



Family Nursing  
& Home Care

**Annual Report & Accounts for the year to  
31 December 2015**

States of  
Jersey  
Approved  
Provider

Here to Help

Association  
of  
Jersey  
Charities  
no. 115



<b>Contents</b>	<b>Page</b>
Message from the Chair	3-4
Report of the Chief Executive Officer	5-7
Statistical Summary	8
Report of the Trustees	
Reference & administrative details	9-10
Structure, Governance & Management	11-12
Objectives & Activities	13-14
Financial Review	15
Reserves Policy	15-16
Investment Policy & Objectives	16
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Audit report	17
Statement of financial activities	18
Balance sheet	19
Cash flow statement	20
Notes to the financial statements	
1 Accounting policies	21-23
2 Judgements in applying accounting policies and key sources of estimation uncertainty	23
3 Income	23-24
4 Expenditure	24-25
5 Net gains / (losses) on investments	26
6 Trustees' remuneration, benefits and expenses	26
7 Employees	26
8 Staff costs and employee benefits	26-27
9 Tangible assets	27
10 Investments	28
11 Debtors	28
12 Current asset investments	28
13 Cash at bank and in hand	29
14 Creditors: Amounts falling due within one year	29
15 Reserves	29-30
16 Pension costs	31
17 Commitments under operating leases	32
18 Post balance sheet event	32
19 First time adaption of FRS 102 Statement of Recognised Practice	32

## Message from the Chair

The Committee began the year with a major Strategic Review, ably supported by the Executive and an independent facilitator who gathered evidence from various sources, including key external partners and stakeholders. The anonymised feedback was generally very positive however issues were raised that we have been able to act on. This information proved invaluable in reinforcing the values of professionalism and compassion, which are very much part of the culture of FNHC, whilst also enabling us to develop future strategies. Work is now progressing on longer term financial and manpower planning in order to complete the strategy and publish it in the coming year.

The Committee adopted the following key strategic aims for 2015, taking account of the evidence received:

### Improving services

Keeping up high standards of care is always paramount. To this end, the CEO's report on initiatives taken to build on the expert care and compassion for which FNHC is well known, whilst absorbing additional work and developing new services, is impressive. The achievements demonstrate the Association's serious intent to keep providing the best possible care in the community.

### Reviewing Information requirements and systems and implementing an electronic records system

I am pleased to report that after frustrating delays, work to implement an electronic patient record system is now underway, having secured a contract for EMIS, which is the same system used by the Island's GP practices. Time has been used to learn from experiences of similar organisations in the UK and plan for the implementation. So, in future, our nurses will be able to use tablet devices to support their work and enable them to access and update patient records whilst in the patient's home. EMIS will also allow appropriate sharing of a patient's record between FNHC, GP's and Jersey Hospice Care under strict data sharing protocols and only ever with the patient's consent. The system will further streamline administration and provide invaluable health data to help govern and develop future services.

### Improving Communications, raising the profile of the Charity and Fund Raising

Considerable effort has been put into all forms of communication with our members, supporters and the wider public of Jersey. I am pleased to report that very good progress has been made which will continue to be built on in the coming year. A target was set for fundraising for the first time which was exceeded. Of course, it is never enough but a very good outcome in a difficult climate. The Committee is mindful that fundraising is done in a sensitive way and recognises the importance of keeping all members and supporters of the Association well informed.

### Securing Contracts where FNHC can enhance patient treatment at home

Part of the Island's current Health Strategy is to improve the way services are delivered and expand choice for the patient. There is a recognition that community services can take much of the strain away from the General Hospital and that these services will be even more vital in the years to come as the numbers of elderly increase.

FNHC received formal commissioning intentions in October 2015 indicating changes in direction for the services that the Health & Social Services Department ("HSSD") currently commission us to provide. HSSD communicated that no funding would be attributable to domestic support in 2016 and also that they would be removing the block funding arrangement for the rest of our Home Care provision, these changes to happen throughout 2016. To ensure our remaining resources were applied to the most vulnerable of our clients, we took the difficult decision to withdraw from the domestic service market at the end of 2015 and as result, sadly, had to make seven staff in that division redundant. As at the date of signing these financial statements the financial impact on our District Nursing, Child & Family Services and Home Care has not been quantified by HSSD.

The Long Term Care Allowance will become a funding stream for those clients of FNHC that are eligible, however, many of FNHC's clients still require substantial care but do not qualify for this allowance. They may struggle to afford the full market cost of that care, which is at present heavily subsidised. Having made representations on behalf of this group, we are advised that another form of benefit support may be targeted to these individuals. Clearly, this change presents major challenges not just for FNHC but for individuals who may struggle to afford the vital early care and intervention which prevents deterioration in their condition and potential admission to hospital.

The Committee has taken the view that, notwithstanding this intent, the Association is well placed to be a market leader in integrated community nursing and social care. It has a long record of providing seamless care services to Islanders, a wide range of very experienced staff, the critical mass needed to meet most challenging situations such as epidemics and inclement weather, as well as high standards of training and governance. To this end, the Executive is taking a business approach in the new environment: looking for opportunities; bidding for contracts; and refining the organisation to meet the realities of the new market driven approach. Home Care referrals are now being targeted to those who benefit most from the integrated district nursing and social / home care approach. In short, our expertise is being directed to the more complex cases, young and old.

#### **Planning for future premises needs**

It has not been possible to find suitable alternative premises as a base for FNHC but progress has been made in setting up outreach clinics for the more routine work where clients can get out and about. This streamlining of services does help the Association deliver more patient care with fewer staff so that there is sufficient capacity left for those who need care in their homes. It is a constant battle trying to meet the rising demands with no increase in nursing staff.

#### **Raising Issues of Concern**

Under our constitution, the Committee has responsibility for raising health issues. Concerns about the affordability of dressings and equipment, which are not available on prescription, were raised by District Nurses. When patients are nursed in the community they have to pay the full cost of their dressings, which can be substantial. This differs to when a patient is nursed in Hospital where currently no charges for dressings is levied on the patient. Our nurses often come across cases where, for example, the wrong type of dressings are being bought by the patient or inappropriately re-used due to these costs. This matter was raised with both the Social Security and Health and Social Services Ministers. Sadly, we have been advised that in the current financial climate, nothing can be done. Of course, FNHC can only bring areas of concern to Ministers' attention and point out the risks. Our nurses will continue to mitigate those risks, wherever possible, but there are still real concerns about the potential effect on the health of individuals who cannot afford or are reluctant to buy basic items needed to get them back to health.

Overall, I am pleased to report that in such a difficult climate, we have maintained high standards of care this year, largely within our budget targets. It has been a team effort. I owe a great debt of thanks to Committee members who give freely of their time and expertise and to the Executive for their professional support and guidance. None of this would be possible, of course, without the hard work of all the staff for whom the needs of the patients come first. I pay tribute to their dedication. Thanks also to our volunteers and everyone who has supported us. Every donation counts, however small, and is put to good use for the benefit of our community.

**Ann Esterson**  
Chairperson

## Report of the Chief Executive Officer

FNHC has shown a strong commitment to the transforming of health services in Jersey. FNHC Strategic plan 2015 – 2018 reflects the island and HSSD strategic plans. FNHC is represented at all levels in the planning and implementing of service changes across the sector and strives to work in equal partnership with other provider's.

### Adult Nursing

There is island wide and nationally a shortage of both qualified nurses and in particular district nurses. Therefore the team has reviewed the roles and function of the service. This has resulted in the current structure, a grade 6 team leader, supported by two grade 5 deputy sisters. All of the grade 5 and 6 staff will now undertake the initial patient assessment and care planning. This is to ensure that less experienced grade 4 staff delivers the care in line with their level of competency.

The team leaders have also reviewed the skill mix of the teams resulting in an additional increase of one senior health care assistant (QCF grade 3) in each team to replace vacant RGN posts. We have supported one newly qualified nurse through her preceptorship year.

The aim of the service improvements is to ensure that the right person visits the patient at the right time and in the right place. This has presented some challenges in terms of current clinic capacity. New premises have been sourced in St Peter, through our partnership with the Co-op. The new resource will result in 3 new clinic rooms. The increase in clinic capacity will enable us to reduce home visits to mobile patients in 2016.

The new team structures have created opportunities for staff to develop and progress through the organisation in both the clinical, care and management routes.

There has been a significant increase in the complexity and the dependency of the patients being referred to the District Nursing Service in 2015. To ensure that the Nurses have the skills to safely manage complex care they have received training and are assessed as competent by the Rapid Response team in NEWS, A-E assessment and clinical history taking. The aim of this training is to equip the team with the skills to be able to escalate to the RRRT or to take patients from the team. This will allow an improved flow and seamless care between the RRRT and DN services.

### Rapid Response & Reablement

The Rapid Response and Reablement Team (RRRT) formally commenced in December 2014. It has increased capacity to the point where an average of 85 referrals are being received each month. It is delivering against the service specification in service availability times, response times, the Integrated Care Pathway, Single Point of Access, Clinical Governance, information to patients, transfers of care and onward referral and has received positive feedback from service users, carers and professionals.

RRRT has performed well in leading the integration of the previous Rapid Response and Community Intermediate Care Services. The quality of care provided, based on the reported patient outcomes, evidences some very positive steps.

Within the health and social care economy, and based on patient views, the team are perceived to be knowledgeable, responsive, very helpful, efficient and effective. Despite the challenges, RRRT is proving itself to be a valuable and valued service and should be continued, with skill mix adjusted to improve value for money and the team expanded to incorporate mental health.

## Home Care Service

The Home Care service has been reviewed during 2015 in terms of understanding the current client group and looking at how the service should focus its resources in the future. The result of the review was that Home Care services should be directed to clients for whom the integrated nursing and care service will benefit most. At the beginning of 2015 the service no longer accepted referrals for clients who required domestic support only. The committee and the senior management team took the difficult decision to withdraw this service to the existing 70 clients, who do not require personal care. This process was completed by the end of 2015.

The aim is that the Home Care service will in the future, focus on delivering care for clients who have nursing needs, complex care requirements, end of life care or other vulnerabilities that require care from trained and experienced health care assistants.

## Child & Family Service

The Health Visiting teams have been reorganised into 4 geographical teams that are more equally weighted in terms of complexity of families and the dependency of the caseloads. The teams are geographically based in the community at The Bridge, Pathways, and Gervais le Gros in St Aubin and at Le Bas Centre. Team leaders have been appointed to ensure that staff are managed, supervised and developed appropriately. The team leaders have attended a leadership skills course in 2015, as have the District Nursing team leaders, to ensure they are equipped for their role. Each team leader has a score card that she is required to complete monthly. This monitors the profile of the caseload dependencies and compliance with FNHC Governance requirements.

Team leaders have been trained as safeguarding supervisors and now take accountability for the supervision of children in each geographical area. The safeguarding of children is overseen by the Operational Lead who is the named nurse for safeguarding for FNHC.

A joint ante-natal assessment by midwives and Health Visitors is being planned. Health Visitors now have access to Track Care to view and populate this joint assessment. The aim is to pilot this assessment in 2016. The joint assessment will provide the Health Visitors with vital information on reaching families as early as possible to offer MECSH, Early Help or safeguarding services.

A pilot of joint development reviews with education and Health Visiting at Pathways Children's centre has proved successful in terms of identifying children who may require additional support when they start school. The Operational Lead is working with the Head of Early Years in Education to roll out a combined assessment at 2 years old in 2016.

The Children's Community Nurses provide nursing support to 6 children with complex care two of whom require care overnight. They have provided end of life care at home for 1 child. They continue to provide nursing support to Mont a l'Abbe school as well as oncology and nursing care to all children in the community. The paediatric support worker provides 1:1 care plus support groups such as Tiddlers and Little Gems.

The School Nurse team consists of 3 FTE RN plus 1.5 school nurse assistants. Despite being an under resourced area they fulfill the safeguarding requirements and deliver growth monitoring, development reviews and all immunisations to school age children. The team have linked with educational psychology to improve children's mental health in school settings.

All services have reviewed and developed standard operating procedures that guide staff in care delivery and communicate to others the role of each area within FNHC.

FNHC staff are vital to the association's success in delivering the care that is needed to allow adults and children to grow, develop and remain well. Providing excellent care relies on FNHC's ability to attract and retain talented staff. Many of our staff are very experienced in nursing and care, three of the management team retired in 2015 resulting in opportunities for staff to take that leap to management and strategic planning. Despite these challenges FNHC employee turnover remains low at 3.5 and sickness levels are also low at 4.5%.

**Julie Gafoor**  
**Chief Executive Officer**

### 1) Summary of activity in hours

	2015 Hours	2014 Hours	Increase / (Decrease) Hours	%age
Child & Family	40,662	32,371	8,291	26%
District Nursing	34,438	30,854	3,584	12%
Home Care	56,460	63,089	(6,629)	-11%
Rapid Response & Reablement	12,855	3,277	9,578	292%
MECSH	1841	86	1,755	2041%
Intermediate Care Project	0	1,498	(1,498)	-100%
<b>Total Hours of Activity</b>	<b>146,256</b>	<b>131,175</b>	<b>15,081</b>	<b>11%</b>

### 2) Number of clients

	2015 Clients	2014 Clients	Increase / (Decrease) Clients	%age
Child & Family	8,663	8,274	389	5%
District Nursing	3,010	2,685	325	12%
Home Care	559	872	(313)	-36%
Rapid Response & Reablement	1,173	265	908	343%
MECSH	93	12	81	675%
<b>Total Number of Clients</b>	<b>13,498</b>	<b>12,108</b>	<b>1,390</b>	<b>11%</b>

### 3) Number of visits

	2015 Visits	2014 Visits	Increase / (Decrease) Visits	%age
Child & Family	25,108	23,048	2,060	9%
District Nursing	59,283	57,347	1,936	3%
Home Care	82,099	88,415	(6,316)	-7%
Rapid Response & Reablement	11,713	3,182	8,531	268%
MECSH	1,081	57	1,024	1796%
<b>Total Number of Visits</b>	<b>179,284</b>	<b>172,049</b>	<b>7,235</b>	<b>4%</b>



### Reference & Administrative Details

Charity Name	Family Nursing & Home Care (Jersey) Incorporated
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	<a href="mailto:enquiries@fnhc.org.je">enquiries@fnhc.org.je</a>
Website	<a href="http://www.fnhc.org.je">www.fnhc.org.je</a>

### **Charity Patrons**

Lady McColl

The Bailiff of Jersey, Mr. William James Bailhache

### **Committee of Trustees who held office during the year ended 31 December 2015**

<b>Name</b>	<b>Position</b>	<b>Appointed</b>	<b>Term</b>
Mrs Ann Esterson	Chair	2015 AGM	3 years
Dr Nigel Minihane	Vice Chair	2013 AGM	3 years
Mrs Jo Gavey	Honorary Treasurer	2014 AGM	3 years
Mr Kevin Bates		2015 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 Team

The Senior Management Team consists of the Chief Executive Officer, Finance Director, Divisional Manager - Governance & Performance and, on a rotating basis, one Operational Lead.

#### Chief Executive Officer

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

#### Finance Director

Adrian Blampied FCCA

#### Divisional Manager - Governance & Performance

Judy Foglia RGN, ONC 219, ENB 941/978, C&G 7307, Dip Research Methods, PGcert Health Care Practice

#### Operational Lead - Adult Services

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

#### Operational Lead - Out of Hospital Services (Rapid Response & Reablement Team)

Clare Stewart RGN, Dip He Nursing, Bsc (Hons), NMP, MSc Advanced Healthcare Practice

#### Operational Lead - Child & Family Services

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

#### 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 Fideicommiss et L'Incorporation d'Associations".

### **Officers and committee members**

The principal activities of Family Nursing & 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 through a formal recruitment process and are then elected by members at the Annual General Meeting. The Jersey Appointments Commission governs the appointment process of the Chair and Chief Executive Officer.

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 (during 2015 only), Governance and Clinical matters. During the year ended 31 December 2015 the Committee, the Finance sub committee and the Governance and Clinical sub committee each met 4 times (2014: 4 times) whilst the Fundraising sub committee met 5 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.

<b>Name</b>	<b>Main Committee</b>	<b>Finance Sub Committee</b>	<b>Governance &amp; Clinical Sub Committee</b>	<b>Fundraising</b>
Ann Esterson	4 of 4	2 of 4	-	1 of 5
Nigel Minihane	2 of 4	-	-	-
Jo Gavey	2 of 4	3 of 4	-	4 of 5
Kevin Bates	2 of 4	3 of 4	-	-
Marnie Baudains	4 of 4	-	4 of 4	-
Rosemary Ruddy	3 of 4	4 of 4	-	5 of 5
John Moulin	4 of 4	-	4 of 4	-
Cyril Whelan	4 of 4	-	2 of 4	-
Julie Gafoor	4 of 4	3 of 4	3 of 4	4 of 5

### Statement of committee's responsibilities

The Committee are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and generally accepted accounting practice. The Committee are required to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the Association and of the statement of financial activities for that period. In preparing these financial statements, the Committee are required to:

- select suitable accounting policies and then apply them consistently;
- make judgements and accounting estimates that are reasonable and prudent;
- prepare financial statements on the going concern basis unless it is inappropriate to presume the the Association will continue in business.

The Committee are responsible for keeping adequate accounting records that are sufficient to show and explain the Association's transactions and disclose with reasonable accuracy at any time the financial position of the Association and enable them to ensure that the financial statements comply with the relevant laws. They are also responsible for safeguarding the assets of the Association and hence 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 Team.

### 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 the provisions of Article 10 of the Law.

### Strategic Priorities

We have undertaken a Strategic Plan for the Association covering the period to 2018. We have maintained the 5 key principles of the Health White Paper as a framework for development of the plan, 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 all new & existing services
- Focus on developing nursing skills and capability across the teams
- Deliver high quality governance and standards to ensure that patients/clients 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.

- Review current services and the associated costs to ensure they fit with future needs
- Identify and assess the potential for new services and FNHC funding and capability to deliver
- Review productivity across the key areas of the Association with the aim of removing inefficiencies and improving the match of skills against patient need
- Maximise the fund raising potential to ensure additional funding streams are identified
- Review corporate structure and funding to include the role of the charity's charitable status for next 3-5 years, inline with proposed Charities law
- Establish long term contractual relationships with HSSD
- Develop a workforce plan that addresses recruitment and retention issues

### 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
- Develop robust systems to ensure we are listening and engaging with the patients/clients and the public about current and future services and that this will be acted upon

### 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 therapists to care staff

## Financial Review

The financial year to 31 December 2015 has resulted in the Association having net income of £42k (2014: £184k). This is inclusive of realised and unrealised gains on investments but before losses from foreign exchange and unrealised revaluation of fixed assets totalling £1k (2014: £51k). Income from donations has increased as our focus in the year has been to align our fundraising efforts to specific projects and equipment as well as developing a clear fundraising strategy which is pivotal to maintain the financial sustainability of the Association. Income from legacies has fallen once more however we are continuing to focus on legacy promotion to mitigate this reduction. Further marketing of corporate support is planned for 2016 along with the Island's first ever Colour Fun Run, for which we are delighted to have Dandara as the headline sponsor.

The principal funding source for the Association was from the Health & Social Services Department of the States of Jersey. During 2015, Rapid Response and the Maternal Early Childhood Sustained Home Visiting programme ("MECSH") were incorporated in to our Contract for Services which also covers District Nursing, Home Care and Children & Family Services. The Association has also continued to fulfill the delivery of individual High Cost Packages for high dependency children. The Crisis Intervention and Reablement services proof of concept, in partnership with the Health & Social Services Department, has continued throughout 2015 however it is expected that this will become part of core services, as with Rapid Response, in the near future. Funds totalling £7,712k (including £642k in respect of Rapid Response & Reablement, £336k for MECSH and £292k in respect of High Cost Packages) were received, or are due, from the Health & Social Services Department which equates to 85% of the total resources expended in the year, slightly greater than the 83% in 2014 mainly due to there being numerous vacancies throughout the year which have led to costs being lower than budgeted.

As a result of uncertainty over the future level of funding from HSSD for 2016 onwards, the Trustees have taken the decision to not designate any further funds in 2015, other than the £100k in relation to clinic development. Prior designations in relation to the property fund remain in place until the end of 2016 where a further decision will be made as to its use. Designations for the electronic patient record system and information technology upgrades are due to be utilised during 2016 as these projects are now under way.

Restricted income and expenditure have increased substantially during the year mainly due to an increased level of resources in the Rapid Response & Reablement and MECSH services. Total reserves have increased marginally to stand at £6,505k of which £2,464k is designated and £114k is restricted. A full analysis of reserves can be found in Note 15 on pages 29-30.

## Reserves Policy

Reserves may be classified in the following funds:

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

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 2015 the Association's investment portfolio was valued at £3,266k (2014: £3,265k) and has an expected yield of 2.58%.

### **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 2015 on pages 18 to 32. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards including FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland".

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 12, 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 2015 and of its results for the year then ended;
- have been properly prepared in accordance with United Kingdom Accounting Standards and the constitution.

**27 May 2016**

**ALEX PICOT**  
**Chartered Accountants**

	Note	Unrestricted £000s	Designated £000s	Restricted £000s	2015 £000s	Unrestricted £000s	Designated £000s	Restricted £000s	2014 £000s
<b>Income from:</b>									
Donations & legacies	3a	267	-	103	370	252	59	149	460
Charitable activities	3b	7,166	-	1,272	8,438	7,097	-	879	7,976
Other trading activities	3c	247	-	-	247	261	-	-	261
Income from investments	3d	92	-	-	92	86	-	-	86
<b>Total income</b>		<b>7,772</b>	<b>-</b>	<b>1,375</b>	<b>9,147</b>	<b>7,696</b>	<b>59</b>	<b>1,028</b>	<b>8,783</b>
<b>Expenditure on:</b>									
Costs of generating funds									
Raising Funds	4a	197	90	-	287	159	108	-	267
Charitable activities	4b	7,409	-	1,386	8,795	7,444	25	966	8,435
<b>Total expenditure</b>		<b>7,606</b>	<b>90</b>	<b>1,386</b>	<b>9,082</b>	<b>7,603</b>	<b>133</b>	<b>966</b>	<b>8,702</b>
Net (losses) / gains on investments	5	(23)	-	-	(23)	103	-	-	103
<b>Net income / (expenditure)</b>		<b>143</b>	<b>(90)</b>	<b>(11)</b>	<b>42</b>	<b>196</b>	<b>(74)</b>	<b>62</b>	<b>184</b>
Gross transfers between funds	15	(100)	100	-	-	(135)	135	-	-
<b>Other Recognised Losses</b>									
Unrealised loss on revaluation of tangible fixed assets		-	-	-	-	(50)	-	-	(50)
Loss on foreign exchange		(1)	-	-	(1)	(1)	-	-	(1)
<b>Net Movement in Funds</b>		<b>42</b>	<b>10</b>	<b>(11)</b>	<b>41</b>	<b>10</b>	<b>61</b>	<b>62</b>	<b>133</b>
<b>Funds brought forward at 1st January</b>		<b>3,885</b>	<b>2,454</b>	<b>125</b>	<b>6,464</b>	<b>3,875</b>	<b>2,393</b>	<b>63</b>	<b>6,331</b>
<b>Funds carried forward at 31st December</b>	15	<b>3,927</b>	<b>2,464</b>	<b>114</b>	<b>6,505</b>	<b>3,885</b>	<b>2,454</b>	<b>125</b>	<b>6,464</b>

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

The notes on pages 21 to 32 form a part of these financial statements.

**Family Nursing & Home Care (Jersey) Incorporated**  
**Balance Sheet**  
**As at 31 December 2015**

	Note	2015 £000s	2014 £000s
<b>Fixed Assets</b>			
Tangible assets	9	800	800
Investments	10	3,266	3,265
		4,066	4,065
<b>Current Assets</b>			
Stocks		16	18
Debtors	11	437	1,150
Current asset investments	12	655	651
Cash at bank and in hand	13	3,072	1,507
		4,180	3,326
Creditors: Amounts falling due within one year	14	1,741	927
		2,439	2,399
<b>Net Current Assets</b>		2,439	2,399
<b>Net Assets</b>		6,505	6,464
<b>Charitable Funds</b>			
Unrestricted income fund			
General unrestricted income fund	15	3,927	3,885
Designated fund	15	2,464	2,454
		6,391	6,339
Restricted income fund	15	114	125
		6,505	6,464
<b>Total Funds</b>		6,505	6,464

The notes on pages 21 to 32 form a part of these financial statements.

Approved and authorised for issue by the Trustees on 26 May 2016 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 2015**

	Note	2015 £000s	2014 £000s
<b>Net cash inflow from operating activities</b> - refer to note a. below		1,498	(493)
<b>Returns on investments and servicing of finance</b>			
Deposit interest received	3d	14	12
Dividend and coupon income received	3d	78	74
		92	86
<b>Capital expenditure and financial investment</b>			
Payments to acquire fixed asset investments	10	(730)	(2,280)
Receipts from sales of fixed asset investments	10	706	1,785
		(24)	(495)
<b>Increase / (decrease) in cash in the year</b> - refer to note b. below		1,566	(902)

<b>Notes</b>		2015 £000s	2014 £000s
<b>a. Reconciliation of net incoming resources to net cash inflow from operating activities</b>			
Net income		42	184
Net losses / (gains) on investments		23	(103)
Deposit interest and investment income receivable		(92)	(86)
Decrease / (increase) in stocks		2	-
Decrease / (increase) in debtors		713	(578)
Increase in current asset investments		(4)	(651)
Increase in creditors		814	741
<b>Net cash inflow from operating activities</b>		1,498	(493)

	At 1 January			At 31 December
<b>b. Analysis of net funds</b>	2015	Cash flows	Revaluations	2015
Cash at bank	1,456	1,598	-	3,054
Cash with broker	51	(32)	(1)	18
	1,507	1,566	(1)	3,072

## 1 Accounting Policies

### a. Basis of preparation of financial statements

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 the Financial Reporting Standard 102 Statement of Recommended Practice ("the FRS 102 SORP"), and applicable accounting standards in the United Kingdom.

Information on the impact of first-time adoption of the FRS 102 SORP is given in note 19.

The following principal accounting policies have been applied:

### b. Income

Income, including donations, legacies, investment income and rental income, is recognised in the period in which the Association is entitled to receipt, where the amount can be measured with reasonable certainty and to the extent that it is probable that the economic benefits will flow to the Association. Interest income is recognised in the Statement of Financial Activities using the effective interest method.

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 income.

The Association receives funds from the Health & Social Services Department of the States of Jersey which has been disclosed in Note 3b), Income - 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 and is recognised in the period in which the services are provided in accordance with the stage of completion of the contract when all the following conditions are satisfied:

- the amount of revenue can be measured reliably;
- it is probable that the Association will receive the consideration due under the contract for services;
- the stage of completion of the contract at the end of the reporting period can be measured reliably; and
- the costs incurred and the costs to complete the contract can be measured reliably.

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. Raising funds

Costs of raising funds comprise the costs incurred in fundraising and portfolio management costs charged by the Association's investment manager. 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. Charitable activities

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. Also included in charitable expenditure are the Governance costs of the association representing 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.

#### **e. 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 Raising 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 Raising Funds and Charitable Activities categories.

#### **f. Tangible fixed assets**

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

#### **g. 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 net (losses) / gains on investments.

#### **h. Stocks**

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

#### **i. Debtors**

Debtors are initially recognised at fair value and thereafter stated at amortised cost using the effective interest method, less impairment losses for bad and doubtful debts except where the effect of discounting would be immaterial. In such cases, the receivables are stated at the cost less impairment losses for bad and doubtful debts.

#### **j. Current asset investments**

Current asset investments represent cash on deposit and cash equivalents with a maturity of less than one year held for investment purposes rather than to meet the short term cash commitments as they fall due.

#### **k. Cash and cash equivalents**

Cash is represented by cash in hand and deposits with financial institutions repayable without penalty on notice of not more than 24 hours. Cash equivalent are highly liquid investments that mature no more than three months from date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

#### **l. Creditors**

Short term creditors are measured at their transaction price. Other financial liabilities including bank loans, are measured initially at fair value, net of transaction costs, and are measured subsequently at amortised cost using the effective interest method.

#### **m. 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 102 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.

#### **n. 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 Losses.

#### **o. 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.

**p. Operating leases**

Rentals payable under operating leases are charged to the Statement of Financial Activities on a straight line basis over the period of the lease.

**2 Judgements in applying accounting policies and key sources of estimation uncertainty**

In the application of the Association's accounting policies, which are described in note 1, the trustees are required to make judgements, estimates and assumptions about the carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and underlying assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

**3 Income**

**a) Donations & legacies**

	Unrestricted	Designated	Restricted	2015	Unrestricted	Designated	Restricted	2014
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Donations	229	-	101	330	72	-	147	219
Legacies	16	-	-	16	158	59	-	217
Grants	22	-	2	24	22	-	2	24
	267	-	103	370	252	59	149	460

**b) Charitable activities**

	Unrestricted	Designated	Restricted	2015	Unrestricted	Designated	Restricted	2014
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
<b>Health &amp; Social Services Department</b>								
Contract for Services	6,442	-	-	6,442	6,387	-	-	6,387
Rapid Response & Reablement	-	-	642	642	-	-	416	416
MECSH	-	-	336	336	-	-	146	146
Intermediate Care Project	-	-	-	-	-	-	50	50
High Cost Packages of Care	-	-	292	292	-	-	265	265
	6,442	-	1,270	7,712	6,387	-	877	7,264
Community Safety Grants Panel <sup>1</sup>	-	-	2	2	-	-	2	2
Home Care Fees	654	-	-	654	635	-	-	635
Sale of services <sup>2</sup>	36	-	-	36	32	-	-	32
Sale of medical supplies	30	-	-	30	43	-	-	43
Rental and sundry	4	-	-	4	-	-	-	-
	7,166	-	1,272	8,438	7,097	-	879	7,976

<sup>1</sup> 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 £1,423 (2014: £3,066) remains from the initial grant.

<sup>2</sup> Includes amounts invoiced in respect of a part time School Nurse, funded by the Public Health Department.

**c) Other trading activities**

	Unrestricted	Designated	Restricted	2015	Unrestricted	Designated	Restricted	2014
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Membership income <sup>3</sup>	166	-	-	166	193	-	-	193
Fundraising - Golf day	15	-	-	15	16	-	-	16
Fundraising - Small events	8	-	-	8	15	-	-	15
Fundraising - 2015 (2014) Club <sup>4</sup>	58	-	-	58	37	-	-	37
	247	-	-	247	261	-	-	261

<sup>3</sup> 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 14 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.

<sup>4</sup> 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 2016 Club lottery have been deferred to be recognised in the following year.

**d) Investment income**

	Unrestricted	Designated	Restricted	2015	Unrestricted	Designated	Restricted	2014
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Bank interest	14	-	-	14	12	-	-	12
Dividends and coupons	78	-	-	78	74	-	-	74
	92	-	-	92	86	-	-	86

**4 Expenditure**

**a) Raising funds**

	Unrestricted	Designated	Restricted	2015	Unrestricted	Designated	Restricted	2014
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Fundraising - Golf day	6	-	-	6	6	-	-	6
Fundraising - Small events	9	-	-	9	1	-	-	1
Fundraising - 2015 (2014) Club <sup>4</sup>	26	-	-	26	25	-	-	25
Investment management costs	13	-	-	13	13	-	-	13
Support costs - see note 4c	143	90	-	233	114	108	-	222
	197	90	-	287	159	108	-	267



**b) Charitable activities**

	Unrestricted	Designated	Restricted	2015	Unrestricted	Designated	Restricted	2014
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Child & Family Services	1,626	-	27	1,653	1,630	-	19	1,649
District Nursing Services	2,446	-	39	2,485	1,999	-	70	2,069
Home Care Services	2,069	-	49	2,118	2,560	-	-	2,560
Rapid Response & Reablement	95	-	642	737	10	-	416	426
MECSH	-	-	335	335	-	-	146	146
High Cost Packages of Care	-	-	292	292	-	-	265	265
Clinical Governance	375	-	-	375	473	-	-	473
Stores & Medical Supplies	57	-	-	57	64	-	-	64
Direct Service Provision Costs	70	-	-	70	28	-	-	28
Intermediate Care Project	-	-	-	-	-	-	50	50
Governance costs								
Audit fees <sup>5</sup>	7	-	-	7	6	-	-	6
Executive management	125	-	-	125	125	-	-	125
Sundry Governance costs	-	-	-	-	1	-	-	1
Support costs - see note 4c	539	-	2	541	548	25	-	573
	7,409	-	1,386	8,795	7,444	25	966	8,435

<sup>5</sup> Fees paid to the Association's auditors are solely in respect of the annual audit. No fees have been paid to the Association's auditors in respect of tax, assurance or other consultancy or advisory services.

**c) Allocation of support costs**

	Raising Funds	Charitable	2015	Raising Funds	Charitable	2014
	£000s	£000s	£000s	£000s	£000s	£000s
Human Resources	1	139	140	-	129	129
Business Support <sup>6</sup>	203	287	490	194	334	528
Training & Travel	2	6	8	2	6	8
Vehicles	-	2	2	-	2	2
Equipment & Maintenance	2	8	10	2	8	10
Printing & Stationery	7	27	34	4	19	23
Communications	5	20	25	6	23	29
Buildings Maintenance	-	1	1	2	8	10
Security & Cleaning	4	17	21	4	13	17
Insurance	9	34	43	8	31	39
	233	541	774	222	573	795

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 Raising Funds and Charitable Activities.

<sup>6</sup> Business support costs include the Executive, Finance, Administrative and Charitable operations after deduction of an appropriate charge for Governance Costs has been made.

## 5 Net gains / (losses) on investments

	Unrestricted	Designated	Restricted	2015	Unrestricted	Designated	Restricted	2014
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Profit on disposal	58	-	-	58	42	-	-	42
Less: Opening unrealised gains	(237)	-	-	(237)	(176)	-	-	(176)
Closing unrealised gains	156	-	-	156	237	-	-	237
	(23)	-	-	(23)	103	-	-	103

## 6 Trustees' remuneration, benefits and expenses

None of the trustees have been paid any remuneration or received any other benefits from employment with the Association nor have they been reimbursed for any expenses (2014: £nil).

## 7 Employees

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

	2015	2015	2014	2014
	Employees	FTE	Employees	FTE
Child & Family Services	55	34.58	53	33.08
High Cost Packages	12	4.83	13	4.95
Total Child & Family Services	67	39.41	66	38.03
District Nursing Services	59	39.81	59	39.58
Rapid Response & Reablement	16	13.93	12	10.00
Home Care Services	103	54.21	119	62.89
Clinical effectiveness & risk management	7	4.08	4	3.00
	252	151.44	260	153.50
Support	14	12.56	18	16.37
Fundraising	2	2.00	1	1.00
Total	268	166.00	279	170.87

The above employee numbers include 45 zero hour contracts which are in respect of bank nursing staff (2014: 47). Where an employee undertakes two or more employment contracts they are included here as one employee for each contract held.

## 8 Staff costs and employee benefits

The table below shows the number of higher paid staff with emoluments over £60,000 in bandings of £10,000 thereafter. Emoluments include gross salary, overtime, unsocial hours, on call payments and taxable benefits in kind. Overtime, unsocial hours and on call payments are typically only paid to staff working in clinical facing roles. Prior year comparatives have been restated as previously only gross salary had been included in the amounts paid.

	2015	2014
£60,000 to £69,999	7	10
£70,000 to £79,999	2	1
£80,000 to £89,999	1	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.

## 8 Staff costs and employee benefits (continued)

During the year the following staff costs and employee benefits were incurred by the Association:

	2015 £000s	2014 £000s
Wages and salaries (including bank contracts)	6,729	6,456
Social security	422	403
Defined benefit pension contributions	852	806
Allowances (including on call, mileage / car and laundry allowances)	366	339
	8,369	8,004

During the year the Association incurred the following staff costs in relation to the Senior Management Team:

	2015 £000s	2014 £000s
Wages and salaries	276	279
Social security	14	14
Defined benefit pension contributions	38	38
Allowances (including on call, mileage / car and laundry allowances)	14	14
	342	345

## 9 Tangible assets

	2015 £000s	2014 £000s
Freehold land and buildings at valuation	800	800

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.

## 10 Investments

	2015	2014
	£000s	£000s
Market value as at 1 January	3,265	2,667
Less unrealised gains as at 1 January	(237)	(176)
	3,028	2,491
Book cost as at 1 January		
Additions at cost	730	2,280
Disposal proceeds	(706)	(1,785)
Profit on disposal	58	42
	3,110	3,028
Book cost as at 31 December		
Add unrealised gains as at 31 December	156	237
	3,266	3,265

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 2015 and 31 December 2014 are all unrestricted funds. Income amounts generated by the portfolio are also unrestricted.

## 11 Debtors

	2015	2014
	£000s	£000s
Trade debtors	75	168
States of Jersey <sup>7</sup>	317	853
Other debtors <sup>8</sup>	12	106
GST	26	12
Prepayments	7	11
	437	1,150

<sup>7</sup> Represents amounts due from the States of Jersey in respect of the High Cost Packages of Care and a Public Health funded school nurse post. In 2014 the amount also included amounts due in respect of Rapid Response & Reablement and MECSH, amounts that for 2015 have been included in monthly payments in advance in respect of the Contract for Services.

<sup>8</sup> Other debtors in 2014 included an unrestricted residuary legacy of £102,000 which was received during 2015.

## 12 Current asset investments

	2015	2014
	£000s	£000s
Cash deposits	655	651

### 13 Cash at bank and in hand

	2015	2014
	£000s	£000s
Cash at bank	3,054	1,456
Cash with broker	18	51
	3,072	1,507

### 14 Creditors: Amounts falling due within one year

	2015	2014
	£000s	£000s
Membership received in advance <sup>9</sup>	138	99
Creditors and accruals	142	105
States of Jersey - Comite account <sup>10</sup>	1,461	723
	1,741	927

<sup>9</sup> 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 £138,034 (2014: £99,196) relates to membership income that is deferred to financial year ending 31 December 2016. The prior year balance of £99,196 was released as income during 2015.

<sup>10</sup> The States of Jersey process monthly payroll and accounts payable items which are then reimbursed by the Association.

### 15 Reserves

	<i>Unrestricted</i>	<i>Designated</i>	<i>Restricted</i>	<b>Total</b>
	£000s	£000s	£000s	£000s
Fund balances as at 31 December 2015 represented by:				
Fixed Assets				
Tangible	800	-	-	800
Investments	3,266	-	-	3,266
Current Assets	1,602	2,464	114	4,180
Current liabilities	(1,741)	-	-	(1,741)
	3,927	2,464	114	6,505

### 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)	01/01/15 £000s	Expended £000s	Designated £000s	31/12/15 £000s
Property fund	2,122	-	-	2,122
Electronic patient record system (2016)	170	-	-	170
Clinic development	-	-	100	100
Information technology upgrades (2016)	65	-	-	65
Property refurbishment costs	7	-	-	7
Three year fundraising initiative (2015)	90	(90)	-	-
	2,454	(90)	100	2,464

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.

### Restricted funds

Restricted funds are classified as such by virtue of any restrictions that may have been placed on the incoming resource or asset. Funds with a balance, income and expenditure of £5k or less are consolidated and categorised as Other.

The movement in restricted funds is analysed as follows:

	01/01/15 £000s	Income £000s	Expenditure £000s	31/12/15 £000s
Property refurbishment project	7	-	-	7
End of Life Care Project	75	-	(75)	-
Child Accident Prevention	-	6	(4)	2
High Cost Packages of Care	-	292	(292)	-
Rapid Response & Reablement	-	642	(642)	-
MECSH	-	336	(335)	1
Pathways costs	13	27	(23)	17
Greville Bathe Fund - District Nurse Degree Training	23	-	-	23
Bladder Scanner Appeal	-	37	(7)	30
Mobile technology	-	20	-	20
District Nursing	5	11	(4)	12
Other	2	4	(4)	2
	125	1,375	(1,386)	114

## 16 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 £852,359 (2014 - £806,485). The Association has adopted Financial Reporting Standard 102 ("FRS 102"). As the Association is unable to readily identify its share of the underlying assets and liabilities of PECRS under FRS 102, 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% (2014: 13.6%) of salary.

### 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 Association'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).

## 17 Commitments under operating leases

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

	2015	2014
	£000s	£000s
Operating leases which expire:		
Within one year	16	16
In the second to fifth years inclusive	33	17
After five years	-	16
	49	49

## 18 Post balance sheet event

On 1st January 2016 the domestic support services department closed to those clients that did not also receive nursing or personal care. As a result of this action 7 staff members of the Home Care team were made redundant on 1st January 2016. Payments made to these staff members totalled £67k, inclusive of £26k of payments in lieu of notice which they were not required to work.

## 19 First time adoption of FRS 102 Statement of Recognised Practice

The policies applied under the Association's previous accounting framework are not materially different to FRS 102 Statement of Recognised Practice and have not impacted on equity or income and expenditure in the Statement of Financial Activities.