



Family Nursing
& Home Care

Annual Report & Accounts for the year to 31 December 2014

States of
Jersey
Approved
Provider

Here to Help

Association
of
Jersey
Charities
no. 115



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Message from the Chair

I am pleased to report that FNHC has continued to maintain high quality community nursing and care services during 2014 whilst setting up and delivering on an important new initiative, Rapid Response. A highly professional team was recruited and has already shown to be of great benefit in helping patients' recovery from illness, reducing demand on the hospital services. All this was achieved through the continuing dedication of the entire staff, their professionalism, compassion and determination to ensure patients receive the best possible care in Jersey.

We are fortunate this year to have maintained a net incoming funds position however this has been no easy task in a very difficult financial climate with rising demands on the Service and pressures on our revenue streams. In previous years, these pressures have been cushioned with the help of legacies. This last year, however, legacies have fallen off considerably and greater efforts have been put into fundraising to mitigate the effects. Membership contributions have continued to play a very important role in ensuring high levels of service are sustained as has, of course, the funding we receive from the States of Jersey Health & Social Services Department under our contract for services, which equates to roughly 83% of our annual expenditure.

In the new Commissioning environment, there are fewer certainties than in the past which makes planning ahead all the more difficult. The Committee has taken the view that FNHC will bid for work which is integral to its' remit both in relation to nursing and home care support, noting that the fragmentation of those services in the UK seems to be far less effective than the integrated services FNHC provide in Jersey. In acknowledging these potential difficulties, the Committee have reviewed the issue of going concern for the organisation, and are satisfied that sufficient funds exist, through expected levels of funding from HSSD as well as retained reserves, to continue with the current operations of the organisation.

It was recognised last year that FNHC needed to improve its' communications with the community at large, and, particularly with members. This required a better data base and the installation of suitable software as well as a new web site, all of which were successfully delivered later in the year. More work has to be done on the content of the website and communications generally but the basic tools are now in place so progress should speed up next year. Similarly, to improve fundraising, specialist software was installed and will be a valuable tool in future. Sadly, little progress has been made on the electronic patient record system despite best efforts. The aim was to commission the same one as GPs have installed but the suppliers have yet to come forth with full and final cost proposals.

For the first time, FNHC sponsored a debate " Who Cares?" on the issues facing the caring services. The Town Hall was packed and the debate was lively. It brought together policy makers, the public and those who deliver services. The information given and issues raised will also feed into FNHC's strategic planning for the future and, importantly, how to fund services as numbers of elderly increase.

I would like to thank all those who help FNHC: volunteers, members, funders and donors. Above all, the staff who work tirelessly and collectively to provide the best possible nursing and home care support in the community. Thanks also to Committee members who freely give of their time and expertise to guide the organisation, often through difficult waters, whilst ensuring high standards of governance.

Ann Esterson
Chairperson

Report of the Chief Executive Officer

Family Nursing & Home Care is a charity that prides itself on placing patient care at the heart of everything we do. This is evident in the culture of embracing new ways of working to continuously strive to deliver the best patient care within the resources available.

For staff working in the community there is a sense of a renaissance of community services. The focus has turned from the hospital centric care to the community with the understanding that there are real opportunities to extend services to enable people to stay well for longer, and more importantly, in their own home.

Our values have enabled us to recruit a number of new staff bringing with them a breadth of experience and ideas that has complemented the expertise and knowledge of our committed existing employees. Our adaptable approach to service improvement has allowed a number of HSSD employees to co-locate with us to form the multi-disciplinary Rapid Response and Reablement team. It is the shared vision and desire to provide excellent patient centred care that has enabled these staff to work so successfully in partnership.

It was clear from the outset that the Rapid Response team would prove successful in preventing hospital admissions. The team went on to provide over 600 days of care, whilst also saving many bed days, in the 8 months from inception to December. It was clear that this model would extend well in to Crisis Intervention and Reablement. I am extremely proud of all the staff, including those co-located, both in the new teams and existing services in the way that they have risen to the challenge of delivering services in new and improved ways.

The Adult Nursing teams have been working closely with these new services to deliver a seamless experience for patients in the community. The District Nurses continue to deliver care to patients in their own home including palliative care for those who choose to spend their final days at home rather than in a care setting. This service is supported by our integrated Home Care service and together delivers packages of care that meet the needs of both the patient and their relatives.

Our School Nursing, Health Visiting and Children's Community Nurses are now staffed to compliment having experienced a period of staffing shortages. Despite those shortages our dedicated teams ensured continuity of service, maintaining high levels of immunisation take up and ensuring safe guarding commitments were delivered to a high standard.

We were successful in gaining sign off for the sustained home visiting programme (MECSH) from HSSD in January 2014. Due to the difficulties in attracting additional Health Visitors to the Island, and the training requirements to enable them to deliver the MECSH programme, the service only commenced late in the year. We were able to support 12 families in this short period and in 2015 the service became fully operational.

We are also proud to be a partner in the Samares Pathways Children's Centre. Our East of Island Health Visitor team is based at the centre and provide services in partnership with the Education Department and HSSD to the local community. We are extremely grateful for the funding received from the Lloyds Foundation which has made this vision a reality.

We have successfully rebranded the charity and have also focussed on raising public awareness through an improved website and media coverage as well as the fundraising campaign launched late in 2013. One main theme has been the challenge of an ageing population, something that all jurisdictions are facing. The "Who Cares?" event aimed to stimulate debate on this issue whilst also promoting our role as a socially responsible provider and a strong leader in Jersey's health and social care sector.

Professional development of staff enables us to ensure stability of management and skill sets throughout the organisation, which will allow us to continue to provide and enhance our services. We have undertaken a workforce review which analysed the demographics and the qualifications of the workforce and identified certain

areas of focus required to maintain stability. A main area of development was that of management and leadership which resulted in us embarking on a 6 week leadership course for 22 members of staff who were identified as possible managers in the future. An additional 5 have since gone on to undertake the Diploma in Management with the Chartered Management Institute. We have also been developing various clinical posts, including one of our Children's Community Nurses studying toward the Children's Palliative Care Degree, the funding of which has been supported by the Antoine Willing Trust.

We strive to retain our loyal and valued workforce as is evidenced by our high retention and extremely low sickness levels, as well as our commitment to professional development. Since 1999 we had held the Investors in People Bronze accreditation and I am extremely proud to be able to report that in January 2014 we achieved the Silver level accreditation, as well as being nominated for the national Investors in People Best Improvers award.

We have had a year filled with challenges, change and developments that have only been possible with the support of our highly dedicated workforce, a team that I am confident will rise to future challenges and help the organisation meet its key objectives over the coming year and further. This commitment and the continued generosity of our members and supporters will ensure we are able to remain Here to Help.

Julie Gafoor
Chief Executive Officer

1) Summary of activity in hours

	2014 Hours	2013 Hours	Increase / (Decrease) Hours	%age
Child & Family	32,371	26,725	5,646	21%
District Nursing	30,854	27,872	2,982	11%
Home Care	63,089	66,390	(3,301)	-5%
Rapid Response	2,656	0	2,656	-
Crisis Intervention & Reablement	620	0	620	-
MECSH	86	0	86	-
Intermediate Care Project	1,498	2,443	(945)	-39%
Total Hours	131,174	123,430	7,745	6%

2) Number of clients

	2014 Clients	2013 Clients	Increase / (Decrease) Clients	%age
Single Service Clients				
Child & Family	8,232	7,554	678	9%
District Nursing	2,126	1,935	191	10%
Home Care	330	443	(113)	-26%
Total Single Service Clients	10,688	9,932	756	8%

Joint Service Clients

Child & Family / District Nursing	24	19	5	26%
District Nursing / Home Care	524	595	(71)	-12%
Child & Family / Home Care	7	8	(1)	-13%
All Services	11	7	4	57%
Total Joint Service Clients	566	629	(63)	-10%
Total Clients	11,254	10,561	693	7%

Total Clients Per Service - Single and Joint

Child & Family	8,274	7,588	686	9%
District Nursing	2,685	2,556	129	5%
Home Care	872	1,053	(181)	-17%

NB: Based on Clients with Activity recorded between January and December of respective years.

3) Number of visits

	2014 Visits	2013 Visits	Increase / (Decrease) Visits	%age
Child & Family	27,736	21,477	6,259	29%
District Nursing	60,967	54,840	6,127	11%
Home Care	94,133	97,096	(2,963)	-3%
Total Visits	182,836	173,413	9,423	5%

Reference & Administrative Details

Charity Name	Family Nursing & Home Care (Jersey) Inc
Registered Charity Number	115 (registered with the Association of Jersey Charities)
Principal Office Address	Le Bas Centre, St Saviour's Road, St Helier, Jersey, JE2 4RP
Telephone Number	(01534) 443600
Email Address	enquiries@fnhc.org.je
Website	www.fnhc.org.je

Charity Patron

Lady McColl

Committee of Trustees who held office during the year ended 31 December 2014

Name	Position	Appointed	Term
Mrs Ann Esterson	Chair	2012 AGM	3 years
Dr Nigel Minihane	Vice Chair	2013 AGM	3 years
Mrs Jo Gavey	Honorary Treasurer	2014 AGM	3 years
Mr Kevin Bates		2013 AGM	2 years
Mrs Marnie Baudains		2014 AGM	2 years
Mrs Rosemary Ruddy		2014 AGM	2 years
Mr John Moulin		2014 AGM	2 years
Advocate Cyril Whelan		2014 AGM	2 years
Mrs Julie Gafoor	Chief Executive Officer	Ex Officio	n/a

Senior Management

Chief Executive Officer

Mrs Julie Gafoor RGN, RHV, BA (Hons), MA, Dip Nursing, Dip Management

Finance Director

Mr Adrian Blampied FCCA

Divisional Manager - Governance & Performance

Mrs Barbara Bell RGN, RHV, DN Cert, CPT, Msc Primary Care Management

Operational Lead (Acting) - District Nursing

Mrs Tia Hall RGN, RSCN, RHV, BA (Hons)

Operational Lead - Home Care

Mrs Jean Hinks RGN, RHV, BSc (Hons), Dip Nursing, Dip Management

Operational Lead - Child & Family Services

Mrs Michelle Cumming RN, BA Community Nurse Specialty (Health Visiting)

Clinical Effectiveness Facilitator

Miss Elspeth Snowie RGN, RM, DN Dip, BA, MSc Adv HCP (Open)

Senior Manager - Human Resources

Mrs Tracey McLeod Associate CIPD

Auditors

Alex Picot
Chartered Accountants
95-97 Halkett Place
St Helier
Jersey JE1 1BX

Investment manager

Quilter Cheviot
4th Floor
28-30 The Parade
St Helier
Jersey JE4 8TE

Bankers

Lloyds Bank International Limited
9 Broad Street
St Helier
Jersey JE4 8NG

Legal advisers

Ogier
Ogier House
44 The Esplanade
St Helier
Jersey JE4 9WG

Structure, Governance & Management

Incorporation & principal activities

The Association is incorporated under the Family Nursing Services and Jersey Home Helps (Amalgamation) (Jersey) Law 1993 (the "Law") which was sanctioned by Order of Her Majesty in Privy Council on 27 October 1993.

The Association is governed by its Rules and Constitution which may not be altered without the consent of the Jersey Royal Court in accordance with the provisions of the "Loi (1862) sur les Teneures en Fidiecommis et L'Incorporation d'Associations".

Officers and committee members

The principal activities of Family Nursing and Home Care (Jersey) Incorporated continue to be those of a charitable organisation providing skilled nursing for the sick in their homes and to give advice and assistance on matters relating to the health and well-being of people of all ages in the Island of Jersey.

There is an open procedure which invites applicants to become Officers or Members of the Committee. Applicants are interviewed in a process governed by the Jersey Appointments Commission and are then elected by members at the Annual General Meeting.

All new Officers or Members of the Committee receive an induction to the Association including an introductory pack of key documents, individual time with the Chairman and induction meetings with key personnel. Committee Members are provided with learning and development support as and when deemed necessary and participate in an off-site development program each year focusing on a relevant topic.

The Committee of Trustees has appointed separate sub committees to oversee Finance, Fundraising (with effect from January 2015), Governance and Clinical matters. During the year ended 31 December 2014 the Committee, the Finance sub committee and the Governance and Clinical sub committee each met 4 times.

The table below sets out the attendance at committee and sub committee meetings by the relevant members. Attendance noted against a lower number of meetings than the totals set out above is due to the individual not being a member of the committee or sub committee for the full financial year.

Name	Main Committee	Finance Sub Committee	Governance & Clinical Sub Committee
Ann Esterson	4 of 4	2 of 4	-
Nigel Minihane	2 of 4	-	-
Jo Gavey	2 of 4	4 of 4	-
Kevin Bates	4 of 4	3 of 4	-
Marnie Baudains	3 of 4	-	4 of 4
Rosemary Ruddy	4 of 4	3 of 4	-
John Moulin	4 of 4	-	4 of 4
Cyril Whelan	2 of 4	-	2 of 4
Julie Gafoor	4 of 4	4 of 4	3 of 4

Statement of committee's responsibilities

The Committee shall prepare financial statements which give a true and fair view of the state of the Association's affairs and of its income and expenditure for each financial year. The Committee is responsible for ensuring the maintenance of proper accounting records, which are capable of disclosing, with reasonable accuracy, the financial position of the Association. The Committee is also responsible for safeguarding the assets of the Association and for taking reasonable steps for the prevention and detection of fraud and other irregularities.

There is a clear distinction between the work of the Committee, which is to set policy and monitor performance, and the day to day management of the Association which is delegated to the Chief Executive Officer and Senior Management.

Risk statement

The Committee maintains a Corporate Risk Register which is reviewed on a quarterly basis. The Register describes the risk and the measures to be taken to mitigate the identified risk. Based on this information the probability and consequence of a risk is considered and a score derived which is used to determine whether the risk is Catastrophic, Major, Moderate, Minor or Negligible. Appropriate action is taken and monitored by the Committee.

Risks are categorised as to whether they are Strategic, Financial, Reputational, Political or Capacity in nature.

Objectives and Activities

To be the best at providing services for Family Health Improvements, Chronic Disease Management and Long-term Care Provision in the Community that are cost effective, evidence based and within a robust governance framework.

The objects of the Association are:

- (i) To provide skilled nursing for the sick in their homes;
- (ii) To give advice and assistance on matters relating to the health and well being of people of all ages in the Island of Jersey;
- (iii) To provide such other care and services in the Island of Jersey as the Association may from time to time think fit;
- (iv) To carry on those activities and to provide those services hitherto carried on and provided by Family Nursing Services (Jersey) Incorporated and the Jersey Home Helps Society for the Sick and Aged;
- (v) To acquire by way of purchase, acceptance of a gift, devise or bequest, or by lease or otherwise, any moveable or immovable property which may be necessary, requisite or desirable either directly or indirectly for the promotion of the activities of the Association and further, to do all things including borrowing money as may be incidental to, or connected with, any of the said objects or conducive to the attainment thereof; and
- (vi) Such other objects as the States of Jersey may at the request of the Association by regulation specify under

Strategic Priorities

We are in the process of carrying out a Strategic Review of the challenges and opportunities created by the Health White Paper. We are using the 5 key principles of the White Paper as a framework for development of our Strategic Plan for the next 3-5 years namely that we provide nursing and care that is:

- Safe;
- Affordable;
- Sustainable;
- Partnership focussed; and
- Integrated.

Safe

Ensure good governance, using the best evidence to guide practice and evaluate outcomes. To ensure that islanders, including those who are economically or socially vulnerable are cared for, protected and supported in achieving their optimal health and well being.

- Deliver high quality capability in the Rapid Response, Crisis Intervention and Reablement teams
- Focus on improving nursing skills and capability across the teams
- Deliver high quality governance and standards to ensure that patients receive the best possible care
- Establish evidence based metrics to assess standards and business, team and individual performance

Strategic Priorities (continued)

Affordable

That cost is managed through effective planning processes, and maximising use of resources. Those Islanders receive the best and most effective care.

- Improve business systems and processes to measure and manage effectiveness
- Review Home Care to assess future service requirement, structure, cost and funding
- Review productivity across the key areas of the Association with the aim of removing inefficiencies and improving the match of skills against patient need
- Deliver efficiency improvements through the implementation of new technology
- To maximise the Association's fund raising potential to help to deliver better services

Sustainable

To ensure that we use innovative ways to deliver services by expanding the scope of both registered and non registered nurses by using technology to optimise services such as remote monitoring. Ensure that talented staff are recruited, developed and engaged to provide high quality services.

- Improve business systems and processes to measure and manage effectiveness
- Review Home Care to assess future service requirement, structure, cost and funding
- Review productivity across the key areas of the Association with the aim of removing inefficiencies and improving the match of skills against patient need
- Deliver efficiency improvements through the implementation of new technology
- To maximise the Association's fund raising potential to help to deliver better services

Partnership Focussed

Patient centred care, working with system partners in new ways and with across agency collaboration to address both the patient's immediate needs and factors that impact on our well being from infancy to our older years.

- Establish FNHC as the lead provider and voice of community based care
- Establish effective working relationships with other partners such as Jersey Hospice, Brighter Futures and Les Amis to develop high quality, seamless service provision.
- Establish effective working relationships with all GP practices that make it easy for them/patients to access FNHC services
- Identify other areas of service overlap and develop effective working processes with other key providers
- Continually improve long term relationships with all key stakeholders within HSSD

Integrated

Collaborate with other disciplines in addressing service gaps by providing interventions for vulnerable groups and improved identification and care to those with complex needs through integrated case management.

- Provide services that enable a patient's needs to be met in a timely and appropriate manner, seamlessly between nursing, therapy and care services
- Ensure that there is effective communication between nursing, therapy and care staff to optimise care
- Provide supervision and support from experienced, skilled nurses and therapist to care staff

Financial Review

The financial year to 31 December 2014 has resulted in the Association having net incoming resources of £81,068. This is before net gains from investments and revaluation of fixed assets totalling £52,490. The largest impact on our financial results compared to the previous year is a substantial fall in voluntary income, mainly due to the very generous legacies received in the previous year but also as a result of economic pressures that have been felt across the community and voluntary sector as a whole. Our focus in the year has been to develop our fundraising strategy which is key to the financial sustainability of the Association. This has also helped us to mitigate the economic pressures to an extent and a continued focus in this and other areas, such as legacies, is planned for 2015.

The principal funding source for the Association was from the Health & Social Services Department of the States of Jersey. As well as core services delivered under our Contract for Services in 2014 the Association has fulfilled the delivery of individual High Cost Packages for high dependency children and also continued to fulfil White Paper services that were successfully tendered for, being the Rapid Response team and Maternal Early Childhood Sustained Home Visiting programme (MECSH). We also commenced a proof of concept in partnership with the Health & Social Services Department in relation to Crisis Intervention and Reablement services which is replacing the Intermediate Care project. This is due to complete in June 2015. Funds totalling £7,264,122 (including £415,846 in respect of Rapid Response, £146,064 for MECSH, £49,657 for the now disbanded Intermediate Care project and £265,423 in respect of High Cost Packages) were received from the Health & Social Services Department which equates to 83% of the total resources expended in the year.

The Association has seen a decline in legacies in 2014, receiving £216,676 compared to £1,139,425 in 2013. Membership income has further reduced in 2014 to £192,630 (2013: £251,094) as a continuing result of the changes to membership made in 2013. Total incoming resources from generated funds for 2014 were £806,879 (2013: £1,699,958).

During the year the Committee have designated a total of £193,953 from unrestricted funds, being £69,845 additional funds for the electronic patient record system, £59,108 for the property fund and £65,000 to cover upgrades to information technology hardware and tablet devices to facilitate mobile working for our nursing staff. Total reserves have increased 2.1% to stand at £6,464,356, of which £2,453,787 is designated and £125,308 is restricted. A full analysis of reserves can be found in Note 12 on pages 24-25.

Reserves Policy

Reserves may be classified in the following funds:

- (i) Unrestricted funds;
 - (a) General unrestricted funds;
 - (b) Designated funds; and
- (iii) Restricted funds.

General unrestricted funds

Unrestricted funds are general funds received that have no restrictions attached to them and have not been designated for specific projects. They are expendable at the discretion of the Committee in furtherance of the Association's objects. Unrestricted funds may be earmarked for specific projects and designated as a separate fund (see Designated fund). The designation has an administrative purpose only and does not legally restrict the Committee's discretion to apply the funds.

Designated funds

Designated funds are funds that have been set aside for specific projects. These funds are not therefore readily available for other purposes.

Designated funds (continued)

Funds for specific projects are proposed to be designated by the Finance Sub Committee. Proposed designations must be presented to the main Committee for final consideration. If approved, funds will be transferred from the unrestricted fund to designated funds accordingly.

A property fund exists within overall designated funds with the intention of accumulating sufficient funds for the Association to invest in its own property to operate from. A desired fund total and time frame has not been set for the completion of the fund.

It was agreed by the Finance Sub Committee at a meeting held on 22nd April 2013 that, with effect from the 2012 financial year, significant legacies or legacies that were property related or as a result of a distribution from an immovable estate will be proposed for designation to the property fund.

Designated funds may be re-classified as unrestricted funds should they be surplus to requirement for a specific project, or if the project in question is no longer being implemented. The sanction of the main Committee is required to re-classify funds.

Restricted funds

Restricted funds are funds subject to specific trusts, which may be declared by the donor(s) or with their authority (e.g. in a public appeal) or created through legal process, but still within the wider objects of the Association.

Restricted funds may be restricted income funds, which are expendable at the discretion of the Committee in furtherance of some particular aspect(s) of the objects of the Association, or they may be capital funds, where assets are required to be invested, or retained for actual use, rather than expended.

Investment Policy and Objectives

The Association appoints an external firm of investment managers to manage its investment funds. This appointment is reviewed on an annual basis. The overarching investment policy is to produce a regular investment income without undue risk to overall capital values.

The Association excludes investment on ethical grounds in companies that are included in the categories of alcohol, armaments, pornography or tobacco and ban investment in companies which participate in the infringement of human rights.

As at 31 December 2014 the Association's investment portfolio was valued at £3,264,971 (2013: £2,666,768) and has an expected yield of 3%.

Committee of Trustees



Alex Picot
chartered accountants

95-97 Halkett Place
St. Helier, Jersey
Channel Islands JE1 1BX

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF FAMILY NURSING AND HOME CARE (JERSEY) INCORPORATED

We have audited the financial statements of Family Nursing and Home Care (Jersey) Incorporated for the year ended 31 December 2014 on pages 15 to 27. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards.

This report is made solely to the Association's members, as a body. Our audit work has been undertaken so that we might state to the Association's members 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 Association's members as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of the Committee and auditors

As explained more fully in the Committee's Responsibilities Statement set out on page 9, the Committee is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view. Our responsibility is to audit and express an opinion on the financial statements 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 opinion

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Association's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Committee; and the overall presentation of the financial statements. In addition we read the financial and non-financial information issued with the financial statements to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report

Opinion on financial statements

In our opinion the financial statements:

- give a true and fair view of the Association's affairs as at 31 December 2014 and of its results for the year then ended;
- have been properly prepared in accordance with United Kingdom Accounting Standards and the constitution.

25 May 2015

ALEX PICOT
Chartered Accountants

Family Nursing & Home Care (Jersey) Incorporated
Statement of Financial Activities
For the year ended 31 December 2014

	Note	Unrestricted Funds £	Designated Funds £	Restricted Funds £	2014 £	2013 £
Incoming Resources						
Incoming resources from generated funds						
Voluntary income	2a / 12	251,756	59,108	148,979	459,843	1,289,815
Activities for generating funds	2b	260,913	-	-	260,913	323,665
Investment income	2c	86,123	-	-	86,123	86,478
Total incoming resources from generated funds		598,792	59,108	148,979	806,879	1,699,958
Incoming resources from charitable activities	3 / 12	7,096,762	-	879,000	7,975,762	7,079,097
Total Incoming Resources		7,695,554	59,108	1,027,979	8,782,641	8,779,055
Resources Expended						
Costs of generating funds						
Costs of generating voluntary income	4d	78,132	32,664	-	110,796	61,088
Fundraising trading: costs of goods sold and other associated costs	4a / 12	67,211	75,669	-	142,880	97,088
Investment management costs		12,922	-	-	12,922	10,730
Total costs of generating funds		158,265	108,333	-	266,598	168,906
Charitable activities	4b / 12	7,312,439	25,215	965,981	8,303,635	7,392,566
Governance costs	4c	131,340	-	-	131,340	148,059
Total Resources Expended		7,602,044	133,548	965,981	8,701,573	7,709,531
Net Incoming / (Outgoing) Resources Before Transfers						
		93,510	(74,440)	61,998	81,068	1,069,524
Gross transfers between funds	12	(134,845)	134,845	-	-	-
Net Incoming / (Outgoing) Resources Before Other Recognised Gains / (Losses)		(41,335)	60,405	61,998	81,068	1,069,524
Other Recognised Gains / (Losses)						
Realised gain on sale of investments	8	41,981	-	-	41,981	112,938
Unrealised gain on revaluation of investments		61,412	-	-	61,412	(42,262)
Unrealised loss on revaluation of tangible fixed assets		(50,000)	-	-	(50,000)	-
(Loss) / gain on foreign exchange		(903)	-	-	(903)	2,152
Net Movement in Funds		11,155	60,405	61,998	133,558	1,142,352
Total funds brought forward at 1st January		3,874,106	2,393,382	63,310	6,330,798	5,188,446
Total funds carried forward at 31st December	12	3,885,261	2,453,787	125,308	6,464,356	6,330,798

All income and expenditure for the current and prior year derives from continuing operations.

The notes on pages 18 to 27 form a part of these financial statements.

Family Nursing & Home Care (Jersey) Incorporated
Balance Sheet
As at 31 December 2014

	Note	2014 £	2013 £
Fixed Assets			
Tangible assets	7	800,000	850,000
Investments	8	3,264,971	2,666,768
		<u>4,064,971</u>	<u>3,516,768</u>
Current Assets			
Stocks		17,613	17,296
Debtors	9	1,150,386	572,099
Cash at bank and in hand	10	2,158,043	2,409,979
		<u>3,326,042</u>	<u>2,999,374</u>
Creditors: Amounts falling due within one year	11	926,657	185,344
Net Current Assets		<u>2,399,385</u>	<u>2,814,030</u>
Net Assets		<u>6,464,356</u>	<u>6,330,798</u>
Charitable Funds			
Unrestricted income fund			
General unrestricted income fund	12	3,885,261	3,874,106
Designated fund	12	2,453,787	2,393,382
		<u>6,339,048</u>	<u>6,267,488</u>
Restricted income fund	12	125,308	63,310
Total Funds		<u>6,464,356</u>	<u>6,330,798</u>

The notes on pages 18 to 27 form a part of these financial statements.

Approved and authorised for issue by the Trustees on 19 May 2015 and signed on its behalf by:

Ann Esterson
Chair of Family Nursing & Home Care (Jersey) Incorporated

Family Nursing & Home Care (Jersey) Incorporated
Cash flow statement
For the year ended 31 December 2014

	Note	2014 £	2013 £
Net cash inflow from operating activities - refer to note a. below		157,654	224,004
Returns on investments and servicing of finance			
Deposit interest received	2c	12,462	11,909
Dividend and coupon income received	2c	73,661	74,569
		<u>86,123</u>	<u>86,478</u>
Capital expenditure and financial investment			
Payments to acquire fixed asset investments	8	(2,279,810)	(1,573,930)
Receipts from sales of fixed asset investments	8	1,785,000	1,618,189
		<u>(494,810)</u>	<u>44,259</u>
Net cash (outflow) / inflow before financing		(251,033)	354,741
Financing			
Decrease in borrowings		<u>-</u>	<u>-</u>
Net cash outflow from financing		<u>-</u>	<u>-</u>
(Decrease) / increase in cash in the year - refer to note b. below		<u>(251,033)</u>	<u>354,741</u>

Notes	2014 £	2013 £
a. Reconciliation of net incoming resources to net cash inflow from operating activities		
Net Incoming Resources		
Before Other Recognised Gains / (Losses)	81,068	1,069,524
Deposit interest and investment income receivable	(86,123)	(86,478)
Increase in stocks	(317)	(3,401)
Increase in debtors	(578,287)	(76,245)
Increase / (decrease) in creditors	741,313	(679,396)
Net cash inflow from operating activities	<u>157,654</u>	<u>224,004</u>

	At 1 January			At 31
b. Analysis of net funds	2014	Cash flows	Revaluations	December
				2014
Petty cash	364	133	-	497
Cash at bank	2,355,454	(248,523)	-	2,106,931
Cash with broker	54,161	(2,643)	(903)	50,615
	<u>2,409,979</u>	<u>(251,033)</u>	<u>(903)</u>	<u>2,158,043</u>

1 Accounting Policies

a. Basis of accounting

These financial statements are prepared under the historical cost convention, as modified by the inclusion of investments at market valuation and tangible fixed assets at valuation and in compliance with Accounting and Reporting by Charities: Statement of Recommended Practice (revised 2005) ("the SORP"), and applicable accounting standards in the United Kingdom.

b. Incoming resources

Income, including donations, legacies, investment income and rental income, is recognised in the period in which the Association is entitled to receipt and where the amount can be measured with reasonable certainty.

Recognition of legacy income is dependent on the type of legacy, with pecuniary legacies recognised when notification is received and residuary legacies when the final accounts under the will are received. Reversionary legacies are not recognised during the lifetime of the original beneficiary under the will. Freehold land and buildings received by way of legacy are generally held for resale with the resultant funds being made available to the Association at the Trustees' discretion or in accordance with any restrictions. Their value is included in the Statement of Financial Activities in compliance with the recognition of incoming resources.

The Association receives funds from the Health & Social Services Department of the States of Jersey which has been disclosed in 'Incoming resources from charitable activities' as this amount relates to a contract for services, covering a two year period to 31 December 2015. The funding is reviewed on an annual basis. Where grants have been received from certain Parishes of Jersey they have been disclosed in 'Voluntary income' as the funds are given where no contract for services exists.

Donated services and facilities - The Association is supported by the Health & Social Services Department of the States of Jersey through the provision of administrative services in relation to payroll, accounts payable and information technology support. No monetary value has been recognised in these financial statements in relation to the benefit derived from these donated services. There is no net impact on the Statement of Financial Activities as an equal expended resource amount would be applied in accordance with the SORP.

c. Costs of generating funds

Costs of generating funds comprise the costs incurred in fundraising and managing investments. Fundraising costs include the costs of advertising, producing publications, printing and mailing fundraising material, event organisation, staff costs in these areas, and an appropriate allocation of central overheads.

d. Investment management costs

Portfolio management costs charged by the Association's investment manager.

e. Charitable expenditure

Charitable expenditure is reported as a functional analysis of the work undertaken by the Association, being Child & Family Services, District Nursing, Home Care and Out of Hospital Services. Under these headings are the costs of activities performed directly by the Association, together with associated support costs.

f. Governance costs

Governance costs represent the salaries, direct expenditure, and overhead costs incurred by the executive and central finance departments in the strategic planning processes of the Association and compliance with constitutional and statutory requirements, as well as external audit costs.

g. Allocation and apportionment

Costs to be recharged to specific activities or departments within the Association are apportioned on the following basis:

- Specific roles within support are allocated to Voluntary Income, Generated Funds and Charitable Activities expenditure;
- Human resources costs are allocated to all other departments, both charitable and support, based on headcount;
- Remaining support costs and overheads have been allocated on an estimated time spent basis between Voluntary Income, Generated Funds and Charitable Activities categories.

h. Tangible fixed assets

Freehold land and buildings are included in the Balance Sheet at market value and revalued at least every five years in accordance with the SORP.

i. Investment fixed assets

Listed investments are included in the Balance Sheet at market value. The value includes interest accrued on fixed interest stocks. Realised gains or losses on sale of investments and unrealised gains or losses on revaluation of investments are credited or charged to the Statement of Financial Activities and disclosed under Other Recognised Gains / (Losses).

j. Stocks

All stocks are valued at the lower of the weighted average cost and the net realisable value.

k. Depreciation

It is the policy of the Association to maintain buildings in good repair, the cost of maintenance and improvements being charged through the Statement of Financial Activities. Financial Reporting Standard 15 on Tangible Fixed Assets requires that depreciation be charged on all fixed assets, excluding land. No depreciation has been provided on the value of buildings as any charge to depreciation is considered immaterial. In accordance with the requirements of the Standard the carrying value of each property is reviewed against its market value and where appropriate an impairment made.

Fixed assets other than freehold property are not capitalised but are charged in full through the Statement of Financial Activities in the year of acquisition.

l. Foreign currencies

Transactions denominated in foreign currencies are translated at the rate of exchange prevailing at the time of the transaction. Foreign currency balances are translated at the rate of exchange prevailing at the Balance Sheet date. Foreign exchange gains and losses are credited or charged to the Statement of Financial Activities and disclosed under Other Recognised Gains / (Losses).

m. Defined benefit pension scheme

The Association is an Admitted Body of the Public Employees Contributory Retirement Scheme ("PECRS") administered by the States of Jersey. All permanent employees of the Association are members of PECRS and have retirement benefits accruing under the scheme.

n. Operating leases

Rentals payable under operating leases are charged to the Statement of Financial Activities as incurred over the term of the lease.

2 Incoming resources from generated funds

a) Voluntary income

	Unrestricted	Designated	Restricted	2014	2013
	£	£	£	£	£
Donations	71,974	-	146,894	218,868	133,355
Legacies	157,568	59,108	-	216,676	1,139,425
Grants	22,214	-	2,085	24,299	17,035
	251,756	59,108	148,979	459,843	1,289,815

b) Activities for generating funds

	Unrestricted £	Designated £	Restricted £	2014 £	2013 £
Membership income ¹	192,630	-	-	192,630	251,094
Fundraising - Golf day	16,073	-	-	16,073	18,856
Fundraising - Small events	15,045	-	-	15,045	12,170
Fundraising - 2014 (2013) Club ²	37,140	-	-	37,140	41,330
Fundraising - Merchandise	25	-	-	25	215
	260,913	-	-	260,913	323,665

¹ Members of the Association pay an annual membership with amounts being collected throughout the year. Membership income is recognised in the accounting period to which it relates with the amounts relating to future periods being carried forward. See note 11 for amounts released in the current year and deferred to future periods. There are currently 2 lifetime members however the incoming resources in respect of these are not considered material for separate disclosure.

² The Association runs an annual lottery, the name of which changes to reflect the year and number of tickets available. Monies received in the year in respect of the 2015 Club lottery have been deferred to be recognised in the following year.

c) Investment income

	Unrestricted £	Designated £	Restricted £	2014 £	2013 £
Bank interest	12,462	-	-	12,462	11,909
Dividends and coupons	73,661	-	-	73,661	74,569
	86,123	-	-	86,123	86,478

3 Incoming resources from charitable activities

	Unrestricted £	Designated £	Restricted £	2014 £	2013 £
Health & Social Services Department					
Contract for Services	6,387,132	-	-	6,387,132	6,155,797
Rapid Response	-	-	415,846	415,846	14,695
MECSH	-	-	146,064	146,064	9,992
Intermediate Care Project	-	-	49,657	49,657	106,232
High Cost Packages of Care	-	-	265,423	265,423	113,037
	6,387,132	-	876,990	7,264,122	6,399,753
Community Safety Grants Panel ³	-	-	2,010	2,010	1,457
Home Care Fees	634,511	-	-	634,511	594,809
Sale of services ⁴	31,583	-	-	31,583	38,936
Sale of medical supplies	43,232	-	-	43,232	39,548
Rental and sundry	304	-	-	304	4,594
	7,096,762	-	879,000	7,975,762	7,079,097

³ The Association received a grant of £17,491 in 2010 from the now disbanded States of Jersey Community Safety Grants Panel. This was to fund a safety equipment scheme which provides stairgates, fireguards and other safety related items. A balance of £3,066 remains from the initial grant.

⁴ Includes amounts invoiced in respect of a Public Health Department funded part time School Nurse post and Macmillan Cancer Support funded palliative care post.

4 Resources Expended

a) Fundraising activities: costs of goods sold and other associated costs

	Unrestricted £	Designated £	Restricted £	2014 £	2013 £
Fundraising - Golf day	5,596	-	-	5,596	6,789
Fundraising - Small events	653	-	-	653	2,114
Fundraising - 2014 (2013) Club ²	25,344	-	-	25,344	25,751
Fundraising - Merchandise	-	-	-	-	-
Support costs - see note 4d	35,618	75,669	-	111,287	62,434
	67,211	75,669	-	142,880	97,088

b) Charitable activities

	Unrestricted £	Designated £	Restricted £	2014 £	2013 £
Child & Family Services	1,630,464	215	18,789	1,649,468	1,615,076
District Nursing Services	1,998,873	-	69,517	2,068,390	1,950,847
Home Care Services	2,560,479	-	-	2,560,479	2,456,324
Rapid Response	-	-	415,846	415,846	14,695
Crisis Intervention & Reablement	9,976	-	-	9,976	-
MECSH	-	-	146,064	146,064	9,992
High Cost Packages of Care	-	-	265,423	265,423	113,037
Governance & Specialist Nursing Services	472,497	-	285	472,782	501,576
Stores & Medical Supplies	64,154	-	-	64,154	61,018
Direct Service Provision Costs	27,765	-	-	27,765	27,338
Intermediate Care Project	-	-	49,657	49,657	106,232
Support costs - see note 4d	548,231	25,000	400	573,631	536,431
	7,312,439	25,215	965,981	8,303,635	7,392,566

c) Governance costs

	Unrestricted £	Designated £	Restricted £	2014 £	2013 £
Audit fees	5,500	-	-	5,500	5,500
Quality Assurance Framework Audit	-	-	-	-	20,630
Committee travel ⁵	-	-	-	-	770
Executive management	125,161	-	-	125,161	121,159
Sundry Governance costs	679	-	-	679	-
	131,340	-	-	131,340	148,059

⁵ Committee travel expenses are in relation to one committee member.

d) Allocation of support costs

	Voluntary Income £	Fundraising Activities £	Charitable Activities £	2014 £	2013 £
Human Resources	-	491	128,608	129,099	132,624
Business Support ⁶	97,318	97,318	334,209	528,845	409,362
Training & Travel	787	787	6,299	7,873	4,770
Vehicles	229	229	1,833	2,291	2,291
Equipment & Maintenance	958	958	7,662	9,578	3,881
Printing & Stationery	2,372	2,372	18,974	23,718	28,213
Communications	2,501	2,501	22,981	27,983	23,041
Buildings Maintenance	1,041	1,041	8,331	10,413	2,133
Security & Cleaning	1,641	1,641	13,143	16,425	16,850
Insurance	3,949	3,949	31,591	39,489	36,788
	110,796	111,287	573,631	795,714	659,953

Directly attributable costs are charged, where possible, to the relevant business area. Other costs, as set out in the table above are allocated as follows:

- Human Resources costs are allocated on a headcount basis;
- All other support costs are allocated on an estimated time spent basis between the Voluntary Income, Generated Funds and Charitable Activities categories.

⁶ Business support costs include the Executive, Finance, Administrative and Charitable operations after deduction of an appropriate charge for Governance Costs has been made. 2014 costs have increased as a result of expenditure in respect of the three year fundraising initiative.

5 Employees

The number of full time, part time and zero hour employees and full time equivalent (FTE) as at 31 December was:

	2014 Employees	2014 FTE	2013 Employees	2013 FTE
Child & Family Services	49	29.08	46	25.74
High Cost Packages	13	4.95	7	2.49
Total Child & Family Services	62	34.03	53	28.23
District Nursing Services	59	39.58	58	40.71
Rapid Response	10	8.00	-	-
Crisis Intervention & Reablement	2	2.00	-	-
MECSH	4	4.00	-	-
Home Care Services	119	62.89	117	60.84
Clinical effectiveness	4	3.00	3	3.00
	260	153.50	231	132.78
Support	19	17.37	19	17.06
Total	279	170.87	250	149.84

The above employee numbers include 47 zero hour contracts which are in respect of bank nursing staff (2013: 39). Where an employee undertakes two or more employment contracts they are included here as one employee for each contract held.

6 Staff costs

The table below shows the number of higher paid staff with emoluments in the following ranges. Emoluments include gross salary and taxable benefits in kind.

	2014	2013
£60,000 to £69,999	1	1
£70,000 to £79,999	2	2

The Association is an Admitted Body of the Public Employees Contributory Retirement Scheme administered by the States of Jersey. All permanent staff, and therefore all higher paid staff as defined above, have retirement benefits accruing under the scheme.

7 Tangible assets

	2014 £	2013 £
Freehold land and buildings at valuation	800,000	850,000

The property known as Gloucester Lodge was revalued on 29 April 2014 by Gaudin & Company Limited with an open market value of £800,000. The property has been revalued accordingly. The property is currently leased to the Health & Social Services Department for a nominal rent of £1 per annum on a 20 year lease which terminated in September 2013 and has been extended informally for an undefined period. It is not the intention of the Association to dispose of Gloucester Lodge during the forthcoming 12 months.

8 Investments

	2014 £	2013 £
Market value as at 1 January	2,666,768	2,640,351
Less unrealised gains	(175,727)	(217,989)
	2,491,041	2,422,362
Additions at cost	2,279,810	1,573,930
Disposal proceeds	(1,785,000)	(1,618,189)
Profit on disposal	41,981	112,938
	3,027,832	2,491,041
Add unrealised gains	237,139	175,727
Market value as at 31 December	3,264,971	2,666,768

The Association's investment portfolio is managed by Quilter Cheviot on a discretionary basis. Quilter Cheviot follow a set of investment objectives and restrictions as agreed by the Finance Sub Committee.

Investments held as at 31 December 2014 and 31 December 2013 are all unrestricted funds. Income amounts generated by the portfolio are also unrestricted.

9 Debtors

	2014	2013
	£	£
Trade debtors	168,194	152,823
States of Jersey ⁷	852,869	137,724
Other debtors ⁸	106,287	251,510
GST	11,676	17,963
Prepayments	11,360	12,079
	1,150,386	572,099

⁷ Represents amounts due from the States of Jersey in respect of the services provided as disclosed in note 3.

⁸ Other debtors includes an unrestricted residuary legacy of £102,000 which is due to be received in August 2015. In 2013 the balance included pecuniary and residual legacies, £151,510 of which had been recognised in 2013, and £100,000 recognised in 2012, as voluntary income in the Statement of Financial Activities. These amounts were received in 2014.

10 Cash at bank and in hand

	2014	2013
	£	£
Petty cash	497	364
Cash at bank	2,106,931	2,355,454
Cash with broker	50,615	54,161
	2,158,043	2,409,979

11 Creditors: Amounts falling due within one year

	2014	2013
	£	£
Membership received in advance ⁹	99,196	118,606
Creditors and accruals	105,083	70,904
States of Jersey - Comite account ¹⁰	722,378	(4,166)
	926,657	185,344

⁹ Members of the Association pay an annual membership with amounts being collected throughout the year. Membership income is recognised in the accounting period to which it relates with the amounts relating to future periods being carried forward. The balance of £99,196 relates to membership income that is deferred to financial year to 31 December 2015. The prior year balance of £118,606 was released as income during 2014.

¹⁰ The States of Jersey process monthly payroll and accounts payable items which are then reimbursed by the Association. The negative amount outstanding in 2013 represented a balance due from the States of Jersey as a result of a credit during December 2013 which was reimbursed during 2014.

12 Reserves

	Unrestricted £	Designated £	Restricted £	Total £
Fund balances as at 31 December 2014 represented by:				
Fixed Assets				
Tangible	800,000	-	-	800,000
Investments	3,264,971	-	-	3,264,971
Current Assets	746,947	2,453,787	125,308	3,326,042
Current liabilities	(926,657)	-	-	(926,657)
	3,885,261	2,453,787	125,308	6,464,356

Designated funds

Designated funds are determined by the Committee when there is a need to allocate certain funds for known future commitments.

The movement in designated funds is analysed as follows:

Fund (with expected completion date where known)	At 1 January 2014 £	Funds expended £	Funds designated / (transferred) £	At 31 December 2014 £
Property fund	2,062,407	-	59,108	2,121,515
Membership and donor software	30,000	(16,636)	(13,364)	-
Incident, training and risk database	25,000	(25,000)	-	-
Electronic patient record system (2016)	100,000	-	69,845	169,845
Information technology upgrades (2016)	-	-	65,000	65,000
Property refurbishment costs	7,250	-	-	7,250
Three year fundraising initiative (2015)	168,510	(91,697)	13,364	90,177
Playgroup equipment	215	(215)	-	-
	2,393,382	(133,548)	193,953	2,453,787

The Association does not yet have sufficient clarity over its future premises requirements. As such it has been decided to continue contributing to the property fund until 31 December 2016 when a further decision will be made as to its use.

A new fund for information technology upgrades has been set up for the upgrade of hardware and purchase of tablet devices to enable mobile working in conjunction with the electronic patient record system.

Restricted funds

Restricted funds are classified as such by virtue of any restrictions that may have been placed on the incoming resource or asset.

The movement in restricted funds is analysed as follows:

	At 1 January 2014 £	Income £	Expenditure £	At 31 December 2014 £
Property refurbishment project	6,600	-	-	6,600
End of Life Care Project	49,208	90,965	(65,330)	74,843
Intermediate Care Project	-	49,657	(49,657)	-
Glasson Award	-	400	(400)	-
Child Accident Prevention	-	4,095	(4,095)	-
Pop in and Play	216	-	(180)	36
Paediatric and School Nursing	1,086	-	-	1,086
High Cost Packages of Care	-	265,423	(265,423)	-
Rapid Response	-	415,846	(415,846)	-
MECSH	-	146,064	(146,064)	-
Queen's Nursing Institute - Lymphoedema project	500	2,529	(2,122)	907
Lloyds TSB - Pathways costs	-	28,000	(14,514)	13,486
Greville Bathe Fund	-	25,000	(2,350)	22,650
District Nursing	5,700	-	-	5,700
	63,310	1,027,979	(965,981)	125,308

13 Pension

a) Costs

The Association is an Admitted Body of the Public Employees Contributory Retirement Scheme ('PECRS') which is administered by the States of Jersey. All permanent employees of the Association are members of PECRS. Whilst this is a final salary scheme, it is not a conventional defined benefit scheme because the employer is not responsible for meeting any ongoing deficit in the scheme. The assets are held separately from those of the Association. Contribution rates are determined by an independent qualified actuary so as to spread the costs of providing benefits over the members' expected service lives.

Salaries and emoluments include pension contributions for staff to this scheme amounting to £806,485 (2013 - £710,375). The Association has adopted Financial Reporting Standard 17 "Retirement Benefits" ("FRS17"). Because the Association is unable to readily identify its share of the underlying assets and liabilities of PECRS under FRS 17, contributions to the scheme have been accounted for as if they are contributions to a defined contribution scheme.

The contribution rate paid by the Association during the year was 13.6% of salary, and this rate is expected to continue to be payable during 2015.

b) Valuation

Actuarial valuations are performed on a triennial basis, with the most recent published valuation being as at 31 December 2013. The main purposes of the valuation are to review the operation of the scheme, to report on its financial condition, and to confirm the adequacy of the contributions to support the scheme benefits.

The latest valuation dated 31 December 2013 showed that there was a surplus of £92.7 million compared with Scheme investments of £1.6 billion. The Schemes Regulations state that any surplus is to be utilised to restore as far as possible reductions to annual pension increases which have taken place within 6 years of the valuation. As such the surplus enables the Scheme to reimburse and restore certain benefits that had been reduced during 2013 and 2014, leaving a remaining surplus of £54.6 million which is recommended to be retained as a buffer against future adverse experience.

The Actuary had advised that the Association had a liability to meet its share of the pre-1987 debt, as did all participating employers. This arose from the restructuring of the PECRS arrangements with effect from 1 January 1988.

c) Proposed scheme changes

It has been proposed that PECRS be moved to a Career Average Revalued Earnings ("CARE") benefit structure with new employees moving in to the CARE scheme with effect from 1 January 2016 and other existing employees entering the scheme from 1 January 2019. Existing employees would continue to accumulate benefits under PECRS until 31 December 2018.

Under the CARE scheme, contribution rates paid by the Association would increase to 16% for all new employees or re-joiners on or after 1 January 2016. For existing employees entering the CARE scheme in 2019, the Associations's contribution rates would increase to 14.4% in 2019, 15.2% in 2020 and finally to 16% in 2021.

d) Pre-1987 Liability

The PECRS Committee of Management formally determined the pre-1987 liability in September 2005 and the Association was advised of the repayment schedule to meet that liability in January 2007. In total, the actuary had advised that the Association had a liability of £5,098,137.

On 13 May 2008 the States of Jersey adopted a proposition of the Minister for Treasury and Resources concerning the debt of the Family Nursing and Home Care Service and agreed to take responsibility for the pre-1987 PECRS past service debt from 1 January 2008. Accordingly, the States agreed to make payments to PECRS of £7,463 monthly until 31 December 2083, to assume the same obligations in relation to the debt previously attributable to Family Nursing and Home Care as for its own share of the debt, and to reduce the grant payment to Family Nursing and Home Care by £89,556 per annum (subject to indexation).

14 Commitments under operating leases

The Association had the following annual commitments for premises rental under operating leases:

	2014	2013
	£	£
Operating leases which expire:		
Within one year	16,417	16,123
In the second to fifth years inclusive	-	-
After five years	32,949	31,557
	49,366	47,680