



# Family Nursing & Home Care

**Annual Report & Financial Statements for the year to  
31 December 2020**

States of  
Jersey  
Approved  
Provider

Jersey Charity  
Commission  
no. 345

Association  
of  
Jersey  
Charities



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## Message from the Chair

**"Extraordinary: very unusual, special, unexpected, or strange" - Cambridge Dictionary**

**"Incredible: impossible, or very difficult, to believe" - Cambridge Dictionary**

These two words are generally overused in today's society where dramatic expression and overstatement has become the norm. That said, over the past twelve months I think it is fair to say that there are no words that can truly express what we have all gone through, what impact the pandemic has had on all of our lives and the response in the adversity this time has brought our community.

Opening my report, I have no hesitation in stating upfront that the response of the teams at FNHC have both been both extraordinary and incredible in the truest sense of the words and everyone who works in our organisation should be proud of what they have achieved throughout 2020.

Bronwen's report gives more clarity and detail on both the operational and clinical work and impact our teams have had, together with some insight into the challenges and solutions, setbacks, and successes the teams at FNHC have experienced and been responsible for throughout the COVID19 crisis.

On behalf of the committee, I congratulate everyone within the organisation for their outstanding work and commitment to the people of Jersey and thank them for everything they have done. It is awe inspiring and makes us proud to be a small part of this fantastic organisation.

I would like to take this opportunity to thank a number of people and supporters.

Firstly, I would like to thank our Patrons – Lady Dalton and the Bailiff Tim Le Cocq. For obvious reasons, public engagements and fundraising events have been a somewhat limited this year, however I am pleased to say our fundraising team is working hard on some events planned for throughout the next 18 months and we look forward to enjoying your continued support.

Our committee is an honorary body, and each member gives their time and expertise freely and generously. We have continued to meet regularly and have become very familiar with the benefits and vagaries of virtual meetings and social media. I would like to thank everyone for their support on numerous projects this year and would like to record particular thanks to:

- Paul Harben for his work on various legal matters
- David Ogilvie for his work supporting the engagement of the company who will deliver our new website.
- Lara Haskins and Anne Audrain for their work during the recruitment process for our new Chief Executive Officer – Rosemarie Finley
- Philip Taylor, Peter Wright and Lara Haskins for their work during the recruitment process for our new Finance Director – Elaine Walsh
- Natasha Le Dain-Cyples and David Ogilvie for the work on the workforce development.

I would like to thank Peter Wright for all of the work carried out both as Honorary Treasurer and Interim Financial Director. His work, together with the finance team and the admin leads, has provided the committee with improved clarity on our financial position and, as our new Finance Director, Elaine Walsh, will report, the committee is pleased to advise the members that, despite the challenging circumstances of 2020, FNHC has maintained a strong and sustainable position.

I would like to take this opportunity to thank Gary Vibert who has decided to step down this year. Gary has chaired the Clinic Governance Sub-Committee for the last 2 years and has played a key role in this vital function for FNHC.

This year is notable for two senior appointments to our executive team.

Firstly, I would like to welcome Rosemarie Finley to the team as our new Chief Executive Officer. Rosemarie was the successful candidate from an exacting recruitment process. Rosemarie brings with her a wealth of experience and expertise in the nursing, health and charity sectors and I look forward to working with her when she joins us in July this year.

Secondly, I welcome Elaine Walsh who joined us in early February this year as our Finance Director. Elaine also won through an exacting recruitment process and we are delighted to have someone with her exceptional commercial and financial skills as part of our team.

As a footnote on these two appointments, it has been notable that both posts attracted very strong fields of candidates. This clearly demonstrates the rude health FNHC is in and, combined with the quality of applicants for all the roles we have advertised this year, means the organisation is in a strong position as we look forward to playing the key role in creating and implementing a healthcare system focused on delivering care to people in their communities and closer to home.

Finally in relation to our team, it is with great sadness that we must say goodbye to someone who has played a major role in getting FNHC into the position we are in today. Bronwen Whittaker joined as Chief Executive Officer in March 2018. She joined the organisation at a time of huge change. Indeed, within three months she had a new chairman and a largely new committee. She has worked with us to develop a new strategy focused on making FNHC the provider of choice, the partner of choice and the employer of choice in the care sector. She has led the delivery of this strategy from the front. I have no doubt that FNHC would not be in the position it is today without her. From a personal perspective I have enjoyed our work together and I thank you Bronwen for all of your efforts and hard work over the last three years. We wish you many happy years travelling the world and completing all of those trips you have planned which have been impacted by your health and, of course, the coronavirus.

On a final note, on behalf of the committee and everyone at FNHC I would like to thank everyone who supports our charity. This has been a difficult year for everyone, and the support given to our organisation; ranging from a kind letter or acknowledgement thanking our nurses for their work in these difficult times, to a donation or legacy gift, it is all very much appreciated, and we promise you it is a great support to us all in our activities and work for our community.

**Phil Romeril**  
**Chair**

### Report of the Chief Executive Officer

Last year (2020) was unprecedented and a year like no other. No one working within the health sector could have predicted the challenges and pressures that a pandemic would cause.

For the first time, health systems everywhere were having to respond to pressures that many of them had not experienced before. In parallel, it was a race against time for scientists around the world, to collaborate and rapidly develop a vaccine in time frames that have never been achieved before. Covid 19 certainly disrupted normal life for everyone across the globe, with escalating numbers of people were falling ill and death rates rising.

As scientists began to understand more about the virus, new guidance and public health measures needed to be put in place. These included the use of PPE, social distancing and lockdown, all designed to slow the spread of infection and reduce the risk of the most vulnerable in our society getting critically ill. Equally, it was vitally important to protect health systems from getting overwhelmed and manage the increasing demand, so that the most critically sick could get access to care.

People were directed by Government and senior Public Health professionals to act differently and this included many people working from home. School closures were also introduced which meant that parents had to take up the role of teaching their children at home. As time went on, many people began to feel socially isolated being away from family and friends and some experienced mental health issues.

Although Jersey did extremely well and responded very quickly to the pandemic, the Island too, faced a number of challenges including growing demand on services and access to PPE. Unlike the UK and other jurisdictions, Jersey had the advantage of being an Island, allowing easier border controls and tighter preventative measures to be put in place to control the virus which kept infection numbers low.

Protective and preventative measures were put in place for staff to support care in the community which was of paramount importance. Delivering care in people's homes to help individuals remain independent, as well as reducing the demand on hospital beds was a major factor in preventing the hospital from becoming overwhelmed.

Throughout this pandemic, FNHC adopted a flexible and responsive approach, adapting the models of care in order to provide the full range of commissioned service for both adults and children. FNHC worked in close partnership with the Government of Jersey to ensure the health and social care system in Jersey could safely respond to the needs of Islanders.

Another important role for FNHC was the continuation of its charitable work.

FNHC is one of Jersey's oldest charities that is registered and regulated by the Jersey Charity Commission. FNHC's charitable work supports Islanders to receive extra care and support in the community and our work is a fundamental part of who we are and what we do.

Along with most other charities, our charitable work and fundraising was significantly disrupted by the pandemic. The Fundraising Team tried innovative ways to fundraise as many of the events planned for 2020 have been moved to 2021 and 2022. Despite all of this, the team, alongside very generous donations from Islanders, has supported us to continue to deliver our charitable work in 2020.

Last year, FNHC continued to receive support from The Lieutenant Governor and Lady Dalton, our long standing Patron. Sir Tim Le Cocq who became the Island's new Bailiff last year, also took up role as our Patron. I would like to extend my thanks to them all, for their ongoing encouragement and support which was particularly welcomed by staff and the organisation during COVID.

I would also like to acknowledge the time, dedication and commitment of our Chairman and Committee. The members of the FNHC Committee are recruited from different professional backgrounds and provide oversight and assurance, to ensure our services are both high quality and safe and that the organisation is both well governed and compliant. These roles are voluntary and hold a high level of accountability, being accountable officers under regulation of care.

Externally, FNHC continues its work to build partnerships with other organisations and to lead the way in the delivery of community nursing and care. We have also continued our work and partnerships across the voluntary sector and with other charitable organisations. Through these joint roles, FNHC will continue to play a significant role supporting the development and the delivery of the new Jersey Care Model.

Internally, our focus remains on the delivery of our Five Year Strategy and the streamlining of our systems and processes. As part of our Strategy, it is our ambition to reach more people through different forms of media and to raise awareness of our work.

A part of this programme will be the development of a completely new interactive website for the organisation in 2021.

Towards the end of 2020, FNHC received its first full inspection by the Care Commission. I am pleased to report that all services inspected received positive reports and these reports are available to the public on the FNHC website. As part of the inspection, the Care Commission obtained independent feedback from service users. The Commission were assured of the quality and safety of the services FNHC provides, along with the systems and processes that support them.

At the start of year and for the first time in history, the World Health Organisation (WHO) designated 2020 as the International Year of the Nurse. FNHC planned to celebrate the event with a conference and exhibition at the Jersey Museum which unfortunately were postponed until May 2021.

This celebration recognised the contribution that nurses and the profession have made across the world. This year in particular, nurses were acknowledged globally for the role they played and are still playing in the current pandemic.

In 2020, Nurses also paid tribute to Florence Nightingale who was born 200 years ago and the contribution that both Florence Nightingale and Mary Seacole made to modern nursing. Mary Seacole's work was also celebrated during Black History Week.

As CEO, I would like to personally pay tribute to all our nurses, care staff and colleagues who have worked tirelessly above and beyond their roles to support islanders. Their dedication and selflessness has been humbling. I would also like to especially thank the SMT, operational leads and heads of services for their unwavering support during 2020 which has been a challenging and testing year for all.

Looking forward and to the future, I remain very optimistic and hopeful that with the roll-out of the new vaccines on island will start to create some light and life retuning to some normality during 2021, so that people can catch up with friends and family.

Finally on a personal note, this will be my last year as CEO for FNHC.

I have taken the difficult decision to retire from full time work due to a health issue. I will maintain strong links with the organisation and offer some ongoing support to FNHC over the next couple of years.

It has been an absolute privilege to work with such talented individuals and for such a wonderful organisation that has a very bright future and important and pivotal role to play in the delivery new Jersey Care Model and a sustainable healthcare system for the future.

**Bronwen Whittaker**  
Chief Executive Officer



### Reference & Administrative Details

Charity Name	Family Nursing & Home Care (Jersey) Incorporated
Jersey Charities Commission	345 (Jersey Charity Commission registration number)
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 Dalton

The Bailiff of Jersey, Mr. Timothy Le Cocq

### **Committee of Trustees who held office during the year ended 31 December 2020 and subsequently**

<b>Name</b>	<b>Position</b>	<b>Appointed</b>	<b>Resigned</b>	<b>Term</b>
Phil Romeril	Chair	2018 AGM		3 years
Lara Haskins	Honorary Treasurer (to 01.04.2021)	2018 AGM		2 years
David Ogilvie	Vice Chair	2018 AGM		3 years
Peter Wright	Honorary Treasurer (from 01.04.2021)	2018 AGM		3 years
Paul Harben		2018 AGM		2 years
Philip Cameron Taylor		2018 AGM		2 years
Natasha Le Dain-Cyples		2018 AGM		2 years
Gary Vibert		17.10.2019		2 years
Anne Audrain		17.10.2019		2 years
Bronwen Whittaker	Chief Executive Officer	Ex Officio		n/a

**Senior Management Team**

**Chief Executive Officer**

Bronwen Whittaker RGN, RHV, BSc, MSC

**Finance Director**

Elaine Walsh (started 08.02.2021) FCMA, CGMA, BA Economics

**Director of Governance and Care**

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 appointment process of the Chair and Chief Executive Officer is currently overseen by the Jersey Appointments Commission.

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 & Clinical matters. During the year ended 31 December 2020 the Committee met 4 times (2019: 4), the Finance sub committee met 4 times (2019: 2) and the Governance & Clinical sub committee met 4 times (2019: 4).

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>
Phil Romeril	4 of 4	-	-
Lara Haskins	4 of 4	4 of 4	-
David Ogilvie	1 of 4	-	-
Peter Wright	4 of 4	4 of 4	-
Paul Harben	4 of 4	4 of 4	-
Philip Cameron Taylor	3 of 4	-	-
Natasha Le Dain-Cyples	2 of 4	-	1 of 4
Gary Vibert	2 of 4	-	4 of 4
Anne Audrain	3 of 4	-	4 of 4
Bronwen Whittaker	4 of 4	4 of 4	3 of 4
Judy Foglia	4 of 4	-	4 of 4

### 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 Association will continue in business;
- so far as each trustee is aware, there is no relevant audit information (information needed by the association's auditors in connection with preparing their report) of which the association's auditors are unaware; and
- each trustee has taken all the steps that they ought to have taken as a trustee in order to make themselves aware of any relevant audit information and to establish that the association's auditors are aware of that information.

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 movable 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.

### **Strategy (2015 - 2018)**

Our previous strategy (2015 - 18), sets out a four year plan that has supported some of the key deliverables and transformation across the integrated health and social care system.

This transformation programme is underpinned by two white papers; P82 Caring for Each Other, Caring for Ourselves, and the Sustainable Primary Care Strategy for Jersey. Both of these strategies worked on the principle of providing safe, affordable, sustainable and integrated care delivered in partnership across the wider health and social care system.

This formed the basis of the States of Jersey Transformation Programme and Medium Term Financial Plan, also becoming FNHC's strategic priorities over the last four years (2015-18) as key partners and providers of care within the integrated health and social care system.

### **Strategy (2019 - 2023)**

Our ambition is to serve the community and people of Jersey by; always doing the best we can, putting people at the heart of all we do, and providing the highest quality, safe care. This strategy will deliver sustainable and continuous improvement across our services. We acknowledge that this will only be achieved through; building strong and meaningful partnerships with key stakeholders and partners, by valuing our staff and most importantly by actively listening to the people we provide services for, putting everyone (children, young people, adults and older people) at the heart of all we do.

By the very nature of our businesses, FNHC is in the unique position to form partnerships with many different organisations and parts of the community. First and foremost as a charity we can expand our fundraising capability to support the development of more services. Equally, it is our ambition and intention to share the responsibility to support smaller charities and third sector organisations to deliver services through joint partnership and collaborative working.

For our commissioned services there is opportunity and commitment to improve, extend and widen integration through stronger and different partnerships across of the system.

Lastly, our not for profit businesses (currently our Home Care and Child Accident Prevention Service), need to be supported to grow and develop. It will be important in this period of transformation and change to seek out and identify new business opportunities that could support our community, children, young people and their families, as well as adults and older people to remain independent and living in their own home.

Our strategic priorities have been shaped by defining our vision and purpose, our organisational values and behaviours, the culture and way in which we work with our service users and partners and our ability to sustain, develop and grow.

We have also used a number of definitions and frameworks to support the development of our priorities. These include the 6Cs of nursing namely; care, compassion, competence, communication, courage and commitment as set out in the 'Compassion in Practice' report issued by Jane Cummings, Chief Nursing Officer for England, and Viv Bennett, Director of Nursing, Department of Health and Lead Nurse, Public Health England.

FNHC has also used the quality domains from the Care Quality Commission (CQC) inspection framework to drive quality and continuous improvement, and to also support quality assurance and governance. The CQC's 2014 framework draws on the learning from the Francis Report, Keogh and Berwick reviews which all highlight the importance of vigilance, monitoring and learning to make sure patients do not come to avoidable harm. The Berwick review identifies the need to seek out patient views and to develop a culture of openness, honesty and learning.

FNHC has also considered the NHS constitution (principles 3, 4 and core values) as well as its own constitution and customer care philosophy.

## Our Values

### Always:

- Putting patients first
- Keeping people safe
- Have courage and commitment to do the right thing
- Be accountable, take responsibility and own your actions
- Listen actively
- Check for understanding when you communicate
- Be respectful and treat people with dignity
- Work as a team

### Never:

- Become complacent
- Stop trying
- Blame
- Forget who we are or why we are here
- Forget who we serve
- Assume
- Stop caring

## Strategic Priorities

### PRIORITY 1: CLINICAL SAFETY & EXCELLENCE

- To consistently provide all patients with safe, high quality care that is patient centred and needs led.
- To protect patients from abuse and avoidable harm.
- To ensure all children in Jersey grow up safely.

### PRIORITY 2: DELIVERING POSITIVE PATIENT EXPERIENCE

- To provide all of our patients, children and young people with the best possible experience and customer care.
- Actively listen and value everyone for the contribution they make.
- Involve people by working with them to redesign and develop services.

### PRIORITY 3: GROW A SUSTAINABLE & SKILLED WORKFORCE

- To strengthen clinical leadership and management within the organisation.
- To be recognised and have the reputation as being a great place to work.
- Embedding a culture of learning and development.

### PRIORITY 4: TO ENHANCE COLLABORATION & PARTNERSHIPS

- To provide responsive and timely care.
- To engage in joint working opportunities, inclusive of the third sector.
- To form meaningful partnerships with others.
- To respond to the needs of the people in Jersey.

### PRIORITY 5: DELIVER SERVICES THAT ACHIEVE GOOD OUTCOMES

- To ensure all practice is evidence based and effective.
- To provide training that reflects best practice.
- To deliver effective care that improves outcomes and promotes health and wellbeing.

## Organisational Infrastructure and Business Development Commitment

We have also made some organisational commitments that compliment the above strategic priorities.

- To sustain and future proof the charity.
- To experience growth across all parts of the organisation.
- To improve financial stability and economic viability.

Further details and specific targets on each of the above strategic priorities and commitments may be found in our full strategy document, available on [www.fnhc.org.je](http://www.fnhc.org.je)

## Financial Review

Income from charitable activities has increased to £8,748k (2019: £8,687). Income from the Health and Community Services Department of the Government of Jersey ("HCS") increased to £8,370k (2019: £8,135k) mainly due to annual impact regarding the pay awards, which were awarded and funded by the States of Jersey in 2020.

Our three year contract with HCS expired on 31.12.2019 and it was extended for a further 12 months to 31.12.2020. The reason for this 12 month extension to the contract was to enable all parties to be involved in the development and delivery of the new Jersey care model and commissioning arrangements.

We have been invited to be an external partner on the strategic board. However, due to COVID 19 this work has slowed and therefore the HCS have extended the contract to 31.12.2021.

Income from Homecare was £347K in 2020 (2019: £496k). The development and growth of Homecare services provided by FNHC remains a priority for the organisation to enable us to support and care for the most vulnerable in the community. It is our ambition to continue to expand this service by attracting high quality employees and supporting them with an excellent induction programme and ongoing training opportunities in line with our strategic intention to become the employer of choice.

Donations and legacies have increased during the period from £338k to £361k however income from other fundraising activities fell from £212k to £143k.

Costs of raising funds has increased mainly as a result of increases in staff costs.

Net incoming funds before the impact of investment gains were £164k compared to net incoming of £262k in 2019.

As a result of unstable financial markets, significantly impacted by the COVID pandemic, in 2020 our investment portfolio saw net gains of £204k compared to gains of £393k in 2019 resulting in a net movement in funds for the year of £498k (2019: £655k).

Designated reserves remain at £2,158k, being £2,122k in our property fund and £36k for clinic developments. A decision on the utilisation of the property fund will be made in 2021 as we seek to find alternative premises for our main requirements.

Restricted reserves have increased in 2020 as a result of underspends on our commissioned services within the year, which remain restricted and as such may only be utilised on those services.

Total reserves have increased to £7,466k (2019: £6,968k) of which £2,158k is designated and £967k is restricted. A full analysis of reserves can be found in Note 15 on pages 31-32.



### 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 direct 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 2020 the Association's investment portfolio was valued at £3,942k (2018: £3,868k) and has an expected yield of 2.03%.



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

**Opinion**

We have audited the financial statements of Family Nursing and Home Care (Jersey) Incorporated (the "association") for the year ended 31 December 2020 which comprise the Statement of Financial Activities, Balance sheet, Cash flow statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation are the United Kingdom Accounting Standards, including FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland.

In our opinion, the financial statements:

- have been properly prepared in accordance with United Kingdom Accounting Standards;
- give a true and fair view of the state of the association's affairs as at 31 December 2020 and of its results for the year then ended.

**Basis for opinion**

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the association in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

**Conclusions relating to going concern**

In auditing the financial statements, we have concluded that the committees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the association's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the committees' with respect to going concern are described in the relevant sections of this report.

**Other information**

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The committee are responsible for the other information. Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

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

**Auditor's responsibilities for the audit of the financial statements (continued)**

Our procedures in response to the risks identified included the following:

- Enquiry of management, including consideration of known or suspected instances of non-compliance with laws and regulation or fraud;
- Review all available minutes of meetings held by those charged with governance;
- Performing analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud;
- In common with all audits carried out under the ISAs(UK), we carried out procedures in response to the threat of management override, including those considering the appropriateness of journal entries and judgements made in making accounting estimates;
- Review for any changes to activities which the entity undertakes;

There are inherent limitations in the audit procedures above and, the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely we would become aware of it. In addition, the risk of not detecting material misstatement due to fraud is higher than detecting one resulting from error, as fraud may involve deliberate concealment by, for example forgery, collusion or intentional misrepresentations. We are not responsible for preventing non-compliance and cannot be expected to detect non-compliance with all laws and regulations.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

**Use of our report**

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

24 May 2021



**Chartered Accountants**

Family Nursing & Home Care (Jersey) Incorporated  
Statement of Financial Activities  
For the year ended 31 December 2020

		Unrestricted	Designated	Restricted	2020	Unrestricted	Designated	Restricted	2019
	Note	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
<b>Income from:</b>									
Donations & legacies	4a	247	-	114	361	294	-	44	338
Charitable activities	4b	378	-	8,370	8,748	552	-	8,135	8,687
Other fundraising activities	4c	130	-	13	143	158	-	54	212
Income from investments	4d	72	-	-	72	107	-	-	107
<b>Total income</b>		<b>827</b>	<b>-</b>	<b>8,497</b>	<b>9,324</b>	<b>1,111</b>	<b>-</b>	<b>8,233</b>	<b>9,344</b>
<b>Expenditure on:</b>									
Costs of generating funds									
Raising Funds	5a	231	-	131	362	248	-	99	347
Charitable activities	5b	568	-	8,230	8,798	761	-	7,974	8,735
<b>Total expenditure</b>		<b>799</b>	<b>-</b>	<b>8,361</b>	<b>9,160</b>	<b>1,009</b>	<b>-</b>	<b>8,073</b>	<b>9,082</b>
Net gains/(losses) on investments	6	204	-	-	204	393	-	-	393
Revaluation on Property		130	-	-	130	-	-	-	-
<b>Net income / (expenditure)</b>		<b>362</b>	<b>-</b>	<b>136</b>	<b>498</b>	<b>495</b>	<b>-</b>	<b>160</b>	<b>655</b>
Gross transfers between funds	15	-	-	-	-	-	-	-	-
<b>Net Movement in Funds</b>		<b>362</b>	<b>-</b>	<b>136</b>	<b>498</b>	<b>495</b>	<b>-</b>	<b>160</b>	<b>655</b>
<b>Funds brought forward at 1 January</b>		<b>3,979</b>	<b>2,158</b>	<b>831</b>	<b>6,968</b>	<b>3,484</b>	<b>2,158</b>	<b>671</b>	<b>6,313</b>
<b>Funds carried forward at 31 December</b>	<b>15</b>	<b>4,341</b>	<b>2,158</b>	<b>967</b>	<b>7,466</b>	<b>3,979</b>	<b>2,158</b>	<b>831</b>	<b>6,968</b>

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

The notes on pages 22 to 34 form a part of these financial statements.

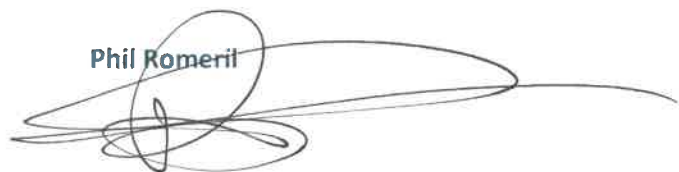
**Family Nursing & Home Care (Jersey) Incorporated**  
**Balance Sheet**  
**As at 31 December 2020**

	Note	2020 £000s	2019 £000s
<b>Fixed Assets</b>			
Tangible assets	10	930	800
Investments	11	3,942	3,868
		<u>4,872</u>	<u>4,668</u>
<b>Current Assets</b>			
Stocks		21	23
Debtors	12	307	412
Cash and cash equivalents at bank and in hand	13	7,105	3,858
		<u>7,433</u>	<u>4,293</u>
Creditors: Amounts falling due within one year	14	4,839	1,993
<b>Net Current Assets</b>		<u>2,594</u>	<u>2,300</u>
<b>Net Assets</b>		<u>7,466</u>	<u>6,968</u>
<b>Charitable Funds</b>			
Unrestricted income fund			
General unrestricted income fund	15	4,341	3,979
Designated fund	15	2,158	2,158
		<u>6,499</u>	<u>6,137</u>
Restricted income fund	15	967	831
<b>Total Funds</b>		<u>7,466</u>	<u>6,968</u>

The notes on pages 22 to 34 form a part of these financial statements.

Approved and authorised for issue by the Trustees on 19 May 2021 and signed on its behalf by:

Phil Romeril



For and on behalf of Family Nursing & Home Care (Jersey) Incorporated

Family Nursing & Home Care (Jersey) Incorporated  
Cash flow statement  
For the year ended 31 December 2020

	Note	2020 £000s	2019 £000s
<b>Cash flows from operating activities</b>			
Net income for the financial year		498	655
Adjustments for:			
Revaluation of Property		(130)	-
Net gain on investments		(204)	(393)
Deposit interest and investment income receivable		(72)	(107)
Decrease / (increase) in stocks		2	(6)
Decrease in debtors		105	183
Increase in creditors		2,846	933
<b>Net cash generated from operating activities</b>		<b>3,045</b>	<b>1,265</b>
<b>Cash flows from investing activities</b>			
Deposit interest received	4d	8	18
Dividend and coupon income received	4d	64	89
Payments to acquire fixed asset investments	11	(1,830)	(1,040)
Receipts from sales of fixed asset investments	11	1,960	1,124
<b>Net cash from investing activities</b>		<b>202</b>	<b>191</b>
<b>Increase in cash in the year - refer to note a. below</b>		<b>3,247</b>	<b>1,456</b>
Cash and cash equivalents at beginning of the year		3,858	2,402
<b>Cash and cash equivalents at end of the year</b>		<b>7,105</b>	<b>3,858</b>

	At 1 January 2020 £000s	Cash flows £000s	At 31 December 2020 £000s
<b>a. Components of cash and cash equivalents</b>			
Cash	3,713	3,134	6,847
Cash with broker	145	113	258
	<u>3,858</u>	<u>3,247</u>	<u>7,105</u>

## 1 General Information

Family Nursing & Home Care (Jersey) Incorporated is an association, formed in Jersey. The association's principal place of business is Le Bas Centre, St Saviour's Road, St Helier, Jersey, JE2 4RP.

The principal activity of the association is 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.

## 2 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 Accounting and Reporting by Charities Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard 102 ("the FRS102 SORP").

The following principal accounting policies have been applied:

### b. Income

Income, including donations, legacies, home care services, 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 & Community Services Department of the Government of Jersey which has been disclosed in Note 4b), Income - Charitable Activities, as this amount relates to a contract for services, covering a three year period to 31 December 2019. The current contract has been re-extended to 31 December 2021 whilst a new contract is agreed aligned to the Jersey Care Model. 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 & Community Services Department of the Government 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.

The Association provides Home Care services and the income is recorded monthly in line with the invoicing process for these services.

### 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 gains / (losses) 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. 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.

#### **k. 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.

#### **l. 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.

#### **m. 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.



#### n. Pension scheme

The Association is an Admitted Body of the Public Employees Contributory Retirement Scheme ('PECRS') and Public Employees Pension Scheme ("PEPS") which are both administered by the States of Jersey. All permanent employees of the Association were previously eligible to participate in either PECRS, or PEPS if they joined the organisation after 1 January 2016. Changes to the eligibility criteria came in to force at the end of August 2017 and those employees who are no longer eligible to participate in PECRS or PEPS were able to participate in a defined contribution scheme with effect from January 2018.

#### o. 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.

### 3 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 2, 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.

## 4 Income

### a) Donations & legacies

	Unrestricted	Designated	Restricted	2020	Unrestricted	Designated	Restricted	2019
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Donations	67	-	113	180	68	-	44	112
Legacies	155	-	-	155	197	-	-	197
Grants	25	-	1	26	29	-	-	29
	247	-	114	361	294	-	44	338

### b) Charitable activities

	Unrestricted	Designated	Restricted	2020	Unrestricted	Designated	Restricted	2019
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Health & Community Services Department <sup>1</sup>								
District Nursing Services	-	-	3,629	3,629	-	-	3,543	3,543
Child & Family Services	-	-	2,889	2,889	-	-	2,792	2,792
Rapid Response & Reablement	-	-	1,151	1,151	-	-	1,123	1,123
MECSH	-	-	398	398	-	-	384	384
High Cost Packages of Care	-	-	303	303	-	-	293	293
	-	-	8,370	8,370	-	-	8,135	8,135
Home Care Fees	347	-	-	347	496	-	-	496
Education First	5	-	-	5	31	-	-	31
Sale of medical supplies	23	-	-	23	20	-	-	20
Rental and sundry	3	-	-	3	5	-	-	5
	378	-	8,370	8,748	552	-	8,135	8,687

<sup>1</sup>

Funds received under our Contract for Services have been apportioned to the underlying service areas of District Nursing and Child & Family Services by the Health & Community Services Department and are therefore treated as restricted income.

c) Other fundraising activities

	Unrestricted	Designated	Restricted	2020	Unrestricted	Designated	Restricted	2019
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Membership income <sup>2</sup>	75	-	-	75	82	-	-	82
Fundraising - Golf Day	4	-	-	4	15	-	-	15
Fundraising - Colour Fun Run	-	-	13	13	-	-	54	54
Fundraising - Small events	2	-	-	2	2	-	-	2
Fundraising - Club <sup>3</sup>	49	-	-	49	59	-	-	59
	130	-	13	143	158	-	54	212

<sup>2</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>3</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 2021 Club lottery have been deferred to be recognised in the following year.

d) Investment income

	Unrestricted	Designated	Restricted	2020	Unrestricted	Designated	Restricted	2019
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Bank interest	8	-	-	8	18	-	-	18
Dividends and coupons	64	-	-	64	89	-	-	89
	72	-	-	72	107	-	-	107

5 Expenditure

a) Raising funds

	Unrestricted	Designated	Restricted	2020	Unrestricted	Designated	Restricted	2019
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Fundraising - Golf Day	1	-	-	1	7	-	-	7
Fundraising - Small events	2	-	6	8	5	-	-	5
Fundraising - Club <sup>3</sup>	25	-	-	25	24	-	-	24
Fundraising - Colour Fun Run	-	-	7	7	-	-	29	29
Fundraising - Parish Road Show	-	-	-	-	1	-	-	1
Investment management costs	20	-	-	20	16	-	-	16
Support costs - see note 5c	183	-	118	301	195	-	70	265
	231	-	131	362	248	-	99	347

**b) Charitable activities**

	Unrestricted	Designated	Restricted	2020	Unrestricted	Designated	Restricted	2019
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Child & Family Services	32	-	2,202	2,234	43	-	2,228	2,271
District Nursing Services	-	-	2,899	2,899	-	-	2,677	2,677
Home Care Services	436	-	-	436	538	-	-	538
Rapid Response & Reablement	-	-	913	913	-	-	998	998
MECSH	-	-	398	398	-	-	384	384
High Cost Packages of Care	-	-	218	218	-	-	223	223
Commissioned Support Services	-	-	459	459	-	-	-	-
Clinical Governance	31	-	295	326	57	-	673	730
Stores & Medical Supplies	20	-	31	51	20	-	33	53
Education First	2	-	-	2	13	-	-	13
Direct Service Provision Costs	30	-	-	30	12	-	21	33
Governance costs								
Audit fees <sup>4</sup>	4	-	4	8	4	-	3	7
Executive management	13	-	112	125	23	-	102	125
Support costs - see note 5c	-	-	699	699	51	-	632	683
	568	-	8,230	8,798	761	-	7,974	8,735

<sup>4</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	2020	Raising Funds	Charitable	2019
	£000s	£000s	£000s	£000s	£000s	£000s
Human Resources	3	153	156	2	160	162
Business Support <sup>5</sup>	250	352	602	207	300	507
Training & Travel	1	3	4	1	5	6
Equipment & Maintenance	18	73	91	29	114	143
Printing & Stationery	4	17	21	5	20	25
Communications	7	30	37	6	24	30
Buildings Maintenance	-	1	1	1	4	5
Security & Cleaning	6	24	30	5	21	26
Insurance	12	46	58	9	35	44
	301	699	1,000	265	683	948

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>5</sup> Business support costs include the Executive, Finance, Administrative and Charitable operations after deduction of an appropriate charge for Governance Costs has been made.

## 6 Net (losses) / gains on investments

	Unrestricted	Designated	Restricted	2020	Unrestricted	Designated	Restricted	2019
	£000s	£000s	£000s	£000s	£000s	£000s	£000s	£000s
Profit on disposal	197	-	-	197	87	-	-	87
Less: Opening unrealised gains	(718)	-	-	(718)	(412)	-	-	(412)
Closing unrealised gains	725	-	-	725	718	-	-	718
	204	-	-	204	393	-	-	393

## 7 Trustees' remuneration, benefits and expenses

None of the trustees have been paid any remuneration for their role as Trustee or received any other benefits from employment with the Association nor have they been reimbursed for any expenses relating to their position (2019: £nil).

## 8 Employees

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

	2020 Employees	2020 FTE	2019 Employees	2019 FTE
Child & Family Services	54	41.04	54	41.00
High Cost Packages	3	2.40	4	3.30
Total Child & Family Services	57	43.44	58	44.30
District Nursing Services	45	40.12	51	41.00
Rapid Response & Reablement	15	14.45	15	14.50
Home Care Services	16	12.19	15	11.80
Commissioned Support Services	11	10.65		
Clinical effectiveness & risk management	5	5.00	13	11.20
	149	125.85	152	122.80
Support	10	9.18	14	12.70
Fundraising	3	2.96	2	2.00
Total	162	137.99	168	137.50

The above employee numbers include 4 zero hour contracts which are in respect of bank nursing staff (2019: 10). Where an employee undertakes two or more employment contracts they are included here as one employee for each contract held.

## 9 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.

	2020	2019
£60,000 to £69,999	15	7
£70,000 to £79,999	6	6
£80,000 to £89,999	-	1
£90,000 to £99,999	2	-
£100,000 to £109,999	-	-
£110,000 to £119,999	-	1
£120,000 to £129,999	1	-
£130,000 to £139,999	-	-

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

	2020 £000s	2019 £000s
Wages and salaries (including bank contracts)	6,739	6,498
Social security	409	396
Pension contributions	822	735
Allowances (including on call, mileage / car and laundry allowances)	292	294
	<u>8,262</u>	<u>7,923</u>

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

	2020 £000s	2019 £000s
Wages and salaries	494	256
Social security	27	12
Pension contributions	59	21
Allowances (including on call, mileage / car and laundry allowances)	53	8
	<u>633</u>	<u>297</u>

## 10 Tangible assets

	2020	2019
	£000s	£000s
Freehold land and buildings at valuation	930	800

Sale of the property was agreed in Q1 2021 and sale completed on the 12th of March 2021. The property is held at the consideration price and sold at this price less costs of disposal.

## 11 Investments

	2020	2019
	£000s	£000s
Market value as at 1 January	3,868	3,559
Less unrealised gains as at 1 January	(718)	(412)
Book cost as at 1 January	3,150	3,147
Additions at cost	1,830	1,040
Disposal proceeds	(1,960)	(1,124)
Profit on disposal	197	87
Book cost as at 31 December	3,217	3,150
Add unrealised gains as at 31 December	725	718
Market value as at 31 December	3,942	3,868

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 2020 and 31 December 2019 are all unrestricted funds. Income amounts generated by the portfolio are also unrestricted.

## 12 Debtors

	2020 £000s	2019 £000s
Trade debtors	78	75
Less provision for bad debts <sup>6</sup>	(35)	(23)
	43	52
States of Jersey <sup>7</sup>	78	292
Other debtors	22	15
Amounts due from legacies	108	-
GST	8	10
Prepayments	48	43
	307	412

<sup>6</sup> P&L movement in bad debts provision increase of £12k in 2020 (2019 decrease of £25k)

<sup>7</sup> Represents amounts due from the States of Jersey in respect of High Cost Packages of Care £78k (2019: £292k).

## 13 Cash and cash equivalents at bank and in hand

	2020 £000s	2019 £000s
Cash at bank	6,847	3,713
Cash with broker	258	145
	7,105	3,858

## 14 Creditors: Amounts falling due within one year

	2020 £000s	2019 £000s
Membership received in advance <sup>8</sup>	39	43
Creditors and accruals	1,036	470
States of Jersey - Comite account <sup>9</sup>	3,764	1,480
	4,839	1,993

<sup>8</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 £39,007 (2019: £42,663) relates to membership income that is deferred to financial year ending 31 December 2020. The prior year balance of £42,663 was released as income during 2020.

<sup>9</sup> The States of Jersey process monthly payroll and accounts payable items which are then reimbursed by the Association.



## 15 Reserves

	Unrestricted £000s	Designated £000s	Restricted £000s	Total £000s
Fund balances as at 31 December 2020 represented by:				
Fixed Assets				
Tangible	930	-	-	930
Investments	3,942	-	-	3,942
Current Assets	4,308	2,158	967	7,433
Current liabilities	(4,839)	-	-	(4,839)
	4,341	2,158	967	7,466

### 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)	01/01/20 £000s	Expended £000s	Transfer £000s	31/12/20 £000s
Property fund	2,122	-	-	2,122
Clinic development	36	-	-	36
	2,158	-	-	2,158

The Association does not yet have sufficient clarity over its future premises requirements to utilise the property fund. It is expected that a decision on its use will be made during 2021 or 2022.

The fund for clinic development was initially set up to cover the costs of developing the Florence Bechelet Clinic in St Peter. This project completed in May 2017 and the remaining designated funds will be used for upgrading facilities in our other clinic settings.

### 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 £10k or less are consolidated and categorised as Other.

The movement in restricted funds is analysed as follows:

	01/01/20	Income	Expenditure	31/12/20
	£000s	£000s	£000s	£000s
District Nursing Services <sup>10</sup>	377	3,629	(3,700)	306
Rapid Response & Reablement <sup>10</sup>	(20)	1,151	(1,102)	29
Child & Family Services <sup>10</sup>	195	3,291	(3,160)	326
High Cost Packages of Care	24	303	(313)	14
End of Life Project <sup>11</sup>	20	-	-	20
Pathways Children's Centre <sup>12</sup>	-	19	(29)	(10)
Greville Bathe Fund - District Nurse Degree Training <sup>13</sup>	23	-	-	23
Greville Bathe Fund - Clinic Furniture and Equipment <sup>14</sup>	1	-	-	1
Paediatric Palliative Care Worker <sup>15</sup>	75	38	(50)	63
District Nurse Equipment	3	-	9	12
Home Care Hardship Fund <sup>16</sup>	70	20	-	90
Other	63	46	(16)	93
	831	8,497	(8,361)	967

<sup>10</sup> Services provided for the States of Jersey Health & Community Services Department under a contract of for services running for the three period 2017 to 2019. Contract has been extended to 31st December 2021 to align with development of Jersey Care Model.

<sup>11</sup> A portion of funds received in a previous period for the End of Life project were returned to the donor as the project became partially funded elsewhere.

<sup>12</sup> Funding received for Pathways Children Centre from 3 Year Children in Need grant to support the childrens centre which provides activities and support for parents and carers.

<sup>13</sup> Funding received for specific training that is currently under review in Jersey and awaiting re-accreditation from the Nursing and Midwifery Council.

<sup>14</sup> Funds received for furniture and fittings in the Florence Bechelet Clinic in St Peter that have yet to be fully expended.

<sup>15</sup> Funds raised and expended in relation to the Paediatric Palliative Care Worker which is a charitable post in support of the Children's Community Nursing Team. Funding currently comes from the Colour Festival and support from the Bosdet Foundation.

<sup>16</sup> Funds received specifically for a hardship fund for our Home Care Services.

## 16 Pension

### a) Costs

The Association is an Admitted Body of the Public Employees Contributory Retirement Scheme ('PECRS') and Public Employees Pension Scheme ("PEPS") which are both administered by the States of Jersey. All permanent employees of the Association were previously eligible to participate in either PECRS, or PEPS if they joined the organisation after 1 January 2016. Changes to the eligibility criteria came in to force at the end of August 2017 and those employees who are no longer eligible to participate in PECRS or PEPS are able to participate in a defined contribution scheme ("DCS") which came into effect from January 2018. Whilst PECRS and PEPS are final salary schemes, they are not conventional defined benefit schemes because the employer is not responsible for meeting any ongoing deficit. 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 the PECRS and PEPS schemes amounting to £747,598 (2019: £699,352). Contributions to the DCS amount to £74,347 (2019: £36,066). 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 or PEPS 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 for PECRS was 15.2% (2019: 14.4%) of salary, for PEPS was 16% and for the DCS ranged from 3% to 5%.

### b) Valuation

Actuarial valuations are performed on at least a triennial basis with the most recent published valuation being as at 31 December 2018. 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 2018 showed that PECRS had a deficit of £1.1 million and PEPS had a surplus of £3.26 million. This compared with Scheme investments of £2.04 billion for PECRS and £19.2 million for PEPS.

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) Transition of PECRS to PEPS

Employees who are members of PECRS transferred in to PEPS from 1 January 2019. They continued to accumulate benefits under PECRS until 31 December 2018. The Associations' contribution rates for these employees will 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 & Home Care as for its own share of the debt, and to reduce the grant payment to Family Nursing and Home Care (specifically relating to the annual repayments) by £89,556 per annum (subject to indexation).

### e) New Defined Contribution Scheme

The Association is an Admitted Body of the Public Employees Contributory Retirement Scheme ('PECRS') and Public Employees Pension Scheme ("PEPS") which are both administered by the States of Jersey. All permanent employees of the Association were previously eligible to participate in either PECRS, or PEPS if they joined the organisation after 1 January 2016. Changes to the eligibility criteria came in to force at the end of August 2017 and those employees who are no longer eligible to participate in PECRS or PEPS were able to participate in a defined contribution scheme.

The Association set up the new defined contribution scheme, which commenced from 1 January 2018. All administrative posts and Home Care employees are able to participate in this scheme on an optional basis. Under the new scheme employer contribution rates are either 3% or 5% of salary, with employees making matched contributions.

## 17 Commitments under operating leases

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

	2020 £000s	2019 £000s
Operating leases which expire:		
Within one year	76	43
In the second to fifth years inclusive	181	81
After five years	9	28
	<u>266</u>	<u>152</u>

A lease agreement for the new Florence Bechelet clinic based in St Peter was signed on 25 May 2017 for a nine year term and has been disclosed accordingly as a commitment expiring after five years.

## 18 Commitment not recognised as a liability

In April 2019 a Software as a Service Agreement was entered in to with the States of Jersey for the procurement of the clinical records system EMIS Web. The Agreement is effective from 1 May 2019 and is for a 5 year term. Commitments in respect of license fees, hosting, annual maintenance and support costs for future periods are expected to be in the region of £434k. These costs will be recognised in the periods relating to the system's use.

## 19 Related party transactions

Philip Taylor, who joined as a Trustee in June 2018, is the Managing Director of the JJ Fox Trading Group. During the year goods and services totalling £334 (2019: £534) have been purchased from the JJ Fox Trading Group with nil (2019: nil) outstanding at the year end. This is a pre-existing relationship that goes back a number of years.

Peter Wright, who joined as a Trustee in June 2018, is the Chief Operating Officer of Prosperity Group. During the year finance consulting services totalling £98,954 (2019: £30,359) have been provided by Prosperity Group with £9,898 (2019: nil) outstanding at the year end. This relationship was established in July 2019.

## 20 Subsequent events

There are no subsequent events to report at date of signing.