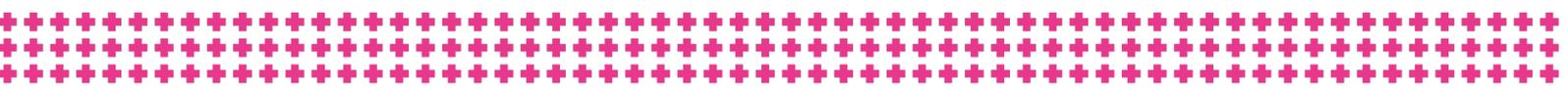
The role and contribution of volunteers

In delivering our achievements in 2019, the QNI has been supported by a range of volunteers, a group which grows in number each year and supports several strands of our work. The QNI would like to thank all our volunteers for their significant and enduring contribution to the work of the charity throughout 2019.

QNI volunteers include all members of Council, project advisory groups, panels which review awards and grant applications, befrienders supporting the 'Keep in Touch' programme, QNI Fellows supporting the QN Aspiring Leaders and the QN Executive Nurse Leadership development programmes and those who support policy consultation work.

In 2019 Queen's Nurses also continued to contribute to the policy work of the QNI as volunteers, attending QNI focus groups, Department of Health and Social Care advisory groups and round table discussions for national work and arm's length bodies on behalf of the QNI.

Fellows of the QNI continued to contribute to and support the work of the QNI in 2019. A Fellows' dinner



took place in London in July 2019, providing an opportunity for networking, meeting new members and to discuss their contribution to the delivery of the QNI strategic plan, including the development of the ICNO. Council members collectively gave more than 800 hours of their time attending meetings, chairing advisory groups and participating in QNI events. Several Trustees participated in the selection process for the five new Trustees in 2019 and considerably more hours were given in preparing for and taking actions outside Council and Committee meetings.

During 2019, it is estimated that more than 140 individuals made contributions to the work of the QNI, totalling in excess of 3000 hours of voluntary work.

The QNI is indebted to all its volunteers, including Queen's Nurses, QNI Fellows, Advisory Group members, 'Keep in Touch' befrienders, grants advisors, the Barclays team, Pilotlight 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

Grant making policies

Innovation funding programme

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

Grants

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

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

There have been three grants advisors in 2019: Michael Cooper (Patron appointed Trustee), Sally Hawksworth (QNI Fellow and Respiratory Nurse Specialist) and Sue Talbot (QNI Fellow and service commissioner). Applications for grants are considered by the three Grants Advisors.

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

A system of random audits of a sample of the QNI's grants records forms part of the internal financial controls each year to safeguard against fraudulent claims or administration of applications. The audit was conducted in the summer of 2019 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.



Above: General Practice Nurse Louise Ashwood with a patient

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

Given the developments regarding the importance of Environmental, Social, and Governance (ESG) as the three central factors in measuring the sustainability and societal impact of an investment in a company or business, Council intends to review this in relation to the QNI investment policy in the next 12 months. The QNI's investments are managed by Rathbone Investment Management Limited, which operates within guidelines set by the Council and the fund manager meets with the Finance Committee twice a year. The QNI investments are reviewed monthly by the Finance Manager and the Honorary Treasurer. In 2019, the performance of the investments was considered to be satisfactory both in terms of capital and investment.

Reserves policy

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

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

The principles upon which the financial strategy is based include:

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

Given the growth in the expendable endowment in 2014 and 2015 as a result of investment gains, and in the light of the ambitions of the QNI, Council agreed in May 2015 to invest up to £800,000 over a four-year period (2015-2018) on extended activities. The intention was that this investment was to be funded, in full or in part (as necessary), by transfers from the expendable endowment fund. Since 2015, expenditure on the



planned extended activities has continued, with progress being reported to Council quarterly, although the timeframe for the expenditure has been extended to 2020 to enable all elements to complete. To date, it has been possible to fund the investment from general funds alone with no transfer being required from the expendable endowment fund. The situation has changed considerably given the impact of the pandemic in the early months of 2020 which is discussed in more on pages 8 and 9.

Members of Council have determined that the level of unrestricted reserves held should equal between six and nine months' unrestricted expenditure. Unrestricted reserves at 31 December 2019 represented 12 months of projected unrestricted expenditure for 2020 and thus exceeded the above policy range.

In March 2020, it was recognised that the Covid19 pandemic has impacted significantly on the income and work of the QNI and at the time of completing the annual report, proposals are being put before Council to utilise reserves throughout 2020.

Financial review

Net position before transfers and investment gains/losses

The financial year resulted in net expenditure of £148,143 (2018 – £265,234). This comprised of net expenditure from unrestricted funds of £42,380 (2018 – £138,214), net expenditure on restricted funds of £105,763 (2018 – £127,020) and net income on endowment funds of £nil (2018- £nil).

Income

Income for the year totalled £1,318,693 (2018 – £1,051,142), 25% higher than 2018. Income from donations and legacies was £303,050 (2018 – £307,073) a decrease of 1%, and income from charitable activities was £672,953 (2018 – £396,584), an increase of 69%.

Income of £606,777 (2018 – £296,673) on restricted funds includes funding for a number of projects which will continue into 2020.

Investment income and interest receivable was £342,690 (2018 – £347,485) for the year and this continues to provide an essential element of the QNI's core funding.

Expenditure

Expenditure for 2019 totalled £1,466,836 (2018 – £1,316,376), an increase of 11% on 2018.

During 2019 we changed the way we analyse and disclose expenditure in the Statement of Financial Activities to best reflect the activities of the charity. The comparable figures have been restated.

The increased expenditure reflects the delivery of projects funded by restricted funds.

Investments

The QNI's portfolio of investments and cash held for investment had a market value at 31 December 2019 of £11,309,022 (2018 - £9,979,620). Income from the portfolio for the year was £342,690 (2018 – £347,485), and net investment gains were £1,460,963 (2018 – losses of £707,521). QNI adopts a managed fund policy resulting in net investment gains lower than those experienced in stock markets generally, but also reflect the gains in investment value in 2019. Since the year end the Charity has experienced a significant drop in its investment portfolio as investment markets have reacted to the Covid-19 pandemic. At 31 May 2020, the charity's investments had a market value of £10,330,994 representing a 8.65% drop in value since the year end.

Revaluation gains on 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 using professional advice and was recognised in the attached accounts as a heritage asset at an estimated value of £70,000.



Above: Council members Nicky Goulder and William Rathbone OBE at the Awards Ceremony.

Reserves

At the year end, the charity held 'free reserves' of £559,754. As noted above, these reserves equate to twelve months of projected unrestricted expenditure for 2020 and hence exceed the limits required by the policy. Council is content with this position and it provides flexibility and protection in meeting the challenges presented by the pandemic (see earlier in this report).

Structure, governance and management

Governing document

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

Council members

There are 15 members of Council, some with clinical backgrounds and others with expertise in communications, law, business, finance and the management of national charities of varying sizes. There have been a number of changes in Council membership over the last year:

In June 2019, Nicky Goulder, Vice Chair of Council, completed her term of office (10 years) and retired from Council.

In September 2019, Dr David Colin-Thomé, Council member and QNI Fellow, completed his term of office (9 years) and retired from Council.

In August 2019, Mike Patterson, Honorary Treasurer, retired from Council having served almost three years.

The QNI is extremely grateful to all members who retired from Council in 2019 for their commitment to the work of the Council and the expert advice provided so generously over many years.

Dr David Colin-Thomé, QNI Fellow continues to contribute to the work of the QNI, supporting both the education standards and the policy development work.

Recruitment and appointment of Council members

Under the constitution of the QNI, the Patron may nominate and appoint up to four persons 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 and gaps in the skills and expertise of Council in relation to the ongoing development of the QNI.

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 QNI staff informally. A few months after their appointment, the Chair meets with them 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 to meet individual staff members and find out more about specific areas of work.

Wherever possible, members of Council also have an opportunity to meet with employees of the QNI before and after meetings of the Finance Committee and Council.

Council members are encouraged to attend induction and updating events as appropriate.

On occasion, experienced members of Council are invited to participate in operational aspects of the QNI. In 2018, this has included recruitment to the Director of Nursing Programmes post.

Organisational structure

The QNI is governed by the Council, the members of which are trustees for the purposes of the Charities Act 2011. Council meets quarterly, in March, June, September and December. The Terms of Reference of Council are: to ensure that the QNI operates at all times within the requirements of its Royal Charter and Charity Commission guidelines; to agree a long-term strategy and one year budget and business plan for the QNI that will ensure it meets its obligations and charitable objectives, and to monitor their implementation; to receive reports from, and ratify or amend decisions referred by, the Finance Committee; and to oversee the work of the QNI's Chief Executive and staff.

The Terms of Reference of Council and its committees were reviewed in 2019 as part of a commissioned governance review. Revised Terms of Reference, Standing Orders and a Scheme of Delegation for Council were developed and agreed.

A new Remuneration Policy and Terms of Reference for the sub-committees of Council were also agreed, providing clarity in the governance of the charity in the light of the significantly increased complexity of the work in recent years.

The Finance committee has oversight of the financial and administrative management of the QNI. The Finance Committee meets quarterly in February, May, August and November. Its Terms of Reference are: to monitor whether the QNI is operating within the legal and financial guidelines set out in current legislation, its own Charter and any financial standing orders; to ensure that adequate financial controls are in place and that the QNI operates within a sound financial framework; to work with and support the Chief Executive and Finance Manager, in order to be satisfied that the financial information presented is comprehensive and accurate; to review, agree and recommend to Council an analysis of risks facing the organisation; to advise Council on the financial implications and risks of the QNI's strategy and policy objectives; to propose a sum or percentage of payroll available to the Remuneration Committee for annual staff salary increases; to agree and recommend to Council an annual budget; to agree and recommend to Council strategies and activities for fundraising and communications and to discuss and monitor these activities; to investigate on behalf of Council anything of a financial or administrative nature which may adversely affect the QNI's ability to achieve its objectives; to consider management accounts which report on actual and budgeted income and expenditure, and report thereon to Council; and to be responsible for the appointment and performance of fund managers and auditor.

In the autumn each year, the Remuneration Committee agrees any staff salary increase, normally determined by the September Consumer Price Index, in order that staff salaries keep pace with the cost of living. It also recommends a financial package to cover proposed increases to staff remuneration in the forthcoming year, taking account of the financial circumstances of the QNI, to be put to the Finance Committee at its Autumn meeting each year; it also agrees the terms and conditions of the Chief Executive for the forthcoming year.



Above: Dr Crystal Oldman CBE, QNI CEO, Professor Alison Leary MBE, ICNO Director and Dr John Unsworth QNI Chair at the ICNO launch at Twitter headquarters

Key management personnel

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

Members of Council do not receive remuneration in respect to their services to the QNI. The remuneration of the key management personal is determined using the same process as that applied for all staff and is described under "Staffing of the QNI" below.

Staffing of the QNI

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

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

When advertised, the salaries of all staff, including key management posts, are determined by the guidance of agreed QNI bands for the various levels of post, such as administrator, project manager and the leadership team.

Fundraising

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

Sponsorship opportunities for QNI activities are explored as appropriate and Hallam Medical is a regular sponsor of the Community Nurse Executive Network (CNEN) and the reception at the QNI annual conference.

The QNI does not seek to raise funds from the public. In 2018, Queen's Nurses were asked if they might become regular donors with small monthly donations and this initiative now raises around £5K per year to support the Queen's Nurse programme.

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

Risk management

With the exception of the challenges resulting from the Covid19 pandemic, the major risks to which the QNI is exposed, arising from its own work and from external contingencies, are reviewed regularly by the Finance Committee and Council, and systems or procedures are in place to manage, and where possible mitigate, those risks.

The QNI's risk register is maintained by the Chief Executive and Office Manager.



An example of the highest key risks (in each of the sections of the risk register) faced by the QNI and their mitigation is provided below:

People

Risk: “The charity loses a key staff member”

(NB: This risk was discussed in 2019 and the loss of the Chief Executive was separated out as a separate risk).

Mitigation: 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.

The risk of the loss of the Chief Executive was also recognised as a risk. The Chief Executive is, wherever possible, including senior members of the team in the policy influencing work and meeting with key senior personnel to share the experiences of leading on aspects of the charity.

Business Continuity: Data Protection and Information Governance

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

Mitigation: Anti-virus software is updated regularly by QNI contracted IT company. Quarterly ‘housekeeping’ visits to QNI offices by a named individual from QNI contracted IT maintenance company and helpline available in office hours.

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

Finance and Fundraising

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

Mitigation: The QNI uses professional investment managers with delegated powers. The investment manager appointment is reviewed every three years. Regular meetings are held with the investment manager at which investment performance is monitored against the investment policy and against market averages.

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.

The QNI seeks to diversify income streams so that fundraising can compensate for investment income shortfalls.

The QNI maintains sufficient reserves.

In the spring of 2020, with the impact of Covid19, it was recognised that the investment portfolio had fallen in value and income will be compromised as a result. The reserves will be utilised and a small amount of the investment portfolio may be realised in 2020 and 2021 to enable the QNI to continue with the core business, albeit in a reduced capacity. During the current Covid-19 pandemic, we continue to communicate with our investment managers and, whilst there are concerns over the falls in world stock markets, we acknowledge also that we are long term investors.

Queen’s Nurses

Risk: “The QN community does not adequately reflect the diversity of the population of nurses in the community.”

Mitigation: The QNI actively targets BAME nurses working in the community to encourage applications for the title of Queen’s Nurse. Workshops are held each year by a BAME QN who is a member of QNI staff, in various parts of the country to help prepare BAME nurses to gain the confidence to apply, given that it is well documented that many will have had a poor experience of applying for promotion in their workplace.



The diversity of the QN community is monitored and actions taken as required, including working with BAME Queen's Nurses to identify appropriate actions to encourage more applications from BAME nurses.

The Council's responsibilities statement

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

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

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

Signed on behalf of the Council

Chair of Council:

Dr John Unsworth

Date: 17 June 2020



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 2019 which comprise the statement of financial activities, the balance sheet, the statement of cash flows, the principal accounting policies and the 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 2019 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

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the use of the going concern basis of accounting by the members of Council in the preparation of the accounts is not appropriate; or
- the members of Council have not disclosed in the accounts any identified material uncertainties that may cast significant doubt about the charity's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the accounts are authorised for issue.

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. 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 our report

This report is made solely to the 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 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 members of Council as a body, for our audit work, for this report, or for the opinions we have formed.

Buzzacott LLP
Statutory Auditor
130 Wood Street
London
EC2V 6DL

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

Signed: Buzzacott LLP
Date: 6 July 2020

Statement of Financial Activities Year to 31 December 2019

	Notes	Unrestricted funds £	Restricted funds £	Endowment funds £	2019 Total funds £	2018 Total funds* £
Income and endowments from:						
Donations and legacies	1	290,386	12,664	—	303,050	307,073
Investment income and interest receivable	2	294,331	48,359	—	342,690	347,485
Charitable activities	3	127,199	545,754	—	672,953	396,584
Total income		711,916	606,777	—	1,318,693	1,051,142
Expenditure on:						
Raising funds						
. Costs of generating grants and donations	4(a)	92,777	—	—	92,777	137,988
. Management of investments	4(b)	46,556	6,601	—	53,157	50,287
Total expenditure on raising funds		139,333	6,601	—	145,934	188,275
Charitable activities						
. Policy influence and development	5	223,928	30,000	—	253,928	279,058
. Data and evidence	5	37,732	20,000	—	57,732	31,698
. Standards	5	28,521	100,984	—	129,505	33,740
. Role models/leaders	5	243,517	226,376	—	469,893	359,110
. Innovation	5	81,265	127,097	—	208,362	223,400
. Providing support for nurses - financial	5	—	148,715	—	148,715	155,161
. Providing support for nurses - education	5	—	16,509	—	16,509	9,900
. Providing support for nurses – Keep in Touch	5	—	36,258	—	36,258	37,030
Total expenditure on charitable activities		614,963	705,939	—	1,320,902	1,129,097
Total expenditure		754,296	712,540	—	1,466,836	1,317,372
Net expenditure before investment gains (losses)		(42,380)	(105,763)	—	(148,143)	(265,234)
Net gains (losses) on investment assets		200,545	159,659	1,100,759	1,460,963	(707,521)
Net income (expenditure) before transfers		158,166	53,896	1,100,759	1,312,820	(972,755)
Transfer between funds	20	—	—	—	—	—
		158,165	53,896	1,100,759	1,312,820	(972,755)
Other recognised gains:						
. Revaluation gains on heritage assets	14	—	—	—	—	70,000
Net movement in funds	8	158,165	53,896	1,100,759	1,312,820	(902,755)
Reconciliation of funds:						
Funds brought forward at 1 January 2019		593,611	1,302,630	8,271,312	10,167,553	11,070,308
Funds carried forward at 31 December 2019		751,776	1,356,526	9,372,071	11,480,373	10,167,553

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 2018 is given on page 32.

Statement of Financial Activities Year to 31 December 2018

	Notes	Unrestricted funds £	Restricted funds £	Endowment funds £	2018 Total funds £
Income and endowments from:					
Donations and legacies	1	304,630	2,443	—	307,073
Investment income and interest receivable	2	300,986	46,499	—	347,485
Charitable activities	3	148,853	247,731	—	396,584
Total income		754,469	296,673	—	1,051,142
Expenditure on:					
Raising funds					
. Costs of generating grants and donations	4(a)	136,991	—	—	137,988
. Management of investments	4(b)	43,750	6,537	—	50,287
Total expenditure on raising funds		180,741	6,537	—	188,275
Charitable activities					
. Policy influence and development	5	279,058	—	—	279,058
. Data and evidence	5	31,698	—	—	31,698
. Standards	5	19,240	14,501	—	33,740
. Role models/leaders	5	260,272	98,838	—	359,110
. Innovation	5	91,809	131,591	—	223,400
. Providing support for nurses - financial	5	—	155,161	—	155,161
. Providing support for nurses - education	5	—	9,900	—	9,900
. Providing support for nurses – Keep in Touch	5	—	37,030	—	37,030
Total expenditure on charitable activities		682,077	447,021	—	1,129,097
Total expenditure		892,683	423,693	—	1,317,372
Net expenditure before investment losses		(138,214)	(127,020)	—	(265,234)
Net losses on investment assets		(45,185)	(94,181)	(568,155)	(707,521)
Net expenditure before transfers		(183,399)	(221,201)	(568,155)	(972,755)
Transfer between funds	20	(374)	374	—	—
		(183,773)	(220,827)	(568,155)	(972,755)
Other recognised gains:					
. Revaluation gains on heritage assets	14	70,000	—	—	70,000
Net movement in funds	8	(113,773)	(220,827)	(568,155)	(902,755)
Reconciliation of funds:					
Funds brought forward at 1 January 2018		707,384	1,523,457	8,839,467	11,070,308
Funds carried forward at 31 December 2018		593,611	1,302,630	8,271,312	10,167,553

Balance Sheet 31 December 2019

	Notes	2019 £	2019 £	2018 £	2018 £
Fixed assets					
Tangible assets	13		27,087		26,080
Heritage assets	14		70,000		70,000
Investments	15		11,309,022		9,979,620
Total fixed assets			11,406,109		10,075,700
Current assets					
Debtors	16	56,308		129,130	
Cash at bank and in hand		332,304		232,145	
		388,613		361,275	
Creditors: Amounts falling due within one year	17	(314,348)		(269,422)	
Net current assets			76,264		91,853
Total net assets			11,480,373		10,167,553
The funds of the charity					
Unrestricted funds					
. General funds			559,754		408,636
. Tangible and heritage asset fund	18		97,087		96,080
. Designated funds	19		94,935		88,895
			751,776		593,611
Restricted funds					
Endowment funds	20		1,356,526		1,302,630
	21		9,372,071		8,271,312
			11,480,373		10,167,553

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

Chair of Council



Dr John Unsworth

Approved on: 17 June 2020

Statement of cash flows Year to 31 December 2019

	Notes	2019 £	2018 £
Cash flows from operating activities:			
Net cash used in operating activities	A	(349,454)	(569,102)
Cash flows from investing activities:			
Payments to acquire tangible fixed assets		(21,047)	(3,950)
Payments to acquire investments		(900,703)	(1,486,594)
Receipts from disposals of investments		1,381,404	1,695,901
Investment income and interest received		342,690	347,485
Net cash provided by investing activities		802,344	552,842
Change in cash and cash equivalents in the year		452,890	(16,260)
Cash and cash equivalents at 1 January 2019	B	413,030	429,290
Cash and cash equivalents at 31 December 2019	B	865,920	413,030

Notes to the statement of cash flows for the year to 31 December 2019.

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

	2019 £	2018 £
Net movement in funds (as per the statement of financial activities)	1,312,820	(902,755)
Adjustments for:		
Depreciation charge	20,040	18,034
Net (gains) losses on investments	(1,457,372)	707,521
Net gains on revaluation of heritage assets	—	(70,000)
Investment income and interest receivable	(342,690)	(347,485)
Decrease (increase) in debtors	72,822	(55,167)
Increase in creditors	44,926	80,750
Net cash used in operating activities	(354,249)	(569,102)

B Analysis of cash and cash equivalents

	2019 £	2018 £
Cash at bank and in hand	332,304	232,145
Cash held by investment managers	533,616	180,885
Total cash and cash equivalents	865,920	413,030



Principle accounting policies 31 December 2019

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 2019 with comparative information given in respect to the year ended 31 December 2018.

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

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

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

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

Critical accounting estimates and areas of judgement

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

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

- assessing the probability of receiving legacies where the charity has been notified of its entitlement;
- estimating the useful economic life of tangible fixed assets for the purpose of determining the annual depreciation charge;
- determining the basis for allocating support costs across expenditure classifications;
- determining the fair value of artwork classified as heritage assets; and
- estimating the impact of the Covid19 pandemic on future income and expenditure flows and the charity's financial position especially in the light of the falls in investment values (see going concern below and note 15).

Assessment of going concern

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

However, the full impact on the charity's income and expenditure and financial position following the emergence of the global Covid19 pandemic is still unknown. Since the end of the financial year, the Covid19 pandemic has changed the shape and nature of the world. It has impacted not only the basic nature of the social interactions but has also had a significant economic impact at every level in ways which have been outside of our control. The impact of Covid19 on our working practices and finances is set out in the report of the Council on pages 8 and 9.

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



Income recognition

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

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

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

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

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

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

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

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

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

Expenditure recognition

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

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

- Expenditure on raising funds include the salaries, direct costs and support costs associated with

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

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

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

Allocation of support and governance costs

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

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

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

Tangible fixed assets

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

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

Heritage assets

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

Investments

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

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

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

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



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

Debtors

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

Cash at bank and in hand

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

Creditors and provisions

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

Fund structure

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

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

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

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

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

Pension costs

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

Leased assets

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

Notes to the Accounts Year to 31 December 2019

1 Donations and legacies

	Unrestricted funds £	Restricted funds £	2019 Total funds £
National Garden Scheme donation	250,000	—	250,000
Donations in memory of Phillip Goodeve-Docker (note 19)	6,040	—	6,040
Other donations	20,064	12,664	32,728
Legacies	14,282	—	14,282
2019 total funds	290,386	12,664	303,050

	Unrestricted funds £	Restricted funds £	2018 Total funds £
National Garden Scheme donation	250,000	—	250,000
Other donations	24,656	643	25,299
Legacies	29,974	1,800	31,774
2018 total funds	304,630	2,443	307,073

2 Investment income and interest receivable

	Unrestricted funds £	Restricted funds £	Endowment funds £	2019 Total funds £
Income from investments listed on a recognised stock exchange within the UK	293,132	48,359	—	341,491
Bank and deposit interest	1,199	—	—	1,199
2019 total funds	294,331	48,359	—	342,690

	Unrestricted funds £	Restricted funds £	Endowment funds £	2018 Total funds £
Income from investments listed on a recognised stock exchange within the UK	300,768	46,499	—	347,267
Bank and deposit interest	218	—	—	218
2018 total funds	300,986	46,499	—	347,485

Notes to the Accounts Year to 31 December 2019

3. Income from charitable activities

	Unrestricted funds £	Restricted funds £	2019 Total funds £
Improving nursing care in the community			
Innovation Fund (Burdett Trust for Nursing)	—	102,662	102,662
Executive Nurse Leadership Programme (National Garden Scheme)	—	35,895	35,895
Aspiring Leadership	420	—	420
Homeless Health (Oak Foundation)	—	48,297	48,297
Standards (QNI Scotland)	—	10,000	10,000
Northern Ireland Neighbourhood DN Team	—	106,000	106,000
QNI Tour	—	15,000	15,000
DN Outstanding Models/RCN	4,950	—	4,950
Community Nurse Executive Network Income	—	20,500	20,500
Association of General Practice Nurse Educators – four General Practice Nursing Delivery Boards – NHS England	—	70,000	70,000
General Practice Nursing Induction Template - NHS England	—	12,400	12,400
Perceptions of Nursing in the Community	—	30,000	30,000
QNI on Extended Tour	—	40,000	40,000
Care Homes Foundation Standards Income	—	35,000	35,000
Evidence School Nurse Impact	—	20,000	20,000
ICNO	2,000	—	2,000
Annual QNI Conference	94,984	—	94,984
Sales of resources	8,559	—	8,559
Fees, publications and sundry service	16,286	—	16,286
2019 total funds	127,199	545,754	672,953

	Unrestricted funds £	Restricted funds £	2018 Total funds £
Improving nursing care in the community			
Executive Nurse Leadership Programme (National Garden Scheme)	—	72,760	72,760
Homeless Health (Oak Foundation)	—	109,953	109,953
Standards (QNI Scotland)	—	5,000	5,000
Community Nurse Executive Network Income	9,000	—	9,000
Annual QNI Conference	92,893	—	92,893
Outstanding models – Royal College of Nursing	—	12,618	12,618
Aspiring leadership	1,025	—	1,025
Skills for care	1,500	—	1,500
Association of General Practice Nurse Educators – NHS England	—	35,000	35,000
General Practice Nursing Induction Template – NHS England	—	12,400	12,400
Sales of resources	30,483	—	30,483
Fees, publications and sundry service	13,952	—	13,952
2018 total funds	148,853	247,731	396,584

Notes to the Accounts Year to 31 December 2019

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 £	2019 Total funds £
Direct costs	8,928	—	—	8,928
Support costs (note 7)	83,849	—	—	83,849
2019 total funds	92,777	—	—	92,777

	Unrestricted funds £	Restricted funds £	Endowment funds £	2018 Total funds £
Direct costs	31,112	—	—	31,112
Support costs (note 7)	106,876	—	—	106,876
2018 total funds	137,988	—	—	137,988

(b) Management of investments

	Unrestricted funds £	Restricted funds £	Endowment funds £	2019 Total funds £
2019 total funds	45,556	6,601	—	53,157

	Unrestricted funds £	Restricted funds £	Endowment funds £	2018 Total funds £
2018 total funds	43,750	6,537	—	50,287

5 Charitable activities

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

Notes to the Accounts Year to 31 December 2019

5 Charitable activities (continued)

	Direct costs £	Grant funding of activities (note 6) £	Support costs (note 7) £	2018 Total funds £
Policy influence and development	222,175	—	56,883	279,058
Data and evidence	25,237	—	6,461	31,698
Standards	26,862	—	6,878	33,740
Role models/leaders	283,344	—	74,156	357,500
Innovation	133,611	45,534	45,866	225,011
Providing welfare support	51,312	73,206	30,643	155,161
Providing educational support	—	8,455	1,955	10,410
Keep In Touch	29,717	—	7,313	37,030
2018 Total	772,258	127,195	230,155	1,129,608

6 Grant making

Innovation – grants payable to institutions

Fund for innovation	2019 £	2018 £
Best Foot Forward	—	1,289
Increasing Sexual Awareness – Screening Young Men	—	1,889
Way to Go	—	3,203
Developing a Patient Held PSA	—	2,889
The Blues Boys	—	1,329
We Seek Him Here	—	939
Improving Nutrition and Hydration Care Homes	4,385	—
Nurse Led Case Management – Frailty Multi-Morbidity	4,436	—
Darwen Healthcare Frailsafe	2,171	—
Frailty Pathway – Learning Disability	741	—
Tai Chi Increased Wellbeing	4,526	—
RVS Health and Wellbeing	3,750	—
Identification of Frailty in Informal Carers Relocating	132	—
Wound & Pressure Ulcer Prevention & Management	2,450	—
SCARF	4,194	—
Reaching out to the Hard to Reach	1,500	—
Total value	28,285	11,538
Number of grants made	10	6

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

Notes to the Accounts Year to 31 December 2019

6 Grant making (continued)

Innovation – grants payable to institutions (continued)

Homeless Health Fund	2019 £	2018 £
Self-Harm Awareness Group	—	3,500
LEAP AHEAD project	—	4,415
Latent TB screening/awareness at HMP Birmingham	1,164	2,327
Five Ways to Wellbeing	—	1,500
Improving skin conditions and respiratory health for rough sleepers	925	3,500
Touch Base clinic	—	4,900
HIT Plus	—	4,500
Drop-in and NHS health check outreach clinic	—	4,354
The Health Bus	—	3,000
Health Champions for the Homeless	1,497	2,000
Total value	3,586	33,996
Number of grants made	3	10

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

Providing welfare support – grants made directly to individuals

	2019 £	2018 £
Total value	72,125	73,206
Number of grants made	241	397

Providing educational support – grants made to individuals

	2019 £	2018 £
Total value	13,284	8,445
Number of grants made	26	18

Grant commitments

As at 31 December 2019, the charity had annual welfare grant commitments of £28,350 (2018 - £35,050).

Notes to the Accounts Year to 31 December 2019

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.

	2019 £	2018 £
Policy Influence and Development	46,440	56,883
Data and Evidence	10,321	6,461
Standards	23,865	6,878
Role Models / Leaders	83,849	74,156
Innovation	38,700	45,866
Providing welfare support	25,800	30,643
Providing educational support	3,225	1,955
Keeping in Touch	6,450	7,313
Organisation Costs	83,849	106,876
	322,498	337,031

8 Net movement in funds

This is stated after charging:

	2019 £	2018 £
Staff costs (note 9)	515,978	547,033
Depreciation	20,040	18,034
Operating lease rentals – land and buildings	49,720	49,720
Amounts payable to the auditor in respect of:		
. External audit	10,528	9,692

9 Staff costs and remuneration of key management personnel

Staff costs during the year were as follows:

	2019 £	2018 £
Gross wages and salaries	430,575	456,811
Employer's national insurance contributions	45,610	47,409
Employer's pension costs	39,793	42,813
	515,978	547,033

One member of staff received emoluments (including taxable benefits but excluding employer's national insurance and pension contributions) in the range of £80,001 - £90,000 (2018 - one). Contributions in the year to defined contribution pension schemes in respect of this employee totalled £8,805 (2018 - £8,549).

The average headcount of employees in 2019 was 11 (2018 - 14).

The average number of full time equivalent employees in 2019 was 12 (2018 - 12).



Notes to the Accounts Year to 31 December 2019

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

The key management personnel of the charity in charge of directing and controlling, running and operating the charity on a day to day basis comprise the members of Council together with the Chief Executive, Head of Communications and the Finance Manager. The total remuneration payable to key management personnel during the year was £223,669 (2018 - £225,310).

In addition to the staff costs shown above, during the year, the charity incurred expenditure in respect to three individuals seconded from other employers to fill the roles of Director of Nursing Programmes (1) and Project Manager (2), to a total of £139,710 (2018 - £47,000 – one secondee to Director of Nursing Programmes for part of the year). These costs are included within expenditure on charitable activities in the statement of financial activities.

10 Council members

No member of the Council received any remuneration in respect of their services as a member of the Council during the year (2018 - none).

Expenses reimbursed to 4 (2018 - 7) members of the Council during the year in respect of travel totalled £4,367 (2018 - £1,081).

During the year members of the Council donated a total of £1,120 to the charity (2018 - £1,150).

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 (2018 - £500,000) and the total premium paid in respect of such insurance in the year was £255 (2018 - £255).

11 Related party and connected person transactions

Other than as disclosed in note 10 above, there were no transactions with related parties or connected persons during the year (2018 - none).

12 Taxation

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

Notes to the Accounts Year to 31 December 2019

13 Tangible fixed assets

	Leasehold improvements £	Fixtures, fittings, furniture and equipment £	Total £
Cost or valuation			
At 1 January 2019	50,931	48,229	99,160
Additions	—	21,047	21,047
At 31 December 2019	<u>50,931</u>	<u>69,276</u>	<u>120,207</u>
Depreciation			
At 1 January 2019	33,716	39,364	73,080
Charge for the year	12,733	7,307	20,040
At 31 December 2019	<u>46,449</u>	<u>46,671</u>	<u>93,120</u>
Net book values			
At 31 December 2019	<u>4,482</u>	<u>22,605</u>	<u>27,087</u>
At 31 December 2018	<u>17,215</u>	<u>8,865</u>	<u>26,080</u>

14 Heritage assets

	£
At valuation	
At 1 January 2019 and at 31 December 2019	<u>70,000</u>

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

15 Investments

	2019 £	2018 £
Investments listed on a recognised stock exchange		
Market value at 1 January 2019	9,798,735	10,715,563
Add: Additions at cost	900,703	1,486,594
Disposals (proceeds: £1,381,404; realised gains: £133,204)	(1,248,200)	(1,746,649)
Net investment gains (losses)	1,324,168	(656,773)
Market value at 31 December 2019	<u>10,775,406</u>	<u>9,798,735</u>
Cash and settlements pending, held as part of the investment portfolio	533,616	180,885
Total investments held	<u>11,309,022</u>	<u>9,979,620</u>
Listed investments at cost	<u>8,201,971</u>	<u>7,622,652</u>

Notes to the Accounts Year to 31 December 2019

15 Investments (continued)

At 31 December 2019, the listed investments comprised the following:

	2019 £	2018 £
Fixed interest	1,338,133	1,293,321
UK equities	4,629,412	3,771,599
Overseas equities	3,517,994	3,680,517
Alternatives	1,289,868	1,053,298
	10,775,407	9,798,735

At 31 December 2019, no holdings were material in the context of the entire portfolio value. At 31 December 2018, there was a material holding of 6,400 units in Findlay Park Funds, comprising 5.5% of the portfolio with a market value of £542,784.

Since the year end, stock markets across the world have been adversely affected by the Covid-19 pandemic. At the date on which these accounts were approved, the charity's listed investments had a market value of £10,330,994 representing a 8.65% fall since 31 December 2019.

16 Debtors

	Unrestricted funds £	Restricted funds £	2019 £	Unrestricted funds £	Restricted funds £	2018 £
Sundry debtors	11,615	400	12,015	4,858	—	4,858
Prepayments	41,706	2,587	44,293	49,233	32,139	81,372
Accrued income	—	—	—	—	42,900	42,900
	53,321	2,987	56,308	54,091	75,039	129,130

17 Creditors: Amounts falling due within one year

	Unrestricted funds £	Restricted funds £	2019 £	Unrestricted funds £	Restricted funds £	2018 £
Expense creditors	8,076	7,239	15,315	27,597	28,852	56,449
PAYE, National Insurance and pension contributions	—	—	—	12,695	—	12,695
Accruals	35,516	59,855	95,371	37,459	23,687	61,146
Deferred income (see below)	1,000	202,662	203,662	575	138,557	139,132
	44,592	269,756	314,348	78,326	191,096	269,422
Deferred income						
Balance brought forward	575	138,557	139,132	—	108,655	108,655
Released in year	(575)	(138,557)	(139,132)	—	(72,760)	(72,760)
Deferred in year	1,000	202,662	203,662	575	102,662	103,237
Balance carried forward	1,000	202,662	203,662	575	138,557	139,132

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.

Notes to the Accounts Year to 31 December 2019

18 Tangible and heritage assets fund

	£
At 1 January 2019	96,080
Other movements in year	1,007
At 31 December 2019	97,087

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

	At 1 January 2018 £	New designation £	Utilised £	At 31 December 2018 £
Phillip Goodeve-Docker fund	60,221	—	(1,300)	58,921
Heyes legacy fund	—	29,974	—	29,974
	60,221	29,974	(1,300)	88,895

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

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

Notes to the Accounts Year to 31 December 2019

20 Restricted funds

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

	At 1 January 2018 £	Income £	Expenditure £	Gains, losses and transfers £	At 31 December 2018 £
District Nurses 1965 Fund	1,409,793	48,942	(216,104)	(94,181)	1,148,450
Fund for Innovation and Leadership	31,222	—	(22,092)	—	9,130
Transition of Care	25,875	—	(883)	—	24,992
Carers' Project	3,819	—	(4,193)	374	—
Homeless Health	25,580	109,953	(78,882)	—	56,651
Standards	6,005	5,000	(2,632)	—	8,373
Executive Nurse Leadership Programme	200	72,760	(72,960)	—	—
AAGPNE	—	35,000	(8,913)	—	26,087
GPN Induction	—	12,400	(3,166)	—	9,234
Outstanding models of District Nursing	—	12,618	(12,618)	—	—
Dora Roylance Fund	20,963	—	(1,250)	—	19,713
	1,523,457	296,673	(423,693)	(93,807)	1,302,630

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.



Notes to the Accounts Year to 31 December 2019

20 Restricted funds (continued)

Fund for Innovation

The Burdett Trust for Nursing provided funding for 10 frontline innovation projects focussed on 'Frailty'. The projects commenced in April 2019 and are due to complete in May 2020.

Transition of Care

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

Homeless Health

The Oak Foundation agreed to fund the Homeless Health Programme for three years (May 2017 – April 2020) with matched funding from the QNI. In May 2019, the third and final year commenced and will be formally completed in April 2020.

An evaluation of the three years of the programme will be undertaken in 2020. With the outbreak of Covid19, Oak have agreed that the underspend (£45K approximately) can be used to enable the QNI to continue to support the Homeless Health Network throughout 2020, given that no further funding has been secured yet for the continuation of the Network.

Standards

The QNI partnered with QNI Scotland (QNIS) to develop QNI/QNIS voluntary standards for Community Learning Disability Nurse education and practice. This joint project started in September 2019 and will complete in September 2020. The QNIS contributed £5,000 towards the cost of the project in 2019 and a further £5,000 will be contributed by QNIS in 2020. The remainder has been allocated from the QNI growth in endowment. The expenditure reflects the amount spent from the QNIS contribution for delivery of the project in 2019.

Executive Nurse Leadership Programme

The National Garden Scheme (NGS) provided a grant in 2017 in recognition of our shared heritage and the shared anniversary of the NGS (90 years) and the QNI (130 years). The grant, totalling £125K was awarded to develop and deliver a professional development programme for two cohorts of Queen's Nurses working in an executive nurse role. The first programme was delivered in 2017/18 and the second in 2018/19 – with a completion of delivery in February 2019.

AAGPNE

The QNI was awarded a grant from NHS England as part of the NHSE GPN 10 point plan to develop an Association of Academic General Practice Nurse Educators (AAGPNE) and the standards on which universities would build a programme of education and training for nurses new to General Practice Nursing. The project funding of £120K in total, commenced in 2018 and the work continued throughout 2019, with an original plan to complete in April 2020. The QNI has been successful in securing funding for the AAGPNE to be continued for one further year from April 2020 to March 2021.



Notes to the Accounts Year to 31 December 2019

20 Restricted funds (continued)

GPN Induction Resource

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

Dora Roylance Fund

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

Northern Ireland District Nurse Team Transformational Leadership Programme

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

A further cohort was commissioned for delivery in 2020 but has been interrupted by the Covid19 pandemic. It is anticipated that the third cohort of the programmes will recommence when gatherings are permitted in 2020.

QNI on Tour – Personalised Care

In 2019, the QNI was funded by the Personalised Care Directorate of NHS England and Improvement (NHSE/I) to deliver a series of five regional events, primarily for Queen's Nurses and their students and colleagues, focussed on Personalised Care.

QNI on Extended Tour – #ActNowHomeFirst

In 2019, the QNI was commissioned by the Nursing Directorate of NHSE/I to deliver five regional events to support the sharing of best practice about supporting people to stay at home for their care and to avoid unplanned hospital admissions, with the support of community nurses and Allied Health Professionals.

Perceptions of Nursing within the Community

The QNI was funded by Health Education England to create a film which would influence the perceptions held about nursing in the community.

Mother London subsidised the production of the film and worked with the QNI and Queen's Nurse networks to produce a superbly moving and informative film which was launched in January 2020.

Notes to the Accounts Year to 31 December 2019

20 Restricted funds (continued)

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 this publication is due to be released in 2020. These standards provide a nationally agreed set of education standards for England on which to base the development of university programmes for nurses new to working in the Care Home setting.

Evidence of School Nurse Impact

Funding was received from Public Health England (PHE) for a project which included the development of a report to demonstrate the evidence of the impact of the School Nursing service. The report will be submitted to PHE in 2020.

Ellen Mary Legacy

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

Community Nurse Executive Network – CNEN

In June 2019, the QNI secured commercial sponsorship of CNEN by Hallam Medical for one year, which includes supporting two all-day meetings of the CNEN membership in London in 2019 and the support of the costs of managing the network over the year.

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 2019 are as shown below:

	2019 £	2018 £
Fund value at 1 January 2019	8,271,312	8,839,467
Net investment (losses) gains	1,100,759	(568,155)
Fund value at 31 December 2019	9,732,071	8,271,312

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

Notes to the Accounts Year to 31 December 2019

22 Analysis of net assets between funds

	General funds £	Tangible and heritage assets fund £	Designated funds £	Restricted funds £	Endowment funds £	Total 2019 £
Fund balances at 31 December 2019 are represented by:						
Tangible fixed assets	—	97,087	—	—	—	97,087
Investments	1,035,620	—	—	1,390,398	8,883,003	11,309,021
Net current assets	(475,866)	—	94,935	(33,872)	489,068	74,265
	559,754	97,087	94,935	1,356,526	9,372,071	11,480,373
	General funds £	Tangible and heritage assets fund £	Designated funds £	Restricted funds £	Endowment funds £	Total 2018 £
Fund balances at 31 December 2018 are represented by:						
Tangible fixed assets	—	96,080	—	—	—	96,080
Investments	833,633	—	—	1,310,520	7,835,467	9,979,620
Net current assets	(424,997)	—	88,895	(7,890)	435,845	91,853
	408,636	96,080	88,895	1,302,630	8,271,312	10,167,553

23 Operating leases

At 31 December 2019 the charity had annual commitments under non-cancellable operating leases as follows:

	Land and buildings	
	2019 £	2018 £
Due within:		
. One year	52,494	69,992
. Two to five years	—	52,494
	52,494	122,486



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