

Foundation of Nursing Studies

(A registered charity and private company limited by guarantee)



Trustees' Report and Accounts

For the year ended 31 January 2011

Company Number: 3583949

Registered Charity Number 1071117

Trustees' Report and Accounts
For the year ended 31 January 2011

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**Note: the Foundation of Nursing Studies Trustees are also the Company Directors, for ease of presentation and consistency the term Trustee(s) is used throughout this document

Trustees' Annual Report

Year ended 31 January 2011

1. ADMINISTRATIVE INFORMATION

1.1 Charity Address

32 Buckingham Palace Road, London, SW1W 0RE

1.2 Trustees

Mr Alan Masters LLB

Mrs Gillian Stephens BSc (Hons), RGN, HV, Cert.Health Econ (Chairman to 30th April 2010, resigned as trustee 7th March 2011)

Professor Dickon Weir-Hughes, O.St.J., Ed.D., MA., BSc (Hons), RN, FRSH (Chairman from 1st May 2010)

Ms Caroline Clarke (Treasurer)

Professor Julienne Meyer, PhD, MSc, Cert.Ed (FE), BSc (Hons)

Professor Janice Sigsworth, MSc, BSc, DipN, RGN

Dr Caroline Shuldham PhD, MSc, RGN, RNT, RCNT, PGCEA Dip N (Lond)

Dr Loretta Bellman PhD, BSc (Hons), RN, RCNT, RNT, CertEd

Mr J Peter Gadd BSc (Hons)

Mr Anthony Impey BA (Hons)

Mrs Jill Down Adv.Dip.Mgmt.; BA (Hons) Nursing; Dip.CC; RGN

President

Dr James Bevan MB, MRCP

Patrons

Mrs Elizabeth Tompkins

Baroness Cumberlege CBE, DL

Mrs Elizabeth Stallwood RGN, RM

Professor Jennifer Hunt, Hon DSc, MPhil, BA (Hons), RGN

Sir Ron De Witt KB, MA, BA (Hons), DipN, RN

Mrs Gillian Stephens BSc (Hons), RGN, HV, Cert.Health Econ

1.3 Chief Executive Officer & Company Secretary

Dr Theresa Shaw NursD, BA (Hons), RNT, RGN

1.4 Main Bank Account & Investment Account

HSBC, Belgravia Branch, The Peak, 333 Vauxhall Bridge Road, London, SW1V 1EJ

Brewin Dolphin Securities, 12 Smithfield Street, London, EC1A 9BD

1.5 Auditors

H.W Fisher & Company, Chartered Accountants, Acre House, 11/15 William Road, London, NW1 3ER

2. GOVERNANCE, STRUCTURE AND ORGANISATION

2.1 Governing Documents

The Foundation of Nursing Studies is a charity registered with the Charity Commission and a private company limited by guarantee. It is governed by its Trust Deed dated 28th May 1987 and Memorandum of Association, registered with Companies House on 18th June 1998.

2.2 Organisational Structure

The Board of Trustees meet quarterly to administer the charity. The Chief Executive Officer (CEO) was appointed by the Trustees to manage the day-to-day operations.

2.3 Appointment of Trustees

The Trustee Board elects all new Trustees. Potential new Trustees are nominated by existing Board members and following submission of curriculum vitae, usually meet the Chairman and/or a Trustee with the CEO to explore if they have the necessary skills to contribute to the charity's development. New Trustees are given an information pack, which includes annual accounts and board papers including reports and minutes from the last year.

2.4 Risk Management

The Trustee Board reviews bi-annually the major strategic, business and operational risks the charity faces and confirms that systems are in place to reduce risk and to ensure ongoing review and reporting. Risk assessment continues to identify income and finance as being the area of greatest threat.

With regard to investments, reports are received quarterly and the Board meet twice yearly with the investment manager to review performance against benchmarks and monitor risk management. Through the uncertain times with regard to banking and investments, the Board have continued to request a low risk approach.

Overall, the Board with the CEO continue to monitor closely external and internal financial management systems. The CEO and Treasurer also continue to review regularly the financial management systems to ensure they remain transparent and robust.

3. OBJECTS, AIMS AND ACTIVITIES

3.1 Objects and Aims of the Charity

The Trust Deed details the objects of the charity, which in summary are to advance the nursing profession, promote the use of research and improve and develop nursing practice.

To achieve its objects the charity works UK-wide and across healthcare practice to:

- Support and reward nurses leading the improvement and development of healthcare practice
- Encourage and facilitate practice based development and research that leads to improvement in patient care
- Enable nurses to use effective strategies to lead sustainable development and change in healthcare practice
- Influence strategy and policy development that supports practice based development and research
- Provide a central resource for networking and sharing practice based development and research activity

The charity objects are realised through three interlinked activities:

Improving Practice Programmes which, supports individual practitioners and teams to focus on improving patient care, through the small grants and developing practice programmes

Sharing Knowledge and Networking which, actively encourages practitioners to share the development and research work they are engaged in through the FoNS website, electronic news and the Developing Practice Improving Care Dissemination Series

Collaboration and Consultancy which, fosters collaborative relationships with organisations and people who share our commitment to supporting nurses and nursing practice and offers direct expertise to individuals and teams in improving patient care

3.1.1 Public Benefit

The Trustees confirm that they have complied with their duty under section 4 of the Charities Act 2006 to have due regard to the Charity Commission's general guidance on public benefit.

3.2 Overview of the Year

3.2.1 FoNS Improving Practice Programmes

FoNS believes that all patients should experience care that is high quality and patient-focused. Whilst the responsibility for continuously improving the quality of care lies with all healthcare professionals, nurses as direct care givers have a key role in leading and facilitating change. In FoNS' experience, identifying, understanding and responding to practice problems can be challenging and complex. Our practice based development and research programmes are therefore designed to inspire and help nurse-led teams to work through such complexities by:

- Supporting and developing practitioners
- Listening to the voices of service users
- Creating networking opportunities to learn with and from others
- Utilising a wide range of evidence (including research, practice experience, service users' experience)
- Integrating critical reflection and evaluation into practice
- Using systematic approaches to development and research

FoNS also believes skilled facilitation is central to enabling others to lead change and achieve excellence in practice and so our programme offers both funding and expertise in facilitating practice development and change.

During 2010-11, FoNS has continued to support four programmes:

- Patients First - Supporting Nurse-led Innovation in Practice in partnership with the Burdett Trust for Nursing
- Practice Based Development and Research Programme in partnership with the General Nursing Council Trust
- Small Projects Programme in partnership with NHS London, the Burdett Trust for Nursing, Antigone
- Developing Strategies for Reducing and Preventing Healthcare Associated Infections in partnership with NHS London

Details of all the active programmes are available via <http://fons.org/programmes/programmes.aspx>
Reports of all completed projects can be found in our virtual library <http://fons.org/library/project-reports.aspx>

3.2.1.1 Patients First - Supporting Nurse-led Innovation in Practice

<http://www.fons.org/programmes/patients-first.aspx>

FoNS launched this very successful programme in partnership with the Burdett Trust for Nursing in 2009. The Programme provides support and facilitation to clinically based nurse-led teams to help them to develop, implement and evaluate locally focused innovations that improve patient care in any healthcare setting across the UK. Teams work with FoNS for 12 months and over this time, many benefits are realised for nurses and patient care. It helps nurse-led teams to keep a central focus on the patient and the issues that matter to them the most. FoNS offers advice on developing effective project plans/proposals and access to practice development tools and resources. The development and support workshops FoNS delivers bring together the nurse-led teams to explore and enable effective strategies for developing and changing practice; there are also opportunities for networking and sharing. Facilitation in the workplace enables the development of knowledge and skills in leading and facilitating change. The grant of funding supports participation in the programme and implementation of the project. Table 1, provided details of the first cohort of seven nurse-led team who have completed the programme and includes an overview of the key outcomes and benefits achieved.

In 2010, a second cohort of eight projects were recruited from across the UK. An overview of the projects is provided in table 2. Here again, the focus of all the projects shows how nurses are listening to patients and their families, and using what they hear to inform changes to practice that improve the quality of care.

To demonstrate impact, two concurrent levels of evaluation are undertaken. The first led by the project teams with support from FoNS focuses on the direct outcomes for patient care. The second level of evaluation is led by FoNS and focuses on the experiences and outcomes of the programme overall. In summary, the evaluation shows that:

- Patient feedback is being used to inform developments in services and improvements in care e.g. patient feedback in relation to dialysis care has altered the use of fistula clamps, increasing patient satisfaction

‘I don’t think my fistula looks so bumpy and my arm is not as painful’

- Patients are reporting improvements in their experiences of care e.g. women who had undergone gynaecological surgery contributed to a focus group which directly resulted in the establishment of a new supportive care clinic. A patient said in relation to the new clinic

‘Being able to ask anything and the one to one is great help’

- Project leaders are developing increased knowledge and confidence in leading and facilitating change

‘The workshops ... provided the opportunity to discuss theories/concepts around change management plus the chance to discuss practical application with our own team and with the other participant teams...they have provided me with the necessary skills to facilitate a project; I certainly did not have these before’

- The support of the external facilitator was highly valued

‘Having a ‘named’ contact ... made me feel confident that if I did have a problem I knew that I had someone to discuss concerns with’ and ‘Meetings with external facilitator really helpful in maintaining momentum and signposting the way ahead’

Table 1: Patients First, Cohort 1

Project title	Location	Key outcomes/benefits
Meeting the needs of service users with bladder problems after a stroke	Liberton Hospital, NHS Lothian	<p>“Service users are now experiencing better care in relation to their continence”</p> <ul style="list-style-type: none"> • The use of bedpans has been made easier by more frequent use of hoists • Individual patient needs and choices are being better communicated through new documentation • The project team have presented the work locally and nationally • An article has been submitted to Nursing Standard for publication

Enabling participation of young people in planning and evaluating self harm services	Cheshire and Wirral NHS Foundation Trust	<p>“The needs of young people who self harm are now better understood and care has improved”</p> <ul style="list-style-type: none"> • Service users are now being asked for their opinion and welcomed the chance to discuss issues they believe are pertinent to them • Opportunities for greater involvement of service users have been identified such as being involved in project planning from the start and having the chance to share their experiences through stories and narratives • A patient passport was developed by service users • Service users and staff have developed a self harm incident feedback form to give all staff regular feedback about the service • Feedback from service users and staff is now used to inform staff training
Developing an inclusive approach for people with learning disabilities	Oxfordshire Learning Disability NHS Trust	<p>“People with learning disabilities have been listened to and their needs are being better met”</p> <ul style="list-style-type: none"> • New ways of involving service users in review meetings have been identified • Action plans for planning and preparing for Care Programme Approach (CPA) review meetings are in place • An ‘Experience Based Design’ approach has enabled stakeholders to develop a common understanding of the CPA process and to identify key learning that could be applied to other settings where the CPA approach is used
Call 4 Concern (C4C): patient led access to critical care outreach	Royal Berkshire NHS Foundation Trust	<p>“Relatives can now directly contact the critical care outreach team if they are concerned”</p> <ul style="list-style-type: none"> • Wide stakeholder engagement enabled progress of the project • The C4C service has been successfully implemented on 2 surgical wards • Evaluation of C4C indicates it provides reassurance and positive outcomes for patients and relatives • The team are winners of a prestigious HSJ award • The team have presented nationally and internationally • An article was published in British Journal of Nursing
Enhancing service delivery to children and young people receiving sedation for MTI and CT scans	Cambridge University Hospitals NHS Foundation Trust	<p>“Children are less likely to miss an important procedure because of distress”</p> <ul style="list-style-type: none"> • Assessment tool to identify the likelihood of distress in children undergoing procedures has been developed and piloted so that appropriate support can be offered • The team learnt about the importance of engaging stakeholders from the onset of a project to ensure that a shared vision and understanding is developed which could help to improve the engagement of staff and increase success in implementing new ways of working • Poster presented at a national conference
Pro-active patient rounding: effective communication and support for patients in hospital	Whipps Cross University Hospitals NHS Trust	<p>“Patients felt their needs were being met and relationships between staff and patients improved”</p> <ul style="list-style-type: none"> • Improvement in responsiveness to patients’ needs which patients were positive about • There was evidence that the relationship between staff and patients had improved • Recommendations made that will contribute to trust-wide Patient Experience Revolution initiative
Evaluating a supportive care clinic for women with gynaecological cancer	Gateshead Health NHS Foundation Trust	<p>“Women felt more supported and better informed”</p> <ul style="list-style-type: none"> • Patient views informed the development of the supportive care clinic • Women evaluated the clinic very positively • An holistic assessment tool was introduced to identify

		<p>individuals needs and a care pathway and associated documentation was developed and introduced</p> <ul style="list-style-type: none"> • Clinic is now embedded in pre-operative practice and there are plans to expand to include follow up care • The improved documentation is expected to enhance communication amongst professionals across the region
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Table 2 (Year 1, Cohort 2)

Project title	Location	Project focus
Fistula First in Belfast	Ward 11 Nephrology, Belfast City Hospital	This initiative focuses on supporting patients to undergo haemodialysis by using an arteriovenous fistula as this reduces the risk of infection and thrombus. This project aims to enhance the patient experience of fistula management, increase the number of patients receiving haemodialysis via an arteriovenous fistula and advance staff knowledge and skills in fistula access and maintenance.
Developing local service capacity to work effectively with people with learning disabilities and offending behaviour	Forensic Support Service, Macclesfield	This project aims to improve how the needs are met of people with learning disabilities in the criminal justice system by providing support in an environment that is as unrestricted as possible, whilst ensuring public protection.
Caring for the carers: The establishment of a support group for carers of stroke survivors	Causeway Hospital, Northern Ireland	The caregivers of people following a stroke have identified problems of isolation and helplessness, often resulting in depression. Whilst there is adequate support for stroke survivors there is not a local support group for carers. This project will trial the provision of such a group and evaluate the effectiveness in enhancing the quality of life for this group of service users.
Working with patients to enhance recognition, assessment and escalation skills of the acutely ill and deteriorating patient	Southampton University Hospitals Trust	The focus of this project has been stimulated by feedback from patients and carers that has indicated some deficits in the skill of nurses identifying and effectively managing care for the acutely deteriorating patient. The project team will actively work with nursing staff to enhance their skills in recognising and escalating concerns relating for the acutely ill patient.
“Knowing You–Knowing Me ” Improving care through working in partnership with patients and families on a dementia assessment unit	Downe Hospital, Downpatrick	The reorganisation of mental health services for older people in the Downe Hospital in a new building has been the impetus for this project. Knowledge and understanding of the patient as a person who has a history, life experiences and a family is crucial to establishing positive caring relationships. The project team will work with the patient with dementia and their carers to enable staff to be aware of the person’s lifestyle pattern and needs so as to structure care planning and delivery around these needs.
“Living Well”: discovering if this is what patients and their carers would find most useful in a hospice day therapy	St Nicholas Hospice, Bury St Edmunds	The focus of this initiative is the provision of day care in the hospice environment. Whilst the patients attending are terminally ill, the intention is to set goals with each person that help them cope with their situation, provide a sense of well-being and encourage them to re-engage with life. The nursing team will work collaboratively with all stakeholders to develop an understanding of the role of the hospice in achieving a balance between giving care and creating a safe space for “living well” despite having a life-limiting illness.
Tell it like it is; delivering information to young bone marrow transplant patients	University College London Hospitals Trust	This project is based on a ward that supports young people who are requiring bone marrow transplants. Feedback from the young people has identified that the information provided to them may not be relevant to

University College London Hospitals Trust		their age or their experience of undergoing a bone marrow transplant. The team will work with young people and their families to identify influences and barriers to appropriate information sharing.
Chest Clinic Experienced Based Design	Whipps Cross University Hospitals NHS Trust	Patients attending the chest clinic with a range of respiratory diseases are not always experiencing the best care and there have been informal complaints from patients, relating to poor communication, delays in appointment times and loss of test results. The project team aim to improve the quality of the patients experience in the clinic using an experienced based design approach.

3.2.1.2 Practice Based Development and Research Programme

<http://www.fons.org/programmes/development-research.aspx>

This programme is supported by a partnership between FoNS and the General Nursing Council Trust (GNCT). It supports nurse-led healthcare teams who have identified an aspect of care that needs improving and are committed to working in a systematic way to develop and change practice through research. Over a two year period, the programme offers:

- Advice on the development of an effective project proposal
- Help to identify and make links with people who may be able to offer support locally
- Facilitation and support in the workplace
- Funding of up to £5000
- Support with sharing and publication

Table 3, provides an overview of the projects supported to date including the benefits and outcomes. This partnership programme offers a unique resource that offers seed-corn funding and expertise in practice based research and development; a combination often not available through other grant giving/funding streams. The programme also gives clinical nurses the opportunity to experience the value of research in practice as a means of addressing nursing care issues and clinical questions. In 2010, we were delighted that the GNCT agreed to renew the partnership for a further 4 years.

Table 3. Summary of projects supported to date

Project title and approach/methodology	Location	Benefits and outcomes to date
Improving diabetes care for residents in three rural care homes This project is using action research	Powys Local Health Board	This project is now complete and the key outcomes include: <ul style="list-style-type: none"> • Care home staff have greater knowledge and confidence about diet for residents with diabetes and consequently residents diets are now less restrictive • Multidisciplinary understanding and liaison in relation to diabetes care has improved • Diabetes Nurse Specialists have a greater understanding of the education and support needs of staff in care homes which they will be able to use when working with care home staff across Powys • The project team developed a greater understanding about the action research process and how it can be used to inform and support developments in practice that positively impact on care • The Diabetes Nurse Specialist has been invited to submit a peer review paper to the Nursing Older People journal. This will enable further spread of the work and be a significant achievement for the Nurse Specialists who have not published before
Involving service users' stories in developing mental health services A generic qualitative	Powys Local Health Board	This project is ongoing and to date: <ul style="list-style-type: none"> • Service user researchers have collected 28 service users stories • Service user researchers and the project leader have mapped 18 service user interviews regarding their

methodology is being used by this project		<p>experiences</p> <ul style="list-style-type: none"> • Key themes are starting to emerge about the quality of the service • The work has been presented by the project leader and service user researchers UK wide • The service user researchers report positive benefits to their health and wellbeing resulting from their involvement in the project e.g. confidence to seek and gain employment, increased involvement in voluntary work, motivation to leave the house and socialise
<p>Developing oral care practice for children with palliative care needs</p> <p>This project is using action research</p>	East Anglia's Children's Hospices	<p>This project is complete and the key outcomes include:</p> <ul style="list-style-type: none"> • Oral care has improved alongside an greater commitment by staff to seeking ways of improving the experience of the children and parents visiting the hospice by individuals taking responsibility for developing practice • The development of a strategy for practice development across the three hospices • A strong belief that the involvement of FoNS has been key to enabling the team to achieve their goals
<p>Using discovery interviews to improve dignity in acute care for older people</p> <p>Narrative inquiry is being used within a practice development framework</p>	University College London Hospitals (UCLH) and Brighton and Sussex University Hospitals (BSUH)	<p>The project at BSUH was delayed due to staff changes. They have now commenced activities to explore dignity issues in the practice.</p> <p>The project at UCLH is completed and key outcomes include:</p> <ul style="list-style-type: none"> • Discovery interviews were gathered and shared by project team members resulting in Staff acknowledgment that: <ul style="list-style-type: none"> ○ practice has improved since the beginning of the project and is now more centred on the patients ○ effective leadership and regular team meetings were key to ongoing development and enabling staff to be receptive to the messages in the stories • Project team members have benefited from active learning sessions facilitated by FoNS and have gone on to work with ward staff in activities to deepen their understanding of dignity in care • The discovery interviews will be used further by the clinical governance department to support development in the wider hospital
<p>Achieving holistic management of leg ulcers and associated conditions: 'Lower Limb Project'</p> <p>This project is intending to use an action research methodology</p>	NHS Calderdale	<p>The district nurses in Calderdale recognise locally that they need to establish more effective methods of meeting the holistic needs of individuals with leg ulcers and associated conditions. By implementing a leg club model and identifying possible methods of adapting social support mechanisms in relation to housebound individuals, healthcare practice will be developed to the benefit of service users and practitioners and will contribute to enhancing the local wider multi-professional approach to lower limb management.</p> <p>Re-organisation and structuring of community service delayed the start of the work from July 2009 to January 2010. Work is now underway to explore implementation of the 'leg club' model.</p>
<p>Improving the patient experience through 'Back to the floor Friday'</p> <p>This project is using participatory action research</p>	St Mary's Hospital, London	<p>'Back to the Floor Friday' is to improve patient experience through strengthened and visible clinical nurse and midwife leadership. Nurses and midwives at Imperial College Healthcare are undertaking an action research project to evaluate their Back to the Floor Friday initiative, part of a comprehensive work programme to improve the patient</p>

		experience.
Improving care for children and young people who use retrograde colonic irrigation to manage faecal incontinence This project is using participatory action research	Alder Hey Children's Hospital	This is an action research project is collecting information relating to parental experiences of using retrograde colonic irrigation with their children, current practices of clinical teams throughout the locality and existing published evidence. In collaboration with parents and child, research evidence will be used to design and implement a pathway of care which aims to improve the service delivered to children, young people and their families using rectal irrigations. At this stage it is not known what form the pathway will take, the action research cycle may provide evidence which requires the team to think of alternative strategies to implement change.
Improving pain management for cognitively impaired patients on complex care wards This project is using participatory action research	Royal Bolton Hospital	The staff have identified people with cognitive impairment cannot always interpret, express or describe their pain. The pain assessment tool currently used depends on an individual's ability to express pain and a brief examination of assessment tools for people with cognitive impairment did not produce a suitable tool. The team are using a participatory action research approach and the first phases have included exploring current assessment and developing/refining a tool that is more effective for use with adult patients who have cognitive or communication problems.
An overlooked vital sign? Pain management in older people in hospital This project is using action research	John Radcliffe Hospital	This team will work together to explore patients' experiences on the ward and the barriers and facilitators to good pain management (using interviews, focus groups, comment boxes and consultation with patients, relatives and carers). Using strategies and approaches from practice development (e.g. action learning and critical incidence analysis) and using a participatory approach, they will develop effective strategies to improve the patients' experience of pain management. Initial data collection to establish current pain management practice has been completed and key areas for development and actions have been identified.

3.2.1.3 Small Projects Programme

<http://www.fons.org/programmes/small-projects.aspx>

The Small Project Programme is one of FoNS' long-term programmes supporting local improvement initiatives. During 2010-2011, six projects were supported within our general programme as outlined in table 4. A special focus programme has also continued with support from Antigone (table 5).

Table 4: Summary of Current Small Projects

Start date	Title of initiative	Key outcomes and benefits
June 2009	Enhancing mental health care using Star Wards resources	<ul style="list-style-type: none"> Improved patient record keeping The development of a patient group to inform mental healthcare service improvement A new patient library
June 2009	Developing the role of the Rehabilitation Support Worker (RSW) to improve older peoples' experiences and satisfaction with rehabilitation activities	<ul style="list-style-type: none"> A number of nurses and therapists have been trained to be clinical supervisors and to provide clinical supervision for RSWs The trust has re-looked at clinical supervision as a whole and a new workshop programme has been adopted by the trust The project has helped to support RSW team members
June 2009	Improving the long term adherence of a healthy	<ul style="list-style-type: none"> Patients have informed a review of the cardiac rehabilitation services

	lifestyle post-acute coronary syndrome	<ul style="list-style-type: none"> • Additional areas of need have been identified including offering psychological support for families • Knowledge and evidence regarding the longer term value of cardiac rehabilitation has been improved
May 2009	Reducing noise in a critical care unit	<ul style="list-style-type: none"> • Practical solutions to reduce noise have been implemented • Two practitioners are to facilitate development work that focus on the behavioural aspects of noise reduction
July 2008	Improving food and nutrition within the hospice environment	<ul style="list-style-type: none"> • A process map to support the nutritional assessment of patients with palliative care needs has been developed and shared widely amongst the hospice community
November 2007	Improving patient involvement in care decisions	<ul style="list-style-type: none"> • By engaging with staff and patients, the project team have identified key areas for development to enhance patient involvement in their care: <ul style="list-style-type: none"> ○ Communication training has been implemented using patient facilitators ○ Volunteers have been introduced on to the stroke unit to undertake activities with patients

Table 5: Summary of Special Focus Projects

Start date	Title of initiative	Key outcomes and benefits
June 2008	The assessment of vulnerability in families whose children have a life limiting illness	<ul style="list-style-type: none"> • The team have developed an assessment process that enables them to develop a greater understanding about the experiences of loss and grief for families pre-bereavement • New learning has had a significant influence in practice by enabling the team to provide appropriate support and interventions
June 2008	Good health for all	This project has been conducted within a team that has undergone several major re-organisations. Despite this, the project team have raised the profile of physical health screening amongst the mental health team and structures have been put into place to enhance awareness of and enable communication within and across services about physical health screening for individual patients.

3.2.1.4 Developing Strategies for Reducing and Preventing Healthcare Associated Infections (Partnership Programme between FoNS and NHS London)

This programme, supported by NHS London was established in 2009, in response to the need to reduce and prevent healthcare associated infections in care settings. The programme offered expert support and facilitation to nurse-led teams (working in healthcare settings in London) over a 18 month period to:

- Explore issues around the responsibility of nursing teams in reducing/preventing Healthcare Associated Infections (HAIs)
- Identifying practice problems related to reducing/preventing HAIs
- Developing a proposal for a practice development project/initiative to improve an aspect(s) of practice that will reduce/prevent HAIs
- Enable the implementation of a strategy for developing, changing and evaluating practice

As part of the programme, the teams were supported by a FoNS Practice Development Facilitator and took part in our 5-day Development and Support Workshops. They were also awarded a grant of up to £5000.00 to support the implementation of their practice development project/initiative.

Table 6, provides an overview of the 15 teams across London who have participated in the programme. In addition to the support and learning, one of the particular benefits of the programme has been the chance to bring teams together to share ideas and experiences. The feedback from participants has indicated that these opportunities help reduce feelings of isolation and help them find solutions and ways of moving forward. A

further outcome has been the development of the project team facilitators; all indicated that they developed further skills in leading practice development and improvement activity.

To demonstrate impact, two concurrent levels of evaluation have been undertaken. The first led by the project teams with support from FoNS focuses on the direct outcomes for patient care. The second level of evaluation is led by FoNS and focuses on the experiences and outcomes of the programme overall. A full evaluation report will be published in 2011, however, a number of early indications of outcomes and benefits have been identified by the teams:

- Implementation of a 'catheter care bundle' care plan has resulted in improved patient experience, more appropriate use of catheters and better education
- Improved hand hygiene practice
- Introduction of hand hygiene champions within the ward has promoted good hand hygiene
- Improved knowledge has reduce the use of urinary catheters
- Reduced surgical site infections
- Regular ward rounds by the matron and other members of staff to observe and monitor the workplace objectively is contributing to reduced HAIs
- The introduction of symbols on the doors of patient's rooms that have identified MRSA or C.difficile. It has proved very helpful in raising awareness, especially for some of the cleaning staff who do not have English as their first language
- The use of enclosed ceiling lights to stop dust collecting on the lampshades which hang over the beds
- Improved labelling and dating equipment that had been thoroughly cleaned
- Introduction of a link nurse for infection control to ensure best practices are highlighted and relevant evidence and research put on the notice board for staff to read
- Reduction the number of bacteraemia from an A&E department
- Improved the documentation and practice of central line insertions and ongoing care is reducing infections.
- Staff have increased knowledge and skills in challenging colleagues over poor practice
- Staff have greater understanding of their work based culture and how this influence day to day practice
- Staff are more aware of the significance of their individual role in reducing HAIs
- Improved signage of infection prevention on wards aimed at staff and visitors
- Production of an educational DVD
- Reduction in ventilation infections

Table 6: Developing Strategies for Reducing and Preventing Healthcare Associated Infections

Team & location	Project focus
Queens Mary's House, Continuing Care for Older People with Dementia Camden and Islington Foundation NHS Trust	Developing staff knowledge and skill in preventing hospital acquired infections (HAI).
City and Hackney Teaching PCT	Improving cross boundary working to reducing infection from community to hospital and hospital to community
Orthopaedic Ward Ealing Hospital, Ealing NHS Trust	Exploring the ways in which wound infections can be prevented and reduced
Denham Unit, Continuing and Intermediate Care for Older People Harrow PCT	Exploring the use of communally used equipment by clinical staff and the implications of this on infection control
A&E Department Newham University Hospital, NHS Trust	Identifying current infection control practice and exploring the ways in which best practice, particularly in relation to aseptic care, MRSA screening and the provision of isolation, can be promoted and embedded into the service
Jeffrey Kelson Unit Whittington Hospital NHS Trust	Exploring the ways in which front line staff can be actively involved in developing and sustaining new ways of working to reduce infections, particularly MRSA bacteraemia as a result of peripheral cannulation
Practice Development Team Queen's Mary's Hospital Sidcup (x2 projects)	Exploring the reduction of HAI by improving wound assessment and management by developing a wound care pathway
Infection Control Team Whipps Cross University Hospital	Developing robust processes to ensure patients at risk of HAI are identified early in the care pathway

Heberton Ward St. George's NHS Trust	Exploring staff responsibility, identifying practice problems and developing a strategy to prevent HAI related to urinary catheterisation
Elderly Medicine, Charing Cross Hospital Imperial College NHS Trust	Reducing the number of patients who acquire c-difficile by taking a multidisciplinary approach
General Intensive Care Adults Homerton University Hospital NHS Foundation Trust	Exploring current practice and ways this can be improved to reduce HAI
Trauma and Acute Cardiac Adult Unit The Royal London Hospital Barts and the London PCT	Exploring ways of taking a multidisciplinary approach to reducing HAI
London Chest Hospital (x 2 projects)	Finding new ways of working to reduce the current incidence of surgical site infections
Adult Intensive Care Unit The Royal London Hospital	Improving healthcare practice to reduce rates of ventilator acquired pneumonia

3.2.2 Sharing Knowledge and Networking

This work stream focuses on the range of ways FoNS can actively encourage practitioners to share the development and research work they are engaged in through the website, electronic news and the Developing Practice Improving Care Dissemination Series.

3.2.2.1 Website

www.fons.org

Centre for Nursing Innovation

The development of our new website, FoNS *virtual* Centre for Nursing Innovation has been an enormous undertaking and the work involved has been greater than envisaged at the outset. However, both staff and Trustees are delighted with the new site and there has been a great deal of very positive feedback from our users and supporters.

The 'Centre', incorporates the highly valued elements of our previous website such as information sharing via our new virtual library as well as the e-news and networking via our new virtual common room. The programme area has also been updated and a new 'Learning Zone' offers a growing range of resources.

Friends and Associates

Whilst much of the Centre is open access, two new databases have been created for 'Friends' and 'Associates'. Registering as a Friend of FoNS is free. Friends receive regular information about innovation and improvement opportunities e.g. support and funding, events, new publications etc. directly into their email inbox. They can also contribute to the topical forum discussions and suggest discussion topics. FoNS Associates share the same benefits as Friends, but in addition they have full access to all areas of the Centre including the 'Learning Zone' and our quick and easy email facility for networking and sharing with other Associates. There is a small annual registration fee of £40 to become an Associate. In return, they benefit from access to a wider range of resources but also have the opportunity to become part of an active community of FoNS Associates who can interact, share and learn from each other and contribute and influence the virtual Centre activity.

Journal

A currently un-developed part of the site is the space for an online journal. However, we were pleased to agree an additional collaboration with the International Practice Development Collaborative (IPDC) to take forward an action plan to develop and launch an innovative, new online journal. To formalise our association, we agreed that an Academic Editor should be recruited from within the IPDC and in December 2010, Professor Jan Dewing based at Canterbury Christ Church University was appointed to work alongside FoNS' Managing Editor, Kate Sanders; both have overall responsibility to FoNS Chief Executive. The International Practice Development Journal will launch the first issue in June 2011.

3.2.2.2 Developing practice Improving Care Dissemination Series

To encourage the spread of proven developments and frameworks for change that help reduce the geographical variations in care, FoNS actively disseminates the projects it supports to healthcare settings across the UK. The series continues to be sent free of charge to all National Health Service and Primary Care Trust Nurse Executives and Nursing/Medical Libraries. Reports can be downloaded from the website and if requested a single fee lifetime subscription is available to those who wish to receive a personal printed copy of each report.

The series ensure the value and benefit of FoNS goes beyond the teams we directly support. With wide dissemination and free downloads which are highly accessed we believe FoNS' impact is reaching many healthcare settings and benefitting patient care.

The following six reports completed volume 5 in 2010-2011

- Realising the Potential: Developing Life Story Work in Practice
<http://www.fons.org/resources/documents/Dissemination%20Series/DissSeriesVol5No5.pdf>
- Taking Care of Myself: A Self Care Management Plan for Patients with Chronic Obstructive Pulmonary Disease
<http://www.fons.org/resources/documents/DissSeriesVol5No6.pdf>
- Enhancing the Patient Care Environment
<http://www.fons.org/resources/documents/Dissemination%20Series/DissSeriesVol5No7.pdf>
- Improving Care for Residents with Diabetes in Care Homes in Rural Settings: An Action Research Project
<http://www.fons.org/resources/documents/DissSeriesVol5No8.pdf>
- The Assessment of Resilience and Vulnerability in Families
<http://www.fons.org/resources/documents/Dissemination%20Series/DissSeriesVol5No9.pdf>
- Enhancing Palliative Care for Patients with Nutritional Issues and their Carers
<http://www.fons.org/resources/documents/Dissemination%20Series/DissSeriesVol5No10.pdf>

3.2.3 Collaboration and Consultancy

In addition to our funding partnerships, FoNS has a reputation for fostering positive collaborative relationships with organisations and people who share our commitment to supporting nurses, nursing practice and offers direct expertise to individuals and teams in improving patient care. We are also keen to share our experience and expertise through consultancy. During 2010, we continued working with some of our existing collaborations as well as developed some new ones.

International Practice Development Collaborative (IPDC)

FoNS is maintaining its collaboration with the IPDC. A meeting in September involved new partners from Norway and Canada and provided an opportunity to agree a revised work plan for the future. This involves moving away from establishing the formal collaboration with an MOA which has been an obstacle for so long, to a more informal approach that will able organisations to work together on knowledge development, knowledge translation, and knowledge use/application in relation to practice development. One exciting example is the willingness of collaborators to support FoNS on the development of the aforementioned online practice development journal.

Also in September, FoNS supported the delivery of a Practice Development School hosted by Canterbury Christchurch University led by Professor Jan Dewing. This was the first school at Canterbury and proved to be successful with very positive feedback from participants.

Enhancing Practice 10: Celebrating innovative, creative and strategic health care, social care and education practice, 13th – 15th September 2010, Europa Hotel, Belfast, Northern Ireland.

FoNS was a key collaborator supporting the organisation of this event and had a strong presence and profile over the three days. In addition, we were very proud to have a number of project teams present their work, FoNS' Practice Development Facilitators presenting papers and our CEO, Dr Theresa Shaw providing a keynote presentation on the final day.

Honorary appointments with Canterbury Christ Church University

Canterbury Christ Church University (CCCU) has also recognised the contribution of FoNS work. Dr Theresa Shaw was awarded an Honorary Senior Research Fellowship and Kate Sanders, Practice Development Facilitator, an Honorary Senior Lectureship both are for three years. These appointments mark a commitment for collaboration between FoNS and CCCU, which will include ongoing support to the IPDC Practice Development Schools, CCCU's Professional and Practice Development Master Class Series and support for FoNS' online journal. It is envisaged that over time, further areas will emerge for us to work jointly on to demonstrate the impact and value of practice development/practice based research and innovation.

Widening Access through Nurse Leadership Programme: A partnership between Help the Hospices and the Burdett Trust for Nursing

Kate Sanders continues to represent FoNS as a member of the steering group for the above programme. This involves approximately three meetings per year plus ad hoc consultations. Kate has been able to share FoNS' experience of running programmes of support and funding and offer support to Help the Hospices new Practice Development Facilitator.

RCN Accreditation Board

Kate continues to represent FoNS as a member of the RCN Accreditation Board. This involves three meetings per year plus ad hoc consultations. The charity was remunerated for this activity.

Royal College of Nursing and the Healthcare Quality Improvement Partnership (HQIP): Expert Working group for Implementation

FoNS staff have contributed to preliminary work to develop a position statement on implementation with a view to ongoing work to develop standards for healthcare practice.

Health Foundation Shine Awards 2011 and Closing the Gap 2010

Dr Theresa Shaw has acted as an assessor both these prestigious awards and has been involved in the interview and selection process for the Shine 2011. The charity was remunerated for this activity.

External Facilitation to Practice Development Admiral Nurse leads at Dementia UK (formally know as 'For Dementia')

Jayne Wright has been providing facilitation at 'For Dementia' for their eight regional Admiral Nurses who have lead practice development roles in their region. This current work stream is drawing to a conclusion and appears to have been positively evaluated, it is envisaged that further consultancy opportunity may arise from this. The charity was remunerated for this activity.

British Geriatric Society (BGS) conference; Brunel University, July 5-7th 2010

Jayne Wright supported several of our projects teams to deliver a symposium with her at the BGS conference. Such events are another way in which FoNS can share its experience of supporting practice development and enable nurses to feel supported in sharing their work from practice.

3.3 Strategic Development

With FoNS' existing strategic plan in its third and final year, the Board of Trustees agreed to take a fresh look at its work and vision for the future. In September and November, the Board committed to extended Board meetings to incorporate strategic planning with staff. These two 'away evenings' as they became known proved most beneficial in bringing staff and Trustees together to discuss and contribute to a vision for the future and a strategic direction for 2011-2014.

3.4 Fundraising

FoNS has continued to be active in seeking support for its work from individuals and charitable trusts. However, with the prevailing uncertainty economically it is very evident that resources are becoming harder to access and funding restricted. For example, a frequent reason to rejection of applications for the high volume of applicants, with one trust citing an increase from 10 to over 100 applications for one of its funding streams. However, FoNS has continued to be successful in maintaining funding partnerships with organisation who have shared interests and values such as the Burdett Trust for Nursing and the General Nursing Council Trust for England and Wales.

3.5 Thanks to Our Supporters

To conclude this part of the report the FoNS Board of Trustees wishes to offer very grateful thanks to all our supporters:

- Antigone, Martha Lane Fox's Grant Giving Foundation
- Burdett Trust for Nursing
- General Nursing Council Charitable Trust
- LJC Fund Ltd
- NHS London
- Tompkins Foundation
- Westminster Foundation

4. FINANCIAL REVIEW

The full audited accounts for the financial year 2010-11 follow from page 19.

4.1 Statement of Trustees' Responsibilities

The Trustees', who are also the Directors of the Foundation of Nursing Studies for the purpose of company law, are responsible for preparing the Trustees' Report and the accounts in accordance with applicable law and the United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare accounts for each financial year, which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that year.

In preparing these accounts, the Trustees are required to:

- Select suitable accounting policies and then apply them consistently
- Observe the methods and principles in the charities SORP
- Make judgements and estimates that are reasonable and prudent
- Prepare the accounts on the going concern basis unless it is inappropriate to presume that the charity will continue in operation

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the accounts comply with the Companies Act 2006. 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.

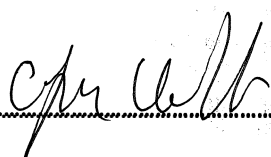
4.2 Investment Policy

The careful monitoring of the portfolio continues to strengthen returns and reduce risk. The investment managers provide quarterly reports and attend at least one board meeting per year.

4.3 Reserves Policy

To date it has been policy to maintain sufficient reserves at any one time to cover the projected running costs of the company/charity for the following 6 months. The Unrestricted Funds carried forward balance of £89,285 adequately meets this criterion.

Approved and Signed on behalf of the Foundation of Nursing Studies Board of Trustees

Signed:..........

Date: 26/Oct 2011

Print:.....CAROLYN J CURRAN.....

Trustee & Company Director

INDEPENDENT AUDITORS' REPORT

TO THE MEMBERS OF THE FOUNDATION OF NURSING STUDIES

We have audited the charitable company accounts of the Foundation of Nursing Studies for the year ended 31 January 2011 set out on pages 19 to 25. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditors' 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 charitable company and its members as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of Trustees and auditors

As explained more fully in the statement of Trustees' responsibilities, the Trustees', who are also the directors of the charitable company for the purposes of company law, are responsible for the preparation of the accounts and for being satisfied that they give a true and fair view.

Our responsibility is to audit and express an opinion on the accounts in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

Scope of the audit of the accounts

An audit involves obtaining evidence about the amounts and disclosures in the accounts sufficient to give reasonable assurance that the accounts are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the charitable company's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Trustees; and the overall presentation of the accounts.

Opinion on accounts

In our opinion the accounts:

- give a true and fair view of the state of the charitable company's affairs as at 31 January 2011, and of its incoming resources and application of resources, including 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 Companies Act 2006.

Opinion on other matter prescribed by the Companies Act 2006

In our opinion the information given in the Trustees' Report for the financial year for which the accounts are prepared is consistent with the accounts.

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the accounts are not in agreement with the accounting records and returns; or
- certain disclosures of Trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Signed:.....

Andrew G. Rich (Senior Statutory Auditor)
for and on behalf of H W Fisher & Company

Chartered Accountants
Statutory Auditor
Acre House, 11-15 William Road
London, NW1 3ER
United Kingdom

Date:..... 31/102011

Statement of financial activities

Year ended 31 January 2011

	Notes	Unrestricted Funds £	Restricted Funds £	Total 2011 £	Total 2010 £
Incoming resources					
Incoming resources from generated funds					
Voluntary income:					
Gifts and Donation	2	45,739	-	45,739	99,517
Sponsorship and Project Grants	3	-	173,032	173,032	345,554
Activities for generating funds	4	159	-	159	77
Investment income	5	4,767	-	4,767	4,914
Incoming resources from charitable activities	6	9,234	-	9,234	13,880
Total incoming resources		59,899	173,032	232,931	463,942
Resources expended					
Costs of generating funds:					
Costs of generating voluntary income		9,747	-	9,747	13,315
Investment management costs		1,591	-	1,591	1,400
Charitable activities					
FoNS Improving Practice Programmes	7	33,464	272,372	305,836	236,234
Sharing Knowledge and Networking		45,689	-	45,689	29,497
Rewarding Excellence		-	-	-	1,826
Collaboration and Consultancy		13,725	-	13,725	16,665
Governance costs		9,676	-	9,676	7,088
Total resources expended		113,893	272,372	386,264	306,025
Net income resources before other					
Recognised gains or losses		(53,994)	(99,340)	(153,333)	157,917
(Loss)/Gain on investment assets	12	25,181	-	25,181	25,861
Net movement in funds		(28,813)	(99,340)	(128,152)	183,778
Fund balances at 31 January 2010					
		143,283	303,369	446,652	262,874
Fund balances carried forward		114,470	204,029	318,500	446,652

Balance Sheet

Company Number: 3583949

Year ended 31 January 2011

	Notes	2011 £	2011 £	2010 £
Fixed assets				
Tangible Assets	11	900		400
Investments	12	181,343		148,278
Total fixed assets			182,243	148,678
Current assets				
Debtors	13	10,902		13,548
Cash at bank		153,657		301,444
Total current assets		164,559		314,992
Liabilities				
Creditors: Amounts falling due within one year	14	28,302		17,018
Total current liabilities		28,302		17,018
Net current assets		136,257	136,257	297,974
Total assets less current liabilities		318,450		446,652
Funds				
Restricted income funds	15		204,029	303,369
Unrestricted income funds			89,286	115,371
Designated Income Funds	16		25,185	27,912
Total funds			318,450	446,652

The accounts were approved by the Board of Trustees on 26/0ct 2011 and signed on their behalf by:

Signed: 

Print: CAROLINE CURRIE

Trustee & Company Director

Notes to the Accounts

Year ended 31 January 2011

1 Accounting policies

Basis of preparation

- The accounts are prepared under the historical cost convention and comply with the Companies Act 2006.
- The financial statements have been prepared in accordance with Statement of Recommended Practice (SORP) "Accounting and Reporting by Charities: Statement of recommended practice" published in March 2005 and applicable to accounting standards.
- Where appropriate comparative figures have been restated

Income resources

- Donations, grants and other forms of voluntary income are recognised as incoming resources when receivable
- Investment income is accounted for when received and includes the related tax recoverable

Resources expenses

- Costs of generating funds include both direct and apportioned costs

Restricted funds

- Restricted funds represent grants received which are allocated by the donor to project specific purposes

Unrestricted funds

- Designated funds are amounts which have been put aside at the discretion of the Trustees
- General unrestricted funds represent funds which are expendable at the discretion of the Trustees in the furtherance of the Charity's objectives

Tangible fixed assets

- Depreciation is charged at a rate of 33% per annum

Investment valuation

- Investments are quoted at the market mid price value

Notes to the Accounts

Year ended 31 January 2011

	Unrestricted Funds £	Restricted Funds £	Total 2011 £	Total 2010 £
2. Gifts and Donations				
Tompkins Foundation	25,000	-	25,000	50,000
LJC Fund Ltd	10,000	-	10,000	10,000
Westminster Foundation	10,739	-	10,739	10,705
Rosalyn and Nicholas Springer Charitable Trust	-	-	-	300
Mrs Kathleen Jacques	-	-	-	27,912
Garth Construction Company	-	-	-	500
Mr P Kingsley	-	-	-	100
	45,739	-	45,739	99,517
3. Sponsorship and Project grants				
Birmingham Hospital Fund			-	2,000
General Nursing Council			-	40,000
Burdett Trust for Nursing	-	173,032	173,032	173,032
London Strategic Health Authority	-	-	-	130,522
	-	173,032	173,032	345,554
4. Activities for generating funds				
3 rd Party Commissions			27	22
Market Research Fee			30	-
Royalties			102	-
Recycling income			-	55
			159	77
5. Investment income				
Dividends received			4373	4,272
Bank interest			394	642
			4,767	4,914

Notes to the Accounts

Year ended 31 January 2011

	Total 2011 £	Total 2010 £
6. Incoming resources from charitable activities		
Consultancy	8,150	10,500
Subscriptions	1,070	3,380
Book Sales	14	-
	9,234	13,880

7. Breakdown of cost of charitable activities

	Activities undertaken directly	Grant of Funding Activities	Total
Activities			
FoNS Improving Practice Programmes	175,587	96,785	272,372
Sharing Knowledge and Networking	-	-	-
Rewarding Excellence	-	-	-
Collaboration and Consultancy	-	-	-
	175,587	96,785	272,372

8. Charitable Activities

		Total
<u>Analysis of Grants Awarded</u> <small>(FoNS Improving Practice Programme)</small>		
Belfast Health & Social Care Trust	2,976	2,976
Whipps Cross University Hospital NHS Trust	3,000	3,000
Northern Health and Social Care Trust	3,000	3,000
University College Hospitals NHS Foundation Trust	822	822
Southampton University Hospitals NHS Trust	3,000	3,000
St Nicholas Hospice Care	1,000	1,000
South Eastern Health & Social Care Trust	3,000	3,000
Cheshire & Wirral Partner NHS Foundation Trust	3,000	3,000
St Joseph's Hospice	3,000	3,000
Southern Cross Healthcare	3,000	3,000
Oxfordshire & Buckinghamshire Mental Health Trust	3,000	3,000
Nightingale Surgery, Romsey	3,000	3,000
Queen Elizabeth Hospital Kings Lynn NHS Trust	3,000	3,000
King Edwards Hospital, Sister Agnes Ward	3,000	3,000
GBS NHS Lanarkshire	3,000	3,000
NHS Blackburn with Darwent	3,000	3,000
St George's Hospital NHS Trust	3,000	3,000
University of Herefordshire	5,000	5,000
Royal Liverpool Children's NHS Trust	4,987	4,987
Ealing Hospital NHS Trust	5,000	5,000
Calderdale PCT	5,000	5,000
City & Hackney PCT	5,000	5,000
Homerton University Hospital NHS Foundation Trust	5,000	5,000
Barts & The London NHS Trust	20,000	20,000
Carlton Medical Practice	2,000	2,000
Leeds PCT	(2,000)	(2,000)
	96,785	96,785
Total Grants		

Notes to the Accounts

Year ended 31 January 2011

	2011	2010
9. Employees		
Number of employees		
Average number of employees was:		
Charitable Activities	5	5
	5	5

Employment costs

Wages and Salaries	165,555	129,238
Social security costs	17,424	13,520
Pension Costs	9,782	7,251
Total Costs	192,761	150,009

There were no employees earning over £60,000

10. Auditors remuneration

	1,986	1,175
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11. Tangible assets

	Computers & Office equipment	
		2011
Cost as at 1 February		15,860
Additions		985
Cost as at 31 January		16,845
Depreciation as at 1 February		15,460
Depreciation for the year		485
Depreciation as at 31 January		15,945
Net book value as at 31 January		900

12. Investments

Carrying value (market value) 1 February 2010	148,278	113,862
Additions at cost	20,124	39,472
Disposals at carrying value	(12,240)	(30,917)
Net gain/(loss) on revaluation	25,181	25,861
Market Value 31 January 2011	181,343	148,278
<u>Historical cost of Investments</u>		
Opening value	148,270	136,809
Closing Value	154,427	148,270

Notes to the Accounts

Year ended 31 January 2011

	2011	2010
13. Debtors		
Other debtors	6,789	7,652
Prepayments & accrued income	4,113	5,896
	10,902	13,548

14. Creditors

Tax and social security costs	5,014	4,863
Other creditors	19,863	8,580
Accrued charges & deferred income	3,425	3,575
	28,302	17,018

15. Restricted funds

	Balance at 1 February 2010	Grants & other income	Charitable expenditure	Balance at 31 January 2011
<u>FoNS Improving Practice Programmes</u>				
Practice Based Development and Research (General Nursing Council Trust)	44,802	-	(25,865)	18,937
Patients First (Burdett Trust for Nursing)	125,534	173,032	(151,539)	147,028
Small Projects (Antigone)	1,927	-	(542)	1,384
Reducing Healthcare Acquired Infections (London Strategic Health Authority)	125,105	-	(92,425)	32,680
	297,369	173,032	(270,372)	200,029
<u>Awards (final year)</u>				
Elsevier Ltd	1,000	-	-	1,000
Mrs E Tomkins	5,000	-	(2,000)	3,000
	6,000	-	(2,000)	4,000
	303,369	173,032	(272,372)	204,029

16. Designated funds

	Balance at 1 February 2010	Incoming Funds	Charitable Expenditure	Balance at 31 January 2011
	27,912		(2,727)	25,185

FoNS Improving Practice Programmes: Supports individual practitioners and teams to focus on improving patient care, through the small grants and developing practice programmes

Sharing Knowledge and Networking: Actively encourages practitioners to share the development and research work they are engaged in through the FoNS website, electronic news and the Developing Practice Improving Care Dissemination Series

Collaboration and Consultancy: Offers direct expertise and help to nurses wanting to improve patient care and works in partnership with others to increase the effectiveness of its work
