

Family Nursing & Home Care (Jersey) Incorporated



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Message from the Chair

I took over from Richard Pirouet as Chairman last May. In his last report, Richard said that he was leaving the Association with lots of challenges and so it has proved to be. However, he left the Association in a good position to cope with the inevitable changes that a major health review brings to the Island, particularly during a time of economic constraint and demographic change.

During his term in office, Richard steered FNHC through very difficult situations and deserves a round of applause for all his hard work. Thanks to his leadership, high levels of service were maintained and better financial controls implemented. The Service began a process of modernisation which has seen improved Governance arrangements and changes to the way it works. The focus is still firmly rooted in providing the best possible quality care which I will do my best to ensure continues.

I know Richard would give praise to all staff for maintaining such high quality care during a period of change and for working so hard to make good progress on the improvements, to which I add my own heartfelt thanks. Particular gratitude goes to Pam Massey who led the organisation with great humanity and skill until returning to the UK for family reasons mid-year.

We are fortunate to have been able to recruit Julie Gafoor internally from very able candidates to head up the organisation. Julie brings wide nursing experience and knowledge of the service, having worked for FNHC for twelve years, as well as a strong commitment to providing the best possible care. She took up post in June and, shortly after, a new Finance Director, Adrian Blampied, was appointed to fill a vacancy that had arisen when Andy Cook moved on. Andy did a great job bringing the financial arrangements under better control which his successor is continuing to build upon.

Other changes during the year included the appointment of four new members of the Committee to replace others whose terms had ended, bringing different perspectives and wide ranging experience onto the team. I would like to welcome Marnie Baudains, Cyril Whelan, Rosemary Ruddy and John Moulin who join existing members Dr Nigel Minihane, Jo Gavey, Janette Carr and Kevin Bates. They are a great team who give so much of their time and experience freely to such an important service. In addition, Lady McColl took over as our new patron and has been very supportive since her arrival. The role of patron is an important one and we look forward to her continued interest and involvement.

The year has seen the gradual unfolding of the changes to the Health system in Jersey and the acknowledgement of the importance of community services which we applaud. There are still many unanswered questions, not least on the funding and organisation of community services. Recently, it has been made clear that such services will be "commissioned" by Health and Social Services which adds to our ongoing running costs. Unlike the UK where a similar approach is taken, we are a very small service with minimal administration and limited IT infrastructure to provide the levels of information needed under such a system.

We have reached the stage where investment is required in the short term to deliver the changes and IT support needed to provide a service for the 21st Century. Our workforce is also affected by the demographics and key positions will have to be filled ahead of time to ensure that knowledge and skills are in place when the time comes. In this respect and many other ways, the continued financial support of members and the kindness of all those who donate and give legacies, are more important than ever. We could not provide the level of service we are able to give without it.

This year we have introduced a designated fund within our unrestricted reserves. This enables the Committee to allocate funds to projects, which are not covered under the States of Jersey grant or other funding sources, and have them clearly identified in the accounts which are now produced in accordance with the Statement of Recommended Practice for Accounting and Reporting by Charities. As we were the recipient of a number of large legacies during the year we have designated funds to a property reserve with the intention of investing in a property from which the Association may operate and support the Community in years to come.

We have been very fortunate over the years to have received such wonderful generosity; we do not take it for granted and are so grateful to everyone who supports us.

Ann Esterson
Chairperson
15 May 2013

Report of the Chief Executive Officer

During the last year our energies have been focused upon working with our partner providers and commissioners of services to plan the re-design of Jersey's health services as described in the white paper "Caring for ourselves caring for each other". The white paper presents the Association with tremendous opportunities to be able to develop nursing and care services in our community.

Working in collaboration with Health & Social Services, the Social Care Assessment Team and Home Care services have piloted the Community Intermediate Care Project. This service focuses on combining the skills of the occupational and physiotherapy services with FNHC staff to enable patients to regain self care skills and to re-engage in every day life following hospital discharge. The project is being evaluated and will provide a template for future plans of improving reablement services in the community. As well as this project the Home Care team continue to support patients who have personal care needs and provides an integrated service with District Nursing services if the patient's needs change.

An example of the integration of services is highlighted in the care provided to patients at home during their final days. The End of Life Care Project funded through a charitable donation is coming to the end of its initial two year period. The service has enabled patients to have additional night and day time care from both District Nursing and Home Care services and has prevented patients and the family from the distress of unwanted admission to hospital. In total 126 patients have been cared for by this service.

FNHC staff have been working closely with both our partners and the commissioner to plan how intermediate care and end of life care services can be commissioned and delivered in the future.

Within children's services a model of care that intervenes early in ensuring that children who have particular vulnerabilities have the best start in life is being explored. FNHC have proposed a program of sustained home visiting by a Health Visitor be adopted. It is hoped that this model of care will be commissioned and will enhance the services that all families presently receive from the Health Visiting service.

The School Nursing service continues to deliver developmental reviews, growth monitoring and health promotion care, but has also piloted an intervention that will help to postpone young people's exposure to alcohol. The STAART program comprises of an individual interview between the year 7 pupils and the School Nurse focusing on the child's attitude and behaviour towards alcohol. In addition the child's parents are sent information weekly for 8 weeks on how to engage their child in conversations about alcohol behaviours.

The School Nurse team continue to deliver an outstanding immunisation program with the highest take up levels in the UK and both Health Visitors and School Nurses have dedicated a significant amount of their time on providing services to help protect children from abuse.

The new culture of commissioned services has led to a more rigorous approach from all parties to both new and existing service level agreements. A much improved dialogue between FNHC and Health & Social Services has increased the clarity over the detail of services on which the grant is used. FNHC have embraced the concept of an outcome focused service and are investing in developing systems that can capture this data so both patients and commissioners can be sure that FNHC services provide effective care.

To ensure that FNHC communicates with all our staff, patients, partners and commissioners the high level of care we deliver, PwC were commissioned to facilitate the implementation of a quality framework. This has been a two year process and in April this year PwC returned to assess our progress. They were impressed with the framework which outlines 17 standards that underpin the care delivered by all services, including non clinical. A process has been implemented to ensure all staff work to the framework and that quality is embedded into all services that are delivered.

During the year I have had the privilege of going out with the staff and seeing at first hand the care they deliver and the difference they make to the quality of life of patients in the community. Nursing and care services are often “invisible”, except to the patients who receive them.

Satisfaction surveys have been sent out in respect of each of our services to a randomised sample of their clients. A sample of the overall satisfaction levels and comments received from patients are set out below:

Satisfaction Levels

1) District Nursing	Home Visits	94.4%
	Clinic	94.0%

"Your team looked after my wife for many years with the greatest of kind care and attention that enabled her to stay at home throughout all her difficulties. We were both extremely fond of the girls that nursed her over the years and she was always extremely appreciative of what a difficult job they have and how hard they worked. Myself and my family would also like to thank your organisation for all your help in assisting with the care of my wife, which could not have been done without your help."

"Just wanted to thank you for your support on Tuesday and how much I appreciated your calm and decisive action."

2) Home Care	Health Care	91.8%
	Domestic Care	92.2%

"Just to say a big thank you to you for giving our dad such wonderful genuine care and attention. You certainly did make dad and us feel that he was in safe hands, and you knew just when to report any medical signs or issues. You made dad's last few months of life a happy and safe one. Thank you for making it easier for us to cope."

"Just a quick little note of thanks to all of you for the service you give to this island. You have helped me and the family so very much in our quest to keep our lovely old mum in her own house right to the very end. Without your help God knows how we would have done it. It meant so much to Mum as well."

3) Child & Family	Health Visiting	92%
	Community Team	100%
	School Nurses	n/a ¹

"My husband and I found the Health Visitor Service to be excellent. As a health professional myself the knowledge and support we received from our HV was beyond our expectations during a very difficult year."

"My beautiful daughter passed away in January. The care we received from the Community Team was second to none. They made everything so much easier for us. Thank you on behalf of all my family. You made a huge difference."

¹ This was the first survey conducted in respect of the School Nurse service and the return rate was dissappointingly low, perhaps due to the fact there is very little parent contact at the point of delivery. A more targeted approach to surveying this service will be carried out during 2013. This will focus on specific areas, for example, immunisations.

The level of satisfaction that we have achieved on these services is testament to the hard work and professionalism of our staff, and the generosity of our members and supporters, without whom we would not be able to provide these levels of service. I would like to thank you all for your continued dedication to the Association and look forward very much to continuing to provide our much valued services to the community of Jersey.

Julie Gafoor
Chief Executive Officer
15 May 2013

Family Nursing & Home Care (Jersey) Incorporated
Statistical Summary
For the year ended 31 December 2012

1) Summary of activity

	2011		2012		Increase / (Decrease)	
	Activities	Units	Activities	Units	Activities	Units
Child & Family	42,034	80,500	46,542	87,378	4,508	6,878
District Nursing	62,586	110,529	67,537	109,406	4,951	(1,123)
Home Care	145,775	262,383	144,143	254,470	(1,632)	(7,913)
Total	250,395	453,412	258,222	451,254	7,827	(2,158)

NB: 1 unit equals 15 minutes

2) Number of clients

	2011	2012	Increase / (Decrease)
Single Service Clients			
Child & Family	7,169	7,606	437
District Nursing	1,398	1,391	(7)
Home Care	377	455	78
Total Single Service Clients	8,944	9,452	508
Joint Service Clients			
Child & Family / District Nursing	14	11	(3)
District Nursing / Home Care	905	971	66
Child & Family / Home Care	15	4	(11)
All Services	6	11	5
Total Joint Service Clients	940	997	57
Total Clients	9,884	10,449	565

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

Total Clients Per Service - Single and Joint	2011	2012	Increase / (Decrease)
Child & Family	8,094	8,599	505
District Nursing	1,433	1,417	(16)
Home Care	1,303	1,441	138

3) Number of visits

Service	2011	2012	Increase / (Decrease)
Child & Family	21,215	23,851	2,636
District Nursing	50,802	52,289	1,487
Home Care	89,403	88,499	(904)
Total FNHC	161,420	164,639	3,219

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.familynursing.org.je

Charity Patron

Lady McColl

Committee of Trustees who held office during the year ended 31 December 2012

Name	Position	Comment
Mrs Ann Esterson	Chair	Appointed 23 May 2012 ^①
Mr Richard Pirouet	Chair	Resigned 23 May 2012
Dr Nigel Minihane	Vice Chair	
Mrs Jo Gavey	Honorary Treasurer	
Mr Kevin Bates		
Ms Janette Carr		
Mrs Marnie Baudains		
Mrs Rosemary Ruddy		Appointed 23 May 2012
Mr John Moulin		Appointed 23 May 2012
Advocate Cyril Whelan		Appointed 23 May 2012
Mrs Karen Kalman		Resigned 23 May 2012
Mrs Julie Gafoor	Chief Executive Officer	Appointed 15 June 2012 ^②
Mrs Pam Massey	Chief Executive Officer	Resigned 15 June 2012

^① existing Committee member, appointment was to Chair.

^② ex-officio member of the Committee, date reflects appointment to Chief Executive Officer.

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

Operational Lead - District Nursing

Mrs Jane Le Ruez-Lane RGN, RM, DN Dip, Dip Management

Operational Lead - Home Care

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

Operational Lead - Child & Family Services

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

Clinical Effectiveness Facilitator

Mrs Elspeth Snowie RGN, RM, DN Dip, BA

Senior Manager - Human Resources

Mrs Tracey McLeod Associate CIPD

Auditors

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

Bankers

Lloyds TSB Offshore Limited
9 Broad Street
St Helier
Jersey JE4 8NG

Investment manager

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

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 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 Fideicomis 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 and Governance and Clinical matters. During the year ended 31 December 2012 the Committee met 5 times, the Finance sub committee met 6 times and the Governance and Clinical sub committee 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	5	2 of 4	3 of 3
Richard Pirouet	2 of 2	2 of 2	-
Nigel Minihane	4 of 5	-	-
Jo Gavey	5	6	-
Kevin Bates	3 of 5	3 of 4	1 of 2
Janette Carr	4 of 5	-	-
Marnie Baudains	5	-	4
Rosemary Ruddy	3 of 3	4 of 4	-
John Moulin	3 of 3	-	1 of 2
Cyril Whelan	2 of 3	-	2 of 2
Karen Kalman	2 of 2	1 of 2	-
Julie Gafoor	2 of 2	3 of 4	2 of 2
Pam Massey	3 of 3	2 fo 2	2 of 2

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 Extreme, High, Medium or Low. 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 the provisions of Article 10 of the Law.

Key Objectives

The Association's key objectives, and their respective success criteria, for the financial year ended 31 December 2013 are set about below:

- 1) Implementation of the redesign of community services as agreed in the Full Business Cases.

Success criteria

- Successful tendering for extended services in all clinical areas;
- Development of clinical services that can flexibly respond to an increase in dependant client/patient caseload;
- Reporting on key measurements to reflect clinical outcomes; and
- Evidencing that the Service Level Agreement reflects both core and new services for 3 year duration.

- 2) Develop electronic data and records systems within the Association.

Success criteria

- Reports are available to managers monthly on staff activity;
- Reports are available quarterly to inform commissioners on Key Performance Indicator (KPI) targets; and
- Plan and implement a strategy for electronic records.

- 3) Improve information to, and communication with, patients, clients and partner agencies.

Success criteria

- An interactive website that facilitates communication between and to service users;
- Computer systems able to link with partner agencies;
- Information is available to a service user that clearly explains when, what and how services are delivered;
- Patients receive written information on cost and frequency of services; and
- Service users will be consulted on the implementation of service changes.

- 4) Maximise and sustain funding streams.

Success criteria

- The number of members is sustained or increased;
- A donor database is implemented;
- Fundraising strategy is agreed; and
- Income streams are secured for a three year period.

- 5) Implement and evaluate the Association's Quality Assurance Framework (QAF).

Success criteria

- Evidence of compliance with the Framework completed;
- Action plans to address gaps in compliance;
- Evidence of QAF influencing an improvement in the delivery of services; and
- QAF embedded in the Association and audit completed by PwC.

Financial Review

Throughout the financial year to 31 December 2012 the Association has continued to benefit from the generous support of the Community of the Island of Jersey. Voluntary income rose by over 78% due to the receipt of a number of significant legacies. This assists with the financial stability of the Association and permits the Committee to plan for, and allocate resources toward, service and infrastructure enhancements required to meet the ever increasing demand for our community based services.

The principal funding source for the Association was from the Health & Social Services Department of the States of Jersey for whom we provide certain services under a Service Level Agreement. Funds totalling £5,976,830 (including £36,606 in respect of the Community Intermediate Care Project) were received from the Health & Social Services Department which equates to 84% of the total resources expended in the year.

Total reserves have increased almost 36% to stand at £5,188,446, of which £1,184,750 is designated and £180,109 is restricted. A full analysis of reserves can be found in Note 12 on pages 27 to 28.

The Association was able to repay a £500,000 loan from the States of Jersey and a further £500,000 was transferred to the investment account.

During the year the Committee agreed to designate funds totalling £1,184,750 for various projects. The largest designation being £934,000 to the property fund to which our Chair referred in her letter on pages 3 to 4.

Reserves Policy

Reserves may be classified in the following funds:

- (i) Unrestricted fund;
- (ii) Designated fund; and
- (iii) Restricted fund.

Unrestricted fund

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 fund

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

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 has been set up 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. Proposed designations must be presented to the main Committee for final consideration. If approved, funds will be transferred from unrestricted funds to designated funds accordingly.

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 fund

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 2012 the Association's investment portfolio was valued at £2,640,351 (2011: £1,971,174). This is after transferring £500,000 additional resources to invest in the portfolio.

The portfolio performance returned 11.9% for the year against its specialist benchmark of 10.9% and as at the year end has an expected yield of 3.59%.

Committee of Trustees

15 May 2013

**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 2012 on pages 10 to 23. 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 entity'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 entity'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 7, the Committee are 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 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 entity'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 in the Committee's Report to identify material inconsistencies with the audited financial statements. 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 entity's affairs as at 31 December 2012 and of its results for the year then ended;
- have been properly prepared in accordance with United Kingdom Accounting Standards and the constitution.

ALEX PICOT

Chartered Accountants

15 MAY 2013

Family Nursing & Home Care (Jersey) Incorporated
Statement of Financial Activities
For the year ended 31 December 2012

	Note	Unrestricted Funds £	Designated Funds £	Restricted Funds £	2012 £	2011 £
Incoming Resources						
Incoming resources from generated funds						
Voluntary income	2a	1,108,639	-	(3,845)	1,104,794	619,147
Activities for generating funds	2b	383,922	-	-	383,922	389,636
Investment income	2c	87,143	-	-	87,143	74,534
Total incoming resources from generated funds		1,579,704	-	(3,845)	1,575,859	1,083,317
Incoming resources from charitable activities	3	6,742,357	-	46,153	6,788,510	7,086,289
Total Incoming Resources		8,322,061	-	42,308	8,364,369	8,169,606
Resources Expended						
Costs of generating funds						
Costs of generating voluntary income	4d	52,568	-	-	52,568	47,105
Fundraising trading: costs of goods sold and other associated costs	4a	86,323	-	-	86,323	82,760
Investment management costs		10,538	-	-	10,538	8,189
Total costs of generating funds		149,429	-	-	149,429	138,054
Charitable activities	4b	6,793,617	-	53,799	6,847,416	7,146,787
Governance costs	4c	163,696	-	-	163,696	180,850
Total Resources Expended		7,106,742	-	53,799	7,160,541	7,465,691
Net Incoming / (Outgoing) Resources Before Transfers						
		1,215,319	-	(11,491)	1,203,828	703,915
Gross transfers between funds	12	(1,184,750)	1,184,750	-	-	-
Net Incoming / (Outgoing) Resources Before Other Recognised Gains / (Losses)		30,569	1,184,750	(11,491)	1,203,828	703,915
Other Recognised Gains / (Losses)						
Realised (loss) / gain on sale of investments	8	(14,641)	-	-	(14,641)	15,273
Unrealised gain / (loss) on revaluation of investments		184,132	-	-	184,132	(144,487)
(Loss) / gain on foreign exchange		(10)	-	-	(10)	199
Net Movement in Funds		200,050	1,184,750	(11,491)	1,373,309	574,900
Total funds brought forward at 1st January		3,623,537	-	191,600	3,815,137	3,240,237
Total funds carried forward at 31st December	12	3,823,587	1,184,750	180,109	5,188,446	3,815,137

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

The notes on pages 20 to 30 form a part of these financial statements.

Family Nursing & Home Care (Jersey) Incorporated
Balance Sheet
As at 31 December 2012

	Note	2012 £	2011 £
Fixed Assets			
Tangible assets	7	850,000	850,000
Investments	8	2,640,351	1,971,174
		3,490,351	2,821,174
Current Assets			
Stocks		13,895	15,535
Debtors	9	495,854	596,308
Cash at bank and in hand	10	2,053,086	1,192,157
		2,562,835	1,804,000
Creditors: Amounts falling due within one year	11	864,740	810,037
Net Current Assets		1,698,095	993,963
Net Assets		5,188,446	3,815,137
Charitable Funds			
Designated fund	12	1,184,750	-
Restricted income fund	12	180,109	191,600
Unrestricted income fund	12	3,823,587	3,623,537
Total Funds		5,188,446	3,815,137

The notes on pages 20 to 30 form part of these financial statements.

Approved and authorised for issue by the Trustees on 15 May 2013 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 2012

	Note	2012 £	2011 £
Net cash inflow from operating activities - refer to note a below		1,773,482	677,072
Returns on investments and servicing of finance			
Deposit interest received	2c	6,200	3,127
Dividend and coupon income received	2c	80,943	71,407
		<u>87,143</u>	<u>74,534</u>
Capital expenditure and financial investment			
Payments to acquire fixed asset investments	8	(1,285,783)	(940,429)
Receipts from sales of fixed asset investments	8	786,097	874,958
		<u>(499,686)</u>	<u>(65,471)</u>
Net cash inflow before financing		1,360,939	686,135
Financing			
Decrease in borrowings	11	(500,000)	-
Net cash outflow from financing		<u>(500,000)</u>	<u>-</u>
Increase in cash in the year - refer to note b below		<u>860,939</u>	<u>686,135</u>

Notes	2012 £	2011 £
a. Reconciliation of net incoming resources to net cash inflow from operating activities		
Net Incoming Resources		
Before Other Recognised Gains / (Losses)	1,203,828	703,915
Deposit interest and investment income receivable	(87,143)	(74,534)
Decrease in stocks	1,640	73,183
Decrease / (increase) in debtors	100,454	(35,842)
Increase in creditors	554,703	10,350
Net cash inflow from operating activities	<u>1,773,482</u>	<u>677,072</u>

b. Analysis of net funds	At 1 January 2012	Cash flows	Revaluations	At 31 December 2012
Petty cash	125	96	-	221
Cash at bank	1,171,363	862,868	-	2,034,231
Cash with broker	20,669	(2,025)	(10)	18,634
	<u>1,192,157</u>	<u>860,939</u>	<u>(10)</u>	<u>2,053,086</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 a grant 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. The funding is currently set 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 and Home Care. 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;
- Directly attributable costs have been allocated to investment management costs and governance costs; and
- 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 £	Restricted £	2012 £	2011 £
Donations	119,263	400	119,663	330,131
Legacies	969,014	-	969,014	268,734
Grants ¹	20,362	(4,245)	16,117	20,282
	1,108,639	(3,845)	1,104,794	619,147

¹ A restricted grant recognised in 2009 in the sum of £20,000 has been reduced by £6,600 to reflect the maximum amount now receivable. There remains some uncertainty over the recoverability of the remaining £13,400 however no provision has been made in the current year.

b) Activities for generating funds

	Unrestricted £	Restricted £	2012 £	2011 £
Membership income ²	306,169	-	306,169	317,491
Fundraising - Golf day	15,598	-	15,598	18,015
Fundraising - Small events	11,129	-	11,129	3,356
Fundraising - 2012 (2011) Club ³	50,780	-	50,780	50,100
Fundraising - Merchandise	246	-	246	674
	383,922	-	383,922	389,636

² 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.

³ 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 2013 Club lottery have been deferred to be recognised in the following year.

c) Investment income

	Unrestricted £	Restricted £	2012 £	2011 £
Bank interest	6,200	-	6,200	3,127
Dividends and coupons	80,943	-	80,943	71,407
	87,143	-	87,143	74,534

3 Incoming resources from charitable activities

	Unrestricted £	Restricted £	2012 £	2011 £
Health & Social Services Department ⁴	5,940,224	-	5,940,224	5,851,638
Community Safety Grants Panel ⁵	-	9,547	9,547	-
Home Care Fees	608,303	-	608,303	557,290
Sale of services	155,151	-	155,151	261,549
Sale of medical supplies	33,698	-	33,698	409,159
Intermediate Care Project	-	36,606	36,606	-
Rental and sundry	4,981	-	4,981	6,653
	6,742,357	46,153	6,788,510	7,086,289

⁴ The Association provides certain services on behalf of the Health & Social Services Department of the States of Jersey under a Service Level Agreement. The level of funding is calculated and agreed on an annual basis.

⁵ 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 £6,533 remains from the initial grant.

4 Resources Expended

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

	Unrestricted £	Restricted £	2012 £	2011 £
Fundraising - Golf day	5,906	-	5,906	6,200
Fundraising - Small events	1,531	-	1,531	1,981
Fundraising - 2012 (2011) Club ³	25,754	-	25,754	25,964
Fundraising - Merchandise	-	-	-	810
Support costs - see note 4d	53,132	-	53,132	47,805
	86,323	-	86,323	82,760

b) Charitable activities

	Unrestricted £	Restricted £	2012 £	2011 £
Child & Family Services	1,488,134	11,902	1,500,036	1,378,806
District Nursing Services	1,799,307	4,941	1,804,248	1,912,899
Home Care Services	2,342,118	-	2,342,118	2,275,006
Governance & Specialist Nursing Services	516,439	-	516,439	453,414
Stores & Medical Supplies	42,854	-	42,854	537,226
Direct Service Provision Costs	36,223	-	36,223	36,144
Intermediate Care Project	-	36,606	36,606	-
Support costs - see note 4d	568,542	350	568,892	553,292
	6,793,617	53,799	6,847,416	7,146,787

c) Governance costs

	Unrestricted	Restricted	2012	2011
	£	£	£	£
Audit fees	5,450	-	5,450	5,350
Quality Assurance Framework Audit	25,000	-	25,000	32,500
Committee travel ⁶	543	-	543	1,160
Executive management	132,703	-	132,703	141,840
	163,696	-	163,696	180,850

⁶ Committee travel expenses are in relation to one committee member.

d) Allocation of support cost

	Voluntary	Generated	Charitable	2012	2011
	Income	Funds	Activities	£	£
	£	£	£	£	£
Human Resources	-	564	115,128	115,692	142,980
Business Support ⁷	39,273	39,273	317,888	396,434	388,006
Training & Travel	253	253	2,022	2,528	5,128
Vehicles	248	248	1,986	2,482	1,561
Equipment & Maintenance	1,556	1,556	12,557	15,669	9,143
Printing & Stationery	2,560	2,560	20,477	25,597	22,811
Communications	3,067	3,067	24,539	30,673	26,273
Buildings Maintenance	3,071	3,071	24,619	30,761	225
Security & Cleaning	1,568	1,568	12,750	15,886	13,266
Insurance	972	972	36,926	38,870	38,809
	52,568	53,132	568,892	674,592	648,202

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.

⁷ Business support costs include the Executive, Finance and Administrative operations after deduction of an appropriate charge for Governance Costs has been made.

5 Employees

The headcount number of employees and full time equivalent (FTE) for the year was:

	2012 Employees	2012 FTE	2011 Employees	2011 FTE
District nursing	55	34.32	51	30.80
Home care	124	67.67	121	66.70
Child & family	46	27.78	44	27.60
Clinical effectiveness	7	6.60	15	9.90
	232	136.37	231	135.00
Support	23	17.00	20	14.80
Total	255	153.37	251	149.80

The above employee numbers include 34 zero hour contracts (2011: 32 zero hour contracts). 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.

	2012	2011
£60,000 to £69,999	1	1
£70,000 to £79,999	2	1
£90,000 to £99,999	-	1

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

	2012 £	2011 £
Freehold land and buildings at valuation	850,000	850,000

The property known as Gloucester Lodge was revalued on 19th November 2009 by Gaudin & Company Limited. 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 terminates in September 2013. It is not the intention of the Association to dispose of Gloucester Lodge during the forthcoming 12 months.

8 Investments

	2012 £	2011 £
Market value as at 1 January	1,971,174	2,034,917
Less unrealised gains	(33,857)	(178,344)
	<hr/> 1,937,317	<hr/> 1,856,573
Additions at cost	1,285,783	940,429
Disposal proceeds	(786,097)	(874,958)
(Loss) / profit on disposal	(14,641)	15,273
	<hr/> 2,422,362	<hr/> 1,937,317
Add unrealised gains	217,989	33,857
	<hr/> 2,640,351	<hr/> 1,971,174

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

Investments held as at 31 December 2012 and 31 December 2011 are all unrestricted funds. Income amounts generated by the portfolio are also unrestricted.

9 Debtors

	2012 £	2011 £
Trade debtors	214,001	576,686
States of Jersey ⁸	153,223	(37,731)
Other debtors ⁹	113,400	20,710
GST	5,439	20,443
Prepayments	9,791	16,200
	<hr/> 495,854	<hr/> 596,308

⁸ Represents amounts due from the States of Jersey in respect of the Service Level Agreement. The prior year figure of £(37,731) was as a result of an overpayment of the 2011 Service Level Agreement, which was repaid to the States of Jersey in 2012.

⁹ Other debtors includes a pecuniary legacy of £100,000 which has been recognised in the year as voluntary income in the Statement of Financial Activities.

10 Cash at bank and in hand

	2012 £	2011 £
Petty cash	221	125
Cash at bank	2,034,231	1,171,363
Cash with broker - Quilter	18,634	20,669
	<hr/> 2,053,086	<hr/> 1,192,157

11 Creditors: Amounts falling due within one year

	2012	2011
	£	£
Membership received in advance ¹⁰	148,655	166,964
Creditors and accruals	75,568	143,073
States of Jersey - cash flow received in advance ¹¹	-	500,000
States of Jersey - Comite account ¹²	640,517	-
	864,740	810,037

¹⁰ 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 £148,655 relates to membership income that is deferred to financial year to 31 December 2013. The prior year balance of £166,964 was released as income in the current financial year.

¹¹ The States of Jersey provided an interest free loan to assist with the cash flow of the Association. This was repaid in full on 7th November 2012.

¹² The States of Jersey process monthly payroll and accounts payable items which are then reimbursed by the Association. The amount outstanding represents the balance due to the States of Jersey for payments made during December 2012 which were reimbursed after the year end. In 2011 the amount due had been repaid prior to 31st December 2011.

12 Reserves

	Unrestricted	Designated	Restricted	Total
	£	£	£	£
Fund balances as at 31 December 2012 represented by:				
Fixed Assets				
Tangible	850,000	-	-	850,000
Investments	2,640,351	-	-	2,640,351
Current Assets	1,197,976	1,184,750	180,109	2,562,835
Current liabilities	(864,740)	-	-	(864,740)
	3,823,587	1,184,750	180,109	5,188,446

Designated funds

Designated funds are determined by the Committee when there is a need to allocate certain funds for known future commitments. There were no designated funds as at 31 December 2011.

The movement in designated funds is analysed as follows:

	At 1 January 2012 £	Transfer between funds £	At 31 December 2012 £
Property fund	-	934,000	934,000
Membership, donor and event management software	-	30,000	30,000
Incident reporting and training database software	-	13,000	13,000
Clinical activity recording and billing software	-	10,000	10,000
Property refurbishment costs	-	7,250	7,250
Three year fundraising initiative	-	190,000	190,000
Playgroup equipment	-	500	500
	-	1,184,750	1,184,750

It was also agreed to designate funds for an Electronic Patient Record system however as at the date of signing the accounts the cost of this system had not been quantified.

A desired fund total and time frame for the property fund has not been set for the completion of the fund. The three year fundraising initiative is to start in 2013. All other designations are due to be expended during 2013.

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 2012 £	Income £	Expenditure £	At 31 December 2012 £
Property refurbishment project ¹³	26,600	(6,600)	-	20,000
End of Life Care Project	165,000	-	(4,941)	160,059
Intermediate Care Project	-	36,606	(36,606)	-
Glasson Award	-	350	(350)	-
Child Accident Prevention	-	11,902	(11,902)	0
District Nursing Gift	-	50	-	50
	191,600	42,308	(53,799)	180,109

¹³ The negative income is as a result of a reduction in income previously accrued in prior years.

13 Pension 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, 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 £677,659 (2011 - £684,665). 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 2013.

Actuarial valuations are performed on a triennial basis, with the most recent published valuation being as at 31 December 2010. 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 2010 showed that there was a surplus of £40.6 million compared with Scheme investments of £1.3 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 reverse part of the reductions made in response to the deficit at 21 December 2007.

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.

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 Legacies

As at the date of signing these accounts the Association was aware of two material legacies which have not been accrued due to the uncertainty of their final value.

- A 50% share in a property which is currently being marketed for sale with an asking price of £295,000. The Association's share of this would be £147,500 before deduction of any fees.
- A 1/6th share in a movable and immovable estate which initial reports indicate could be valued in excess of £4.75m. The Association's share of this would be £791,667 before deduction of any fees. The immovable estate is subject to a lifetime interest which at the date of signing these accounts has not been valued with any certainty. An estimate has been deducted from the total potential value.

15 Commitments under operating leases

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

	2012	2011
	£	£
Operating leases which expire:		
Within one year	15,886	15,886
In the second to fifth years inclusive	-	-
After five years	31,557	29,900
	47,443	45,786